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United Nations Development Programme

HIV, HEALTH AND DEVELOPMENT

STRATEGY NOTE
HIV, Health and Development

2012-2013

CONTENTS

Cover Photo: *Supported by an HIV project, a woman in India weaves cloth using a traditional handloom.*
Photo Credit: *UNDP*

ACRONYMS AND ABBREVIATIONS

AIDS   Acquired Immune Deficiency Syndrome

CEDAW   Committee on the Elimination of Discrimination against Women

CPAP   Country Programme Action Plan

DDR   Disarmament, Demobilization and Reintegration

EIA   Environmental Impact Assessment

Global Fund   Global Fund to Fight AIDS, Tuberculosis and Malaria

HDR   Human Development Report

HIV   Human Immunodeficiency Virus

MDGs   Millennium Development Goals

PRSP   Poverty Reduction Strategy Paper

TB   Tuberculosis

TRIPS   Trade Related Aspects of Intellectual Property Rights

UNAIDS   Joint United Nations Programme on HIV/AIDS

UNDAFs   United Nations Development Assistance Frameworks

UNDP   United Nations Development Programme

WHO   World Health Organization

INTRODUCTION

UNDP has an important role in supporting health outcomes by helping countries to address the social, cultural and economic determinants of HIV and health, in partnership with UN system and other organizations. This is done through UNDP's core work in strengthening governance, institutions and management capacity and in improving aid coordination and effectiveness. UNDP also contributes through its coordinating and convening role in bringing together multiple partners and resources at national and local levels.

UNDP continues to play a crucial role in helping countries to halt and reverse the HIV epidemic as well as to address the social, cultural and economic determinants of health. In doing so, UNDP also becomes more relevant and effective as an overall development actor.

It is essential that UNDP increase its focus and therefore its impact at country level. The key to doing so is to leverage UNDP's mandate and core strengths to help countries improve their health results. UNDP is committed to three HIV and health related outcomes in its Strategic Plan 2008 - 2013, which together fully align and resonate with UNDP commitments in the Joint United Nations Programme on HIV/AIDS (UNAIDS) Strategy "Getting to Zero" and with UNDP's partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

There are three key action areas outlined in this corporate strategy, as well as more specific service delivery areas described under each:

1. Improving HIV and health outcomes through mainstreaming, gender and the Millennium Development Goals (MDGs)

2. Improving HIV and health outcomes through attention to governance, human rights and vulnerable groups

3. Improving HIV and health outcomes through Global Fund implementation support and capacity development

These approaches both reinforce and overlap with each other, as expected in a strategy that is intended to increase focus and to leverage UNDP's mandate and core strengths. At the same time, there is enough difference amongst the core strategies and service delivery areas that each UNDP Country Office should be able to find an entry point that suits its own country circumstances and United Nations Development Framework (UNDAF) priorities.

Different UNDP Country Offices will be involved in varying ways in addressing the development dimensions of HIV and health. UNAIDS recognizes these differing country circumstances by inviting UN Country Teams and Joint UN Teams on AIDS to adapt the UNAIDS "Division of Labour" to suit country circumstances and UNAIDS Cosponsor strengths in different settings.

Many UNDP Country Offices make very significant contributions to national and local HIV and health responses. Priorities for countries with strong involvement in this area include:

- Integrating attention to the social determinants of HIV and health as part of overall MDG acceleration efforts and the shaping of the post-MDG development agenda;

- Using HIV work as an entry point for leveraging broader UNDP work on national human rights institutions, gender equality, access to justice, and inclusion of marginalized populations;

- Prioritizing HIV programming as a case study or model initiative for overall work on public sector reform, inter-ministerial coordination and government-civil society partnership;

- Leveraging downstream work as a Global Fund Principal Recipient into upstream impact on HIV and health policy.

Even for Country Offices that are less involved in health or HIV work, there are many opportunities for UNDP to contribute to national efforts, including:

- Participation in Joint UN Teams on AIDS, where they exist;

- Integration of some attention to HIV, gender and human rights issues in at least one area of UNDP country programming, given UNDP leadership responsibilities in these areas for UNAIDS;

- Coordination with UNDP Regional Service Centres and Headquarters to ensure that the highest-priority country actions on HIV, gender and human rights receive adequate attention from UNDP and the broader UNAIDS family, even if the Country Office itself is not in a position to do all that is needed;

- Support to country efforts to promote tobacco control through legal regulations and anti-corruption initiatives.

Effective action on HIV, health and development matters in and of itself – and it also has the potential to showcase UNDP's overall strength in building empowered lives and resilient nations.

HIV, HEALTH AND DEVELOPMENT

PROMISING PROGRESS, DEEPENING INEQUITIES AND NEW CHALLENGES AHEAD

Health matters. Virtually everyone hopes to lead a long life with a minimum of disease and disability. Most households invest considerable portions of their income in health care, either directly to providers or indirectly through taxes to support government health services.

UNDP identified health as a central component of the first Human Development Index in the 1991 Human Development Report (HDR). A decade later, with publication of the World Development Report 2001, the World Bank shifted from a primary focus on economic growth to more inclusive attention to health, education and social exclusion. Three of the eight MDGs agreed by the international community focus explicitly on health outcomes and two others have significant health components.

Health is a precondition for and an outcome and indicator of the three dimensions of sustainable development.[1] There is a strong and reciprocal relationship between health outcomes and other measures of social and economic progress. Chronic and catastrophic diseases are one of the main factors that push households from poverty into deprivation, as demonstrated yet again in a UNDP multi-country study on the impact of AIDS on households in Asia.[2] While individual diseases tend to have only modest impacts at a macro-economic or country-wide level, decreases in overall morbidity and mortality help to drive productivity and economic growth.[3]

And just as health shapes development, development shapes health. Even in relatively well-off settings like the United States, social circumstances are estimated to directly shape about 15% of health outcomes. Because social circumstances and patterns of development also influence behaviour and the environment, their overall impact on health outcomes is dramatic.[4] Better housing in the late industrial revolution in Britain reduced tuberculosis (TB) rates, before treatment for TB existed. Improving sanitation and increasing access to clean drinking water for the urban poor can significantly reduce health risks and strengthen preparedness to deal with adverse consequences of climate change. Tobacco control does far more to reduce death from lung cancer on a population basis than chemotherapy.

