

Appropriation Cover Page

- See attachment

Project Cover Page

- Ministry of Foreign Affairs of Denmark
- **Global Fight Against Antimicrobial Resistance (AMR)**
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1. Introduction

The present MFA Project Document describes the Danish development cooperation contribution to the “Global Action against AMR (*Antimicrobial Resistance*)” implemented by the International Centre for Antimicrobial Resistance Solutions (ICARS). The MFA unit responsible for the project is the Department for Multilateral Cooperation and Policy in the Ministry of Foreign Affairs of Denmark.

The project is a collaboration between the [Ministry of Health and Ecclesiastical Affairs (MHEA) (former Ministry of the Interior and Health, MoH), the Ministry of Nature and Animal Welfare (MNAW) (former Agriculture, Food and Fisheries)] and the Ministry of Foreign Affairs (MFA).

This project document is a multi-year programme covering the period from October 2026 to December 2030, which supplements the bridge grant, which covers the period from 1 January 2026 – 30 September 2026, as part of the transition of ICARS from the MHEA to the MFA.

The Danish contribution takes the form of core support.

This project document and its annexes, including partner documentation and annexes are an integral part of the legal bilateral agreement between the MFA and ICARS.

2. Objective and key features

Establishment of ICARS – global action against AMR

To strengthen AMR-reducing efforts in low- and middle-income countries (LMICs), the Danish government in dialogue with the World Bank took the initiative to establish ICARS in 2019. ICARS contributes to the global effort to mitigate AMR by partnering with LMICs to provide both funding and technical support to their efforts to introduce evidence-based, context-specific and cost-effective interventions against AMR. ICARS works across the One Health spectrum, i.e., within the agriculture, health and environment sectors. ICARS was initially anchored in the former Ministry of the Interior and Health and in November 2021 became an independent self-governing organization with an international board. With this programme, the Danish support to ICARS will be anchored in the Danish MFA.

The decision to establish ICARS followed increasing international recognition of the threat posed by AMR to global health, food security, and the world economy. This threat is particularly severe for countries with fewer resources. There was also growing recognition that AMR should be addressed as a global development issue with significant need to bridge gaps between science and policy, as well as between policy and implementation.

As noted in the WHO Global Action Plan, adopted in May 2026, over, 170 countries have developed multisectoral AMR National Action Plans (NAPs). However, implementation is inadequate with only 10 percent of the countries with AMR NAPs having reported dedicated domestic funding for NAPs. Additionally, environmental considerations appear to be neglected in many LMICs' AMR NAPs. Given the complexity of AMR, the need for context-specific and cost-effective interventions that address multiple AMR challenges are imperative. This is where ICARS comes in.

Although extensive research has revealed successful solutions for mitigating AMR, there is a critical gap in translating these evidence-based solutions into action. Even though many countries have developed an AMR NAP, the challenge remains how best to prioritise and implement AMR mitigation solutions.

ICARS specifically addresses the challenge of NAP implementation in LMICs by its unique value proposition of working with government ministries and in-country research institutions using the intervention and implementation research approach, ensuring comprehensive stakeholder engagement.

AMR threatens global efforts to achieve 12 of the 17 Sustainable Development Goals (SDGs), largely affecting SDG 2 (no hunger), SDG 3 (health and well-being), SDG 6 (clean water and sanitation), SDG 14 (life below water) and SDG 15 (life on land). In addition, it affects SDG 1 (no poverty), SD4 (access to education and lifelong learning), SDG 8 (decent work and economic growth) and SDG 10 (reduced inequalities). Furthermore, AMR requires action on SDG 17 (partnerships for the goals) to mitigate its significant public health impact.

A new multi-year partnership agreement (2026 – 2030)

The Danish Government has decided to continue the core contribution to ICARS from 2026 – 2030, in line with ICARS' new strategic period. As part of the continued Danish support, it was also agreed that future Danish grant(s) to the organisation should be transitioned from the MHEA to the Danish MFA and (continue) to be included as part of the Danish official development assistance.

Consequently, the financial support and the grant management has from the 1 January 2026 been transferred to the Danish MFA. In order to ensure a gradual and smooth administrative transition between the two ministries and in order to align with the new ICARS strategy for 2026 – 2030, which was approved by ICARS' Board of Directors in May 2026 followed by a formal launch in June 2026, it was agreed to formulate an interim programme covering the period from 1 January 2026 – 30 September 2026.

During this interim grant period the Danish MFA has – [in collaboration with the MHEA as well as the MNAW] - formulated *this* new multi-year project, including formulating key strategic priorities for the continued engagement with ICARS.

ICARS' new multi-year strategy¹ lays out the vision and mission of ICARS:

Vision: "A world where drug-resistant infections no longer pose a threat to the health of humans and animals, the environment, global food security and economic prosperity"

Mission "To advance implementation of innovative and evidence-informed AMR solutions aligned with national strategic priorities in low-and middle-income countries through research, partnerships and capacity strengthening".

The strategy has five key pillars, with their corresponding strategic priorities:

- ***Pillar 1: Evidence testing, adaptation and uptake***
 - Support partners in testing and adapting evidence for context-appropriate AMR solutions, preserving core elements crucial for effectiveness and translating these into policy and practice. This is the primary pathway through which ICARS delivers on its Mission.
- ***Pillar 2: Applied innovation and transformative research***
 - Applied innovation and transformative research complements ICARS' core focus on evidence testing, adaptation and uptake by supporting innovations and research on AMR mitigation in areas of need.
- ***Pillar 3: Advocacy and policy***
 - Advocacy and engagement with policy are central to advancing AMR mitigation efforts in LMICs, regionally and globally. Creating enabling environments where evidence from local, national and regional settings informs global policy agendas is key to achieving sustainable impact at scale.
- ***Cross-cutting pillar 4: Capacity strengthening***
 - Capacity strengthening is central to achieving the Mission and enabling integrated and sustainable action to mitigate AMR. Capacity strengthening is cross-cutting and embedded across all areas of work.
- ***Cross-cutting pillar 5: Governance and organisational effectiveness***
 - Efforts to strengthen governance and organisational effectiveness cuts across all areas of ICARS' work, ensuring that systems and processes are well-functioning, efficient, and fit-for-purpose to pursue the Mission and continue to evolve.

¹ From Implementation to Impact: ICARS strategy 2026 – 2030. https://icars-global.org/wp-content/uploads/2026/06/Strategy-2026-2030_spreads.pdf

ICARS work is based on the core principles of local ownership, One Health, integrated action, sustainable impact, and equitable partnerships. They seek to create partnerships with governments and other stakeholders in LMICs to jointly develop and test cost-effective and context-specific AMR solutions with the potential for scale-up across the One Health spectrum. This collaborative approach is intended to ensure that ICARS's efforts are driven by the needs and priorities of the individual partner countries as well as having potential for sustainable impact in addressing the challenge of AMR across in LMICs.

To mobilise engagement across all relevant stakeholders, from project co-design to implementation phases, ICARS combines top-down and bottom-up approaches, connecting with governments, building on national priorities, policymakers and research organizations, a diverse range of national stakeholders and communities. ICARS provides funding and technical expertise to co-develop and adapt context-specific, evidence-based and cost-effective solutions with potential for sustainable scale-up and transferability of findings within and across countries and regions. This is accompanied by capacity strengthening efforts while implementing projects at the country level. ICARS furthermore works together with public and private, national and regional stakeholders to avoid duplication and support uptake of the evidence generated.

3. Project context

Antimicrobial resistance – a global health threat

AMR occurs when bacteria, viruses, fungi and parasites no longer respond to antimicrobial medicines, such as antibiotics. These medicines become ineffective and infections become more difficult or impossible to treat. Ultimately this increases the risk of disease spread, severe illness, disability and death. AMR puts many gains of modern medicine at risk.

A world without effective antimicrobials, would severely compromise healthcare as we know it. Millions of patients die each year due to resistant infections, lack of access to effective antimicrobials, inadequate diagnostics, or ineffective treatment. Based on a published systematic review in the Lancet, WHO estimates that bacterial AMR was directly responsible for 1.27 million global deaths in 2019 and contributed to 4.95 million deaths the same year.

The implications of AMR go beyond global health. The World Bank estimates that AMR could result in USD 1 trillion additional healthcare costs by 2050, and USD 1 trillion to USD 3.4 trillion gross domestic product (GDP) losses per year by 2030. The World Bank further estimates that without proper action, AMR could lead to a decline up to 11 percent in LMIC livestock production, further putting food security at risk.

While drug-resistant infections pose a major threat globally, evidence shows that LMICs bear disproportionately greater burdens. Health systems in many LMICs face a myriad of issues including, but not limited to, inconsistent access to diagnostics and effective antimicrobials because of weak supply chains, inadequate infection prevention and control in healthcare facilities and poor water, hygiene and sanitation infrastructure.

LMIC agricultural systems face similar challenges with an overreliance on antimicrobials for food animal production due to inadequate biosecurity programmes, sub-optimal animal husbandry practices and minimal enforcement capacity for the regulation of antimicrobials in food and feed.

4. Rationale and justification of support

Denmark's contribution to ICARS will take the form of core funding from October 2026 to December 2030. As ICARS' founding and lead donor, Denmark has a strong commitment to the organisation's continued positive development.

The support to ICARS is in line with the Danish development policy, as expressed in the recent strategy for development cooperation, *A Changing world – Partnerships in Development*, where Denmark seeks to build equal partnerships, as well as having global health, AMR, climate, food security and agriculture, clean drinking water and sanitation as key priorities.

