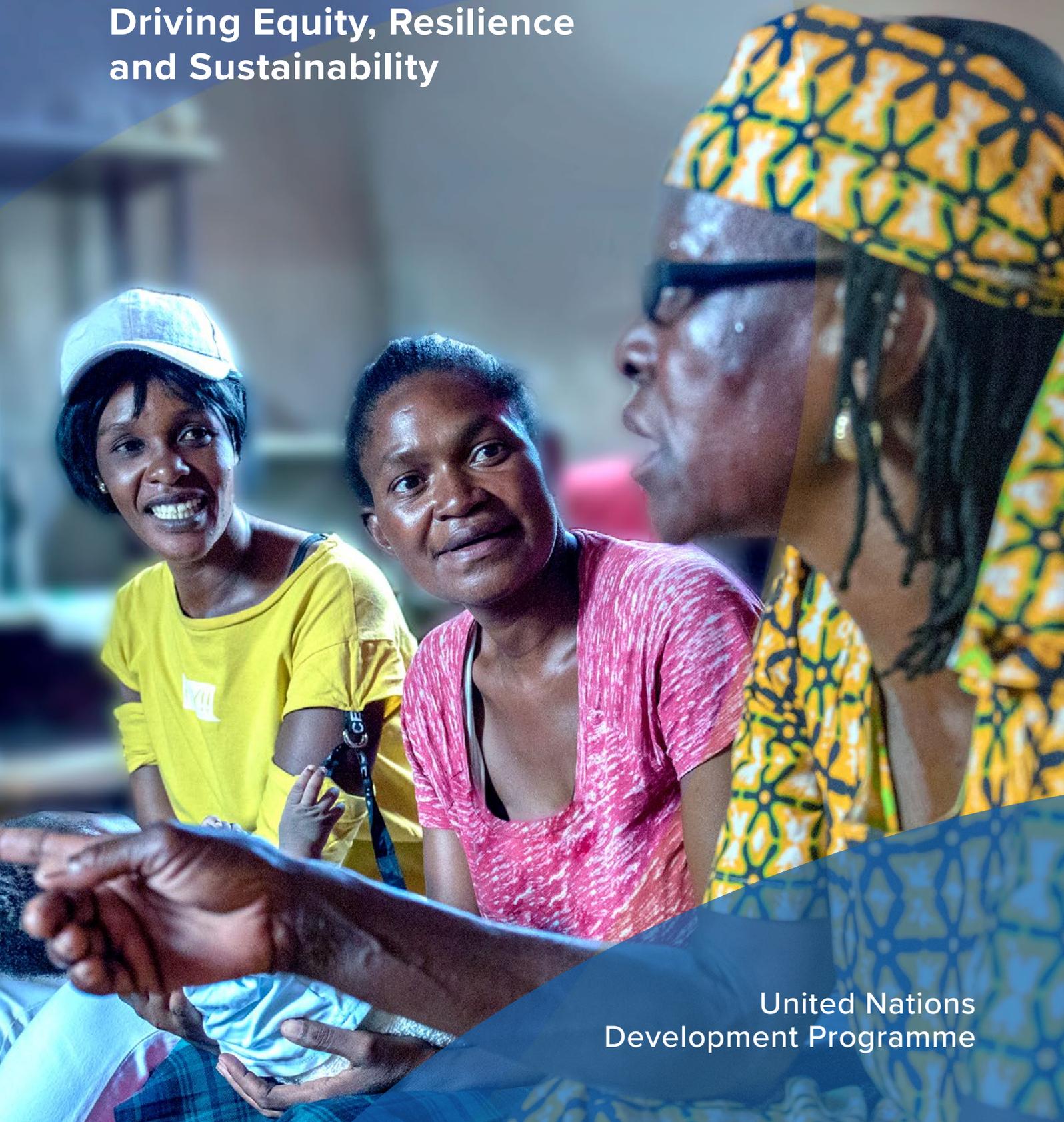




HIV and Health Annual Report 2020-2021

Driving Equity, Resilience
and Sustainability



United Nations
Development Programme

COVER PHOTO: UNAIDS Zimbabwe

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One United Nations Plaza, New York, NY 10017, USA

INTRODUCTION

The latest Sustainable Development Goals (SDGs) report highlights that COVID-19 is further disrupting progress on the SDGs, undermining trust, and threatening human security. Millions of lives and livelihoods have been lost. Vaccine inequity and the related inequitable and uneven recovery have threatened progress on the SDGs. COVID-19 has shown beyond a shadow of doubt that if we leave anyone behind, we leave everyone behind. Inequality remains the major challenge of our time.

