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Introduction

“The 2030 Agenda demands new partnerships and integrated responses to protect the health of the planet and its people”

Achim Steiner, UNDP Administrator

“Health is a precondition for and an outcome and indicator of all dimensions of sustainable development”


The purpose of this strategy is to:

- Describe the HIV and health work of the United Nations Development Programme (UNDP) for the period 2016–2021 in the context of the 2030 Agenda for Sustainable Development;¹
- Highlight UNDP’s comparative advantages and key partnerships in HIV and health; and
- Describe the mechanisms that UNDP uses to report on its results in HIV and health and how UNDP’s global HIV and health team is organized.


UNDP’s commitment to address major HIV and health challenges is based on the principles that health is both a driver and outcome of sustainable development and that actions across a wide range of development sectors have significant impact on health outcomes.⁹ As a development agency, UNDP focuses on addressing social, structural, economic, commercial and environmental determinants of health, which are primarily responsible for health inequalities. In so doing, the organization leverages its extensive presence and networks at global, regional and country levels, its mandate to work broadly – to connect the dots – across development sectors, and its commitment to integrated and innovative solutions to the most pressing development challenges.

As part of the UNDP’s Global Policy Network (GPN), work on HIV and health is undertaken by an integrated team operating across global, regional, country and local levels. Its work falls within three broad action areas:

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

UNDP works in HIV and health with a broad range of partners across development sectors at global, regional, national and local levels, including governments, civil society organizations, UN agencies and other intergovernmental organizations, multilateral and bilateral donors, development banks, academia, the private sector and other development partners. This strategy highlights UNDP’s major health-related partnerships, including those with the Global Fund, the Government of Japan, UNAIDS and WHO.

The target audience for this strategy includes UNDP staff at global, regional and country levels, other UN agencies, multilateral and bilateral donors, governments, civil society organizations and other partners working at the intersection of health and sustainable development.
A refreshed UNDP HIV and health strategy 2016–2021: Boosting delivery, innovation and partnership to accelerate progress across the health-related Sustainable Development Goals (SDGs)

The original UNDP 2016-2021 HIV and health strategy, Connecting the Dots, was published in 2016. In late 2019, one-third of the way along the timeline of the 2030 Agenda for Sustainable Development, the strategy was refreshed to reflect recent trends in global health and development as well as evolution within UNDP and among partner organizations.

By 2019, encouraging progress has been made towards some SDG targets on health, such as reducing maternal and child mortality and meeting the need for family planning. Life expectancy continues to grow in many countries. There has been progress in the fight against HIV: the number of deaths has been cut in half since 2005 and coverage of people on life-saving HIV treatment has nearly tripled over the past eight years. Global malaria death rates have dropped by 60 percent since 2000, with more countries being declared malaria-free each year. More than 100 low- and middle-income countries have taken concrete steps toward achieving universal health coverage.

However, these gains vary considerably by SDG indicator and location, and progress on achieving the health-related SDGs overall is insufficient. Ending the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases (NTDs) and combating viral hepatitis and other communicable diseases will require a sustained effort in the coming decade to build on earlier gains, particularly to address the prevention gap and increase access to prevention and treatment services for key, vulnerable and underserved populations. Achieving universal health coverage by 2030 – which is central to the health-related SDG targets – also remains a major challenge, with current estimates indicating that more than half the world’s population still lacks coverage of essential health services. The climate crisis, the health impacts of environmental degradation, the threat of antimicrobial resistance and the burden of NCDs continue to grow, while attention to many determinants of health remains inadequate, highlighting the continuing need in many countries for more sustained and effective multisectoral responses to integrated health and development challenges. The number of displaced people reached a record 70 million in 2018, and nearly two billion people now live in countries affected by crises, conflict or natural disasters, settings that lack sufficiently resilient systems to address high rates of disease and sexual violence. In addition, inequalities – including gender inequality - continue to exacerbate poverty and marginalization, resulting in many people being left behind in access to health and other basic services.

To achieve the health-related SDGs by the end of the next decade, the world must urgently accelerate and intensify its efforts, consistent with the UN Member States call for a decade of action from 2020 to deliver on the SDGs by 2030. Greater efficiencies and improved effectiveness in providing support to countries across the SDGs are anticipated as a result of implementation of General Assembly resolution 72/279 on the repositioning of the United Nations development system and the request by Member States that UNDP act as the support platform of the United Nations development system by providing an integrator function in support of countries’ efforts to implement the 2030 Agenda.
To accelerate progress, current efforts must be scaled up and new opportunities must be seized, including those presented by innovative and rapidly evolving approaches and technologies that – if implemented equitably and effectively – can improve health and well-being and help to ensure that no one is left behind. Recognizing this evolving landscape, the UNDP Strategic Plan 2018–2021 aims to ensure that the organization is more nimble, innovative and enterprising and that it works more effectively with key partners to address common challenges in an integrated manner. To support these efforts, UNDP launched a Global Policy Network in 2018 to more effectively deploy the competencies, experience and capacities of its global workforce of 17,000 personnel across 170 countries and to provide more effective support to countries leveraging the UNDP network. A network of 60 UNDP Accelerator Labs serving 78 countries has also been established in Country Offices to help scale up innovative solutions to complex development challenges, including work with non-traditional partners.

UNDP’s commitment to strengthening key partnerships is reflected in the common chapter of its Strategic Plan and those of UNICEF, UNFPA and UN Women that commits the four organizations to a common set of SDG indicators and to working together more effectively. In 2018, UNDP and WHO signed a new Memorandum of Understanding to strengthen collaboration on universal health coverage, health emergencies and climate and health, and under a revised UNAIDS Division of Labour, UNDP became co-convener with the World Bank of UN efforts to increase investments in and the efficiency of the global HIV response. In 2019, UNDP became one of 12 signatories to the Global Action Plan for Healthy Lives and Well-being for All, which aims to intensify collaboration among leading multilateral health, humanitarian and development agencies to help countries accelerate progress on the health-related SDGs.
Towards 2030: Health in the context of sustainable development

An interconnected agenda to leave no one behind
The 2030 Agenda for Sustainable Development reflects the increasing complexity and interconnectedness of the health and development landscape in a context of widening economic and social inequalities, fragility arising from instability, conflict and natural disasters, rapid urbanization and digitization of societies, the mounting health and social impact of threats to climate and the environment, the continuing burden of infectious diseases and the growing global burden of NCDs. With around 50 health-related targets across 16 SDGs, the 2030 Agenda recognizes that many areas of development impact health, and that multisectoral, rights-based and gender-sensitive responses are needed to address health-related development challenges in all their dimensions. These responses must be delivered in an integrated manner, harnessing synergies across goals and targets, addressing overlapping vulnerabilities and delivering shared gains, and using available resources efficiently and effectively.

Health and development are mutually reinforcing
Just as health shapes development, development shapes health. The conditions in which people are born, grow live and work – including factors such as poverty, exclusion, inequality, social status, housing and environmental and political conditions – have a major impact on their health and well-being. At the same time, healthy people are better able to contribute to the social and economic development of their communities and countries. By expanding people’s choices and capabilities to lead healthy and productive lives, investments in health and other areas of development are mutually reinforcing.

