Connecting the dots: Towards a more equitable, healthier and sustainable future

UNDP HIV and Health strategy 2022–2025

United Nations Development Programme
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The 2030 Agenda for Sustainable Development reflects the interconnectedness of the health and development landscape in a context of widening economic and social inequalities; fragility arising from instability, conflict, natural disasters and pandemics; rapid urbanization and digitalization of societies; the mounting health, and social impact of threats to climate and the environment; and the continuing burden of infectious and non-communicable diseases.

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.1

Sustaining progress on many of the health priorities under Sustainable Development Goal (SDG) 3 (Ensuring healthy lives and well-being for all at all ages) requires strong collaboration and 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 requires measures that complement universally available and affordable health services, including action on the social, structural, economic, commercial and environmental determinants of health. This entails the following: reforming and implementing laws, policies, norms and governance mechanisms to reduce health risks and increase access to services; strengthening primary health care; and adopting measures to address inequalities and exclusion of the most marginalized and vulnerable, such as 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, which in turn 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 even before COVID-19.2 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 non-communicable diseases (NCDs) on the poor is growing rapidly. NCDs kill 41 million people each year, equivalent to more than 70 percent of all deaths globally, and 85 percent of premature deaths due to NCDs are in low- and middle-income countries.3 Neglected tropical diseases (NTDs), which affect more than a billion people globally, also disproportionality affect poor and marginalized populations and adversely impact health and adult productivity.4
Studies have shown that health has a positive effect on development and that decreases in overall morbidity and mortality can help drive productivity and economic growth.\textsuperscript{5,6} An analysis in 2021 found that the scale-up of cost-effective health interventions would boost developing countries’ GDP by 7 percent in 2040.\textsuperscript{7} The economic return would be between US$2 and US$4 across developing countries for every US$1 invested in health. Increased human capital in sub-Saharan Africa would contribute over a third of the annual GDP growth. Conversely, the COVID-19 pandemic has contributed to the greatest global economic downturn since the Great Depression.

**The climate crisis is a health and development crisis**

The health, environmental and economic impacts of the climate crisis are increasingly evident around the world, presenting some of the most complex and pressing development challenges of this century. Those countries that have contributed the least to climate change nonetheless unjustly and disproportionately suffer its harms, highlighting the importance of equity and human rights-based approaches in the response to the climate crisis.

The climate crisis 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, diarrhoea and heat stress. In all regions, the proportion of people vulnerable to heat exposure is rising and the geographic ranges for disease vectors, such as mosquito species that transmit malaria or dengue, are likely to shift and expand.\textsuperscript{8}

Climate change is also driving displacement: in the last decade, weather-related crises have forced on average more than 20 million people a year to move and were responsible for more than twice as much displacement as conflict and violence.\textsuperscript{9} The World Bank has estimated that, without concerted action, the multidimensional impacts of climate change could push 132 million people into poverty over the next decade.\textsuperscript{10} At the same time, addressing the climate crisis through efforts to reduce emissions and pollution, and promote clean energy including clean cooking alternatives has positive benefits on health and livelihoods. Highlighting the health benefits of climate action is therefore a critical component of advocacy around the climate crisis.

The intersection of climate change, health, inequality, poverty, food insecurity and migration highlights the need for integrated ‘planetary health’ policies and programmes to help countries manage these concurrent challenges, including in the areas of inclusion, attention to the most vulnerable people, and strengthened governance and resilience.\textsuperscript{11}
A world of multidimensional health and development challenges

Achieving the goals in the 2030 Agenda for Sustainable Development was already a challenge before the COVID-19 pandemic. Although substantial progress has been made in recent decades in areas such as poverty reduction, health and education, gains varied significantly by Sustainable Development Goal (SDG) indicator, geographic location and population group. Regarding health, ending the epidemics of AIDS, tuberculosis (TB), malaria and NTDs, and combating viral hepatitis and other communicable diseases have still required a sustained effort through this decade to build on earlier progress, particularly to increase access to prevention and treatment for key, vulnerable and underserved populations. Achieving universal health coverage by 2030 – central to the health-related SDG targets – is also a major challenge, with pre-pandemic estimates indicating that more than half the world’s population lacked coverage of essential health services. Lack of attention to major social, structural, economic, commercial and environmental determinants of health has been a persistent threat to the achievement of the SDGs.

Health is an important dimension of human security because good health is both essential and instrumental to human survival, livelihood and dignity. But the COVID-19 pandemic has reversed or stalled progress in many areas of human security and development. There was a steep and unprecedented decline in the Human Development Index for the first time since it was established. Much of the progress made in reducing poverty has been reversed, with global extreme poverty rising in 2020 for the first time since the Asian financial crisis of the late 1990s. The lack of preparedness for the pandemic and gaps in social protection have resulted in further widening of inequalities and a disproportionate socio-economic impact on women and vulnerable and marginalized populations, including migrants and workers in the informal sector. Intersecting inequalities and vulnerabilities have been highly evident. Educational attainment has been interrupted for billions of young people, and food insecurity and malnourishment have increased, with effects that could linger for decades.
COVID-19 has shortened global life expectancy and halted or reversed progress in many areas of health. It has had a significant impact on health systems and disease programmes in many countries while lockdowns have disrupted health services, and critical resources have been diverted from other health programmes to fight the pandemic. Many people have avoided going to health centres due to fear of contracting COVID-19 or of being stigmatized for having COVID-like symptoms such as cough or fever, which could also be treatable malaria, TB or other conditions.

The impact of COVID-19 on the fight against TB worldwide has been particularly significant. Between 2019 and 2020, the number of patients treated for drug-resistant TB in the countries where the Global Fund to Fight AIDS, TB and Malaria (Global Fund) invests dropped by 19 percent. For those on treatment for extensively drug-resistant TB, there was an even bigger drop, of 37 percent; and a drop in number of HIV-positive TB patients on both HIV and TB treatment, of 16 percent. Overall, around one million fewer people with TB were treated in 2020 than in 2019, and TB deaths increased for the first time in more than a decade.

