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United Nations Development Programme

HIV, Health and Development

Connecting the Dots

Strategy Note

HIV, Health and Development 2016 – 2021

June 2016

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Contents

Introduction

*"**Health is a precondition for and an outcome and indicator of all dimensions of sustainable development**"*

United Nations 2012. A/RES/66/288. The Future We Want.

This strategy note:

- Describes the HIV, health and development work of the United Nations Development Programme (UNDP) within the context of the 2030 Agenda for Sustainable Development and related strategic frameworks for the period 2016-2021;
- Highlights UNDP's key partnerships in HIV, health and development; and
- Defines the mechanisms that UNDP uses to report on its results.

UNDP's work in HIV and health is guided by the 2030 Agenda for Sustainable Development, the UNDP Strategic Plan 2014–2017, the UNDP Global Programme 2014–2017 and related Regional Programmes, as well as complementary UNDP strategies such as the Gender Equality Strategy 2014–2017, the Youth Strategy 2014–2017 and the UNDP Strategy on Civil Society and Civic Engagement. The work is also consistent with relevant partner strategies, including the UNAIDS Strategy 2016–2021 'On the Fast-Track to End AIDS', the Global Fund Strategy 2017–2022 'Investing to End Epidemics', the WHO Framework Convention on Tobacco Control (2005), the Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020 and the Every Woman, Every Child initiative of the United Nations.

UNDP's commitment to HIV and other major health challenges is based on the principles that health is both a driver and outcome of development and that actions across a wide range of development sectors have a significant impact on health outcomes.[1] As a development agency, UNDP focuses on addressing the social, economic and environmental determinants of health, which are primarily responsible for health inequalities.

UNDP's work in HIV and other areas of health is undertaken by an integrated team operating at global, regional and country levels. The work falls within three inter-connected areas of action:

- Reducing inequalities and social exclusion that drive HIV and poor health;
- Promoting effective and inclusive governance for health; and
- Building resilient and sustainable systems for health.

UNDP works on HIV and health with a broad range of partners across development sectors at global, regional, national and local levels, including governments, UN agencies and other intergovernmental organisations, multilateral and bilateral donors, development banks, the private sector and other development partners. UNDP's work on HIV and health also involves some of the organisation's most extensive partnerships with civil society. This strategy note highlights several of UNDP's major institutional partnerships in health, including with the Joint United Nations Programme on AIDS (UNAIDS), the Global Fund to Fight AIDS, TB and Malaria (Global Fund) and the World Health Organization (WHO).

The target audience for this strategy note includes UNDP staff at global, regional and country levels, other UN agencies, multilateral and bilateral donors, governments, civil society organisations and other partners working at the intersection of health and sustainable development.

1 The development context

Towards 2030: Health and the Sustainable Development Goals

Evidence shows that just as health shapes development, development shapes health. The conditions in which people live and work, including factors such as poverty, exclusion, inequality, social status, housing and environmental and political conditions, have a major impact on health and wellbeing. Conversely, healthy people are better able to contribute to the social, political and economic development of their communities and countries. By increasing people's choices and capabilities to lead healthy and productive lives, investments in health and other areas of development are mutually reinforcing.[2] Experience with the Millennium Development Goals (MDGs) has clearly shown how progress in health is heavily dependent on progress in other areas of development, and vice versa. For example, while significant progress has been made in the global response to HIV, TB and malaria (MDG 6) over the last 15 years, the three diseases continue to take five million lives a year and remain concentrated among the poorest and most excluded populations.[3, 4] In two regions, Eastern Europe/Central Asia and the Middle East/North Africa, rates of new HIV infections and deaths from AIDS continue to rise alarmingly, fueled by poverty, inequality and exclusion of those most at risk.[5]

The 2030 Agenda for Sustainable Development (2030 Agenda) reflects and responds to the increasing complexity and interconnectedness of health and development, including widening economic and social inequalities, rapid urbanization, threats to climate and the environment, the continuing burden of HIV and other infectious diseases and the emergence of new health challenges, such as the growing burden of non-communicable diseases (NCDs).[6] Universality, sustainability and ensuring that no one is left behind are hallmarks of the 2030 Agenda. The Sustainable Development Goals (SDGs) recognize that many areas of development have an impact upon health or an important health dimension and that multisectoral, rights-based and gender-sensitive approaches are essential to addressing health-related development challenges.

SDG 1 *(End poverty in all its forms everywhere),* for example, includes specific targets on social protection and access to basic services. Poverty is a major contributor to poor health, leading to unhealthy living and working environments, poor nutrition and illiteracy, all of which increase vulnerability to disease and limit access to basic health and social services and affordable medicines. At the same time, acute and chronic diseases are one of the main factors that push households from deprivation to poverty.[7] Pandemic diseases such as HIV, TB and malaria and neglected tropical diseases (NTDs) account for more than 11% of the global disease burden, disproportionality affecting poor and marginalized populations and adversely impacting on health and adult productivity.[8] The social and economic burden of NCDs on the poor is also rapidly growing: NCDs are now the single greatest cause of preventable illness, disability and mortality worldwide and it is estimated that cumulative losses in economic output in low- and middle-income countries as a result of NCDs could exceed $20 trillion by 2030.[9, 10] Studies show that good health has a positive effect on development and that decreases in overall morbidity and mortality can help to drive productivity and economic growth: between 2000 and 2011, for example, about 24% of full income growth in low- and middle-income countries was attributed to health improvements.[11, 12]

In addition to poverty, deepening and divisive inequalities, social exclusion and violence place a tremendous burden on health and development.[13, 14] SDG 5 *(Achieve gender equality and empower all women and girls)* includes targets on discrimination, gender-based violence and universal access to sexual and reproductive health rights. Violence against women is a pandemic and globally, while women on average live longer than men, they tend to suffer more years of poor health. Gender inequality and gender-based violence, for example, are strong drivers of poor health and development outcomes for women and adolescent girls. Globally, HIV-related illnesses are the leading cause of death among women and girls of reproductive age and in sub-Saharan Africa adolescent girls and young women acquire HIV five to seven years earlier than men.[15, 16]

SDG 3 *(ensuring healthy lives and wellbeing for all at all ages)*, encompasses a more comprehensive range of health priorities than the Millennium Development Goals (MDGs), including both infectious and non-communicable diseases, substance use, sexual and reproductive health, universal coverage of essential health services and medicines, the health impact of pollution, tobacco control, research and development for medicines and vaccines, sustainable financing, the health workforce, intellectual property laws that promote access to medicines and strengthening capacity to address health emergencies. Progress in most of these areas will require strong collaboration across a range of development sectors. The target on universal health coverage (UHC) aims to ensure that all people obtain needed health services – preventive, curative and rehabilitative – without financial hardship. The concepts of universality and affordability make UHC an important human rights and development issue. Fully realizing the promise of UHC will require measures that complement universally available and affordable health services, such as action on the social, economic and environmental determinants of health; laws, policies, norms and governance mechanisms that influence development risk and measures to address inequalities and exclusion of the most marginalized and vulnerable.

Progress on many SDGs will only be possible by ensuring that policies and programmes pay attention to improving health outcomes. This is particularly important in the case of SDG 10 *(Reduce inequality within and among countries)*, SDG 11 *(Safe, resilient, inclusive and sustainable cities)* and SDG 12 *(Ensure sustainable consumption and production patterns)*.

Photo: UNDP El Salvador

Climate change and environmental degradation will increasingly present some of the most complex and pressing development challenges of the 21st century, with potentially serious implications for health and economic development. The World Bank has estimated that - without concerted action - climate change could result in more than 100 million additional people living in poverty by 2030, and that global warming of 2 to 3^C could increase the number of people at risk for malaria by up to 5% and diarrhea by up to 10%.[17] 'Climate smart' development will need to include integrated and multisectoral approaches, including universal health coverage and social protection for people affected, alternative livelihoods, changes in agricultural practices, new technologies and renewable energy sources. Advancing SDG 13 *(Take urgent action to combat climate change and its impacts)* can therefore offer win-wins at the environment and health nexus.