Accelerating progress on many of the health priorities included under SDG 3 (ensuring healthy lives and well-being for all at all ages) requires significantly stronger collaboration and more integrated responses across development sectors. The concepts of universality and affordability encompassed by universal health coverage (SDG target 3.8) present particularly important human rights and development challenges. Fully realizing the promise of universal health coverage will require measures that complement universally available and affordable health services. Accelerating progress on SDG 3 and the health-related SDG targets overall requires coordinated action on the social, structural, economic, commercial and environmental determinants of health. This includes changing laws, policies, norms and governance mechanisms that increase health risks and limit access to services, strengthening primary health care, and adopting measures to address inequalities and exclusion of the most marginalized and vulnerable, including through community and civil society engagement and participatory health governance and decision-making.

Poverty and health are closely linked
Poverty is a major contributor to poor health, leading to unhealthy living and working environments, poor nutrition and illiteracy. These increase vulnerability to disease and limit access to basic health and social services and affordable medicines. Poor health can push households from deprivation to poverty, with around 100 million people impoverished due to out-of-pocket health expenditure every year. A key element of universal health coverage is that essential health services should be provided in a manner that ensures protection from such financial risks.

The social and economic burden of NCDs on the poor is rapidly growing. NCDs are now the single greatest cause of preventable illness, disability and mortality worldwide, and low- and middle-income countries bear a disproportionate burden. It is estimated that cumulative losses in economic output in low- and middle-income countries as a result of NCDs could exceed US$520 trillion by 2030. Pandemic and neglected tropical diseases – which account for more than 11 percent of the global disease burden – also disproportionality affect poor and marginalized populations and adversely impact health and adult productivity.
Studies show that health has a positive effect on development and that decreases in overall morbidity and mortality can help to drive productivity and economic growth: between 2000 and 2011, for example, about 24 percent of full-income growth in low- and middle-income countries has been attributed to health improvements.23, 24

**Inequalities and exclusion contribute to poor health and drive epidemics**

In addition to poverty, deepening inequalities and exclusion place a tremendous burden on health and development.25, 26, 27 Because gender inequality and gender-based violence are particularly strong drivers of poor health and development outcomes for women and adolescent girls, gender equality and women’s and girls’ empowerment are central to UNDP’s mission of eradicating poverty and reducing inequalities and exclusion.

Addressing sexual violence against women and girls is a priority within UNDP’s health and development work. Estimates indicate that 35 percent of women worldwide have experienced either intimate partner violence or non-partner sexual violence in their lifetime.28 Sexual violence is particularly prevalent where systems for physical, social and legal protection of women and girls are inadequate or have been disrupted, for example in complex emergencies and humanitarian disasters.

Gender inequality has direct implications for women’s and girls’ risks of acquiring HIV. HIV-related illnesses are the leading cause of death among women and girls of reproductive age globally and in sub-Saharan Africa adolescent girls and young women acquire HIV five to seven years earlier than men.29, 30 Strategies to address harmful gender norms, eliminate sexual and gender-based violence, promote women’s economic security and legal empowerment and increase access to sexual and reproductive health services and HIV prevention and treatment for women and adolescent girls are essential to ending the AIDS epidemic and achieving other health gains for women and girls.

There is also growing awareness of the differential social, economic and health impact of environmental degradation and climate change on women and girls who may be disproportionately dependent on climate-sensitive livelihoods, such as agriculture, and who lack economic, political and legal power to assert their rights and participate in decision-making to manage and mitigate environmental risks. Recent research has confirmed that climate change can be disequalizing: income inequality across countries, for example, may already be about 25 percent higher than it could have been without climate change.31 There is also some evidence that high levels of inequality hinder access to new environmental technology.32

Other drivers of social exclusion – including stigma, discrimination, marginalization and punitive laws and practices – limit people’s choices and access to basic services and increase health risks, especially for key populations at high risk of acquiring HIV, such as men who have sex with men, transgender people, sex workers, prisoners and people who inject drugs. In 2018, these populations and their sexual partners accounted for 54 percent of all new HIV infections worldwide.33 In Eastern Europe and Central Asia, people who inject drugs account for more than 60 percent of cumulative HIV cases, but less than a quarter of these people have access to HIV treatment, largely as a result of stigma, criminalization and exclusion.34 As of May 2019, 69 UN Member States still criminalized consensual same-sex sexual acts between adults, and at least 38 of them still actively arrest, prosecute and sentence people to prison, corporal punishment or even death based on these laws.35 Homophobia, stigma, violence and discrimination against lesbian, gay, bisexual and transgender (LGBTI) people contribute significantly to their exclusion from society, limit their access to health and social services and hinder social and economic development.36 Many UN Member States also have laws criminalizing diverse forms of gender expression and cross-dressing, which are used to persecute trans and gender-diverse people.
In other settings and populations, such as in prisons and among some migrants and displaced people, risks of acquiring HIV, TB, malaria and other diseases are also high, while access to services is frequently limited. In some settings, migration is an independent risk factor for HIV and other poor health outcomes because migrants lack access to basic services and experience increased frequency of transactional sex and gender-based violence. There is now strong recognition of the need for much greater attention to key populations in all epidemic settings, including action to address social, legal and cultural barriers to accessing HIV and other health services, realize human rights and promote civic engagement by key populations in policy development, health governance and programming.

Other populations also experience exclusion that negatively affects their health and prosperity. People with disabilities, for example, are frequently among the poorest and most marginalized in the world. NCDs are by far the main cause of disability. For many people, intersecting vulnerabilities due to more than one ascribed or intrinsic identity, including gender, age, income, ethnicity, disability, sexual orientation and nationality, as well as indigenous, refugee, displaced or migratory status and religion or caste, may exacerbate health-related disadvantages, exclusion and inequality. Shrinking civic space and growing repression of civil society organizations are also contributing to inequality and exclusion in some countries.

Today, 54 percent of the world’s population lives in urban areas, a figure that is expected to rise to 70 percent by 2050, with most of the increase expected to occur in Africa and Asia. Around 75 percent of economic growth is driven by cities, and urbanization can present enormous opportunities for more inclusive and sustainable development. At the same time, cities and urban areas bear a large share of the HIV burden in most countries, and are places where the risk of HIV and poor health may be heightened for some populations, especially young men, poor women and girls and those marginalized by ethnic, gender and

* In the context of HIV, gay men and other men who have sex with men, sex workers and their clients, transgender people, prisoners and people who inject drugs are the main key population groups. These populations often suffer from punitive laws or stigmatizing policies and are among the most likely to be exposed to HIV. Their engagement is critical to a successful HIV response everywhere. Countries should define the specific populations that are key to their epidemic and response based on the epidemiological and social context. (UNAIDS Terminology Guidelines 2015).
sexual difference. Urban environments can also create conditions in which certain NCDs and their risk factors thrive. Local governments and community groups are uniquely positioned to coordinate efforts to address health inequalities and overcome historic exclusion of marginalized groups in health-related programming. Addressing the needs of key populations in local contexts has the potential to transform the HIV response in cities and can also strengthen national HIV responses. Strengthening multisectoral NCD prevention and control responses in urban settings can also have a major impact on national health outcomes.

**Good governance promotes and protects health gains**

In many countries, efforts to combat disease and improve health have been severely constrained by weak institutions and governance, including limited national capacity to plan and deliver health and other basic services; lack of inclusive processes and civic engagement; poor legal, policy and regulatory frameworks for health; and fragile health and social systems that are insufficiently resilient to withstand shocks. As the SDGs make clear, greater attention to strengthening governance and resilience are essential for ensuring durable health and development gains in the coming years.