Although the number of people receiving antiretroviral treatment (ART) for HIV globally has continued to increase, in some regions, up to half of people already on ART had difficulties accessing treatment as a result of the pandemic, and people reached with HIV prevention programmes and services declined by 11 percent globally between 2019 and 2020, particularly among women, girls and key populations. Interventions to combat malaria were less disrupted by COVID-19, but progress against the disease has stalled. Global coverage estimates of routine childhood immunization services for 2020 were also lower than expected prior to COVID-19, and many programmes to tackle NTDs were postponed, leading to risks of resurgence. Three quarters of countries reported a considerable degree of disruption to services for NCDs, although they emerged as a major factor in worsening COVID-19 outcomes, particularly among already vulnerable populations. The full extent of long-term disability among survivors of COVID-19 is not yet known but could be substantial. Moreover, global access to COVID-19 vaccines has been hugely inequitable, with around 65 percent of people in high-income countries having received at least one dose by late 2021, compared to less than 10 percent of people in low-income countries.
The pandemic has had a significant impact on mental health in nearly all countries, including over 50 million additional cases of major depressive disorders and over 75 million more cases of anxiety disorders.\textsuperscript{27} This is due to factors such as socio-economic instability, inability to leave abusive environments, and increased alcohol and drug use, mostly affecting women, the poor, lesbian, gay, bisexual, transgender and intersex (LGBTI) people, and other marginalized and vulnerable communities, including many with intersecting vulnerabilities.\textsuperscript{28} Increases in gender-based violence (GBV) and female genital mutilation, and the reduced ability of women to access and use modern contraception during lockdowns have also been reported.\textsuperscript{29} 

In addition to the pandemic, other complex health and development challenges persist, including the climate crisis, environmental degradation, the increasing threat of antimicrobial resistance, gaps in social protection, and weaknesses in governance and legal and human rights frameworks related to public health in many countries. Prior to COVID-19, more than 900 million people made out-of-pocket health care payments comprising more than 10 percent of household income,\textsuperscript{16} a situation likely to have worsened due to the impact of the pandemic on millions of livelihoods. A record 82 million people were forcibly displaced by the end of 2020, as new and ongoing conflicts and increasingly frequent extreme weather events drove people from their homes, often to settings that lack sufficiently resilient systems to address high rates of disease and sexual violence.\textsuperscript{30} Moreover, inequalities – including gender inequality – continue to exacerbate poverty and marginalization worldwide, leaving many people behind in accessing health and other basic services.
Regaining lost ground: Towards a more equitable, healthier and sustainable future

While COVID-19 exposed and exacerbated major global health and development challenges, it also affirmed the need for more integrated, sustainable and multisectoral solutions to them. The pandemic has emphatically shown the need to invest in key elements of human security, including pandemic preparedness and response, and universal health coverage on a multi-disciplinary and whole-of-government basis, so that health and social systems are sufficiently resilient to tackle existing pandemics and health threats, and better prepared for future ones. Greater investment in disease surveillance and health information systems are particularly needed to enable real-time data collection, analysis and reporting, improve decision-making, and facilitate more agile and effective responses to health challenges. Systems for the procurement, supply management and distribution of health products at all levels also require further strengthening.

COVID-19 highlighted the need for stronger health governance and enabling environments, and for more attention to determinants of health, including environmental and commercial determinants, and action to mitigate the growing health impacts of the climate crisis. And it has further demonstrated the importance of tackling the multi-dimensional risks faced by the poorest, most vulnerable people and those left behind by addressing exclusion and inequality, and providing social protection.

COVID-19 has accelerated several major trends in development, especially rapid digitalization in government, health, education, commerce and private life. The COVID-19 pandemic has highlighted the importance of digital inclusion as a key determinant of health – one that can accelerate progress across multiple determinants of health.31 Data and digital technology have significant potential to drive equity and more resilient and sustainable health systems, but 3.5 billion people still lack access to the internet and the opportunities it provides, highlighting the importance of programming, policy and legal frameworks that facilitate equitable access, protect privacy, reduce disinformation and narrow the digital divide.32

Above all, COVID-19 has affirmed the centrality of health to progress across many areas of development, such as decent work and economic growth, education, nutrition, peace, justice and strong institutions as well as reducing inequalities. By building on these many lessons, the world has a unique opportunity not only to regain lost ground and bring the SDGs back within reach, but to build a fairer, healthier and more sustainable world.
UNDP’s role in HIV and health

Strategic context
UNDP’s work in HIV and health is guided by the 2030 Agenda for Sustainable Development, the UNDP Strategic Plan 2022–2025 and related regional programmes. The UNDP Strategic Plan 2022–2025 describes the work of UNDP as follows:

- Supporting countries towards three directions of change:
  - structural transformation, including green, inclusive and digital transitions;
  - leaving no one behind, a rights-based approach centred on empowerment, inclusion, equity, human agency and human development capabilities which recognizes that poverty and inequality are multidimensional;
  - building resilience, strengthening the capacity of countries, institutions and people to prevent, mitigate and respond to diverse risks, including crisis, conflict, natural disasters, climate, social and economic shocks.

- Focusing on six signature solutions: Poverty and inequality, governance, resilience, environment, energy and gender equality. These are areas in which country demand for UNDP support is greatest and where UNDP’s capabilities and role within the United Nations system best equip the organization in its work.

- Being enhanced by three enablers: Strategic innovation, digitization and development financing.

The Strategic Plan emphasizes how COVID-19 has illustrated the widening gap between those with access to quality healthcare and those without. It also commits UNDP to scaling up work with the United Nations Children’s Fund (UNICEF), World Health Organization (WHO) and other stakeholders on policy proposals and programmatic solutions. The aim is to strengthen systems for health, including to regain lost ground against HIV/AIDS, TB and malaria, and to address emerging issues such as non-communicable diseases, mental health and pandemic preparedness. UNDP’s work in HIV and health also contributes to the organization’s core mission of reducing poverty and inequalities, building resilience and helping to ensure that no one is left behind.
Health as an integrator across the Sustainable Development Goals

UNDP’s work in HIV and health 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.34 COVID-19 has further demonstrated the importance of integrating health across the SDGs. Consistent with performing the integrator function requested by United Nations Member States,35 and as emphasized in the Strategic Plan, UNDP continues to focus 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 ‘connect the dots’ across development sectors, and its strategic commitment to recognizing and managing the multi-dimensional risks presented by today’s major health and development challenges.