Proportional Contribution to Premature Death

Genetic predisposition 30%
Social circumstances 15%
Environmental exposure 5%
Health care 10%
Behavioral patterns 40%

Figure 1. Determinants of Health and Their Contribution to Premature Death.
Adapted from McGinnis et al.[10]

Improvements in the status of women and the education of girls contribute dramatically to a wide range of health and development outcomes. While there is a relatively weak relationship between rising income per capita and life expectancy, there is increasing evidence that income inequality exacerbates poor health outcomes for the lowest economic quintile, independent of absolute poverty levels.[5]

Most countries have experienced large increases in life expectancy since 1970, although progress has been uneven between and within countries. Despite successes, the gap in life expectancy at birth between the poorest and richest nations is over 40 years, and is widening. Pandemic diseases still disproportionately affect the poor, and the links between poverty and non-

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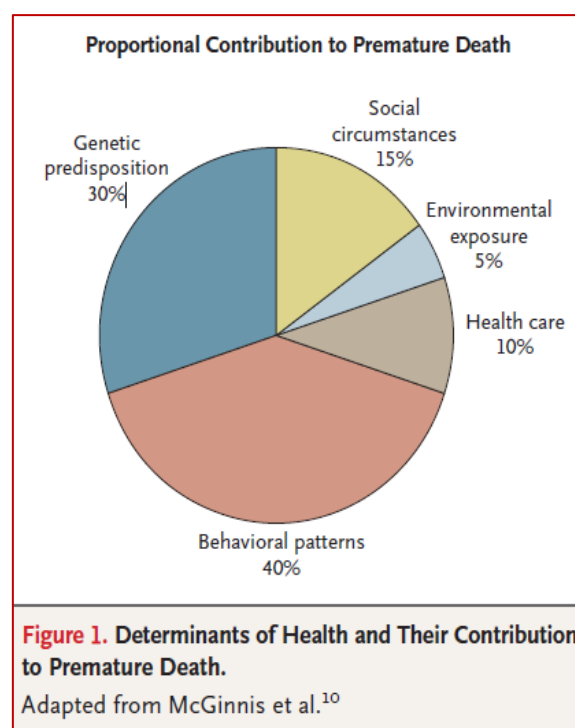
[1] United Nations, 2012. A/RES/66/288. The Future We Want.
[2] UNDP, 2011. The socio-economic impact of HIV at the household level in Asia: a regional analysis. Bangkok, Thailand.
[3] David Bloom et al, 2004. The Effect of Health on Economic Growth: A Production Function Approach. World Development Vol 32, No 1, pp 1013.
[4] Figure 1: Schroeder 2007. We can do better – improving the health of the American people. New England Journal of Medicine.357;12.
[5] SV Subramanian, 2004. Income Inequality and Health: What Have We Learned So Far? Epidemiologic Reviews. Volume 26, Issue1. pp. 78-91

communicable diseases are increasingly recognized as well. Some countries in Sub-Saharan Africa have seen actual falls in life expectancy over the period, primarily due to the HIV epidemic. Progress in improving life expectancy was also reversed in some countries of Eastern Europe and Central Asia after the dissolution of the Soviet Union.[6]

Globally, unsafe sex, the principal mode of HIV transmission, is second to only childhood underweight as the leading cause of premature morbidity and mortality.[7] There are approximately 34 million people living with HIV. While East and Southern Africa is more affected than any other region, there are people living with, and at risk of, HIV in every country in the world. There have been successes in HIV prevention and treatment scale-up over the past decade, but still almost 7,000 people are newly infected with HIV each day and about 1.7 million people died of AIDS-related causes in 2011. Only 47% of adults and only 23% of children eligible for HIV treatment under World Health Organization (WHO) guidelines received such life-saving therapy in 2010.[8]

> ## Mortality in low and middle income countries
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> Annual mortality in low and middle income countries in 2009 included:
> - About 500,000 maternal deaths, 400 per 100,000
> - About 1.8 million deaths linked to contaminated water
> - About 1.8 million deaths from TB, including about 500,000 amongst people living with HIV
> - About 2 million AIDS deaths
> - About 4 million deaths of children under 4 weeks old

The global response to AIDS over the past decade has been accompanied by and has contributed to a broader mobilization on health. Bed-net use for malaria prevention has tripled in 16 out of 20 priority countries since 2000. About 1.6 billion people gained access to safe drinking water since 1990. Death from measles fell from over 750,000 in 2000 to less than 250,000 by 2006. Although progress on reducing maternal mortality is still far short of reaching the target established by MDG 5, maternal mortality rates have fallen by roughly 34% over the past decade – a much greater fall than HIV related mortality.

There is not yet a cure for HIV infection or an effective vaccine, but we now have evidence, technologies, systems and experience that show what works in responding to HIV. With access to antiretroviral treatment, most people living with HIV can be kept alive, healthy and productive for close to a normal life-expectancy. The combination of treatment scale-up and appropriate prevention efforts, within an environment that protects human rights and addresses other relevant social factors, can significantly slow and reverse the spread of new HIV infections while reducing AIDS related mortality. This means fewer children orphaned due to AIDS and reduced health expenditure for households and fragile, under-resourced health systems.[9] These outcomes can be achieved at a relatively low cost.[10] While some evidence and technologies are only recently available, the world could have halted and reversed the HIV epidemic over a decade ago, sparing millions of lives and billions of dollars, had the political will been in place to implement demonstrated good practice.

Resurgent HIV epidemics are becoming more visible. Too many countries and cities have let previously successful HIV prevention programmes stagnate and shrink, rather than finding the right balance between ongoing focused work on HIV and broader efforts to strengthen health and community systems in general. And while the successes of the past decade have been supported in no small part by focused global funding for HIV, TB and malaria, international development assistance for HIV declined by nearly USD $ 1 billion in 2010.[11] The Global Fund, one of two major donors in the AIDS response, announced shortfalls in resource mobilization that foreclose programmatic expansions in 2012-2013.[12] The global economic crisis of 2009 to 2011 and its continuing fallout exacerbate vulnerabilities and contribute to worsening HIV and health outcomes.[13]

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[6] David Canning, 2010. Progress in Health around the World. UNDP HDR Research Paper 2010/43
[7] World Health Organization website, Global Burden of Disease, accessed December 2011
[8] WHO, UNAIDS, UNICEF 2011. Global HIV/AIDS Response Progress Report. Geneva.
[9] The Global Commission on HIV and the Law. 2012. HIV and the Law: Risks, Rights and Health.
[10] UNAIDS, 2011. World AIDS Day Report 2011: Faster, Smarter, Better. Geneva.
[11] Ibid.
[12] Aidspan, Board Cancels Round 11 and Introduces Tough New Rules for Grant Renewals, 167 Global Fund Observer (Nov. 23, 2011).
[13] Lancet 2011; 377: 2031–41. Published Online June 3, 2011 DOI:10.1016/S0140- 6736(11)60702-2

How can the global community solidify the gains made so far in addressing the HIV epidemic and advancing health for the poor? As countries and development actors discuss and debate a new development paradigm, including sustainable development goals and the post-2015 development agenda, how can we ensure that HIV actions and lessons contribute to lasting success for global health and development more broadly? And what is the role of UNDP in this effort?

