







UNDP SUPPORT TO THE IMPLEMENTATION OF SUSTAINABLE DEVELOPMENT GOAL 3

ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES









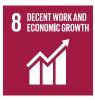
































SUSTAINABLE DEVELOPMENT

A path towards global prosperity, human well-being and a healthy planet

The world has achieved remarkable gains in human development over the past two decades. Extreme poverty has significantly reduced, access to primary education and health outcomes has improved, and substantial inroads have been made in promoting gender equality and the empowerment of women. The pursuit of the eight Millennium Development Goals has contributed to this progress and enabled people across the world to improve their lives and future prospects. Yet, despite these significant gains, extreme poverty remains a key challenge, with more than 700 million people globally living on less than US\$ 1.90 PPP (purchasing power parity) per day. Inequalities are either high or widening, especially within countries. Unemployment and vulnerable employment levels are high in many countries, particularly among youth. Unsustainable consumption and production are pushing ecosystems beyond their limits—undermining their ability to provide services vital to life, development, and their own regeneration. Shocks associated with macroeconomic instability, disasters linked to natural hazards, environmental degradation, and socio-political unrest impact negatively on the lives of millions. In many cases, these shocks hold back, if not reverse, progress already achieved in meeting national and internally agreed development goals. Preserving the gains that have been made and addressing the current development challenges the world faces cannot be solved by tinkering at the margins.

There is an imperative today to foster sustainable development. A vision for what this encapsulates is laid out in the new sustainable development agenda that aims to end poverty, promote prosperity and people's well-being while protecting the environment and fostering just, peaceful and inclusive societies by 2030. As the UN's Development arm, UNDP has a key role to play in supporting countries to make this vision a reality—putting societies on a sustainable development pathway, managing risk and enhancing resilience, reducing inequalities and exclusion and advancing prosperity and wellbeing.

Building on its core strengths—a large country network in more than 170 countries and territories, a principal coordination role within the UN Development System, and the proven ability in supporting efforts to reduce poverty, inequality and exclusion, and protect vital ecosystems—UNDP has outlined a vision in its Strategic Plan 2014-17 focused on making the next big breakthrough in development: to help countries achieve the simultaneous eradication of poverty and significant reduction of inequalities and exclusion. While ambitious, this vision is within reach and significant inroads can be made in eradicating poverty, reducing inequalities and exclusion, and safeguarding the environment. At the same time, UNDP's work at the intersection of development, peace and humanitarian action helps to sustain peace and ensure that countries are equipped to prepare for and withstand the impact of shocks caused by economic crises, conflict, disease outbreaks and natural disasters.

In line with this vision, UNDP has worked within the United Nations Development Group (UNDG) in developing a strategy for effective and coherent implementation support of the new sustainable development agenda under the acronym 'MAPS' (Mainstreaming, Acceleration, and Policy Support). The Mainstreaming component of MAPS aims to generate awareness amongst all relevant actors and help governments land the agenda at national and local levels; and ultimately to mainstream the agenda into their national plans, strategies and budgets. The Acceleration component focuses on helping governments accelerate progress on Sustainable Development Goal (SDG) targets, by providing tools that will help identify critical constraints to faster progress and focus on those development objectives that are more relevant to the country context. The Policy Support component aims to provide coordinated and pooled policy support to countries working to meet their SDG targets. In this regard, UNDP offers an integrated package of policy support services that align with its programming priorities. These services, as outlined in the prospectus, cover a wide range of areas: poverty reduction, inclusive growth and productive employment, gender equality and the empowerment of women, HIV and health, access to water and sanitation, climate change adaptation, access to sustainable energy, sustainable management of terrestrial ecosystems, oceans governance, and promotion of peaceful and inclusive societies.

With this integrated package of policy support services, UNDP stands ready to support country partners to effectively implement the new development agenda and make long-term economic prosperity, human and environmental well-being a reality.





































ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

Why does this matter?

Health is core to human development. Just as health shapes development, development shapes health. The Sustainable Development Goals recognize that a wide range of health challenges strongly affect social and economic development, and that investments in health and other areas of development are mutually reinforcing.