UNDP’s multisectoral and integrated approach in HIV and health leverages the directions of change and enablers set out in the UNDP Strategic Plan, and aims to harness knowledge and capacities across society, from national and sub-national governments to communities and civil society, academia and the private sector.
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;
- safe and meaningful engagement of people living with HIV and other health conditions, key populations, other excluded groups and affected communities as essential to effective health policy, programming and governance;
- building national ownership, capacity and resilience for effective and sustainable responses to health and related development challenges;
- risk-informed health programmes that also recognize the increasingly multidimensional risks faced by the poorest and most vulnerable;
- policy and programming based on evidence. UNDP is committed to following and continually building the evidence base for action;
- integrated approaches and multisectoral partnerships for health and development to achieve multiple development outcomes simultaneously, ensure sustainability and make efficient use of resources; and
- promoting and supporting South-South and Triangular collaboration.
UNDP’s comparative advantage
UNDP brings a range of organizational strengths and capacities to its work in HIV and health work, which include:

- its presence in 170 countries, including strong relationships of trust with development stakeholders, the 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 gained 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, with specialist expertise in strengthening health governance and public health infrastructure, including procurement and supply chain management and digital technology for health;
- its recognized role as a partner that can advise on major 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;
- its longstanding partnerships in health, including as a founding cosponsor of the Joint UN Programme on HIV/AIDS, its close partnerships with WHO and the Global Fund to Fight AIDS, TB and Malaria, and its role as technical lead of the United Nations socio-economic response to COVID-19.
3 Policy and programme support

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UNDP’s activities in HIV and health for the period 2022–2025 encompass three action areas, each of which has three key policy and programming priorities. 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, inclusive social protection (Priority 1.3) is linked to sustainable financing for health (Priority 2.3) and contributes to more resilient and sustainable systems for health. The action area framework emphasizes the importance of integrated approaches to health and development that prioritize interlinked challenges and deliver gains across sectors and SDGs.
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
- **Priority 1.3:** Strengthening inclusive social protection

**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.\(^6\)\(^,\)\(^48\) Decades of experience and evidence from the HIV response, for example, show that intersecting inequalities are preventing progress towards ending AIDS.

Gender inequality and GBV are particularly strong drivers of poor health and development outcomes for women and adolescent girls. Nearly one in three women worldwide has experienced either intimate partner violence or non-partner sexual violence in their lifetime.\(^36\) Sexual violence is particularly prevalent where systems for physical, social and legal protection of women and girls are inadequate or have been disrupted, such as in complex emergencies and humanitarian disasters and during the COVID-19 pandemic.\(^49\) Women living with HIV, women in key populations and LGBTI people are more likely to experience GBV.

Gender inequality has direct implications for women’s and girls’ risks of acquiring HIV. Women and girls account for 48 percent of new HIV infections worldwide and 59 percent of new infections in sub-Saharan Africa, and AIDS remains one of the leading causes of death for women aged 15–49 years globally.\(^36\) Adolescent girls and young women in sub-Saharan
Africa are three times more likely to acquire HIV than their male peers. The epidemic’s impact is especially pronounced among adolescent girls and young women as a result of multiple vulnerabilities, such as harmful social norms and practices including sexual violence and GBV, denial of participation in decision-making, lack of access to education, poverty, age-disparate sex and female genital mutilation. Digital spaces have opened up a new front in GBV.50 Harmful gender norms also affect men’s health-seeking behaviour. Strategies to address harmful gender norms, eliminate sexual violence and GBV, 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. Men and boys also need to be engaged in addressing harmful gender norms and promoting gender equality.

The climate crisis and environmental degradation also have differential social, economic and health impacts on women and girls. For example, women and girls may be disproportionately dependent on climate-sensitive livelihoods such as agriculture but often lack economic, political and legal power to assert their rights and participate in decision-making to manage and mitigate environmental risks. Women’s access to land, which is already restricted, is further undermined by environmental degradation and land grabbing while food and water shortages, polluted air and increasingly severe climate-related disasters such as droughts, floods and wildfires are taking a disproportionate toll on their health and rights.50 Inequality may also hinder access to new environmental technologies. Gender equality and the inclusion of women and girls are high priorities across all of UNDP’s work.

**Key and vulnerable populations at the heart of health responses**

Other drivers of social exclusion, such as stigma, discrimination, marginalization and punitive laws, policies and practices, limit people’s choices and access to basic services and increase health risks. This is particularly the case for key populations who are the most vulnerable to HIV and their sexual partners who account for an estimated 65 percent of new infections globally and 93 percent outside sub-Saharan Africa.51 These populations are less likely to access life-saving HIV services due to punitive laws, the absence of enabling laws and policies, and inadequate access to justice: at least 92 countries criminalize HIV exposure, non-disclosure and/or transmission, and 48 countries or territories continue to block people living with HIV from entry, stay or residence. Among countries reporting data to the Joint United Nations Programme on HIV/AIDS (UNAIDS) in 2019, 32 criminalized and/or prosecuted transgender persons, 69 criminalized same-sex sexual activity, 129 criminalized some aspect of sex work, and 111 criminalized the use or possession of drugs for personal use.52 Many United Nations Member States also have laws criminalizing diverse forms of gender expression and cross-dressing, which are used to persecute trans and gender diverse people.

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1 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).
Homophobia, stigma, violence and discrimination against LGBTI people also contribute significantly to their exclusion from society, limit their access to health and social services, and hinder social and economic development while the health and well-being of people living in prisons or other closed settings are routinely put at risk by punitive laws and policies, including denial of access to essential health services. Women who belong to key populations or who are partners of key population members experience alarmingly high risks of acquiring HIV and are less likely to access services.

Other populations, including people with disabilities, also experience exclusion that negatively affects their health and well-being. 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. 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 GBV.

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 in some countries are also contributing to inequality and exclusion.