UNDP'S ROLE

UNDP is the UN's global development network, an organization advocating for change and connecting countries to knowledge, experience and resources to help people build a better life. UNDP is on the ground in 166 countries, working with them on their own solutions to global and national development challenges. UNDP is one of the largest development agencies in the world. With its strong commitment to poverty reduction, a focus on capacity development and a key role in coordination of the UN development system, UNDP is uniquely positioned to help countries build and share solutions to key development challenges.

UNDP's core mandate and strengths allow it to make unique and invaluable contributions to global health. Drawing on experience of gender equality efforts, UNDP recognizes the value of both stand-alone programming specifically designed to improve HIV and health outcomes, and integration of HIV and health sensitivity into other areas of work.

First, UNDP helps countries to mainstream attention to HIV and health into action on gender, poverty and the broader effort to achieve and sustain the MDGs. For example, UNDP works with countries to understand the social and economic factors that play a crucial role in driving health and disease, and to respond to such dynamics with appropriate policies and programmes outside the health sector. UNDP also promotes specific action on the needs and rights of women and girls as they relate to HIV.

HIV and Health in UNDP's Strategic Plan

UNDP's Strategic Plan (2008-2013) calls for "Mitigating the impact of HIV/AIDS, tuberculosis and malaria on human development." The Strategic Plan embeds the response to pandemic diseases within the broader Focus Area of 'Poverty Reduction and achievement of the MDGs' and calls for action in three areas to:
- build synergies between action on HIV and health and broader development plans and processes, including attention to gender inequality
- strengthen governance of HIV and health action, with particular attention to human rights and vulnerable groups
- provide implementation and capacity development support for major HIV and health initiatives

Second, UNDP works with partners to address the interactions between governance, human rights and health responses. Sometimes this is done through focused or specialized programmes, such as promoting attention to the role of the law and legal environments in facilitating stronger HIV responses, including the use of flexibilities in intellectual property law to lower the cost of medicines and diagnostics. UNDP also works to empower and include people living with HIV and marginalized populations who are disproportionately affected by HIV, such as sex workers and men who have sex with men. Beyond these focused efforts, UNDP plays a key role in ensuring attention to HIV and health within broader governance and rights initiatives, including support to district and municipal action on MDGs, strengthening of national human rights institutions, and increasing access to justice for marginalized populations.

Third, UNDP leverages its extensive operational experience to support countries in effective implementation of complex, multilateral and multi-sectoral health projects. The UNDP/Global Fund partnership is central to this work. Some countries are not able to directly access Global Fund financing for MDG 6 efforts on HIV, TB or malaria, particularly those in crisis or post-crisis situations, those with weak institutional capacity or governance challenges, and countries under sanctions. UNDP is often asked to act as an interim Principal Recipient in these settings, working with national partners and the Global Fund to improve management, implementation and oversight of Global Fund grants, while simultaneously developing capacity of national entities to be able to assume the Principal Recipient role over time. UNDP also provides Global Fund related management support in some other countries where a governmental agency has been designated as Principal Recipient but where a partnership with UNDP is important for effective implementation or longer-term capacity development.

Health Ministries around the world play a lead role in curative medicine as well as most direct health promotion activities. WHO leads UN action to support Health Ministries, collaborating closely with UNFPA, UNICEF and the World Bank. **UNDP, though not a specialist health agency, also has an important role in supporting health outcomes by helping countries to address the social, cultural and economic determinants of health. This is done through UNDP's core work in strengthening governance, institutions and management capacity and in improving aid coordination and**

effectiveness. UNDP also contributes through its coordinating and convening role in bringing together multiple partners and resources at national and local levels.

UNDP's strongest contributions to health outcomes come from **action outside the health sector**. UNDP is in a strong position to encourage broad and high-level political commitment to health as a central component of sustainable human development and as a key government responsibility. Most importantly, by working across multiple Practice areas and leveraging UNDP's core development mandate, UNDP can help countries understand and tackle the underlying social, cultural and economic factors that play such a large role in shaping health outcomes. There are strong synergies between HIV and health and virtually every other area of UNDP's work – democratic governance, poverty reduction, crisis prevention and recovery, environment and energy, capacity development, and gender equality and women's empowerment.

UNDP's strengths in leadership, coordination and action outside the health sector all require **strong attention to partnerships**. Within the UN family, UNDP's partnerships on HIV are managed through UNAIDS – the joint and cosponsored UN programme on AIDS. UNDP has specific obligations related to its cosponsorship of UNAIDS, as summarized in the UNAIDS "Division of Labour" and as recently reaffirmed by UNDP's Executive Board (see box below and Annex). There are several other important UN health partnerships involving UNDP, and many of these are partnerships with WHO in support of its role as the lead agency on health (see box above).

At country level, UNDP contributes to HIV and health efforts through partnership with multiple relevant Ministries, with a particular attention to Ministries of Planning, Social Protection, Women's Affairs and Gender Equality, and Home Affairs or Justice. As part of its commitment to decentralized action on the MDGs, UNDP often works with government counterparts at district and municipal levels. A broad range of civil society and private sector partners also collaborate with UNDP country programmes, as do bilateral development assistance actors and an increasing number of philanthropic foundations and other private donors.

UNDP-WHO Partnerships

Building on robust collaboration on HIV, TB and malaria responses, UNDP and WHO are further developing partnerships to address social determinants of health. UNDP's Administrator and WHO's Director-General have jointly called on their Country Offices to support multi-sectoral planning and action related to non-communicable diseases. UNDP and WHO have also agreed to collaborate through a global platform on social determinants of health, and in the area of tobacco control. UNDP helped establish and remains a co-sponsor of the Special Programme of Research, Development and Training in Human Reproduction, which was founded in 1972, and of the Special Programme of Research and Training in Tropical Diseases, which was established in 1975. At a global level, UNDP also has strong partnerships with several special disease-focused initiatives including Roll Back Malaria and Stop TB.

Executive Board Commitment to UNDP Action on AIDS and Alignment with UNAIDS

UNDP's Executive Board decision 2011/41, of 9 September 2011:
1. Takes note of the joint UNDP/UNFPA report on the implementation of the decisions and recommendations of the Programme Coordinating Board of UNAIDS (DP/2011/40-DP/FPA/2011/12);
2. Requests UNDP and UNFPA to ensure, where and as appropriate, that the relevant aspects of their strategic plans and results frameworks for 2014–2017 are consistent with the relevant UNAIDS strategies and frameworks;
3. Requests UNDP, until the adoption of the next strategic plan, to update its current corporate strategy on AIDS to reflect, where and as appropriate, the relevant strategies of UNAIDS and to seek opportunities to integrate the UNAIDS Unified Budget, Results and Accountability Framework into the relevant strategies and policies related to results.