Following COVID-19 and amid sustained pressure on global aid budgets, ICARS has faced significant barriers to attracting strategic funding partners, defined here as donors willing to commit to multi-year agreements.

Despite this, ICARS has had considerable success in securing earmarked/project funding. Wellcome Trust, a British philanthropic foundation, committed a substantial five-year grant in March 2024 to strengthen ICARS' work in Africa, including supporting the establishment of an ICARS Africa office in Nairobi, a major organisational milestone, which is set to officially open in August 2026. ICARS has also built partnerships with key stakeholders including the UK Department for Health and Social Care (DHSC), the Global AMR Innovation Fund (GAMRIF), and the European Partnership on One Health AMR (EUP OH AMR). In December 2025, ICARS reached an agreement with The European & Developing Countries Clinical Trials Partnership (EDCTP) and the European Commission's Directorate-General for International Partnerships (DG INTPA) to serve as grant agent for part of the Team Europe Initiative on AMR and health security in Africa, including a DKK 10 mil. contribution from Denmark (MFA).

ICARS' growing project portfolio reflects both its commitment to and in fulfilling its mission and the demand for its model. By end of 2025, it comprised of more than 60 projects across over 30 countries and territories. ICARS is, as noted, filling a crucial gap in the global AMR landscape, bridging the gaps between science and policy, and between policy and implementation, a core task in tackling global AMR challenges.

Continued Danish core support will enable ICARS to continue filling this important gap. Although most projects are still in different phases of implementation, several projects have achieved encouraging progress and are starting to yield positive preliminary results in relation to policy change, evidence of reduction of inappropriate antimicrobial use, behaviour change and capacity strengthening. The continued Danish support will also ensure the possibility of ICARS to continue the implementation and scale-up of projects, ensure

sustainability while starting new projects, and further consolidate and develop ICARS into a more mature, global organisation, including achieving the long-term goal as an independent international organisation.

This project aims to support ICARS' new strategy and mission to build up further partnerships to address the challenges related to AMR and drug-resistant infections in LMICs across the One Health spectrum. Partnership with other countries and stakeholders is key to ICARS' success. Since its inception, ICARS has made significant progress in establishing partnerships with both ministries and research institutions in LMICs, but also with other key stakeholders at national, regional, and international levels. These collaborations have contributed to elevating ICARS' standing within the global AMR landscape and beyond.

The aim is also, that ICARS will continue to play a vital role in shaping the global AMR debate, promoting LMIC perspectives, and emphasising the need for implementation of context-specific, cost-effective, and country-driven solutions across the One Health spectrum. At global level this project therefore supports ICARS' efforts to position itself within key international forums, such as the World Health Assembly (WHA), ministerial conferences, and World Bank meetings, Quadripartite and in partnerships with other strategic funding partners etc.

The overall strategic priorities for Denmark within this project are the following:

a. **ICARS as an independent international organisation with stronger partnerships and global reach:**

Support ICARS in consolidating its status as an independent international organisation by 2030, including advancing its regional presence (e.g., in Africa and Asia) and broadening its donor base with additional partners, including strategic funding partners, while continuing to strengthen and deepen partnerships with LMICs at all levels.

This also includes the development of a new approach to strategic partnerships and further diversified external financing for ICARS and AMR actions, and in collaboration with relevant ministries in Denmark.

b. **Elevate ICARS' impact and accountability:**

Ensure a continued successful and impactful ICARS project portfolio. Drive a result-oriented approach to scaling up sustainable projects with long-lasting impact, including through capacity and capability building and active advocacy and policy engagement to mitigate global AMR challenges.

Stronger impact and scale should also support strengthening the dialogue with partner countries.

c. **Further strengthen ICARS as a technical One Health entity:**

The success of ICARS projects is dependent on the technical strengths of the organisation. Focus will be to strengthen the systems within a One Health framework, with dedicated attention also to gender equality, as well as strengthening local, national and regional capacity to prevent and respond to AMR through Sustainable One Health systems.

d. Strengthening collaboration with Danish stakeholders and entities:

The focus will be to further strengthen ICARS as an organisation and its impact by ensuring strengthened synergies with key Danish stakeholders. This, includes 1) Strategic Sector Cooperation in relevant countries and Danish embassies, especially within health, food and agriculture, 2) to advance collaboration with Danish research initiatives to further consolidate and disseminate AMR research and solutions, 3) collaboration with Danish NGOs and foundations with presence globally and technical expertise.

Finally, 4) strengthen collaboration with the international community, including the UN, international NGOs etc., as well facilitating dialogues with other governments, e.g. via some of the partners mentioned here, is an important step forward in this.

5. Theory of Change

ICARS in the global context: ICARS supports low- and middle-income countries in addressing antimicrobial resistance (AMR) by generating context-specific evidence and strengthening national capacity. Through partnerships, implementation research, and a One Health approach, ICARS co-designs and tests practical AMR solutions with governments and key stakeholders. This work strengthens institutions, informs policy decisions, and improves implementation of National Action Plans. Over time, successful interventions are scaled up, leading to more coordinated, resilient, and sustainable systems to prevent and mitigate AMR across human, animal, and environmental sectors.

Danish perspectives: Denmark views ICARS as a key partner in addressing global AMR in LMICs through a One Health approach and by closing the gap between evidence, policy, and implementation. Through strategic funding, cross-ministerial coordination, advocacy, and international partnerships, Denmark supports ICARS' development, growth and impact. This includes scaling successful projects, strengthening collaboration with LMICs, attracting new partners, and ensuring sustainable funding. The long-term goal is for ICARS to become an independent, international organization with broad reach and lasting impact on AMR prevention and mitigation.

6. Summary of results framework

For the strategic period 2026 – 2030 ICARS has developed a *draft* Monitoring and Evaluation framework. See Annex B for the full version:

Project Title	Global Fight Against AMR
Project objective	This programme aims to support the International Centre for Antimicrobial Resistance Solutions, ICARS' mission to build further partnerships to address the challenges related to AMR and drug-resistant infections in LMICs across a One Health spectrum for a world where drug-resistant infections no longer pose a threat to the health of humans, animals, the environment, global food security and economic prosperity.

Outcome 1		LMIC stakeholders have adopted context-appropriate solutions and innovations into procedures, programmes and policies	
Outcome indicator		Increase in the number of cases where ICARS-supported evidence has been integrated into procedures, programmes and policies.	
Baseline	Year	2025	3
Target	Year	2030	TBD

Output 1		LMIC partners are supported to test and adapt evidence and innovations for context-appropriate AMR solutions and translate them in policy and practice	
Output indicator		Increase in the number of completed projects that demonstrate a significant reduction in inappropriate AMU and/or drivers of AMR	
Baseline	Year 0	2026	TBD
Target	Year 1	2027	TBD
Target	Year 2	2028	TBD
Target	Year 3	2029	TBD
Target	Year 4	2030	TBD

The MFA will follow the different indicators in the framework based on annual reporting.

7. Project budget and financial management, monitoring and reporting

The ICARS Team

Daily operations and management of ICARS falls within the purview of the Executive Management, consisting of the Executive Director, Director of Science and Programmes, and

Director of Operations. The ICARS Team, composed of 40+ dedicated members from over 20 countries, operates from the Copenhagen headquarters or in a few cases remotely as independent consultants. The team is expected to continue to grow over the next years, provided continued expansion of the external funding to ICARS and as ICARS' activities and project portfolio continue to expand. By the end of 2025 an important development was the establishment of ICARS Africa, a regional presence for ICARS' engagement in Africa hosted at Amref Health Africa in Nairobi, funded through the grant received from Wellcome. The Head of ICARS Africa and 3 staff members were recruited in the spring of 2026 and the official launch of the hub will take place in August 2026.

Finance and HR set-up

In accordance with the executive order establishing ICARS under the oversight of the (former) Danish Ministry of the Interior and Health, ICARS has, since its inception, procured specific tasks and services related to finance and HR from the Ministry of Health's Group Consolidated Accounts and Payroll Administration (Indenrigs- og Sundhedsministeriets koncernfælles regnskabsenhed/KRØL). These include among other tasks and services related to accounting registration and HR services concerning contracts and administration of ICARS payroll.

The Director of Operations is responsible for ICARS' Accounting setup. The daily operations are delegated to the Senior Program Manager, under the Finance and Grants unit, who manages the overall accounting organization and administration, including the maintenance of accounting instructions and the chart of accounts. During ICARS inception years, this has been in close collaboration with the Ministry of Health Group Consolidated Accounts to ensure the smooth execution of daily financial operations and adherence to accounting standards.

In total, the ICARS Finance team, comprising 3.5 Full time employees (FTEs), manages ICARS' financial operations. Similarly, the ICARS Human Resources (HR) team, comprising 1.5 FTEs, has been supported by the MoH Corporate Payroll and HR Legal.

During 2026, ICARS will gradually transition away from procuring finance and HR services from MOH. Instead, it will bring selected services in-house while procuring other services from The Agency for Governmental Administration, which is the shared service provider for government institutions in Denmark (Statens Administration). In this regard, a key consideration has been to ensure that the transition happens seamlessly to maintain robust financial management and a solid set up for HR that enables business continuity.

The accompanying changes to the ICARS finance and HR tasks and services are not expected to substantially impact the manner in which ICARS undertakes its daily financial operations or manages downstream projects. ICARS will continue under the already established financial management systems and frameworks. The changes related to transitioning selected services and tasks in-house and procuring others from SAM will necessarily change

existing and introduce new procedures and tasks, both of which will require careful implementation and update of guidelines, risks and control catalogue. ICARS has already set in motion the preparation for this transition.