There is strong recognition of the need for greater attention to key and other vulnerable populations in all epidemic settings, including action to address social, legal and cultural barriers to accessing HIV and other health services, promotion of human rights and rights-based approaches, and support for engagement of key and other vulnerable populations in policy development, health governance and programming.
Social protection to reduce inequalities and exclusion and build resilience

Social protection interventions, such as cash, food, vouchers, economic support, health insurance, employment assistance and other forms of social care and support, are fundamental to reducing poverty, gender and income inequalities, and social exclusion across the life cycle. These interventions make it easier for people to access HIV and other health services, diminish risks of HIV infection, increase adherence to treatment for HIV and TB, cushion the social and economic impact of poor health, and foster resilience. The COVID-19 pandemic has illustrated the importance of social protection systems to protect people’s health, jobs and incomes, as well as the consequences of large gaps in coverage. By 2020, less than half the global population was covered by at least one social protection cash benefit, leaving up to 4 billion people without a social safety net, the vast majority in low- and middle-income countries.

UNDP has long promoted social protection for key and vulnerable populations in the context of HIV, including through its support for implementation of Global Fund grants and, most recently, grants by the Global Fund’s COVID-19 Response Mechanism to mitigate the impact of the pandemic on vulnerable communities, including people living with HIV, LGBTI people and sex workers. This work was informed by the more than 100 COVID-19 country socio-
economic impact assessments that UNDP has conducted or supported. UNDP also works with partners in areas related to social protection such as nutrition and food security, and the organization’s Insurance and Risk Finance Facility promotes insurance-based social protection and the use of mobile and digital technologies to expand access to it.56

Data and digital tools to drive equity
The Political Declaration from the High-Level Meeting on Universal Health Coverage in 2019 recognized that digital technologies and improved health data provide promising opportunities for innovation and acceleration of progress towards the health-related SDGs and for building more resilient systems for health.57 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. The COVID-19 pandemic has accelerated these trends, highlighting how better use of data, technologies and approaches such as tele-medicine and medicine supply and demand management can help to increase access to health and other services and reduce health inequities. For example, the Global Dashboard for Vaccine Equity, launched by UNDP, WHO and the University of Oxford in 2021 combines the latest data on the global roll-out of COVID-19 vaccines with relevant socio-economic information, and provides actionable insights for policymakers to better understand the importance of vaccine equity for socio-economic recovery.26

Leveraging its experience in several countries and its partnership with the Global Fund to Fight AIDS, TB and Malaria, UNDP is also advancing vaccine equity by supporting implementation of digital solutions for COVID-19 vaccine delivery and systems strengthening. UNDP also supports other hyperlocal data work to enable people not accessing health and other basic services to be reached.
Even with the exponential growth in mobile phone ownership and access globally in recent years, almost half the world’s population is still offline. Billions of people do not have a digital identity and are not represented in electronic data systems used to collect and monitor data and strengthen service delivery. Women and girls in particular are being left behind in terms of access to and ownership of digital devices, digital fluency and capacity to make meaningful use of this technology. In low- and middle-income countries, 390 million women are unconnected and 184 million fewer women than men own a mobile device. Both affordability and socio-cultural norms that restrict access for women contribute to this exclusion. Other groups, such as some key and vulnerable populations, older adults, indigenous people, people in remote areas and people with disabilities may also face challenges in accessing or using digital technology. Without policies and approaches to reduce gender and other gaps in digital inclusion, inequalities are likely to increase in health, social participation, labour markets, financial inclusion and many other areas of development. Digital solutions to promote equity and build resilience are a high priority across all of UNDP’s health and development work.

**UNDP’s offer**

Through multisectoral action with partners, UNDP aims to empower and increase the capacity of women and girls, key populations at risk for HIV, LGBTI people 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, digital technology, the climate crisis and resilience. With the United Nations Population Fund (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, including UN Women.

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

- scaling up rights-based solutions for gender equality to eliminate sexual violence and GBV, and improve access to HIV and other health services for women and girls, as well as for key populations at risk of HIV and other excluded groups;
- integrating programming for gender, human rights, key populations and other excluded groups in Global Fund policies and programmes;
- strengthening the evidence base and capacities on inclusion of LGBTI and other excluded groups;
- enhancing inclusive social protection programmes for people living with HIV and key populations;
- scaling up the use of digital health technologies, and helping to reduce barriers and inequities in access to them, including for key and vulnerable populations.

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**i** The Global Policy Network was launched by UNDP in 2018 to more effectively deploy the competencies, experience and capacities of its 20,000-strong global workforce across 170 countries and to provide more effective access to resources across the UNDP network. A network of UNDP Accelerator Labs in 91 locations serving 115 countries has also been established in country offices to help scale up innovative solutions to complex development challenges, including work with non-traditional partners.
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 non-communicable diseases and accelerate tobacco control
- **Priority 2.3:** Enhancing sustainable financing for HIV and health

**Good governance to promote and protect health gains**
As the COVID-19 pandemic has highlighted, efforts to combat disease and improve health have long been constrained by weak governance and institutions in many countries, including: limited national capacity to plan and deliver health and other basic services; lack of inclusive and multisectoral processes and civic engagement, especially for key populations and affected communities; poor legal, policy and regulatory frameworks for health; and lack of technological innovation, together with fragile health and social systems that are insufficiently resilient to withstand shocks. The SDGs make clear that attention to strengthening governance and resilience is essential for durable health and development gains. UNDP undertakes a wide range of activities to strengthen health governance and thereby improve access to and quality of health services.

**Enabling legal, policy and regulatory environments**
Inadequate legal, policy and regulatory environments and abuse and misuse of laws continue to undermine responses to COVID-19, HIV and other health challenges in many countries. Increased vulnerability to HIV and poor health stems particularly from: 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 or to protect children.61 Such laws and policies also reinforce stigma and discrimination that increase inequalities and exclusion. All United Nations Member States have committed to strengthening laws to eliminate discrimination against people living with and at highest risk for HIV infection and to ensure their full enjoyment of human rights and access to health care and legal protection.62 Since 2016, around 90 countries have reviewed and reformed at least some punitive and discriminatory laws and policies in line with the recommendations of the Global Commission on HIV and the Law.36,61