Healthy people are better able to contribute to the social, political and economic development of their communities and countries. 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, an estimated 24% of full income growth in low- and middle-income countries has been attributed to health improvements.

Major global health priorities identified under SDG 3 include both infectious and noncommunicable diseases, substance abuse, 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, regulatory frameworks that promote access to medicines and vaccines and strengthening capacity to address health emergencies.

The SDG target 3.8 on universal health coverage (UHC) aims to ensure that all people obtain needed preventive, curative and rehabilitative health services without financial hardship. The concepts of universality and affordability mean that UHC is an important human rights and development issue. Fully realizing the promise of UHC will require measures that complement and support universally available and affordable health services, such as action on the social, economic and environmental determinants of health; laws, policies, and governance mechanisms that promote health, and measures to address inequalities and exclusion that act as barriers to accessing health services for the most marginalized and vulnerable people.



Comprehensive progress on many SDGs, including ending poverty, will only be possible by ensuring that policy and programming responses include efforts to address health.

Poverty and poor health are closely linked. Poverty leads 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 into poverty.³

The major pandemic diseases - HIV, TB, malaria and neglected tropical diseases (NTDs) - which together cause more than five million deaths per year and account for around 11% of global disease burden - disproportionality affect poor and marginalized populations and adversely impact on adult productivity. The social and economic burden of noncommunicable diseases (NCDs) on the poor is also rapidly growing: NCDs are now the single greatest cause of preventable illness, disability and mortality worldwide. It has been estimated that cumulative losses in economic output in low- and middle-income countries as a result of NCDs could exceed \$20 trillion by 2030. 56

SDG 1 (End poverty in all its forms everywhere) includes specific targets on social protection and access to basic services, both of which are critical to reducing poverty and improving health.

Deepening and divisive inequalities and social exclusion place a tremendous burden on health and other areas of development. Gender-sensitive and inclusive, rights-based approaches are essential both to improve health outcomes and increase social and economic wellbeing.

Gender inequality and gender-based violence are strong drivers of poor health and development outcomes for women and adolescent girls, including HIV infection. 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.⁷

Gender-based violence has direct implications for women's and girls' risks of acquiring HIV and significantly impacts their ability to cope with the disease – with forced or coercive sexual intercourse with an HIV infected partner being one of the most common routes of HIV transmission for women. Violence or fear of violence







































has also been implicated as a barrier to disclosure of HIV status among those women who do seek testing.

Sustained attention to the negative health consequences of gender inequality is essential to achieving SDG 5 (Achieve gender equality and empower all women and girls).

The drivers of social exclusion – such as stigma, discrimination, marginalization and punitive laws, policies and practices - limit people's access to basic services and increase health risks. This is especially the case for key populations at high risk of acquiring HIV, such as gay men and other men who have sex with men, transgender people, sex workers and people who inject drugs. In Eastern Europe and Central Asia, for example, data show that people who inject drugs account for more than 60% of cumulative HIV cases, but less than a guarter of them have access to HIV treatment, largely as a result of stigma, criminalization and exclusion.8 Because of such barriers, 45% of new HIV infections globally occur among key populations and their immediate partners.9 Other populations also experience exclusion that affects their health and prosperity. Prisoners and people with disabilities, for example, are among the poorest and most

marginalized in the world. In some settings, migration is an independent risk factor for HIV because migrants lack access to basic services and experience increased frequency of transactional sex and gender-based violence.

Action to address stigma, discrimination and social exclusion that prevents key populations from accessing HIV and other health and social services will make strong contributions to achieving SDG 10 (Reduce inequality within and among countries) and SDG 16 (Promote just, peaceful and inclusive societies).

Conflicts, protracted crises and health shocks increase health risks for people, including in countries that lack resilient systems for health.