In terms of financial oversight, the annual strategic planning follows a four-year cycle, while the budget process, in accordance with ICARS' accounting instructions, is an annual process. Financial reports are consolidated and submitted quarterly, aligning with the government's budget reporting cycle.

ICARS is expected to expand the number of projects and partners and has recently established the new ICARS Africa regional hub. Both elements add an additional layer of complexity and scale to the organisation's financial management tasks. A pertinent focus point in regarding the transition of financial tasks and the planned expansion of the organisation is the capacity and size of the ICARS Finance team and HR-team, which currently consists of respectively 3,5 and 1,5 FTEs. The MFA will monitor and re-asses the internal finance and HR setup as part of the regular financial monitoring of the organisation.

Any further changes to agreed financial management arrangements will be immediately communicated to the MFA, who will review the adequacy of the arrangements, as stipulated in the instructions and guidelines.

The MFA will ensure an updated §-9 agreement between the Auditor General (Rigsrevisionen) and the MFA as part of ICARS' audit setup. This represents a continuation of ICARS' existing audit framework, under which an approved/ state-authorized public accountant together with the Office of the Auditor General, undertakes the financial, compliance, and performance audits of ICARS.

For downstream projects, a standalone Audit Instruction sets out the terms and requirements in accordance with International Standards on Auditing (ISA).

ICARS will submit the annual report and audited financial statements for the previous year no later than six months after the end of the financial year (with a deadline in May). The audit provisions are listed under Section [XX] of the agreement.

Financial support

With this project Denmark expresses support to ICARS and the commitment to provide financial support of DKK 333,3 million for a five-year period – 2026 – December 2030:

Year	Amount (million DKK)	Note - disbursements
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1 October – 31 December 2026	33,3 ²	100 % in Q3
2027	70	50 % in Q1 and 50 % in Q3
2028	70	50 % in Q1 and 50 % in Q3
2029	70	50 % in Q1 and 50 % in Q3
2030	70	50 % in Q1 and 50 % in Q3

The first disbursement of the Danish contribution will be made in October 2026 upon signature of the Grant Agreement between the Danish Ministry of Foreign Affairs and the International Centre for Antimicrobial Solutions (ICARS). In the following years the Danish contribution will be divided in two disbursements, one in Q1 and one in Q3, and also depending on assessment of annual spending. Details are included in the grant agreement.

Budget

Table x: ICARS *interim* budget for the strategic period 2026 – 2030, DKK

ICARS BUDGET	2026	2027	2028	2029	2030
CORE Ministry of Foreign Affairs (MFA)	70,889,000	70,000,000	70,000,000	70,000,000	70,000,000
Finance Act	53,300,000	70,000,000	70,000,000	70,000,000	70,000,000
Carryover from 2025	17,589,000				
EXTERNAL BUDGET	27,270,444	30,351,877	11,239,412	3,601,438	2,857,798
TOTAL BUDGET	98,159,444	100,351,877	81,239,412	73,601,438	72,857,798

Further details on financial management, audit as well as monitoring and reporting is in the partnership agreement and follow the MFA aid management guidelines, including on financial management.

² January to September 2026 20 million DKK bridge grant, total of 53.3. in 2026

Review

The MFA will conduct a review of ICARS within the coming multi-annual agreement and most likely in the first half of the project period (no later than 2028).

8. Governance

ICARS operates as an independent international self-governing institution led by a global Board of Directors.

ICARS board of directors

ICARS' supreme governing body is its global Board of Directors comprising renowned experts covering fields such as management, global health, One Health, and AMR. This Board holds the responsibility for ICARS' strategic and financial development, overseeing all endeavours and charting the course for ICARS' ongoing advancement.

According to ICARS' statutes, the Board of Directors must consist of no less than three (3) and no more than nine (9) members with voting rights. Members of the Board of Directors with voting rights must be appointed as follows: One (1) member appointed by the Danish Minister for Foreign Affairs by virtue of Denmark as host country; up to four (4) members appointed by the Board of Directors upon nomination from ICARS' Strategic Funding Partners; up to three (3) members appointed by the Board of Directors upon nomination from ICARS' LMIC Mission Partners; and up to four (4) members appointed by the Board of Directors on the basis of their individual experience, qualifications, and competencies. The Board of Directors must have meetings as often as it is required to manage ICARS' interests, but no less than 3 times annually. The Quadripartite and World Bank each having standing invitations to nominate one (1) non-voting member and they have filled these observer seats in the board since 2022.

All members of the Board of Directors, other than the non-voting members, are appointed for a period of three (3) years. Reappointment can take place, but the tenure should normally not exceed two terms. For LMIC Mission Partners, appointment should be limited to one term with a view to ensuring fair participation on the Board among Mission Partners.

Denmark, as host country, has one member on the board. The MFA is responsible for appointing the Danish member of the board, which will be an external member (not from the MFA). The appointment will need approval from the Governments Appointments Committee (Regeringens ansættelsesudvalg, AU).

Technical Advisory Forum (TAF)

Established in autumn 2020, the Technical Advisory Forum (TAF) provides scientific and expert counsel to ICARS. TAF members are appointed in alignment with the scientific needs of ICARS and serve two-year terms. They evaluate project proposals from potential partner LMICs and offer guidance on the execution of ICARS' Intervention and Implementation

Research initiatives. The TAF brings together world-leading research expertise across human, animal and environmental health and takes a multidisciplinary approach.

Danish approach to the board and cross-ministerial coordination

The MFA is responsible for the coordination with the Danish board member, in close collaboration with relevant ministries, in order to ensure advancement of the Danish strategic priorities. This will include regular meetings with the board member in order to provide insights and perspectives on Danish positions and get feedback from previous meetings, strategic discussions etc.

The established *Interministerial Coordination Committee* – between ICARS and relevant Danish ministries – will continue with senior level participation. The purpose is to ensure information sharing, coordination and alignment between relevant ministries in Denmark and ICARS, including support to ICARS strategic approach to funding and partnerships. Meetings are organised by ICARS and convened three times a year. The ICC is complemented by the *Interministerial Working Group*, comprising the technical leads from the same ministries, relevant authorities like Danish Health Authority, Danish Veterinary and Food Administration as well as ICARS. The purpose is also about information sharing, coordination and alignment.

Denmark will actively participate in ICARS' annual partnerships meetings, as well as facilitate and participate in relevant strategic bilateral dialogues between relevant countries, stakeholders etc. in order to advance ICARS and Danish priorities.

9. Project risk management

The MFA risk assessment

For the 2026-2030 the following key risks have been identified (A detailed risk management matrix is presented in Annex D).

The main identified risks are related to ICARS' organisational transition, financial sustainability and programme delivery. During 2026, ICARS will gradually assume further responsibility for HR, legal, finance and administrative tasks and functions, as part of the transition to the Ministry of Foreign Affairs (MFA), as well as an expected expansion of the organisation.

A further identified risk is that ICARS programmes, for various reasons, may not deliver the expected results which may challenge scale, sustainability and impact. ICARS currently partners with 30 countries and has demonstrated results, providing a solid foundation for continued progress, and will continue to ensure buy-in from partner countries.

Finally, a further risk is limited success in attracting new funding partners, which could challenge the organisation's long-term financial sustainability. Denmark will remain actively

engaged in and support ICARS' funding strategy, with a focus on diversifying funding sources, demonstrating impact and value for money, and strengthening strategic partnerships.

ICARS

To manage risk proactively, ICARS follows three principles; 1) ensuring that the process for managing risks is dynamic, transparent, inclusive and fit for purpose; 2) establishing legal compliance as a minimum standard; 3) Ensuring that roles and responsibilities are explicit and clear.

In addition to the risk management on the organisational level, ICARS Project Risk Management Policy, focuses on the project level. The key tool for effective risk management at both the project and organisational levels is the respective risk register.

The ICARS Board approves and monitors the risk management strategy and demonstrates the commitment to effective risk management and they set the tone and influence the culture of risk management within ICARS. This includes determining what types and levels of risk are acceptable (the so-called risk appetite). The Boards role is also to approve major decisions affecting ICARS's risk profile or exposure and to review ICARS' approach to risk management every two years and, if appropriate, recommend changes or improvements to key elements of its processes, policies, and procedures.

The Executive Management is responsible for the day-to-day risk management and to ensure that the major risks have been properly considered and can be appropriately managed following the guidance provided by the Board or seeking additional guidance where needed.

Annex E: Context analysis - ICARS and AMR

1. Political Economy Analysis

What is the development problem that we want to address and why does the problem persist?

Antimicrobial Resistance (AMR) occurs when bacteria, viruses, fungi and parasites no longer respond to antimicrobial medicines. These medicines – including commonly used antibiotics such as penicillin - become ineffective, making infections increasingly difficult or impossible to treat, in both human and animal settings. AMR threatens many of the gains of modern medicine: millions of patients die each year due to resistant infections, inadequate diagnostics, or lack of access to effective treatment. The World Health Organisation estimates that AMR was directly responsible for 1.27 million global deaths in 2019 and contributed to 4.95 million deaths that year.

