Framework Programme on Strategic Sector Cooperation with Ministry of Interior and Health

Key results:
1) Strengthened framework conditions to address i) treatment and management of Non-Communicable Diseases (NDCs), ii) regulation of pharmaceuticals and medical devices and iii) prevention and management of cross-border health threats.
2) Increased partner countries national and international ambitions in relation to SDG 3 and the three thematic areas of the FP.
3) Enhanced engagement of the Danish private sector in providing health sector solutions in the partner countries.

Justification for support:
The FP promotes the Danish Government's policies on advancing good health and well-being for all by targeting growing global diseases and cross-border health issues and ensuring access to safe and quality medicines and medical devises.
Promoting SDG3 is closely interlinked with and contributes to poverty alleviation, gender equality and empowerment as well as reducing inequality.
The FP delivers on the Government's intention for the SSC to be a core instrument to promoting key sector diplomacy and to engage the Danish private sector in meeting the SDGs.

Major risks and challenges:
National partner authorities' internal processes might delay implementation progress. The response is to closely monitor and maintain close dialogue with partners so risks of delay can be addressed through early action, and by adapting and changing work plans to best meet expected results.
National partners change political or institutional priorities for sector reforms, policies and plans supported – an unlikely risk given the preparation during project inception stages and on-going dialogue. However, this will be mitigated by change of project strategic focus within FP objective, or ultimately phase out the project cooperation.

File No.	2022-30894				
Country	Brazil, China, India, Mexico and Vietnam				
Responsible Unit	GDK				
Sector	12110 Health policy and administrative management.				
DKK million	**2024**	**2025**	**2026**	**2027**	**Total**
Commitment	14.8	13.4	15.25	13.9	57.3
Projected Disbursement	14.8	13.4	15.25	13.9	57.3
Duration	2024-2027				
Finance Act code.	06.38.02.14				
Head of unit	Karin Poulsen				
Desk officer	Charlotte Laursen				
Reviewed by CFO	YES: Katja Thøgersen Staun				

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

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

Objectives for stand-alone programme:

Ensure healthy lives and promote well-being for all in partner countries through improved i) treatment and management of NCDs, 2) regulation of pharmaceuticals and medical devices and 3) prevention and management of cross-border health threats.

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

	Climate adaptation	**Climate mitigation**	**Biodiversity**	**Other**
Total green budget (DKK)	N/A	N/A	N/A	N/A

Project 1 Brazil	**Partner**	**Total thematic budget:**
Total	Brazilian Ministry of Health and Brazilian Health Regulatory Authority	9,500,000
Project 2 China	**Partner**	
Total	National Health Commission, Peking University Sixth Hospital and Guangdong Province	12,089,328
Project 3 India	**Partner**	
Total	Ministry of Health and Family Welfare	9,750,000
Project 4 Mexico	**Partner**	
Total	Secretariat of Health and Federal Commission for Protection against Health Risks (COFEPRIS)	8,900,000
Project 5 Vietnam	**Partner**	
Total	Vietnam Ministry of Health and Provincial Department of Health in Thai Binh Province	9,784,180
Project 6 New countries	**Partner**	
Total	Tbc	3,000,000
Project 7 Unallocated	**Partner**	
Total	Tbc	2,000,000
Results monitoring and learning		1,100,000
Communication		600,000
Midterm review		600,000
	Total	**57,323,508**

Framework Programme on Strategic Sector Cooperation with Ministry of Health (2023-2027)

Draft Framework Programme Document
for the Programme Committee Meeting 14 March 2023

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Abbreviations

AMG	Aid Management Guidelines
AMR	Antimicrobial Resistance
BMoH	Brazil Ministry of Health
DFC	Danida Fellowship Centre
FP	Framework Programme
GP	SSC Guiding Principles
HRBA	Human Rights-Based Approach
ICARS	International Centre for Antimicrobial Resistance Solutions
IFU	Investment Fund for Developing Countries
MEAL	Monitoring, Evaluation and Learning
MFA	Ministry of Foreign Affairs
DFC	Danida Fellowship Centre
DMOH	Danish Ministry of the Interior and Health
PANT	Participation, accountability, non-discrimination, transparency
PMG	Programme Management Group
RFI	Results Framework Interface
SDGs	Sustainable Development Goals
SMG	Strategic Management Group
SSC	Strategic Sector Cooperation
TC	Trade Council
TOR	Terms of Reference
UHC	Universal Health Care
WHO	World Health Organisation

1. Introduction

This document outlines the Framework Programme (FP) implemented by the Danish Ministry of the Interior and Health (DMOH) and its agencies under the Strategic Sector Cooperation (SSC), an instrument launched in 2015 engaging Danish authorities in cooperation with partner authorities in developing countries to improve framework conditions for a green, inclusive transition and key development priorities.

The FP covers the four-year period from October 2023 to September 2027, within a budget of DKK 57.3 million, and it replaces the single-project agreements between the Danish Ministry of the Interior and Health and the Ministry of Foreign Affairs (MFA).

Guided by the Danish Government's policies, *The World We Share* and the Action Plan for Economic Diplomacy, the FP focusses the SSC-partnerships on global health challenges in five countries, targeting areas where the DMOH through its core competencies can contribute to important international health challenges in the context of national priorities and institutions in the partner countries.

In accordance with the 2021 SSC Guiding Principles, the FP has distinct focus on Denmark's overall interests in global health and provides leverage for the Danish private sector's engagement within global health solutions related to the three thematic areas selected for the FP:

1. Coherent, efficient and quality healthcare services for non-communicable diseases;
2. Regulation of pharmaceuticals and medical devices; and
3. Prevention and management of cross-border health threats.

The FP document describes the thematic focus and expected results, the guiding considerations and the management mechanisms of the Framework Programme and will be the basis of an agreement between the MFA and the DMOH and its agencies for the SSC-programme in a four-year period from 1 October 2023. It will include SSC projects in five countries, which are all on-going, and subsequent phases initiated during the programme period.

What is a strategic sector cooperation?

- A peer-to-peer, long-term cooperation between a Danish sector authority or municipality and an authority in a developing country
- Tackles selected capacity challenges where the Danish authorities' competences can further significant improvements – but may not tackle all partner capacity constraints to fundamental reform
- Consists of 1) project-based technical cooperation between the two peer authorities, and 2) a Sector counsellor stationed at the Danish Embassy to facilitate the project and its linkages
- Typically uses instruments like study tours, seminars, workshops, training courses, and direct engagement of experts for drafting regulations, policies, guidelines, or processes
- Main inputs consist of Danish authorities' staff time, travels, consultancies, and expenses for workshop/seminars, studies, trainings
- Projects run in phases and have an inception phase (DKK 1.5 million) for in-depth needs assessment and project design with the peer authority, followed by up to three 3-years phases; each phase with a maximum budget of DKK 10 million

2. Context, strategic considerations and justification

2.1 Global health challenges

The 2030 Agenda for Sustainable Development was adopted to guide global development, with health embodied in Sustainable Development Goal 3 "Ensure healthy lives and promote well-being for all at all ages". Health systems strengthening for universal health coverage was identified by WHO as one of the key instruments for the change offered by the 2030 Agenda, and universal health coverage can only be achieved within a functional health system. This entails integration of good governance/stewardship, adequate financing, qualified and motivated health workforce, access to quality medicines and health products, functional health information systems and people-centred service delivery systems.[1]

Substantial improvements have been made in population health outcomes over the past 25 years but overall progress towards meeting SDG 3 has been disrupted by the direct and indirect effects of the global COVID-19 pandemic. According to the UN, global life expectancy has dropped and progress towards global health coverage has been halted[2]. Meanwhile, a growing burden of non-communicable diseases (NCDs) and increasing risk of cross boarder health threats threaten to overwhelm health systems in low and middle-income countries, which lack capacity to tackle these complex health challenges.

15 million people between 30-69 years of age are estimated to suffer from preventable deaths due to NCDs[3] annually. This has caused the World Health Organization (WHO) to term NCDs as an 'invisible pandemic' that hinders economic development and hits the poorest countries in the world the hardest. Furthermore, social and structural determinants of health play a significant role in NCDs, meaning that people with lower socio-economic status face a higher risk of suffering from NCDs compared to the rest of society. The emergence of NCDs as a major global health challenge is linked to the global demographic and epidemiological transition. This transition is characterised by lower birth rates and longer life expectancy combined with lower mortality due to epidemics, but higher frequency of non-communicable and chronic diseases. Many middle-income countries are currently undergoing this epidemiological transition and therefore experience a double burden of both communicable and non-communicable diseases. This double burden puts additional strain on the countries' health systems and hence on the ability of governments to provide universal health care and access to safe and affordable medicine to their citizens. In 2017, WHO estimated that at least half of the world's population cannot obtain essential health services and that large numbers of households are being pushed into poverty because they must pay for health care out of their own pockets[4].

Another challenge for achieving SDG 3 is availability of safe, effective and quality pharmaceutical products in many low- and middle-income countries as a result of weak regulatory systems. Countries with weak regulatory systems lack the capacity to control the import, export, manufacturing, and use of pharmaceutical products. This is often caused by the fact that legal and regulatory frameworks have

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[1] Framework For Health Systems Development Towards Universal Health Coverage In The Context Of The Sustainable Development Goals In The African Region, WHO, 2017

[2] https://sdgs.un.org/goals/goal3

[3] Adopting the UN definition, NCDs cover cardiovascular disease, cancer, diabetes or chronic respiratory disease.