Inadequate legal, policy and regulatory environments continue to undermine the response to HIV and other health challenges in many countries. In particular, overly broad criminalization of HIV transmission; laws that criminalize sex work, drug use and sex between men; and laws and policies that limit access to affordable medicines and fail to ensure equality for key populations and women, and protect children, increase vulnerability to HIV and poor health. Such laws and policies also reinforce stigma and discrimination that increase inequalities and exclusion. All UN Member States have committed to strengthening laws to eliminate discrimination against people living with and at highest risk for HIV and to ensure their full enjoyment of human rights and access to health care and legal protection. Many countries also lack adequate regulatory frameworks to address environmental health hazards and to ensure privacy and protection of the rapidly growing volume of personal health data.

NCDs contribute to economic losses and trap millions of people in poverty. This burden could be significantly reduced if public policies in sectors outside health more effectively addressed shared risk factors such as tobacco use, unhealthy diet, physical inactivity, and the harmful use of alcohol, and air pollution. In 2018, UN Member States reaffirmed the primary role and responsibility of governments at all levels to respond to the challenge of NCDs by developing adequate national multisectoral responses for their prevention and control. Many countries with high burdens of HIV and TB also face burgeoning epidemics of NCDs, and significant opportunities exist for closer integration of prevention and chronic care across HIV, TB and NCD programming.

Tobacco use is a major global health and development threat, killing more than 8 million people a year, costing the global economy over $1 trillion annually in medical expenses and productivity losses, and compounding environmental damage due to deforestation and soil degradation from tobacco growing. Nearly 80 percent of the more than one billion smokers worldwide live in low- and middle-income countries, where the burden of tobacco-related illness and death is greatest and where implementation of the 2005 WHO Framework Convention on Tobacco Control (FCTC) is typically weakest. There are now more than 180 parties to the Convention and UNDP leads on the implementation of Article 5, which concerns national planning, multisectoral governance and protection against tobacco industry interference in policymaking.

Ensuring adequate and sustainable financing is also a key component of health governance. Despite significant increases in domestic health financing in the last decade, many countries – particularly those with significant HIV epidemics – depend heavily on external funding sources. To improve sustainability
of national health financing, including long-term commitments to HIV treatment, a combination of financing approaches is needed. In some countries, economic growth allows for increased domestic funding in order to reach commitments to increase health spending as a proportion of GDP. At the same time, improvements in programming efficiency and reallocation of resources for greater impact can be undertaken, as exemplified by the UNAIDS Investment Framework. Such improvements include strategic integration of health services, innovative financing and co-financing approaches, strengthened governance, and ensuring synergies with other health and development objectives. Sustainable financing for health should contribute to achieving universal health coverage, minimizing financial hardship on the poor and reducing health inequities.
Resilient and sustainable systems for health prevent and mitigate health crises

At least half of the world’s poorest people are projected to live in settings affected by fragility, crises and conflict by 2030. These settings have the highest rates of maternal and child mortality, food insecurity and malnutrition, sexual and gender-based violence and mental health disorders, and the lowest immunization rates. More than 70 percent of epidemics occur in fragile contexts. The Ebola outbreak in West Africa in 2014–15 demonstrated how a major health crisis can result in severe economic impact due to lost livelihoods and declines in household incomes and GDP. Least developed countries are more exposed to the human and economic costs of shocks due to a range of causes, and shocks appear to do more harm to the most vulnerable members of society, including pushing them into poverty.

Ensuring access to health and other basic services in these environments is a priority for the international community and requires special programming and coordination, including greater attention to emergency preparedness, risk reduction and resilience-building, which are weak in many countries due to factors such as poor links between the universal health coverage and emergency preparedness agendas, the limited success of attempts to link disaster risk reduction with health emergency preparedness, and market failures such as the gap between production and pre-positioning of medicines and other health technologies. The social aspects of outbreaks and emerging health threats are also poorly understood, as illustrated by the 2017 Zika outbreak in Latin America and the 2014–2015 Ebola outbreak in West Africa, where gender, sex, and their interactions with other determinants of health influenced women’s vulnerability to disease and their access to care and treatment.

Most health emergencies are principally in relation to biological hazards such as emerging diseases, epidemics and pandemics (other types are insect- and food-borne outbreaks). WHO – which has the mandate to lead UN responses to such emergencies – and its partners are increasingly promoting integrated support services and resilience-building at the nexus of humanitarian and development responses in these settings. This includes work to strengthen governance through multisectoral coordination and community engagement and support for core government functions such as health and non-health procurement and supply management, security and law enforcement, salary payments, social protection and adoption of legal frameworks. In the post-crisis recovery phase, impact assessments, gender analysis and recovery and transition programming are all important to building more resilient systems for health. Overall, there is a crucial need for closer integration of health policies and programming – including universal health coverage, social protection, emergency preparedness and disaster risk reduction – with broader humanitarian responses and recovery efforts.

Many countries that need significant external financial support from bilateral and multilateral donors due to heavy disease burden also face major national capacity constraints, weak institutions and other challenging operating environments or difficult circumstances that limit their capacity to manage financial resources and provide health and other basic services. Developing the resilience and capacities of national entities in countries to sustainably mobilize and manage domestic and international health financing and deliver health programmes while minimizing financial hardship is a major global health and development priority.

Healthy people need a healthy planet

UNDP recognizes that action to prevent and mitigate the impact of the climate crisis and other environmental hazards is critical to achieving sustainable development and ensuring the health of the planet and its inhabitants. Environmental, animal and human health are closely linked: environmental hazards influence over 80 percent of communicable and non-communicable diseases worldwide. Growing rates of antimicrobial resistance in humans globally are linked to factors such as lack of access to clean water and sanitation, poor food safety and overuse and misuse of antimicrobial agents in humans,
plants and animals. Environmental degradation of air, water and land has already led to a significant loss in biodiversity, changed disease patterns and contributed to the emergence of new diseases. Outdoor and household air pollution – which are responsible for an estimated 7 million deaths annually60 – and disease outbreaks such as Ebola highlight the overlapping drivers of poor health and environmental degradation, the synergies between health and other areas of development, and the need for more integrated approaches to human, environmental and animal health.

The health, environmental and economic impacts of climate change are increasingly evident around the world, presenting some of the most complex and pressing development challenges of the 21st century. Climate change affects human health by placing pressure on the fundamental requirements of clean air, safe drinking water, adequate sanitation, sufficient food and habitable environments. Increased temperatures due to global warming increase the risks of vector-borne diseases, such as yellow fever and malaria, and water-borne and diarrheal diseases, such as cholera and rotavirus infection. Between 2030 and 2050 climate change is expected to cause some 250,000 additional deaths a year from malnutrition, malaria, diarrhea and heat stress. In all regions, the proportion of people vulnerable to heat exposure is rising – in 2017, 153 billion labour hours were lost due to heat, an increase of more than 62 billion hours since 2000. Hundreds of millions more people could be exposed to deadly heat by 2050, and the geographic range for disease vectors – such as mosquito species that transmit malaria or dengue – will likely shift and could expand.61

The intersection of climate change, inequality, poverty and migration is of growing concern, with impact on health, productivity, inclusion and resilience, highlighting the need for integrated policies to help countries manage these concurrent trends.62

The potential broader social and economic impact of unchecked climate change is staggering. The World Bank has estimated that, without concerted action, climate change could result in more than 100 million additional people living in poverty by 2030.63, 64 The wide-ranging impacts of climate change in the coming years are likely to increase due to extreme heat, natural disasters, variable rainfall patterns and coastal inundation, all of which affect health – including mental health, as well as labour productivity, nutrition, migration patterns and levels of displacement.