In many countries, progress across all eight MDGs was constrained by weak institutions and governance, including limited national capacity to plan and deliver basic health and social services; lack of inclusive processes and civic engagement; poor legal, policy and regulatory frameworks and fragile systems that

are unable to withstand shocks. SDG 16 *(Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions)* is therefore particularly relevant to the work of UNDP on HIV and health, especially as conflicts, protracted crises and health shocks increase fragility and exacerbate the vulnerability of people in countries that lack resilient systems for health. As a result of the lengthy conflict in Syria, for example, nearly 60% of public hospitals in the country were either partially functional or had been completely destroyed by late 2015, highlighting the crucial need for close integration of health policies and programming with broader humanitarian responses and recovery efforts.[18] People displaced during shocks and crises are particularly vulnerable due to lack of adequate access to health care and social protection: one of every 22 people living with HIV, for example, was affected by a humanitarian emergency in 2013. The Ebola outbreak in West Africa in 2014-15 demonstrated how a major health crisis could result in severe economic impact due to lost livelihoods and declines in household incomes and GDP.[20] The outbreak also highlighted the importance of strengthening core government functions – such as the ability to pay health workers - in order to build more resilient systems for health.[21]

Broad action under SDG 17 *(Strengthen the means of implementation and revitalize the global partnership for sustainable development)* will also help to advance other health-related goals through attention to capacity building, rules-based trade, public-private and civil society partnerships and a human rights based approach.

The 2030 Agenda is an important opportunity to address health, human rights, humanitarian and other development challenges in a more integrated and comprehensive manner than ever before. Progress on the SDGs requires going to scale with innovative approaches that harness synergies across the goals, simultaneously address overlapping vulnerabilities and deliver shared gains, particularly given the need to make the most efficient and effective use of available development resources.

As the Sustainable Development Goals now emphasize, greater attention to social inclusion and to strengthening governance and resilience will need to be at the heart of all efforts to achieve durable health and development gains in the coming years.

Stepping up the fight against HIV in the context of sustainable development

The fight against communicable diseases remains a priority in the 2030 Agenda for Sustainable Development, with SDG 3 committing United Nations Member States to accelerating progress towards ending the epidemics of AIDS, TB and malaria and neglected tropical diseases and combatting hepatitis, water-borne diseases and other communicable diseases. Delivering on the ambition to end AIDS as a public health threat by 2030 will require dramatically expanding and improving access to HIV treatment, reducing new HIV infections and eliminating HIV-related stigma and discrimination.[26] The HIV response has demonstrated the importance of a strong focus on human rights, gender equality, the meaningful inclusion of marginalised populations, community engagement, attention to health disparities and multisectoral collaboration that offers lessons across other fields of health and development. At the same time, the intersections between HIV vulnerability, poverty, inequalities and social exclusion provide critical opportunities to further integrate and mainstream the HIV response within broader health and development efforts. Such an approach will help to ensure the sustainability of HIV results and support the achievement of the goals of the UNAIDS Strategy 2016-2021, the Global Fund Strategy 2017-2021 and contribute to progress on the SDGs.

2 UNDP's role in HIV, Health and Development

Vision and focus

Consistent with the 2030 Agenda for Sustainable Development, the vision of UNDP as set out in its Strategic Plan for 2014–2017 is *'to help countries achieve the simultaneous eradication of poverty and significant reduction of inequalities and exclusion'.*

UNDP's work in HIV and health contributes to the SDGs by addressing the social, economic and environmental determinants of health, health-related inequalities and governance for health. Building strong partnerships for development at global, regional, national and local levels is a consistent objective of all UNDP's work, including in HIV and health.

UNDP's work in HIV and health contributes to progress in the seven outcome areas set out in the UNDP Strategic Plan 2014–2017:

Outcome area 1: Growth and development are inclusive and sustainable, incorporating productive capacities that create employment and livelihoods for the poor and excluded;

Outcome area 2: Citizen expectations for voice, development, the rule of law and accountability are met by stronger systems of democratic governance;

Outcome area 3: Countries have strengthened institutions to progressively deliver universal access to basic services;

Outcome area 4: Faster progress is achieved in reducing gender inequality and promoting women's empowerment;

Outcome area 5: Countries are able to reduce the likelihood of conflict and lower the risk of natural disasters, including from climate change;

Outcome area 6: Early recovery and rapid return to development pathways are achieved in post-conflict and post-disaster settings;

Outcome area 7: Development debates and actions at all levels prioritize poverty, inequality and exclusion, consistent with UNDP's engagement principles.

Guiding principles

The following principles guide UNDP's work in HIV, health and development: [23]
- Respect for and promotion of human rights and gender equality as set out in the United Nations Charter, the Universal Declaration of Human Rights and other international treaties.
- Meaningful engagement of people living with HIV, key populations, other excluded groups and affected communities is essential for effective health policy, programming and governance.
- UNDP's work should build national ownership, capacity and resilience for effective and sustainable responses to HIV, health and related development challenges.
- HIV and health programmes should be risk-informed to effectively cope with and recover from conflict, natural disasters and other humanitarian crises.
- Policy and programming should be based on evidence, and UNDP is committed to continually building the evidence base for action.

- All programmes and projects adhere to UNDP's Social and Environmental Standards which aim to strengthen quality, risk management, impact and sustainability.
- Integrated approaches and multisectoral partnerships that 'connect the dots' are needed for HIV, health and development in order to achieve multiple development outcomes, ensure sustainability and make the most efficient use of resources.
- UNDP promotes and supports South-South collaboration.

UNDP's comparative advantage

UNDP brings a range of organisational strengths and capacities to its HIV and health work. These include: [24]
- UNDP's presence in 170 countries, including strong relationships with a wide range of development stakeholders including both governments and civil society, ability to act as a facilitator of dialogue and cooperation and strong operational and policy capacity deployable in widely varying conditions;
- UNDP's ability to draw upon knowledge and experience gained across development settings and to respond flexibly to common concerns and important differences between countries and regions;
- UNDP's extensive experience in supporting the implementation of large-scale health and development programmes;
- Recognition of UNDP as a partner that can advise on big challenges of economic and social transformation, environmental sustainability and democratic governance, which shape health, and help countries develop the plans and long-term capacities needed to deliver on them and promote health equity;
- UNDP's role as manager of the Resident Coordinator system and Chair of the United Nations Development Group; and
- UNDP's longstanding partnerships in health, including as a founding Cosponsor of the Joint UN Programme on HIV/AIDS and partnerships with the Global Fund to Fight AIDS, TB and Malaria and WHO.
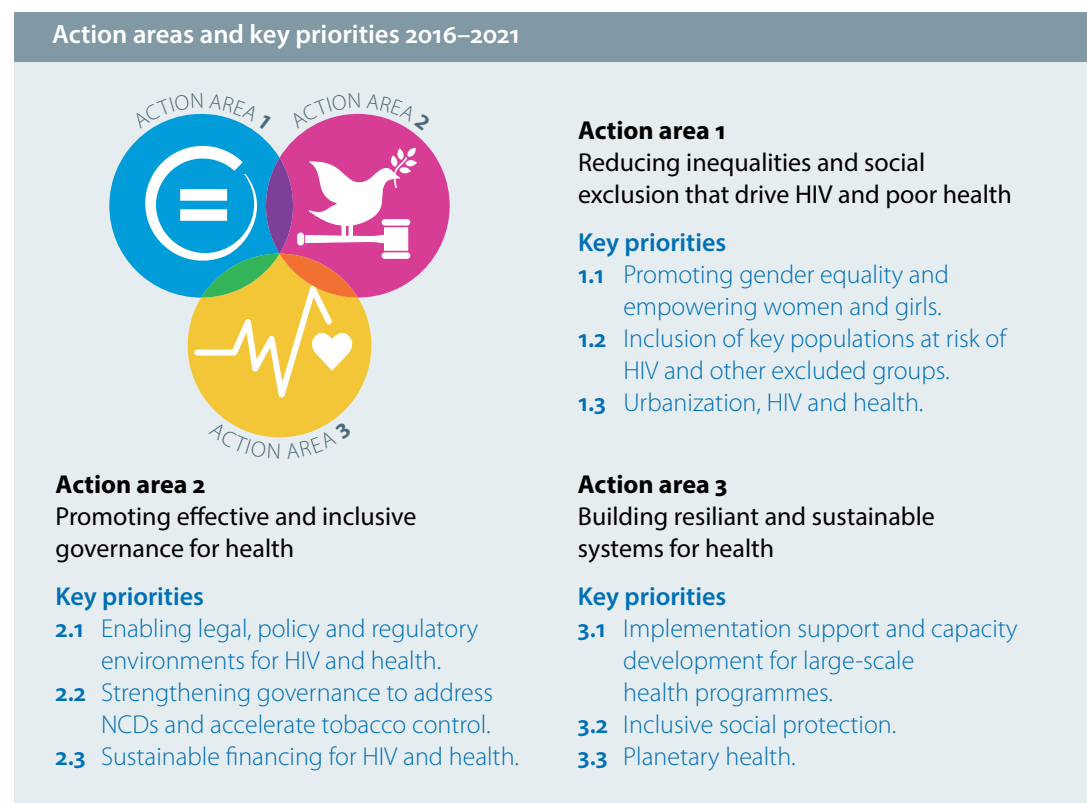
Photo: Safin Hamed/UNDP Iraq

3 Policy and programme support in HIV, Health and Development

UNDP's policy and programme support in HIV, health and development for the period 2016-2021 encompass three inter-related action areas, each of which includes three priorities.