4 https://www.who.int/news/item/13-12-2017-world-bank-and-who-half-the-world-lacks-access-to-essential-health-services-100-million-still-pushed-into-extreme-poverty-because-of-health-expenses

developed over time causing overlapping or incoherent regulations and mandates. As a result, countries face significant delays in getting pharmaceuticals and medical devices on the market and at the same time lack capacity to control the quality and safety of drugs that enter the market. Low-quality and unsafe drugs are a major public health problem and contributes to delinking the enormous effort in therapeutic research from improvements in patient health and safety. Finally, pharmaceutical production can have severe negative environmental effects due to effluents from manufacturing facilities amongst others. This issue is increasingly gaining attention as an area of concern in relation to poor regulatory systems in countries with pharmaceutical production.

The COVID-19 pandemic served as a stark reminder that although global prevalence of infectious diseases has been falling for years, the world is not yet safe from pathogens and other health threats that can travel between humans, animals and across borders. Climate change, loss of biodiversity, degradation of nature and urbanisation all add to the risk of new epidemics which – due to the interconnectedness of the world – have the potential to develop into global pandemics. The Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services (IPBES) concluded in 2020 that pandemic frequency was on the rise with more than five new diseases emerging in people every year, each with potential to grow to pandemic proportions. Most of these emerging diseases are caused by microbes in animals which "spill over" after repeated contact between wildlife, livestock, and people[5].

At the same time, humanity's most important weapon against harmful microbes – antibiotics and related antimicrobial pharmaceuticals – is severely threatened by increasing levels of antimicrobial resistance (AMR). Drug-resistant infections are estimated to kill 1.27 million people each year and are rising rapidly with projections of up to 10 million annual deaths by 2050[6]. This has caused WHO Director General Dr. Tedros Adhanom Ghebreyesus to declare that *"AMR is a slow tsunami that threatens to undo a century of medical progress"*. While antibiotics are important in treating infections, good infection prevention and control also play a key role in halting the development and spread of antimicrobial-resistant infections and multidrug-resistant bacteria. Vaccination and immunisation can reduce antimicrobial resistance by preventing infections and thereby treatment. New and improved vaccines can also prevent diseases from becoming difficult to treat due to AMR.

Against this backdrop, governments and health authorities in SSC partner countries face the task of adapting, improving and modernising their national health systems to tackle the multiple and interconnected global health challenges.

2.2 The evolving context in the five SSC countries

The five SSC countries are facing several of the above-mentioned global health related challenges and are undergoing the above-mentioned transition from struggling predominantly with communicable diseases to a higher prevalence of NCDs, placing a double burden on the health systems. The key health data in Table 1 below indicate that each country face their individual (and often interlinked) health challenges.

Overall, India lags behind the other countries due to a number of interlinked factors such as under-investment in health, low universal health coverage, lack of health professionals and a pronounced double

[5] Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis - The Lancet.

[6] https://healthpolicy-watch.news/no-time-to-wait-amr-could-cause-10-million-deaths-annually-by-2050-warns-un-report/

burden (high levels of both communicable and non-communicable diseases). Vietnam has a far-reaching system of health care, but the health service delivery system is hospital-centric. This is both expensive and not well suited to prevent, diagnose or manage NCDs.

Socio-economic advancements in Brazil, Mexico and China over the past decades have resulted in lower levels of poverty and longer life expectancy overall. However, all three countries face a rapid increase in NCDs, such as cardiovascular diseases, neoplasms, chronic respiratory disease and diabetes. In Brazil and Mexico there is a clear link between the rise in cardiovascular diseases and a rise in obesity. Mexico is the OECD country with the highest percentage of the population being overweight or obese, and in Brazil, the proportion of obese population aged 20+ has more than doubled between 2003 and 2019. The overarching risk factor for premature death due to NCD's is tobacco use. Globally, tobacco accounts for over 8 million deaths every year. The share of adults who smoke in China and Vietnam has only decreased slightly the last 20 years while the death rate due to smoking remains high. This also counts for the share of cancer deaths attributed to tobacco which is at the same level as in 1990. Another considerable risk factor for NCD's is harmful use of alcohol, and both India, China and Vietnam have seen an increase in alcohol consumption the last 20 years.

Table 1: Key health data for five SSC-countries and Denmark

	Mexico	China	India	Vietnam	Brazil	Denmark
Life expectancy at birth (2020)[7]	75	78	70	75	74	82
Total expenditure on health as% of GDP (2019)[8]	5.4	5.4	3.0	5.3	9.6	10.0
NCD death rate (SDG 3.4) (2019) [9]	45.3	37.1	53.9	41.5	43.7	21.4
UHC Service Coverage Index (SDG 3.8.1) (2019)[10]	74	82	61	70	75	85
Share of households with health expenditure above 10 % (SDG 3.8.2)[11]	1.6 (2016)	24.0 (2016)	17.3 (2017)	8.5 (2020)	11.8 (2017)	2.9 (2010)

As the table above indicates, out-of-pocket expenses related to health constitute an important share of many households' expenses in most of the countries. In China and India 24 % and 17 % of the

[7] Life expectancy at birth, total (years) | Data (worldbank.org) (for Mexico: Health status - Life expectancy at birth - OECD Data
[8] Current health expenditure (% of GDP) | Data (worldbank.org)
[9] Premature deaths due to noncommunicable diseases (NCD) as a proportion of all NCD deaths (who.int)
[10] UHC Service Coverage Index (SDG 3.8.1) (who.int)
[11] Population with household expenditures on health greater than 10% of total household expenditure or income (SDG 3.8.2) (%) (who.int),

households, respectively, report spending more than 10 % of their income on health. This illustrates the relevance of increasing access to quality public health care for poverty alleviation in the SSC-countries.

As explained in the previous section, access to quality and safe pharmaceuticals and medical devices is a general problem in most LMICs, among other as a result of poor regulatory systems. China and India are major pharmaceutical producing countries, which, in addition to supplying their home markets, also play a global role as major exporting nations. India's role as the largest global producer of affordable and generic drugs has earned it the title as 'pharmacy of the world', yet the sector is characterised by weak regulations, overlapping mandates, poor quality control and enforcement, and IP protection issues amongst others. China has made considerable progress in strengthening the regulatory framework over the past decades, but there are still areas in which China can improve and build up capacity. In particular, approval of medicines or medical devices remains a challenge, affecting not least the import.

National plan or policy which the SSC projects contribute to:

Brazil:
- New Strategy for Digital Health 2020-2028
- Law 13.411/2016 (ANVISA)
- Strategic Plan 2020-2023 (BMoH)

China:
- Healthy China 2030

India:
- Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)
- Presidential target of the pharmaceutical industry growing to 130 billion USD by 2030

Mexico:
- Mexican National Development Plan 2019-2024

Vietnam:
- National Strategy for the Prevention and Control of Non-communicable Disease 2015-2025.

Regulation of pharmaceuticals and medical devices in Mexico is an area that is undergoing various administrative and political changes. Status is that approval processes are very long and communication with relevant authorities is complicated. Mexico has recently experienced shortage of some medicines.. Backlog of approvals of new and generic drugs has long been a major obstacle in Brazil and lowering back logs has been a major political priority, which Denmark has and continues to support through the SSC.

The risk of new or emerging cross-border health threats (including AMR) is present in all five SSC-countries, due to urbanization, human-animal interaction and high population density among others. In India, where the level of communicable diseases remains high there is special attention to the issue. India's health system was overwhelmed by the COVID-19 pandemic, specifically the second wave in 2021. As a result, pandemic preparedness has gained increased attention as a matter of strategic importance.

It is estimated that countries such as India and Vietnam have some of the highest levels of AMR in Asia. However, due to the absence of comprehensive surveillance it is impossible to substantiate. Both countries have an overuse of antimicrobial drugs both in animals and humans. In Vietnam, evidence suggests that around 90% of drug stores dispense antibiotics without a prescription despite the fact that it is prohibited by Vietnamese law. There is significant political attention to the issue in both countries and good frameworks for Danish support.

The relevant sector strategies and legislation in relation to strengthening national efforts within the three FP thematic areas have been identified for each of the five countries (see box and further information in

Annex). These have guided the alignment of the current SSC projects and the information will be updated as new phases are prepared.

2.3 Danish priorities and the role of SSC

Denmark is committed to the realisation of the SDGs, and Danish priorities on global health are fully aligned with the goal and sub-goals on health (SDG 3). The achievements of the SDGs are all interlinked. Hence, due to the cross-sectoral nature of global health challenges, efforts towards SDG 3 are particularly interlinked with and contribute to SDG 1 on poverty alleviation, SDG 5 on gender equality and empowerment, and SDG 10 on inequality. Ultimately, good health and wellbeing allows people to live life to the fullest and being valuable members of their community, which is a strong driver in achieving all of the SDG's. As described in Denmark's strategy for development cooperation "the World We Share", Denmark aims to "focus and expand the strategic sector cooperation through comprehensive, integrated programmes where Danish strengths are greatest, such as […] health".

The priorities of the Ministry of the Interior and Health in relation to the SSC-programme are aligned with the priorities in "the World We Share" and derives from Denmark's long-standing international focus on universal health coverage, strengthening public health and ensuring people-centred health systems that are universal, equitable and sustainable and of high quality. Furthermore, preparedness for and response to health emergencies, robust health systems and strengthened preparedness against cross border health treats are increasingly strategic priorities for the Ministry and are reflected in Denmark's political priorities in international health fora, such as the WHO and in the EU. The Ministry's international health priorities guide engagements with partner countries and organisations on important areas such as non-communicable diseases, antimicrobial resistance, vaccines and immunisation and health emergencies.

With regard to the global SSC objective 3 on enhanced engagement of the Danish private sector, the framework programme is aligned with and contributes to the objectives of Denmark's life science strategy ("Strategi for life science").

