United Nations Development Programme
HIV, Health and Development

# Annual Report 2016–2017

UNDP

*Empowered lives.*
*Resilient nations.*

United Nations Development Programme
HIV, Health and Development

# Annual Report 2016–2017

**UNDP**

*Empowered lives.*
*Resilient nations.*

# Acronyms

| | |
|---|---|
| ADP | Access and Delivery Partnership |
| APF | Asia Pacific Forum |
| CIS | Commonwealth of Independent States |
| EAC | East African Community |
| ECOSOC | UN Economic and Social Council |
| FCTC | Framework Convention on Tobacco Control |
| GDP | Gross domestic product |
| GHIT | Global Health Innovative Technology Fund |
| GoJ | Government of Japan |
| Global Fund | Global Fund to Fight Tuberculosis, HIV and Malaria |
| HLPF | High-Level Political Forum |
| IATT-SPHS | Interagency Task Team for Sustainable Procurement in the Health Sector |
| IDLO | International Development Law Organization |
| ILGA | International Lesbian, Gay, Bisexual, Trans and Intersex Association |
| ILO | International Labour Organization |
| HHD | UNDP HIV, Health and Development Group |
| LEA | Legal and policy environment assessments |
| LGBTI | Lesbian, gay, bisexual, transgender and intersex |
| LMIC | Low- and middle-income countries |
| NAC | National AIDS Council |
| NCD | Noncommunicable diseases |
| NGO | Non-governmental organization |
| NTD | Neglected tropical diseases |
| OHCHR | Office of the United Nations High Commissioner for Human Rights |
| PEPFAR | US President's Emergency Plan for AIDS Relief |
| SADC | Southern Africa Development Community |
| SDGs | Sustainable Development Goals |
| SOGI | Sexual orientation and gender identity |
| STI | Sexually transmitted infection |
| TB | Tuberculosis |
| UN | United Nations |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNDP | United Nations Development Programme |
| UNEP | United Nations Environment Programme |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations International Children's Emergency Fund |
| UNODC | United Nations Office on Drugs and Crime |
| USAID | United States Agency for International Development |
| WHO | World Health Organization |

# Contents

# Results Snapshot

UNDP's work on HIV and health makes a powerful contribution to Agenda 2030 and the commitment to leave no one behind. In 2016–2017, UNDP supported 127 countries to achieve SDG 3 and other health-related SDG targets by supporting countries to respond to the social, economic and environmental determinants of HIV and health.

## Key results in focus

**Gender equality**

**South Sudan:**
UNDP is working with the Government of South Sudan, the Global Fund and the International Organization for Migration (IOM) to train health care workers to address gender-based violence as part of mental health and psychosocial support programmes, particularly for women displaced by the three-year conflict.

**Latin America and the Caribbean:**
UNDP and the International Community of Women Living With HIV/AIDS (ICW+) supported a multi-region research study on violations of the rights of HIV-positive women and their partners in health care settings.

**South Africa:**
Supported by UNDP, the Africa Key Populations Expert Group advocated for social inclusion and facilitated the development of the South African National Sex Work HIV Plan.

**Asia:**
The 'Being LGBTI in Asia' initiative engaged with 130 government departments, 357 civil society groups, 17 national human rights institutions and 88 private sector organisations across 33 countries in policy dialogue, contributing to a greater capacity on improving LGBTI inclusion in development. The initative is being scaled up in Africa and Eastern Europe.

**Inclusion**

**Global Commission on HIV and the Law:**
UNDP supported 52 countries to conduct legal and policy environment assessments to determine the nature and extent of legal and policy barriers to accessing HIV services for people living with HIV and key populations.

**Arab States:**
UNDP and IDLO established a Middle East Network for Legal Aid, which supports civil society organisations providing legal aid to people living with HIV and key populations.

**Human Rights**

**Croatia:**
UNDP supported the government to develop a framework for NGO social contracting as a critical part of sustainable financing of national HIV responses, thereby ensuring adequate resources for civil society to deliver HIV and health services.

**NCD investment cases:**
UNDP and WHO supported eight countries to develop investment cases for NCD prevention and control. The cases examine how taxation of tobacco, alcohol and other health-harming products can improve health while providing governments with revenue to finance development.

**Sustainable Financing**

**Global Fund:**
UNDP's partnership with the Global Fund has saved 2.5 million lives between 2003 and 2016, and currently 2 million people living with HIV are receiving antiretroviral treatment. Through the partnership 870,000 TB cases were success- fully treated and 53 million bed nets have been distributed.[1]

**GHIT/ADP**
The Global Health Innovative Technology (GHIT) Fund is contributing to the discovery and development of new health technologies for TB, malaria and Neglected Tropical Diseases (NTDs) with 47 projects at the discovery stage, 18 projects at the pre-clinical stage and 16 projects at the clinical stage. The complimentary Access and Delivery Partnership is helping countries strengthen capacity for the introduction of such new health technologies.

**Resilience Building**

**India:**
UNDP, in partnership with the Government of India, has helped strengthen inclusive social protection schemes. The government provided a total of 1.04 million benefits, including pensions and food subsidies, to people living with or affected by HIV.

**Sudan:**
UNDP supported the government to reform national social protection policies. The Ministry of Social Welfare provides social protection support to all 5,000 members of the Sudanese Care Association of People Living with HIV through the Zakat Fund.

**Social Protection**

**Zambia:**
UNDP supported the government to pilot the installation of solar panels in 11 primary health clinics and will scale up the programme to provide solar power for 1,000 health facilities.

**Bhutan:**
UNDP and WHO supported the government to link climate data with epidemiological surveillance to take into consideration the impact of climate change on the incidence of malaria, Dengue Haemorrhagic Fever and other vector-borne diseases in the country.

**Planetary Health**

* Cumulative since the beginning of the UNDP-Global Fund partnership in 2003

# Overview

**2016 was the first full year of implementation of the 2030 Agenda for Sustainable Development (2030 Agenda) and the Sustainable Development Goals (SDGs) to eradicate poverty in all its forms, achieve universal health coverage and to create a more peaceful, inclusive and sustainable world.**

Planetary health, including human health, is core to sustainable development[1]. SDG 3 and other health-related targets seek to ensure health and well-being for all, at all ages, including in humanitarian and fragile contexts. Virtually all development challenges of the 21st century have the potential to profoundly affect health—including climate change, fragility and conflict within and between countries, economic and social disparities within countries, urbanization and the growing "youth bulge." Progress on many SDGs will only be possible by ensuring that policy and programming responses include efforts to address health.

In 2016, UNDP released a corporate strategy, titled *"The HIV, Health and Development Strategy 2016–2021: Connecting the Dots,"* which is fully aligned with the 2030 Agenda and contributes to UNDP's vision of eradicating poverty and reducing inequalities and exclusion. The strategy is also in line with the strategies of key partners like the Joint UN Programme on HIV/AIDS (UNAIDS), the Global Fund to Fight HIV/AIDS, Tuberculosis, and Malaria (Global Fund) and the World Health Organization (WHO). The strategy recognizes that solutions for complex development challenges require effective cross-sectoral approaches that address HIV and health.
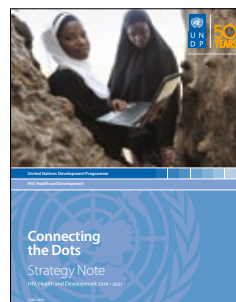
The 2017 High Level Political Forum (HLPF) Thematic Review of SDG 3 shows that despite major progress made during the Millennium Development Goals era, major health challenges remain[1]. In 2017, UNAIDS estimates show that new adult infections are estimated to have declined by 11% between 2010 and 2016. In high-prevalence settings, young women remain at unacceptably high risk of HIV infection. In eastern and southern Africa, for example, young women (aged 15–24 years) accounted for 26% of new HIV infections in 2016 despite making up just 10% of the population[2].

Key populations—including sex workers, people who inject drugs, transgender people, prisoners and men who have sex with men (MSM)—are 10 to 24 times more likely to acquire HIV than adults in the general population[3]. Harmful cultural and social norms, as well as punitive laws, policies and practices impede HIV prevention and treatment. It will be difficult to change the trajectory of HIV epidemics worldwide without a renewed focus on enabling legal and policy environments that protect at-risk communities and promote human rights and gender equality more generally.

· · · · · · · · · · · · · · · · · · ··

1. ECESA Plus, 2017. 2017 HLPF Thematic Review of SDG3: Ensure healthy lives and promote well-being for all at all ages.

2. UNAIDS, 2017. Global AIDS Update: Ending AIDS. Progress towards the 90-90-90 targets.

3. UNAIDS. Special analysis, 2016; Baral SD, Poteat T, Strömdahl S, Wirtz AL, Guadamuz TE, Beyrer C. Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. The Lancet Infectious Disease. 13(3): 214–222 March 2013

Tuberculosis (TB) has surpassed HIV as the leading cause of death from infectious disease[4]. In 2015, there were 40 million deaths due to noncommunicable diseases (NCDs)—70 percent of the global total of 56 million deaths[5]. Weak health systems remain an obstacle in many countries, resulting in uneven coverage and inadequate preparedness for health emergencies. Achieving the targets under SDG 3 and the other health-related SDG targets will require action beyond the health sector to effectively tackle social, environmental and economic factors that influence health outcomes that ensure equitable access to quality health services for all. Those include populations left behind and those who are the furthest behind because of gender, age, income, identity, geographical location or experiencing conflict or humanitarian disaster.