UNAIDS Strategy 2011-2015: Getting to Zero
• Revolutionize HIV prevention, to get to zero new infections
• Catalyze the next phase of treatment, care and support, to get to zero AIDS-related deaths
• Advance human rights and gender equality for the HIV response, to get to zero discrimination

OVERVIEW OF UNDP POLICY AND PROGRAMME SUPPORT

1. IMPROVING HIV AND HEALTH OUTCOMES THROUGH MAINSTREAMING, GENDER AND THE MDGs

UNDP's approach to the HIV pandemic is embedded within a broader development strategy that recognizes the importance of working across sectors to address HIV, gender, social protection, poverty reduction, health and the MDGs in an integrated manner.

Action on key socio-economic determinants through multi-sectoral mainstreaming in development plans, MDG acceleration plans, UNDAFs and CPAPs

The most successful responses to HIV combine strong health services with strategic action in other sectors that address underlying socioeconomic factors that influence the epidemic – such as income and gender inequality, migration patterns, and inadequate protection of human rights. It is increasingly recognized that these socio-economic factors shape other health outcomes as well, including maternal and child health, and that health priorities beyond HIV can also benefit from multi-sectoral action. It is essential that countries understand the full range of benefits that can come from action on social determinants like gender inequality – including progress on multiple health outcomes as well as other social, economic and environmental benefits.

HIV and health mainstreaming strategies need to be tailored for the context of any given country's epidemic. In concentrated HIV epidemics (where HIV is concentrated in key populations), it is usually particularly important to work with Justice or Home Affairs Ministries to address the factors that fuel discrimination against people living with HIV and the factors that make key populations vulnerable – including men who have sex with men, their female partners, injection drug users, sex workers and certain migrants. In generalized epidemics (where HIV is significant in the general population), it is usually appropriate to work with a broader set of Ministries, with particular attention to how gender inequality, income inequality, internal migration and violence can fuel HIV.

> **HIV risk, gender inequality and infrastructure development**
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> Many countries in Africa have embarked on massive infrastructure development as an economic growth strategy. This includes mining, road and railway infrastructure, dams, oil and gas exploration and hydro-electric power generation. All of these capital projects attract migrant labour across the region and this movement of workers has been identified as one of the key structural drivers of the HIV epidemic in Africa. In 2011, UNDP conducted a review of Environmental Impact Assessment (EIA) methodologies in Botswana, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Uganda, Zambia and Zimbabwe. A training guide was published on mainstreaming HIV and gender into EIAs, which is being used in collaborative efforts between National AIDS Commissions and Ministries of Health and Environment. In 2012, the training guideline is being used by environmental management authorities to effect revisions in EIA regulations and by national tender boards, EIA practitioners and beneficiary communities in responding to the HIV and gender needs of migrant workers, construction workers and the communities they interface with when executing capital projects.

Some UNDP Country Offices are also supporting countries to understand how action outside the health sector can improve progress on other health MDGs, in particular MDG 5 on improving maternal and reproductive health. With increasing international awareness about the burden of non-communicable diseases, an increasing number of UNDP Country Offices are supporting mainstreaming in this area as well, in particular through action on tobacco control and diet and nutrition issues.

Within the UNAIDS Division of Labour, UNDP brings attention to multi-sectoral planning and strategic mainstreaming into non-health sectors through the working group on "National AIDS Planning," convened at a global level by the World Bank. UNDP also participates in the UNAIDS working group on "Prevention of Sexual Transmission," promoting action on the social and structural drivers of HIV transmission.

Promoting national leadership, planning, and sustainable financing for MDG 5 in Ghana

The Government of Ghana has recognized that if current trends continue, maternal mortality will decline to only 340 per 100,000 by 2015, and it will be unlikely for Ghana to meet the MDG target of 185 per 100,000 by 2015 unless steps are taken to accelerate the pace of maternal health interventions. UNDP is promoting national leadership and sustainable financing for MDG 5 in Ghana by supporting the National Development Planning Commission to strengthen and align the Growth Poverty Reduction Strategy II as the medium term national strategy to reach the MDGs. UNDP is partnering with the government to ensure that national priorities are linked with MDG 5, including initiatives such as: Safe-Motherhood Initiative, Ghana VAST Survival Programme, Prevention Maternal Mortality Programme, Making Pregnancy Safer Initiative, Prevention and Management of Safe Abortion Programme, Intermittent Preventive Treatment, Maternal and Neonatal Health Programme, and the Roll Back Malaria Programme.

Action on gender inequality and gender based violence

Gender inequality and income inequality are two of the most powerful and pervasive socio-economic factors that influence HIV epidemics. At the same time, there is now strong evidence from countries that strategies to effectively address male and female gender norms, women's economic security, or HIV can lead to beneficial impacts in all three areas. Even more important is the evidence that in some circumstances, simultaneously addressing gender, poverty and HIV can be both less costly and more effective than addressing each issue in isolation.

As part of the mainstreaming efforts described above, UNDP places a particular priority on understanding and addressing the influence of gender inequality on HIV and health. UNDP promotes attention to leadership and rights of women and girls as part of HIV responses, with particular attention to women living with HIV and marginalized women. UNDP works with partners to address gender, poverty and HIV linkages and synergies in policies and plans related to gender based violence, gender equality, involvement of men and boys, public health, MDGs and human development. As noted in the MDG Breakthrough Strategy, UNDP also supports countries to test, evaluate and scale-up interventions and strategies intended to simultaneously address gender, poverty and HIV.

Within the UNAIDS Division of Labour, UNDP and UNFPA co-convene the working group on "Women, Girls and Gender-based Violence," with UNDP promoting action on gender inequality through action outside the health sector, including through legal and economic empowerment. UN Women already collaborates closely with UNDP and UNFPA on these efforts and became a formal cosponsor of UNAIDS in 2012. As noted above, UNDP participates in the UNAIDS working group on "Prevention of Sexual Transmission", promoting action on the social and structural drivers of sexual transmission, including gender inequality.

Promoting HIV-sensitive social protection

HIV and other chronic and catastrophic illnesses have a devastating impact on individuals and their families, often leading to poverty and social exclusion. In countries that are heavily affected by HIV, these impacts extend to a community level. Social protection strategies can be more effective if they are designed to be sensitive to the particular impacts and consequences of HIV, and well-designed HIV-sensitive social protection strategies also address the impact of other diseases. In countries where poverty contributes to driving the HIV epidemic, effective social protection strategies can also contribute to HIV prevention. Integrating attention to HIV in broader social protection strategies is more sustainable and more likely to reach scale than vertical, specialized HIV mitigation efforts.

UNDP develops tools for assessing the socioeconomic impacts of HIV, and supports countries to strategically integrate HIV into existing social protection schemes and to create HIV-sensitive social protection initiatives.

Within the UNAIDS Division of Labour, UNDP participates in the "Social Protection" working group, co-convened by UNICEF and the World Bank.