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. It showed how health shocks can increase fragility and exacerbate the vulnerability of people in countries that lack resilient systems for health. The epidemic struck where health systems were amongst the weakest



in the world, with the three affected countries – Guinea, Liberia, and Sierra Leone – having just 10-20 percent of the internationally recommended health care workforce when the outbreak began. Already facing major constraints to provide normal service in times of stability, the healthcare systems were unable to provide the much needed response to Ebola. The outbreak also highlighted the importance of core government functions – such as the ability to pay health workers – in order to build more resilient systems for health.

People displaced during humanitarian crises are particularly vulnerable to poor health due to lack of adequate access to healthcare and social protection. As a result of the lengthy conflict in Syria, nearly 60% of public hospitals in the country were either completely destroyed or were only partially functional by late 2015, highlighting the critical need for close integration of health policies and programming with broader humanitarian responses and recovery and resilience-building efforts. HIV also remains a key health challenge in crisis and conflict settings: one of every 22 people living with HIV in the world was affected by a humanitarian emergency in 2013. 13

Increasing the resilience of health services, governance and institutions is essential to reducing the health and social impact of shocks, crises and disasters and will also contribute to achieving SDG 11 (Inclusive, safe, resilient and sustainable cities) and SDG 16 (Just, peaceful and inclusive societies).

Climate change and environmental degradation have potentially serious implications for social and economic development, including health.

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, as well as increased susceptibility to health risks. For example, global warming of 2-3°C could increase the number of people at risk for malaria by up to 5% and diarrhea by up to 10%. 14 Close attention to the health impacts of climate change - including upon women, whose disproportionate participation in sectors such as agriculture makes them especially vulnerable – is essential to achieving SDG 13 (Take urgent action to combat climate change and its impacts).

Addressing health challenges comprehensively requires strong partnership and collaboration across development sectors.

The 2030 Agenda for Sustainable Development provides an opportunity to address health, human rights, humanitarian responses, climate change and other development challenges in a more integrated manner than ever before. Progress on health across the SDGs will require innovative and multisectoral approaches that harness synergies between goals, simultaneously address overlapping vulnerabilities and deliver shared gains. Multisectoral action on the health dimensions of the SDGs will also require a sustained commitment to capacity building at local and national levels and to strengthening rules-based trade, public-private and civil society partnerships and participatory decisionmaking, all of which will contribute to achieving SDG 17 (Strengthen the means of implementation and revitalize the global partnership for sustainable development).









36.1 million

people globally were living with HIV [end 2015]



2.1 million

people became newly infected with HIV [end 2015]



people died of tuberculosis (TB) in 2015





Young women aged 15-24 years account for 20% of new infections among adults globally in 2015



45% of new HIV infections globally occur among key populations (gay men and other men who have sex with men, sex workers, transgender people and people who inject drugs) and their immediate partners



According to WHO, HIV is the leading cause of death among women of reproductive age and the second cause of death among adolescents, worldwide



TB is the leading cause of death due to infectious disease



of total global deaths is as a result of air pollution exposure 1



25% of the global disease burden was attributable to modifiable environmental factors 2







85% of premature deaths in developing countries are from noncommunicable diseases and most could be prevented

UNDP's partnership with the Global Fund has supported countries in saving 2.5 million lives



2 million

people currently on HIV treatment



53 million

bed nets distributed achieving universal coverage in 4 countries



doctors, nurses and community health workers were trained to help lead the fight against HIV, TB and malaria

¹ http://www.who.int/mediacentre/news/releases/2014/air-pollution/en/2 Prüss-Üstün A, Corvalán C. Preventing disease through healthy environments. Towards an estimate of the environmental burden of disease. Geneva: World Health Organization, 2006.)

What do we offer?

UNDP's commitment to health 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 significant impact on health outcomes. As a development agency, UNDP focuses on addressing social, economic and environmental determinants of health, which are primarily responsible for health inequalities.

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.

HIV is a particular focus of UNDP's health work because the global HIV response has demonstrated the importance of integrating human rights, gender equality, meaningful inclusion of marginalized populations, community engagement, attention to health disparities and multisectoral collaboration, offering valuable lessons for other fields of health and development. At the same time, the intersections between HIV vulnerability, poverty, inequalities and social exclusion provide important opportunities to integrate HIV responses within broader health and development efforts, and to advance the Agenda 2030 for Sustainable Development.