The implications extend well beyond global health. The World Bank estimates that AMR could result in an additional USD 1 trillion in healthcare costs by 2050 and annual GDP losses of USD 1–3.4 trillion by 2030. AMR could also reduce livestock production in low- and middle-income countries (LMICs) by 11 percent, further threatening food security. While drug-resistant infections pose a global threat, LMICs bear a disproportionate burden. Many face compounding vulnerabilities: inconsistent access to diagnostics and effective antimicrobials, weak supply chains, inadequate infection prevention and control, and poor water, sanitation and hygiene infrastructure. Agricultural systems in LMICs face similar pressures, including overreliance on antimicrobials in food animal production, inadequate biosecurity, and limited regulatory enforcement.

Furthermore, and as examples, the consequences of AMR to current global health threats are significant (source WHO):

- **Tuberculosis (TB)** is a major contributor to antimicrobial resistance. Multidrug-resistant tuberculosis (MDR-TB) is a form of TB caused by bacteria that do not respond to the two most effective TB drugs (to isoniazid and rifampicin). MDR-TB is treatable and curable by using second-line drugs, but these medicines are expensive and toxic, and in some cases more extensive drug resistance can develop. TB caused by bacteria that do not respond to the most effective second-line TB drugs can leave patients with very limited treatment options.
- The emergence of drug-resistant parasites is a major threat to **malaria** control. Emergence of partial resistance to artemisinin and/or partner drugs in ACTs makes selecting the right treatment more challenging and requires close monitoring.
- There are many complex and multifaceted links between **Noncommunicable Diseases (NCDs) and AMR**. Major NCD risk factors including poor diet, physical inactivity, tobacco and alcohol consumption and air pollution exposure can impact the immune system response and the body's ability to fight infectious diseases, creating opportune conditions for the emergence and spread of antimicrobial resistant infections. People living with NCDs have weakened immune systems making them susceptible to infections, which, if caused by antibiotic resistant bacteria, could be more difficult to treat. These persons are more frequently hospitalized and require complex medical procedures and prolonged treatment, increasing their risk of acquiring a health-care-associated

infection. Without effective antimicrobials, their lives are at serious risk. Thus, efforts to preserve antimicrobials are imperative for treating and managing patients with NCDs.

How can positive change come about and how can the project best support this positive change?

To combat AMR in LMICs, the Danish government and the World Bank established ICARS in 2019. Aligned with Danish development priorities, ICARS partners with LMICs to provide funding and technical support for practical, locally adapted and cost-effective solutions across the One Health spectrum – spanning the agriculture, health and environment sectors. Initially anchored in the Danish Ministry of the Interior and Health, ICARS became an independent, self-governing organisation with an international board in November 2021. Its establishment reflected the recognition of AMR as a major threat to global health, food security and economic development – particularly in LMICs – and the need to bridge the gaps between science and policy, and between policy and implementation.

2. Matching with Danish strength, engaging Danish actors and seeking synergy

Can the Danish private sector contribute to the positive change identified by the political-economy analysis?

Yes, the Danish life science sector, food and agriculture system, as well as the public sector, can — and already do — contribute to addressing the global and national challenges related to AMR. The private sector is already engaged in a number of areas, such as research and development of new solutions and alternatives to antibiotics, supporting innovative financial models for drug development, and optimizing agricultural and veterinary practices, including collaboration across the One Health spectrum.

As noted in Section 1, while drug-resistant infections pose a global threat, low- and middle-income countries (LMICs) bear a disproportionate burden, and there is a significant need to partner with LMICs to address AMR issues jointly and effectively, hence the continued Danish support to ICARS for the next strategic period.

That being said, strengthening further collaboration between Danish public and private actors, and ICARS, in order to match and use Danish strength should be further elaborated in the coming strategic period.

Are there concrete opportunities for synergy with other Danish development actors?

There is a potential for greater synergy and collaboration between ICARS and a number of Danish development actors, including strengthened integration and collaboration within the established strategic sector cooperation within health, food and agriculture. Further collaboration with Danish philanthropic foundations, as well as NGOs working in health, agriculture and food system should also be included in future strategic discussions and approaches. Therefore, the coming multi-annual collaboration will seek to further implement and utilise these synergies, which also include further collaboration with UN entities, including the Quadripartite, as well as like-minded stakeholders.

Are there concrete opportunities for synergy with other development partners?

Yes. A key component of the upcoming collaboration and ICARS new strategy is how to ensure more collaboration and funding from other development partners, including like-minded donor countries, EU, the

UN, philanthropic foundations, DFI's, multilateral banks etc., also in order to increase scale of impactful projects and sustainability of the organisation.

3. Poverty orientation and rights-based principles

Poverty, participation, non-discrimination, transparency and accountability

As noted, ICARS work is done with and in LMICs, where the burden of AMR is the highest. Their work contributes to poverty reduction by, among other things, reducing economic losses from drug-resistant infections in humans and animals, supporting sustainable agriculture and food production and strengthening health systems that serve vulnerable populations. ICARS "context-specific solutions," meaning interventions are adapted to local economic and social realities rather than copying high-income country models. ICARS ensure transparency and accountability by monitoring and evaluation of interventions, implementation research, shared responsibility with partner institutions, alignment with national AMR action plans with open, public reports and research findings and dissemination.

According to ICARS code of ethics and professional conduct is noted that for ICARS to achieve its mission, ICARS must adhere to its five core principles (country ownership, one health, partnership, solution-focused and sustainability), and furthermore, ICARS employees and partners must unconditionally be guided by fundamental values such as integrity, transparency, and accountability and respect for the dignity, worth, equality, diversity and privacy of all persons. Embracing diversity and inclusion, treating all stakeholders with respect and dignity, promoting equity, equality and diversity, avoiding all forms of discrimination, protecting privacy and promoting human rights.

Gender and youth considerations

AMR has important gender dimensions, eg. with different levels of exposure to infections, access to healthcare, antibiotic use, and responsibilities, all of which can influence AMR risks and outcomes. Integrating gender perspectives (transformative approaches) into AMR projects, including ICARS experience with gender and equity research, will ensure a more equitable, effective, and sustainable perspectives on the developed solutions by addressing the different roles, vulnerabilities, and needs of different population groups.

Sections 4-8 should be elaborated if the programme/project targets the thematic area(s) in question, or intends to embed considerations related to it.

4. Growth and Jobs

Not applicable according to guiding questions.

5. Climate change and environment, Inclusive sustainable growth of Jobs

Impacts of Climate Change and Environmental Degradation on Development

There is a connection between climate change, the environment, food systems, agriculture and AMR. These issues reinforce one another and together represent a major global health and development challenge. The link to climate change should be further examined, but there is evidence that climate change can and will accelerate the spread and impact of AMR.

As noted by ICARS, AMR is a growing global health crisis that crosses borders, species, and systems. While misuse of antimicrobials in humans and animals is a well-known driver, the environment – and increasingly, climate change – are emerging as critical yet underexplored contributors. Rising temperatures, extreme weather events, shifting ecosystems, and intensified agriculture are changing disease patterns and antimicrobial use, especially in low- and middle-income countries (LMICs). Meanwhile, pollution from wastewater, pharmaceuticals, and runoff creates ideal conditions for resistance to thrive. Addressing these environmental and climate dimensions is essential to building sustainable, One Health responses that protect people, animals, and the planet

The ICARS climate–AMR projects address the interconnected challenges of climate change and AMR through a One Health approach in LMICs. They have evaluated climate-smart interventions—including improved biosecurity, farmer training, and digital technologies—to reduce antimicrobial use, improve animal health, strengthen climate resilience, and lower greenhouse gas emissions. The project portfolio also emphasizes the importance of gender and social equity in shaping climate–AMR vulnerabilities and responses.

There is therefore an opportunity to further link and integrate ICARS work to the climate agenda, also in order to seek opportunities to mobilise climate finance.

6. Fragility, Conflict and Resilience

Not applicable.

7. Migration

Not applicable.

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

ICARS' One Health approach supports inclusion and cross-sectoral governance by bringing together human health and animal sectors, environmental actors, research institutions and local communities. ICARS, as well, works through national governments and supports implementation of national AMR action plans. The organisation co-work with relevant ministries and public institutions to build the technical, administrative, and operational capacity to develop context specific AMR solutions needed and to lead AMR responses independently over time. This includes focus on technical support, co-designing of projects, implementation, research and support for evidence-based decision/policy making.

In ICARS new strategy one of the key five pillars is capacity building with the following three focus areas:

- Strengthen skills and capabilities for project partners and stakeholders across a range of relevant areas including study design, implementation, knowledge translation and intervention scaling amongst others.*
- Build knowledge and skills across AMR stakeholders - including the healthcare and animal health workforce, farmers, prescribers, dispensers, and consumers amongst others — through evidence-based education, research, and training initiatives in LMICs.*

- *Foster learning and leadership by facilitating knowledge exchange platforms across projects and countries and supporting next-generation AMR leaders through studentships and mentorship.*

Furthermore, ICARS have a policy in place regarding country anti-corruption etc. and is working closely with their partners on financial management etc.



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From implementation to impact: ICARS Strategy 2026–2030



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Suggested citation: International Centre for Antimicrobial Resistance Solutions. (2026). ICARS strategy 2026–2030. ICARS.

Photo credits: All photos featured in this document were provided by ICARS-supported project teams or taken by ICARS staff members.



Optimising vaccination and biosecurity regimes to enhance the fight against AMR in commercial poultry production in Tanzania



Message from leadership

The International Centre for Antimicrobial Resistance Solutions (ICARS) has grown rapidly since its founding in 2019, an initiative taken by the Government of Denmark, following discussions with the World Bank and key global health and development stakeholders.

