

A PRESCRIPTION FOR DENMARK IN GLOBAL HEALTH

Leading the Way in Times of Crises



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RELEASED ON:
Dec 5th, 2024

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ABOUT:

This report outlines expert recommendations for Denmark to once again lead in global health by leveraging its strongholds, rethinking its approach, and transitioning from donor to equal partner during a time of polycrises.

Game of tag

(POLIO-EPIDEMIC, 1952)

They run and play out on the road,
your child and my child, and the balls sing
high through the air, until tired from play
the children gather in chattering clusters.

Girls and boys, only half in our world,
and half in the colorful lands of dreamers
a tap on a shoulder, a laugh: you're it!
Tag? Or was a mark placed on his forehead?

Who plays invisibly and silently among them
a ghostly game, a tag macabre?
We closed the door, but misfortune found them,
and one succumbed on an autumn night.

A white hospital and a breathless vigil
an uneven fight through nights and days –
an unarmed warrior disappeared into the fog,
and the children of the roads stood bewildered behind.

Now they play tag with each other again,
their rough voices fill the dusky road,
but one has a secret mark on the forehead
and plays the last and dangerous game.

The threatening scourge is turned against us all,
it strikes at random and changes our world.
Now plays the child, who will fall tomorrow
to the hand that mercilessly points: you're it!

TOVE DITLEVSEN, SAMLEDE DIGTE
PUBLISHED IN DANISH BY GYLDENDAL, 2015
TRANSLATED BY STEVEN L.B JENSEN, 2024

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Foreword

Denmark has a unique opportunity to be a global leader in health at a time when it is needed more than ever.

Around the world, health systems experience a multitude of challenges; geopolitical unrest and armed conflicts, economic instability, effects of climate change, decreasing support for sexual and reproductive health and rights, the enduring consequences of the COVID-19 pandemic, as well as the risk of the next major health crisis looming. In many low-income countries (LICs), these pressures are particularly acute due to health funding gaps, with the risk of future pandemics adding further urgency. Despite this, global health efforts face significant funding gaps, calling for new partnerships, innovative solutions and stronger commitments.

Against this critical backdrop, we argue that Denmark has a unique platform to help advance progress in global health. A stronger global health engagement will both benefit the countries in most need, as well as the Danish population by contributing to the prevention of global health crises that cut across borders. We also see a strong potential for increased Nordic collaboration and joint leadership in global health that Denmark should seize.

We are facing a crucial moment for Danish development policy, building on the new strategy for engagement with African countries and preparing the upcoming Danish Strategy for Development Cooperation, expected in 2025. Denmark's forthcoming Presidency in the European Union (EU) in 2025 and non-permanent seat in the United Nations (UN) Security Council 2025-2026 provide major opportunities for Denmark to assume global leadership positions. Drawing on latest evidence and research, including insights from the third Lancet Commission on Investing in Health, we argue that global health must be at the top of the Danish agenda in the critical years ahead.

We open the report with a poem on the polio epidemic by Danish author Tove Ditlevsen to illustrate the profound impact that health crises have on individuals, families and whole societies. It also serves as a timely reminder that we live in a pandemic world. Interestingly, it was the polio epidemic that inspired Denmark to invent what is today known as the concept of the Intensive Care Unit; widely acknowledged – among many other important Danish health innovations – as a critical global contribution. Now is the time for Denmark to seize that legacy and position itself, once again, as a frontrunner in global health.

To do so, we argue that renewed Danish leadership should build on Denmark's historical track record and global recognition in several areas, while also rethinking the Danish approach so that Denmark can move from being primarily a donor to a partner in health.

The Danish society and economy have benefited significantly over the past years from progress in healthcare, health innovations and research. We believe there is potential for Denmark to further strengthen synergies of expertise, know-how and funding across sectors. Danish global health efforts should both be about official development assistance, but also about innovative partnerships to create synergies, catalyze innovations, convening partners, and pooling resources to make Danish strongholds in health more globally beneficial. If done right, Denmark can make a significant contribution in addressing the major global health challenges facing us today. In short, Denmark has both a moral obligation and a strong domestic interest in investing more in health, so that everyone, everywhere can live long and healthy lives.

The Expert Group on Global Health:

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Summary of recommendations

I. Denmark Must Invest More in Global Health

1. **Denmark should strengthen its investments in global health** to reduce health inequality, halve premature mortality globally by 2050, and enhance its own security through better responses to global health crises and pandemic preparedness.
2. **Denmark should anchor its global health investments in human rights, including through the advancement of sexual and reproductive health and rights (SRHR).** Moreover, special focus should be placed on populations in most vulnerable positions, civil society and community-led interventions, including in humanitarian contexts.
3. **Denmark should consistently allocate more than 0.7% of its Gross National Income (GNI) to Official Development Assistance (ODA)** to ensure that an increased focus on global health does not negatively impact on other development priorities. This should not, however, be a precondition for an increased priority of global health.
4. **Denmark should increase the proportion of its ODA to Least Developed Countries (LDCs) from 0.14% of GNI (2022) to 0.2% of GNI, aligned with previous Danish levels and the UN target,** to better reflect its leadership in global poverty eradication, health equality, and the “leaving no one behind” principle.

II. Denmark Should Assume Global Leadership in Health

5. **Denmark should reinforce its global leadership in championing SRHR,** including strengthening cross-regional and global alliances around SRHR, leveraging its non-permanent UN Security Council seat to highlight the critical importance of SRHR for peace and security, and advocating for its central role in realizing the Sustainable Development Goals as well as the post-2030 development agenda.
6. **Denmark should lead the way in shaping a new generation of Nordic political leadership in global health by fostering stronger Nordic collaboration,** aligning global health strategies at a regional level, and advancing Nordic leadership on joint priority areas such as SRHR.
7. **Denmark should take leadership in reform processes to promote accountable, efficient governance within global health multilaterals (UN and other global health initiatives [GHIs])** by actively championing initiatives such as the Lusaka Agenda. This includes advocating for better spending practices, promoting flexible financing, and strengthening transparency and accountability mechanisms.
8. **Denmark should enhance humanitarian cooperation with multilateral partners, emphasizing the protection of health personnel and patients in conflict zones, including through its non-permanent seat in the UN Security Council.** By advocating sustainable solutions and safeguarding health infrastructure, facilities,

and medical teams, Denmark can strengthen its humanitarian profile while upholding international humanitarian principles.