UNDP works on HIV and other health issues with a broad range of partners across development sectors at global, regional, national and local levels, including governments, UN agencies and other intergovernmental organizations, 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 organization's most extensive partnerships with civil society, including health and human rights experts and key populations at risk of HIV.

UNDP has a strong presence at country, regional and global level, as well as longstanding relationships with major global health partnerships. Under the division of labour of the Joint UN Programme on HIV and AIDS (UNAIDS), UNDP is responsible for human rights, gender equality [co-convening with UNFPA and UN Women]and key populations (co-convening with UNFPA on men who have sex with men, sex workers and transgender people) in the response to HIV. As a key partner of the Global Fund to Fight AIDS, TB and Malaria, UNDP acts as interim Principal Recipient of Global Fund financing in countries that face significant national capacity constraints, complex emergencies or other difficult circumstances and where no suitable national entity is able to do so.







































UNDP's work in HIV and health contributes to the achievement of SDG Goal 3 (health and well-being) and is 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 UN system support to

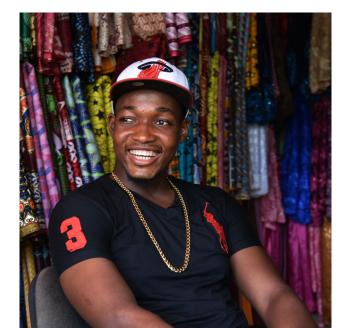
the implementation of the WHO Framework Convention on Tobacco Control (2005), the Global Action Plan for the Prevention and Control of Noncommunicable Diseases (2013-2020) and the Every Woman, Every Child initiative of the United Nations.

| Goal | Goal 3: Ensure healthy lives and promote well-being for all at all ages | | | | |
|------|--|----|--|--|--|
| 3.1 | By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births | 3a | Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control | | |
| 3.2 | End preventable deaths of newborns and children under 5 years of age | | | | |
| 3.3 | End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases | 3b | Support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health | | |
| 3.4 | Reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being | | | | |
| 3.5 | Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol | 3c | Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries | | |
| 3.6 | Halve the number of global deaths and injuries from road traffic accidents | | | | |
| 3.7 | Ensure universal access to sexual and reproductive health-care services | 3d | Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks | | |
| 3.8 | Achieve universal health coverage | | | | |
| 3.9 | Substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination | | | | |

The work of UNDP in policy and programming support to HIV and other health challenges in the context of the SDGs focuses on the following three key areas:

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

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. Work in this area contributes to the achievement of SDG 3 (health and well-being), SDG 5 (gender equality), SDG 10 (reducing inequalities), SDG 11 [sustainable cities and communities] and SDG 16 (peace, justice and strong institutions).



| SDG 5: Achieve gender equality | | | |
|--|--|--|--|
| 5.1 | End all forms of discrimination against all women and girls everywhere | | |
| 5.2. | Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation | | |
| 5.6 | Ensure universal access to sexual reproductive health and reproductive rights | | |
| 5.c | Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels | | |
| SDG 10: Reduce inequality within and among countries | | | |
| 10.2 | Empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status | | |
| SDG 11: Make cities and human settlements inclusive, safe, resilient and sustainable | | | |
| 11.3 | Enhance inclusive and sustainable urbanization | | |

Ensure responsive, inclusive, participatory and representative decision-making at all levels

SDG 16: Promote peaceful and inclusive societies

16.7













































In the area of **gender equality and health**, UNDP policy and programme offerings include:

- 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 programming in national HIV and other health programmes, including by engaging men and boys for gender equality;
- Supporting programmes to end discrimination and violence against women and girls;
- Integrated solutions to address alcohol-related harm, gender-based violence and HIV/health;
- Integrated solutions to eliminate sexual and genderbased violence in humanitarian settings;
- Enabling legal and policy environments for sexual and reproductive health services, and
- Integrated approaches to address the intersections of gender, health, environmental degradation and climate change.