Over the past seven years, bold ideas have translated into meaningful action. ICARS has initiated over 75 projects across more than 30 countries and territories, addressing antimicrobial resistance (AMR) in human health, animal health, agri-food systems – particularly livestock and food production – and the environment.

Following our first strategy (2022-26), we are pleased to present ICARS' second strategy, which builds on lessons learned and advances an ambitious agenda of integrated action. This strategy strives to embed AMR mitigation within sustainable development and align policy and practice to the evidence generated towards delivering lasting impact.

ICARS has evolved into a credible, self-governed organisation with a broad and active global network. While expanding our efforts, the strategy remains anchored in our strong value proposition: partnering with low- and middle-income countries (LMICs) to develop context-appropriate, evidence-informed solutions to mitigate AMR across the One Health sectors.

From the outset, our work has been powered by strong partnerships. We are deeply grateful to the researchers, academics, policymakers, funders, professionals, community members, farmers and many other stakeholders who work tirelessly towards our vision of a world where drug-resistant infections no longer pose a threat to the health of humans and animals, the environment, global food security and economic prosperity. These partnerships will remain essential as we continue pursuing our vision through this strategy.

Amid dramatic geopolitical shifts, the world cannot afford to lose focus on AMR. As resources decline and crises converge, protecting planetary health requires collaborative, complementary, cost-effective, and catalytic action. Now more than ever, ICARS remains committed to working with diverse stakeholders and contributing to global ambitions to mitigate AMR and safeguard sustainable development for generations to come.



**Henrik Wegener, Chair,
Board of Directors**



**Helle Engslund Krarup,
Executive Director**

What is AMR?

Antimicrobial resistance (AMR) is one of the most pressing global health and development challenges of our time. As microorganisms – bacteria, viruses, fungi, and protozoa – become resistant to medicines, morbidity, mortality, food insecurity, and economic losses rise.

AMR threatens human, animal and plant health, food security, livelihood, and the stability of health and agricultural systems with impacts extending to the natural and built environment. The burden of AMR is greatest in low-and middle-income countries (LMICs), particularly Sub-Saharan Africa and South and Southeast Asia.

Without effective action:

- 1.91 million human deaths per year could be directly attributable to AMR by 2050.
- Average global life expectancy could decline by 1.8 years by 2035.
- The impact of AMR on livestock could reduce global GDP by US\$ 40 billion per year by 2050.
- Costs to the global economy could reach \$855 billion annually through increased healthcare expenditures and productivity losses.
- Low-income countries could lose more than 5% of their GDP, and up to 28 million people could be pushed into poverty by 2050.

AMR is driven by interconnected factors, including antimicrobial overuse and misuse, limited access to diagnostics, weak systems, lax regulatory enforcement and socio-economic determinants. Addressing AMR requires multidisciplinary approaches, collaborative governance and cost-effective solutions grounded in local realities.

Implementing Good Pharmacy Practice to improve appropriate management and dispensing of antimicrobials in private pharmacies in Lao PDR



The current state of the global AMR response

Global recognition of AMR has increased since the adoption of the first Global Action Plan on AMR in 2015. Multilateral development banks, international organisations, foundations and regional bodies are now framing AMR as a global development issue, creating opportunities to integrate it into broader agendas, such as economic development, health security, pandemic preparedness, climate resilience, and sustainable food systems.

The 2024 High Level Meeting at the United Nations General Assembly marked a turning point for AMR, delivering a strong political declaration and agreed targets. However, as attention shifts from pledges to implementation, global funding is declining, and financing remains a major constraint. While global health reforms emphasise national and regional ownership, most LMICs lack dedicated domestic funding for AMR. As a result, despite widespread adoption of National Action Plans, few countries have budgeted for their implementation.

Global funding for AMR remains heavily focused on research and development, particularly for new therapeutics, with far less investment in implementing evidence supported interventions towards mitigating AMR. In LMICs, structural and socio-economic challenges – such as inadequate access to water, sanitation and hygiene, weak infection prevention and control and limited access to effective antibiotics, diagnostics and vaccines – continue to drive AMR. Although evidence-based guidelines exist, they are often poorly adapted to local contexts and capacities, limiting effective implementation and global impact.

Under-investment in AMR constrains both innovation and implementation, leaving essential products and tools inaccessible or unaffordable in LMICs. At the same time, advances in digital and data systems offer opportunities to improve surveillance, decision-making and delivery of interventions, but realising these benefits will require targeted investment, implementation-focused evidence and stronger in-country capacities.

Together, these trends highlight the persistent divide between evidence, policy and implementation, and the critical role ICARS plays in bridging these gaps.

ICARS in the global AMR landscape

ICARS is well positioned in the global AMR landscape through its global partnerships and support to LMICs in translating high-level commitments, National Action Plans and regional targets into tailored, impactful action. This work aligns with international priorities and reflects ICARS' commitment to moving policy into action.

The Political Declaration on Antimicrobial Resistance

In 2024, the UN General Assembly adopted a political declaration on AMR focused on equity, global solidarity, and support for low-resource settings, closely aligned with ICARS' Mission and Core Principles.

The declaration calls for action on agreed targets including increasing financing for National Action Plans from 20% to 60% and reducing AMR-related human deaths by 10% by 2030. ICARS contributes to achieving these targets by supporting LMICs to adapt evidence and innovations for cost-effective and context-appropriate AMR solutions that can be integrated into policy and practice for sustainable impact.

The Global Action Plan

A concrete commitment in the 2024 political declaration is an update to the Global Action Plan (GAP) on AMR by 2026. ICARS has supported this and continues to champion the integration of LMIC perspectives into the revised GAP and subsequent guidelines for implementation, monitoring and evaluation.

Independent Panel for Evidence for Action against AMR (IPEA)

The declaration also commits to establishing an independent panel for evidence for action against AMR. ICARS provided input to the IPEA formation consultations and is ready to support and contribute to the Panel's work.

About ICARS: Who we are

Our vision

A world where drug-resistant infections no longer pose a threat to the health of humans and animals, the environment, global food security and economic prosperity.

Our mission

To advance implementation of innovative and evidence-informed AMR solutions aligned with national strategic priorities in low-and middle-income countries through research, partnerships and capacity strengthening.

ICARS' value proposition: What sets us apart?

Our focus is on LMICs, where the AMR burden is highest, and resources are most limited. We champion LMIC-led action on AMR across the One Health sectors, tackling the locally prioritised challenges that matter most.

We are optimally positioned at the nexus of research, policy and practice to turn evidence into cost-effective and context-appropriate action for sustainable impact.

We recognise the complexity of the challenge posed by AMR and work to leverage resources and create synergies to maximise impact. In coordination with partners, we build on existing initiatives and evidence to influence global, regional and national investments in sustainable AMR-mitigation, focusing on AMR specific and AMR sensitive interventions. In close partnership with LMIC partners, we aim to assist in leveraging sufficient financing for scale-up of tested interventions.

Through strong partnerships across the public, private and civil society sectors, we amplify evidence, LMIC voices and advocacy efforts to shape policy and the integration of AMR into national, regional and global One Health and development agendas. Through collaboration with international, regional, and national stakeholders, we facilitate shared learning and strengthen networks for coordinated and catalytic action, ensuring that our work complements and accelerates global efforts to mitigate AMR.

Preventing AMR spread from
wastewater through urban
agriculture in Cameroon

Our core principles

Local ownership

We maintain that sustainable and impactful AMR solutions should be led and driven by LMIC stakeholders, from the country to the community level. ICARS supports country-led initiatives that build on existing efforts and engage diverse stakeholders.

One Health

We recognise that the health of humans, animals, plants and the environment is deeply interconnected. We support work in all One Health sectors where added value can be expected and foster collaboration between partners across sectors to ensure coordinated, sustainable solutions.

Integrated action

We are convinced that mitigating AMR requires moving away from siloed approaches and towards collaboration across sectors, disciplines, institutions and society. We work to embed AMR into relevant research, policy and practice to ensure holistic and effective solutions.

Sustainable impact

We are committed to ensuring the continued and lasting effect of our efforts. We therefore engage in targeted capacity strengthening and focus on solutions that are context-appropriate, feasible and cost-effective in real-world settings, supporting their integration into policy and broader practice.

Equitable partnership

We believe in leveraging the strengths and resources of different stakeholders and in partnerships based on mutual respect and accountability. We seek synergy and promote a participatory approach that complements existing initiatives.

What are solutions for AMR mitigation?