9. **Denmark should use its leadership role in climate to address the health crisis.** Recognizing the fact that climate change greatly exacerbates health challenges, Denmark should leverage its position in relevant global forums to take the lead in ensuring that climate funding is increasingly geared towards addressing climate-related health challenges.

III. Denmark Should Transition from Being a Donor to a Partner in Health

To position itself as an equal partner in its development cooperation efforts, Denmark should further ground efforts in local priorities:

10. **Denmark should center its global health partnerships around country-driven and locally led priorities to identify mutually beneficial collaborations,** for instance through stronger health research partnerships, knowledge exchange and reciprocal capacity building.
11. **Denmark should directly support regional health bodies and regionally distributed manufacturing and supply chains,** for instance through support to the African Union's "Agenda 2063" and New Public Health Order.
12. **Denmark should actively promote sustainable financing and financial resilience in LICs to allow governments to pay for their own health services.** This includes advocating for debt relief to support LICs in prioritizing essential services and championing the crowding in of domestic financing of health, encouraging recipient governments to commit and fund basic health commodities while donors support systems and public goods such as Research and Development (R&D) and digital health innovation.

Denmark should also further leverage unique Danish strongholds for better Danish support:

13. **Denmark should apply its expertise in strengthening health systems domestically and in other countries to focus investments on resilient, integrated health systems with stronger primary health care,** including at the community level. This includes strengthening health system infrastructure, ensuring consistent and continuous access to essential health services, as well as training of healthcare personnel.
14. **Denmark should embrace new types of partnerships and cross-sectoral approaches by developing solutions with relevant partners across climate adaptation, antimicrobial resistance (AMR), zoonotic diseases, food security, and nutrition.** This includes leveraging the Danish life sciences industry and food and agricultural sectors to address crosscutting challenges innovatively.
15. **Denmark should make its expertise from life science R&D and health innovation globally available to support global access to affordable health products,** including by strengthening in-country and regional capacity, also through the EU, and promoting peer to peer partnerships and technology transfers.

IV. Denmark Should Make Global Health a National Priority and Approach it Strategically

- 16. Denmark should prioritize global health in the next Danish strategy for development cooperation** to ensure stronger and more consolidated Danish efforts in global health going forward.
- 17. Denmark should develop a dedicated global health strategy** to strengthen the coordination of Danish global health efforts, including SRHR, across policy areas such as development, security, foreign policy, and health.
- 18. Denmark should appoint a Global Health Ambassador** to coordinate health efforts and promote collaboration across all relevant Danish authorities, academia, civil society, private sector, and other sectors, leveraging and increasing synergies, as well as focusing on educating the Danish public on the importance of global health to ensure the sustainability of the support for global health investments.
- 19. Denmark should further invest in the talent pipeline for new global health champions and strengthen civil servant and technical capacity in the field** to fully leverage the global impact of Danish investments and position Denmark firmly as a leader in global health.

1. Rationale and background

1.1. We can no longer take global progress in health for granted

The world has made staggering achievements in global health. Child mortality has halved since 2000.¹ Major technological advances have been made, especially in vaccine production, and the chance of dying prematurely is halved over the course of a generation in several countries.² Progress in health has created the foundation for increased prosperity, human well-being and economic growth for numerous countries worldwide.

At the same time, we are witnessing major challenges and setbacks in global health today. The global burden of disease is not borne equally, with countries in Sub-Saharan facing a disproportionately heavy disease burden with a significantly lower life expectancy than the global average.³ Moreover, LICs bear the dual burden of communicable and non-communicable diseases (NCDs) and limited investments in health.⁴

Other inequalities add urgency to the unevenly distributed burden of disease. Sub-Saharan Africa is again significantly affected, as two thirds of the world's population in extreme poverty live in this region, rising even to three quarters when including all fragile and conflict-affected countries.⁵ Too many individuals in Sub-Saharan Africa lack access to essential healthcare, a problem compounded by entrenched social factors like poverty, discrimination, and gender inequality.⁶ Health inequalities worsened under the COVID-19 pandemic, as the large majority of doses of the COVID vaccines were acquired and administered in the wealthiest countries. The failure of specifically high-income countries to live up to promoting equity in the distribution of vaccines and other essential health commodities to low-and middle-income countries during the pandemic led to a severe lack of trust and increased skepticism towards high-income countries.⁷

Current funding to address the global disease burden, especially in LICs, is insufficient while health systems worldwide will likely face substantial challenges in the next decades. The global health funding gap is already immense and has been worsened by the cascading effects of COVID-19, conflicts, climate change, and economic instability. Even before the pandemic, low- and middle-income countries were already falling short by \$371 billion annually in the health investments needed to achieve the Sustainable Development Goals by 2030.⁸ The recent report from The Lancet Commission for Investing in Health 3.0, titled "Global Health 2050", includes the prediction that health systems will face substantial challenges over the next 25 years. Notably, there is about 50% chance that a new pandemic causing 25 million or more deaths will occur between now and 2050.⁹

Moreover, opposition to SRHR is intensifying in many regions, threatening global progress and access to essential services, particularly for women, girls and LGBTIQ+

¹ United Nations Inter-Agency Group for Child Mortality Estimation (2023). Levels and trends in child mortality, report ([link](#)).

² The Lancet Commission on Investing in Health (2024). *Global health 2050: the path to halving premature death by mid-century* ([link](#)).

³ Kasprovicz, V.O., Chopera, D., Waddilove, K.D. *et al.* African-led health research and capacity building- is it working?. *BMC Public Health* **20**, 1104 (2020). <https://doi.org/10.1186/s12889-020-08875-3>

⁴ The World Bank Group assigns the world's economies to four income groups: low, lower-middle, upper-middle, and high. For the 2025 fiscal year, low-income economies are defined as those with a GNI per capita, calculated using the [World Bank Atlas method](#), of \$1,145 or less in 2023. [Read more](#).