While there is a growing demand for multisectoral, whole of government and whole of society approaches to health and development, the UN system faces an increasingly challenging funding environment. Since 2010, there has been minimal growth in development assistance for health, and a shift has occurred for funding among different health issues, with relatively little growth for HIV, malaria and TB but increasing growth for maternal health and newborn and child health[6]. Donor funding to support HIV responses in low- and middle-income countries (LMICs) declined by US$511 million, from US$ 7.5 billion in 2015 to US$7 billion in 2016, falling to its lowest level since 2010[7]. Many LMICs are increasing domestic financing for health, and for the first time, domestic resources for health in Africa are larger than foreign development assistance in the sector[8]. These changes in the growth and focus of development assistance for health will impact HIV and health services in LMICs. Coordination between donors and programme country governments will become even more important in achieving universal health coverage and other health targets.

Such coordination and collaboration will require a more people-oriented approach to global health that abandons siloed, single-sector approaches in favour of scaling up strategies that deliver across multiple SDGs in a way that addresses the social, economic and environmental determinants of health. UNDP, together with other UN partners, is supporting national SDG implementation by convening stakeholders and strengthening national capacities to adapt, plan, track and deliver the SDGs and the commitment to leave no one behind. This approach includes supporting countries to analyse their HIV and health situation and identifying strategic opportunities for inclusion of HIV and health in SDG roadmaps.

· · · · · · · · · · · · · · · · · ··

4.  WHO, 2016. Global Tuberculosis Report. http://www.who.int/tb/publications/global_report/en/

5.  ECESA Plus, 2017. 2017 HLPF Thematic Review of SDG3: Ensure healthy lives and promote well-being for all at all ages.
    https://sustainabledevelopment.un.org/content/documents/14367SDG3format-rev_MD_OD.pdf

6.  Dieleman JL, Schneider MT, Haakenstad A, Singh L, Sadat N, Birger M, Reynolds A, Templin T, Hamavid H, Chapin A, Murray CJL.
    Development assistance for health: past trends, associations, and the future of international financial flows for health.
    The Lancet. 2016 Apr 13.

7.  Kaiser Family Foundation and UNAIDS report, 2017; Kates J, Wexler A, Lief E. Donor Government Funding for HIV in Low- and
    Middle-Income Countries in 2016.
    http://www.unaids.org/sites/default/files/media_asset/20170721_Kaiser_Donor_Government_Funding_HIV.pdf

8.  Global Fund, 2016. Domestic financing. https://www.theglobalfund.org/en/domestic-financing/

# Portfolio

## In 2016–2017, UNDP supported national HIV and health responses in 127 countries.

**46** countries supported with Global Fund grant implementation

**33** UNAIDS Fast Track countries supported

**29** UNAIDS other priority countries* supported

**30** countries supported on health procurement and supply management
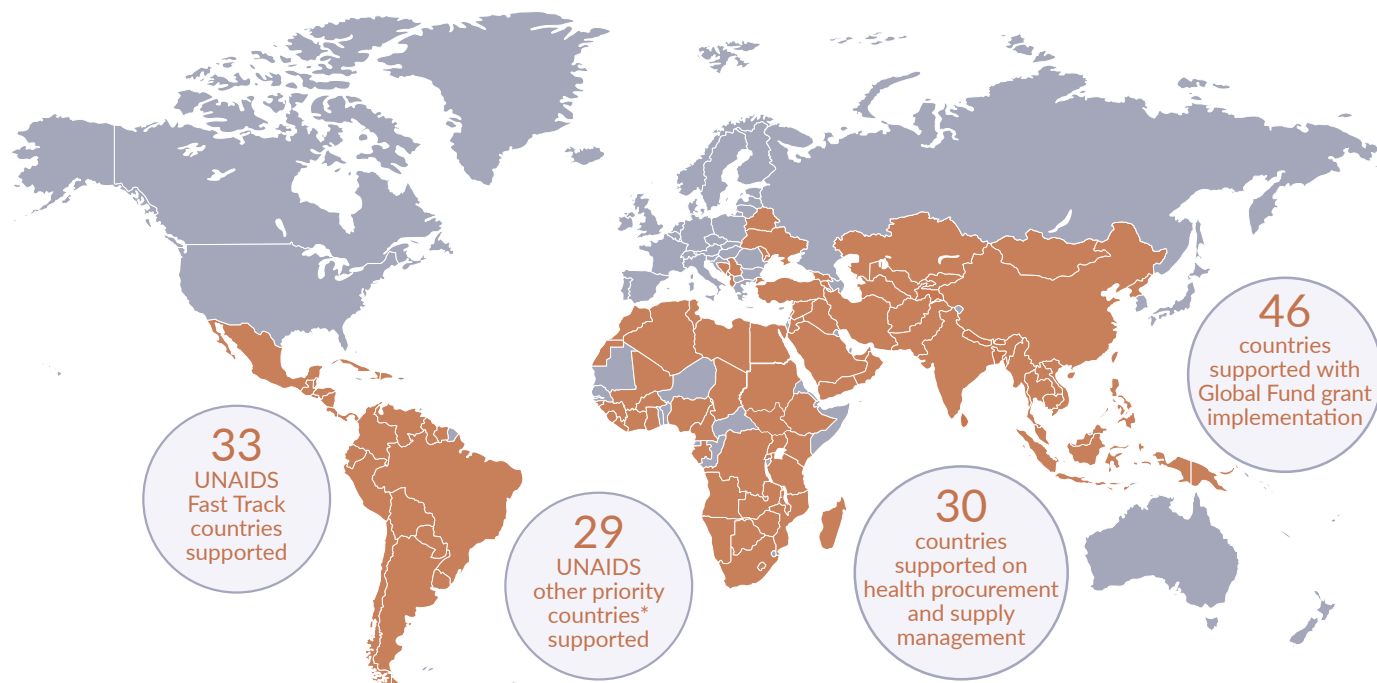
| | HIV | TB | Malaria | Other health work | Total |
|---|---|---|---|---|---|
| **Table 1: 2016 expenditure (US$) by disease/area** | | | | | |
| Africa | 190,960,586 | 15,448,527 | 38,981,910 | 14,499,936 | 259,890,959 |
| Asia-Pacific | 10,967,406 | 3,358,094 | 10,432,074 | 20,995,687 | 45,753,261 |
| Arab States | 14,191,529 | 13,040,514 | 49,786,998 | 1,155,937 | 78,174,978 |
| Eastern Europe and the CIS | 18,670,963 | 13,010,982 | 59,848 | 48,271,789 | 80,013,583 |
| Latin America and the Caribbean | 12,883,330 | 2,457,338 | 3,238,314 | 45,702,290 | 64,281,272 |
| Headquarters | 3,574,986 | 605,789 | 1,459,637 | 9,311,858 | 14,952,270 |
| Total | 251,248,800 | 47,921,244 | 103,958,781 | 139,937,498 | 543,066,322 |

*Countries with at least 1,500 new infections (2016 GAM estimates)

UNDP funding is provided entirely by voluntary contributions from UN Member States, multilateral organizations and other sources. These contributions are provided as regular (core) resources, or other resources earmarked for specific purposes.

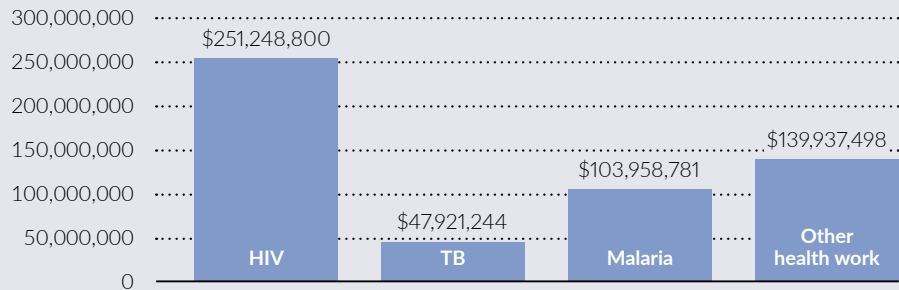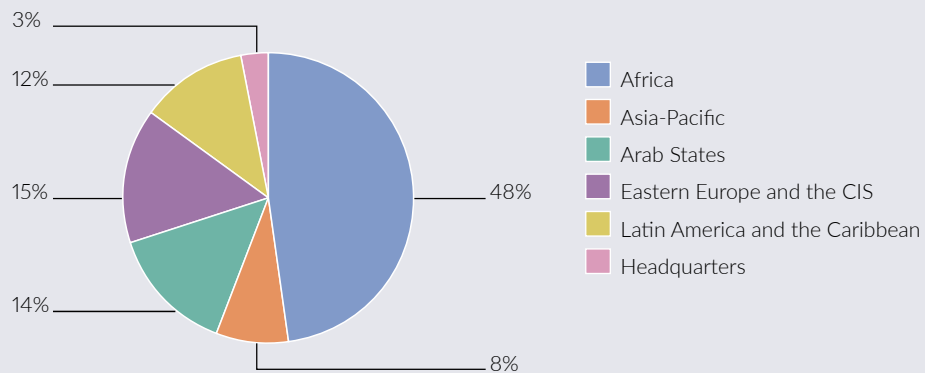## Figure 1: 2016 expenditure (US$) by disease/area



## Figure 2: Regional distribution of 2016 expenditure

# Partnerships

UNDP works with a wide range of partners across development sectors, including governments, civil society organizations, academia, key populations networks, UN agencies, multilateral and bilateral donors, and the private sector. UNDP's focus on resource mobilization and investment in more effective communication of results has been critical for strengthening partnerships and dealing with the impact of decreasing HIV-specific development assistance.