In 2020–2021, a range of multidimensional risks and interconnected crises threatened the very core of human health and that of the planet. The world continued to grapple with the catastrophic and chronic health and development impacts of COVID-19. Ground was lost on HIV and TB. HIV infection rates were rising among some of the most marginalized and stigmatized people, as widening inequalities and exclusion continued to impede access to health and social services. Gender inequality and violence continue, leading to heightened HIV risk for women and girls. Racism and discrimination persist. The power and limits of digital technologies came to the fore. Malaria outbreaks hit some of the most vulnerable people on earth. Added to this is an existential crisis, the climate emergency, which affects the social, environmental, legal and commercial determinants of health, influencing the health and well-being of everyone, everywhere.

In this context, UNDP continued to work with United Nations, multilateral, government, civil society, academic and private sector partners to deliver results for the most marginalized and vulnerable while driving equity, resilience and sustainability. Among many examples, millions of people received life-saving HIV treatment; the continuity of essential services was safeguarded, including access to health products, during the COVID-19 pandemic; institutions and capacities were strengthened

for enabling legal and policy environments; laws and policies were revised to recognize dignity and equality, and to enable access to services; investment cases contributed to positive policy change for non-communicable diseases and mental health responses; digital tools, data and innovations were deployed to scale COVID-19 vaccination, strengthen health systems and reduce critical service gaps; health sustainability was improved; and climate resilience of health systems was strengthened. Concepts of ‘planetary health’, interconnecting the health of our planet to human health and behaviours, and ‘one health’, which links human health to animal health and our shared environment, gained ground in the discussions on risk-informed development, pandemic preparedness, and the integrated solutions needed to protect the future for this generation and the next.

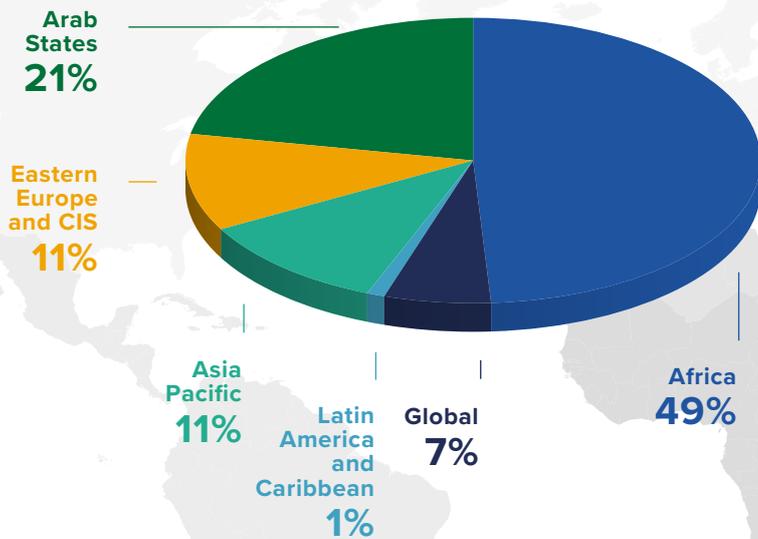
As with HIV, COVID-19 and other pandemics, the climate crisis continues to reveal the brutal intersection of vulnerability, inequality and unsustainability. They also offer a unique opportunity to remedy many of the inequalities and injustices perpetuated throughout human history. In order to build a world that is better prepared to deal with future pandemics and where universal health coverage and the health and well-being of people and our planet are central to sustainable development, we must act to ensure that equity, resilience and sustainability are at the core of all that we do. Solidarity, systemic change, universalism, scale and speed are of the essence, with just eight years to deliver on the bold ambition of the 2030 Agenda for Sustainable Development and the pledge to leave no one behind. This will be critical to achieving the United Nations Secretary-General’s Common Agenda.