New and emerging digital technologies can be invaluable in enabling HIV and health programming to become more people-centred, enable the provision of higher quality care, reduce stigma, increase access to services, including for marginalized groups, and improve patient engagement. They also present human rights challenges, including possible infringement of rights such as privacy and non-discrimination. The Global Commission on HIV and the Law has cautioned that governments should establish governance frameworks and legal protections to safeguard the privacy and confidentiality of users of digital health technologies, ensuring that online health care records, electronic medical records and communications with health care providers are protected. WHO has the mandate to support the development of national digital health blueprints that govern health data security, privacy
and confidentiality. As a member of the Global Digital Health Technology Network, UNDP supports this work by: helping to ensure that health technologies operate within legal and regulatory frameworks that respect human rights, ethics, privacy and transparency; convening the private sector, governments and civil society on policy issues related to digital health; and helping to ensure that digital interventions are implemented equitably. UNDP guidance published in June 2021 outlines key ethical, technical and human rights considerations for countries adopting digital technologies for HIV and health.63

**Enduring health governance challenges, including for NCDs, mental health and tobacco control**

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, harmful use of alcohol and air pollution. With growing burdens of mental health conditions worldwide, in recent years, the understanding of the important role mental health plays in development is growing.64 Sectors outside health also play a crucial role in addressing barriers to diagnostic, management and prevention services for NCDs. In 2018, United Nations 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.65 Many countries with high burdens of HIV and TB also face burgeoning epidemics of NCDs; COVID-19 has drawn further attention to the links and interactions between communicable and non-communicable diseases. COVID-19 has also highlighted the need to address mental health. There are significant opportunities for closer integration across HIV, TB, mental health and NCD programming, including as part of pandemic preparedness and response efforts.

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.66-68 Over 80 percent of the world’s 1.3 billion tobacco users 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 weakest.66 There are now more than 180 parties to the Convention, and UNDP leads on the implementation of Article 5, which concerns national planning, multi-sectoral governance and protection against tobacco industry interference in policymaking.69

**Good governance through sustainable financing**

Sustainable financing is a core component of effective 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. Although development assistance for health increased significantly in 2020 due to the COVID-19 pandemic, it is unclear to what extent these increases will be sustained.70 Domestic financing now accounts for approximately 56 percent of available funding for the global HIV response but is mainly allocated to treatment costs, while prevention for key populations, adolescent girls and young women, and programmes that address human rights barriers and structural
inequalities are mainly funded from external sources or are barely funded at all. The impact of domestic funding is further undermined in many countries by inefficiencies, including failure to allocate limited resources to the most effective interventions or to focus resources strategically by location or population.

The economic impact of the COVID-19 pandemic has created additional challenges for many low- and middle-income countries to mobilize new domestic resources for health. Declines in tax revenues and increases in government spending have resulted in higher debt and deficit levels, adding to existing unsustainable levels of debt in over 30 low-income countries and significantly reducing fiscal space to invest in the health and social sectors.

Financing for domestic HIV responses needs to leverage traditional and new partnerships to overcome this challenging fiscal environment, prevent a new era of austerity, and identify opportunities to mobilize domestic and other resources. Improvements in programming efficiency and reallocation of resources for greater impact can also be undertaken, including strategic integration of health services for common co-morbidities, 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 by minimizing financial hardship on the poor and reducing health inequities.

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. Because protection from the risks of financial hardship is a key component of universal health coverage, many countries are implementing or exploring opportunities for risk-pooling by setting up national health insurance systems and ‘micro’ health insurance schemes (also known as mutual or community-based health insurance). Many such schemes have been targeted at poor, rural populations with their 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.
The consumption of tobacco, alcohol and sugar-sweetened products increases 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 highly effective in reducing tobacco use and saves lives while averting tobacco-related medical expenditures and losses in economic productivity. Alcohol taxation is similarly cost-effective in reducing alcohol consumption and socio-economic harm, including GBV, and evidence is growing that sugar taxes can improve nutrition, health and development.73 These taxes also contribute to domestic financing for health and achieving other SDGs. Worldwide, increased taxation of tobacco, alcohol and sugary beverages could avert 50 million premature deaths and raise $20 trillion in revenue over the next 50 years.74 Although sugar, tobacco and alcohol taxes (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. 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,75 anti-corruption measures in the health sector,76 exploring the commercial and equity dimensions of STAX and linking health taxes and investment case findings with Integrated National Financing Frameworks for sustainable development.77

UNDP’s offer
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 and the World Bank co-convene the Joint Programme’s work to ensure adequate investments and efficiencies in the HIV response and UNDP 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 and works with partners in the Global Action Plan on Healthy Lives and Well-being for All (SDG 3 Global Action Plan) on sustainable health financing and multisectoral action to address multiple health-related SDG targets.

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

- strengthening enabling legal and policy environments, including through the implementation of the recommendations of the Global Commission on HIV and the Law, and in Global Fund grants; scaling up access to justice programmes, and innovation and access to health technologies, in partnership with governments, civil society, academia and United Nations partners; strengthening multisectoral health governance, including of NCD, mental health and tobacco control responses, the development of investment cases and the integration of NCDs, mental health and tobacco control into development plans and strategies;
- expanding innovative financing for HIV and health, including developing investment strategies, leveraging health taxes, and co-financing approaches to increase domestic financing for health;
- strengthening country capacity on regulatory frameworks, data standards, interoperability and rights-based and ethical use of digital technologies in health.
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:** Planetary health, including climate, energy and health
- **Priority 3.3:** Pandemic preparedness

Health is an essential element of human security. Due to chronically weak health and social systems, many countries are poorly equipped to deal with humanitarian crises and emergencies that may result from disease outbreaks, economic crises, political instability, armed conflict, natural disasters, and the impact of climate change, all of which can significantly reverse health, economic and other development gains.

Building the resilience of countries to both prevent and mitigate the risks of crises and conflict is a key priority for UNDP across all its development programming. This can include addressing the development impact of health crises within the context of UNDP’s work on crisis response and early recovery, as well as building the capacity of countries to implement risk-informed and resilient systems for HIV and health, and integrate health more effectively into post-crisis recovery efforts.

**Supporting Global Fund grant implementation to fight pandemics and build resilience**

The Global Fund to Fight AIDS, TB and Malaria has been critical to progress made towards SDG target 3.3 on ending the epidemics of AIDS, TB and malaria by 2030, raising and investing around $4 billion annually to support national HIV, TB and malaria programmes, and building health systems resilience in more than 100 countries. Infrastructure and capacity supported by the Global Fund have played a significant role in the response to COVID-19 in many countries. Through its COVID-19 Response Mechanism, the Global Fund has been a major source of direct financing for the response to COVID-19, supporting the adaptation of HIV, TB and malaria programmes, and strengthening the capacity of health and community systems to respond to the pandemic.