Building on these over-all priorities, the Ministry of the Interior and Health is considering publishing a strategy for international cooperation on health which will outline the international health priorities and underpin the strategic focus areas of the SSC Framework Programme.

The Strategic Sector Cooperation (SSC) plays an important role in DMOH's international engagement as a mechanism for engaging directly with health authorities in LMICs to support their efforts towards achieving the SDGs. Recognising the limited scope of the SSC framework, Denmark prioritises collaborations aimed at tackling the global health issues described above, and thereby specifically targeting progress towards SDGs 3.4, 3.8 and 3.D:

- *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;*
- *3.D Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.*

Under the Strategic Sector Cooperation, the DMOH can make a unique contribution to these SDG targets via peer-to-peer collaboration with health authorities in partner countries. This enables DMOH to contribute directly to the pivotal task of adapting, improving and reshaping the health systems in LMICs by drawing on Danish best practices and strongholds.

The strategic focus of the SSC framework programme is supporting partner countries' health systems within the areas of:

1. Coherent, efficient and quality healthcare services for non-communicable diseases; and
2. Regulation of pharmaceuticals and medical devices; and
3. Prevention and management of cross-border health threats.

Coherent, efficient and quality healthcare services for non-communicable diseases

Denmark is internationally recognized for our efficient and data-driven public healthcare system and unique organization of the primary healthcare system as well as an efficient uptake of digital solutions promoting coherence throughout the health system. A strong and coherent primary healthcare system is a cornerstone in ensuring universal health coverage and access to high quality care for all. Patients with chronic and/or multiple NCDs have varying and individual needs and are often in contact with various parts of the healthcare system. The Danish approach includes prevention, quality of care, and disease management. The aim is to ensure coherent patient pathways with people-centred care as a central principle. Denmark has significant experience in developing and implementing the use of disease management programmes, standardised treatment programmes, and quality standards for care. The Danish approach also hinges on a national IT infrastructure, national registers and the development of digital solutions, which make relevant data available at the point of treatment and care, efficient logistics as well as solutions promoting transparency in the course of treatment of individual citizens or patients. These initiatives aim to ensure continuity of care across the different levels of the healthcare system as well as a more uniform practice of the same high quality of care – from early detection, diagnostics, investigation and treatment, to follow-up, rehabilitation and palliation.

Regulation of pharmaceuticals and medical devices

Strengthened regulatory frameworks and processes as well as increased capacity to implement and enforce the rules in the regulatory authorities are necessary to meet the challenges related to access to safe and affordable medicines. Strong regulatory frameworks and efficient processes for approval, monitoring, control and enforcement are important for all partner countries. The Danish support takes on an extra dimension for countries with domestic production of medicines and medical devices, such as India and China, especially concerning good manufacturing practices, active pharmaceutical ingredients (APIs), clinical trials, etc.

The Danish Medicines Agency has a strong position in the European cooperation on pharmaceuticals and medical devices and can draw on both Danish and European regulatory best practices in the collaboration with regulatory agencies in partner countries. With the establishment of the Data Analysis Center (DAC), the Danish Medicines Agency has become a spearhead in relation to the use of data analysis in the EU. Analysis of data is and will increasingly become a significant component in regulatory affairs, e.g. in relation to approval and pharmacovigilance of medicines, not least in relation to complex pharmaceuticals, medical devices and personalized medicine for treatment of NCDs. In connection with

the strengthening of the regulatory processes, the Danish Medicines Agency will also be able to support in relation to quality management and digital transformation, which are both significant factors in relation to strengthening the regulatory processes for the benefit of the Danish companies that wish to enter market in these countries.

Prevention and management of cross-border health threats

Denmark has a robust healthcare system and ability to tackle cross-border health threats as demonstrated by the comprehensive management of the COVID-19 pandemic.

Surveillance of infections, pathogens, antimicrobial use (AMU) and resistance (AMR), in addition to vaccination coverage are all important components of national and global infection prevention, preparedness and response. Effective, continuous and cross-sectoral AMR surveillance is essential for identifying emerging health threats and assessing the burden of resistance. It provides the necessary basis for infectious disease prevention, development of guidelines on rational use of available antibiotics, as well as development of new antimicrobials, diagnostics, and alternative therapies.

Cross-sectoral surveillance is used to understand the linkages between human, animal, and environmental health – a One Health perspective – and key to establish effective disease prevention related to both the emergence of resistant pathogens and the risk of zoonotic spill-overs and emergence of new infectious diseases. . Cross-sectoral collaboration enables integrated surveillance systems, which provides new and improved data for better public health preparedness and response. Denmark has a long tradition for involving multiple sectors in public health work, integrating digital solutions, and drawing on expertise from a wide variety of professionals for surveillance and research.

With demonstrated experience in the practical implementation of the One Health approach, Denmark can help strengthen the capacity of partner countries to understand and address the risks posed by zoonotic diseases, helping build stronger national surveillance and preparedness systems with a focus on cross-sectoral cooperation, and empower partners to effectively use the data collected to understand and prevent future epidemics, including those with pandemic potential. Furthermore, trust in Danish authorities, including the health authorities, is among the highest in Europe[12]. A reason for high trust is a large degree of transparency in the work of government authorities, which Denmark benefitted from during the covid-19 pandemic.

2.4 Results and lessons from on-going and previous phases of support

In 2020, an independent evaluation of the Strategic Sector Cooperation confirmed that the SSC delivers relevant and effective results, although the long-term effects and outcomes are still to be verified. The programme has in a short time succeeded in mobilising Danish public sector expertise, which would not have been accessible on commercial terms or otherwise and initiated relevant contributions to the SDGs. Based on the preliminary results, the evaluation considered the programme in many ways to be "punching above its weight" compared to the resources invested. The evaluation also found that the SSC programme contributes to stronger bilateral relations and cooperation between Denmark and SSC partner countries.

[12] Living, working and COVID-19 (Update April 2021): Mental health and trust decline across EU as pandemic enters another year (europa.eu)

The experience of the health SSC projects to a large extent confirms the overall findings of the evaluation. The Strategic Sector Cooperation is a relevant tool that has substantial potential to contribute to global health challenges in the partner countries and at the same time strengthen Danish diplomacy and engage Danish companies.

The embassies in Vietnam, China, Brazil and Mexico[13] consider the SSC projects important for their diplomatic work in the partner countries. The projects provide multiple entry points to the national political and administrative systems at various levels, which are sector specific and therefore an important and relevant addition to the general diplomatic efforts of the embassies. Furthermore, the cooperation with Denmark within the health sector provides valuable "political capital" for Denmark, thereby improving relations and branding of Denmark as a trusted partner.

Selected results from on-going SSC health sector projects

- Strengthening digital transformation and health data by identifying key health indicators (Mexico)
- Use of telemedicine in a more integrated way (Mexico)
- Implementation of clinical guidelines for testing new medicine (Mexico)
- Private partner collaboration on a free app for detection of diabetes introduced and implemented (Vietnam)
- Strengthened health information systems by developing IT solutions (Vietnam)
- Digital health strategy elaborated and published (Brazil)
- Contributing to developing National Health Data Network (Brazil)
- Standardisation of health data (Brazil)
- Diagnostic Related Groups (DRG) based system developed and piloted (Brazil)
- Implementation of legislation on approval of pharmaceuticals/equipment (Brazil)
- Backlog in pharmaceutical approval reduced and shorter case handling time (Brazil)
- Collaboration on Covid management and monkeypox vaccines (Brazil)
- Implementation of European guidelines for clinical tests of new pharmaceuticals (China)

There are a number of specific results in relation to capacity building and changing framework conditions, there are results from both the current phase 1 projects (in China and Mexico) and, from the phase 2 projects in Brazil and Vietnam (see box). However, programme implementation has been severely impacted by Covid-19. Both due to travel restrictions and because the pandemic has dominated the agenda of the health authorities, both in Denmark and in the partner countries.

The SSC projects are very susceptible to delays if the selected partners are not appropriate or if they change priorities during implementation. Although local level partners may be relevant for the thematic area of the SSC project, e.g. primary health care may be the responsibility of local administration, the experience with working directly with local level partners is mixed, because the Danish partner knowledge does not necessarily match the needs of local partners. Going forward, the primary partners of the SSC projects will be agencies on central level and if pilot activities take place at local level, it will be in close collaboration with the primary partner authority.

The thematic focus areas of the SSCs are selected on the basis of Danish international strongholds, but it is recognised that without a genuine demand from the partner authority, the SSC projects may risk

[13] The collaboration with the fifth country, India, was only initiated with an inception phase in 2022.

implementation delays and ultimately low effectiveness. When entering new phases, the effort to align the SSC projects to national programmes and ambitions will be further strengthened.

The objectives and scope of the SSC projects are generally quite broad and some of the current SSC projects include many different work streams within the thematic areas. General Danida experience suggests that, given the modest size of the SSC projects, focusing the efforts on a few work streams provide better possibilities of inducing changes in national framework conditions. Unless it is deliberately controlled, there is a tendency for projects to proliferate during implementation, perhaps due to direct demand from partners or the specific interest and capabilities of Danish partners. This will be observed in the further implementation and in the formulation of new SSC project phases.

The implementation of the current SSC projects has provided valuable lessons in terms of the organisation of the programme on the Danish side where multiple authorities are involved in the implementation of the projects. Staff rotation is a given condition of the public sector, which means that project knowledge and experience is intermittently lost. The DMOH FP management will ensure that the necessary support for project implementation is available.

Linkages to the Danish private sector

Engagement of the private sector is crucial to deliver sustainable solutions to the SDGs and framework conditions in low- and middle-income countries are often a hindrance to market entry and establishing a level playing field.