⁵ World Bank (2024). Poverty, Prosperity, and Planet Report 2024: Pathways Out of the Polycrisis ([link](#)).

⁶ World Economic Forum (2024). 5 steps towards health equity in low- and middle-income countries through innovation ([link](#)).

⁷ Rydland, H.T., Friedman, J., Stringhini, S. *et al.* (2022) The radically unequal distribution of Covid-19 vaccinations: a predictable yet avoidable symptom of the fundamental causes of inequality. *Humanit Soc Sci Commun* **9**, 61. <https://doi.org/10.1057/s41599-022-01073-z>

⁸ WHO (2023). Investing in global health: A common objective ([link](#)).

⁹ The Lancet Commission on Investing in Health (2024). *Global health 2050: the path to halving premature death by mid-century* ([link](#)).

communities. Although SRHR are integral to global health, gender equality, and human rights efforts, political and ideological shifts have heightened opposition to SRHR in some regions, jeopardizing hard-won gains. At the same time, climate change disproportionately impacts women and girls, exacerbating barriers to accessing essential SRHR services. While there is an increasing focus on youth-centered SRHR initiatives, with investments in digital health and advocacy, financing for SRHR remains precarious.

The share of global official development assistance for LDCs dropped from 36% in 2020 to 25% in 2022, and the total share of development assistance going to Africa has also decreased.^{10,11} Whereas in 2010, 40% of global development assistance went to African countries, this number is now down to just 25%—the lowest percentage in 20 years. This trend threatens the unprecedented progress the world made in health across Africa between 2000 and 2020.¹²

To further complicate this context, with waning support for global health from major donors, including the United States, there is a high risk of further jeopardizing progress to address critical global health issues. This includes setbacks in the efforts to advance SRHR, for instance, by reviving anti-abortion policies, such as the harmful Global Gag Rule. This rule prevents foreign nongovernmental organizations (NGOs) receiving United States global health assistance from offering legal abortion services, providing referrals for such services, or engaging in advocacy to reform abortion laws.

1.2. Global health is no longer a Danish top priority

Denmark has historically been a frontrunner in international development assistance and global health. Since 1978, Denmark has consistently met the UN target of spending 0.7% of GNI on ODA, one out of only five countries to do so.¹³ This has positioned Denmark as an ODA-champion. In combination with previous significant bilateral health programs and a key role in strengthening health systems, Denmark has had a strong global recognition of its global health efforts, particularly in Africa. Danish historical strongholds include establishing supply chain solutions, addressing challenges related to SRHR, improving access to care, and reducing mortality rates.¹⁴

Denmark's leadership in SRHR is evident through its policy commitments, financial contributions, and domestic advocacy. Its "Foreign and Security Policy Strategy" explicitly prioritizes SRHR, emphasizing support for women, girls, and LGBTIQ+ communities. Denmark has also played a prominent role in multilateral initiatives, co-founding the "She Decides" movement and co-hosting the International Conference on Population and Development in 2019 (ICPD+25). Its contributions to national HIV efforts, including support for cross-sectoral strategies and national AIDS commissions, have been especially impactful.¹⁵ These efforts align with Denmark's consistent commitment to sustainable development and

¹⁰ The term "least developed countries" is used by the UN to refer to countries experiencing multiple vulnerabilities, and the majority of these are classified as low-income countries. As per August 2024, there were 45 countries designated by the United Nations as least developed countries, entitling them to preferential market access, aid, special technical assistance, and capacity-building on technology among other concessions. [Read more.](#)

¹¹ World Bank (2024). Development Indicators Database. Net ODA provided to the least developed countries (% of GNI). Last Updated: 03/28/2024.

¹² Bill and Melinda Gates Foundation (2024). Gates Foundation Report Calls for Targeted Global Health Spending to Save Millions of Children from Malnutrition and Disease ([link](#))

¹³ OECD Flows by donor (ODA+OOF+Private) [DAC1]. Price base: Constant prices. Combined unit of measure: US dollar, Millions. Denmark has incorporated a budget-balancing mechanism to ensure allocation of 0.70 percent of GNI over a three-year period despite fluctuations, e.g. in GNI.

¹⁴ Ugeskrift for læger (2019). Danmarks rolle i global sundhed ([link](#)).

¹⁵ Folketingets Udenrigsudvalget (2005). Strategi for Danmarks Støtte til bekæmpelse af hiv/aids i udviklingslandene ([link](#)).

strong multilateral systems, most recently underlined by the Danish commitment to the UN Pact for the Future, which calls for eradicating poverty through targeted measures, including health.¹⁶

Over the past years, however, Denmark has diverted its development priorities away from global health and, more recently, from poverty reduction as an overarching Danish development priority.¹⁷ Focus is shifting with priorities leaning towards migration, private sector engagement and investments, climate, and humanitarian aid, such as support for Ukraine (in 2022, almost 20% of bilateral ODA went to emergency response while only about 4% went to health).¹⁸ Contributions to Gavi, the Vaccine Alliance, and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) are significantly lower compared to other Nordic countries.^{19,20,21} Moreover, in 2022 Denmark allocated only 0.14% of its GNI to LDCs, where it historically consistently allocated around 0.2%. Additionally, Denmark has discontinued funding for programs addressing the intersection of SRHR, climate change, and gender equality, despite growing global recognition of these interconnected challenges.²²

Building on its strong track record and historic recognition in health, Denmark has a unique platform now to step up its global health efforts and take the lead in addressing some of the most urgent global health challenges facing the world today.

¹⁶ UN General Assembly (2024) Seventy-ninth session. Agenda item 123. Strengthening of the United Nations system. Draft resolution submitted by the President of the General Assembly: Pact for the Future ([link](#)).

¹⁷ Kjær, A. M. (2022). The Paradigm Shift of Danish Development Policy (1990–2020). *Forum for Development Studies*, 49(3), 345–371. <https://doi.org/10.1080/08039410.2022.2080762>

¹⁸ OECD Data, Aid (ODA) by sector and donor (DAC5), Denmark, Bilateral ODA grants, Constant prices, USD Millions 2022

¹⁹ GFATM (2024) Allocation Funding. Country pledges for 2023-2025 (divided by 3 year for annual contribution) ([link](#)).