Action areas and key priorities 2016–2021

Action area 1
Reducing inequalities and social exclusion that drive HIV and poor health

Key priorities
- **1.1** Promoting gender equality and empowering women and girls.
- **1.2** Inclusion of key populations at risk of HIV and other excluded groups.
- **1.3** Urbanization, HIV and health.

Action area 2
Promoting effective and inclusive governance for health

Key priorities
- **2.1** Enabling legal, policy and regulatory environments for HIV and health.
- **2.2** Strengthening governance to address NCDs and accelerate tobacco control.
- **2.3** Sustainable financing for HIV and health.

Action area 3
Building resiliant and sustainable systems for health

Key priorities
- **3.1** Implementation support and capacity development for large-scale health programmes.
- **3.2** Inclusive social protection.
- **3.3** Planetary health.

This section provides an overview of each action area, their related priorities and UNDP's policy and programming services. The three action areas are closely linked, and work in one action area will often be dependent upon and contribute to progress in other action areas. For example, efforts to reduce inequalities and social exclusion (Priorities 1.1 and 1.2) also require enabling legal and policy environments for health (Priority 2.1) and contribute both to stronger governance and resilience for health, while sustainable financing for health (Priority 2.3) is linked to inclusive social protection (Priority 3.2) and will contribute to achieving universal health coverage and building more resilient and sustainable systems for health. The action area framework for UNDP's work in HIV and health illustrates the need for integrated approaches to HIV, health and development that prioritize common challenges and achieve multiple gains.

Action area 1:
Reducing inequalities and social exclusion that drive HIV and poor health

Widening inequalities and exclusion within and between countries and populations lead to poor health, fuel HIV and other epidemics and negatively impact sustainable development. Through action in this area, UNDP aims to empower women and girls and increase the capacity of key populations and other excluded groups to realize their health and human rights. This action area will contribute to improvements in participatory governance for health (Action area 2) and building the resilience of communities and countries to address health-related challenges (Action area 3).

Priority 1.1: Promoting gender equality and empowering women and girls

Gender equality and women's and girls' empowerment are key drivers of sustainable development and central to UNDP's mission of eradicating poverty and reducing inequalities and exclusion. Gender inequality is one of the most powerful and pervasive factors influencing health, and overlapping forms of inequality (gender, income, disability, ethnicity) affect women's health.[25, 26] As a part of the Every Woman, Every Child initiative, UNDP has committed to improving HIV, health and development outcomes for women and girls by supporting multisectoral action to address and prevent gender-based violence, strengthen enabling legal and policy environments and promote equal access to sexual reproductive health and rights for women and girls in at least 80 low- and middle -income countries by 2020.

Gender inequality has direct implications for women's and girls' risks of acquiring HIV[27] and significantly impacts their ability to cope with the disease. Strategies to address negative male and female gender norms, eliminate sexual and gender-based violence, promote women's economic and legal empowerment, increase access to sexual and reproductive health services and HIV prevention and treatment for women and adolescent girls are essential to ending the HIV epidemic.

Addressing sexual and gender-based violence against women and girls is a particularly high priority within UNDP's HIV and health work, as it is associated with serious physical and mental health outcomes for women and their children. Recent figures indicate that 35% of women worldwide have experienced either intimate partner violence or non-partner sexual violence in their lifetime.[28] Sexual violence is particularly prevalent in complex emergencies and humanitarian disasters where systems for physical, social and legal protection of women and girls have been disrupted. Therefore strategies aimed at both preventing gender-based violence and improving access to justice are critical.

There is an increasing awareness of the differential social, economic and health impact of environmental degradation and climate change on women and girls who may be disproportionately dependent on climate-sensitive livelihoods, such as agriculture, and who lack economic, political and legal power to assert their rights and participate in decision-making to manage and mitigate environmental risks.

Key UNDP service offerings include policy and programme support on:
- Working with government, civil society and UN partners to implement the findings and recommendations of the Global Commission on HIV and the Law on issues affecting women and girls;
- Supporting gender equality in national HIV and other health programmes, including by engaging men and boys for gender equality;
- Eliminating discrimination and violence against women and girls;
- Enabling legal and policy environments for sexual and reproductive health services;
- Integrated solutions to address alcohol-related harm, gender-based violence and HIV;
- Integrated solutions to eliminate sexual and gender-based violence in humanitarian settings;
- Integrated solutions to address the intersections of gender, health, environmental degradation and climate change.

UNDP has supported strengthened inclusion of HIV in national gender plans and women's human rights frameworks and created enabling legal environments in more than 40 countries. Examples include: the development and implementation of a monitoring plan on HIV and gender in Malawi; forging linkages between programmes on gender, gender-based violence and sexual reproductive health and rights in Namibia, and integrating HIV into the five-year Cambodian National Strategic Plan on Gender Equality and the Empowerment of Women. In the Arab region, UNDP has worked in partnership with civil society organisations to support women living with HIV, reaching beneficiaries in seven countries and supporting nearly 300 micro-capital projects. In the Asia Pacific region, UNDP and the Asia Pacific Network of People Living with HIV are implementing an initiative to empower women to be aware of their rights in order to protect themselves from human rights violations in healthcare settings and have recourse to justice. This work is being replicated in countries in Latin America and the Caribbean.

UNDP has supported gender-based violence programming in more than 30 countries, including a specific focus on access to justice in approximately 20 countries. UNDP and WHO organized a nine country regional consultation in East and Southern Africa on linkages between the harmful use of alcohol, gender-based violence and HIV. In Kenya UNDP supported national authorities to undertake a comprehensive audit of the legal framework and policies that address gender-based violence in the context of HIV, the findings of which informed guidelines to integrate gender-based violence in HIV programming and a plan to end adolescent AIDS. UNDP also supported high-level policy seminars with national human rights institutions on HIV, gender-based violence, human rights and police training on handling rape and sexual and gender-based violence (SGBV) cases. The programme has also supported SGBV survivors among the refugee community from South Sudan.

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

Key populations[1] in the context of HIV and their partners are at high risk for HIV and account for between 40% and 50% of all new HIV infections worldwide.[29] These populations are subject to stigma, discrimination, criminalization and human rights abuses in many countries that exclude them from society and severely limit their ability to access needed health care and other basic services. In other settings and populations, such as in prisons and among some migrants and displaced people, risks of HIV, TB, malaria and other diseases are also high, while access to services is frequently poor. There is now strong recognition of the need for greater attention to key populations in all epidemic settings, including action to address social, legal and cultural barriers to accessing HIV and other health services, realize human rights and promote civic engagement in policy development, health governance and programming.

[1] In the context of HIV, gay men and other men who have sex with men, sex workers and their clients, transgender people and people who inject drugs are the four main key population groups. These populations often suffer from punitive laws or stigmatizing policies and are among the most likely to be exposed to HIV. Their engagement is critical to a successful HIV response everywhere – they are key to the epidemic and key to the response. Countries should define the specific populations that are key to their epidemic and response based on the epidemiological and social context. In addition to the four main key populations, this term includes people living with HIV, seronegative partners in sero-discordant couples and other specific populations that might be relevant in particular regions (such as young women in southern Africa and mobile populations) (UNAIDS Terminology Guidelines 2015).

In Eastern Europe and Central Asia, UNDP has partnered with civil society groups such as the Sex Workers' Advocacy and Rights Network (SWAN) in eight countries to document and respond to experiences of violence towards sex workers from state and non-state actors. This effort led to the publication of a flagship regional report, *Failures of Justice: State and Non-State Violence Against Sex Workers and Search For Safety and Redress* (May 2015). UNDP is also working with the Eurasian Women's Network on AIDS (EWNA) to implement a regional campaign against gender-based violence organized in conjunction with the campaign '16 Days of Activism Against Gender Violence' in several countries in the region, including Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan and Ukraine.