Strengthened resilience, effective governance and cooperation across sectors are essential for managing the multiple risks and impact of climate change and environmental hazards on human and planetary health. ‘Climate smart’ development approaches need to be integrated across multiple SDGs, including universal health coverage, social protection for people affected, alternative livelihoods, changes in agricultural practices, new technologies, and innovative housing and urban planning solutions. More attention is also needed to ensure that early warning systems for climate change and environmental impact assessments of development projects include an assessment of health risks. In addition, the environmental impact of the health sector must be reduced, including through the use of renewable energy sources and more environmentally sensitive approaches to health procurement and the management of medical waste.65

“Under the shadow of the climate crisis and sweeping technological change, inequalities in human development are taking new forms in the 21st century”

UNDP’s role in HIV and health

Vision and focus
Consistent with the 2030 Agenda for Sustainable Development, the vision of UNDP as set out in its Strategic Plan for 2018–2021 is to help countries achieve sustainable development by working within and across three broad development settings which require different forms of support: eradicating poverty in all its forms and dimensions, accelerating structural transformations for sustainable development, and building resilience to shocks and crises.

UNDP’s work in health forms part of and contributes to the cross-cutting ‘signature solutions’ set out in the UNDP Strategic Plan:

- **Signature solution 1**: Keeping people of poverty;
- **Signature solution 2**: Strengthen effective, inclusive and accountable governance;
- **Signature solution 3**: Enhance national prevention and recovery capacities for resilient societies;
- **Signature solution 4**: Promote nature-based solutions for a sustainable planet;
- **Signature solution 5**: Close the energy gap; and
- **Signature solution 6**: Strengthen gender equality and the empowerment of women and girls.

Integrating health responses across the SDGs
Consistent with its integrator function, UNDP’s approach enables policy and programming responses to reach across sectors and thematic areas and leverage the creativity and know-how of all of society, from national and sub-national governments to communities and civil society, academia and the private sector. In health, this will mean wherever possible bringing together activities such as institution- and resilience building, support for implementation of health financing and new technology and law and governance reform into a cohesive health and development programme.

Guiding principles
The following principles guide UNDP’s work in health and development:

- Respect for and promotion of human rights and gender equality as set out in the United Nations Charter, the Universal Declaration of Human Rights and other international treaties;
- Meaningful engagement of people living with HIV, key populations, other excluded groups and affected communities is essential for effective health policy, programming and governance;
- Building national ownership, capacity and resilience for effective and sustainable responses to health and related development challenges;
- Health programmes should be risk-informed to effectively cope with and recover from conflict, natural disasters and other humanitarian crises;
- Policy and programming should be based on evidence, and UNDP is committed to continually building the evidence base for action;
- Integrated approaches and multisectoral partnerships are needed for health and development to achieve multiple development outcomes simultaneously, ensure sustainability and make efficient use of resources; and
- UNDP promotes and supports South-South collaboration.
UNDP’s comparative advantage
UNDP brings a range of organizational strengths and capacities to its HIV and health work. These include:

- A presence in 170 countries, including strong relationships of trust with development stakeholders, ability to act as a facilitator of dialogue and cooperation and strong operational and policy capacity deployable in widely varying conditions;
- An ability to draw upon knowledge and experience across development settings and to respond flexibly to common concerns and important differences between countries and regions;
- Broad experience in supporting the implementation of large-scale health and development programmes, including in challenging operating environments;
- Recognition of UNDP as a partner that can advise on big challenges of economic and social transformation, environmental sustainability and democratic governance, and that can help countries develop the plans and long-term capacities needed to deliver on them;
- Commitment to and experience in designing and implementing integrated development solutions and bringing innovation to scale; and
- UNDP’s longstanding partnerships in health, including as a founding Cosponsor of the Joint UN Programme on HIV/AIDS and close partnerships with WHO and the Global Fund to Fight AIDS, TB and Malaria.
UNDP's activities in HIV and health for the period 2016–2021 encompass three action areas, each of which has two or three key policy and programming priorities.

### Action areas and key priorities 2016–2021

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<td>Ensuring inclusion of key populations at risk of HIV and other excluded groups.</td>
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<td>Strengthening governance to address NCDs and accelerate tobacco control.</td>
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<td><strong>Key priorities</strong></td>
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The three action areas are closely linked. Work in one action area will often be dependent upon and contribute to progress in others. For example, efforts to reduce gender inequality and social exclusion (Priorities 1.1 and 1.2) also require enabling legal and policy environments for health (Priority 2.1) and contribute to stronger governance and resilience for health. Similarly, sustainable financing for health (Priority 2.3) is linked to inclusive social protection (Priority 3.2) and will contribute to more resilient and sustainable systems for health. The action area framework illustrates the importance of integrated approaches to health and development that prioritize common challenges and achieve mutual gains.

This section presents UNDP’s priorities in the three action areas. This refreshed 2019 edition of the strategy also describes several frontier issues under each action area in which UNDP is already engaged or is exploring opportunities for stronger engagement.
Action area 1:
Reducing inequalities and exclusion that affect health and drive epidemics

- **Priority 1.1:** Promoting gender equality and empowering women and girls
- **Priority 1.2:** Ensuring inclusion of key populations at risk of HIV and other excluded groups

Health and health inequities are shaped by social, structural, economic, commercial and environmental factors. Through multisectoral action with partners in this area, UNDP aims to empower and increase the capacity of women and girls, key populations at risk for HIV and other excluded groups to realize their health and human rights.

UNDP’s comparative advantage in this area lies in its capacity to respond to the multidimensional nature of inequality and how it is intertwined with poverty, access to health and other basic services, technology, the climate crisis and resilience. With UNFPA, UNDP is co-convener of UNAIDS Cosponsors working on HIV prevention among key populations. UNDP works to promote gender equality with all UNAIDS Cosponsors.

**UNDP’s offer**
Drawing on the Global Policy Network, UNDP offers support on:
- Scaling rights-based solutions to improve access to HIV and health services for women and girls, as well as for key populations at risk of HIV and other excluded groups, and to eliminate sexual and gender-based violence;
- Integrating programming for gender, human rights, key populations and other excluded groups in Global Fund policies and programmes;
- Supporting gender equality in national HIV and other health programmes, including by engaging men and boys in advancing gender equality; and
- Strengthening the evidence base and capacities on inclusion of LGBTI and other excluded groups; and
- Helping to reduce barriers and inequities in access to innovative health technologies.
Frontier issues

**Using digital technologies to increase access to HIV and health services, including working with partners to strengthen data security, privacy and confidentiality**

The Political Declaration from the High-Level Meeting on Universal Health Coverage in 2019 recognizes that digital technologies and improved health data provide promising opportunities for innovation and acceleration of progress towards the health-related SDG targets and for building more resilient systems for health. Digital innovation is already providing important new tools to health and community workers in many countries and enabling previously marginalized communities to overcome barriers to health information, services, financing and commodities. At the same time, as the Political Declaration recognizes, there are risks of a digital divide for some populations in some settings, particularly for the poor and most marginalized, and data privacy protection is crucial in a world where more health data is being generated – and potentially commodified – every day. Already, millions of existing digital identities are vulnerable to fraud and public exposure of personal information because they are stored in unsecured systems. In addition, billions of people do not have a digital identity and are not represented in the electronic data systems used to augment service delivery and monitor and collect data. Currently, the ownership and use of many forms of data are governed only by default norms and rules and many jurisdictions at many levels are working to ensure that advances in innovation are accompanied by data policies that protect users.66

WHO has the mandate to support the development of national digital health blueprints that govern health data security, privacy and confidentiality, and around 100 countries have developed national data privacy laws. As a supporter of the Global Digital Health Partnership, UNDP can assist countries in their efforts to ensure that digital tools are deployed within legal and regulatory frameworks that respect human rights, ethics, privacy and transparency; by convening private sector, governments and civil society on policy issues related to digital health; and by ensuring that digital interventions are implemented equitably and leave no one behind.