Socio-Economic Impact of HIV at the Household Level in Asia

Households in Asia that include people living with HIV exhaust their savings and liquidate assets at a disproportionately high rate, often plunging into "irreversible poverty," according to a UNDP study released on 1 December 2011. Catastrophic health care costs, stigma, unemployment, and bad credit also mean these households—which start out with fewer assets—consume less food, of lower quality, and keep fewer children in school, the report said. The report, Socio-Economic Impact of HIV at the Household Level in Asia: A Regional Analysis, calls for urgent mitigation measures, including HIV-sensitive social protection, to arrest this rapid socio-economic decline of tens of thousands of households in the region.

Children in HIV-affected households in China, India, Indonesia, and Viet Nam are less likely to attend school than those from non-HIV-affected households, the study found. Children from the poorest households, as well as girls, suffer more. Girls fare particularly badly in terms of school drop-outs as well. Within households of people living with HIV, the impact on women is considerably higher – taking care of the ill at home and working outside the house to earn extra income needed to cope with the economic burdens of HIV. The study found that HIV-affected household members in China, Indonesia, and Viet Nam are also more often jobless, frequently because they are infected with HIV. In all the countries surveyed, HIV-affected households extinguish their savings and liquidate assets far more commonly than non-HIV-affected households, particularly in Cambodia, China, Indonesia, and India.

The report is based on national studies undertaken by UNDP in partnership with national institutions in Cambodia, China, India, Indonesia, and Vietnam over the last six years. National studies compared HIV-affected and non-HIV-affected households with similar socio-economic backgrounds, comprising 17,000 households and 72,000 individuals.

Improving HIV outcomes in crisis and early recovery settings

Humanitarian crises can heighten vulnerability to HIV by disrupting health care and social services, driving population movement between low and high prevalence areas and increasing vulnerability to sexual and gender based violence.

Consistent with its responsibilities in the UN Humanitarian Division of Labour, UNDP mainstreams attention to HIV in the aftermath of an emergency and through the disarmament, demobilization and reintegration (DDR) process that addresses the security and livelihood needs that arise when combatants are left without livelihoods and support networks in the critical period stretching from conflict to peace.

Within the UNAIDS Division of Labour, UNDP participates in the "Humanitarian Emergencies" working group, co-convened by UNHCR and WFP. UNDP also participates in the Inter-Agency Working Group on DDR, the Inter-Agency sub-working group on Gender and HIV, the Uniformed Services Task Force and the Cluster Working Group on Early Recovery.

2. IMPROVING HIV AND HEALTH OUTCOMES THROUGH ATTENTION TO GOVERNANCE, HUMAN RIGHTS AND VULNERABLE GROUPS

UNDP works with partners to address the interactions between human rights, enabling legal environments and good governance as critical enablers for effective HIV, health and development responses.

Strengthening governance, leadership and local responses

Effective AIDS responses require strong leadership from inside and outside government, at national and local levels. Governance and oversight structures must be designed to promote accountability, achievement of results, and synergies between HIV and broader health efforts. Inclusion of vulnerable populations and effective partnerships between government and civil society are crucial. As most HIV infections in the world happen within large urban areas, where the burden of care is also greatest, municipal governments have a particularly important role in local responses.

UNDP leverages its core mandates in Democratic Governance, Capacity Development and Local Development to strengthen leadership and governance of HIV responses, at national and local levels. Priorities include facilitating partnerships between governments and civil society organizations; support to assist countries in aligning structures and frameworks and promoting harmonization; and support to municipal leadership.

These approaches and services cut across all areas where UNDP participates in the UNAIDS Division of Labour.

> ### Less law can be better than more
>
> UNDP and the UNAIDS Secretariat worked together in 2011 to successfully sensitize Parliamentarians in Guyana to the risks of criminalizing HIV transmission, which led to a decision to not proceed with counter-productive draft legislation. In a similar process in Fiji, the government decided to repeal its discriminatory travel restrictions on people living with HIV.

Action on law, rights, stigma and justice

Appropriate laws and supportive legal environments can play a crucial role in slowing the spread of HIV, increasing access to care and treatment, and reducing the impact of the epidemic. Conversely, punitive laws can undermine access to effective HIV services, especially for marginalized populations and people living with HIV. More broadly, challenging stigma and discrimination and promoting human rights-based approaches, are fundamental to effective HIV responses. There is now also increasing recognition that similar factors influence other health outcomes beyond HIV.

UNDP supports countries to create an enabling human rights environment, promote gender equality, and address HIV-related stigma and discrimination. To promote and advocate for human rights based approaches, UNDP supports initiatives to promote access to justice, reduce HIV-related stigma, review and reform legislation, and enforce protective laws.

Within the UNAIDS Division of Labour, UNDP is the convener of the working group on "Punitive Laws and Human Rights" and the secretariat for the "Global Commission on HIV and the Law." UNDP also participates in the working group on "Drug Users, Prisons and Closed Settings," convened by UNODC. UNDP co-convenes the UNAIDS Reference Group on Human Rights and participates in the Stop TB Reference Group on Human Rights.

> ### Global Commission on HIV and the Law
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> In 2011, the Global Commission on HIV and the Law, led by UNDP on behalf of UNAIDS, reviewed 680 written submissions from 133 countries, as well as convening seven regional dialogues with almost 700 participants. The Commission's final report, issued in July 2012, recommends key country actions on strengthening legal environments related to people living with HIV, women, marginalized populations, children and treatment access.

Action with and for men who have sex with men, sex workers and transgender persons

Around the world, people involved in commercial sex, men who have sex with men, and transgender people are at particularly high risk for HIV, and make up a significant part of most countries' HIV epidemics. The goals of universal access to HIV programmes and reversal of the HIV pandemic will not be achieved without increased involvement of these populations and recognition of their rights and needs. This includes promoting rights to health education and health services, and personal autonomy in seeking health care regardless of gender, gender identity, or sexuality.

UNDP addresses the nexus of HIV and sexual diversity in particular through attention to the broader legal and policy environment, as well as by partnering with municipal governments to strengthen their understanding and response to these populations.

Within the UNAIDS Division of Labour, UNDP co-convenes with UNFPA the sub-working group on "Men who have Sex with Men, Sex Workers and Transgender People," and participates in the working group on "Prevention of Sexual Transmission."

Responding to legislation and environments that discriminate on the basis of sexual orientation and gender identity

UNDP is increasingly required to respond to attacks on the human rights of lesbians, gays, bisexuals and transgender people. In 2011, UNDP offices in both Uganda and Malawi were faced with major challenges related respectively to extremely damaging draft legislation and to the imprisonment of a couple for participating in a same-sex wedding ceremony. While there are no easy solutions to these challenges and each country has its own political dynamics, UNDP in both countries worked effectively with the UNAIDS Secretariat and other partners to coordinate responses.

These experiences point to several key lessons: informing and ensuring the support of the entire UN Country Team; agreeing an effective division of labour between UNDP and the UNAIDS Secretariat; strategic use of regional and international support from UNDP Regional Service Centres, headquarters and other partners like UNAIDS, OHCHR, the Global Fund and the Inter Parliamentary Union; and strategic use of sub-regional and inter-country dialogue. In both cases, it was also important to sensitize UNDP Country Office staff and other UN staff.