Homophobia and other forms of stigma, violence and discrimination against lesbian, gay, bisexual, transgender and intersex (LGBTI) people contribute significantly to their exclusion from society, limit their access to health and social services and hinder social and economic development.[30] Improved data and analysis of the impacts of inequality and exclusion on LGBTI people and other excluded groups are needed to inform rights-based policies and programmes. Greater attention to the health and social impact of exclusion on other populations – such as people with disabilities and indigenous people – is also needed.

Key UNDP service offerings include policy and programme support on:
- Working with government, civil society and UN partners to implement the findings and recommendations of the Global Commission on HIV and the Law on issues affecting key populations;
- Promoting rights-based HIV and health responses for key populations at risk of HIV and other excluded groups;
- Integrating programming for key populations and other excluded groups in national HIV and other health programmes; and
- Strengthening the evidence base and capacities on inclusion of LGBTI and other excluded groups.

Photo: G M B Akash/UNDP Nepal

In Eastern Europe and Central Asia, UNDP has supported the establishment of a regional HIV legal network of 28 organisations that provide people with HIV and key populations in Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russia and Ukraine with access to quality free legal aid. From January to September 2014, nearly 2,000 clients were served.[31] UNDP has also supported the development of the Eurasian Coalition on Male Health (ECOM), an umbrella rights and health advocacy network, which now includes 50 civil society organisations.[32]

In Asia and the Pacific, UNDP is working with government health departments and community-based organisations in 12 countries to roll out a training package developed with WHO to address stigma and discrimination against men who have sex with men and transgender people in healthcare settings.

The 'LGBTI Inclusion in the 2030 Agenda' initiative aims to advance the inclusion of LGBTI people and reduce inequality and marginalization on the basis of sexual orientation and gender identity. In Asia, Africa and Eastern Europe, this initiative examines LGBTI-lived experiences from the sustainable development perspective. The initiative is undertaken in close collaboration with governments and civil society in order to build the capacity of civil society and key government actors for dialogue that can lead to policy and programme changes. It also supports policy and operational research and strategy development among vulnerable groups and key stakeholders at national and regional levels.

In Latin America and the Caribbean, UNDP has funded a project on free legal aid services for people living with HIV and key populations in the Dominican Republic, through the National HIV Commission and with private sector participation. In Mexico, UNDP signed an agreement with the state-owned oil company Petróleas Mexicanos (PEMEX) to implement a Social Enterprise Inclusion Strategy for gender equality, non-discrimination and the inclusion of women, people with disabilities and the LGBTI population. The agreement has enabled transgender workers to receive medical care during their transitions – including psychosocial support and hormone replacement therapy – at any of PEMEX's central, regional and general hospitals, along with support for administrative aspects of changing gender identity as company employees.
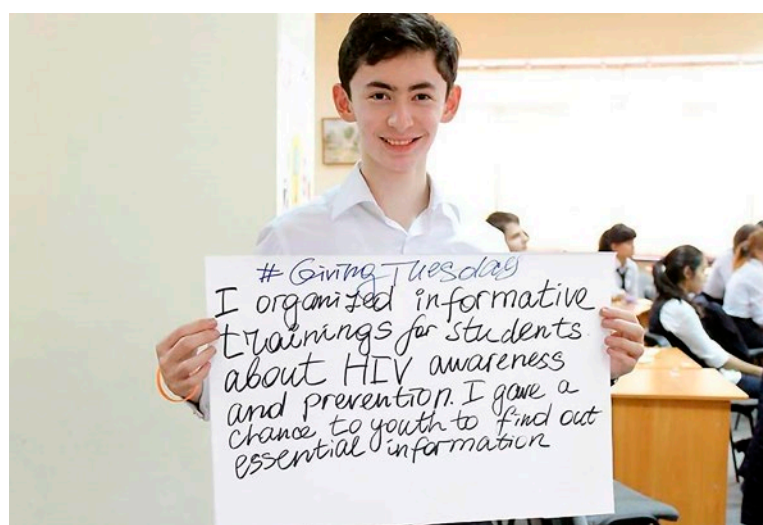

Photo: UNDP Uzbekistan

Priority 1.3: Urbanization, HIV and health

More than half of the world's population now lives in urban areas, a figure that is expected to rise to 70% by 2050, with most of the increase expected to occur in Africa and Asia.[33] Around 75% of economic growth is driven by cities, and urbanization can present enormous opportunities for more inclusive and sustainable development.[34] At the same time, cities and urban areas bear a large share of the HIV burden in most countries and are places where the risk of HIV and poor health may be heightened for some populations, especially young men, poor women and girls and those marginalised by ethnic, gender and sexual differences.[35] Urban environments can also create conditions in which certain NCDs and their risk factors thrive.[36] Local governments and community groups are uniquely positioned to coordinate efforts to address health inequalities and overcome historic exclusion of marginalised groups in health-related programming. Addressing the needs of key populations in local contexts not only has the potential to transform the HIV response in cities, but can have a positive impact on national HIV responses as well. Strengthening multisectoral NCD prevention and control responses in urban settings can also have a major impact on national health outcomes.

Key UNDP service offerings include policy and programme support on:
- Strengthening governance of multisectoral HIV and NCD responses in urban settings;
- Eliminating HIV-related stigma and discrimination and violence against key populations in urban settings.

Through the Urban Health and Justice Initiative, UNDP and UNFPA have supported 42 cities worldwide to improve increased access to HIV prevention, treatment, care and support services for people living with HIV and key populations. Participating cities have improved health service delivery, addressed stigma and discrimination and improved legal and policy frameworks. In Mozambique, services for key populations in cities were integrated into the new National Strategic Plan on AIDS; in Cameroon, the Ministry of Public Health in the Douala region facilitated access to services and treatment for key populations; with the support of UNDP and other members of the UN Joint Team on AIDS, five Zambian cities (Lusaka, Solwezi, Livingstone, Ndola and Kitwe) developed Cities HIV and AIDS Investment Plans. In Nigeria, the city of Lagos – which is home to 200,000 people living with HIV – developed a Municipal Action Plan on AIDS and Key Populations based on information from a UNDP-supported needs assessment. Focusing initially on the Ikeja and Shomolu areas, the plan calls for increased access to HIV services for key populations, strengthened access to justice and rights-based interventions, dialogue and partnerships between municipal authorities and communities and capacity-building support for community groups. In Guatemala, the initiative was expanded from two cities, Amatitlán and Escuintla to two more municipalities, Mazatenango and Coatepeque. In Guyana, UNDP has provided support to the municipalities of Linden and New Amsterdam to adopt non-discrimination decrees. New Amsterdam has also established an HIV testing and counselling centre for key populations and provided human rights training and HIV-sensitization for health workers and law enforcement authorities.

UNDP has also worked with UN agencies, the Global Fund, MEASURE Evaluation, the US President's Emergency Plan for AIDS Relief (PEPFAR) and other key partners to support 38 countries in preparing size estimations and programmatic mapping of key populations for better tailored national and city level responses to HIV.

Action area 2:
Promoting effective and inclusive governance for health

Institutions and governance structures in many countries are under-resourced, lack capacity and coherence to plan and deliver health and related services, and provide inadequate civic space for the participation of affected groups. Through action to improve legal and policy environments, build human and institutional capacity and develop rights-based investment approaches, UNDP aims to strengthen the governance capacity of countries to respond more effectively to health and related development challenges.

Priority 2.1: Enabling legal, policy and regulatory environments for HIV and health

Legal, policy and regulatory environments continue to undermine the response to the HIV epidemic and other health challenges in many countries. Public health laws and regulations can play an important role in improving health. For example, legislation and regulation is an important tobacco control strategy. In the case of HIV, overly broad criminalization of HIV transmission, laws that criminalize sex work, drug use and sex between men and laws and policies that limit access to affordable medicines or that fail to ensure equality for women and protect children can all increase HIV vulnerability and act as barriers to civic engagement in health governance and access to health and social services.[37] Such laws and policies also reinforce stigma and discrimination that increase inequalities and exclusion and impede effective HIV responses. All UN Member States have committed to reviewing and strengthening laws to eliminate discrimination against people living with and at highest risk for HIV and to ensure their full enjoyment of human rights and access to health care and legal protection.[38]

Key UNDP service offerings include policy and programme support on:
- Working with government, civil society and UN partners to implement the findings and recommendations of the Global Commission on HIV and the Law;
- Strengthening legal, policy and regulatory frameworks for increasing access to HIV treatment and other health technologies, in line with the public health objectives of the TRIPS agreement;
- Access to justice for HIV and health, including a focus on inclusive civic engagement and sensitization of the judiciary, parliamentarians and law enforcement;
- Integrating human rights and programming to address legal barriers in national HIV and other health programmes; and
- Establishing systems to prevent and respond to HIV and health-related human rights crises, in line with the Human Rights Up Front initiative of the United Nations.