**In line with the UN common position on drug policy (2019), rolling out the International Guidelines on Human Rights and Drug Policy**

In March 2019, the abbreviated version of the International Guidelines on Human Rights and Drug Policy was launched in Vienna, Austria on the margins of the high-level segment of the Commission on Narcotic Drugs.67 The International Guidelines on Human Rights and Drug Policy provide a comprehensive set of international legal standards for placing human dignity and sustainable development at the centre of Member State responses to illicit drug economies. The guidelines cover a diverse set of substantive issues ranging from development to criminal justice to public health. The guidelines were developed by UNDP and the International Centre for Human Rights and Drug Policy in partnership with a coalition of UN Member States, WHO, UNAIDS, and leading human rights and drug policy experts. Development of the guidelines is an example of the support that UNDP provides to integrate international human rights commitments into national, regional and global policy and programmes. The guidelines have already been cited by the Constitutional Court of Colombia in two decisions. An expanded version of the guidelines is in development.
Action area 2:
Promoting effective and inclusive governance for health

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

Institutions and governance structures in many countries are under-resourced, lack capacity and coherence to plan and deliver health and related services and promote the uptake of technological innovation, and often provide inadequate space for civic engagement, especially for key populations and affected communities. Through action on governance to improve legal, policy and regulatory environments, increase access to justice, build human and institutional capacity and develop rights-based investment and financing approaches, UNDP aims to strengthen the capacity of countries to respond more effectively to major health and development challenges. UNDP’s comparative advantage in this area lies in its extensive experience in supporting countries to strengthen inclusive and accountable governance at national and local levels and promoting access to justice and uptake of innovation. Under the UNAIDS Division of Labour, UNDP co-convenes UN work (with the World Bank) to ensure adequate investments and efficiencies in the HIV response and is the Cosponsor responsible for leading work relating to human rights, stigma and discrimination, including legal and policy reform, and access to justice and rights. UNDP also partners closely with WHO to strengthen the governance of national responses to NCDs and tobacco control.

**UNDP’s offer**
Drawing on the Global Policy Network, UNDP offers support on:
- Implementing the findings and recommendations of the Global Commission on HIV and the Law, including through Global Fund grants and on issues of innovation and access to health technologies, in partnership with governments, civil society, academia and UN partners;
- Scaling up access to justice programmes for HIV and health, focused on the inclusion of civil society and sensitization of the judiciary, parliamentarians and law enforcement;
- Strengthening multisectoral governance of NCDs and tobacco control responses, including the development of investment cases and the integration of NCDs and tobacco control in national and local development plans and strategies; and
- Expanding innovative financing for HIV and health, including developing investment strategies, co-financing approaches and national investment cases and leveraging environmental impact assessments to increase domestic financing for health.
Frontier issues

**Strengthening the evidence base on sugar, alcohol and tobacco taxes (STAX) and other innovative financing mechanisms for HIV and health, including to strengthen the scholarship on addressing the commercial determinants of health.**

The consumption of tobacco, alcohol, and sugar presents risks for health and NCDs for everyone, with the poor heavily affected and, in some cases, targeted as consumers. There is compelling evidence that raising tobacco prices through taxation is a highly effective way to reduce tobacco use and save lives while averting tobacco-related medical expenditures and losses in economic productivity. Alcohol taxation is also a cost-effective way to reduce alcohol consumption and harm, and evidence that sugar taxes can improve health and nutrition is growing. These taxes also contribute to domestic financing for health. Worldwide, increased taxation of tobacco, alcohol, and sugary beverages could avert 50 million premature deaths and raise US$20.5 trillion in revenue over the next 20 years.

Although STAX have been or are being adopted in diverse contexts globally, they remain underutilized by policymakers, with many governments yet to implement them adequately or at all. UNDP intends to scale up work with WHO, the FCTC Secretariat and other relevant partners to support countries to analyze the costs and benefits of STAX in terms of health, health equity, revenue raised and return on investment, building on work to develop national investment cases for NCDs/tobacco control. Evidence will also be strengthened to better understand the political contexts in which STAX decisions are made, including context-specific barriers, commercial factors and opportunities for action. Similar opportunities are being explored in the area of fossil fuel subsidies, such as analysis of environmental benefits, in addition to social and economic ones. Other opportunities for innovative financing and/or efficiency gains in health include targeted, synergistic investments in education and welfare (such as cash transfers and food assistance); better integration of health services for common co-morbidities; and anti-corruption measures in the health sector.

**Strengthening the evidence base for scaling up multisectoral responses to antimicrobial resistance.**

Antimicrobial (including antibiotic, antiviral, antifungal and antiprotozoal) agents are critical tools for fighting diseases in humans, animals and plants, but they are becoming ineffective due to overuse and misuse and inadequate measures to prevent the spread of disease. Antimicrobial resistance poses a formidable challenge to achieving universal health coverage and threatens progress across the SDGs, including in health, food security, clean water and sanitation, responsible consumption and production, and reduction of poverty and inequality. In addition to diseases becoming more difficult to treat, the economic damage of uncontrolled antimicrobial resistance could be comparable to the shocks experienced during the 2008–2009 global financial crisis due to dramatically increased health care expenditures; impact on food and feed production, trade and livelihoods; and increased poverty and inequality. Coordinated, multisectoral efforts involving governments, multilateral agencies, civil society, academia, civil society and the private sector, working across the domains of human, animal and plant health, are essential to tackle the many challenges posed by antimicrobial resistance.
Action area 3:
Building resilient and sustainable systems for health

- **Priority 3.1**: Implementation support and capacity development for large-scale health programmes
- **Priority 3.2**: Inclusive social protection
- **Priority 3.3**: Planetary health

Due to chronically weak health and social systems, many countries are poorly equipped to deal with humanitarian crises and emergencies that result from high chronic disease burden, disease outbreaks, economic events, political instability, armed conflict, natural disasters and the impact of climate change. Such events have the potential to significantly reverse health, economic and other development gains. Through the provision of a wide range of implementation support services, the promotion of inclusive social protection programming and attention to the environment, UNDP aims to help countries prevent and mitigate these risks and develop resilient, sustainable and risk-informed systems to address health and other development challenges.