²⁰ GAVI (2024). Donor Profiles Denmark, Norway, Sweden. Country contribution USD Millions 2023 ([link](#)).

²¹ Calculated as relative to total ODA volume as per OECD data for 2023.

²² Finansministeriet (2024). Forslag til finanslov for finansåret 2025 ([link](#)).

2. Recommendations from the Expert Group on Global Health

Investments in global health have offered historically high returns and are arguably among the most successful investments made by the international development community to date.

In this section, we unfold our list of recommendations to explain why we believe Denmark and the world has a lot to gain from a strengthened Danish global health engagement.

I. Denmark must invest more in global health

Increasing investments in health, particularly in LICs, is not only urgent but also supported by various economic, solidarity and security arguments.

Health investments offer substantial returns in both economic and human terms. Public health investments can yield up to 14.3 times their cost through reduced healthcare expenses, increased productivity, and longer life expectancy.²³ Strengthening health systems and epidemic preparedness not only prevents pandemics but also generates significant economic benefits, with returns as high as 1,000:1 in some areas, like pandemic response.²⁴

In LICs, including LDCs, it is evident that targeted health investments have particularly transformative effects. For example, for each \$1 invested in targeted NCDs interventions in LICs, an overall return of investment (ROI) of \$7 can be generated, constituting a high value for money investment.²⁵ Success stories of investments in health in LDCs include Malawi, where life expectancy rose by 18 years between 2002 and 2019, largely due to focused efforts on HIV, tuberculosis, and malaria, illustrating the profound impact of strategic health investments.²⁶

Furthermore, Denmark has a moral obligation to leverage its strongholds and experience within health innovation, research and science because solutions to address and manage the global disease burden, are a significant driver of the Danish economy. Novo Nordisk A/S, fueled by the worldwide success of its pharmaceuticals, is projected to contribute nearly half of Denmark's Gross Domestic Product growth in 2024.²⁷ Remarkably, Novo Nordisk A/S's market value of \$570 billion now exceeds the total value of the Danish economy, underscoring its profound economic impact.²⁸ This success creates an economic opportunity for Denmark to reinvest an appropriate part of Danish GNI into global health initiatives, addressing the very challenges that underpin its prosperity and ensuring equitable access to health solutions worldwide.

While global health investments should be driven by solidarity and effective global development, there is also an opportunity to align global efforts with Denmark's self-interest. With its strong focus on security in Africa, Denmark can leverage better health and robust health systems as key factors for healthy economies²⁹ and hence stability, and

²³ Masters R, Anwar E, Collins B, Cookson R, Capewell S. (2017). Return on investment of public health interventions: a systematic review. *J Epidemiol Community Health*.71(8):827-834. doi: 10.1136/jech-2016-208141. Epub 2017 Mar 29. PMID: 28356325; PMCID: PMC5537512.

²⁴ FP Analytics (2022). The compounding economic dividends of global health investment. How investing in global health and health systems can strengthen local economies ([link](#)).

²⁵ WHO (2021). Saving lives, spending less: the case for investing in noncommunicable diseases ([link](#)).

²⁶ Reliefweb (2022). The Global Fund Results Report 2022 ([link](#)).

²⁷ Born2Invest (2024). Novo Nordisk Responsible for Half of Denmark's GDP Growth. News article by Eva Wesley, September 4 ([link](#)).

²⁸ Fortune (2024). Novo Nordisk's market value of \$570 billion is now bigger than the entire Danish economy—creating a 'Nokia risk' for Denmark. News article by Sanne Wass, Naomi Kresge and Bloomberg, May 1 ([link](#)).

²⁹ WHO (2024). Health Financing and Economic ([link](#)).

conflict prevention. By strengthening health systems and pandemic preparedness in LICs, Denmark enhances global and domestic health security, as epidemics can quickly become global threats, as demonstrated by the COVID-19 pandemic.

In a time of multiple crises and considerable geopolitical shifts, it is increasingly important that development frontrunners like Denmark set a normative standard of what we want other nations to follow. Denmark is ideally positioned to contribute to tackling global health inequalities in LICs by building on its established rights-based approach within global health. This recognizes that advancing public health requires addressing the socioeconomic barriers to good health, especially those in vulnerable positions.

In this context, the Expert Group recommends that first and foremost:

- **Denmark should strengthen its investments in global health** to reduce health inequality, halve premature mortality globally by 2050, and enhance its own security through better responses to global health crises and pandemic preparedness.
- **Denmark should anchor its global health investments in human rights, including through the advancement of sexual and reproductive health and rights (SRHR).** Moreover, special focus should be placed on populations in most vulnerable positions, civil society and community-led interventions, including in humanitarian contexts.
- **Denmark should consistently allocate more than 0.7% of GNI to ODA**, to ensure that an increased focus on global health does not negatively impact other development priorities. This should not, however, be a precondition for an increased priority of global health.
- **Denmark should increase the proportion of its ODA to LDCs from 0.14% of GNI (2022) to 0.2% of GNI, aligned with previous Danish levels and the UN target**, to better reflect its leadership in global poverty eradication, health equality, and the “leaving no one behind” principle.

II. Denmark should assume global leadership in health

The years ahead provide a strong platform for Denmark to demonstrate global leadership in health - particularly in areas where it holds a comparative advantage and has unique contributions to make: SRHR, multilateral reforms, humanitarian efforts, and leveraging its leadership role in climate to address the health crisis.

In 2025, Denmark will hold a non-permanent seat on the UN Security Council while also presiding over the EU, providing Danish policymakers with a unique platform to influence global agendas through multilateral engagement. Through the Security Council, Denmark can advance priorities like Women, Peace and Security (“WPS”) and Youth, Peace, and Security (“YPS”) agendas. Additionally, Denmark is set to assume the presidency of the Nordic Council of Ministers in 2026 providing opportunities on a regional level.