As a result of a national dialogue on HIV and the law supported by UNDP in Guyana, an agreement was passed to repeal punitive sections of labour laws and to prohibit HIV-related discrimination. In the Asia Pacific region, UNDP, UNAIDS and UNESCAP have supported more than 20 countries to conduct national reviews or multisectoral consultations on legal and policy barriers to effective HIV responses as a follow-up to the Global Commission recommendations and commitments under UNESCAP resolutions.

In Eastern Europe and Central Asia, UNDP has provided advisory services around access to essential medicines and intellectual property. In Kyrgyzstan, UNDP supported patent law reform to include TRIPS-related public health flexibilities and has also advised on intellectual property and access issues in Kazakhstan, Moldova, Tajikistan and Ukraine. In 2015, UNDP released comprehensive analyses of the regulatory frameworks of 11 countries in the region, including registration and licensing of HIV medicines, in order to promote sustainable financing of national HIV responses.[39]

In July 2012, the UNDP-led Global Commission on HIV and the Law released its landmark report 'HIV and the Law: Risks, Rights & Health,' presenting a compelling evidence-base on HIV, human rights and legal issues. UNDP and UN partners are supporting governments and civil society to follow up on the work of the Global Commission in 86 countries in all regions. This work includes supporting countries to create enabling legal environments for effective HIV responses through law review, national dialogues on law reform, judicial and parliamentary sensitization and access to justice programming. UNDP has also developed tools to support Commission follow up, such as compendia of judgments for judicial sensitization and guidance on conducting legal environment assessments and national dialogues for law reform. UNDP is also working with partners to support the ratification of the Arab Convention on HIV Prevention and Protection of the Rights of People Living with HIV, adopted in March 2012 by the Arab Parliament. Once ratified by countries, it will provide a legal basis for the protection and promotion of the rights of people living with and affected by HIV. In 2015, with support from UNDP, Djibouti ratified the Arab Convention on HIV Prevention and Protection of the Rights of People Living with HIV.

The Access and Delivery Partnership (ADP), led by UNDP in partnership with PATH and the Special Programme for Research and Training in Tropical Diseases based at WHO, aims to improve access to new health technologies for TB, malaria and neglected tropical diseases. This work complements and supports the work of product development partnerships such as the Global Health Innovative Technology Fund, Drugs for Neglected Diseases Initiative (DnDI) among others. ADP works to build national capacities for enabling legal, policy and regulatory frameworks for the introduction of new health technologies for TB, malaria and neglected tropical diseases. In Tanzania, ADP is building national capacity and promoting policy coherence to protect public health, in line with the initiatives of the East African Community and the African Union's Pharmaceutical Manufacturing Plan for Africa. This includes supporting the government to roll out mass drug administration of chemoprophylaxis for neglected tropical diseases reaching 43 million people at risk.

Priority 2.2: Strengthening governance to address non-communicable diseases and accelerate tobacco control

WHO has a mandate to provide countries with guidance on public health approaches to non-communicable diseases (NCDs) and tobacco control. To support this work, UNDP works as a close partner with WHO to strengthen national-level governance and multisectoral engagement in implementing WHO-recommended approaches and global public health agreements.

NCDs contribute to economic losses and can trap millions of people in poverty.[40, 41] This burden could be significantly reduced if health systems responded more effectively and equitably to the needs of people with NCDs and if policies in sectors outside health addressed shared risk factors – such as tobacco use, unhealthy diets, physical inactivity, and the harmful use of alcohol – more effectively. In the UN Political Declaration on NCDs of September 2011, Member States committed to establishing and strengthening multisectoral national policies and plans for the prevention and control of NCDs and to consider the development of national targets and indicators based on national situations.[42] Many countries with high burdens of HIV also face burgeoning epidemics of NCDs and significant opportunities exist for closer integration of HIV, NCD and other health programming.

Tobacco use is a major global public health threat, killing more than six million people a year. Nearly 80% of the more than one billion smokers worldwide live in low- and middle-income countries, where the burden of tobacco-related illness and death is greatest. The WHO Framework Convention on Tobacco Control (FCTC), which came into effect in 2005, is the first global public health treaty. There are now 180 parties to the FCTC. UNDP leads on the implementation of Article 5 of the FCTC, which addresses national governance and policy issues.[43]

Key UNDP service offerings include policy and programme support on:
- Multisectoral, whole-of-government responses to NCDs and tobacco control, including the development of strategic plans and investment cases and the integration of NCDs and tobacco control in national and local development plans and strategies;
- Strengthening governance of NCD and tobacco control responses, including support to national coordinating mechanisms and/or focal points for NCDs and tobacco control;
- Strengthening the evidence base on legislative, executive, administrative and other measures to reduce tobacco consumption, nicotine addiction and exposure to tobacco smoke;
- Addressing the social, economic and environmental determinants (SEEDs) of health and health inequality
- Leveraging lessons from the HIV response for scaling up responses to NCDs; and
- Leveraging UNDP anticorruption expertise to protect public sector policymaking from industry interference.

In 2013, UNDP published a pioneering policy paper titled *Addressing the Social Determinants of NCDs*. Highlighting lessons from the HIV response for other complex health challenges, the report provides analysis and good practice examples of action needed outside the health sector to address social, economic and environmental determinants of NCDs.

In 2014, the first-ever joint UN interagency Task Team assessment mission on NCDs prevention and control was organized to Belarus, leading to the development of recommendations to strengthen the response and ensure a multisectoral and whole-of-government approach. In the Eastern Europe and Central Asia region, UNDP and UNFPA co-chaired a Peer Support Group to ensure the meaningful integration of health and health inequalities – including those related to both communicable and non-communicable diseases – into new United Nations Development Action Frameworks in 11 countries and one territory. UNDP also conducted an analysis of its development projects in Eastern Europe and Central Asia from a health equity perspective, leading to the strategic recommendations on how to better address the social, economic and environmental determinants (SEEDs) of health and health inequality across UNDP programming.[44]

In China, the largest producer and consumer of tobacco in the world, UNDP and WHO are working together on policy research to assist China in addressing tobacco as a development issue by 1) updating knowledge on current impacts on socio-economic development and, more broadly, human development; 2) assessing inequities within these impacts; 3) estimating projected impacts under different scenarios of future tobacco use and 4) modelling the impact of different policy options to aid in prioritization of resources. This work feeds into China's new National Anti-Tobacco Plan.

Priority 2.3: Sustainable financing for HIV and health

Despite significant increases in domestic financing for HIV in the last few years, many countries, including high HIV burden countries, remain heavily dependent on external funding sources.[45] To improve sustainability of national HIV responses, including long-term commitments to HIV treatment, a combination of approaches is needed. In some countries, economic growth offers the potential for increased domestic funding in order to reach commitments to higher health spending as a proportion of GDP. At the same time, improvements in programming efficiency and reallocation of resources for greater impact can be undertaken, consistent with the UNAIDS Investment Framework.[46] This includes strategic integration of HIV and other services, innovative financing and co-financing approaches, strengthened governance, ensuring appropriate focus on key populations and synergies with other development objectives. Sustainable financing for HIV and health should also contribute to achieving universal health coverage by reducing health inequities and minimizing financial hardship on the poor.

Key UNDP service offerings include policy and programme support on:
- Improving efficiencies, including allocative efficiencies, for HIV and health;
- Innovative approaches to sustainable HIV and health financing, including developing investment strategies and national investment cases using a rights-based approach and leveraging other UNDP activities such as social contracting of NGOs, environmental impact assessments to increase domestic financing for health.