The partnership with UNAIDS is evolving: despite strong political support for the Joint Programme by the UNAIDS Programme Coordinating Board, UN Economic and Social Council and the UN General Assembly, the global commitment to end AIDS is not matched by adequate financing of the Joint Programme. In light of the financial challenges facing the UNAIDS co-sponsors and the Secretariat, Michel Sidibé, UNAIDS Executive Director, and Helen Clark, former Chair of the UN Development Group and UNDP Administrator, convened a Global Review Panel to make the Joint Programme 'fit for purpose' for the SDG era. The panel focused on three areas: joint working, governance and financing and accountability. The Panel proposed a revised operating model with a stronger focus on country level results and joint working.

The partnership with the Global Fund is also evolving. In October 2016, UNDP and the Global Fund concluded a new framework agreement that updates, improves and streamlines the terms of UNDP's engagement with the Global Fund regarding audit regime, access to records and recognition of special status of UN-sub recipients, among others. Work is continuing with the Global Fund on scaling up joint work in the areas of human rights, gender and key populations; capacity development for governments; and support for civil society organizations in country dialogues, grantmaking and social contracting.

Building on the experience of the UNDP-Global Fund partnership, the health procurement and Solar for Health portfolios continue to expand with increasing uptake from Country Offices and growing collaboration with the UN's work on sustainable procurement in the health sector, the Global Environment Facility and Green Climate Fund.

UNDP's work on health is done in close partnership with WHO, as co-sponsors of UNAIDS, as well as on numerous other health-related issues, particularly NCDs, the WHO Framework Convention on Tobacco Control (FCTC) and implementation of the social determinants of health agenda. At the country level, UNDP is supporting partners to implement WHO normative and technical guidance and promoting good governance to facilitate effective multisectoral action on health to advance progress on SDG 3 and other health related SDG targets. WHO is also a sub-recipient of 11 Global Fund grants in 7 countries where UNDP is the interim Principal Recipient, as well as for the Multicountry Western Pacific grant.

During 2016–2017, UNDP continued to diversify both its portfolio and donor base. UNDP received funding for work addressing the social and economic determinants of NCDs; this included funding from WHO for NCD investment cases as part of a UNDP-WHO joint programme. The Russian Federation has pledged US$1 million for the joint programme to work in an additional 11 countries to develop NCD investment cases. UNDP, in collaboration with WHO,

*Photo: Mónica Suárez Galindo/UNDP Peru*

has developed and disseminated multisectoral policy briefs to catalyse action on NCDs across relevant government sectors. A five-year programme in partnership with the WHO FCTC Secretariat has been initiated with support from the United Kingdom to support 15 LMICs in strengthening tobacco control governance.

Partnerships with the private sector are key to helping countries to achieve the SDGs. UNDP partners with the Government of Japan (GoJ) to support the GHIT Fund, which is a unique public-private partnership that leverages Japanese private sector expertise and capacity for health innovations to save the lives of poor people. The complementary UNDP-led Access and Delivery Partnership (ADP) strengthens the policies and capacities of  LMICs, thus accelerating access to new health technologies for TB, malaria and neglected tropical diseases (NTDs) for patients in need. In 2017, GoJ, private companies, the Bill & Melinda Gates Foundation and the Wellcome Trust committed more than US$200 million to GHIT; this also includes the GoJ commitment for additional funding of ADP. This investment will help to drive innovation for much-needed new medicines, vaccines and diagnostics for the prevention and treatment of TB, malaria and NTDs. It will also significantly accelerate access in countries where the burden of these diseases is having a profoundly negative effect on health, development and human security.

Funding for existing areas of work also continued to increase—for example, resources from GoJ for co-financing for HIV and health; funding from the Netherlands for the Global Commission on HIV and the Law follow-up in Africa, focused on young marginalized populations; a new Global Fund regional grant for HIV-related human rights work covering eight Caribbean countries; expansion of the LGBTI-inclusion work beyond Asia into Eastern Europe and Africa and funding from the Global Fund for scaling up Solar for Health.

# Results

**1    Reducing inequalities and social exclusion that drive HIV and poor health**

The 2030 Agenda pledges to leave no one behind. While the world achieved impressive development gains over the last few decades, the achievements have been inconsistent and have revealed that development itself does not ensure inclusion. The theory that development progress trickles down and reaches everyone has been called into question[9]. Evidence shows that addressing multidimensional poverty requires reaching people furthest left behind first[10].

The 2016 Human Development Report, titled *'Human Development for Everyone,'* found that one-third of the world's population continues to live in low human development contexts including in countries classified as having medium, high, or very high human development. In almost every country, there are great disparities among different groups. Certain sections of the population are more disadvantaged than others. These include women and girls, people living with HIV, lesbian, gay, bisexual, transgender and intersex (LGBTI) communities, persons with disabilities, ethnic minorities, migrants and refugees, indigenous peoples and older people. The disadvantages they face are multidimensional. Those who have been systematically excluded often face deep and persistent barriers that are embedded in laws, policies and local norms. They are also more vulnerable to impacts from shocks and crises.

Inequalities and social exclusion hamper development and lead to poor health outcomes, and vice versa. UNDP's achievements in this area contribute to achieving SDG 3 (good health and well-being) and health related targets in SDG 5 (gender inequality), SDG 10 (reduced inequalities), SDG 11 (sustainable cities and communities) and SDG 16 (peace, justice and strong institutions).

**1.1    Promoting gender equality and empowering women and girls**

Gender inequality and the lack of women's empowerment remain significant challenges to global progress on human development across all regions. In 2016, UNDP supported strengthening institutions to progressively deliver universal access to basic services and gender equality in 82 countries. Many of the results reported by Country Offices are related to UNDP's work on the rule of law and support for victims of sexual and gender-based violence, particularly in conflict settings. For example, in South Sudan, where the conflict has displaced over two million people, UNDP is working with the Government of South Sudan, the Global Fund and the International Organization for Migration (IOM) to train health care workers to address gender-based violence as part of mental health and psychosocial support programmes, particularly for women displaced by the three-year conflict. In Côte d'Ivoire, a gender desk has been established in 11 police stations and gendarmeries to ensure better prevention and care of victims of gender-based violence.

UNDP and WHO provided support to 20 countries on methods to integrate and strengthen national policies on HIV, gender-based violence and alcohol abuse. As a result of this work, national policies in Belarus, Botswana, Ghana, Malawi and Sierra Leone have either been amended or adopted to create integrated policies and programmes. Sierra Leone, Zambia and Zimbabwe

· · · · · · · · · · · · · · · · · ··

9.    https://www.imf.org/external/pubs/ft/sdn/2015/sdn1513.pdf

10. Countries with at least 1,500 new infections (2016 GAM estimates)
     http://www.undp.org/content/undp/en/home/librarypage/sustainable-development-goals/getting-to-the-last-mile-in-least-developed-countries.html

Abida, a nurse bringing critical care to underserved communities in Afghanistan. *Photo: UNDP*

This is Abida, who is training to be a nurse in a country where most women haven't finished primary school. Nurses are hard to find in Abida's village in Nuristan Province in eastern Afghanistan. In this isolated region, health facilities are limited and security concerns prevent many trained health care professionals from working in the area. A lack of health facilities in rural areas of Afghanistan, combined with a scarcity of female health workers, means that many women do not receive the health care they desperately need. According to WHO, around 40 percent of health facilities in Afghanistan have no female staff, which is a significant problem in a country where community norms often mean that women are not allowed to receive care from male health care workers. But women like Abida are determined to change the situation. Along with 200 classmates, she will graduate from nursing school this year and work in some of the poorest villages in her province. Set up by the Afghan Ministry of Public Health with support from UNDP and the Global Fund, the school is training a new generation of female health care workers.

have drafted national alcohol strategies that address the correlation between alcohol use, HIV transmission and gender-based violence; Belarus, Botswana, the Democratic Republic of Congo, Malawi and Zambia have integrated plans to address alcohol abuse, HIV and gender-based violence into their Global Fund Programmes. Combining policies and programs in these three areas contribute towards improved public health, safety for women and overall national development.

National HIV responses, strategic plans and policies must integrate and reflect gender equality and the rights of women and girls. UNDP supported 27 countries in developing and implementing policies or actions that addressed gender equality in their national HIV and AIDS plans and also promoted sex disaggregation of data as a key component of gender-responsive public investments and budget frameworks.