UNDP’s comparative advantage in this area lies in its long-standing experience working at the nexus of health, humanitarian responses, disaster risk reduction, emergency preparedness and early recovery; its role as interim Principal Recipient of funding from the Global Fund to Fight AIDS, TB and Malaria in countries with significant national capacity constraints and weak institutions and/or other challenging operating environments; and its work designing and providing social protection interventions in the context of both HIV and Ebola. UNDP also has experience introducing innovative technologies and approaches to increase the resilience of systems for health, including digital procurement systems, satellite imagery to forecast disease patterns and solar energy systems in health facilities, and is leading global efforts to minimize the environmental footprint of the health sector.

**UNDP’s offer**
Drawing on the Global Policy Network, UNDP offers support on:
- Developing capacities of national entities in fragile settings to sustainably manage domestic and international health financing and to deliver health programmes;
- Building the capacity of countries to implement risk-informed systems for health and integrate health into recovery efforts;
- Supporting multisectoral responses to health emergencies, as well as ensuring delivery of essential health services in fragile, vulnerable and conflict-affected settings, under the leadership of WHO;
- Integrated development solutions to address the nexus of health, environmental degradation and climate change, for example, scaling up health sensitive Nationally Determined Contributions (NDCs) and Solar for Health.
Frontier issues

Deploying innovation and digital technologies for health system strengthening, including, for example, supporting the scale up of eVIN

Digital technologies have transformational potential in development and UNDP is committed to supporting the scale-up of new technologies to address health challenges. For example, providing access to vaccines for all is a specific SDG target, but keeping track of vaccine stocks to match supply and demand, reach remote areas and ensure a temperature-controlled supply chain (cold chain) is a significant challenge. In India, smartphone and cloud-based technology is transforming vaccine logistics. The electronic Vaccine Intelligence Network (eVIN), launched in 2015, uses a mobile app and a web interface to capture real-time data across the entire vaccine cold chain. Information on vaccine stock levels and temperature can be monitored remotely, ensuring that vaccines are available when and where they are needed. UNDP is implementing the project on behalf of the Ministry of Health and Family Welfare, with financial support from Gavi, the Vaccine Alliance. To date, eVIN has been able to track vaccine stock flows and storage temperatures across more than 10,000 locations in 12 states, with the goal of extending coverage to all 27,000 vaccine storage points in all 36 states and union territories of India by the end of 2020. By that time, UNDP will have trained over 56,000 government staff and the eVIN system will be tracking more than 650 million vaccine doses in the national immunization programme, reaching 156 million young children and pregnant women every year. With support from partners including the Global Fund and building on lessons from India, UNDP is now working with the Ministry of Health in Indonesia to introduce eVIN and is exploring its potential in other countries and contexts.

Partnerships on micro health insurance as part of countries’ efforts to reach those furthest behind

Out-of-pocket payments are a significant method of financing health care in many countries and can lead to impoverishment and financial catastrophe for people affected. In countries such as China, India, Bangladesh and Vietnam, for example, out-of-pocket payments for health care comprise around 5 per cent of total household consumption.75 Because providing protection from the risks of financial hardship is a key component of efforts to achieve universal health coverage, many countries are implementing or exploring opportunities to implement micro health insurance schemes (also known as mutual health insurance or community-based health insurance) as a means of risk pooling to reduce out-of-pocket health expenditure. Many of these schemes have initially been targeted at poor, rural populations with coverage progressively expanded over time. Studies to date suggest that micro health insurance has a positive influence and protective effect on poverty, health expenditures, household consumption, borrowings, sale of assets and household savings.76 Building on its growing experience in the area of insurance-for-development, UNDP is exploring opportunities for future collaborations with partners to support countries in implementing micro health insurance, including the application of digital technologies, to increase access to health services, foster financial inclusion, minimize hardship and contribute to more resilient and sustainable systems for health.
Reducing the climate footprint of the health sector

If the health sector was a country, it would be the fifth largest emitter of greenhouse gases and the majority of the emissions are related to the supply chain.77 UNDP and Health Care Without Harm (HCWH), with support from Sweden, are collaborating to strengthen the sustainability of health procurement in ten countries. This includes collaborating with the UN system and the Global Green and Healthy Hospitals (GGHH) network, and building capacity among strategic manufacturers and suppliers and waste management in the health sector.

Global Fund grant implementation and procurement support

As a trusted Global Fund partner since 2003, UNDP leverages its operational strength and collaboration with governments and partners to support effective implementation of Global Fund resources by acting as interim Principal Recipient of Global Fund grants in 53 countries since 2003. As part of this role, UNDP builds the resilience and sustainability of systems for health and delivers health services and products in some of the world’s most challenging operating environments. Expertise in programme management, financial and risk management and oversight, policy, and procurement and supply chain management underpin UNDP’s capacity development approach to ensuring that management of Global Fund grants is sustainably transitioned to national entities. UNDP is able to leverage its policy and technical support capacity to improve the overall quality of Global Fund financed programmes. Building on its operational expertise in procuring health products through Global Fund grants, UNDP is also assisting other countries to improve access to quality health products and strengthen procurement and supply management capacity.

UNDP’s offer

Drawing on the Global Policy Network, UNDP offers support on:

- Implementation and management of large-scale health programmes in countries with weak capacity and/or weak governance, facing development challenges and complex emergencies. This includes developing capacities of national entities in these settings to sustainably manage domestic and international health financing and to deliver health programmes;
- Leveraging capacities to strengthen health-related policy and programming in challenging operating environments in specific areas of UNDP expertise, including in human rights, gender equality, key populations and sustainable financing; and
- Procurement of medicines and other health products combined with capacity development on procurement and supply management, with quality guaranteed by the implementation of the UNDP Quality Assurance Policy for health products. UNDP also provides technical expertise to strengthen legal, policy and regulatory frameworks, improve procurement strategies and regulations, and address other barriers to equitable access.
UNDP works with a wide range of partners across development sectors, including governments, civil society organizations, key population networks, UN agencies, academia and multilateral and bilateral donors. This section describes UNDP’s major health partnerships.

**Joint United Nations Programme on HIV/AIDS**

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

Under the Division of Labour for UNAIDS Cosponsors, UNDP has the following responsibilities:

- UNDP is the convener of agencies working on human rights, stigma and discrimination, including legal and policy reform, and access to justice and rights;
- UNDP serves as co-convener (with UNFPA) of agencies working on HIV prevention among key populations;
- UNDP serves as co-convener (with the World Bank) of agencies working on investment and efficiency in the HIV response, including innovative financing;
- UNDP serves as a partner agency in areas of work convened by other agencies:
  - HIV testing and treatment (convened by WHO);
  - Harm reduction for people who use drugs and HIV in prisons (convened by UNODC);
  - Gender inequality and gender-based violence (convened by UN Women);
  - HIV prevention among young people (co-convened by UNICEF, UNFPA and UNESCO);
  - HIV-sensitive social protection (convened by WFP and ILO);
  - HIV and universal health coverage, tuberculosis/HIV, other co-morbidities and nutrition (convened by WHO and the World Bank); and
  - Decentralization and integration of sexual and reproductive health and rights and HIV services (convened by UNFPA and WHO).

UNDP also participates in a range of other UN working groups, including the UNAIDS Reference Group on Human Rights. In collaboration with the UNAIDS Secretariat and other Cosponsors, it supports the Global Fund’s Breaking Down Barriers initiative, which has provided $45 million in additional funds to 20 low- and middle-income countries to scale-up evidence-based programming to reduce human rights-related barriers to HIV, TB and malaria services. UNDP also partners with key UNAIDS Cosponsors, OHCHR and civil society on strengthening inclusive governance by supporting countries to follow up on the recommendations of the Global Commission on HIV and the Law.