In the area of inclusion of **key populations, and other excluded groups**, UNDP policy and programme offerings include:

 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 and other excluded groups;
- Integrating programming for key populations and other excluded groups into national HIV and other health programmes;
- Strengthening the evidence base on inclusion of LGBTI and other excluded groups and supporting capacity development;
- Strengthening governance of multisectoral HIV and NCD responses in urban settings, and
- Addressing HIV-related stigma and discrimination and violence against key populations in urban and health-care settings.

2. Promoting effective and inclusive governance for health

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 HIV, health and development challenges. Work in this area contributes to SDG 3 (health and well-being), SDG5 (gender equality), SDG 10 (reducing inequalities), and SDG 16 (peace, justice and strong institutions).

| SDG 5: Achieve gender equality | | |
|--------------------------------|---|--|
| 5.3 | Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation | |
| 5.7 | Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws | |
| SDG 10: Reduce inequalities | | |
| 10.3 | Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard | |
| 10.7 | Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the | |

| SDG 16: Promote peaceful and inclusive societies | | | |
|--|---|--|--|
| 16.2 | End abuse, exploitation, trafficking and all forms of violence against and torture of children | | |
| 16.3 | Promote the rule of law at the national and international levels and ensure equal access to justice for all | | |
| 16.12 | Promote and enforce non-discriminatory laws and policies for sustainable development | | |

In the area of **enabling legal, policy and regulatory environments for HIV and health**, UNDP policy and programme offerings include:

- Integrating human rights and removing legal barriers in national HIV and other health programmes; and
- Strengthening legal, policy and regulatory frameworks for increasing access to HIV treatment and other health technologies, in line with the public health provisions of the agreement on Trade-related Aspects of Intellectual Property Rights (TRIPS);
- Improving access to justice for human rights violations that negatively impact upon HIV and health, including a focus on inclusive civic engagement and sensitization of the judiciary, parliamentarians and law enforcement agencies;
- 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.

To strengthen national governance in the areas of noncommunicable diseases and tobacco control, UNDP policy and programming offerings include:

- 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;
- Leveraging assets and lessons from the HIV response for developing and scaling up responses to NCDs;
- Strengthening the evidence base on legislative, executive, administrative and other measures to reduce tobacco consumption, nicotine addiction and exposure to tobacco smoke;







































- Identifying and addressing the social, economic and environmental determinants (SEEDs) of health and health inequality in various contexts, and
- Leveraging UNDP anticorruption expertise to protect public sector policymaking from industry interference.

In the area of **investment approaches for HIV and health**, UNDP policy and programming offerings include:

- Working with countries to improve allocative efficiencies for HIV and health;
- Innovative approaches to sustainable HIV and health financing, including support for investment strategies and national investment cases using a rights-based approach and leveraging other UNDP activities – such as environmental impact assessments – to increase domestic financing for health and universal health coverage.

3. Building resilient and sustainable systems for health

Health systems in many countries are highly vulnerable to the shocks caused by epidemic outbreaks, conflict and climate events. By providing a wide range of implementation support services, promoting inclusive social protection and ensuring that attention is paid to the health consequences of climate change and environmental degradation, UNDP aims to build the resilience of countries for sustainable and risk-informed responses to health and other development challenges, particularly in the context of challenging operating environments. Work in this area contributes to the achievement of SDG 1 (reducing poverty), SDG 3 (health and well-being), SDG 6 (clean water and sanitation), SDG 7 (energy for all), and SDG 12 (responsible production and consumption).

SDG 1: End poverty in all its forms everywhere

- 1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable
- 1.5 Build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters

SDG 6: Ensure availability and sustainable management of water and sanitation for all

6.3 Improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally

SDG 7: Affordable and clean energy

7.1 Ensure universal access to affordable, reliable and modern energy services

SDG 12: Ensure sustainable consumption and production patterns

12.4 Achieve the environmentally sound management of chemicals and all wastes throughout their life cycle, in accordance with agreed international frameworks, and significantly reduce their release to air, water and soil in order to minimize their adverse impacts on human health and the environment

In the area of **implementation support and capacity building for large-scale health programmes**, UNDP offerings include:

- Supporting implementation and management of large-scale health programmes in countries facing development challenges and complex emergencies;
- Developing the capacities of national entities in these settings 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.