For a small nation like Denmark, contributing to major multilateral organizations offers an opportunity for increased influence and impact on the global stage. It provides the opportunity for Denmark to lead by example and influence other countries’ contributions, which can be higher in volume. In 2023, 36% of Danish ODA was directed through multilateral actors³⁰, including the World Health Organization (WHO), UN Population Fund (UNFPA), UN International Children’s Emergency Fund (UNICEF), the World Bank, and key global health funds like Gavi and the Global Fund. Denmark has consistently made significant contributions to these multilateral organizations, focusing on partnerships that prioritize key areas in line with Danish strongholds, such as gender equality and SRHR. Although geopolitical tensions risk challenging the general support for multilateralism worldwide, it remains a unique vehicle for safeguarding dialogue, managing mutual interdependencies and advancing collective global action, including on cross-cutting issues such as pandemics.^{31,32} Furthermore, in 2025, there are several upcoming replenishment opportunities for health multilaterals that provide rationale for reflecting on Denmark’s multilateral global health support.³³

Denmark has clear international ambitions when it comes to human rights, sexual and reproductive health and gender equality. This is reflected in its 2022 “Foreign and Security Policy Strategy” and the priority areas for Denmark’s non-permanent seat at the UN Security Council, which includes ensuring women’s rights. Denmark should continue to take a leadership role on human rights, SRHR, gender equality and the rights of groups in vulnerable positions and use its position in multilateral fora such as the UN Security Council to leverage these agendas also when it comes to LICs.³⁴

However, global political shifts are threatening global support for SRHR and could complicate Denmark’s ability to secure strong alliances for its SRHR efforts.

On a regional level, the Nordics are well-positioned to advance support for global health and defend support for SRHR, being the fifth largest ODA donor combined.³⁵

The Nordics have a long-standing legacy of strong global health efforts, including significant contributions to GHIs and representation in the senior leadership of most of these, however, this would require stronger collaboration to effectively leverage each country’s strongholds.

³⁰ OECD Data, Aid (ODA) Total flows (DAC1), Denmark, Constant prices, USD Millions 2022

³¹ The Independent Panel (2021), COVID-19: Make it the Last Pandemic. *Chapter 8* Geopolitical tensions challenging multilateralism ([link](#)).

³² UNDP (2023): The value of strong multilateral cooperation in a fractured world. Blog by Ulrika Modeer and Tsegaye Lemma ([link](#)).

³³ Center for Global Development (2024). The 2024–2025 Replenishment Traffic Jam ([link](#)).

³⁴ UNRISD (2023) The International Anti-Gender Movement. Understanding the Rise of Anti-Gender Discourses in the Context of Development, Human Rights and Social Protection. Working paper by Haley McEwen and Lata Narayaswamy ([link](#)).

³⁵ OECD Data, Aid (ODA) Total flows (DAC1), Denmark, Constant prices, USD Millions 2022

There are clear arguments for supporting GHIs specifically, and their effective operations. Global health multilaterals have made significant strides in global health and toward achieving Sustainable Development Goal 3. For instance, the Global Fund partnership has contributed to saving 65 million lives through their health programs since 2002, and Gavi's vaccine programs have contributed to preventing over 17 million deaths in low- and middle-income countries between 2000 and 2020, while noting that these results were reached in a collaborative effort with governments and healthcare workers. However, the impact could be bigger, as experts call for optimizing how GHIs operate. The Lusaka Agenda highlights five key shifts needed to improve effectiveness of GHIs: (i) Focus on strengthening primary healthcare, (ii) Catalyze sustainable, domestically financed health services, (iii) Promote equity in health outcomes, (iv) Achieve strategic coherence, and (v) Improve coordination in product development and regional manufacturing.^{36,37} Denmark has emphasized these issues in its partnerships with GHIs like the Global Fund and WHO and is advocating for reforms in the UN and international financial systems to make them more representative and effective.³⁸

Furthermore, Denmark could more proactively support the integration of health interventions with efforts to address other global issues, including conflict and the effects of climate change. This aligns with the priority areas for Denmark's non-permanent seat at the UN Security Council, which specifically includes safeguarding humanitarian principles and addressing the effects of climate change.

Firstly, Denmark can strengthen its humanitarian profile by increasing its focus on the humanitarian, development and peace interventions. Proactive support for this nexus is important, as the number of crises impacting people's health has been increasing: United Nations estimates show that 300 million people will need humanitarian assistance and protection in 2024 with over half (165.7 million) in need of emergency health assistance. As Denmark already recognizes the importance of this nexus, specifically focusing on access to health and SRHR as priority areas³⁹, it now has the opportunity to more strongly put this nexus on the global agenda.

Secondly, there is a need for more attention to how climate change exacerbates the health crisis, and more climate funding should be geared towards addressing climate-related health challenges. The latest report of The Lancet Countdown on Health and Climate Change highlights that the threat of the climate crisis to human health is now at its highest.⁴⁰ Climate change creates particularly acute and long-term challenges in infectious, vector-borne, and waterborne diseases, NCDs, and SRHR, affecting marginalized groups disproportionately.⁴¹ This indicates that there is a need for more attention to health in climate responses, internationally but also in Denmark.

Denmark is uniquely positioned to do so, as it takes pride in its role as a green nation and has positioned itself as a country adept at providing impactful solutions at the intersection of climate/environment and development. In the Finance Act for 2024, the Danish government for the first time set aside a notable 35% of development aid for green

³⁶ The Lusaka Agenda, launched on December 12, 2023, is the outcome of a 14-month multi-stakeholder dialogue process, culminating in five formulated key shifts for evolving global health initiatives and priorities.

³⁷ Future of Global Health Initiatives (2023). The Lusaka Agenda: Conclusions Of The Future Of Global Health Initiatives Process ([link](#)).

³⁸ Permanent Mission of Denmark to the UN (2024). Statement by Denmark at the 79th Session of the General Assembly of the United Nations ([link](#)).

³⁹ Ministry of Foreign Affairs Denmark (2022). How-to note for implementation of "The World We Share" - Social sectors and social Safety nets ([link](#)).