The experience from the health sector SSC-projects provides lessons as to how the embassies benefit from the SSC projects to provide linkages to commercial cooperation, the work of the Trade Council (TC) and Danish companies:

- The cooperation has a branding value for Denmark as a competent and trusted partner in the health sector. These are indirect and medium to long-term effects.
- The SSC counsellors and other staff involved in the SSC projects may, with their knowledge and networks, provide valuable information to the TC and of general information for commercial cooperation between Denmark and the country.
- The SSC projects aim to induce changes in the framework conditions for the health sector, thereby providing a level playing field and opportunities also for Danish companies.
- The SSC projects may engage solutions provided by Danish companies directly in the SSC projects providing giving them exposure in the market.

The Embassies benefit from the SSC counsellors' knowledge by integrating them in or ensuring a close collaboration with the commercial teams in the Embassy and there are a number of examples of direct collaboration between SSC counsellors and the Embassy trade officers. Furthermore, spin-off projects are pursued when possible. For example, it has been possible to organize activities on diabetes and obesity with participation of the private sector in Brazil. DMOH and its agencies can directly support commercial events by organising thematic seminars or participating in round tables in connection with trade delegations in partner countries. In Denmark, collaboration with Healthcare Denmark provides a professional setup for displaying Danish commercial and public-private solutions as an integrated part of SSC-study tours for partner authorities to Denmark. DMOH is furthermore strengthening its network

to the industry in Denmark, including the Confederation of Danish Industry (DI) and the Danish Association of the Pharmaceutical Industry (LIF).

So far, the full potential of this aspect of the programme has not yet materialised, not least due to the lower-than-expected level of activities. The potential for leveraging commercial collaboration varies between the thematic areas and this experience has been used when selecting the thematic areas for the FP.

2.5 Alignment with SSC principles and global results

Through the strategic sector cooperation, the Danish authorities support national partners addressing their own legislative, regulative and policy challenges and needs through promotion of Danish sustainable solutions. The long-term objective for the overall SSC programme is:

> *To promote a socially just green transition and contribute to sustainable growth and resilient development for people in partner countries through Strategic Sector Cooperation.*

For the health FP, this is translated into a contribution to the partner countries' achievement of the SDGs, primarily selected targets under SDG 3, as indicated above.

It should be emphasised that the SSC is aiming at improving the sector framework conditions, which includes policies, legislation, regulation and their implementation. This is reflected in the global intermediate objective of the SSC, which is *to contribute to conducive framework conditions in partner countries focusing on the green and inclusive transition and selected development priorities through contributions from the strategic sector cooperation*. Defining relevant framework conditions and the national capacity gaps for the effective administration of these are therefore a priority in the formulation of the country-level SSC-projects.

In line with the SSC Guiding Principles, the FP focusses on areas where Denmark has special strengths and shows international best practice in public-private partnerships, not least by using digital and data driven solutions furthering a coherent and client-centred health system.

The FP outcome 1 contributes to the SSC global Outcome 1 (*Strengthened partner countries capacity to develop, implement and enforce conducive framework conditions for green transition and selected development priorities*) through its country level projects which support strengthening of partner countries' capacities within the three thematic areas. The intervention areas of the specific SSC projects will be targeting institutional capacity development of specifically identified framework conditions, e.g. sector specific policies, legislation, regulation, plans or tools and the systems for implementing these. The DMOH will base its approach to capacity development on lessons learnt from the SSC programme, international best practice, with integration of HRBA and non-government actors, as summarised in the text box below.

The FP outcome 2 contributes to the SSC global Outcome 2 (*Increased climate ambitions and ambitions for green transition and sustainable development through strong bilateral relations and green diplomacy*) by strengthening the embassies' network at country level in relation to the health sector. Embassies, sector advisers and the Danish agencies engaged in the SSC projects will be responsible for sharing knowledge, networks, and lessons between the SCC projects and the Danish bilateral diplomacy efforts, which will enable linkages to broader Danish policy agendas.

The FPs approach to Capacity Development

- The overall aim of capacity development of DMOHs FP is to strengthen the ownership, engagement and effectiveness at national and local level in the partner countries which is necessary to make sustainable improvements and developments within the healthcare systems.
- The SSC aims to support planning and implementation processes through which partner organisations and stakeholders in partner countries adapt, strengthen and maintain the capability to define, plan and achieve their own sector development objectives on a cross-sectoral, holistic, inclusive and sustainable basis.
- Capacity development is often addressed at three different levels, namely the enabling environment, the organizational level and the individual level. Interventions at each level are often mutually supportive.
- For the enabling environment the SSC e.g. works directly or indirectly with laws and policies by engaging and bringing together public or private stakeholders and related partners and civil society.
- At the organizational level the SSC e.g. advise and promotes change processes that relates to structures, policies and procedures that determine sector institutions and other stakeholders impact and effectiveness.
- At the individual level, the SSC aims to develop and strengthen the skills, experience and knowledge that allow each person to perform.
- Capacity development is always undertaken with due respect to the national context, priorities and the resources available for the FP. Capacity development is often undertaken with the involvement of both public and private sector, both in Denmark and partner countries.

The FP outcome 3 contributes to the SSC global outcome 3 (*Enhanced engagement of the Danish private sector in identifying sustainable development solutions and opportunities).* The potential to demonstrate public-private solutions has been an important factor in the selection of the three thematic focus areas of the FP. The SSC projects will aim to enhance the engagement of the Danish private sector in identifying sustainable development solutions and opportunities for strengthening access to health care and medicine and prevent cross-border health threats.

2.6 Poverty reduction and human rights-based approach

The health sector is central to human development and health issues are closely linked to poverty. Poor and marginalised populations are more susceptible to infections and in general they have poorer access to reliable and safe medical treatment. Poor and marginalised populations, particularly women and girls, are the most at risk of getting sick, also from non-communicable diseases, and the worst hit economically by epidemics, as was witnessed during the COVID-19 pandemic.

The WHO Constitution of 1946 affirms that the enjoyment of the highest attainable standard of health is a fundamental human right. The obligation to provide access to health services, medicine and vaccinations and the right to health is enshrined in the Article 12 of the Covenant on Economic, Social and Cultural Rights. Non-discrimination and equality are fundamental human rights principles and critical components of access to health services. States have an obligation[14] to prohibit and eliminate discrimination on all grounds (race, age, ethnicity or other factors) and to ensure equal access to health care and medicine. This is reflected in SDG 3, *Ensure healthy lives and promote well-being for all at all ages*, and

[14] International Convention on the Elimination of All Forms of Racial Discrimination. UN General Assembly resolution 2106.

especially SDG target 3.8 *Achieve universal health coverage including access to quality health-care services, medicines and vaccines.*

In pursuing a human rights-based approach, national health policy, strategies and programmes should be designed explicitly to improve the enjoyment of all people to the right to health, with special considerations to the principle of leaving no one behind. An important factor influencing this is the extent to which a universal healthcare system is rolled out in the country.

The FP will address poverty and the human rights-based approach by integrating the principles of participation, accountability, transparency and non-discrimination (the "PANT" principles). DMOH's work under the FP will be based on these core values, while recognising that the relevant issues to integrate in the SSC projects depend largely on the national context, policies and the partner institutions responsible for national health sector framework conditions. Relevant recommendations of the Special UN Rapporteur on Health will be observed, including the upcoming report on the increased use of digital technologies in the planning and delivery of health information and services. DMOH will implement a human rights-based approach and further initiatives to reduce poverty by observing and promoting the following issues in the formulation and implementation of SSC projects:

- Promote universal access to health services, including aspects of physical access, affordability and access to information by analysing ex-ante the consequences of initiatives supported by the SSC on the goal of universal access.
- Work towards avoidance of discrimination in the delivery of health services and address discrimination in policies and practices, e.g. relating to the implementation of health regulations.
- Include a focus on gender differences and disadvantaged populations who are often underserved in relation to access to primary healthcare and neglected in national health data collection systems.
- Promote accountability and participation in partner authorities, for example in relation to including civil society and the private sector in the processes of developing and monitoring the implementation of new policies and regulations.
- Promoting quality, which is an important aspect of universal health coverage and includes aspects such as safety, effectiveness, timely and people-centred treatments.
- Respect human rights in relation to data management and digital technologies, for example on issues related to privacy, equality and autonomy.

3. Framework programme objectives and Theory of Change

In line with the long-term objective of the overall SSC programme, the programme objective of the FP is:

> *Ensure healthy lives and promote well-being for all at all ages in partner countries through improved (1) treatment and management of NCDs, (2) regulation of pharmaceuticals and medical devices and (3) prevention and management of cross-border health threats.*

The FP is guided by the Theory of Change (ToC) below which aligns with the SSC's global ToC. The critical assumptions behind the ToC include: Partner authorities' political and institutional commitment to agreed reform processes is maintained during the FP; DMOH capability to address partners' weaknesses in the relevant practices, legislation and systems, including systematic learning from proven capacity development approaches and basic market conditions in countries are conducive to Danish private sector actors to offer health sector solutions.