**The Global Fund to Fight AIDS, TB and Malaria**

The Global Fund to Fight AIDS, TB and Malaria is critical to achieving SDG target 3.3 on ending the epidemics of AIDS, TB and malaria by 2030. The Fund is an innovative partnership of donors, civil society and implementing countries established in 2001 to accelerate progress in the fight against the world’s three major infectious diseases. It now raises and invests around $4 billion annually to support national HIV, TB and malaria programs and health systems strengthening in more than 100 countries.

UNDP is a key partner of the Global Fund, having acted as interim Principal Recipient of Global Fund financing in 53 countries since 2003, involving total disbursements of more than $5 billion by November 2019. UNDP
undertakes this role in countries that are subject to the Global Fund’s Additional Safeguards Policy and/or that face significant national capacity constraints, challenging operating environments or other difficult circumstances where no other suitable entity could be identified to perform the Principal Recipient role.

UNDP is able to bring its strong country presence and operational capacity to the role of interim Principal Recipient. Its country offices typically manage and disburse funding to sub-recipients, provide fiduciary oversight, manage risks and undertake reporting to the Global Fund. UNDP may also procure pharmaceuticals and other health products on the country’s behalf, support participatory governance through the Global Fund Country Coordinating Mechanism, and help to link Global Fund processes 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.

Resilience-building is particularly important in countries where UNDP acts as interim Principal Recipient. UNDP complements its implementation support with capacity building to strengthen public financial management, procurement systems for health commodities, monitoring and evaluation, training, and support for civil society organizations and Country Coordinating Mechanisms. Leveraging its role as a UNAIDS Cosponsor, UNDP also supports national policy and capacity development on human rights, gender, key populations, and increasing investments and efficiencies to improve the overall quality of Global Fund-financed and other health programmes.

In middle-income countries there is a gradual transition from donor funding to domestic funding of HIV, TB and malaria responses. UNDP supports countries in transition planning and sustainability support, including in areas such as social contracting and strengthening legal and policy frameworks, and health procurement services.

By 2019, UNDP had successfully transitioned out of the Principal Recipient role and handed this responsibility to national institutions in 32 countries and for two regional grants covering 15 countries. As of December 2019, UNDP was managing 32 HIV, TB, and malaria grants from the Global Fund in 19 countries and three regional programmes covering an additional 24 countries, for a total portfolio value in signed Global Fund grants of nearly $900 million.

At the global level, UNDP plays a broader role as a partner of the Global Fund in areas such as strategy and policy development, civil society mobilization, advocacy for resource mobilization and support for human rights-based programming. UNDP is a member of the Global Fund Human Rights Reference Group.

Building on its experience and capacity in procurement of pharmaceuticals and other health products through Global Fund grants, UNDP is increasingly providing procurement support to other countries and partners, including GAVI, the Vaccine Alliance.

**World Health Organization**

In 2018, UNDP signed a new Memorandum of Understanding with WHO to strengthen its partnership in three key areas:

- Strengthening country capacity to achieve universal health coverage, including by addressing the social, economic and environmental determinants of health, the interconnected challenges presented by communicable and non-communicable diseases as well as emerging threats to global health security such as antimicrobial resistance;
- Supporting multisectoral responses to health emergencies, as well as ensuring delivery of essential health services in fragile, vulnerable and conflict-affected settings; and
■ Acting decisively on multisectoral responses to health challenges arising from climate change and environmental problems more broadly, including the impact of climate change on the resilience of health systems.

UNDP’s collaboration on HIV within the United Nations system is primarily managed through the mechanisms and structures of UNAIDS, which includes working with WHO.

WHO has the broad mandate to provide countries with guidance on the prevention and clinical management of NCDs and approaches to tobacco control. UNDP partners closely with WHO to strengthen whole-of-government and whole-of-society NCD responses, including through implementation of relevant WHO-recommended approaches and agreements such as the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 and follow-up on the 2011, 2014 and 2018 Political Declarations on NCDs. UNDP works closely with WHO as a member of the UN Interagency Task Force on the Prevention and Control of NCDs, established in 2014 through an ECOSOC resolution. Within the Division of Labour of the Inter-Agency Task Force on NCDs, UNDP (with WHO and UNAIDS) convenes the work of UN and other intergovernmental organizations to strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of NCDs.

Working closely with the Convention Secretariat of the WHO FCTC, UNDP is a lead agency in supporting countries to implement Article 5 of the global tobacco control treaty. Article 5 relates to national planning, multisectoral governance and protection against tobacco industry interference in policymaking. UNDP’s collaboration with WHO illustrates how the core competencies of the UN health (WHO) and governance (UNDP) agencies can be combined to support multisectoral responses for health. UNDP also acts broadly on the determinants of health agenda and aims to increasingly engage in governance and regulatory aspects of the WHO-led digital health agenda.

Global Action Plan on Healthy Lives and Well-being for All

As one of 12 signatories to the Global Action Plan, UNDP is committed to working with its multilateral health, humanitarian and development partners to help countries accelerate progress on the health-related SDGs through collaboration that is more systematic, transparent and accountable. In addition to promoting gender equality and supporting the delivery of global public goods, intensified collaboration under the Plan will focus on country-level action under seven accelerator themes, all of which are relevant to one or more of UNDP’s action areas in HIV and health: 1) Primary health care; 2) Sustainable financing for health; 3) Civil society and community engagement; 4) Determinants of health; 5) Innovative programming in fragile and vulnerable settings and for disease outbreaks; 6) Research and development, innovation and access; and 7) Data and digital health. From 2020, the 12 agencies’ work under the Plan will focus on jointly engaging countries to identify their priorities and support needs in these areas and jointly implementing agreed actions to strengthen national efforts to achieve the health-related SDGs. UNDP’s extensive country presence is a significant asset to support country-level activities under the Plan.
Other key partnerships

- UNDP helped to establish and remains a Cosponsor of the Special Programme of Research, Development and Training in Human Reproduction, founded in 1972, and of the Special Programme of Research and Training in Tropical Diseases, established in 1975.

- In addition to UNAIDS, UNDP works with other communicable disease-focused partnerships, including Roll Back Malaria and Stop TB.

- The Global Health Innovative Technology (GHIT) Fund is a public-private partnership supported by the Government of Japan, the Bill and Melinda Gates Foundation, the Wellcome Trust, and Japanese private sector to leverage Japanese expertise and investment to fast-track promising technologies, such as medicines, vaccines and diagnostic tools, for TB, malaria and NTDs. Through the complementary Access and Delivery Partnership (ADP), UNDP supports low- and middle-income countries to strengthen their policies, capacities and institutions to deliver these health technologies to patients in need. Supported by the Government of Japan, the ADP is a collaboration between UNDP, WHO, the Special Programme for Research and Training in Tropical Diseases and the non-profit organization PATH.

- UNDP houses the Secretariat of the United Nations Informal Interagency Task Team on Sustainable Procurement in the Health Sector (SPHS). The cumulative procurement volume of UNDP and the other partners in the SPHS (UNEP, UNFPA, UNHCR, UNICEF, UNOPS, GAVI, the Global Fund, UNITAID, and WHO) is about $5 billion annually. The Task team aims to be a driver for transformational change towards greener health systems and inclusive green economies.