Mandeep Dhaliwal

Director, HIV and Health Group

PORTFOLIO

Expenditure by region



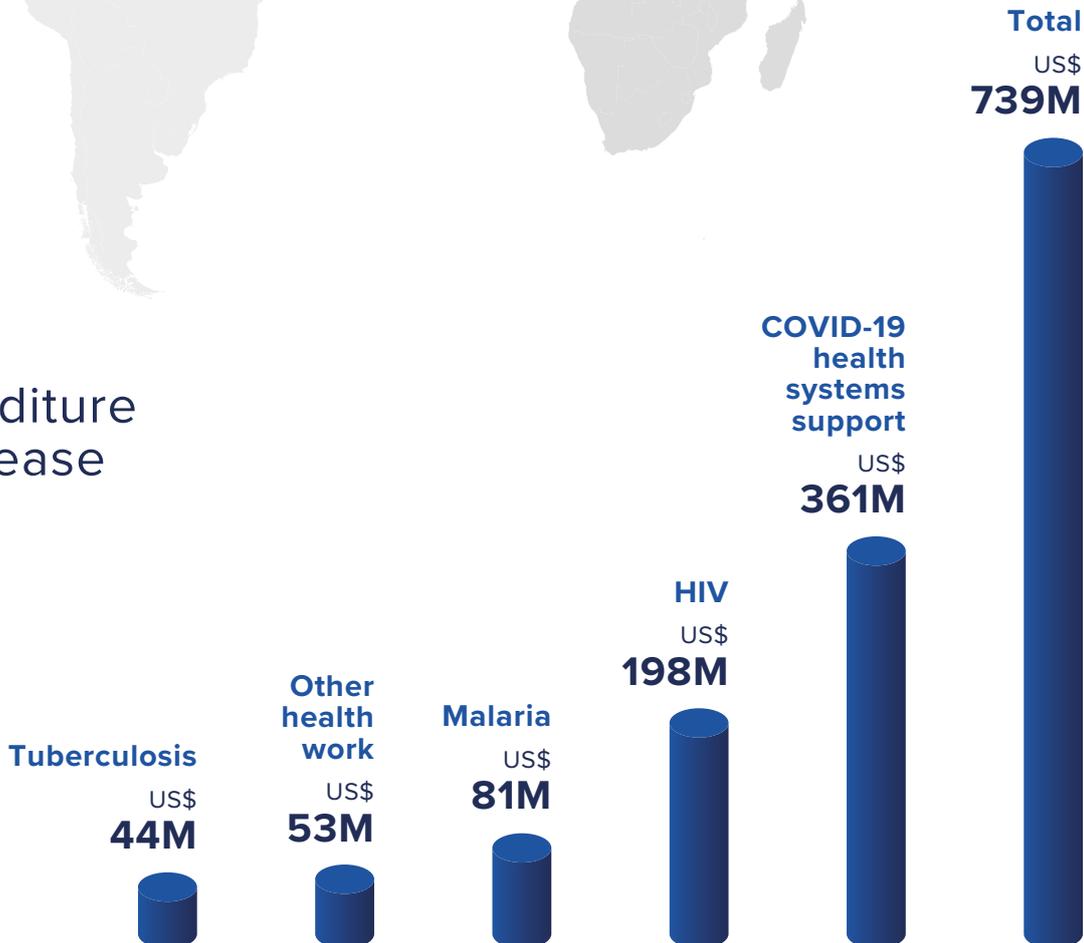
106 countries supported on HIV

54 countries supported through the UNDP-Global Fund partnership

131 countries received COVID-19 health systems support

Total
US\$
739M

Expenditure by disease



PORTFOLIO

UNDP worked on HIV and health in **147 countries**

106
countries
HIV and
tuberculosis

67
countries
Gender equality
and gender-based
violence

67
countries
LGBTI inclusion

55
countries
Adolescents and
young people

52
countries
HIV-sensitive
social protection

69
countries
Non-communicable diseases
(NCD) prevention and control,
including tobacco

131
countries
COVID-19 health
systems support

45
countries
Health procurement
and supply
management

32
countries
Access to medicines

55
countries
Planetary health
and resilience

86
countries
Digital solutions
and innovation

30,000
people
Screened for tuberculosis among mobile
populations in Afghanistan, Iran and Pakistan
through the UNDP-Global Fund partnership

37,000
people
Reached with HIV prevention services in
Tajikistan through the UNDP-Global
Fund partnership