Theory of change for DMOH SSC Framework Programme

<table>
<tr><td colspan="3">If the MFA and DMOH select countries for the SSC where non-communicable diseases, regulation of pharmaceuticals and medical devices and prevention and management of cross-border health threats are critical challenges for attainment of SDG3</td></tr>
<tr><td colspan="3">And if DMOH and Embassies identify and establish SSC partnerships with relevant national authorities who demand such collaboration and strongly prioritise addressing such challenges, yet with regulatory and institutional capacity constraints that match the core competences of Danish authorities</td></tr>
<tr><td>And if DMOH - and other involved Danish authorities - use their core expertise, best practice knowledge, and learning-based capacity development approaches to address partners' weaknesses and gaps in policies, regulations, and systems within the thematic focus areas</td><td>And if Danish Embassies, DMOH and the MFA make use of the insights, processes, and networks obtained through the SSC projects to inform Danish bilateral diplomatic initiatives to promote SDG 3 and universal access to healthcare</td><td>And if Danish Embassies, DMOH and the MFA (including the Trade Council) jointly use knowledge and networks from the SSC projects on partner country health sector to inform the engagement with the Danish private sector to provide health sector solutions that can address the countries' challenges</td></tr>
<tr><td>Then, the knowledge and capacity of partner institutions will be strengthened in relation to (1) treatment and management of NCDs, (2) regulation of pharmaceuticals and medical devices and (3) prevention and management of cross-border health threats (output 1)</td><td>Then there will be an increased engagement with partner country health sector institutions at technical and political level (output 2)</td><td>Then there will be an increased exposure of Danish commercial solutions to partner countries (output 3)</td></tr>
<tr><td>Which will contribute to Strengthened framework conditions to address (1) treatment and management of NCDs, (2) regulation of pharmaceuticals and medical devices and (3) prevention and management of cross-border health threats (outcome 1)</td><td>Which will contribute to increased partner country national and international ambitions in relation to SDG 3 and universal access to healthcare (outcome 2)</td><td>Which will contribute to an enhanced engagement of the Danish private sector in providing health sector solutions in the partner country (outcome 3)</td></tr>
<tr><td colspan="3">And then Denmark contributes to ensuring healthy lives and promote well-being for all at all ages in partner countries (SDG3) through improved (1) treatment and management of NCDs, (2) regulation of pharmaceuticals and medical devices and (3) prevention and management of cross-border health threats in a way that strengthens the participation, accountability, non-discrimination and transparency of health sector institutions</td></tr>
</table>

4. Results framework

Monitoring and reporting of the FP will be based on the results framework below, which should inform the results frameworks of future SSC-projects. The outputs of the SSC-projects are diverse, and may not all be captured in the FP results framework but all SSC-projects should contribute to the FP-level output and outcome indicators. The proposed targets are preliminary and will be revisited and discussed in the Programme Management Group (PMG) and approved by the first Strategic Management Group (SMG)

of the FP. Moreover, they will be reviewed in the mid-term review of the program. DMOH and Embassies are jointly responsible for results especially related to outcomes 2 and 3.

Project/Programme Objective	Ensure healthy lives and promote well-being for all at all ages in partner countries through improved (1) treatment and management of NCDs, (2) regulation of pharmaceuticals and medical devices and (3) prevention and management of cross-border health threats.

Outcome (1)		Strengthened framework conditions to address (1) treatment and management of NCDs, (2) regulation of pharmaceuticals and medical devices and (3) prevention and management of cross-border health threats.	
Outcome indicator		Number of regulatory and institutional systems addressed and improved within the three thematic areas of the SSC cooperation with a Human Rights-Based Approach.	
Baseline	Year	2023	0
Target	Year	2027	20 (two for each of the two applied thematic areas in each country)
Outcome (2)		Increased partner country national and international ambitions in relation to SDG 3 and the three thematic areas of the FP.	
Outcome indicator		Number of partner institution public declarations of new initiatives and/or targets in thematic areas linked to the FPs work.	
Baseline	Year	2023	0
Target	Year	2027	10 (one for each of the two applied thematic areas in each country)
Outcome (3)		Enhanced engagement of the Danish private sector in providing health sector solutions in the partner country	
Outcome indicator		Increased participation of Danish companies in business delegations to the five countries	
Baseline	Year	2023	To be defined
Target	Year	2027	tbd
Output 1		Strengthened knowledge and capacity of partner institutions in relation to (1) treatment and management of NCDs, (2) regulation of pharmaceuticals and medical devices and (3) prevention and management of cross-border health threats.	
Output indicator		a. Number of training seminars, workshops, study tours undertaken b. Number of publications/notes, road maps or action plans jointly developed	
Baseline	Year	2023	a: b:
Target	Year 1	2024	a: b:
Target	Year 2	2025	a: b:
Target	Year 3	2026	a: b:
Target	Year 4	2027	a: b:
Output 2		Increased embassy engagement with partner country health sector institutions at political level	
Output indicator		Number of meetings between the Danish embassy and partner country institutions where international or national initiatives or targets linked to the FP work are on the agenda.	
Baseline	Year	2023	Tbd
Target	Year 1	2024	Tbd
Target	Year 2	2025	Tbd
Target	Year 3	2026	Tbd
Target	Year 4	2027	Tbd
Output 3		Increased embassy-led exposure of Danish commercial solutions to partner countries	

Output indicator		Number of embassy/TC meetings and events exposing partner country institutions to Danish commercial solutions	
Baseline	Year	2023	Tbd
Target	Year 1	2024	Tbd
Target	Year 2	2025	Tbd
Target	Year 3	2026	Tbd
Target	Year 4	2027	Tbd

5. Emerging project portfolio: Context and design features

In line with the SSC Guiding Principles, the FP enables the Danish Ministry of the Interior and Health to develop and manage a portfolio of projects over four years, based on agreed objectives, outcomes, outputs and overall budget. The FP is established on the basis of the existing SSC projects and includes new project phases, which are not yet fully defined. As the third and last phase of the SSC projects in Vietnam and Brazil are planned to be finalised within the four-year period of this FP, it is envisaged that two new countries will be identified, and pilot projects will be initiated in these in the last year of the FP. The two new countries will be identified in a joint process between the MFA and the DMOH.

The SSC projects are based on a thorough identification of needs and demands of the partner countries matched with the Danish authorities' core competences in an international perspective, Danish bilateral interests and commercial interests and opportunities. The challenges of the national health systems in relation to the SSC thematic focus areas are generally well known and it is important that the SSC-projects tap into the relevant national strategic frameworks and priorities in order to ensure national ownership. It is a pre-requisite for the SSC projects that the partner authorities are committed to establishing improved framework conditions or strengthening the implementation and management of existing policies, laws and regulations within shared objectives and are requesting international cooperation to achieve these objectives. In order to maintain focus of the SSC-projects, each country level SSC project will as a maximum include two of the FP three thematic areas.

Although not part of this appropriation, the Sector Counsellors are central to the implementation of the SSC projects. The Sector Counsellor is a specialist posted to the Danish Embassy to facilitate and support the individual SSC project, facilitate knowledge sharing, add technical dimensions to the bilateral diplomacy. The Sector Counsellor works closely together with the Danish Authority, the Partner Authority, other Embassy staff and the private sector.

The SSC projects and the Sector Counsellors collaborate with a range of institutions in Denmark. The Danida Fellowship Centre (DFC) offers training and scholarships, including master studies, to partner authority staff. The DFC has been offering four different training courses in health. Due to Covid-19, the DFC training activities have been limited since 2020 but going forward, the SSC projects will work to include DFC training activities more coherently in the relevant projects, as they become available. DFC is also organising the Danida alumni network in the partner countries and thereby maintaining the network of professionals having been trained in Denmark.

The SSC projects are increasingly collaborating with Healthcare Denmark. Collaboration with Healthcare Denmark is especially relevant in relation to study tours to Denmark, where Healthcare Denmark

supports the planning and execution of study tour programmes with a combination of public and private elements.

Cross-border health threats, including AMR is a new thematic focus area of the SSC projects. Collaboration and coherence with other Danish initiatives linked to AMR/One Health will be sought as part of this engagement, including SSC projects in the same partner countries under agriculture and food systems as well as the International Centre for Antimicrobial Resistance Solutions (ICARS) in Copenhagen, which provides access to international research-based knowledge on AMR and One Health.

Table 2: Project phases in SSC Health Framework Programme 2024 – 2027

Country and phase	Time period	Status	Thematic Focus	Partner Authority
Vietnam phase II	2020 (Jan) – 2024 (Jul)	Current	Disease prevention, diagnostics and monitoring of non-communicable diseases with a focus on the primary healthcare system	Ministry of Health of Vietnam Provincial Department of Health in Thai Binh Province (Thai Binh DoH)
Vietnam phase III	2024 (Aug) – 2027 (Jul)	Future	Strengthening of the primary healthcare system and potential focus on cross-border health threats	Ministry of Health of Vietnam
Brazil phase II	2020 (Oct) – 2024 (Oct)	Current	Health data and digitisation & pharmaceuticals and medical devices	Brazilian Ministry of Health, including DataSUS Brazilian Health Regulatory Agency
Brazil phase III	2024 (Nov) – 2027 (Oct)	Future	Regulation of medicines and medical devices, and efficient healthcare systems regarding prevention and treatment of NCDs.	Brazilian Ministry of Health, including DataSUS Brazilian Health Regulatory Agency
China phase I	2019 – 2024 (Jun)	Current	Pharmaceuticals and the primary healthcare system, including mental health and chronic diseases (the latter less carried out in practice)	National Medical Products Administration National Health Commission, Peking University Sixth Hospital Wuxi Mental Health Centre

Country and phase	Time period	Status	Thematic Focus	Partner Authority
				Guangzhou Huiai Brain Hospital
China phase II	2024 (Jul) – 2027 (Jun)	Future	Regulation of medicines and medical devices, and prevention and treatment of NCDs in the primary sector	National Medical Products Administration of the People's Republic of China National Health Commission of the People's Republic of China
China phase III	2027 (Mar) – 2030 (Feb)	Future	To be defined based on phase II	
Mexico phase II	2023 (Jan) – 2025 (Dec)	(Current)	Regulation of medicines and medical devices, and prevention and treatment of NCDs in the primary sector	Secretariat of Health in Mexico Federal Commission for Protection against Health Risks
Mexico phase III	2026 (Jan) – 2028 (Dec)	Future	Regulation of medicines and medical devices, and prevention and treatment of NCDs in the primary sector (potential focus on cross-border health threats)	Secretariat of Health in Mexico
India Inception	2022 (Nov) – 2023 (Dec)	Current	Regulation of pharmaceuticals and medical devices & Pandemic preparedness, AMR and digital solutions	Ministry of Health and Family Welfare, India and underlying agencies
India Phase I	2024 (Jan) – 2026 (Dec)	Future	Regulation of pharmaceuticals and medical devices & prevention and management of cross-border health threats (depending on outcome of inception phase)	Ministry of Health and Family Welfare National Centre for Disease Control The Central Drugs Standard Control Organisation
India phase II	2027 (Jan) – 2029 (Dec)	Future	To be defined based on inception phase and phase I	

6. Budget

Figures in the indicative budget below are preliminary and subject to Parliamentary approval. This budget overview reflects the expected support as indicated in the 2023 Finance Act.