In the area of **social protection and health**, UNDP policy and programming offerings include:

- Support for implementation of HIV-sensitive social protection to strengthen national social protection programmes, and
- 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 the area of **climate change, the environment and health**, UNDP policy and programming offerings include:

- Approaches to incorporating health and gender considerations into environmental impact assessments;
- Integrated development solutions to addressing the links between health, environmental degradation and climate change; and
- Sustainable health procurement and medical waste management.









































UNDP IN ACTION

Reducing inequalities and social exclusion that drive HIV and affect health

Gender equality

UNDP has worked with a wide range of development partners in 43 countries to support the inclusion of HIV in national gender plans and women's human rights frameworks. Significant work has also been undertaken to address gender-based violence, such as in Eastern Europe and Central Asia, where UNDP and UNFPA partnered with the Sex Workers Advocacy and Rights Network to document and respond to experiences of violence towards sex workers from state and non-state actors. In Eastern and Southern Africa, UNDP worked to include HIV and gender-related issues in environmental and social impact assessments. In Asia and the Pacific, UNDP and the Asia Pacific Network of People Living with HIV have undertaken an initiative to empower women living with HIV to know and claim their rights in seeking health services, and to report and seek recourse for discrimination and human rights violations that they experience in healthcare settings.

Key populations

In Asia, Africa and Eastern Europe, UNDP is working with governments and civil society to promote the social inclusion of lesbian, gay, bisexual, transgender and intersex people and to reduce inequality and marginalization on the basis of sexual orientation and gender identity. Through the Urban Health and Justice Initiative, UNDP and UNFPA have supported 42 cities worldwide to improve access to HIV prevention, treatment, care and support services for people living with HIV and key populations. Participating cities are working to improve quality of health service delivery, address stigma and discrimination and improve legal and policy frameworks for tackling HIV. For instance, in Dominican Republic, UNDP is supporting an NGO that is providing free- of -charge legal services for key populations in Boca Chica and Santo Domingo, through an innovative approach that includes privatesector collaboration.

Promoting effective and inclusive governance for health

Legal, policy and regulatory frameworks

The landmark report of the Global Commission on HIV and the Law in 2012 presented compelling evidence of the importance of human rights and legal responses in the fight against HIV. UNDP and other partners are now supporting governments and civil society to follow up on the work of the Global Commission in 88 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. As a result of a national dialogue on HIV and the law supported by UNDP in Guyana, for example, the government repealed punitive sections of labour laws and prohibited HIV-related discrimination. In Asia and the Pacific, UNDP, UNAIDS and UNESCAP have supported 20 countries to conduct national reviews or multisectoral consultations on legal and policy barriers to effective HIV responses.

UNDP is also working with partners at regional level, for example, by supporting 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.

In Eastern Europe and Central Asia, UNDP has provided advice on access to essential medicines and intellectual property, such as patent law reform to include TRIPS-related public health flexibilities. 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.

In Africa, UNDP has provided technical support to the African Union Commission and NEPAD with the formulation of the Model Law on medical products regulation which was adopted by Heads of States in 2015. UNDP is also providing support to the formulation of the African Medicines Agency Legal and Institutional Framework and the Coordination of the Pharmaceutical manufacturing Business plan for Africa (PMPA).

Governance of responses to noncommunicable diseases and tobacco control

UNDP works as a close partner with WHO and the Inter-Agency Task Force on NCDs, to strengthen national-level governance and multisectoral engagement in implementing WHO-recommended approaches to NCDs and the WHO Framework Convention on Tobacco Control. UNDP, together with other UN agencies, has supported 15 countries to assess NCD responses and is scaling up south-south work in tobacco control. In 2013, UNDP published a pioneering policy report on addressing the social determinants of NCDs, and has since worked with WHO and other partners to support several countries in developing whole-of-government approaches for NCD prevention and control within UN Development Action Frameworks.