As a key partner of the Global Fund, UNDP has acted as interim Principal Recipient of Global Fund grants in more than 50 countries since 2003 and continues to serve in this role in some of the world’s most challenging operating environments. As Principal Recipient, UNDP leverages its operational experience in programme management, financial management and oversight, and procurement and supply management. It also leverages its relationships with governments and communities to support the implementation of Global Fund resources and the delivery of health services and commodities as well as to support the creation of enabling legal and policy environments. Resilience-building is particularly important in countries where UNDP acts as interim Principal Recipient. With a view to progressively transitioning management of Global Fund grants to national entities, UNDP complements its implementation support with capacity building to strengthen public financial management, procurement, monitoring and evaluation, training and support for civil society organizations and Global Fund Country Coordinating Mechanisms.
UNDP’s Global Fund portfolio was valued at nearly $900 million by late 2021, with around half of this funding dedicated to supporting the procurement and supply management of health products. Through its Global Health Procurement Centre, UNDP leverages volume discounts from pre-qualified suppliers to deliver quality-assured health products at reduced prices and within guaranteed delivery timeframes. UNDP also provides technical expertise to improve quality assurance, storage, distribution, inventory management, and policy and regulatory frameworks for health products at national and sub-national levels.

As interim Principal Recipient, UNDP has supported countries receiving Global Fund financing to respond to COVID-19, including: reprogramming of grants for the pandemic response; strengthening health systems in key areas such as procurement, laboratory capacity for COVID-19 testing and community responses to the pandemic; and helping to ensure the continuity of HIV, TB and malaria services.

Increasingly, UNDP provides technical assistance for implementation of Global Fund grants and those financed by governments, Gavi, the Vaccine Alliance and UNITAID among others, even in countries where it is not acting as Interim Principal Recipient. Leveraging its role as a UNAIDS cosponsor, UNDP supports national policy and capacity development on human rights and key populations, and increasing investments and efficiencies to improve the overall quality of Global Fund-financed and other health programmes. Building on its expertise in procuring health products through Global Fund grants, UNDP also assists other countries to improve access to quality health products and strengthen procurement and supply management capacity.

A planetary health approach
Planetary health is an integrated approach that recognizes that the disruption and degradation of natural systems pose an urgent threat to humanity and that human health and the health of the planet are inextricably linked. The climate crisis, air pollution, biodiversity loss and land use change are all significantly worsening health outcomes and driving health inequity. Climate change is impacting health due to death and illness arising from increasingly frequent extreme weather events such as heatwaves, storms and floods, disruption of health and food systems, increases in zoonotic and food-, water- and vector-borne diseases, antimicrobial resistance and mental health issues. The COVID-19 pandemic has highlighted the close relationship between the health of people and the planet. Resilient and sustainable health systems can protect people from the impacts of the climate crisis and sustainable low carbon health systems can make a substantial contribution to reducing emissions. The United Nations Secretary-General’s Our Common Agenda and UNDP’s Strategic Plan 2022–2025 both stress the need for transformative solutions to safeguard the health of the planet and people for current and future generations.

The health sector is a major contributor to environmental degradation, causing up to 5 percent of global environmental impacts through energy use, material and water consumption, as well as direct emissions and discharges into the environment. More environmentally sensitive approaches to health systems and health care delivery are urgently needed, especially in key areas such as manufacturing, procurement, medical waste management and the use of clean and renewable energy.
Many countries have identified health as a priority in their national climate pledges, known as nationally determined contributions (NDCs) under the Paris Agreement, and some have set related targets for 2030 or beyond. UNDP’s Climate Promise is supporting 120 countries to enhance their NDCs and promotes inclusion, adaptation and resilience-building in the face of the climate crisis.81 UNDP’s Food and Agriculture Commodities Systems Strategy 2020–2030 and the organization’s work on antimicrobial resistance also provide opportunities to reduce the burden on ecosystems and improve health outcomes.

Strengthened resilience, effective governance, cooperation and action across sectors and SDGs are essential for managing the multiple risks and impact of the climate crisis and environmental hazards on planetary and human health. As noted in the COP26 Special Report on Climate Change and Health, action must also be driven by a commitment to a healthy, green and just recovery from COVID-19, which requires aligning climate and health goals, supporting a fossil-free recovery, improving global capacity for pandemic prevention, preparedness and response, adopting a ‘Health-in-All-Policies’ approach, and ensuring vaccine equity.82
Pandemic preparedness for human security

Protracted crises, violent conflicts, natural disasters, persistent poverty, epidemics and economic shocks all lead to complex forms of human insecurity.\(^8^3\) In the face of such challenges, UNDP promotes an integrated human security approach that seeks to prevent and address their multidimensional causes and consequences.

Being better prepared for future pandemics is a crucial component of human security that requires integrated and multisectoral health, environment and climate strategies. About 60 percent of known infectious diseases and 75 percent of new infectious diseases in humans are zoonotic, having been transmitted from animals to humans.\(^8^4\) Changes in climate and the environment increase the likelihood of virus transmission from animals to humans, and heighten the risk of pandemics such as COVID-19. It is essential to build global, national and local systems for prevention, early detection, and containment of emerging pathogens, preventing disease transmission between animals and humans. This should include better use of data across human, animal and climate health through integrated platforms that connect all three to provide predictive analytics on preparing, responding and managing pandemics and zoonotic diseases. It is equally important that health preparedness be operationally integrated in a multi-sector, multi-hazard risk management system and relevant capacity must be strengthened across global and regional levels. UNDP supports pandemic preparedness across several health and development workstreams including: strengthening systems for health, particularly through data and digital solutions; facilitating Global Fund grant implementation; strengthening governance and legal environments for health; addressing inequality and inequities that impact health; using data to advance equity; contributing to a multisectoral One Health approach, including efforts to limit and mitigate the emergence and spread of antimicrobial resistance; and contributing to planetary health.
UNDP’s offer
Through the provision of a wide range of policy and implementation support services, UNDP aims to help countries prevent and mitigate multidimensional risks and the climate crisis, and support the development of resilient, sustainable, innovative and risk-informed systems to address health, climate, environmental 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, climate change adaptation and mitigation, emergency preparedness and early recovery; its role as interim Principal Recipient of funding from the Global Fund to Fight AIDS, TB and Malaria; its work in designing and supporting policy and programme interventions in the context of HIV, Ebola and COVID-19, and its work under the Climate Promise. UNDP also has experience in introducing digital technologies and approaches to increase the resilience of systems for health, including digitized procurement and vaccination systems, satellite imagery to forecast disease patterns and solar energy systems in health facilities, and is a leader in global efforts to minimize the environmental footprint of the health sector.