UNDP worked in partnership with networks of women living with HIV and key population groups to engage them in decision-making processes to strengthen gender-responsive and human-rights based HIV and health responses. UNDP, the United Nations Population Fund (UNFPA) and UN Women have provided technical support to networks of women living with HIV and sex-worker organizations in 15 countries to develop Global Fund concept notes. UNDP, UN Women and the UNAIDS Secretariat helped establish the International Community of Women Living with HIV in the Asia Pacific region. This community is the first autonomous network of women living with HIV in the region. In the Caribbean, UNDP provided capacity-strengthening support to the Caribbean Sex Worker Coalition, enabling them to monitor human rights violations. In collaboration with networks of women living with HIV in Asia Pacific and Latin America and the Caribbean, UNDP supported a multi-region research study on violations of the rights of HIV-positive women and their partners in health care settings. The results of the study will be used to shape policy and programmes to reduce stigma and discrimination in health care settings.

## 1.2    Inclusion of key populations at risk of HIV and other excluded groups

In June 2016, world leaders adopted the United Nations Political Declaration on HIV and AIDS *'On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030.'* The AIDS 2017 update showed that outside of sub-Saharan Africa, key populations and their sexual partners accounted for 80% of new HIV infections in 2015. In sub-Saharan Africa, key populations and their sexual partners are also important: in 2015, 25% of new infections occurred among these populations, underlining the importance of reaching them with services[11].

UNDP has supported countries to promote and protect the rights of key populations by ensuring that regional and national policies and programmes are inclusive and address the needs of key populations. UNDP has supported networks of key populations across regions and worked to advance non-discriminatory access to HIV and health-related services.

. . . . . . . . . . . . . . . . . ..

11.  UNAIDS, 2017. Global AIDS Update: Ending AIDS. Progress towards the 90-90-90 targets.
     http://www.unaids.org/en/resources/documents/2017/20170720_Global_AIDS_update_2017

Malu, overcoming stigma and discrimination in Cuba. *Photo: UNDP*

This is Malu. As a trans person in Cuba, she experienced stigma and discrimination in the village where she grew up. She dropped out of school and moved to Havana to find a community that was more accepting of her. Across the world, LGBTI people experience discrimination and human rights violations in the form of exclusion, harassment and hostility throughout everyday life, including in public, the workplace and school. Reports of LGBTI people being subjected to physical violence and other abuses—including torture, executions and arrests under unjust laws and censorship—are widespread. Furthermore, discriminatory laws make it difficult for transgender people to secure recognition of their sex in official documents. And when it comes to health services, countless LGBTI people have been denied access to health care and treatments needed for optimum health. UNDP-Global Fund supported government initiatives have drastically improved the situation for the LGBTI community in Cuba, including scaling up access to health care for those living with HIV. Malu now works for the National Center for Sexual Education as part of the national coordination team to raise awareness on trans issues to help change perceptions of and attitudes towards LGBTI people.

UNDP, together with the United Nations Educational, Scientific and Cultural Organization (UNESCO), International Labour Organization (ILO), Office of the United Nations High Commissioner for Human Rights (OHCHR) and the Asia Pacific Forum of National Human Rights Institutions (APF), supported countries to implement the 'Being LGBTI in Asia' initiative. This initiative addresses inequalities, violence and discrimination as a result of sexual orientation, gender identity or intersex status to promote universal access to HIV and health-related services for LGBTI people. The initiative supported policy dialogue with 130 government departments, 357 civil society groups, 17 national human rights institutions and 88 private sector organizations across 33 countries. Based on the experience of the 'Being LGBTI in Asia' initiative, UNDP supported the development of similar programmes in 14 countries in Africa and five countries in Eastern Europe, with support from USAID.

The Africa Key Populations Expert Group (Expert Group) is comprised of 35 individuals representing four key population communities—MSM, people who use drugs, sex workers and transgender people—from 16 countries in Africa. Supported by UNDP, the Expert Group work supports efforts to promote social inclusion and change the norms that perpetuate unequal power relations. The Expert Group developed a model strategic framework on HIV for key populations that has been used by such regional bodies as the East African Community and the Southern Africa Development Community to inform their strategies and programmes. Key population organizations and national-level actors are also using the framework to inform the planning, implementation and monitoring of HIV and health programmes. In South Africa, the Expert Group representatives influenced the language used in the South African National Strategic plan and facilitated the development of the National Sex Work HIV Plan. In Senegal, Expert Group representatives helped design a project on managing and sensitizing the risks related to drug use and adopting practices to lower the risks for active users.

In the Arab States, UNDP, together with the United Nations Office on Drugs and Crime (UNODC), the International Development Law Organization (IDLO) and the UNAIDS Secretariat, led a policy dialogue between civil society organizations working with key population groups and law enforcement officers from six countries. The dialogue resulted in a commitment from both sectors to work jointly at the country level to address legal barriers that hinder access to services for key populations.

## 1.3    Urbanization, HIV and health

UNDP's Sustainable Urbanization Strategy[12] outlines how UNDP is responding to rapid urbanization in developing countries and its consequences for sustainable development. The strategy presents the complex urban challenges and the interrelated development choices that cities face as they strive to achieve the SDGs and implement the New Urban Agenda. For instance, cities are key contributors to many environmental problems, such as air and water pollution, as well as waste management problems, which increase health and safety risks.

. . . . . . . . . . . . . . . . . ..

12.  UNDP, 2016: UNDP Sustainable Urbanization Strategy.
      http://www.undp.org/content/undp/en/home/librarypage/poverty-reduction/sustainable-urbanization-strategy.html

Humsafer Trust and Voluntary Health Services. *Photo: UNAIDS*

Humsafar Trust and Voluntary Health Services, two Indian non-governmental organizations, were sub-recipients of the Multi-Country South Asia Global Fund HIV Programme, which focused on responding to the HIV epidemic among MSM and transgender people in South Asia. The two groups supported strengthening community-based organizations, civil society and HIV service providers; improving the local policy environment through sensitization of government, judiciary, law enforcement and media on issues of sexual orientation and gender identity (SOGI) and HIV; and reducing stigma and discrimination in the health sector. Through this programme, the Humsafar Trust and VHS trained 1,667 policymakers, police officers, lawyers and municipality staff on SOGI issues in India. They also trained 2,920 community members on service delivery, implementation of the National Legal Services Authority v. Union of India (NALSA) judgement and on the National AIDS Control Organization guidelines on MSM and transgender people. As a key component to creating a more enabling environment, 99 health care providers were trained on the issues of stigma and discrimination in health care settings through the Time Has Come training package. The programme contributed to increasing access to HIV services for MSM and transgender people and creating an enabling policy environment at the municipal level.

Responses to urban poverty also need to consider the influence of factors such as living environment and health care.

Cities also offer important opportunities to end the AIDS epidemic globally by 2030. Two hundred cities account for approximately a quarter of the world's people living with HIV[13]. Since 2011, UNDP and UNFPA have been supporting the development and implementation of targeted municipal action plans on HIV to scale up its prevention, treatment and care services within a rights-based framework focusing on key populations. The efforts under the Urban Health and Justice Initiative focus on two main approaches in 42 cities worldwide: (1) capacity development of municipal authorities to improve access for key populations to rights-based HIV and health services; and (2) capacity development of key populations to promote and protect their health and human rights, including increasing their access to and uptake of HIV and legal services. These efforts are integral to the UNAIDS Fast-Track Initiative.

Significant progress has been made in Africa. South Africa has the highest number of people living with HIV in the world, with half of all new HIV infections in the country concentrated in 19 municipalities. UNDP, together with the Joint UN Team on HIV, supported these municipalities to identify gaps in their responses and revise their plans to include strategies to accelerate reaching the UNAIDS 90-90-90 Fast-Track targets for HIV and TB. In Zambia, the cities of Kitwe, Livingstone, Lusaka, Ndola and Solwezi developed HIV and AIDS investment cases with technical and financial support from UNDP and the Joint UN Team on HIV. In the Democratic Republic of Congo, UNDP partnered with the mayors of Matete, Barumba, Bandalugwaw, Lemba and Kalamu as well as with the NGO Progrès Santé Sans Prix (PSSP) to sensitize communities on HIV, human rights and sexual reproductive health. These campaigns were coupled with voluntary HIV testing, which reached 3,000 sex workers, LGBTI people and people who inject drugs.

The Multi-Country South Asia Global Fund HIV Programme covered seven countries: Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan and Sri Lanka, aiming to reduce the impact of and vulnerability to HIV of MSM, hijras and transgender people. The programme has helped strengthen the capacity of community-based groups, and expanded coverage of HIV prevention and testing services. It has also resulted in reviews and reforms of laws and policies hindering access to services for MSM and transgender people. Progress has been made in municipalities in Afghanistan and Pakistan, both crisis-affected countries, where service provision has reached more than 160,000 people since 2014 with more than 35,000 people getting tested for HIV (and knowing their results) and 23,000 cases of sexually transmitted infections being treated.

In Guyana, UNDP provided support to the municipalities of Linden and New Amsterdam to adopt decrees on non-discrimination for people living with HIV and people living with disabilities. New Amsterdam has established an HIV testing and counselling centre for key populations and provides human rights training and HIV-sensitization for health workers and law enforcement authorities.