Action on trade, intellectual property and innovation to improve and sustain access to treatment

By December 2011, approximately 8 million people in low- and middle-income countries were receiving HIV treatment, representing 47% of the adults and 23% of children who require treatment according to WHO guidelines. To sustain these women, men and children on life-saving treatment, and to scale up access to the millions more in immediate need, prices of diagnostics and treatments must fall further, and new technologies must be geared towards and made available to the poor.

UNDP provides policy and technical advisory support to reform national intellectual property legislation for the incorporation of flexibilities under the Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS) that enable countries to protect public health objectives while remaining compliant with the TRIPS agreement. UNDP also advocates in support of public health-sensitive reforms of intellectual property legislation and adoption of new innovation and manufacturing measures that adequately address the need for affordable, accessible, safe and efficient medicines.

Within the UNAIDS Division of Labour, UNDP participates in the "Access to Treatment" working group, convened by WHO. UNDP work in this area is organized as a partnership between the HIV, Health and Development Practice and the Poverty Practice.

3. Improving HIV and health outcomes through Global Fund implementation support and capacity development

The Global Fund has partnered with UNDP since 2003 to help ensure that HIV, TB and malaria grants are implemented and services delivered in countries facing complex challenges. The capacity of national partners is also strengthened to support long-term sustainability of health outcomes.

Global Fund implementation support

The Global Fund has become the primary multilateral financing mechanism used by low- and middle-income countries to support their AIDS, TB and malaria programming. In certain countries, World Bank financing also remains important.

In November 2011, the Global Fund announced significant shortfalls in its resource mobilization efforts that have led to a postponement and a reduction of its next funding round. The World Bank is increasingly emphasizing finance for general health system strengthening rather than disease-focused programmes.

Continued progress towards the achievement of MDG 6 will

UNDP and the Global Fund

As of January 2012, serving as Principal Recipient of the Global Fund in 29 countries, UNDP supported over 800,000 people with ongoing, life-saving antiretroviral treatment – or almost 12% of all people on HIV treatment in low and middle income countries.

UNDP had also reached 44 million people with HIV prevention services, distributed 403 million condoms, provided 7 million people with HIV counselling and testing, treated 1.1 million cases of sexually transmitted infections, detected and treated 742,000 cases of TB, treated 32 million cases of malaria, and distributed 14 million bed nets.

require multiple concurrent strategies. Recipients of Global Fund (and other development assistance) financing must become increasingly focused on cost-effective delivery strategies and strategic prioritization. National and other co-financing must be significantly increased. Donors must be reassured that there is zero tolerance for corruption and a strong focus on results.

The UNDP/Global Fund partnership facilitates access to resources for action on MDG 6 by countries that face constraints in directly receiving and managing such funding. This includes countries in crisis/post-crisis situations, those with weak institutional capacity or governance challenges, and countries under sanctions. When requested, UNDP acts as interim Principal Recipient in these countries, working with national partners and the Global Fund to improve management, implementation and oversight of Global Fund grants, while simultaneously developing capacity of national entities to be able to assume the Principal Recipient role over time.

These approaches and services are agreed as part of an overall partnership between the Global Fund and UNDP. UNDP participates in the Board of the Global Fund as a member of the UNAIDS delegation.

Global Fund related Capacity Development

Countries implementing Global Fund financed programmes often require support in capacity development, in relation both to the Global Fund's own requirements and to ensure that such financing strengthens rather than undermines broader health systems.

When serving as interim Principal Recipient, one of UNDP's most important roles is to develop the capacity of one or more national candidates to enable them to assume the management of grants. UNDP also often provides more limited, ongoing capacity development support to national Principal Recipients, after transition from UNDP to national partners. Even in circumstances where UNDP has not itself served in the Principal Recipient role, some countries seek UNDP support in specific areas of Global Fund related capacity development and performance improvement.

These approaches and services are agreed as part of an overall partnership between the Global Fund and UNDP.

Leveraging synergies between the Global Fund and upstream policy transformation

In addition to immediately delivering public health services and supplies, Global Fund programmes often provide important opportunities to influence the broader country and global policy environment in a way that both accelerates achievements and sustains results.

UNDP focuses particularly on circumstances where countries with Global Fund grants would also benefit from UNDP's broader HIV, health and development strategies, in areas including multi-sectoral planning and financial sustainability; human rights and law; gender/poverty/HIV synergies; and sexual diversity. UNDP works with the Global Fund directly to influence and support its own policies in these areas, as well as with country partners as appropriate. UNDP played a key role in facilitating stakeholder consultations and inputs that led to the Global Fund adopting an explicit human rights related objective in its 2012 to 2016 strategic plan.

> **The Global Fund Strategy 2012 - 2016: Investing for Impact**
>
> Strategic Objective 4 – promote and protect human rights
> 4.1 Integrate human rights considerations throughout the grant cycle
> 4.2 Increase investments in programs that address human rights-related barriers to access
> 4.3 Ensure that the Global Fund does not support programs that infringe human rights

COUNTRY SUPPORT ACTIONS

In 2012 and 2013, depending on country and regional needs and priorities, UNDP will work with partners to support countries in the following areas:

1. IMPROVING HIV AND HEALTH OUTCOMES THROUGH MAINSTREAMING, GENDER AND THE MDGs	
Action on key socio-economic determinants through multi-sectoral mainstreaming in development plans, MDG acceleration plans, UNDAFs and CPAPs	• Support the mainstreaming of action on HIV and other health MDGs into non-health sectors, through development plans, PRSPs, MDG Acceleration Framework processes, UNDAFs and CPAPs. Support the integration of attention to HIV and health into environmental assessments of infrastructure projects. • Support the country-level use of the UNAIDS "Investment Framework" for HIV priority-setting, with a UNDP focus on 'development synergies' and 'critical enablers'. • Begin to compile and exchange evidence and experience about what works in addressing social determinants of the health MDGs and other health priorities, including non-communicable diseases, with particular attention to tobacco control. • Debate and contribute to the place of social determinants of health in the post Rio+20 and post MDG development frameworks.
Action on gender inequality and gender based violence	• Support leadership development and policy participation for HIV positive women and girls, including through formal Leadership Development Programmes and by ensuring that women living with HIV have a strong leadership role in shaping initiatives to prevent mother-to-child transmission of HIV. • Support countries to address gender inequality and HIV through legal empowerment and human rights protection, including through support (with UN Women) to CEDAW reporting, support to reform of inheritance and property rights and 'know your rights' campaigns for women and girls. • Support countries to understand and address synergies between action on gender norms (for males and females), gender based violence and HIV within development planning processes. • Support countries to use Community Capacity Enhancement and other methodologies to address health/gender/poverty linkages and socioeconomic determinants of MDGs 5 & 6.
Promoting HIV-sensitive social protection	• Understand and address the particular challenges of HIV-sensitive social protection in concentrated epidemics, where affected populations are often from marginalized communities. • Integrate attention to HIV-sensitivity into other UNDP work on strengthening social protection.
Improving HIV outcomes in crisis and early recovery settings	• Develop joint action plans on gender based violence and HIV in early recovery settings, including attention to the role of law, law enforcement and uniformed services. • Mainstream/integrate HIV into DDR programmes and training for Crisis Prevention and Recovery staff.
2. IMPROVING HIV AND HEALTH OUTCOMES THROUGH ATTENTION TO GOVERNANCE, HUMAN RIGHTS AND VULNERABLE GROUPS	
Strengthening governance, leadership and local responses	• Convene multi-stakeholder reviews and programmes to strengthen national governance and coordination mechanisms, with particular attention to the participation of key populations and women, as well as to debates about multi-sectoral vis-à-vis health-sector coordination, and the relative roles of National AIDS Councils vis-à-vis Global Fund Country Coordination Mechanisms. • Support to decentralized district and municipal AIDS responses, with particular attention to under-served but vulnerable populations in cities.