- UNDP is a partner in the UKRI GCRF Accelerating Achievement for Africa’s Adolescents Hub; led by Oxford University and the University of Cape Town, the hub will use groundbreaking science to identify cost-effective services and improve outcomes for 20 million adolescents and children in 34 countries across Africa. Researchers from Oxford’s departments of Social Policy and Intervention, Tropical Medicine, the Blavatnik School of Government, English, Economics and Psychiatry will work alongside international partners including UNDP, UNICEF, UN Women, WHO, governments across Africa, donors such as the Global Fund and PEPFAR, NGOs and young people themselves, to identify and test a range of ‘accelerator synergy’ service combinations, from across health, education, social and economic sectors.
5 Performance monitoring and accountability

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

**Monitoring and reporting of progress towards global goals and targets**
At the global level, regular reviews are undertaken to assess progress on the health-related SDG commitments and targets and the Political Declarations on HIV/AIDS. These reviews build on the data received from countries through the reporting framework set by the United Nations General Assembly on Work of the Statistical Commission pertaining to the 2030 Agenda for Sustainable Development and the United Nations General Assembly Special Session on HIV/AIDS and other monitoring and evaluation mechanisms.

**UNDP framework for results-based management**
UNDP systematically measures its programmatic and institutional performance under the UNDP Strategic Plan 2018-2021 through an Integrated Results and Resources Framework (IRRF). In addition, Results Oriented Annual Reporting (ROAR) is used to monitor and evaluate the response at country level. ROAR enables country offices to carry out a performance self-assessment, based on their plans for the past year. ROAR also provides space for critical reflection on progress made and challenges encountered, from which lessons and evidence are fed back into programme management. ROAR is also the key mechanism for holding UNDP units accountable to the Executive Board for results in the framework of the Strategic Plan and in their respective programmes at global, regional and country levels. UNDP headquarters uses the information generated by country offices to carry out analyses for corporate oversight and monitoring purposes, as well as for reporting to the Executive Board.

**Global Fund to Fight HIV/AIDS, TB and Malaria**
Monitoring and evaluation are intrinsic to the Global Fund’s system of performance-based funding, which ensures that funding decisions are based on a transparent assessment of results against time-bound targets and that Principal Recipients are delivering value for money.

During the lifetime of a grant, UNDP, as Interim Principal Recipient, is required to regularly report to the Global Fund on results achieved against targets, expenditures against budget, and any deviation from, or corrective actions to, programme activities.

In addition to programmatic and financial reporting requirements, Global Fund-related monitoring activities include regular tracking of the delivery rates of grants for which UNDP is interim Principal Recipient, including sub-recipient delivery rates and monitoring of cash advance balances; six-monthly reviews of the UNDP-Global Fund data harmonization exercise; quarterly review of the Risk Management Strategy and monthly assessment of the average grant performance ratings of Global Fund grants for which UNDP is the interim Principal Recipient.

The UNDP Global Fund Health Implementation Support Team (GFHIST), in coordination with UNDP Country Offices, monitors the programmatic and financial performance of the grants in its portfolio on a regular basis through progress updates, country visits and a review of the latest Global Fund’s Management Letter issued for every reporting period. In addition, financial activities are monitored and verified through internal and external audits. The GFHIST also monitors the implementation of audit recommendations and prepares a scorecard every two months to provide early warnings on various aspects of grant management.

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

Annual performance reviews conducted by Cosponsors and the Secretariat take place at country, regional and global levels. A web-based tool, the Joint Programme Monitoring System (JPMS) is used to collect, collate and analyze performance information. Reporting in the JPMS provides the basis for adjustments in plans and programmes.
UNDP’s work in HIV and health is undertaken by an integrated team working at global, regional and country levels across a range of development sectors.

At the global level, the work is led by the HIV and Health Group based in the Bureau for Policy and Programme Support at UNDP headquarters in New York. This team focuses on global level advocacy, policy, strategy and partnerships, and provides support for adaptation and implementation of policies and programmes by regional and country offices.

A UNDP Global Fund support team with staff based in Geneva, New York and selected regional offices provides assistance to country offices acting as interim Principal Recipients for Global Fund funding. This team also helps to analyze and apply lessons from experience in these countries to broader UNDP health and development approaches.

UNDP has HIV and health staff in its Regional Hubs in Asia Pacific (Bangkok), Latin America and the Caribbean (Panama), and Eastern Europe and Central Asia (Istanbul). Regional-level staff promote integrated approaches to health and development challenges, leverage partnerships at the regional level and provide support to country offices for implementation of UNDP policies and programming. The Regional Hubs may emphasize different health and development priorities depending on regional and country needs and context.

UNDP has a presence in more than 170 countries and territories, of which approximately 129 have dedicated staff working on health-related issues. UNDP’s core strategies are designed to provide sufficient flexibility for each country office to find an entry point into health that suits its own circumstances and priorities under United Nations Sustainable Development Cooperation Frameworks.

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

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

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

- Integrating attention to the social, structural, economic, commercial and environmental determinants of HIV into plans and strategies to achieve the SDGs;
- Using work on HIV and health as an entry point to leverage broader action on human rights, gender equality, social inclusion and access to justice;
- Leveraging specific Global Fund-supported programming for broader impact on national HIV and health policy; and
- Collaborating with other signatory agencies under the Global Action Plan on Healthy Lives and Well-being for All.

Country offices that are less involved in work on HIV and other health issues may still coordinate with Regional Hubs and Headquarters to ensure that at least some attention is paid to issues such as determinants of health, HIV, gender or human rights as part of UNDP country programming or the activities of local and international partners.
The UNDP HIV and Health Team is supported by the UNDP Global Policy Network and a Community of Practice on HIV and Health established in 2019. In line with the priorities outlined by the UNDP Administrator, the cross-cutting themes for the Community of Practice in 2019-2020 are 1) Planetary health including climate and health; 2) Inequalities and health inequities; 3) Digital health, innovation and technologies, and (4) Health security and crisis. The Community of Practice on HIV and Health connects experts across different fields and geographies to help solve policy and programme challenges, share success stories and innovations, and apply key learnings to their work to support countries to achieve the SDGs and fulfil the pledge to leave no one behind.
Key resources


UNDP strategy 2018–2021
https://undocs.org/DP/2017/38

Global Commission on HIV and the Law
2018 Supplement https://hivlawcommission.org/supplement/

UNAIDS 2016–21 strategy: On the fast track to end AIDS

UNAIDS 2020–2021 Workplan and Budget

UNAIDS Joint Programme Division of Labour: Guidance Note 2018

The Global Fund strategy 2017–2022: Investing to end epidemics

WHO 13th General Programme of Work 2019–2023
https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019-2023

WHO Framework Convention on Tobacco Control
https://www.who.int/fctc/text_download/en/

Global Action Plan for Healthy Lives and Well-being for All
https://www.who.int/sdg/global-action-plan

Political Declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (2018)

Political Declaration of the High-level Meeting on Universal Health Coverage ‘Universal health coverage: moving together to build a healthier world’ (2019)

Global Health Innovative Technology Fund
https://www.ghitfund.org/

Access and Delivery Partnership
http://adphealth.org/

Sustainable Procurement in the Health Sector
https://savinglivessustainably.org/
References

44. United Nations, 2011. Declaration of Commitment, UN General Assembly Special Session on HIV/AIDS.