In Eastern Europe and Central Asia, UNDP and partners have supported Armenia, Belarus, Kazakhstan, Kyrgyzstan, Moldova and Tajikistan to develop sustainable financing approaches to HIV responses, including the review of legal and regulatory frameworks for antiretroviral medicines, modelling optimized investment approaches, developing case studies to document the experience of NGOs transitioning to domestic sources of funding and NGO social contracting approaches to provide HIV-related services to key populations at higher risk of HIV. UNDP is also producing country-specific factsheets to serve as practical guidance for sustaining the critical role of NGOs in providing HIV services to marginalised key populations by highlighting their service outreach, summarizing existing legal and regulatory frameworks for NGO social contracting and providing recommendations on how social contracting can be used to provide HIV services at national, sub-national and municipal levels.

Photo: UNDP Brazil

Action area 3:
Building resilient and sustainable systems for health

Chronically weak and fragile systems for health in many countries are highly susceptible to shocks that result from political, economic and health crises and humanitarian and natural disasters. Through the provision of a wide range of implementation support services, the promotion of inclusive social protection programming and attention to environmental dimensions of systems for health, UNDP aims to build the resilience of countries for sustainable and risk-informed responses to health and other development challenges.

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

Many countries are poorly equipped to deal with shocks that may result from a sudden economic downturn, political instability, armed conflict, natural disasters, health shocks and other humanitarian crises and emergencies. Such events have the potential to significantly reverse health and development gains. Building the resilience of countries to both prevent and mitigate the risks of crises and conflict is a key priority for UNDP across all its development programming. This can include both addressing the development impact of health crises, such as the Ebola outbreak in West Africa in 2014-15, and – within the context of UNDP's work on crisis response and early recovery – building the capacity of countries to implement risk-informed systems for HIV and health and integrate health more effectively into post-crisis recovery efforts.

Resilience-building is a key element of UNDP's work in countries where it acts as interim Principal Recipient of funding from the Global Fund to Fight AIDS, TB and Malaria. These are countries that have significant national capacity constraints and weak institutions and/or that face complex emergencies or other challenging operating environments. In these countries, UNDP provides extensive implementation support services that are complemented by longer-term capacity-building that includes strengthening financial and risk management, procurement systems for health commodities, monitoring and evaluation, training and health governance mechanisms, as well as support for civil society and additional resource mobilisation. UNDP is also able to leverage its in-country policy capacity to improve the overall quality of Global Fund-financed programmes.

Key UNDP service offerings include policy and programme support on:
- Supporting implementation and management of large-scale health programmes in countries facing development challenges and complex emergencies;
- Developing capacities of national entities in these setting to sustainably manage domestic and international health financing and to deliver health programmes;
- Strengthening national health-related policy and programming in challenging operating environments in specific areas of UNDP expertise, including human rights, gender equality, key populations, sustainable financing and procurement of medicines and other health products.

> By June 2015, the UNDP-Global Fund partnership had helped 2.2 million people with HIV access life-saving antiretroviral treatment, equal to one in eight people on HIV treatment in low – and middle-income countries. Major implementation support has also been provided for the scale-up of TB and malaria programmes.[2] As a result, six countries (the Plurinational State of Bolivia, Islamic Republic of Iran, Kyrgyzstan, Sao Tome and Principe, Tajikistan and Zambia) had decreased the incidence of malaria by 75 per cent and 13 countries (Angola, Belarus, Belize, Bosnia and Herzegovina, Cuba, El Salvador, Haiti, Kyrgyzstan, Montenegro, Sao Tome and Principe, Syrian Arab Republic, Tajikistan and Turkmenistan) had exceeded the global target of 70% of TB case detection rate set for 2015.

[2] Cumulative since beginning of implementation of the grants, as of end-2013

Building on social protection portfolios and leveraging experiences in responding to HIV, UNDP worked with the UN Mission for Ebola Emergency Response, UN Capital Development Fund, UN Population Fund, World Food Program and the International Federation of Red Cross and Red Crescent Societies to design and implement national Payments Programmes for Ebola response workers. UNDP's support strengthened core government functions and capacities needed to ensure timely payment of nearly 50,000 Ebola response workers, or around 70 percent of the estimated total Ebola response workforce across Guinea, Liberia and Sierra Leone. This helped to ensure the continuity of essential health and community services. The 2014 Ebola outbreak in West Africa also had a direct impact on Global Fund-supported programmes in Guinea, Liberia and Sierra Leone, jeopardising the continuity of essential HIV services and retention of people on treatment. UNDP sought to secure access to antiretroviral drugs and HIV prevention interventions – including programmes to prevent mother-to-child HIV transmission – by helping to re-program existing Global Fund grants to ensure continued access to essential services and treatment.

In addition to its work directly supporting health procurement in many countries, UNDP is a co-founder of the UN Informal Interagency Task Team for Sustainable Procurement in the Health Sector, through which it works with partners to develop normative guidelines, engages suppliers and manufacturers and collaborates with donors to promote sustainable procurement practices.

Photo: J A Wainwright/UNAIDS Viet Nam

Priority 3.2: Inclusive social protection

Policymakers have increasingly recognised the importance of social protection in tackling poverty and promoting resilience. Social protection is a key element of efforts to achieve universal health coverage and reduce financial hardship on people accessing health and related services.[47, 48, 49] Social protection has been particularly recognised for its capacity to address HIV-related vulnerabilities arising from the financial burden on HIV-affected households. Such households may experience impoverishment, food insecurity, psychological stress, discrimination and social exclusion; women and girls are particularly vulnerable in these settings. Cash and food transfers and social health protection are among the approaches that may prevent HIV directly or indirectly. Social protection programmes can also increase the uptake of critical HIV prevention services.[50, 51,] Measures that expand access to health services – including vouchers, exemptions, abolition of fees and cash transfers to cover costs such as transportation to clinics in rural areas – can lead to better adherence to medicines. Households receiving cash transfers are more likely to seek health care for sick children, are more food secure and are more likely to adopt other strategies to strengthen their livelihoods and household finances.

UNDP supports countries to implement inclusive social protection programmes that integrate a range of health needs, including HIV (HIV-sensitive social protection). Inclusive social protection should involve multiple sectors and partners; engage affected individuals, networks and communities – especially women, girls, people living with HIV and key populations – protect and enhance human rights and gender equality, and contribute to sustainability.

Key UNDP service offerings include policy and programme support on:
- HIV-sensitive social protection programmes;
- Building the evidence base for inclusive social protection for HIV and health and its contribution to achieving universal health coverage, promoting equity and addressing barriers to accessing health and social services.

In India, UNDP has supported state level authorities in Odisha, Rajasthan and Tamil Nadu to make social protection schemes more HIV–sensitive. In Rajasthan, a widow pension scheme was amended so that HIV widows can now access a pension at the age of 18, instead of 40. In Odisha, the Madhu Babu Pension Scheme was modified to include all people living with HIV, regardless of age, marital status, economic status, caste and gender. Tamil Nadu was the first state to implement a Transgender Welfare Policy that enables transgender people to: access free sex reassignment surgery in public hospitals; housing; various citizenship documents; admission in government colleges with full scholarship for higher studies; alternative sources of livelihood through self-help groups for savings; and income-generation programmes. Tamil Nadu was also the first state to form a Transgender Welfare Board with representatives from the transgender community.

UNDP is working with civil society partners on HIV-sensitive social protection in Algeria, Djibouti, Egypt and Tunisia. This includes policy research and convening civil society and government partners to increase awareness and capacity to address the needs of people living with and affected by HIV through social protection schemes.

Priority 3.3: Planetary health

UNDP recognises the health of the planet as critical to achieving sustainable development. Environmental, animal and human health are closely linked: environmental hazards influence over 80% of the communicable and non-communicable diseases worldwide.[52] Environmental degradation of air, water, and land has resulted in a significant loss in biodiversity; as a result, disease patterns are changing and new diseases are emerging.[53] The recent outbreak of Ebola in West Africa highlighted the overlapping drivers of disease and environmental degradation, the synergies between health and other areas of development and the need for a more integrated approach to human, animal and environmental health.

Climate change is expected to have an increasingly significant impact on human health by placing pressure on the fundamental requirements of good health: clean air, safe drinking water, adequate sanitation and sufficient food.[54] More attention is needed to ensure that early warning systems for climate change and assessments of environmental impact of development projects include an assessment of health risks. UNDP is exploring opportunities to provide support to countries to develop 'green health services' that minimize their environmental impact through environmentally- sensitive health procurement, the effective management of medical waste and the incorporation of renewable energy sources. Strengthened resilience, effective governance and cooperation across sectors are all essential in managing the multiple risks and impact of climate change and environmental hazards on planetary health.