	• Supporting countries to align their substantive strategies for multi-sectoral mainstreaming with their governance and coordination structures.
Action on law, rights, stigma and justice	• Develop the evidence base on how countries can use law, human rights, action on stigma and access to justice to improve HIV outcomes. • Catalyze, convene and support multi-stakeholder coalitions to review and to promote improvement in HIV-related laws and legal environments. • Strengthen attention to HIV-related legal issues in UNDP's overall work on rule of law and strengthening of national human rights institutions, including efforts to empower marginalized populations, to address police brutality and inhumane prison conditions. • Catalyze, improve and expand HIV-related legal services and legal literacy for people living with HIV, key populations and women, both through HIV-focused programming and through integration into broader access to justice efforts.
Action with and for men who have sex with men, sex workers and transgender persons	• Strengthen the evidence base related to HIV and sexual diversity. • Catalyze and support municipal action on HIV and sexual diversity, often in partnership with UNFPA. • Integrate HIV and sexual diversity into UNDP's governance work on strengthening national human rights institutions and access to justice initiatives for marginalized populations.
Action on trade, intellectual property and innovation to improve and sustain access to treatment	• Incorporate TRIPS flexibilities, including strengthened competition law, into national legislation. • Improve utilization of existing TRIPS flexibilities. • Train patent examiners to prevent 'ever-greening' of patents. • Convene stakeholders to debate and develop new strategies for innovation that meet the needs of low and middle income countries.

3. IMPROVING HIV AND HEALTH OUTCOMES THROUGH GLOBAL FUND IMPLEMENTATION SUPPORT AND CAPACITY DEVELOPMENT

Global Fund implementation support	• Grant negotiation and legal review of contracts. • Establishment of project management units. • Procurement of drugs and supplies, as well as services from local sub-recipients. • Significantly strengthening oversight to reduce risk, waste and fraud.
Global Fund related Capacity Development	• Capacity development and transition support when UNDP is Principal Recipient. • Refinement and roll-out of stronger approaches to capacity development measurement. • Post-transition support to Principal Recipients. • Parallel UNDP support to national Principal Recipients.
Leveraging synergies between the Global Fund and upstream policy transformation	• Strengthening attention to human rights in Global Fund grants, in line with the new Global Fund strategy, approved by its Board in November 2011. • Strengthening links between Global Fund projects and other areas of UNDP HIV and health support, including mainstreaming, gender, rights and marginalized populations.

ANNEX 1: UNAIDS DIVISION OF LABOUR

UNAIDS is an innovative partnership of 11 UN Cosponsors (UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO, The World Bank) and the UNAIDS Secretariat. Its strength derives from the diverse expertise, experience and mandate of its Cosponsors and the added value of the Secretariat in leadership and advocacy, coordination and accountability. The Division of Labour consolidates how the UNAIDS family works collectively to take forward the agenda set out in the UNAIDS Strategy for 2011–2015 and deliver results towards achieving the Joint Programme's vision of zero new infections, zero AIDS-related deaths, and zero discrimination. The Division of Labour accentuates the comparative advantages of the Joint Programme as a whole – Cosponsors and Secretariat – to enhance efficiency and effectiveness. It aims at leveraging respective organizational mandates and resources to work collectively to deliver results, including strengthening joint working and maximizing partnerships.[14]

UNAIDS Division of Labour reflecting UNDP Areas of Contribution[15]

Division of Labour Area	Convenor(s)	Agency Partners	UNDP Area of Contribution
Remove **punitive laws**, policies, practices, **stigma and discrimination** that block effective responses to AIDS	**UNDP**	UNESCO UNHCR UNODC ILO WHO UNFPA UNICEF	• UNDP supports countries to strengthen their HIV policies and programmes through rights-based approaches • UNDP supports countries to understand the role of legal environments in enabling effective HIV responses and to develop and implement law reform processes as appropriate • UNDP supports countries to understand and address stigma and discrimination against people with HIV and populations disproportionately affected b y HIV • UNDP supports countries to strengthen the capacity of parliamentary, judicial and law enforcement structures, as well as human rights bodies and civil society groups, to contribute to HIV responses
Meet the HIV needs of **women and girls** and stop sexual and **gender-based violence**	**UNDP** UNFPA	UNICEF WFP UNESCO UNHCR UNODC ILO WHO	• UNDP supports countries to create an enabling environment for achieving gender equality, and ensure that laws, policies and national HIV and development plans address the gender dimensions of HIV • UNDP supports countries to 'know their epidemic and response' in gender terms and to strengthen capacity to strategically address gender dimensions of the epidemic, including gender-based violence, the role of men and boys, the links between gender equality and human rights efforts more broadly, and the links between the needs of women and girls and sexual diversity.
Empower **men who have sex with men, sex workers and transgender people** to protect themselves from HIV infection and to fully access antiretroviral therapy	**UNDP** UNFPA	WB UNESCO WHO	• UNDP supports countries to work effectively with these key populations on HIV, primarily focusing on the use of law, public policy and inclusive governance to promote an enabling environment for public health and human rights, and to reduce HIV-related vulnerability. UNDP also contributes as appropriate to the generation of relevant strategic information, the scale-up and quality enhancement of programmes and services, and the facilitation of cross-population and cross-sector partnerships
Support to strategic, prioritized, and costed multi-sectoral national AIDS plans	WB	**UNDP** WHO ILO UNESCO	• UNDP supports integration of AIDS priorities into national development and MDG plans, poverty reduction strategy papers and sector plans. • UNDP supports national institutions for strengthened coordination and governance of national and decentralized AIDS responses. • UNDP supports the development of multi-sectoral and prioritized

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[14] UNAIDS, 2010. UNAIDS Division of Labour.
[15] UNDP is not participating in the following 6 clusters: prevent people living with HIV from dying of TB; Prevent mothers from dying and babies from becoming infected with HIV; empower young people to protect themselves from HIV; Integrate food and nutrition within the HIV response; scale up HIV workplace policies and programmes and mobilize the private sector; and ensure good quality education for a more effective HIV response.