⁴⁰ Romanello et al. (2024) The 2024 report of the *Lancet* Countdown on health and climate change: facing record-breaking threats from delayed action. *The Lancet* Volume 404(10465) pp. 1847-1896, doi: [10.1016/S0140-6736\(24\)01822-1](https://doi.org/10.1016/S0140-6736(24)01822-1)

⁴¹ Alliance for Global Health (2024). The climate crisis and global health climate.

interventions.⁴² At an international level, Denmark has shown leadership by hosting Climate Ministerial meetings, gathering around 40 climate leaders and ministers from around the world to push for climate action and ambitious results of the UNFCCC's Conference of the Parties (COP).

At a time of multiple crises, the Expert Group recommends that:

- **Denmark should reinforce its global leadership in championing SRHR**, including strengthening cross-regional and global alliances around SRHR, leveraging its non-permanent UN Security Council seat to highlight the critical importance of SRHR for peace and security, and advocating for its central role in realizing the Sustainable Development Goals as well as the post-2030 development agenda.
- **Denmark should lead the way in shaping a new generation of Nordic political leadership in global health by fostering stronger Nordic collaboration**, aligning global health strategies at a regional level, and advancing Nordic leadership on joint priority areas such as SRHR.
- **Denmark should take leadership in reform processes to promote accountable, efficient governance within global health multilaterals (UN and other GHIs)** by actively championing initiatives such as the Lusaka Agenda. This includes advocating for better spending practices, promoting flexible financing, and strengthening transparency and accountability mechanisms.
- **Denmark should enhance humanitarian cooperation with multilateral partners, emphasizing the protection of health personnel and patients in conflict zones, including through its non-permanent seat in the UN Security Council.** By advocating sustainable solutions and safeguarding health infrastructure, facilities, and medical teams, Denmark can strengthen its humanitarian profile while upholding international humanitarian principles.
- **Denmark should use its leadership role in climate to address the health crisis.** Recognizing the fact that climate change greatly exacerbates health challenges, Denmark should leverage its position in relevant global forums to take the lead in ensuring that climate funding is increasingly geared towards addressing climate-related health challenges.

⁴² Finansministeriet. Finansloven for 2024 ([link](#)).

III. Denmark should transition from being a donor to a partner in health

a. Grounding efforts in local priorities

To fulfil the Danish ambitions of advancing equal partnerships with public authorities and civil society, partnerships in health should be grounded in local priorities. The shift towards ‘localization’ in the global development and humanitarian sector emphasizes the importance of transferring decision-making power, resources, and leadership to local actors, such as governments, communities, and local NGOs. It aligns closely with the goals of national health system strengthening, which seeks to build resilient, effective, and equitable health systems by leveraging local expertise and resources. This shift recognizes that sustainable development outcomes, especially in health, are most effective when they are driven by those who understand the local context, culture, and needs. Particularly, involving community-based organizations and local leaders in healthcare delivery fosters people-centered, community-led approaches that are tailored to local contexts, which increases relevance, acceptance, and effectiveness.^{43,44,45,46}

In line with the localization agenda, Denmark’s new strategy for engagement with African countries (“Africa Strategy”) is based on the ambition of equal partnerships and respectful cooperation grounded in shared interests with African countries. As stated in Africa’s New Public Health Order, investing in African health systems is essential to achieve Africa’s own development ambitions as outlined in Agenda 2063, and an equally important and strategic investment for global health and economic security.⁴⁷ Investments on the African continent seem particularly urgent considering that Africa is the region with the smallest share of public spending allocated to health (7.3% of total public expenditure—or 4.9% of GDP—compared to the global average of 10.7%).⁴⁸ Furthermore, Sub-Saharan Africa is the region with the second-highest proportion of healthcare costs covered by out-of-pocket payments (30.4%), surpassed only by South Asia.⁴⁹ Out-of-pocket payments lead to significantly lower healthcare coverage, particularly for the poorest segments of the population, and contribute to pushing families further into poverty.

Given Africa’s health investment gap, prioritizing global health efforts—identified as a key focus by multilateral African institutions—in Africa would be a way to align Danish development efforts with priorities on the continent. However, skepticism from low-and middle-income countries—exacerbated by unequal COVID-19 vaccine distribution—to the collaboration approach of high-income countries means Denmark must also work to rebuild trust through equitable partnerships.

In line with Lancet’s Global Health 2050 report, it could be particularly effective to provide support in areas where local priorities intersect with specific health interventions that are reported to be effective in addressing premature deaths. The report proposes that *focused health investments* could drive dramatic improvements in human welfare by the middle of the century. The Commission identified 15 health conditions that account for the majority of the global gap in life expectancy (eight communicable diseases and

⁴³ Erku D, Khatri R, Endalamaw A, Wolka E, Nigatu F, Zewdie A, Assefa Y (2023). Community engagement initiatives in primary health care to achieve universal health coverage: A realist synthesis of scoping review. PLoS One. 18(5):e0285222. doi: 10.1371/journal.pone.0285222

⁴⁴ O’Mara-Eves, A., Brunton, G., Oliver, S. et al. The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis. BMC Public Health 15, 129 (2015). <https://doi.org/10.1186/s12889-015-1352-y>

⁴⁵ Abdalla S M, Koya S F, Jamieson M, Verma M, Haldane V, Jung A et al. Investing in trust and community resilience: lessons from the early months of the first digital pandemic BMJ 2021; 375 :e067487 doi:10.1136/bmj-2021-067487

⁴⁶ ALNAP (2021) Localisation re-imagined: Localising the sector vs supporting local solutions ([link](#)).

⁴⁷ Africa Centres for Disease Control and Prevention (2023). The New Public Health Order: Africa’s health security Agenda ([link](#)).

⁴⁸ WHO (2023) World Health Statistics report. Annex ([link](#)).

⁴⁹ World Bank Group (2024) Global Health Expenditure database ([link](#)).

maternal health conditions, seven noncommunicable diseases), and recommends prioritizing these to halve the likelihood of early death by 2050.