Key UNDP service offerings include policy and programme support on:
- HIV, health and gender-sensitive environmental impact assessments;
- Integrated development solutions to address the nexus of health, environmental degradation and climate change; and
- Sustainable health procurement and medical waste management.

In Africa, UNDP has undertaken an assessment of potential gains for the Zimbabwean primary health care system of switching to renewable energy sources and in Zambia UNDP provided support for the establishment of Solar Photo-Voltaic power systems in several primary health care clinics that provide antiretroviral treatment for people living with HIV. The energy generated in these clinics is used to maintain quality of medicines and laboratory reagents and enables water pumping and purification. More dependable electricity also allows the option of implementing a wider range of diagnostic equipment required for monitoring patients with HIV, TB and malaria.

UNDP's work on 'greening' health systems in Eastern Europe and Central Asia focuses on addressing the environmental determinants of health and the environmental impact of UNDP programming. This work includes regional policy development through representation in the European Ministerial Environment and Health Task Force coordinated by WHO, innovations to support countries with Global Fund grants on carbon accounting and emission reduction, as well as environmental safeguarding of health waste management and strategic and technical support as co-founder of the informal Interagency Task Team for Sustainable Procurement in the Health Sector. UNDP also supports selected countries to address the negative impacts of the health sector on the environment. Carbon footprinting and cost analyses have been conducted in Montenegro and Tajikistan and rapid waste management assessments of HIV and TB programmes were conducted in Bosnia and Herzegovina, Belarus, Kyrgyzstan, Tajikistan, Uzbekistan and Zimbabwe. A Healthcare Waste Management Toolkit Package for Global Fund Practitioners and Policy Makers has also been developed.

UNDP and partners, including the African Development Bank, are also supporting 10 countries in East and Southern Africa to include HIV and gender-related issues into environmental and social impact assessments (ESIA). For example, Lesotho improved analysis of HIV and gender in ESIA reports; Mozambique included HIV and gender integration in ESIAs in the new HIV national solidarity programme, and Botswana has developed a customized ESIA guideline and established a multisectoral national ESIA monitoring team. South Africa has included a study on the Medupi power station and its overall impact on HIV and gender relations in surrounding communities and among construction workers that has informed in the national strategic plan for HIV. UNDP policy guidance for ESIAs is being expanded to include NCD and malaria sensitivity.

UNDP hosts the UN Initiative for Sustainable Procurement in the Health Sector (SPHS). The SPHS aims to integrate sustainable procurement systems into global health policies and practices and facilitates an overall reduction in the UN environmental footprint. The initiative coordinates the introduction of green procurement in the health sector among its members and leverages the normative mandate and joint procurement volumes of member agencies to influence the global health aid market towards greener health systems and green economies. Steps such as integrating sustainable procurement systems into global health aid policies and practices, facilitating the process of developing and setting targets and timelines for an overall reduction in the UN environmental footprint and ensuring the principle of doing no harm are among the main objectives of the SPHS. UNDP has also supported the development of Greenhouse Gas Accounting Sector Guidance for Pharmaceutical Products and Medical Devices.

4 Key partnerships

UNDP works with a wide range of partners across development sectors, including governments, civil society organisations, academia, key population networks, UN agencies and multilateral and bilateral donors. Key HIV and health partnerships are described below.

Joint United Nations Programme on HIV/AIDS

In its role as a founding co-sponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNDP's contribution is guided by the UNAIDS Strategy 2016-2021: *On the Fast-Track to End AIDS*. The three broad strategic directions of the strategy are to scale up HIV prevention, catalyse the next phase of treatment, care and support, and advance human rights and gender equality for the HIV response. The strategy strongly recognises the links between HIV, health and other areas of development and provides specific global HIV targets for key SDGs.

Under the UNAIDS Division of Labour, UNDP has the major responsibility at global, regional and country levels for human rights and gender equality. UNDP also has the following responsibilities:

- Convenor of agencies working to remove punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV;
- Co-convenor (with UNFPA and UN Women) of agencies working to meet the HIV-related needs of women and girls and to stop sexual and gender-based violence;
- Co-convenor (with UNFPA) of agencies working to empower men who have sex with men, sex workers and transgender people to protect themselves from HIV and to fully access ART;
- A partner agency in areas of work convened by other agencies:

  - Reducing sexual transmission of HIV (co-convened by the World Bank and UNFPA);
  - Ensuring that people living with HIV receive treatment (convened by WHO);
  - Protecting drug users from HIV and ensuring access to comprehensive HIV services in prisons and other closed settings (convened by UNODC);
  - Enhancing social protection for people affected by HIV (co-convened by UNICEF and World Bank);
  - Addressing HIV in humanitarian emergencies (co-convened by UNHCR and WFP); and
  - Providing support to strategic, prioritised and costed national HIV plans (convened by the World Bank).

UNDP also participates in a range of other UN working groups, including the UNAIDS Reference Group on Human Rights.

The Global Fund to Fight AIDS, TB and Malaria

The Global Fund is an innovative partnership of donors, civil society and implementing countries established in 2001 to accelerate progress in the fight against the world's three major infectious diseases. The Fund now raises and invests nearly $4 billion a year to support national HIV, TB and malaria programs in around 140 countries.

UNDP is a key partner of the Global Fund, having acted as interim Principal Recipient of Global Fund financing in 45 countries since 2003, involving total disbursements of more than $3.5 billion. UNDP undertakes this role in countries that are subject to the Global Fund's Additional Safeguards Policy and/or countries that face significant national capacity constraints, complex emergencies or other difficult circumstances and where no other suitable entity could be identified to perform the Principal Recipient role.

UNDP is able to bring its strong country presence and operational capacity to the role of interim Principal Recipient. UNDP country offices typically manage and disburse funding to sub-recipients, provide fiduciary

oversight, manage risks and undertake reporting to the Global Fund. UNDP may also procure pharmaceuticals and other health products on the country's behalf, support participatory governance through the Global Fund Country Coordinating Mechanism, strengthen policy and legal environments, and help to link Global Fund processes effectively with those of other key national institutions, including the Ministry of Health and civil society groups. In all countries where UNDP plays this role, it is envisaged as an interim arrangement, with the longer-term objective of handing responsibility for grant management over to national entities. Capacity-building for government and civil society are therefore key components of UNDP's work in these countries. By 2015, UNDP had successfully transitioned out of the Principal Recipient role and handed this responsibility to national institutions in more than 20 countries.

At the global level, UNDP also plays an important role as a partner of the Global Fund in areas such as strategy and policy development, civil society mobilisation, advocacy for resource mobilisation, working in challenging operating environments and support for human rights-based programming. UNDP is a member of the Global Fund Human Rights Reference Group.

World Health Organization
While UNDP's collaboration on HIV within the United Nations system is primarily managed through the mechanisms and structures of the Joint UN Programme on HIV/AIDS, UNDP collaborates with WHO on a number of other health-related issues including three areas related to NCDs: (1) implementation of the 2011 Political Declaration on NCDs; (2) implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC); and (3) continued implementation of the social determinants of the health agenda.

UNDP works closely with WHO as a member of the UN Interagency Task Force on the Prevention and Control of Non-communicable Diseases, established in 2014 through an ECOSOC resolution. Within the division of labour for the Inter-Agency Task Force on NCDs, UNDP (with WHO and UNAIDS) convenes the work of relevant UN organisations and other intergovernmental organisations 'to strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of NCDs.' UNDP is also a lead agency in supporting countries to implement Article 5 of the WHO FCTC, which relates to national planning, governance structures and reducing tobacco industry interference in policymaking. UNDP's collaboration with WHO illustrates how the core competencies of the UN health (WHO) and development (UNDP) agencies can be combined to support multisectoral responses for health.

Other partnerships
UNDP helped to establish and remains a Cosponsor of the Special Programme of Research, Development and Training in Human Reproduction, founded in 1972, and of the Special Programme of Research and Training in Tropical Diseases, which was established in 1975. UNDP also has strong partnerships with several special disease-focused initiatives including Roll Back Malaria and the Stop TB Partnership, and works closely with the Secretariat for the Framework Convention on Tobacco Control. UNDP has been the driver for the establishment of the UN initiative on Sustainable Procurement in the Health Sector (SPHS) that includes seven UN agencies and the Global Fund, the Global Alliance for Vaccines and Immunizations and UNITAID, and hosts the SPHS Secretariat. UNDP also works with a wide range of regional platforms including development banks and intergovernmental political and economic associations.