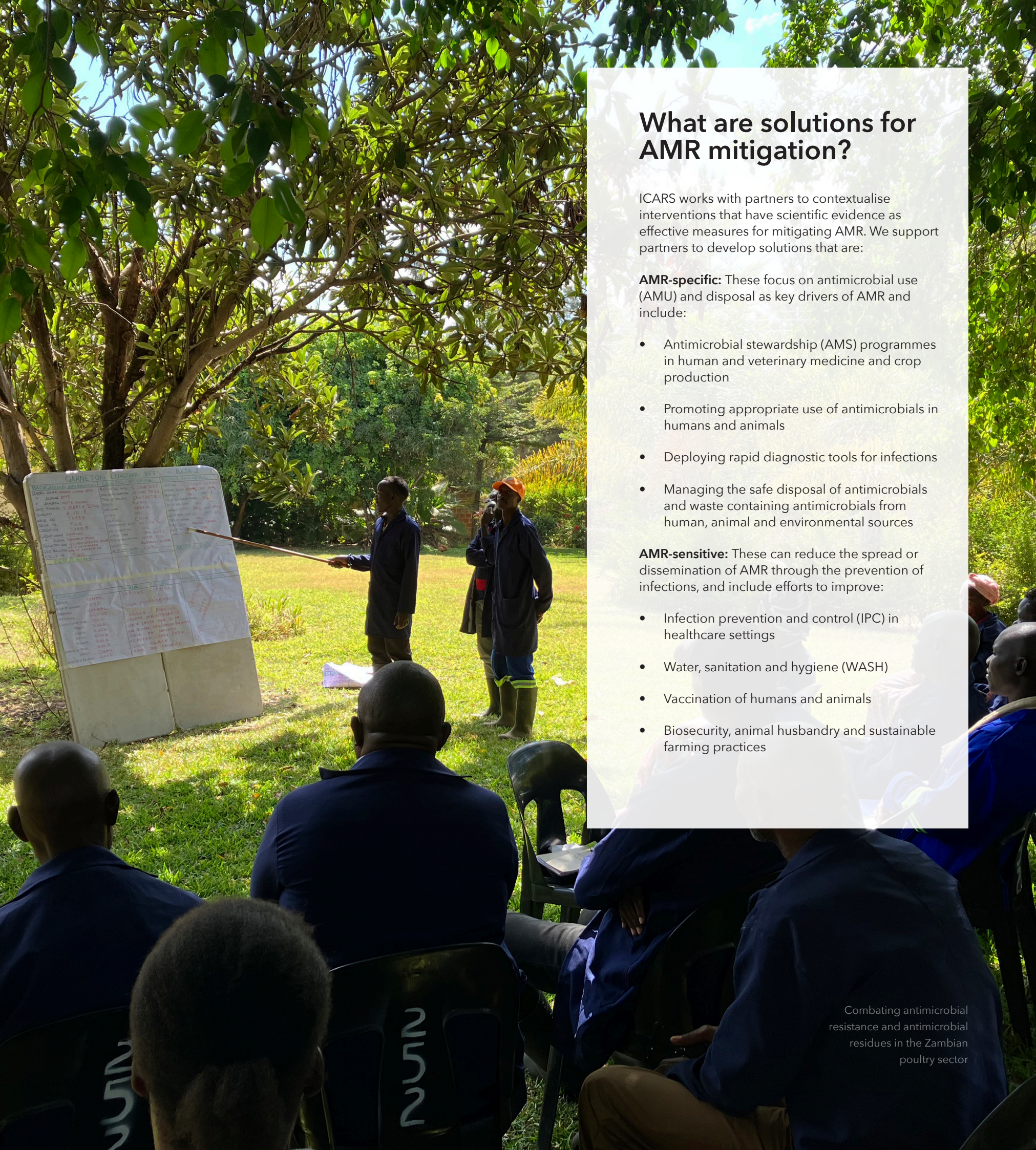
ICARS works with partners to contextualise interventions that have scientific evidence as effective measures for mitigating AMR. We support partners to develop solutions that are:

AMR-specific: These focus on antimicrobial use (AMU) and disposal as key drivers of AMR and include:

- Antimicrobial stewardship (AMS) programmes in human and veterinary medicine and crop production
- Promoting appropriate use of antimicrobials in humans and animals
- Deploying rapid diagnostic tools for infections
- Managing the safe disposal of antimicrobials and waste containing antimicrobials from human, animal and environmental sources

AMR-sensitive: These can reduce the spread or dissemination of AMR through the prevention of infections, and include efforts to improve:

- Infection prevention and control (IPC) in healthcare settings
- Water, sanitation and hygiene (WASH)
- Vaccination of humans and animals
- Biosecurity, animal husbandry and sustainable farming practices



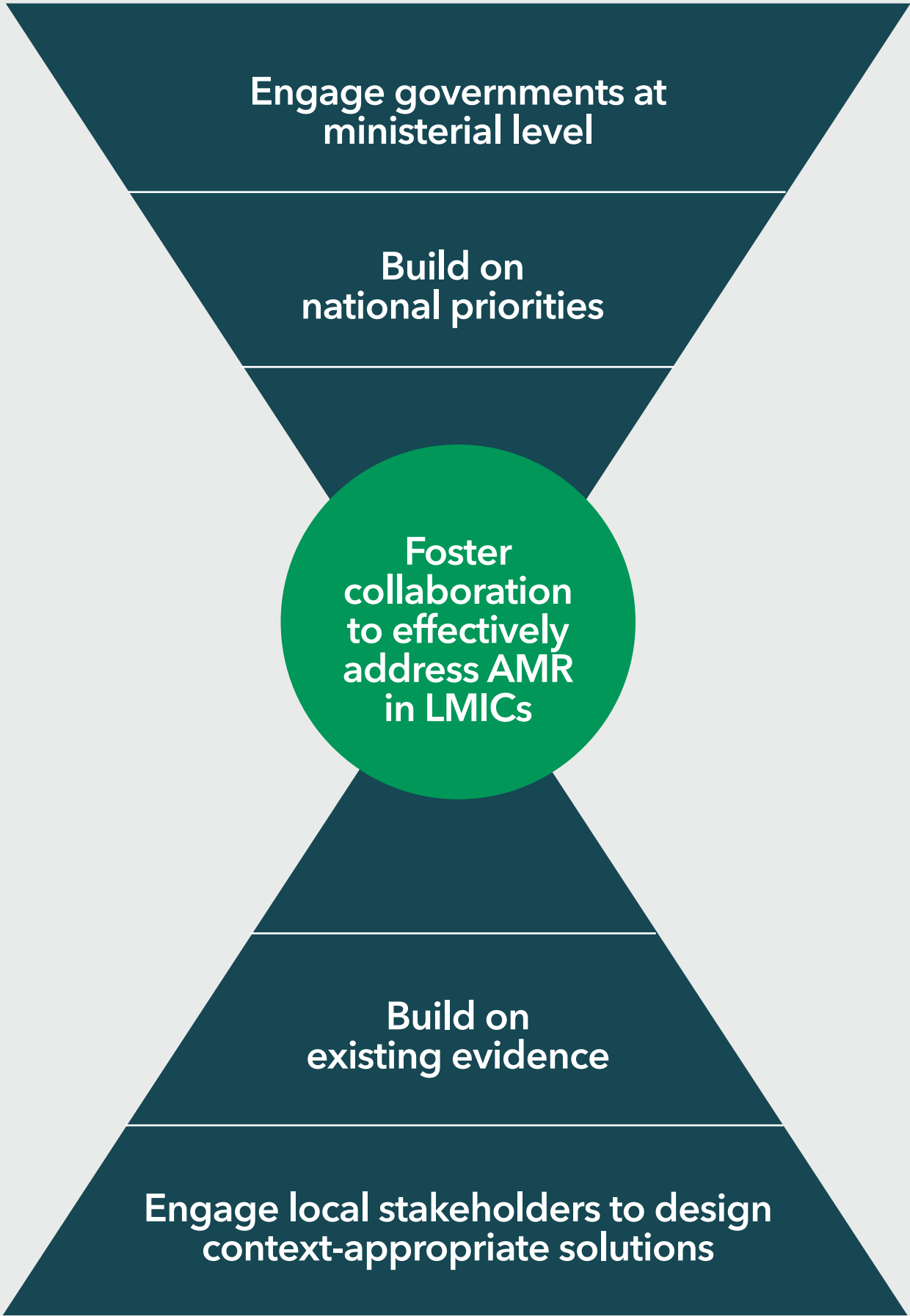
Combating antimicrobial resistance and antimicrobial residues in the Zambian poultry sector

How we work: Our implementation approach

Our ‘top-down bottom-up’ approach to bridge the evidence-policy gap

ICARS brings together national and sub-national governments and in-country stakeholders across One Health sectors. We work with policymakers to prioritise AMR challenges and support scale-up, while collaborating with local institutions, private sector actors, experts and communities to design and test interventions grounded in local realities. This ensures projects are locally owned, aligned with national priorities and context appropriate.

We bridge evidence, policy and practice in LMICs by working across a continuum: from proof-of-concept through implementation to informing scale-up, where the evidence generated through ICARS supported interventions is used in dialogues with ministries to inform policies and practices. Implementation research identifies barriers and enablers to behaviour change, refines strategies and assesses economic impact to ensure interventions are feasible, cost-effective and scalable. Our multidisciplinary approach produces evidence that can inform policies for uptake, adoption and scale-up.





ICARS and ReAct Africa hosted a high-level roundtable on AMR at the Hamburg Sustainability Conference.

Partnerships

Strong partnerships are essential to delivering our mission. We seek collaboration with partners whose strengths complement our own to maximise shared impact. We continuously build and strengthen partnerships with:

Implementation partners

These include partners in LMICs who lead projects and provide expertise, ensuring that joint efforts are relevant, responsive and impactful. Projects are implemented by local, multidisciplinary teams with the engagement of ministries and other stakeholders from the public and private sectors, as well as civil society. We also collaborate with institutions and organisations globally to support the testing, adaption and implementation of innovations and evidence-based solutions.

Mission partners

These are LMIC governments who share our vision and support our mission. They are ambassadors for ICARS and join us in facilitating knowledge transfer, cross-country learning and advocacy, ensuring that LMIC perspectives reach regional and global policy fora. Mission Partners become part of a global network dedicated to sustainable AMR mitigation and are invited (on a rolling basis) to nominate a member to our Board of Directors.