18,000
people
Sensitized on COVID-19
prevention in Angola

650,000
women and girls
Provided with gender-based
violence services

over
1.1 million
healthcare workers
Trained to support
COVID-19 responses



PHOTO: UNDP Tuvalu



SPOTLIGHT ON DIGITAL

Digital technology is reshaping economies and governments, impacting almost every aspect of development. UNDP's Strategic Plan 2022–2025 and Digital Strategy highlight the importance of harnessing the positive potential of digital to drive progress on sustainable development. Digitalization is a crucial component of building sustainable, resilient systems for health. Digital health technologies, including big data, genomics, artificial intelligence and telemedicine, can help improve public health. Digital tools can increase efficiency and quality, reduce costs, and improve access to healthcare for vulnerable populations and those who live in hard-to-reach areas. In addition, attention needs to be paid to safeguarding rights, especially for vulnerable populations.

The COVID-19 pandemic has accelerated digitalization in the health sector of many countries. UNDP has supported the use of digital tools that have played a

crucial role in the roll-out of national COVID-19 vaccination programmes. In **India**, UNDP worked with the Ministry of Health on the Co-WIN platform to support the national COVID-19 vaccination campaign. UNDP trained 820,000 health workers to track vaccine doses and manage individual vaccination details, coordinated with various government departments to align digital platforms and create a database of all hospitals and health workers. As of October 2021, this contributed to the distribution of more than 1 billion COVID-19 vaccines. In **Indonesia**, UNDP worked with Gavi, the Vaccine Alliance, and other partners to roll out the *Sistem Monitoring Immunisasi dan Logistik Secara Elektronik* (SMILE), the digital Logistics Management Information System for Immunization. In 2021, a COVID-19 module was added to the system, which was used by over 12,000 community health centres and hospitals in 34 provinces. SMILE contributed to the efficient delivery of close to 80 million doses of vaccines for both COVID-19 and routine immunization. Experience from India and Indonesia is being shared through knowledge exchanges with **Afghanistan, Bangladesh, Bhutan, Guyana, Malawi** and **Nepal**, among others. **Bhutan** managed one of the fastest COVID-19 vaccination drives in the world, with over 90 percent of its adult population receiving two doses by the end of July 2021.

SMILE has contributed to the efficient delivery of close to 1 billion doses of vaccines for both COVID-19 and routine immunization.

Investments in digital transformation for health are critical to achieving universal health coverage and human security. Supported by the Government of Japan, UNDP is supporting the development of digital solutions for health in 13 countries. These include digital tools for healthcare and health equity (**Maldives, Mali, Viet Nam**), including in crisis contexts (**Somalia**), artificial intelligence robots (**Kenya, Rwanda, Viet Nam**), tele-health and mobile health services (**Bhutan, Libya, Rwanda, Somalia**), and online information systems (**Indonesia, India, Mauritius, Tunisia**), among others.

UNDP worked with the Government of **Burkina Faso** to develop a national digital transformation initiative, establish inclusive public e-services, and build digital capacity, particularly for women and young people. In **Ghana**, a mobile app was developed to provide health and psychosocial information for young people living with HIV.

While digital technologies have the potential to improve access to services, especially for those left behind, and overcome barriers such as stigma, they can also present ethical and human rights challenges, including regarding privacy and non-discrimination. To share practical strategies to mitigate these risks, UNDP published *Guidance on the Rights-Based and Ethical Use of Digital Technologies in HIV and Health Programmes*. The guidance presents a user-friendly checklist and recommendations for governments, the private sector and donors to support countries in the adoption of digital technologies in HIV and health programmes.

With the rapidly evolving developments in digital health, it can be challenging for countries to find the solutions appropriate for their context. UNDP has been supporting research and knowledge exchange to identify the critical building blocks for tele-health systems—from legal and policy frameworks and human capacity to data protocols. This is being synthesized into guidance for policymakers, health providers and technology developers, and will inform UNDP's strategic approach and potential collaborations.



PHOTO: UNAIDS Republic of the Congo



SPOTLIGHT ON COVID-19

Supporting countries' COVID-19 responses remained a central part of UNDP's work in 2020 - 2021.