At the same time, the current political environment and the new Africa Strategy indicates a potential shift away from infectious disease prevention in Africa to NCDs, the continent where most of the LICs are situated, as stated before. With the launch of the new Africa Strategy, the government announced that it will close its embassies in two LICs, Mali and Burkina Faso, and open new embassies in lower-middle income countries Senegal, Rwanda and Tunisia. The Africa plan also signals a focus shift away from infectious diseases such as HIV and tuberculosis which are heavy disease burdens in LICs particularly in Africa, towards increased focus on NCDs and AMR.

The localization agenda is a critical component of health system strengthening in LICs, particularly in ensuring that external aid is used to strengthen local systems rather than replacing them. Donors can support localization by channeling funds through local governments and organizations, thus building long-term capacity and sustainability, and more importantly, by encouraging governments to invest in health, albeit in an incremental manner. It is important to note that funding for critical services, such as public health have been hampered by the serious debt crises that many countries are facing, with a large share of public spending going toward servicing public debt, instead of critical services. In Africa, countries on average spend 1.5 times more public funds on interest payments for debt than on their healthcare sectors.⁵⁰ Denmark has been supporting efforts to finding sustainable solutions to this debt crises, e.g. through being part of the Paris Club.⁵¹ It was also among the first countries to forcefully argue that debt cancellation and increased allocation of resources on favorable terms were the solutions to the debt problems of poor countries.⁵²

To position itself as an equal partner in its development cooperation efforts, the Expert Group recommends that:

- **Denmark should center its global health partnerships around country-driven and locally led priorities to identify mutually beneficial collaborations**, for instance through stronger health research partnerships, knowledge exchange and reciprocal capacity building.
- **Denmark should directly support regional health bodies and regionally distributed manufacturing and supply chains**, for instance through support to the African Union's "Agenda 2063" and New Public Health Order.
- **Denmark should actively promote sustainable financing and financial resilience in LICs to allow governments to pay for their own health services.** This includes advocating for debt relief to support LICs in prioritizing essential services and championing the crowding in of domestic financing of health, encouraging recipient governments to commit and fund basic health commodities while donors support systems and public goods such as R&D and digital health innovation.

⁵⁰ UNCTAD (2024), Debt at a glance database ([link](#)).

⁵¹ The Paris Club is an informal group of 22 creditor countries that collaborate to find sustainable solutions for debtor nations facing repayment difficulties, which originated in 1956. The Club is working closely with the International Monetary Fund and World Bank to uphold principles of international financial stability. Read more ([link](#)).

⁵² UN General Assembly (2003), 85th session. Letter dated 29 October 2003 from the Permanent Representative of Denmark to the United Nations addressed to the Secretary-General ([link](#)).

b. Leveraging unique Danish strongholds for better Danish support

In addition to grounding efforts in local priorities, Denmark should focus its health partnerships in areas where Denmark can make a unique contribution, leveraging Danish strongholds, convening power and expertise from across sectors. Rethinking Denmark's approach to global health partnerships will require Denmark to further pool and catalyze expertise, funding and know-how, not just from Danish efforts in international development but also from across the wider public sector, R&D community, private sector industries, foundations, and more.

When it comes to strongholds in international development and traditional global health, Denmark has a strong track record in building health systems domestically, and also internationally specifically around supply chains and building hospitals. Although health system strengthening may not currently be on top of the agenda of Danish development policy, the legacy remains. Denmark can build on its global expertise in health supply chains, including infrastructure, developed over the years, and share its expertise of domestic health systems strengthening efforts.

Furthermore, Denmark should think beyond traditional aid to explore new avenues of advancing global health partnerships, including cross-sector collaborations to make more of the Danish expertise and know-how available to partners. This includes advancing more research collaborations and exchanges in health programs to share Danish expertise with partners in LICs - and learn more from them. In addition, more innovative partnerships are needed across the wider Danish public sector, private sector and foundations, to pool and share more Danish know-how, expertise and innovations in health as global public goods. Rather than just benefitting the Danish society, the strong Danish experiences with health should be considered a significant asset that can be leveraged much more to build impactful and equal partnerships.

Denmark should also strengthen efforts to maximize synergies and catalyze funding in collaboration with leading industries and foundations working in health. Denmark hosts several major private companies and foundations working within health, including the world's biggest foundation. If Denmark manages to further pool funding and expertise from across sectors, the country is better positioned to be a global leader in innovative partnerships that can make a significant difference in addressing some of the major global health challenges facing the world today.

Denmark holds specific expertise in areas across multiple industries, that can inform effective and innovative health solutions globally. For example, Denmark has one of the world's most advanced biotech and life science clusters, driven by strong public-private collaborations. Denmark is recognized for its expertise in food innovation, producing high-quality, safe, and hygienic food products with significant national and international impact.⁵³ Furthermore, Denmark has a long track record in surveillance of antimicrobial consumption and resistance in bacteria from food animals, food of animal origin, and humans, for example through its DANMAP program the Danish Integrated Antimicrobial Resistance Monitoring and Research Program.⁵⁴

There is specific potential for Danish life science research institutions and companies to boost global access to affordable health products, supporting resilient and regional

⁵³ Danish Ministry of Foreign Affairs (2024). Doing Business in Denmark ([link](#)).

⁵⁴ DANMAP (2024). About DANMAP ([link](#)).

manufacturing and supply chains, especially in Africa. One of the biggest health-related challenges in Africa is that the continent is heavily dependent on the import of medicines and equipment from other parts of the world. Up to 95% of all medicines and 99% of all vaccines consumed in Africa are imported.^{55,56} This dependency leads to unstable and unequal access to medicine and equipment, which became a particularly significant problem during the COVID-19 pandemic. Although Africa has skilled researchers and a growing life sciences and biotechnology sector⁵⁷, there is a lack of capacity and infrastructure for innovation, research, development, and production of medicines that could lead to greater independence and growth—while simultaneously strengthening health and security on the continent.

Addressing the challenge by increasing production capacity would benefit both the Danish and African private sectors and increase access to life-saving medicines. As LICs undergo epidemiological transitions, NCDs such as diabetes, cardiovascular diseases, and cancers are becoming major health issues. Denmark has experience with NCD prevention and treatment and should invest in expanding its expertise to LICs. Danish initiatives could focus on education, prevention, and the development of health systems that can manage both infectious diseases and NCDs.