		WFP UNFPA UNICEF UNODC UNHCR	National AIDS Strategies and action plans, with a particular focus on effectively linking to broader development and MDG efforts, and integrating attention to human rights, gender equality, women and girls, and sexual diversity
Enhance social protection for people affected by HIV	UNICEF WB	ILO **UNDP** WFP UNCHR WHO	• UNDP supports countries to ensure that their broader social protection policies and programmes are HIV-sensitive and responsive, with particular attention to marginalized populations • UNDP supports countries to integrate HIV social protection priorities into national development and MDG plans, poverty reduction strategy papers and sector plans, and for incorporating HIV budgeting and financing into macroeconomic policy processes
Reduce sexual transmission of HIV	WB UNFPA	**UNDP** UNICEF WFP UNESCO ILO WHO	• UNDP supports countries to understand the key social and economic factors that drive sexual transmission of HIV (e.g. gender inequality, rights violations, migration patterns, etc) and to design and implement appropriate policies and programmes that address such 'structural' factors. • UNDP supports countries to identify and mobilize key sectors outside of health (e.g. Home Ministries, Social Protection, Women's Affairs, etc) that can contribute to reducing sexual transmission of HIV, whether in generalized or concentrated epidemics. • UNDP supports countries to develop leadership in key constituencies to enable or facilitate effective prevention of sexual transmission (e.g. with people with HIV, civil society groups, religious leaders, political leaders, municipal and district officials, etc)
Ensure that people living with HIV receive treatment	WHO	**UNDP** UNICEF WFP UNHCR ILO	• UNDP works with WHO to support countries to make treatment more available and affordable, through appropriate use of TRIPS flexibilities, south-south technical cooperation and technology transfer, and training of patent examiners • UNDP works with WHO to support countries to develop and enforce legal and human rights frameworks that facilitate access to treatment and protect the rights of people living with HIV, as well as to develop the advocacy and leadership capacity of networks and associations of people living with HIV for increased and sustained access to treatment
Protect drugs users from becoming infected with HIV and ensure access to comprehensive HIV services for people in prisons and other closed settings	UNODC	**UNDP** UNICEF WB WHO UNESCO UNFPA	• UNDP works with UNODC to support countries to understand and protect the human rights of people who use drugs and to address intersections of drug use and sexual transmission, including in prisons and closed settings
Address HIV in humanitarian emergencies	UNHCR WFP	**UNDP** UNICEF UNFPA UNODC WHO WFP	• UNDP supports countries to address HIV within early recovery activities and DDR programmes, consistent with UNDP's role on the OCHA cluster system • UNDP supports countries to ensure that police and other uniformed services facilitate access to HIV services by marginalized populations and protect marginalized and vulnerable populations from violence

ANNEX 2: RESOURCES AND FURTHER READING

GENERAL:
- UNDP Strategic Plan 2008 - 2013:
  http://www.undp.org/content/dam/undp/library/corporate/Executive%20Board/dp07-43Rev1.pdf
- UNAIDS Strategy "Getting to Zero":
  http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/jc2034_unaids_strategy_en.pdf

MAINSTREAMING, GENDER AND MDGs:
- UNDP MDG Breakthrough Strategy:
  http://content.undp.org/go/cms-service/stream/asset/?asset_id=2578287
- The "AIDS and MDGs" Approach: What is it, why does it matter and how do we take it forward?
  http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/aids-and-mdgs-charting-a-way-forward.html
- Essential Actions on Gender and AIDS:
  http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/essential-actions-on-gender-and-aids.html
- Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV:
  http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/agenda/2010/20100226_community_brief_for_the_agenda_for_accelerated_c_en.pdf
- UNDP Discussion Paper: A Social Determinants Approach to Maternal Health:
  http://www.undp.org/content/undp/en/home/librarypage/democratic-governance/dg-publications/a-social-determinants-approach-to-maternal-health.html
- UNDP Guidance Note: UNDP's Role in Achieving MDG 5:
  http://www.undp.org/content/undp/en/home/librarypage/democratic-governance/dg-publications/guidance-note--undp-s-role-in-achieving-mdg-5--improve-maternal-.html
- Mainstreaming AIDS in Development Instruments and Processes at National Level:
  http://www.beta.undp.org/content/undp/en/home/librarypage/hiv-aids/mainstreaming-aids-in-development-instruments-and-processes-at-national-level.html
- Mainstreaming HIV and AIDS in Sectors and Programmes—A Guide:
  http://www.beta.undp.org/content/undp/en/home/librarypage/hiv-aids/mainstreaming-hiv-and-aids-in-sectors-and-programmes--guide.html
- The Socio-economic impact of HIV at household level in Asia:
  http://www.beta.undp.org/content/undp/en/home/librarypage/hiv-aids/the_socio-economicimpactofhivatthehouseholdlevelinasiaaregionala.html

GOVERNANCE, HUMAN RIGHTS AND VULNERABLE GROUPS:
- Governance of HIV/AIDS Responses: Issues and Outlook
- Global Commission on HIV and the Law (Regional Dialogue reports, issue papers, submissions):
  'HIV and the Law: Risks, Rights & Health' Report: http://www.hivlawcommission.org/index.php/report
  Submissions: http://www.hivlawcommission.org/index.php/report-submissions
  Working papers: http://www.hivlawcommission.org/index.php/working-papers?view=category
- Toolkit: Scaling Up HIV-Related Legal Services:
  http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/toolkit-for-scaling-up-hiv-related-legal-services-programmes.html
- UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People:
  http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/unaids-action-framework-universal-access-for-men-who-have-sex-with-men-and-transgender-people.html
- Good Practice Guide: Improving Access to Treatment by Utilizing Public Health Flexibilities:

http://www.undp.org/content/undp/en/home/librarypage/poverty-reduction/good-practice-guide-improving-access-to-treatment-by-utilizing-public-health-flexibilities-in-the-wto-trips-agreement.html

GLOBAL FUND PARTNERSHIP: IMPLEMENTATION SUPPORT AND CAPACITY DEVELOPMENT

- Global Fund strategy:
  http://www.theglobalfund.org/en/about/strategy/
- Capacity Development Toolkit:
  http://www.undp-globalfund-capacitydevelopment.org/home/cd-toolkit-for-hivaids,-tb-malaria-responses.aspx
- Sub-Recipient Management Toolkit:
  http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/sub-recipient-management-toolkit-for-undp-country-offices.html
- Analysis of key human rights programmes in Global Fund supported HIV programmes:
  http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/analysis-of-key-human-rights-programmes-in-global-fund-supported-hiv-programmes.html