Table 3: Disbursement budget for SSC Health Framework Programme 2024 – 2027 (DKK)

	2024	2025	2026	2027[I]	Total 2024-2027
Vietnam phase II Vietnam phase III	2,284,180 1,250,000	 2,500,000	 2,500,000	 1,250,000	2,284,180 7,500,000
Brazil phase II Brazil phase III	2,000,000 1,000,000	 2,750,000	 2,500,000	 1,250,000	2,000,000 7,500,000
China phase I China phase II China phase III	2,339,328 1,250,000	 2,750,000	 3,000,000	 1,500,000 1,250,000	2,339,328 8,500,000 1,250,000
Mexico phase II Mexico phase III	2,300,000	2,200,000	 2,200,000	 2,200,000	4,500,000 4,400,000
India Inception India Phase I India phase II	 2,250,000	 2,750,000	 2,500,000	 2,250,000	0 7,500,000 2,250,000
Two new countries inception phase				3,000,000	3,000,000
Projects total					**53,023,508**
Communication	150,000	150,000	150,000	150,000	600,000
Results monitoring, learning and preparatory studies[II]		300,000	800,000		1,100,000
Mid-term review			600,000		600,000
[Unallocated funds]			1,000,000	1,000,000	2,000,000
Total	**14,823,508**	**13,400,000**	**15,250,000**	**13,850,000**	**57,323,508**

Notes:

No budget for 2023 reflected since payment from MFA to SUM takes place in beginning of year 2023.

[I] Budget for full year 2027 since payment from MFA to SUM will take place in March 2027 for the full year.

[II] Preparatory studies with the aim of identifying thematic focus and pilot phase design in new partner countries.

[In order to allow the FP and the individual SSC projects to adapt to an evolving context and in line with the principles of Doing Development Differently, DKK 2 million has been reserved as unallocated funds. These will be used to adapt to new situations for the individual project phases. These funds will in particular be allocated to support relevant exit activities to be identified under each individual project based on an agreed strategy for transition that ensures sustainability of main project results after project completion.]

7. Governance and management arrangements

The management arrangements will follow SSC's Guiding Principles and Administrative Manual. The DMOH will be overall responsible for implementing the FP, working in close collaboration with Danish

Embassies and MFA and following relevant Danish Government policies/strategies and MFA's Aid Management Guidelines.

DMOH and MFA will engage at two levels in the governance and management of the FP:

Strategic Management Group (SMG), with mandate for guiding on the FP's strategic direction, address sector developments, and issues emerging regarding objectives, and approve use of unallocated funds (subject to AMG procedure), new projects, new project phases, and phasing out. New phases and new projects will be assessed and decided based on the focus and considerations defined in this FP document. The SMG will also guide and advise to maximize the impact of Denmark's international engagement (bi- and multilateral) in the sector and related matters and ensure all stakeholders are adequately informed and guided. The SMG is composed of senior representatives from DMOH and MFA, with the Chair rotating between DMOH and MFA. The SMG will meet annually in April/May. TOR for SMG to be developed in the Procedure Manual.

Programme Management Group (PMG) responsible for overseeing overall FP implementation and progress, review project progress with respect to results, compliance, and challenges in implementation. The PMG also does the first screening of proposed new phases and projects and proposes their approval to the SMG (based on project documents formulated in accordance with AMG, including description of objectives, results frameworks, risks, ToC, budgets, work plans, etc.). The PMG is composed of DMOH and MFA senior staff involved in FP management and implementation with DMOH as Chair.

The PMG meets bi-annually, as follows: In February/March, to review the annual progress report and financial expenditure report, and address deviations and challenges in implementation of individual projects; in October/November, to review and approve next years' programme planning and budget and to review the capacity and contributions of all involved stakeholders. TOR for PMG will be developed in the Procedure Manual.

DMOH will organize and facilitate all meetings and follow-up of the SMG and PMG. Meeting documentation will be circulated by DMOH at least 14 days in advance of the meeting and summary of meetings will be circulated within one week and finalized within 2 weeks from the meeting.

As defined in the SSC Administrative Manual/Guiding Principles, **Project Steering Committees** for the individual projects are composed of DMOH, Danish Embassy, partner authority and Sector Counsellor as Secretary, co-chaired by the Danish Ambassador/ Deputy and a high-level partner representative. DMOH is responsible for operational management, and administration of the individual projects.

To ensure full integration of SSC projects with Embassies, bi-annual regional meetings will be held with all Embassies administering SSC projects. TOR for the meetings will be developed in the Procedure Manual

Preparation of new projects and new phases will be discussed in the SMG well in advance. Proposals for such must be agreed upon in the Project Steering Committee and submitted for initial screening, discussion, and recommendations for approval from the PMG, before submission to the SMG. New and adjusted outcomes will be discussed with partners and a new project document and work-plan agreed

upon. The new phases or new projects must be described in project documents aligned with the requirements in the AMG.

A mechanism will also be established at Embassy level to jointly monitor, share lessons, and coordinate activities in support of the project-level contributions to the three FP outcomes on capacity development, bilateral/climate diplomacy, and private sector engagement. It will be responsible for monitoring progress, agreeing and coordinating activity plans, and compiling monitoring data for results reporting relevant to the three FP outcomes at the specific project/country level. It will be chaired by the Embassy and include DMOH, Sector Counsellor as Secretary, Trade Council, relevant Embassy diplomatic/development staff and other relevant members to be defined. It will meet on a needs-basis to enable timely input to annual progress reports and annual work plans.

Annual FP planning, budgeting, and reporting cycle: DMOH will prepare and submit a consolidated FP workplan and budget for the coming year in October/November, for discussion and approval in the PMG. The work plan and budget will describe planned FP-level activities and highlight significant project-level activities that impact on overall FP progress and expected results, priorities and budgets, and main deviations from previously approved plans. Proposed new phases and projects will be reflected in the work plans.

In February/March, DMOH will submit to the PMG the annual FP progress report and financial expenditure report, highlighting deviations and challenges in implementation of individual projects with significance or impact on the overall progress and results of the FP. The annual progress and expenditure reports will be reviewed as basis for directions on adjustments or approval by the PMG. Based on the annual progress report, financial expenditure report and work-plan and budget subsequent annual transfer of funds from MFA to DMOH will be decided.. Templates for annual planning and reporting will be developed in the Procedure Manual.

In addition, the FP will include processes for systematic sharing of knowledge and lessons. There will be regional meetings (virtual) between DMOH, MFA, relevant Embassies, and DFC with focus on sharing information and knowledge on issues, challenges, and opportunities, across all three FP outcome areas. Generally during implementation, DMOH will facilitate relevant opportunities for Embassies to engage at high-level with partner authorities; and in connection with Danish high-level visits to the countries, MFA/Embassies will engage with DMOH early-on regarding relevant opportunities in connection with such visits; all will explore opportunities through DFC to enhance learning outcomes.

8. Financial management, planning and reporting

DMOH will provide an **Annual Progress Report**, assessing progress, developments, risks, and lessons in relation to the FP Results Framework, FP Theory of Change, and which also provides a synthesis of progress across the outcomes and outputs defined in the individual projects under the FP, structured in terms of outcomes and main areas of work defined under the FP (Template for APR will be developed in the Procedure Manual). The report will address assumptions to the Theory of Change, risks, and learning as basis for adjustments to the individual projects. The narrative programmatic annual reports are prepared by DMOH in close cooperation with Sector Counsellors and the Embassies. The Annual

Progress Report is main basis for discussion of progress in the PMG and SMG and for reporting on MFA's Results Framework Interface (RFI).

DMOH will follow the MFA Guidelines for Financial Management and the SSC Annex on financial implications for a Danish Authority engaging in Danish officially financed Development Assistance. Budgeting and financial accounting and reporting to MFA will be at Programme level in similar format as the FP budget and at project-level, including output-based reporting at project level. Template for financial reporting will be developed in the Procedure Manual. DMOH will provide accounting for use of inputs including staff time at output-level. The funds will be disbursed by MFA to DMOH annually in one tranche based on approved reporting. Standard best-practice accounting procedures apply.

9. Monitoring, learning, and risk management

DMOH is responsible for **monitoring** of the projects under the FP based on the three FP outcomes, the project specific results frameworks, risks matrix, and guided overall by Danida Aid Management Guidelines (AMG). DMOH will ensure internal quality assurance systems for preparing project documents, annual and mission reporting on new and on-going SSC projects and others. DMOH will

establish an outcome/output-based monitoring system adequate for meeting the monitoring, learning and reporting requirements across the SSC projects and FP results framework. DMOH will be responsible for reporting on the RFI. Monitoring will be based on the MEAL plan, which will be developed by DMOH and include final results frameworks, roles, and approach to aggregating project level results for the FP. The MEAL plan will include outcome harvesting undertaken to capture wider results of the FP.