. . . . . . . . . . . . . . . . . ..
13. UNAIDS, 2014: The Cities Report.

## 2 Promoting effective and inclusive governance for health

Health inequities within and between countries cannot be addressed within the health sector or at national level alone, but require strengthening governance[14]. Agenda 2030 provides an opportunity for stronger cross-sectoral global, regional and national action for health to ensure inclusive governance structures and multi-sectoral partnerships to plan, finance and deliver health and related services.

UNDP is supporting countries to improve legal and policy environments to protect the most vulnerable people and strengthen governance capacities and processes to better respond to and deliver on HIV, health and related development challenges. UNDP's work on effective and inclusive governance for health contributes to achieving SDG 3 (health and well-being) and health-related targets in SDG 5 (gender equality), SDG 10 (reducing inequalities) and SDG 16 (peace, justice and strong institutions).

### 2.1 Enabling legal, policy and regulatory environments for HIV and health

In the five years since the launch of the report of the Global Commission on HIV and the Law, significant progress has been made in supporting countries to expand human rights programming, including strengthening legal and policy environments for HIV and increasing access to justice. Under the leadership of UNDP, UNAIDS co-sponsors and its Secretariat worked with governments and civil society to conduct national dialogues in 62 countries

**The African Regional Judges Forum** discusses HIV and TB-related jurisprudence as part of a UNDP initiative to sensitize senior judges and uphold the rights of people living with and vulnerable to HIV in Africa. The Forum was initiated by judges and established after the release of the report of the Global Commission on HIV and the Law.

The judges have heard from and interacted with people living with HIV and TB, sex workers, transgender people, MSM and people who inject drugs. They have also heard from other judges who have made ground-breaking rulings regarding HIV and human rights. Through case-law discussions, the judges can compare cases among different African jurisdictions and share good practices on promoting and protecting human rights, including the right to health.

Judges involved in the regional forum have delivered important rulings. For instance, in Kenya, in a case where TB patients were confined in prisons for treatment, a forum judge ruled that imprisonment of TB patients is unlawful, unconstitutional and a violation of their fundamental human rights to movement, dignity and security. The Kenyan court ordered an immediate stop to this practice.

In 2017, a Malawi High Court judge and a member of the forum acquitted a woman living with HIV who had been sentenced to nine months' imprisonment with hard labour for breastfeeding. The case challenged the application of criminal law to cases of HIV trans-mission and exposure. The judge cautioned against drafting specific offenses to deal with HIV and stressed the importance of respecting the rights to privacy of and due process for people living with HIV.

. . . . . . . . . . . . . . . . . ..

14. The Lancet. The political origins of health inequity: prospects for change: Report of the Lancet – University of Oslo Commission on Global Governance for Health. The Lancet, Volume 383, No. 9917, p630–667, 2014) http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(13)62407-1.pdf

on addressing the legal and policy barriers to HIV services for people living with HIV, key populations and vulnerable populations, as well as completed and validated legal and policy environment assessments (LEAs) in 52 countries. The follow-up to the LEAs brought about many positive results, including the decriminalization of male-to-male sex in the Seychelles and Belize; the passage of the Ghana AIDS Commission Bill into law, which includes anti-stigma provisions and establishes an AIDS fund; and the development of an action plan in Lesotho to decriminalize HIV transmission.

Consistent with the recommendations of the Global Commission on HIV and the Law, UNDP conducted capacity strengthening of judges, lawyers, parliamentarians, law enforcement officers and health workers on human rights, the law and HIV and TB in 17 African countries. In the Arab States, UNDP collaborated with IDLO to establish a Middle East Network for Legal Aid, which supports civil society organisations providing legal aid to people living with HIV and key populations. In support of the Global Fund HIV grant in Panama, UNDP conducted human rights training for health care providers, correctional services and civil society. This work helped to strengthen access to justice programmes, to ensure non-discriminatory HIV and health services and to protect, uphold and fulfil the rights of people living with and affected by HIV.

As part of the UNICEF/UNAIDS All In! initiative, UNDP has reviewed age-of-consent laws in the 25 All In! priority countries to inform strategies for reform to increase access to HIV services for young people. The review will support countries to ensure age of consent laws are (1) non-contradictory; (2) apply to all adolescents, irrespective of sex, gender, sexual orientation or gender identity; (3) reflect the evolving capacity, age and maturity of the adolescent; and (4) consider the circumstances of certain adolescents, e.g. their risk of HIV infection and/or the absence of a parent or guardian.

The report of the Global Commission on HIV and the Law also made recommendations on access to treatment. At the end of 2015, in response to one of the Commission's recommendations, former UN Secretary General Ban Ki-moon launched a High-Level Panel on Access to Medicines. UNDP, working with the UNAIDS Secretariat, served as the Secretariat for the Panel. It was tasked with recommending solutions for resolving policy incoherence between the rights of inventors, international human rights law, trade rules and public health within the context of health technologies. The Panel report sends a simple but powerful message: no one should suffer because he or she cannot afford medicines, diagnostics or vaccines. The report makes recommendations to incentivize innovation where the current model has failed to deliver new medicines, diagnostics, vaccines and devices. It also recommends increasing access for those who need these technologies. The report is being discussed in various fora, such as the TRIPS Council, the Human Rights Council, the World Health Assembly and the UNAIDS Programme Coordinating Board. UNDP is also working with partners to support countries to advance the Panel's recommendations.

UNDP partners with the GoJ to support two complementary initiatives that address the innovation and access gap for NTDs, TB and malaria. The GHIT Fund which aims to promote the discovery and development of new health technologies for TB, malaria and NTDs has a

**Treating schistosomiasis in Tanzania.** *Photo: UNDP*

Tanzania, like many African countries, is still dealing with a number of tropical diseases. These include malaria, dengue and schistosomiasis. Also known as snail fever, schistosomiasis is a parasitic disease carried by fresh-water snails. It is one of the most widespread tropical diseases in the world after malaria, affecting more than 249 million people globally, including 100 million children. Only 27% of the 10.8 million people in Tanzania who require preventive treatment for schistosomiasis received it in 2014. The Access and Delivery Partnership—led by UNDP in collaboration with the WHO Special Programme for Research and Training in Tropical Disease and PATH—helps build national capacities to deliver new health technologies for TB, malaria and NTDs like schistosomiasis. Part of ADP's efforts in Tanzania include ensuring that preventive medication for schistosomiasis reaches patients in areas that are most vulnerable. To do so, ADP supports training front-line health workers to deliver treatment to schoolchildren. Thanks to support from the GoJ, Tanzania is one of three countries where ADP is working in partnership with national stakeholders to improve health outcomes, including keeping children free of schistosomiasis.

portfolio of 81 funded projects totalling approximately $98.6 million. It is contributing to the discovery and promotion of new technologies for TB, malaria and NTDs through a platform aimed at fast-tracking the drug-discovery process and facilitating the screening of compounds that show promise as potential treatments for TB, malaria and NTDs. Currently, 47 projects are at the discovery stage, 18 at the pre-clinical stage and 16 at the clinical stage.

The complimentary Access and Delivery Partnership aims to strengthen the capacities of low– and middle-income countries to absorb and introduce new technologies to people in need. ADP supported the development of the African Union Model Law on Medical Product Regulations, which was adopted in January 2016. The Model Law aims to improve access to medicines by harmonizing medicine regulations and sharing knowledge across countries in Africa. In Tanzania, ADP supported the government to improve efficiency and reliability of the supply chain of NTD medicines by addressing bottlenecks and cost inefficiencies in the $100 million national NTD control programme. ADP tools and training were used by the network of 67,000 health workers/volunteers, who administer medicines to a population of 50 million people at risk of NTDs. In Ghana, ADP supported the Ministry of Health in developing Ghana's National Medicines Policy 2016–2020, which provides guidance for regulatory control of the pharmaceutical sector. That in turn will support the introduction of new health technologies for TB, malaria and NTDs. ADP's support to Indonesia's national pharmacovigilance programme is generating evidence for decision-making on the use of new treatments and meeting a treatment gap for more than 32,000 Indonesians with multidrug-resistant TB.

## 2.2    Strengthening governance to address NCDs and accelerate tobacco control

Cardiovascular disease, diabetes, cancer and chronic respiratory diseases, also known as non-communicable diseases, are the world's biggest killers. Approximately 16 million people die prematurely from NCDs annually. Although NCDs are often perceived as a problem of high-income countries, LMICs now bear the brunt of these diseases. It is estimated that cumulative losses in economic output in LMICs as a result of NCDs could exceed US$20 trillion by 2030[15].

UNDP is working closely with WHO to improve national capacities and advocate multi-sectoral approaches for the prevention and control of NCDs and tobacco control. In 2016, UNDP together with WHO continued engagement in country missions of the UN Interagency Task Force on NCDs, supporting Zambia, Oman, Kyrgyzstan, Paraguay, Turkey and Viet Nam to carry out NCD specific institutional and context analyses to help the governments and the UN Country Teams to identify and overcome bottlenecks.