Drawing on the Global Policy Network, UNDP provides specific support to:

- implementation support of large-scale health programmes in countries with weak capacity and/or governance and/or complex emergencies. This includes developing the capacities of national entities to sustainably manage domestic and international health financing, and to deliver resilient health services and programmes;
- the strengthening of health-related policy and programming in challenging operating environments in specific areas of UNDP’s expertise and mandate, including human rights, gender equality, key populations, sustainable procurement and financing, and climate-resilient health systems;
- countries’ efforts to achieve universal health coverage, including implementing digital technologies for health systems strengthening, increasing sustainability in health and exploring opportunities on micro health insurance;
- the procurement of quality-assured health products, including providing technical and policy support on legal, policy and regulatory frameworks, sustainable procurement strategies and regulations and addressing barriers to equitable access;
- the use of data and digital solutions to build more resilient and sustainable systems for health, including systems to enable real-time data collection and analysis, decision making and reporting for last-mile delivery;
- capacity development of countries to implement risk-informed and resilient systems for health, support multisectoral responses to health emergencies, integrate health into recovery efforts, and strengthen pandemic preparedness based on lessons from HIV, NCDs and COVID-19;
- integrated development solutions to address the nexus of health, environment and the climate crisis, including strengthening sustainability and resilience in health and support for health-related components of national climate pledges.
4 Key partnerships

UNDP works with a wide range of partners across development sectors, including governments, civil society organizations, key population networks, United Nations agencies, academia, private sector, 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 Global AIDS Strategy 2021–2026: End inequalities. End AIDS. The strategy’s three broad strategic directions encompass both HIV and the SDGs more broadly. They strongly complement the strategy with their focus on equitable access to HIV services, addressing barriers to HIV outcomes, and sustainability and integration of responses into systems for health, social protection, humanitarian settings and pandemic responses.

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

- convener of agencies working on human rights, stigma and discrimination, including legal and policy reform, and access to justice and rights;
- co-convener (with UNFPA) of agencies working on HIV prevention among key populations;
- co-convener (with the World Bank) of agencies working on investment and efficiency in the HIV response, including innovative financing;
- 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 the United Nations Office on Drugs and Crime [UNODC]);
  - gender inequality and GBV (convened by UN Women);
  - HIV-sensitive social protection (convened by WFP and International Labour Organization [ILO]);
  - HIV and universal health coverage, TB/HIV, other comorbidities and nutrition (convened by WHO and the World Bank);
  - 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 United Nations 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 supports 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, the Office of the High Commissioner for Human Rights (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

UNDP is a key partner of the Global Fund, having acted as interim Principal Recipient of Global Fund financing in 53 countries since 2003. 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 can be identified to perform the Principal Recipient role. As of September 2021, UNDP was managing 31 HIV, TB, and malaria grants from the Global Fund in 22 countries and two regional programmes covering an additional 12 countries.

UNDP brings 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 report to the Global Fund. UNDP may also procure health products on the country’s behalf, support participatory governance through the Global Fund Country Coordinating Mechanism and facilitates linking 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.

Due to diminishing Global Fund investments in middle-income countries and the gradual transition to domestic funding of HIV, TB and malaria responses, UNDP supports transition planning and sustainability support, including on social contracting, legal and policy frameworks, and health procurement services. Since 2003, UNDP has successfully transitioned out of the Principal Recipient role and handed this responsibility to national institutions in 33 countries and for three regional grants covering 17 countries.

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.

World Health Organization

UNDP signed a Memorandum of Understanding with WHO in 2018 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;
- acting decisively on multisectoral responses to health challenges arising from the climate crisis and environmental challenges 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 the 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. UNDP works closely with WHO as a member of the United Nations Interagency Task Force on the Prevention and Control of Non-Communicable Diseases. Within the Division of Labour of the Inter-Agency Task Force on NCDs, UNDP (with WHO and UNAIDS) convenes the work of United Nations 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 2005 WHO Framework Convention on Tobacco Control (FCTC) and WHO, UNDP leads 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 United Nations 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.

**Gavi, the Vaccine Alliance**

Gavi, the Vaccine Alliance is a public-private partnership that helps vaccinate half the world’s children against some of the world’s deadliest diseases. Gavi also plays a key role in improving global health security by supporting health systems as well as funding global stockpiles for COVID-19, Ebola, cholera, meningitis and yellow fever vaccines. After two decades of progress, Gavi is now focused on protecting the next generation and reaching the unvaccinated children still being left behind, employing innovative finance and the latest technology – from drones to biometrics – to save millions more lives, prevent outbreaks before they can spread and help countries on the road to self-sufficiency. Leveraging its partnership with the Global Fund and joint work through the SDG 3 Global Action Plan, UNDP partners with Gavi on health systems strengthening efforts.

**SDG 3 Global Action Plan**

As one of 13 signatories to the Global Action Plan for Healthy Lives and Well-being for All (Gavi, the Global Fund, Global Financing Facility, International Labour Organization [ILO], UNAIDS, UNDP, UNFPA, UNICEF, Unitaid, UN Women, World Bank, WFP and WHO), 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 and accountable. UNDP contributes to the Plan’s overarching commitment to promote gender equality and co-leads the accelerator theme on equity (gender, inclusion and rights) with UNAIDS and UN Women. It also contributes to the Plan’s accelerator themes on primary health care, sustainable financing for health, research and development/innovation and access, and data and digital health. UNDP’s extensive country presence is a key asset for supporting country-level activities under the Plan. As a part of its role leading the Determinants of Health accelerator, UNDP also leads the Equity cluster and engages with the Access to COVID-19 Tools (ACT) Accelerator, a global collaboration to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines, launched in April 2020.