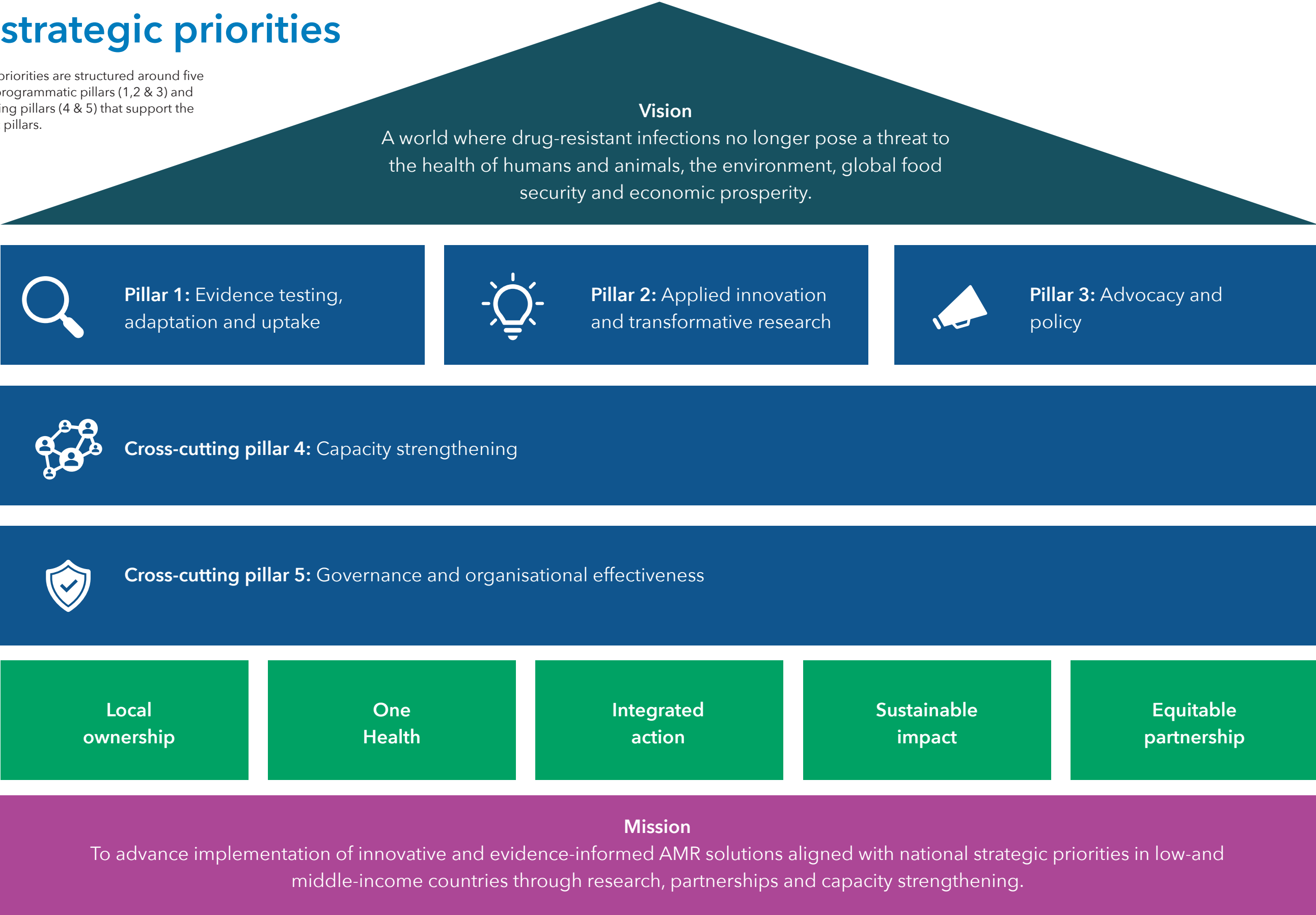
Funding partners

These include governments, foundations, international organisations and institutions who contribute financial resources for our organisation and activities. Their financial contributions and partnership help to strengthen our capacity, consolidate organisational sustainability and expand our project portfolio. Funding partners are essential in supporting both our work and the generation of sustainable impact and results from our efforts.

Funders who commit to a significant multi-year investment become strategic funding partners and may nominate a member to our Board of Directors, helping shape the strategic direction of ICARS. These partners support our financial sustainability, and their investments advance the broader global response to AMR, contributing to interconnected progress in health security, resilience and sustainable development.

Our strategic priorities

Our strategic priorities are structured around five pillars: three programmatic pillars (1,2 & 3) and two cross-cutting pillars (4 & 5) that support the programmatic pillars.





Pillar 1: Evidence testing, adaptation and uptake

We support partners in testing and adapting evidence for context-appropriate AMR solutions, preserving core elements crucial for effectiveness and translating these into policy and practice. This is the primary pathway through which we deliver on our Mission.

We collaborate with LMIC partners to identify AMR challenges aligned with national strategic priorities, ensuring local ownership and sustainable impact as core principles. We support projects across One Health sectors, focusing on the testing and adaptation of evidence-informed AMR mitigation solutions that have potential for scale-up – such as infection prevention and control, vaccination, diagnostic and antimicrobial stewardship, sustainable farming, biosecurity and waste management.

Our approach promotes the uptake of thoroughly assessed, context-appropriate and cost-effective solutions and supports LMIC partners to embed impactful solutions into relevant policies, programmes and systems.

To address resource gaps that hinder broader implementation, we support strategic prioritisation and resource allocation, greater policy coherence and seek to provide catalytic support to bring efforts to scale, including facilitating partners' access to additional financing opportunities. Over the next five years we will:

- **Strengthen country-led prioritisation and contextualisation** by working with partners to ensure interventions respond to local needs, align with national development goals and are informed by global and regional guidance.
- **Support LMIC partners to test, adapt and apply evidence and scale cost-effective and context-appropriate AMR solutions** across One Health sectors.
- **Facilitate access to financing opportunities** to enhance scale-up.

Strengthening microbiological diagnostics in an antimicrobial stewardship programme for bloodstream infections in Georgia





Pillar 2: Applied innovation and transformative research

Our work on applied innovation and transformative research complements ICARS' core focus on evidence testing, adaptation and uptake by supporting innovations and research on AMR mitigation in areas of need.

Rather than developing innovations, we focus on the application and adoption of new innovations that address real-world challenges and respond to various needs in supporting effective and sustainable AMR mitigation. Our efforts centre on innovating through contextualising, improving and adopting new products, services and processes to overcome practical barriers. This could include, for example, using rapid diagnostics, AI-enabled stewardship systems or mobile applications. Anchored in our core principles of local ownership and sustainable impact, this work is driven by LMIC priorities and grounded in clearly defined needs and realities.

To better address AMR and embed it within wider policy and investment priorities, we support transformative and interdisciplinary research that spans beyond a single sector and country. Such research has the potential to challenge and change approaches and shape the broader ecosystem- including climate and environment, human and animal healthcare, and food systems. A holistic approach to research has the potential to catalyse system-wide change and deliver more durable and equitable impact than siloed interventions, in line with our core principle of integrated action. Over the next five years, we will:

- **Support the adaptation and adoption of new innovations** that are responsive to global, regional and sector-specific challenges and needs.
- **Advance interdisciplinary research** that integrates AMR mitigation into broader development agendas and has the potential to transform systems, individually and collectively.
- **Facilitate multi-country collaboration** to promote shared learning for the integration of new and proven approaches into policy and practice. Facilitate access to financing opportunities to enhance scale-up.



Pillar 3: Advocacy and policy

Advocacy and engagement with policy are central to advancing AMR mitigation efforts in LMICs, regionally and globally. Creating enabling environments where evidence from local, national and regional settings informs global policy agendas is key to achieving sustainable impact at scale.

The global AMR policy landscape remains fragmented with responsibilities split across sectors and variable implementation of high-level commitments. AMR is often overshadowed by more visible global health priorities, and LMICs struggle to have their needs reflected in global decision-making due to limited financing, technical capacity and representation.

Guided by our core principles of equitable partnership, local ownership, integrated action and sustainable impact, we engage across One Health sectors to elevate and amplify LMIC voices and leadership in global and regional dialogues.

Strengthening advocacy networks and partnerships amongst LMICs enables knowledge exchange, peer-to-peer learning, coordinated action and raises the profile of AMR as a cross-cutting sustainable development challenge. Our regional presence, ICARS Africa, will further support and facilitate these efforts.

Through engagement in high-level meetings, consultations, and multilateral initiatives, we draw upon evidence, data and business cases from across our project portfolio to inform policy development and advocate for stronger prioritisation of AMR at regional and global levels. Over the next five years we will:

- **Advocate for AMR to be prioritised and integrated within global development and financing agendas**, including pandemic preparedness, global health security and planetary health.
- **Elevate LMIC voices and leadership in high-level policy forums**, roundtables and global platforms.
- **Strengthen existing partnerships and expand collaboration** to support the translation of evidence into policy at regional and global levels.

High-level panel n°1 on the effective implementation of international comm and intersectoral cooperation

ICARS Executive Director speaks at the One Health Summit in Lyon, April 2026

- Prof. Mustapha Ferjani, Minister of Health – TUNISIA
- Dr. Ayano Kunimitsu, State Minister for Foreign Affairs – JAPAN
- Prof. Orazio Schillaci, Minister of Health – ITALY
- Ms. Helle Engslund Krarup, Acting Executive Director – International antimicrobial resistance solutions – ICARS

Turning Commitment into impact: Today's actions, tomorrow's solutions for AMR





Cross-cutting pillar 4: Capacity strengthening

Capacity strengthening is central to achieving our Mission and enabling integrated and sustainable action to mitigate AMR. Capacity strengthening is cross-cutting and embedded across all areas of our work.