The QA system, learning, and competence development will include a focus on the HRBA and poverty reduction, including based on the FP's annual reporting on HRBA related activities. MFA will commission a **mid-term review** of the FP in 2025 with focus on progress towards results, lessons learned; organizational management capacity of DMOH and partner authorities; and lessons on cooperation and dialogue with main relevant private sector actors; and implementation of programme monitoring and learning system (MEAL plan); operationalization of the HRBA and poverty reduction in the capacity development efforts. The mid-term review will also revisit the result framework and targets.

DMOH will adequately in time for the mid-term review undertake an outcome harvesting- and lessons learned study across the projects of the FP. The outcome harvesting will focus on capturing broader effects of changes of the healthcare framework conditions, the bilateral relations and diplomacy and the commercial effects.

Annex 3 describes the **main risks** facing the FP. DMOH will annually review and update the risk assessment for discussion in the PMG and SMG meetings. Risks at the level of the individual projects

will be identified and monitored based on the project documents. DMOH and the Embassies will collaborate with **Danida Fellowship Centre (DFC)** to maximize results of the FP and support joint identification of needs, co-creation of opportunities, and coordinated evaluation of results. To this end, DMOH will ensure that possibilities for relevant collaboration are considered under the individual

projects and discussed across the FP annually in the PMG, and that DFC is included as relevant in the formulation of new phases under each project, and the evaluation of such phases upon their conclusion. Decisions on collaboration are made at project level, with Sector Counsellor as initiators. DMOH and DFC will strive to have an annual meeting for information and lessons sharing.

10. Closure and exit

The process for closure and exit will follow the procedures defined in the SSC guidelines and Danida's AMG. All projects are expected to end no later than phase 3, corresponding to 10 years, but can be ended after any phase if decided by the SMG.

Any project entering phase 3 should include, as part of the project documentation for approval, an outline strategy for transition that ensures sustainability of main project results after project completion. The strategy should describe how results are planned to be sustainable within the partner authority systems, for instance, through focus on particular partner reform processes that the partner is committed to sustain, and relevant plans for how project results will be transferred to be managed by the partner. It should also describe how the SSC project's synergies with the wider Danish engagement in the country will be sustained, for instance, through contribution to other Danish aid and business instruments and/or further commercial or investment cooperation in that country.

A final results report based on AMG's format should be submitted by DMOH for discussion and approval by the SMG. The closure of accounts should follow the principles in the AMG.

Annexes:

Annex 1: Project contexts and summaries (not included in this version)

Annex 2: Partner Assessment

Annex 3: Risk Management

Annex 4: Plan for Communication of Results (not included in this version)

Annex 5: Process Action Plan for Preparation

Annex 2: Partner Assessment

Brief presentation of The Ministry of the Interior and Health, The Danish Health Authority, The Danish Medicines Agency, Statens Serum Institut and The Danish Health Data Authority

The Ministry of the Interior and Health (DMOH)'s core vision is to contribute decisively to the development of a healthy Denmark. The Ministry strives to set the framework for a well-functioning, modern and efficient healthcare system, putting the citizens at the centre.

DMOH's core responsibilities focus on administrative tasks in the area of the interior and the healthcare system. The healthcare system operates across three political and administrative levels: the state, the regions and the municipalities (national, regional and local levels). The state holds the overall regulatory and supervisory functions in health, the five regions are primarily responsible for the hospitals, the general practitioners (GPs) and for psychiatric care, while the 98 municipalities are responsible for a number of primary healthcare services as well as for elderly care.

DMOH consists of the Ministry and 11 agencies, who cover a wide range of interior- and healthcare related issues. The Ministry is responsible for policy-development, ministerial service and the overall management and development of the ministerial area. The agencies handle regulatory and administrative tasks. They also provide technical guidance to the Ministry as part of the legislative process and for policy development. The four agencies involved in the SSC-projects are the Danish Health Authority (DHA), Statens Serum Institut (SSI), the Danish Medicines Agency (DMA) and the Danish Health Data Authority (DHDA). For ease of reference, the agencies are referred to collectively as "the agencies".

The Danish Health Authority (DHA) has a national responsibility for health issues and works to ensure good public health and uniform healthcare services of high quality across Denmark. The DHA is responsible for effective health emergency management, national clinical guidelines, initiatives in health and elderly care and in major disease areas, such as cancer, heart disease, psychiatry, diabetes and infectious diseases prevention. A pivotal role of DHA is to advise the Ministry of the Interior and Health and other governmental, regional and municipal authorities on health and elderly care. **The Danish Medicines Agency (DMA)** authorizes and inspects pharmaceutical companies and licenses medicinal products in the Danish market. The agency also monitors medical devices available in Denmark, appoints proprietary pharmacists, organizes the pharmacy structure and supervises pharmacies and retailers. Among other tasks the DMA monitors adverse reactions from medicinal products and medical devices, authorizes clinical trials and decides which medicines are eligible for reimbursement. The DMA contributes to the development of policies and regulations in the pharmaceutical area, both in Denmark and at EU level.

Statens Serum Institut (SSI)'s main duty is to ensure preparedness against infectious diseases and biological threats as well as control of congenital disorders. SSI's mission statement is to aim at strengthening health through disease control and research. Disease surveillance happens through international collaboration and in the event of e.g. epidemics that demand urgent action, SSI provides counselling to the Danish healthcare system and to relevant national authorities. SSI is also responsible for the purchase and supply of vaccines to the Danish national vaccination programmes.

The Danish Health Data Authority (DHDA) works to ensure better health for the Danish citizens through the use of data and by creating digital coherence in the healthcare sector. The use of health data is a key element in the Danish healthcare system, and Denmark has some of the most comprehensive health registers in the world and is one of the globally most advanced countries when it comes to the use of health-IT. DHDA uses health data to strengthen and develop the healthcare system and at the same time to support the provision of the best possible treatment to each individual patient. DHDA runs the national eHealth infrastructure which aims at promoting coherence across sectors as well as continuity of care.

2. Summary of partner relevant capacities

ISM (including its agencies) has extensive experience with international collaboration and capacity development. ISM has participated in SSC projects since 2015 and was thus among the first Danish authorities to establish SSC projects with partner authorities. The projects have proven the ability of ISM and the agencies to develop demand driven joint activities aimed at improving capacities and framework conditions within pharmaceutical regulation, primary healthcare and data and digitalization. Danish solutions have been introduced with a focus on relevance in the local context and the particular needs of partner authorities. It follows that there today is a high level of trust established between the agencies and their sister authorities in the SSC partner countries.

In 2018, the Ministry established bilateral collaboration with partner authorities in Japan, South Korea and USA as part of the government strategy "Vækstplan for Life Science". Based on the positive results, it was decided to expand the engagement substantially in the current "Strategy for Life Science", and today ISM (including the agencies) is engaged in active collaboration with partner authorities in eight high income counties in addition to the five SSC-partner countries. The increased prioritization of bilateral collaboration has enabled ISM and the agencies to build on and further strengthen capacity for international agency-to-agency collaboration. Furthermore, experiences with economic diplomacy and engagement of the Danish life science industry in the high-income countries provides a useful source of inspiration for increased commercial engagement in the SSC countries.

ISM has a substantial international portfolio beyond the bilateral collaboration projects. As health has developed from primarily a domestic policy issue to increasingly being a highly internationalized sector, the international obligations and activities of ISM and the agencies have also increased. Currently, Denmark (represented by DMA) is a member of the Executive Board of WHO and in 2025 the Danish EU presidency and presidency of the Nordic Council of Ministers are expected to have a strong focus on health. This means that across the ISM and the agencies, international collaboration is a key priority and increasingly an area of expertise.

Certain agencies, such as the DMA and SSI, are inherently international because of their mandate and history.

<u>DMA:</u> A significant part of the legislation in the area of pharmaceuticals and medical devices is adopted at European level, and DMA collaborates extensively within the framework of the EU pharmaceutical framework as well as with authorities in other countries. It is essential that DMA maintains a strong international engagement to ensure high-standard and efficient administrative processes in the EU while

asserting Danish influence on the regulatory framework in the EU and in other international forums, such as IMDRF, WHO etc., all having a major impact on the Danish life sciences ecosystem and on patient safety. This results in a very strong capacity for engaging with partners in SSC-countries.

SSI: Statens Serum Institut is actively involved in international collaboration within the core areas of epidemiology, special diagnostics, biological preparedness and ensuring vaccine supply. Statens Serum Institut is also the Danish contact center for the worldwide alert system under WHO and a corresponding alert system between the EU countries. Concretely, the collaboration is implemented through assignments such as participation in European and international disease surveillance coordinated by ECDC and WHO respectively; taking care of tasks for the EU and WHO, i.a. through contracts and operation of WHO collaborating centres; international research, monitoring and development cooperation; education and training, i.a. through the European Program for Training in Interventional Epidemiology, EPIET; amongst other relevant international assignments.

3. Internal coordination and management of the framework programme

The DMOH and its agencies work closely together under the SSC framework programme with a clear division of tasks and responsibilities.

The Ministry is the primary Danish Authority with responsibility for implementation of the Framework Programme vis-à-vis the Ministry of Foreign Affairs. It follows that the Ministry is responsible for alignment between individual project objectives and the FP objectives, planning and reporting on the FP level as well as external communication, etc. The department will represent DMOH at the Strategic Management Group (SMG) and the Programme Management Group (PMG).

In the Ministry, a team of dedicated project managers oversee planning and implementation of activities as well as financial follow-up and reporting for each of the five SSC projects. The project managers liaise closely with the sector counsellors at the embassy and with the coordinators at the agencies.