For example, Zambia is experiencing a fast-rising burden of NCDs, such as cancer, amid continuing high rates of HIV, malaria and other infectious diseases. The UN Interagency Task Force mission to Zambia resulted in high-level political commitment from the First Lady and Vice President to support a multi-sectoral response to NCDs. UNDP and WHO also provided direct technical support to Mongolia, Fiji, Kyrgyzstan and Belarus by building the capacity of health ministries to make the economic case for investing in NCD responses.

UNDP, the FCTC Secretariat and WHO began implementing a five-year multicountry programme on tobacco control governance in LMICs. In 2016, Mozambique ratified the FTCT with support from UNDP, and four FCTC needs-assessment missions were undertaken in Costa Rica, Bolivia, El Salvador and Lebanon to support countries in strengthening tobacco-control policies and improve overall health.

15.  World Economic Forum and Harvard School of Public Health. Report on global economic burden of non-communicable diseases. 2011
     http://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf
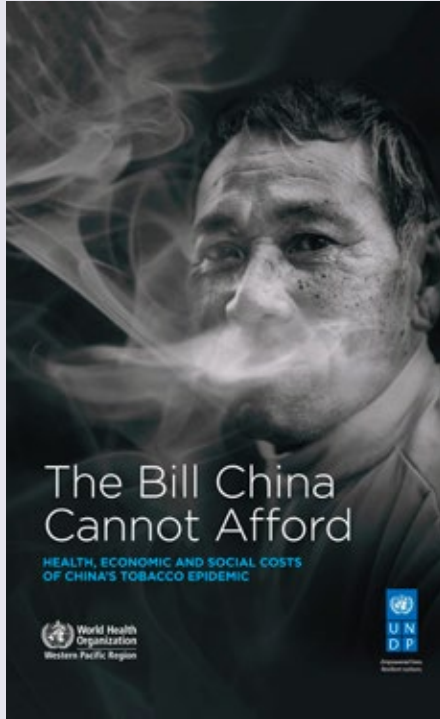
Tobacco use kills approximately six million people globally every year and is a significant threat to health and development. It is one of the main risk factors driving the growing epidemic of NCDs. China is the epicentre of this epidemic and lies at the heart of global efforts to stop it. A staggering 44% of the world's cigarettes are smoked in China. One million people die of tobacco-related diseases in China every year, many of them in the prime of their productive years. China is also the world's largest producer and consumer of tobacco.

UNDP and WHO worked with the Chinese government on a ground-breaking study of the detrimental socio-economic costs of tobacco use and the impact on development, particularly pertaining to the poor and the most vulnerable. The study has been used to trigger policy dialogue not only among policymakers, government officials and health professionals, but also among economists, academics and civil society about the need for much stronger tobacco-control efforts in China. Such policies cannot only improve health but also help build a more sustainable and inclusive economy and society.

## 2.3 Sustainable financing for HIV and health

Countries that were once heavily dependent on donor financing to fund their national HIV and health responses have in the last few years allocated more domestic financing for HIV and health. However, estimates show that investments in HIV programmes in LMICs will need to increase by about one-third from $19.2 billion in 2014 to $26.2 billion in 2020 if countries are to meet the UNAIDS Fast-Track 90–90–90 targets[16].

Ensuring the sustainability of national HIV and health responses requires innovative approaches to financing that will contribute to universal health coverage and reduce health inequalities and financial hardship on the poor. A practical example of an innovative approach to financing is a cross-sectoral, co-financing method with accompanying operational tools that UNDP developed with the London School of Hygiene and Tropical Medicine. The co-financing method was designed to support cost-effective and sustainable health investments in countries. UNDP is supporting governments, development partners and other stakeholders pool their resources to fund mutually beneficial HIV and health interventions. With support from the GoJ, Ethiopia, Malawi, South Africa and Tanzania used the tools to develop co-financing models organized

. . . . . . . . . . . . . . . . . . ..

16. http://files.kff.org/attachment/Financing-the-Response-to-HIV-in-Low-and-Middle-Income-Countries-International-Assistance-from-Donor-Governments-in-2015

around their national priorities. The GoJ has also supported UNDP to develop, implement and integrate the co-financing method in Ghana, Kenya and Zambia.

UNDP worked with regional entities in eastern and southern Africa to advance sustainable financing for HIV and health. As a member of the East African Community (EAC) technical working group on Sustainable Financing for Health, UNDP supported the analysis and development of an action plan for sustainable financing for universal HIV and health coverage. Similarly, UNDP supported the Southern Africa Development Community to develop a framework of action on sustainable financing for HIV and health. The African Union, with support from UNDP, has developed an African scorecard on sustainable financing for HIV and health. UNDP's support to develop sustainable financing approaches for HIV and health extended to 10 countries in Eastern Europe and Central Asia. UNDP supported governments and civil society to develop roadmaps for social contracting to facilitate implementation of jointly prioritized interventions by civil society, government and other partners. This support is especially important given the strong push by the Global Fund and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) to transition to more domestic funding for HIV responses in middle-income countries and to ensure that NGOs continue to be financed as providers of HIV-related services to key populations.



**Social contracting in Croatia.** *Photo: UNDP*

International funding for the HIV response in Eastern Europe and Central Asia has undergone significant changes in recent years. While many countries in the region are still heavily dependent on external funding for their national HIV responses, new eligibility criteria from the Global Fund place higher demands on domestic financing sources, leaving some countries no longer eligible for further Global Fund support. UNDP, in close collaboration with UNAIDS co-sponsors and Secretariat provided technical support to countries to: (1) optimize investments in HIV programmes using a rights-based approach; (2) advise on more cost-efficient investment approaches using domestic and international funding sources; and (3) advocate for NGO social contracting as a critical part of sustainable financing of national HIV responses. Through this support, the critical role of NGOs in Croatia in providing essential HIV services to key populations was acknowledged, and a framework for NGO social contracting was established. At a time when civic space is being challenged in many places, NGO social contracting is a vital strategy for delivery of HIV and health services and ensuring adequate resources for civil society.

In 2016, UNDP worked with the African Development Bank to support 11 countries to integrate HIV, health and gender into environmental impact assessment (EIA) processes. This work offers other health financing opportunities that can increase domestic financing for health. For example, UNDP has strengthened the capacity of a SADC-funded project in Botswana that focuses on mainstreaming HIV, gender and human rights into three core non-health sectors: infrastructure and works; minerals, energy and water resources; and transport and communications. UNDP guidance on integrating health into EIA processes was updated in 2016 to capture the many lessons learned since the initiative began in 2012.

## 3    Building resilient and sustainable systems for health

SDG 3 and Target 3.8 on universal health coverage emphasize the importance of all people and communities having access to quality health services without risking financial hardship. Every year 100 million people are pushed into poverty because they have to pay for health services directly[17]. Resilient and sustainable systems for health are an essential building block of universal health coverage. Without resilient systems for health, populations are left vulnerable to infection and disease, which has an impact on the well-being of individuals, families and countries.

UNDP's achievements in building sustainable and resilient systems for health contribute to the success of SDG 3 (health and well-being) and health related targets of SDG 1 (reducing poverty), SDG 6 (clean water and sanitation), SDG 7 (energy for all), and SDG 12 (responsible production and consumption).

### 3.1    Implementation support and capacity development for large-scale health programmes

UNDP's partnership with the Global Fund to support and strengthen national responses to HIV, malaria and TB saved 2.5 million lives from 2003 to 2016. UNDP's approach combines operational strength, capacity development and policy expertise for large-scale health programmes, especially in challenging environments and fragile contexts. As of June 2017, UNDP was managing 36 grants in 19 countries, with three regional programmes covering another 27 countries for a total portfolio value of $1.4 billion and a 2016 expenditure of $398 million.

| Global Fund portfolio |
| --- |
| ■ Interim PR in 19 countries + three regional grants |
| ■ Signed agreements = $1.4 billion |
| ■ 2016 expenditure = $398 million |

Two million people living with HIV are currently receiving anti retroviral (ARV) treatment through the UNDP-Global Fund partnership. Since the beginning of the partnership, two million doctors, nurses and community health workers have been trained; 38 million people received HIV counselling and testing; and 750,000 pregnant women received ARV treatment to prevent mother-to-child-transmission of HIV. In addition, 870,000 TB cases were successfully treated, with 14 countries achieving a treatment success rate for TB of more than 80 percent and eight countries decreasing TB-related mortality by more than 50 percent.

. . . . . . . . . . . . . . . . . . ..

17. http://www.who.int/features/factfiles/universal_health_coverage/facts/en/

**Aziz, surviving multidrug-resistant TB.** *Photo: UNDP*

This is Aziz. Just two years ago, his cellmates were carrying him to the prison doctor, because he was too ill to stand. At the prison TB hospital, Aziz was diagnosed with multidrug-resistant TB. The doctors began treatment immediately. The hospital is one of several supported by UNDP's partnership with the Global Fund, aiming to reach people at higher risk of TB in Kyrgyzstan. In coordination with the government, the partnership provides prison hospitals with medicines and laboratory supplies. Aziz was eventually released from prison and now takes pills every day, supervised by a nurse. He also takes monthly tests to make sure the treatment is working. To help encourage and support patients to adhere to treatment, UNDP and the Global Fund also provide financing to cover transportation fees to and from medical facilities. This support has been vital for Aziz, whose treatment is working and who is committed to beating TB and rebuilding his life.