Capacity strengthening focuses on individuals, organisations, systems and networks operating within the AMR landscape across One Health sectors. Our efforts address identified gaps and encompass our work with partners in evidence testing and adaptation, knowledge translation, applied innovation, transformative research and policy advocacy. Capacity strengthening is fundamental to ensuring the sustainable impact of our collective efforts.

Through our capacity strengthening work – including efforts to facilitate collaboration and knowledge sharing – we aim to contribute to a critical mass of skilled and knowledgeable stakeholders who are equipped to advance AMR mitigation. Through studentships and mentorships, we aim to support next-generation AMR leaders who can contribute to and strengthen AMR mitigation in and across LMICs. Over the next five years we will:

- **Strengthen skills and capabilities** for project partners and stakeholders across a range of relevant areas including study design, implementation, knowledge translation and intervention scaling amongst others.
- **Build knowledge and skills across AMR stakeholders** - including the healthcare and animal health workforce, farmers, prescribers, dispensers, and consumers amongst others – through evidence-based education, research, and training initiatives in LMICs.
- **Foster learning and leadership** by facilitating knowledge exchange platforms across projects and countries and supporting next-generation AMR leaders through studentships and mentorship.

Strengthening biosecurity practices in the poultry value chain in Zimbabwe, to reduce the use of antibiotics



Cross-cutting pillar 5: Governance and organisational effectiveness

Efforts to strengthen governance and organisational effectiveness cuts across all areas of our work, ensuring that our systems and processes are well-functioning, efficient, and fit-for-purpose as we pursue our Mission and continue to evolve.

Our ambitions for achieving greater impact –including through an expanded regional presence – mean that we must continue ensuring that our structures, models, approaches, methodologies, policies, procedures and staff continue to support the fulfilment of ICARS' mission in an optimal manner. This is also key to our long-term ambition for legal status as an international organisation with at least three countries providing core funding to ICARS.

Expanding and diversifying partnerships and funding is vital for ICARS' organisational sustainability and ultimately for achieving our mission. We are committed to maintaining high standards of transparency, compliance and performance. Central to this is fostering a culture of diversity, equity and inclusion. This ensures that our structures, tools and processes are fair, accessible and supportive of all stakeholders.

By strengthening our systems, governance and organisational culture, ICARS enhances its ability to learn, adapt and collaborate effectively for sustained impact. Over the next five years we will:

- **Intensify our strategic fundraising** to ensure ICARS' financial sustainability and advance our ambition for legal status as an international organisation.
- **Advance our presence in all regions**, building on our experiences from Africa, to ensure engagement and closer collaboration with LMIC partners.
- **Champion diversity, equity, and inclusion while enhancing operational excellence** through streamlined systems, tools and procedures.
- **Strengthen governance, monitoring, evaluation, accountability and learning** to ensure transparency, accountability and evidence-driven decision-making for continuous improvement.
- **Invest in ICARS' people and culture** to build a skilled, motivated and adaptable workforce capable of delivering high performance and impact.

The ICARS team 'go blue
for AMR' for World AMR
Awareness Week 2025.



Our theory of change

The Theory of Change for our strategy is based on the delivery of four key Outputs, which are under ICARS’ sphere of control. These Outputs are expected to lead to the realisation of two interconnected Outcomes in the medium to long term. In turn, these Outcomes are expected to contribute to our long-term Vision. Our Theory of Change is based on several assumptions and is shown in simplified form here.

Key assumptions:

- Projects show potential for scale-up.
- Project evidence is timely for influencing policy.
- Policy environments remain conducive to influence by evidence.
- A critical mass of stakeholders are reached to meaningfully strengthen capacities.
- Stakeholders are able to implement strengthened capacities.
- The case for integrating AMR into broader development agendas remains compelling in the face of geopolitical change.
- LMICs have secured sufficient resources for scale-up and sustainable implementation of solutions.
- Solutions are as successful as expected when applied beyond the scope of projects.
- The pace and scale of action is sufficient to meaningfully mitigate the emergence and dissemination of AMR globally.

How we will use our Theory of Change

Our Theory of Change serves as a tool to guide our strategy and its implementation. It outlines key preconditions and assumptions that must hold true for the realisation of envisaged results. By providing a clear rationale for how and why change is expected to occur, our Theory of Change will help us to align our efforts, make informed decisions and allocate resources effectively. By using our Theory of Change and an associated Monitoring & Evaluation plan, ICARS will track progress, address challenges proactively and ensure we are on the right path towards mitigating AMR globally.





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A) Template for Process Action Plan (PAP) for Programmes and Stand-alone Projects above DKK 100 million

The table below should be read as an illustrative example of how a process action plan for the quality assurance and approval process may look. It may serve as a template to be amended as needed for the individual process.

Templates for Process Action Plans are divided in the following thresholds: A) Above DKK 100 million, B) Between DKK 20-100 million, and C) below DKK 20 million. If a grant between DKK 20-100 million is concluded as 'high risk' on the kick-off meeting, the template for PAP for programmes and Stand-alone Projects above DKK 100 million should be applied.

A) Programmes and Stand-alone Projects above DKK 100 million

	Action	Deadlines	Responsible / involved parties	Approx. duration in weeks	
1	Identification and PAP				
	Recruit consultants for the identification process if found needed (ToR, tender if needed and contracting)		Unit	From 3 to 8 weeks depending on the procurement process	
	Identification process to produce/ update background analysis/ assessments/ studies, political economy analysis/ context assessment, any other preparatory analyses needed, reflect and document on experience and lessons learned. Establish taskforce if relevant.		Unit with consultants if found necessary	Week 16	
2	Identification Note (2 pager)				
	On basis of the identification process, draft the Identification Note including risk annex (use template for 2 pager)		MULTI		
	Process Action Plan (PAP) for the process is updated.				
3	Kick-off meeting				

	Notify LÆRING on selected date for the kick off meeting	Latest two weeks prior to the kick off meeting (ten working days)	MULTI	Week 18
	Submit Identification Note, self-risk assessment annex and PAP to LÆRING	One week prior to kick off meeting (five working days) (latest 22 April)	MULTI	
	Kick-off meeting conducted	29. April 2026	LÆRING, TILSKUD, AFRPOL	
	Minutes from kick off meeting	LÆRING distributes final minutes one week after meeting.	LÆRING	
4	Formulation of draft programme and project documents			
	Tender and recruitment of formulation (process) consultants (if applicable), including drafting of ToR. Could also include further analysis if needed, decide on method for selection of projects and partners etc.		Not applicable	
	When formulation process has been initiated - organise meeting with LÆRING development specialist responsible for pre-appraisal		MULTI and LÆRING	May – Early July 10 weeks (Early July)
	Formulation of early draft programme and project documents based on the identification phase, Identification Note and minutes from kick off meeting, field visits, partner consultation etc.		MULTI (Programmet udarbejdes af MULTI og sendes til KLIMA og øvrige ministerier m.fl. for bidrag mv.)	
5	Quality assurance (early appraisal ¹) and public consultation			
	Forward early draft PD to LÆRING for appraisal and public consultation		Unit [4 august]	2 weeks (Week 32-33)

¹ An early appraisal is an appraisal of an early version of the draft programme and project documents.

	Early-appraisal incl. preparation, partner consultations and reporting		LÆRING	
6	External Technical Panel			
	Documentation for meeting in External Technical Panel forwarded to members via “Bevillingssekretariatet” in LÆRING: Documentation includes: • Appropriation Cover Note(s) • Early draft project documents • Early-appraisal recommendations • MFA stand alone programme document • Partner strategy	2 weeks prior to meeting	Unit to LÆRING (August 19)	19 August (Week 34 sent to Technical Panel) 3 September meeting technical panel (Week 34)
	Meeting in Technical Panel		September 3 2026	
	Minutes from Technical Panel	Unit submits draft minutes within two work days. LÆRING distributes final minutes two weeks after meeting.	MULTI, LÆRING & Technical Panel	
7	Finalising of PD			
	Incorporating and reflecting on recommendations and comments from responses to public consultation, pre-appraisal and External Technical Panel in PD and finalising PD		MULTI	2 weeks (Week 35 and 36)
	Final PD, annexes, appropriation cover note, summary of recommendations from pre-appraisal incl. unit’s response and summary of recommendations from		MULTI	

	External Technical Panel incl. unit's response forwarded to LÆRING for desk verification			
	Desk verification by LÆRING		LÆRING	Week 38 1 week
8	Approval			
	Submission for State Secretary for development policy for approval via the distribution group 'Bevillingssekretariatet' as second approver. Following LÆRING facilitates the Minister's approval.		MULTI & Bevillingssekretariatet (LÆRING)	Week 39 (21 Sep. 2026) 1-2 weeks
	Minister approval			Deadline 30 Sept. 2026
9	Initial actions following the Minister's approval			
	LÆRING facilitates that approved grants are published on Danida Transparency after the Minister's approval	3-5 working days after approval	Bevillingssekretariatet (LÆRING)	
	Signing of agreement(s) and/or other legally binding agreements (commitments) with partner(s)	After the Minister's approval	MULTI	October (week 42)
	Register commitment(s) in MFA's financial systems within the planned quarter	After agreement(s) are signed	MULTI	October (week 42)