The agencies are responsible for the technical expertise and detailed planning of activities and missions under the respective project outcomes. A project coordinator is responsible for identifying and liaising with the relevant technical experts at the agency and maintaining close dialogue with the project manager and the sector counsellor.

Terms of references and back to office reports are developed jointly by the project leader, the sector counsellor and the relevant agency coordinator / technical experts in connection with implementation of project activities. This ensures a good planning process prior to activity implementation and sufficient follow-up and documentation post activity implementation.

Annex 3: Risk Matrix

Risk Factor	Likelihood	Impact	Risk response	Residual risk	Background to assessment
Contextual Risks					
Bilateral relations with one or more SSC countries evolve negatively in a way that jeopardizes the bilateral relations and prevents a technical cooperation	Somewhat likely	Medium	The SSC programme is in itself aimed at strengthening bilateral relations but has little influence on overall bilateral relations.	If one or more countries are affected by this type of constraint funds may be re-allocated to other SSC projects.	Bilateral relations with the five SSC countries have in general developed positively but for one or two countries there could be a risk for deterioration. There is also a risk that the current crisis in Ukraine evolves negatively constraining international relation and/or travel
Pandemics stall or delay project activities and travel	Unlikely	Major	Changing schedule and plans for missions, study tours and other physical events and activities; make use of virtual communication means	Some risk of delays will remain	The COVID-19 pandemic demonstrated how exposed international development activities are to travel restrictions. While these effects are no longer felt by the SSC projects, a new pandemic could arise but the likelihood is consider low.
Programmatic Risks					

Risk Factor	Likelihood	Impact	Risk response	Residual risk	Background to assessment
Key staff of the DMOH and its agencies are not available for engaging pro-actively in project management and implementation	Somewhat likely	Low-medium	Dedicated core staff with an explicit strategy for filling key staff vacancies and introducing new staff.	This is likely to occur to some extent but if reacted upon it will not be detrimental to the implementation.	Keeping momentum in the activity implementation is important. Although the political commitment to the SSC activities is considerable, a situation could arise where key staff momentarily are not available ot the extent needed. Frequent changes in key staff could also jeopardize FP management.
Lack of commitment and participation from relevant partner institution stakeholders (high-level management, other authorities, private sector).	Somewhat likely	Medium - high	Due diligence of the selection of partner authorities emphasis alignment to national processes and ownership will be crucial.	It is not unlikely that this will occur to some extent but it should be mitigated	If extensive, lack of commitment could jeopardize achievement of results and the sustainability of the SSC projects
The Danish private sector does not respond to the potential opportunities	Unlikely	High	Actively pursuing collaboration at the embassies and in Denmark with TC and private sector actors while seeking synergies to other aid modalities and business instruments.	There seems to be little residual risk but the export orientation of the industry is driven by many factors beyond the influence of the SSC	The showcasing Danish solutions and an active commercial engagement is essential for the SSC programme. The FOP operates in some of the potentially largest markets for the Danish life science sector.

Risk Factor	Likelihood	Impact	Risk response	Residual risk	Background to assessment
Institutional Risks					
The sector counsellors don't maintain the needed balance between advising partner authorities and linking with trade council/ Danish commercial actors	Unlikely	Medium	The Embassies and DMOH will be responsible for properly defining the expectations for the Sector Counsellor and monitor the Sector Counsellor's performance of his/her roles, also with inputs from the Partner Authority. In addition to technical skills and knowledge, Sector Counsellors will be selected for their personal skills and ability to exercise good judgement.	With good supervision, little residual risk	The sector counsellors' responsibilities include linking with Danish commercial actors as well as advising partner authorities, and it may not always be straightforward how to best manage the balance between the two roles, for instance to avoid compromising the partner authorities' long-term interests.
The projects could risk duplicating activities and/or fail to recognise interfaces and synergies with other initiatives in a crowded and dynamic field of development partners	Somewhat likely	Small-medium	Coordination with other initiatives is to a large extent the responsibility of the partner institution but should to the extent possible be followed up by SSC project management and Sector Counsellors	Some residual risk remaining despite efforts	Coordinating with other initiatives and support to partner institutions could be challenging due to lack of full overview of other engaging programmes.

Annex 5: Process Action Plan for Formulation

Version 16.02.2023

Action/product	Deadlines	Responsible/involved units	Comment/status
		Identification	
Initial meeting with SUM	3.10.2022	GDK, SUM, consultant	Discuss initial PAP, who will be involved in the process, status for SUM international strategy and SUM procedure for programme approval.
Coordination and update meeting	Weekly	GDK, SUM, Consultant	By Teams
Briefing mail to embassies	12.10.2022	GDK, consultant	Heads-up on process and expected embassy involvement, including PAP
Prepare note with overview and analysis of existing portfolio (for identification note)	26.10.2022	Consultant	SSC project documents and progress reports. SSC Evaluation.
Clarify formats and documentary needs for Framework programme	27.10.2022 2-hour meeting	GDK, SUM, Consultant	Discuss deliverables based on consultant's proposed draft document template
Understand SSC role in relation to embassy priorities and national context	1.11 16.30 and 2.11 (whole day) 1-1½-hour meeting with 5 countries	GDK, SUM, Consultant Embassy management and SSC counsellor in China, Vietnam, India, Brazil, Mexico, SST, SDS, LMST, SSI	Including commercial agenda, development and diplomacy. Location: MFA Room 1ab (1.11) and M8 (2.11)
Consult commercial and health sector stakeholders / experts	9-11.11	GDK, Consultant	TC, DI, other industry association, research institutions
Experience and lessons learned from existing SSC projects	16.11.2022 12.00	GDK, SUM including programme managers, SSC counsellors,	Names will be provided by SUM Location: MFA Room 1ab

Discuss priority global health issues that SUM will address through MYNSAM 2.0	2-hour workshop	consultant, SST, SDS, LMST, SSI	
Clarify/decide main issues for Identification Note	21.11.2022	GDK, consultant	
Prepare project summaries (existing projects)	Deadline 5.12.2022	SUM and SSC counsellors	Based on template provided by consultant
Review and streamlining of project summaries (Annex 1)	5-9.12.2022	Consultant	
Drafting Identification Note	21.11 - 5.12.2022	Consultant, SUM	
Comments to draft Identification Note	8.12.2022	GDK, SUM,	
Final Identification Note	12.12.2022	Consultant	
	Formulation		
Initial discussion of theory of change and results framework	15.12.2022 2-hour workshop	GDK, SUM including programme managers, SST, SDS, LMST, SSI	Based on SUM core competences and other MYNSAM 2.0 ToC.
Internal hearing: interest in new project phases	15.12.22 – 23.12.22	SUM, SST, SDS, LMST, SSI	Internal hearing regarding new phases (wishes/interest)
Outline of new SSC project phases	5.1.2023 Meeting	GDK, SUM, consultant	Proposal by SUM
Theory of change discussion with embassies	9.1.2023 Joint session 2 video-meetings	GDK, SUM, SSC counsellors, Embassy management, consultant	Especially how to combine the development, commercial and diplomatic priorities
SUM input to Framework Programme Document	13.1.2023	SUM	Contents and format to be agreed
First draft FP document	31.1.2023	Consultant	

Internal discussion of first draft FP document	31.1.-7.2.2023	SUM, SST, SDS, LMST, SSI	
Comments to first draft FP document	9.2.2023	SUM and GDK	
Briefing of Minister for Health prior to Danida Programme Committee meeting	17-28.2.2023	SUM	Adjusted to PC meeting schedule
Submission of 2nd draft FP document to Programme Committee	17.2.2023	GDK	
Discuss governance, planning, monitoring, reporting and learning	21.2.2023	GDK, SUM, Consultant, SST, SDS, LMST, SSI	
Danida Programme Committee meeting	14.3. 2023	GDK, SUM	
Discuss PC recommendations	20.3.22	GDK, SUM, Consultant	
3rd draft FP document	30.3.2022	Consultant	
Discussion of third draft FP document	7.4. 2023	GDK, SUM (including programme managers), Consultant, embassies, SST, SDS, LMST, SSI	
3rd draft FP with amendments for appraisal	10.4.2023	Consultant	
Appraisal/quality assurance process			
Quality assurance: Appraisal	10.4-1.52023	ELQ	Consultant to prepare draft ToR for appraisal
Draft appraisal report	1.5.2022	ELQ	
Comments to appraisal report	5.5.2022	GDK, SUM, consultant, SST, SDS, LMST, SSI	
Final appraisal report	10.5.2022	ELQ	

4th draft FP Document based on appraisal recommendations	20.5.2023	Consultant	
Comments to 4th draft	27.5.2022	GDK, SUM, embassies, SST, SDS, LMST, SSI	
Minister for Health's approval of Framework Programme Document	30.5.2023	SUM	Adjusted to Council meeting schedule
Final FP document submitted to Council for Development Policy	2.6.2023		Adjusted to Council meeting schedule
Approval			
Meeting in Council for Development Policy	22.6.2023	GDK, SUM	To be adjusted to Council meeting schedule
Minister for Development Cooperation's approval of Framework Programme	August-September 2023	ELQ submits proposed Framework Agreements and minutes of CDP meeting	After Council for Development Policy meeting
Document for Finance Committee (Aktstykke), etc.	After the Minister's approval		Only if direct legal basis for the commitment is not in place at Finance Act
Initial actions following the Minister's approval			
Publish on Danida Transparency		*ELQ*	
Development of Draft Framework Agreements		*GDK*	*FRU*
Sign agreement(s)	*After Minister's approval*	*GDK*	
Register commitments	After agreement(s) are signed	GDK	