## UNDP & Global Fund Results

**UNDP & GLOBAL FUND WORKING IN:**

### 50
### COUNTRIES

*Includes countries covered by national and regional grants, and countries where UNDP provides procurement and capacity development support*

### 2.5 MILLION
### LIVES SAVED

*Meaning 2.5 million people can live fuller and more productive lives, support their families and contribute to their communities*

**9 countries**
introducing HIV and TB prevention treatment and care programmes for young women and girls

**6 countries**
improving TB prevention, treatment and care in prisons

**21 countries**
training health care providers on human rights and HIV

**24 countries**
reducing HIV stigma and discrimination

**PEOPLE REACHED:**

### 65 million
cases of malaria treated

### 53 million
bed nets distributed to protect families from malaria

### 2 million
people currently on HIV treatment

### 750,000
pregnant women received antiretrovirals to prevent mother to child transmission of HIV

### 870,000
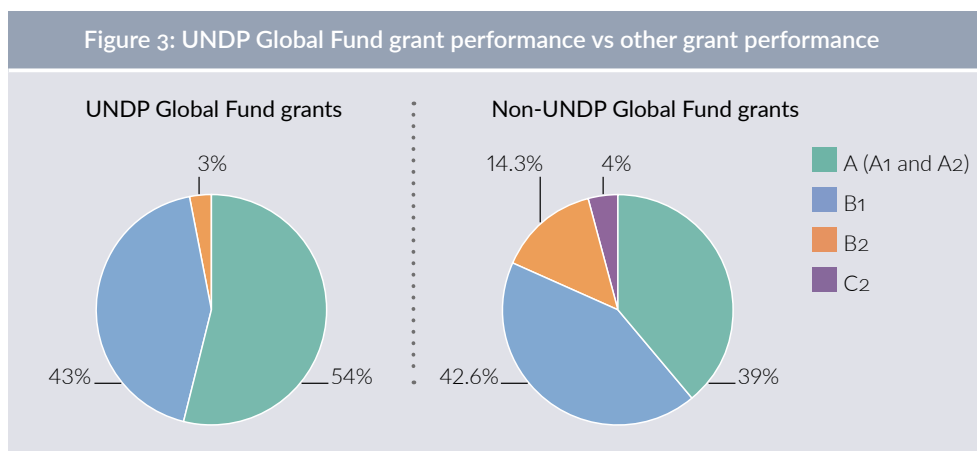cases of TB successfully treated

### 17,700
multi-drug resistant TB

Through the partnership, notable progress has also been made in the response to malaria, resulting in a major decline in malaria cases and deaths globally since 2000. Through the support of the UNDP-Global Fund partnership, 65 million cases of malaria have been treated and 53 million bed nets have been distributed, achieving near universal coverage in Zambia and Zimbabwe. The malaria programmes have resulted in a decrease of 50 percent or more in the incidence of malaria across seven UNDP-Global Fund programme countries, and a reduction of more than a third in malaria-related mortality across nine UNDP-Global Fund programme countries.

In addition to supporting countries in implementing grants and ensuring timely delivery of quality health services, UNDP helps develop the capacity of national entities to take over the Principal Recipient role. Capacity development plans are created to enable this process, and as of March 2017, of the 19 countries where UNDP is interim Principal Recipient of Global Fund grants:

- Bolivia (malaria), Kyrgyzstan, São Tomé and Príncipe, South Sudan, Sudan, Tajikistan, Zambia and Zimbabwe have capacity development plans in place.
- Afghanistan, Angola, Belize, Bolivia (TB), Chad, Djibouti, Guinea-Bissau, Iran (HIV) and Mali are in the process of preparing capacity development plans.

To date, UNDP has fully transitioned out of the interim Principal Recipient role in 26 countries, including in five (eight grants) in 2016 alone. In 2016, UNDP launched the updated version of the UNDP-Global Fund Capacity Development Toolkit. This includes a section on addressing critical enablers, which provides guidance on addressing human rights, law, gender equality and key populations in national HIV, TB and malaria strategies, policies and programmes.

Despite the fact that UNDP serves as an interim Principal Recipient of Global Fund grants and is operating in difficult country settings, it is still outperforming all other implementers of Global Fund grants combined. In 2016, 97 percent of all UNDP grants were rated A1, A2 or B1 ("exceeded expectations" or "met expectations" or "adequate").



Figure 3: UNDP Global Fund grant performance vs other grant performance

UNDP Global Fund grants

Non-UNDP Global Fund grants

A (A1 and A2)
B1
B2
C2

Building on the work and results of the UNDP-Global Fund partnership, more governments and partners are requesting UNDP to help strengthen national capacities and systems for the provision of health services, especially for procurement and supply management of medicines and health products. As of June 2017, UNDP was supporting governments with procurement and supply management support services (outside the scope of its partnership with the Global Fund), for a total value of $585 million in signed agreements, in addition to another $684 million in health procurement budgeted in ongoing Global Fund grants.

**Government cost-sharing:**

- Health procurement and supply management support in 18 countries
- Signed agreements = $585 million
- 2016 expenditure = $118 million

UNDP achieved significant reductions in the price of HIV medicines that it procured, bringing down the cost of the most common treatment combination to $100 per patient per year in Equatorial Guinea, Haiti, Mali, South Sudan, Zambia and Zimbabwe. The price reductions are saving $25 million, which will be used to bring ARV treatment to an additional 250,000 people.

In addition, UNDP also supports governments in building resilient health systems and enhancing the national procurement and supply chain system, including provision of technical expertise to strengthen policy and regulatory frameworks; improving procurement rules and regulations; and removing potential barriers to affordable medicines.

In India, a partnership between the Government, the Global Alliance for Vaccines and Immunisation (GAVI) and UNDP is helping to support scaling up of immunization coverage through an electronic vaccine intelligence network that reaches nearly 60 percent of children under 2 years old. This partnership has been rolled out to 371 districts in 12 states in India, and nearly 17,000 government staff have been trained on vaccine and cold-chain logistics management. By combining complementary resources and expertise, the partnership has built innovative systems and capacity to achieve significant and lasting results, especially for vulnerable communities.

UNDP works with partners, under the leadership of WHO, to help countries respond to health emergencies. In 2016, concerns over the Zika virus and its complications continued to mount. On 1 February 2016, WHO declared the spread of Zika and the associated microcephaly and other severe neurological abnormalities a public health emergency of international concern (PHEIC). Building on its convening power, partnerships and country presence, its policy and programme work on health, environmental sustainability, gender equality and disaster risk reduction, UNDP worked closely with WHO and other UN agencies and partners to assist countries to respond to the broader health and development threat posed by the virus. UNDP facilitated a coherent UN-system response at the country level and supported procurement supply and management of prevention technology and community engagement. UNDP was also instrumental in the design of the UN Zika Response Multi-Partner Trust Fund, a platform established by the UN Secretary-General to finance priority areas in the response to the Zika outbreak and to support a coordinated response from the UN system and partners.

In partnership with the International Federation of the Red Cross and Red Crescent Societies, UNDP conducted an assessment of the socio-economic impact of Zika on countries, families and communities. The assessment concluded that the epidemic would have a long-term impact on countries, with the poorest countries in the Latin America and Caribbean region and the poorest and most vulnerable populations in those countries most affected. The findings and recommendations of the assessment are being used to strengthen regional and national preparedness and response strategies.

## 3.2    Inclusive social protection



Purshottam, receiving social protection in India. *Photo: UNDP*

This is Purshottam. In 1998, he learned that he was HIV positive. He was stigmatized by his doctors and was told that he would not live long. Although his wife and children tested negative for HIV, they were told to stay away from him. People with HIV are more likely to experience poverty due to additional health costs they incur as well as stigmatization and unemployment. HIV-sensitive social protection schemes support people living with HIV to overcome the challenges they face. In 2007, the Government of Rajasthan in India began providing free HIV medicines under the social protection scheme. Purshottam benefited from the scheme and is now physically, mentally and economically fit. All the people who said he would not live long have been proven wrong.

Inclusive social protection is necessary to achieve universal health coverage and can help reduce stigma, discrimination and other HIV-related vulnerabilities. UNDP supports 62 countries in setting up or strengthening social protection programmes; in 35 of the countries, UNDP is working with governments, development partners, civil society and other stakeholders to make social protection policies and programmes HIV-sensitive through consultations, operational research and policy guidance.

In India, UNDP, in partnership with the National AIDS Control Organization and State AIDS Control Societies, has been helping to strengthen social protection by supporting communities to cope with the impact of HIV.  As of June 2016, government social protection programmes have provided a total of 1.04 million benefits to people living with or affected by HIV. These benefits include pensions, scholarships, food subsidies and travel allowance to treatment centres.