**United Nations Children’s Fund**

UNICEF works in 190 countries and territories to save children’s lives, defend their rights, and help them to fulfil their potential from early childhood through adolescence. UNDP and UNICEF collaborate in key areas such as HIV, COVID-19, NCDs, innovation and digital tools for resilient and sustainable systems for health, as well as on health product quality assurance and procurement.
United Nations Environment Programme

Since its inception in 1972, the United Nations Environment Programme (UNEP) has been the global authority setting the environmental agenda, promoting coherent implementation of the environmental dimension of sustainable development within the United Nations system, and serving as an authoritative advocate for the global environment. UNEP’s mission is to provide leadership and encourage partnership in caring for the environment by inspiring, informing, and enabling nations and peoples to improve their quality of life without compromising that of future generations. UNDP collaborates with UNEP on addressing the environmental determinants of health such as reduction of pollution, the One Health approach in the context of pandemic preparedness, and other work at the intersection of health, climate and the environment.

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 Stop TB and the RBM Partnership to End Malaria.
- 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 the 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, United Nations Office for Project Services (UNOPS), Gavi, the Global Fund, Unitaid and WHO – is about $5 billion annually. The Task team aims to drive transformational change towards greener health systems and inclusive green economies.
- UNDP is a partner in the United Kingdom Research and Innovation Council-Global Challenges Research Fund (UKRI-GCRF) Accelerating Achievement for Africa’s Adolescents Hub. Led by Oxford University and the University of Cape Town, the Hub uses ground-breaking 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 are working alongside international partners including UNDP, UNICEF, UN Women, WHO, governments across Africa, donors such as the Global Fund and US President’s Emergency Plan for AIDS Relief (PEPFAR), NGOs and young people to identify and test a range of ‘accelerator synergy’ service combinations across the health, education, social and economic sectors.
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 2022–2025 through an Integrated Results and Resources Framework (IRRF). In addition, Results Oriented Annual Reporting (ROAR) is used to monitor and evaluate the response at the country level. ROAR enables country offices to carry out a performance self-assessment, based on their plans for the past year. It 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 reviews of the Risk Management Strategy; and monthly assessments of the average grant performance ratings of Global Fund grants for which UNDP is the interim Principal Recipient.

The UNDP Global Fund Team, in coordination with UNDP country offices, regularly monitors the programmatic and financial performance of the grants in its portfolio 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 Team 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). Composed of a high-level strategic framework (2022–2026) and biennial/annual work plans and budgets, the UBRAF sets out the strategic priorities and results which the Joint Programme seeks to achieve. It also describes the related, specific actions and resources required to guide operational planning at global, regional and country levels. It allows for maximizing coherence, coordination, impact and accountability for the Joint Programme to deliver on the Global AIDS Strategy’s three strategic priorities.

Annual performance reviews conducted by cosponsors and the Secretariat take place at country, regional and global levels. A web-based tool, the Joint Programme Monitoring System (JPMS), is used to collect, collate and analyse performance information. Reporting in the JPMS provides the basis for adjustments in plans and programmes.
A Global Team for HIV and Health

Led by its Global Policy Network (GPN) team on HIV and Health, UNDP’s work in this area is undertaken by a networked team working across global, regional and country levels.

At the global level, the work is led by the HIV and Health Group based in the GPN Bureau for Policy and Programme Support at UNDP headquarters in New York. Leveraging capacities of the GPN, this team focuses on global level advocacy, policy, strategy, knowledge management, partnerships and resource mobilization, and supports adaptation and implementation of integrated HIV and health policies and programmes across UNDP.

UNDP’s Global Fund Team, with staff based in Geneva, Istanbul and New York, provides monitoring, oversight and technical support to UNDP country offices acting as interim Principal Recipients for Global Fund grants, including extensive advice in the areas of: governance; financial management; procurement and supply management; monitoring and evaluation; human resource management; and legal compliance with Global Fund grant agreements. The Global Fund Team manages and oversees a robust risk management framework for the Global Fund portfolio including: coordinating support for audits and investigations conducted by UNDP or the Global Fund; monitoring implementation of audit recommendations and recovery of funds; and managing an annual sub-recipient audit regime for Global Fund grants. In countries where UNDP acts as interim Principal Recipient for the Global Fund to Fight AIDS, TB and Malaria, a dedicated Programme Management Unit is established. The Global Fund team also helps to analyse and apply lessons from experience in these countries to UNDP’s broader work on health and development, and manages UNDP’s partnership with Gavi, the Vaccine Alliance.
UNDP also has HIV and health staff clustered across Bangkok, Istanbul, Panama, Pretoria and Singapore to promote integrated approaches to health and development challenges, leverage partnerships, and provide support to country offices for implementation of integrated HIV and health policy and programming, in line with regional and country contexts.

UNDP has a presence in more than 170 countries and territories, with over 300 staff working on HIV and health. UNDP’s core strategies are designed to provide sufficient flexibility for each county office to find an entry point into health that suits its own context in line with United Nations Sustainable Development Cooperation Frameworks.

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

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

- integrating attention to the social, structural, economic, commercial and environmental determinants of HIV and health 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 to deliver on the pledge to leave no one behind;
- leveraging specific Global Fund-supported programming for broader impact on national HIV and health policy;
- supporting systems for health and related governance aspects of responses to health emergencies and other crises;
- collaborating with other signatory agencies under the SDG3 Global Action Plan for Healthy Lives and Well-being for All.

The HIV and Health Team is supported by the UNDP GPN and a Community of Practice on HIV and Health established in 2019. In line with the UNDP Strategic Plan 2022–2025, the cross-cutting themes for the Community of Practice on HIV and Health are: (i) Planetary health including climate and health; (ii) Inequalities and health inequities; (iii) Digital health, data, innovation and technologies; and (iv) Health security and crisis. The Community of Practice on HIV and Health connects experts across different fields and locations to help solve policy and programme challenges, share success stories and innovations, and apply lessons to their work.
References


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