Highlights of UNDP's COVID-19 response

62 countries supported on vaccine equity

32,408 healthcare workers newly hired

131 countries supported on COVID-19 health systems support

Over **8,300** community-based organizations supported to respond to the pandemic

Nearly **1.9 million** people (56% women) received cash transfers

Over **993,000** jobs protected

76,229 businesses supported

UNDP's support to COVID-19 vaccine equity

COVID-19 vaccine inequity is prolonging the pandemic, costing lives, and deepening the negative development consequences of the pandemic. As the United Nations' lead development agency, UNDP is working with government, United Nations, civil society, and private sector partners to support national deployment and vaccination plans under the leadership of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). UNDP is working in 62 countries to support COVID-19 vaccine equity in three areas:

- 1. Digital solutions for vaccine delivery and health systems strengthening.** In **Malawi**, UNDP supported the Ministry of Health with its vaccine deployment plan. This included training and support with an electronic platform and mobile app (electronic Health Information Network, eHIN) that tracks vaccine stock levels at more than 900 facilities across the country. UNDP is working with Guyana's Ministry of Health to strengthen COVID-19 vaccine roll-out through digital solutions, including by implementing a digital platform to support warehousing and distribution functions of the vaccine supply chain and strengthening capacity of the Ministry to track vaccine beneficiary and registration details.
- 2. Using data for vaccine equity:** In collaboration with the World Health Organization (WHO) and the University of Oxford, UNDP helped develop the Global Dashboard for Vaccine Equity, which aims to accelerate universal access to COVID-19 vaccines. The dashboard combines the latest information on COVID-19 vaccination with the most recent socio-economic data to illustrate why accelerating vaccine equity is not only critical to saving lives, but also to drive a faster and fairer recovery from the pandemic for everyone, everywhere. UNDP is also supporting countries to use hyper-local and multidimensional vaccine analytics to inform and drive greater equity in implementing national deployment and vaccination plans led by WHO and UNICEF. **Ghana, Guatemala, Kenya, Nepal, Pakistan, and the Philippines** are among several pilot countries for the Hyperlocal Vaccine Analytics/Data for Vaccine Equity initiative.
- 3. Greening COVID-19 vaccination:** UNDP is supporting countries to develop integrated solutions for both health and the environment to manage COVID-19 healthcare waste, in partnership with WHO, UNICEF and the United Nations Environment Programme (UNEP), among others. Energy is key to healthcare services, and access to renewable energy can be a critical enabler for accelerating equitable COVID-19 vaccination. UNDP is working with its COVID-19 private sector facility and partners such as DHL to link Smart Facilities and Solar for Health solutions with COVID-19 vaccination efforts.

In 2021, UNDP supported countries to secure an additional US\$238 million from the Global Fund COVID-19 Response Mechanism for response efforts, including infection prevention and control, diagnostics and testing, and treatment. Other key areas of work included adapting HIV, tuberculosis (TB) and malaria programmes, protecting the health workforce, and strengthening fragile and overstretched health and community-led response systems so that they would be better prepared to respond to future shocks and pandemics.

Testing is central to national efforts to control the COVID-19 pandemic, but there is a significant gap in testing capacity. To help close this gap, UNDP launched the COVID-19 Diagnostics Procurement Resource, an online dashboard to provide up-to-date information on technical specifications, regulatory status and supply of diagnostic tests for COVID-19. With over 1,000 tests currently in development or on the market, the dashboard helps governments navigate this complex marketplace and make data-driven decisions in selecting and procuring COVID-19 tests.

Increasing trust in vaccination and health services, and countering misinformation are critical to effective COVID-19 responses. In **South Africa**, UNDP supported the National AIDS Council’s Civil Society Forum to design a mass media and communications campaign, #ThinkTwiceAboutCOVID, to combat fake news and empower the community with information on COVID-19. In Latin America and the Caribbean, UNDP and Constella Intelligence released a study on how ‘information pollution’ spreads, particularly online, to inform effective policy responses.

UNDP’s COVID-19 Diagnostics Procurement dashboard helps governments make data-driven decisions in selecting and procuring COVID-19 tests.



PHOTO: UNDP Somalia

UNDP has been supporting marginalized and vulnerable groups, including people with disabilities, who are among the communities that are disproportionately impacted by COVID-19 but whose needs and challenges are often overlooked. UNDP worked with eight countries (**Cambodia, Comoros, Dominican Republic, Kazakhstan, Viet Nam, Syria, Panama, Zambia**) to produce guidance on disability-inclusive COVID-19 responses. The guidance will be used to support disability-sensitive responses to COVID-19 and other health emergencies.

