# **UNDP Results**

Partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria



*Empowered lives. Resilient nations.* 

# **UNDP - Global Fund Partnership**

HIV, tuberculosis (TB) and malaria claim close to 4 million lives annually, and threaten stability and development in many countries. UNDP partners with the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) to support delivery of programmes that prevent, treat and care for people affected by these diseases in countries facing exceptionally difficult circumstances. When requested by the Global Fund, UNDP takes over the administration of Global Fund HIV, TB and malaria grants on an interim basis.

UNDP manages the grants, as Principal Recipient, while simultaneously developing capacity of governments or national civil society entities to assume full responsibility for implementation over time. UNDP also promotes inclusion of human rights and gender equality initiatives into Global Fund grants and ensures that funding reaches vulnerable populations.

As of June 2013, UNDP is implementing grants in 25 countries amounting to US \$1.6 billion.

Countries where UNDP currently manages Global Fund grants	
Angola	Mali
Belarus	Montenegro
Belize	State of Palestine
Bolivia	São Tomé and Príncipe
Bosnia and Herzegovina	South Sudan
Chad	Sudan
Cuba	Syrian Arab Republic
Djibouti	Tajikistan
El Salvador	Turkmenistan
Haiti	Uzbekistan
Iran (Islamic Republic)	Zambia
Iraq	Zimbabwe
Kyrgyzstan	

# Supporting Implementation of Global Fund Grants

With its long-term country presence, operational capacity and accountability framework, UNDP provides an important service to the Global Fund. UNDP can deliver funds, procure goods, provide fiduciary oversight, and manage risk in the most challenging country situations, thus making a significant contribution to the achievement of healthrelated Millennium Development Goals in those countries.

• In **Zimbabwe** UNDP is working with the national government and the Global Fund to increase uptake of HIV prevention services and to sustain universal access to HIV treatment. Currently Zimbabwe is one of only 10 Global Fund countries to have reached universal access to treatment. The country has also seen one of the sharpest declines in HIV prevalence in Southern Africa, from 27 percent in 1997 to under 15 percent in 2011.

• In **Tajikistan** and **Iran** UNDP is supporting efforts to eliminate malaria by developing capacity of national control programmes for early detection and effective treatment. In Iran between 2007 and 2012, the number of positive malaria cases decreased from 6,128 to 141, and in Tajikistan there was a decrease in malaria prevalence from 112 cases in 2010 to 31 in 2012.

• In **Syria** through grants financed by the Global Fund, UNDP has been developing capacity of the National Tuberculosis Programme (NTP) to improve disease management and reduce the burden of TB. Despite the ongoing severe crisis, the NTP has achieved remarkable results in line with international figures, including a 50 percent reduction in TB prevalence and an 88 percent treatment success rate.

• In **Mali** with UNDP support, the Global Fund's HIV prevention and treatment programme has successfully resumed after being temporarily scaled-down due to financial mismanagement, the coup and the conflict situation that ensued. As a result of this support, 50,000 people living with HIV in Mali will continue to have access to life-saving treatment.

# **Developing National Capacity**

Capacity development is an integral part of all UNDP programmes, including those financed through the Global Fund. The capacity development work focuses on strengthening or creating national systems necessary for the delivery of efficient public health programmes. Since the start of the partnership in 2003, UNDP has transitioned out of 23 countries, transferring responsibility for grant management to national entities.

• While managing Global Fund grants in **El Salvador**, UNDP has been strengthening the capacity of the Ministry of Health and other local partners to effectively implement the national HIV programme. El Salvador is now one of three 'accelerated early applicants' of the Global Fund's new funding model. As part of this process UNDP has started to transfer the responsibility of grant management for a new HIV grant to the Ministry of Health and a civil society organization. To ensure a smooth transition, the government of El Salvador and the Global Fund have requested that UNDP temporarily continue to provide capacity development support to the new principal recipients in the following areas: procurement and supply chain management; sub-recipient management; and monitoring and evaluation.

• In **South Sudan** UNDP has focused on strengthening the country's health care system, developing a skilled health workforce and improving access to safe and effective drugs. By the end of 2012, UNDP had helped to train close to 20,000 health service providers and more than 790,000 people were receiving treatment for HIV, TB and Malaria.

• When UNDP took over grant management in **Kyrgyzstan**, some of the local TB centers had not previously received international funding. With UNDP support, capacities to manage funding improved significantly. In the first implementation period of the TB grant, delivery rates of the TB centers were just over 5 percent of the budget. Following efforts to improve management of the grant, the local TB centers demonstrated average fund delivery rates of 85 percent to 95 percent.

# Promoting Good Governance, Human Rights & Gender Equality

As a co-sponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and in line with its core mandate, UNDP promotes inclusion of good governance, human rights and gender initiatives into Global Fund grants while ensuring that financing reaches key populations such as sex workers, men who have sex with men (MSM) and injecting drug users (IDUs).

• In **Belarus**, as part of grant implementation UNDP promoted a human rights-approach to reaching IDUs with HIV services. In partnership with local government authorities, UNDP supported the creation of anonymous counselling points (ACPs), helped to draft a legal framework for the provision of methadone substitution therapy and advocated for extension of HIV services into prisons. By the end of 2011, 37,000 people were accessing ACPs, 700 patients were receiving methadone and 70,000 prisoners had access to HIV services. • In **Haiti** UNDP has linked the Global Fund programme with UNDP's post-earthquake recovery efforts, thus making sure that people displaced by the earthquake benefit from HIV services including key populations at higher risk such as sex workers, MSM and youth. Over 32,000 people are accessing treatment services despite the crisis still facing Haiti.

• In **Nepal** UNDP has promoted rights of most vulnerable groups through Global Fund-financed HIV programmes. Prevention services were scaled-up with the objective of reducing stigma related to HIV, and barriers to access to treatment and counselling services by marginalized groups have been lowered. By 2011, some 180,000 MSM were reached with targeted HIV interventions and a further 54,000 received HIV counselling and testing.

## **Results Highlights**

## HIV

• 1 million, or **1 in 4 of all HIV treatments** funded by the Global Fund are through grants managed through UNDP.

• In Africa, 1 out of every 7 people currently receiving HIV treatment is reached through grants managed by UNDP.

• The number of people on HIV treatment in the world has quadrupled over the past 5 years, in large part due to the steady scale-up of treatment in countries such as Zambia and Zimbabwe, where UNDP is serving as Principal Recipient of the grants.

 54 million people reached by HIV prevention services, 12 million people received HIV counselling and testing, 520 million condoms distributed, and 1.6 million cases of sexually transmitted infections treated through UNDP grants since the beginning of the partnership.

## Malaria

 As of 2012, Global Fund grants managed by UNDP have supported countries in treating 40 million malaria cases –15 percent of the 270 million cases treated with Global Fund support.

• **12.5 million bed nets have been distributed** since UNDP started implementing Global Fund grants.

 5 countries – Bolivia, Iran, Kyrgyzstan, São Tomé and Príncipe and Tajikistan have decreased the incidence of malaria by 75 percent with support from UNDP as Principal Recipient.

### ТΒ

• 13 percent of global TB cases have been detected and treated with the support of UNDP managed Global Fund grants.

• In 14 countries where UNDP has managed the implementation of TB grants, TB case detection rate has exceeded the global target of 70 percent set for 2015.

• 7 countries have seen a **50 percent reduction in TB prevalence** with support from UNDP, and 4 have achieved a 90 percent treatment success rate for new smear-positive TB cases.

#### **United Nations Development Programme**

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