Investments in global health product development yield substantial returns. The Lancet Global Health 2050 report showed that about 80% of the decline in mortality in children younger than five years from 1970 to 2000 across 95 low-income and middle-income countries can be attributed to the dissemination of new health technologies.⁵⁸

To further leverage unique Danish strongholds for better Danish support, the Expert Group recommends that:

- **Denmark should apply its expertise in strengthening health systems domestically and in other countries to focus investments on resilient, integrated health systems with stronger primary health care**, including at the community level. This includes strengthening health system infrastructure, ensuring consistent and continuous access to essential health services, as well as training of healthcare personnel.
- **Denmark should embrace new types of partnerships and cross-sectoral approaches by developing solutions with relevant partners across climate adaptation, AMR, zoonotic diseases, food security, and nutrition.** This includes leveraging the Danish life sciences industry and food and agricultural sectors to address crosscutting challenges innovatively.
- **Denmark should make its expertise from life science R&D and health innovation globally available to support global access to affordable health products**, including by strengthening in-country and regional capacity, also through the EU, and promoting peer to peer partnerships and technology transfers.

⁵⁵ WHO (2021). Inside Africa's drive to boost medicines and vaccine manufacturing ([link](#)).

⁵⁶ Africa CDC (2022). Partnerships for African Vaccine Manufacturing (PAVM) Framework for Action, Version 1 ([link](#)).

⁵⁷ PLOS Global Public Health (2022) African biotech holds the key to transforming not just the health of African people, but our economies as well, November 29 ([link](#)).

⁵⁸ The Lancet Commission on Investing in Health (2024). *Global health 2050: the path to halving premature death by mid-century.* ([link](#))

IV. Denmark should make global health a national priority and approach it strategically

An enabling setup and strong civil servant capacity is essential for Denmark to reclaim and solidify its position as a global health frontrunner and to build a Nordic block for global health. Addressing the complex and interconnected challenges of global health requires a clear strategic vision, coupled with effective processes and cross-entity and cross-sector coordination. Enhancing civil servant expertise will further empower Denmark to navigate the multilateral system, influence international health agendas, and strategically direct larger global contributions toward innovative and impactful solutions.

For Denmark to become a global leader in global health, the Expert Group recommends that:

- **Denmark should prioritize global health in the next Danish strategy for development cooperation** to ensure stronger and more consolidated Danish efforts in global health going forward.
- **Denmark should develop a dedicated global health strategy** to strengthen the coordination of Danish global health efforts, including SRHR, across policy areas such as development, security, foreign policy and health.
- **Denmark should appoint a Global Health Ambassador** to coordinate health efforts and promote collaboration across all relevant Danish authorities, academia, civil society, private sector, and other sectors, leveraging and increasing synergies, as well as focusing on educating the Danish public on the importance of global health to ensure the sustainability of the support for global health investments.
- **Denmark should further invest in the talent pipeline for new global health champions and strengthen civil servant and technical capacity in the field** to fully leverage the global impact of Danish investments and position Denmark firmly as a leader in global health.

3. About the Danish Expert Group on Global Health

In August 2024, the Danish Alliance for Global Health commissioned the Expert Group on Global Health to provide tangible policy recommendations for ways to strengthen Denmark's engagement in global health.

The Expert Group brings together leading Danish and international experts with knowledge in global health, partnerships, and financing, constituting the following members:

- **Angela Y. Chang**, Associate Professor, University of Southern Denmark & member of the Lancet Commission on Investing in Health
- **Anna Frellsen**, CEO Maternity Foundation
- **Haifaa Awad**, Medical Doctor and Chairwoman, ActionAid Denmark
- **Justice Nonvignon**, Technical Director at Management Sciences for Health, and Professor at University of Ghana
- **Steven L. B. Jensen**, Senior Researcher, Danish Institute for Human Rights
- **Tobias Alfvén**, Professor, Karolinska Instituted
- **Ulla E. Müller**, Director, UNFPA Nordic
- **Vibeke B. Christensen**, Medical Doctor & Advisor for Doctors Without Borders

The expert group was tasked with developing recommendations, arguments and evidence for how to most effectively focus and strengthen Denmark's efforts within global health – now, and in the years ahead. The present report is the result of their collaborative efforts.

To develop the present report, the Expert Group embarked on a series of working sessions from August to December, including thematic deep dives, external presentations and focused readings. The discussions, as well as the pre-read materials developed for all sessions, were grounded in new knowledge and evidence from the global health field, including the recently launched report from the third Lancet Commission on Investing in Health, Global health 2050.

4. Appendix

List of abbreviations used

- **Africa CDC:** Africa Centres for Disease Control and Prevention
- **AIDS:** Acquired immunodeficiency syndrome
- **AMR:** Antimicrobial resistance
- **AU:** African Union
- **EU:** European Union
- **GHI:** Global health initiative
- **GNI:** Gross national income
- **HIV:** Human immunodeficiency virus
- **LDCs:** Least developed countries. The term "least developed countries" is used by the UN to refer to countries experiencing multiple vulnerabilities. As per August 2024, there were 45 countries designated by the United Nations as least developed countries, entitling them to preferential market access, aid, special technical assistance, and capacity-building on technology among other concessions. The majority of these countries are classified as "low-income countries" according to the World Bank classification.
- **LGBTIQ+:** Lesbian, gay, bisexual, transgender, intersex, queer or questioning and inclusive of other sexual orientations, gender identities, and expressions not explicitly listed, such as asexual, pansexual, and non-binary.
- **LICs:** Low-income countries. The World Bank Group assigns the world's economies to four income groups: low, lower-middle, upper-middle, and high. For the 2025 fiscal year, low-income economies are defined as those with a GNI per capita, calculated using the World Bank Atlas method, of \$1,145 or less in 2023.
- **NCDs:** Non-communicable diseases
- **NGOs:** Nongovernmental organizations
- **ODA:** Official development assistance
- **R&D:** Research and development
- **SRHR:** Sexual and reproductive health and rights
- **UN:** United Nations

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