In the Arab States, UNDP supported Algeria, Djibouti, Egypt, Sudan and Tunisia to integrate HIV in national social protection programmes. In Sudan, UNDP advocated for reforming national social protection policies to be inclusive of people living with HIV. The advocacy resulted in the Ministry of Social Welfare issuing a directive to provide social protection support to all 5,000 members of the Sudanese Care Association of People Living with HIV through the Zakat Fund. The support includes social health insurance coverage, cash transfers and in-kind support during special occasions such as Ramadan and Eid.

In Cambodia, UNDP, working with the UNAIDS Secretariat and development partners, supported the government to make social protection schemes accessible for people living with disabilities or HIV. In Malawi, Tanzania and South Africa, UNDP, UNICEF and the World Bank helped to cost cash-transfer schemes, targeting young women and adolescent girls to prevent HIV infection.

In 2016, UNDP released 'Leaving No One Behind: A Social Protection Primer for Practitioners,' which includes significant attention to HIV, vulnerability, key populations and health. In 2017, UNDP, along with UNICEF, ILO, WHO, the World Food Programme (WFP), Aidsfonds and the UNAIDS Secretarariat, developed the *'HIV and social protection assessment tool'* to support countries and communities to undertake tailored analysis on HIV and social  protection.

## 3.3    Planetary health

Growing evidence[18] shows the numerous ways in which human health is negatively affected by the disruption to our planet's natural systems—from increasing food insecurity and malnutrition, contributing to the spread of zoonotic, water- and vector- borne diseases (such as Ebola, Zika and other arboviruses), heightening the burden from NCDs, and resulting in more injury and death from natural disasters. Trends related to unplanned urbanization, population growth and ageing, conflict, crisis and migration must all be holistically addressed to ensure the health of our planet and our people.

The "Piloting Climate Change Adaptation to Protect Public Health" initiative, carried out by WHO and UNDP, aims to identify and share solutions to address health risks caused and exacerbated by climate change. The seven countries participating in this global health project – Barbados, Bhutan, China, Fiji, Jordan, Kenya and Uzbekistan – are working to enhance systems

. . . . . . . . . . . . . . . . . ..

18.  The Lancet. Safeguarding human health in the Anthropocene epoch: report of The Rockefeller Foundation–Lancet Commission on planetary health. The Lancet, Vol. 386, No. 10007, July 2015.
https://assets.rockefellerfoundation.org/app/uploads/20160725145454/PIIS0140673615609011.pdf

of early warning and early action and increase capacity to reduce health risks and share lessons learned. In Bhutan, for instance, UNDP helped link climate data with epidemiological surveillance. In China, national capacities responding to heat stress were strengthened.

Building on the experience of the partnership with the Global Fund, UNDP is leveraging its expertise in policy, procurement and operations to support countries in developing environmentally sustainable systems and practices within the health sector. UNDP is supporting governments to minimize environmental impact through environmentally sensitive health procurement. This includes working with manufacturers of health products to reduce packaging volume, cut $CO_2$ emissions by replacing air freight with sea freight, managing medical waste effectively and incorporating renewable energy sources.

UNDP's Solar for Health initiative helps governments increase access to quality health services through installing solar energy photovoltaic systems (PV), ensuring constant and cost-effective access to electricity, mitigating the impact of climate change (for example, climate-proofing health systems to withstand extreme weather events and the resulting excess demand on the main grid leading to power cuts) and advancing multiple SDGs.

In Zambia, the UNDP-Global Fund partnership, working with the Government of Zambia, has piloted the installation of solar panels in 11 primary health care clinics that provide treatment for people with HIV. The main warehouse in Zambia that stores HIV medicines and other essential drugs for over 800,000 people is also benefiting from solar power through the UNDP-Global Fund partnership. UNDP is scaling up the programme in Zambia to provide solar power for 1,000 health facilities. Drawing on the Zambia pilot programme's success, UNDP will install solar panels in 60 health facilities in Sudan and 500 health facilities in Zimbabwe, with resources from the Global Fund.

UNDP is working on "greening" health systems by addressing the environmental determinants of health as well as the environmental impact of UNDP programming. UNDP co-founded the informal Interagency Task Team for Sustainable Procurement in the Health Sector (IATT-SPHS), which is committed to environmentally and socially responsible procurement of health commodities. As a representative of the European Ministerial Environment and Health Task Force, which is coordinated by WHO, UNDP is providing support to countries on carbon accounting and emission reduction. In Ukraine, UNDP partnered with the UN Environment Programme to support policymakers in the health sector to develop sustainable procurement policies and strategies, integrate sustainable practices into health care procurement processes and monitor the implantation of sustainable public health care procurement at the national level.

UNDP's development projects impact health, either directly or indirectly. There is a possibility to create synergies between development and health with co-benefits for development priorities and health improvements. To address this untapped potential, UNDP has been working with the Institute of Health Equity at University College London to pioneer the systematic integration of the social, economic and environmental determinants (SEEDs) of health and health equity into its development projects at country level.

**Mary, accessing treatment thanks to a solar-powered clinic.** *Photo: UNDP*

This is Mary. She is a farmer in the Kazembe District in Zambia. She was diagnosed with HIV in 2004 and placed on ARV treatment. Unfortunately, reliable sources of electricity were not available where she lived, so she had to travel long distances to receive her treatment from a clinic that could store her medication, as it had a reliable supply of power. Solar energy is a consistent, eco-friendly and cost-efficient solution for sustained power. With Global Fund resources, UNDP worked with the Government of Zambia to build solar-powered health clinics in rural areas to improve the quality of health and enable the storage of HIV medicines. With a solar-powered health centre nearby that stores her ARV treatment, Mary now saves on travel costs, which she puts towards her children's education.

# Key Resources

**HIV, Health and Development Strategy 2016–2021: Connecting the Dots** elaborates UNDP's work on HIV and health in the context of the 2030 Agenda for Sustainable Development.
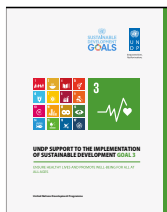
**UNDP Support to the Implementation of Sustainable Development Goal 3** – UNDP has worked with the United Nations Development Group (UNDG) to create a strategy for effective and coherent implementation support of the new sustainable development agenda under the acronym 'MAPS' (Mainstreaming, Acceleration and Policy Support). This prospectus outlines UNDP service offerings on HIV and health.

The **Discussion Papers on Gender & Malaria and Gender & TB** summarize evidence showing how gender impacts on malaria and TB risks and effects (including those that intersect with HIV), and highlights data and implementation gaps.

**Implementing Comprehensive HIV and STI Programmes with Transgender People: Practical Guidance for Collaborative Interventions** – Part of a collection of tools offering advice on implementing HIV and sexually transmitted infection programmes for sex workers, men who have sex with men, transgender people and people who inject drugs.

**Investing in a Research Revolution for LGBTI Inclusion** – A UNDP/ World Bank discussion paper on critical research and knowledge gaps regarding human rights and inclusion of LGBTI people in development agendas.

**Advancing the Human Rights and Inclusion of LGBTI People: A Handbook for Parliamentarians** sets out relevant human rights frameworks for the inclusion of LGBTI people and highlights the role of parliamentarians in implementing Agenda 2030.

**HIV and the Law: Risks, Rights & Health** – The report of the Global Commission on HIV and the Law presents a coherent and compelling evidence base on human rights and legal issues relating to HIV.

**Reflections on Drug Policy and Its Impact on Human Development: Innovative Approaches** – This paper, which describes policy solutions that address the harmful consequences of drug control efforts, can help countries to better understand how to manage drug-related issues in their economic, political and social spheres.

**Advancing Human Rights, Equality and Inclusive Governance to End AIDS** – This Issue Brief provides a snapshot of country-level outcomes supported by UNDP, working in partnership with UN Member States, civil society, UNAIDS co-sponsors and Secretariat, to follow up on the recommendations of the Global Commission on HIV and the Law.

**UNDP and WHO policy briefs: health promotion in the Sustainable Development Goals** is a set of papers on how aspects of health promotion —healthy cities, action across sectors, social mobilization and health literacy—can support success for health and sustainable development in Agenda 2030.

**Guidelines for the examination of patent publications relating to pharmaceuticals** – Guidance for countries to enhance the functioning and transparency of the patent system for access to affordable lifesaving treatment.
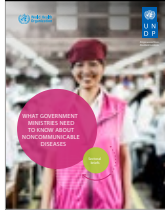
**UNDP and WHO multi-sectoral briefs for policymakers: What Government Ministries Need to Know about Noncommunicable Diseases** – The briefs, targeting government policymakers and decision makers, provide information on how NCDs impact their sector and the proactive steps that are required to respond to such challenges.

**A Socio-Economic Impact Assessment of the Zika Virus in Latin America and the Caribbean: With a Focus on Brazil, Colombia and Suriname** – An assessment of the socio-economic impacts of Zika on countries, families and communities, with an examination of the institutional responses required.

**Issue Brief: Planetary Health** – This brief explores what is meant by planetary health, and how it informs UNDP's work at the nexus of environmental sustainability and climate change, disaster risk reduction, health, gender equality and poverty alleviation. It offers examples of current work and key entry points for future activities and partnerships.

*Empowered lives.*
*Resilient nations.*

**For more information: www.undp.org**

United Nations Development Programme
One United Nations Plaza
New York NY, 10017
United States of America