5 Performance monitoring and accountability

Implementation of UNDP's work in HIV, health and development is monitored at four levels, using existing mechanisms.

Monitoring and reporting of progress towards global goals and targets
At the global level, regular reviews are undertaken to assess progress on the commitments and targets established in the United Nations Declaration of Commitment on HIV/AIDS, Political Declaration on HIV/AIDS and Sustainable Development Goals. These reviews build on the data received from countries through the reporting framework set by the United Nations General Assembly Special Session on HIV/AIDS and other monitoring and evaluation mechanisms.

UNDP framework for results-based management
UNDP is able to systematically measure its programmatic and institutional performance under the UNDP Strategic Plan 2014-2017 through an Integrated Results and Resources Framework (IRRF). In addition, Results Oriented Annual Reporting (ROAR) is used to monitor and evaluate the response at country level. The ROAR enables country offices to carry out a performance self-assessment, based on their plans for the past year. ROAR also provides space for critical reflection on progress made and challenges encountered, from which lessons and evidence are fed back into programme management. The ROAR is also the key mechanism for holding UNDP units accountable to the Executive Board for results in the framework of the Strategic Plan and of their respective programmes at global, regional and country levels. UNDP headquarters uses the information generated by country offices to carry out analyses for corporate oversight and monitoring purposes, as well as for reporting to the Executive Board.

Global Fund to Fight HIV/AIDS, TB and Malaria
Monitoring and evaluation are intrinsic to the Global Fund's system of performance-based funding, which ensures that funding decisions are based on a transparent assessment of results against time-bound targets. During the lifetime of a grant, in addition to financial reporting requirements, Global Fund-related monitoring activities include regular tracking of the delivery rates of UNDP interim Principal Recipients; six-monthly assessments of the UNDP Executive Balanced Scorecard indicator 'Sound Project Management of Global Fund'; quarterly review of the Risk Management Strategy and monthly assessment of the average grant performance ratings of Global Fund grants where UNDP is the interim Principal Recipient.

The UNDP Global Fund Partnership Team monitors the performance of the grants in its portfolio on a monthly basis through a review of latest Grant Performance Report and Programmatic Performance Review component of the Global Fund's Management Letter issued for every reporting period.

UNAIDS Unified Budget, Results and Accountability Framework
UNDP's HIV work is detailed in the UNAIDS Unified Budget, Results and Accountability Framework (UBRAF). The UBRAF outlines the role of the Joint Programme in the HIV response and comprises a business plan and a results, accountability and budget matrix. It guides operational planning at global, regional and country levels by identifying the expected results of the Joint Programme, providing the framework against which budgetary allocations are made and serving as basis for performance monitoring and strengthened accountability of the Joint Programme.

Annual performance reviews, conducted by Cosponsors and the Secretariat, take place at country, regional and global levels. A web-based tool, the Joint Programme Monitoring System (JPMS) is used to collect, collate and analyse performance information. Reporting in the JPMS starts at the country level, by Joint UN Teams on AIDS, and provides the basis for adjustments in plans and programmes.

6 A global team for HIV, Health and Development

UNDP's work in HIV and other areas of health is undertaken by an integrated team working at and across global, regional and country levels. At the global level, the work is led by the HIV, Health and Development Team based in the Bureau for Policy and Programme Support at UNDP headquarters in New York. This team focuses on global level advocacy, policy, strategy and partnerships, and provides support for adaptation and implementation of policies and programmes across and by regional and country offices.

A UNDP Health Implementation Support Team with staff based in Geneva, New York and select regional hubs provides assistance to country offices that are acting as interim Principal Recipients for Global Fund funding. This team also helps to analyse and apply lessons from experience in these countries to broader HIV, health and development policies and programmes.

UNDP has HIV, Health and Development staff working in its Regional Hubs and Offices in Africa (Addis Ababa), Asia Pacific (Bangkok and Suva), Latin America and the Caribbean (Panama), Eastern Europe and Central Asia (Istanbul) and the Arab States (Amman). Regional staff promote integrated approaches to HIV and other health and development challenges and leverage partnerships at the regional level and provide support to country offices for implementation of UNDP programming. The Regional Hubs and Offices may emphasise different health and development priorities depending on regional and country needs and context.

UNDP has a presence in 170 countries and territories, of which approximately 100 have staff working on health-related issues. In each country office, the UNDP Resident Representative nominally serves as the coordinator for the development activities of the UN system as a whole. UNDP's core strategies are designed to provide sufficient flexibility for each county office to find an entry point into HIV and health that suits its own circumstances and United Nations Development Assistance Framework priorities.

Recognising the different circumstances of each country, UNAIDS invites UN Country Teams and Joint UN Teams on AIDS, of which UNDP is a member, to adapt the UNAIDS Division of Labour to suit country circumstances and the relative strengths of UNAIDS Cosponsors in different settings.

In countries where UNDP acts as interim Principal for the Global Fund to Fight AIDS, TB and Malaria, a dedicated Programme Management Unit is established.

Many UNDP country offices make significant contributions to national and local HIV and health responses. Typical activities may include:

- Integrating attention to the social, economic and environmental determinants of HIV and other health issues as part of plans and strategies to achieve the SDGs;
- Using HIV and other health work as an entry point to leverage broader action on human rights, gender equality, social inclusion and access to justice; and
- Leveraging specific Global Fund-supported programming for broader impact on national HIV and health policy and programming.

Country offices that are less involved in work on HIV and other health issues may still coordinate with Regional Hubs and headquarters to ensure that at least some attention is paid to issues such as determinants of health, HIV, gender or human rights as part of UNDP country programming or the activities of local and international partners.

Suggested reading

General:

- UNDP Strategic Plan 2014-2017 – Changing with the World.
- UNDP Gender Equality Strategy 2014-2017.
- UNDP Youth Strategy 2014-2017.
- UNDP Strategy on Civil Society and Civic Engagement.
- UNAIDS Strategy 2016-2021 – On the Fast Track to End AIDS.
- Global Fund Strategy 2017-2022 – Investing to End Epidemics.
- WHO Framework Convention on Tobacco Control.
- WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020.
- The Global Strategy for Women's, Children's and Adolescent's Health 2016-2030.

Action Area 1:
Reducing Inequalities and Social Exclusion that drive HIV and poor health.

Gender:
- Roadmap on mainstreaming gender into national HIV strategies and plans.
- Discussion Paper: Gender and Malaria.
- Discussion Paper: Gender and Tuberculosis.

Key Populations:
- Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations.
- Implementing Comprehensive HIV and STI programmes with Men Who Have Sex with Men.
- Implementing Comprehensive HIV and STI Programmes with Transgender People: Practical Guidance for Collaborative Interventions.
- Implementing Comprehensive HIV/STI Programmes With Sex Workers: practical approaches from collaborative interventions.

Photo: G M B Akash/UNDP Nepal

Action Area 2:
Promoting Effective and Inclusive Governance for Health.

Global Commission on HIV and the Law:
- Global Commission on HIV and The Law (website)
- HIV and the Law: Risks, Rights and Health

Non-communicable Diseases:
- Discussion paper: Addressing the Social Determinants of Non-communicable Diseases
- Tobacco Control Governance in Sub-Saharan Africa
- Ensure Healthy Lives and Well-Being for All: Addressing Social, Economic and Environmental Determinants of Health and the Health Divide in the Context of Sustainable Human Development

Access and Delivery Partnership:
- Access and Delivery Partnership (website)
- ADP Status Report 2015
- ADP Booklet: An overview of the ADP Project

Action Area 3:
Building Resilient and Sustainable Systems for Health.

Global Fund to Fight AIDS, Tuberculosis and Malaria:
- Global Fund To Fight AIDS, Tuberculosis and Malaria (website)
- Global Fund Capacity Development Toolkit (website)
- Checklist for Integrating Gender into the New Funding Model of the Global Fund to Fight AIDS, TB and Malaria

Health emergencies:
- Issue Brief – Payments Programme for Ebola Response Workers

Inclusive Social Protection:
- Discussion Paper: Cash transfers and HIV Prevention

Planetary Health:
- Ensure Healthy Lives and Well-Being for All: Addressing Social, Economic and Environmental Determinants of Health and the Health Divide in the Context of Sustainable Human Development

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