In China - the world's biggest producer and consumer of tobacco - UNDP and WHO have worked together on policy research to assist China in addressing tobacco as a development issue by updating knowledge on the impact of tobacco use on socioeconomic development, estimating the impact of future tobacco use under different scenarios and modelling the impact of different policy options to aid in the prioritization of resources. This work is feeding into discussions on tobacco taxes and the draft national smoke-free law.

Sustainable financing for HIV responses

In Eastern Europe and Central Asia, UNDP and partners have supported countries to develop sustainable financing approaches to HIV, 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. UNDP is also producing country-specific factsheets to promote the critical role of NGOs in providing HIV services to marginalized key populations. The factsheets highlight the effectiveness of NGOs in service outreach, summarize existing legal and regulatory frameworks for NGO social contracting and provide recommendations on how social contracting can be used to provide HIV services at national, sub-national and municipal levels.

UNDP and the London School of Hygiene & Tropical Medicine developed a new co-financing methodology that illustrates how cross-sectoral pooling of resources for structural interventions can be achieved. The approach can help ensure cost-effective and sustainable health investments that work in concert with other sectors. Ethiopia, Malawi, South Africa and Tanzania are advancing with strategic structural interventions that will ensure multiple payers for a programme that benefits many sectors to ultimately contribute to Universal Health Coverage.

Building resilient and sustainable systems for health

Implementation and capacity development support for large-scale health programmes

In 2014, UNDP worked with the UN Mission for Ebola Emergency Response and other development partners to design and implement national payments programmes for Ebola Response Workers to safeguard the continuity of essential health and community services. The programme ensured that nearly 50,000 Ebola response workers (around 70 percent of the estimated total Ebola response workforce across Guinea, Liberia and Sierra Leone) were paid fully and on time. As a result of this effort, workers remained motivated and in service while minimizing the threat of industrial disputes and action.

UNDP has acted as interim Principal Recipient of Global Fund financing in 45 countries since 2003, making total disbursements of more than \$3.5 billion. UNDP brings its strong country presence and operational capacity to the Principal Recipient role: UNDP country



































offices typically manage and disburse funding to subrecipients, 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, 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 2016, UNDP had successfully transitioned out of the Principal Recipient role and handed this responsibility to strengthened national institutions in 26 countries.

Inclusive social protection

In India, UNDP has supported state level authorities to make social protection schemes more HIV–sensitive. Through UNDP assistance, over 100 state and central social assistance schemes extended benefits related to pensions, scholarships, travel allowances, subsidies for food and shelter, among others, to address the needs of people living with or affected by HIV. Lowering the pension age for spouses, for instance, recognizes that they may lose their partners at an earlier stage of life. So far, the schemes have responded to over a million requests for benefits, including multiple types of assistance for individuals with diverse requirements.

Planetary health

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 it provided support for the establishment of solar power in several primary health care clinics that provide treatment for people living with HIV. The energy

generated in these clinics is used to store medicines and laboratory reagents in appropriate conditions, as well as for water pumping and purification.

The UNDP and WHO "Piloting Climate Change Adaptation to Protect Public Health" initiative addresses a wide range of health concerns associated with climate change in Barbados, Bhutan, China, Fiji, Kenya, Jordan, and Uzbekistan. All country projects share four aims to enhance systems of early warning and early action; build capacity of national actors; pilot specific health risk reduction interventions; and document and share lessons learned in addressing the health risks associated with climate change in their area. For example, China focusses on strengthening early warning and response systems to extreme heat in urban settings while Jordan focuses on diarrheal disease control through safety of wastewater reuse as a response to water scarcity.

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 on 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 and host of the Global informal Interagency Task Team for Sustainable Procurement in the Health Sector (iIATT-SPHS). UNDP also supports selected countries to address the negative impacts of the health sector on the environment. For example, 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 several other countries. A Healthcare Waste Management Toolkit Package for Global Fund Practitioners and Policy Makers has also been developed.

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