While working to ensure that COVID-19 responses are inclusive and non-discriminatory, UNDP has supported countries to mitigate the impact of the pandemic and related restrictions on people living with HIV and key populations affected by HIV. For example, in **Tajikistan**, the UNDP–Global Fund partnership enabled NGOs to provide online and digital HIV services to vulnerable populations, and a partnership with a local NGO delivered food packages to women living with HIV. In **Zambia**, UNDP is working with the Government to address the needs of key populations during the COVID-19 pandemic to improve access to services and ensure that restrictions and enforcement do no harm to vulnerable communities. In **Chad**, UNDP has trained staff in prisons and refugee camps in measures to stop the spread of the COVID-19 and assisted with mobile hearings for detainees, including vulnerable people, to reduce the risk of spreading COVID-19 in overcrowded prisons.

Law and policy have a critical role to play in effectively managing the pandemic. The COVID-19 Law Lab – a joint initiative of UNDP, WHO, Joint United Nations Programme on HIV/AIDS (UNAIDS), the O’Neill Institute for National and Global Health Law at Georgetown University, the Inter-Parliamentary Union, and the International Development Law Organization – was designed to address the urgent need for quality legal information, as well as to ensure that governments promote public health while respecting human rights. The initiative has grown to include over 6,000 law and policy documents from over 190 countries, and the database has over 6,500 monthly users. The initiative has collaborated with think tanks, academic institutions and law firms including DLA Piper, Jomo Kenyatta University of Agriculture and Technology, University of Nairobi, University of Oviedo, Society for Democratic Rights, Torcuato di Tella University Law School, and The Hague University of Applied Sciences. UNDP and the O’Neill Institute are collaborating on a multi-country review to examine the impact of legal responses to the COVID-19 pandemic.



PHOTO: UNDP Bolivia



EQUITY AND INCLUSION

The central promise of the 2030 Agenda and the SDGs is to “leave no one behind”. Inequality and exclusion undermine health and development, and drive epidemics. Gender inequality and gender-based violence harm the health of women and girls, which in turn jeopardizes their opportunities for development. Stigma and discrimination can prevent people living with HIV, and those most at risk of contracting the virus from receiving the medical and social support they need.

UNDP works with governments, civil society organizations and other partners to dismantle the inequalities that damage health. UNDP supported 67 countries to improve gender equality, address gender-based violence, and empower women and girls in the context of HIV and health. UNDP also supported 78 countries to improve access to services for key populations at risk of contracting HIV, including gay men and other men who have sex with men, sex workers, people who use drugs, and prisoners, and supported 52 countries to develop inclusive, HIV-sensitive health services, and social protection.

By advocating for equality and inclusion, UNDP contributes to Sustainable Development Goal (SDG) 3 on good health and well-being, as well as other targets under SDG 5 on gender equality, SDG 10 on reduced inequalities and SDG 16 on peace, justice and strong institutions. In its work, UNDP helps fulfil the main aim of the 2030 Agenda: to leave no one behind and to reach those furthest behind, first.

Empowering women and girls

Tackling gender-based violence: UNDP has supported countries to integrate gender-related issues into their COVID-19 responses. This includes addressing gender-based violence, which is known to increase in times of crisis and is a particular threat for women during lockdowns. Through the European Union and the [Spotlight Initiative](#), UNDP, UN Women, United Nations Population Fund (UNFPA) and other partners provided 650,000 women and girls with gender-based violence support services, despite COVID-19-related constraints and lockdowns. For example, in **Nigeria**, UNDP partnered with the National Human Rights Commission to introduce toll-free numbers for reporting gender-based violence, enabling women to be referred to medical facilities and safehouses while also improving documentation and analysis of the issue. In eastern and southern Africa, UNDP supported the scale-up of SASA!, an evidence-based community initiative to prevent gender-based violence and HIV. SASA! Faith, specifically adapted for use by religious communities, was piloted in **Kenya** with support from the United Nations Trust Fund to End Violence Against Women, and improved health service uptake. UNDP also partnered with Korea's Sunflower Centres to provide a one-stop shop to support survivors of sexual and gender-based violence by ensuring access to counselling, medical assistance and legal support. The model was replicated in **Albania, Indonesia, Kyrgyzstan and Liberia**.

Improving vaccine and gender equity: To maximize their protective benefits, COVID-19 vaccines need to equitably and efficiently reach as many women,



PHOTO: UNDP Angola

men and gender-diverse people as possible. Failure to address the known and emerging gender-related inequities during the largest global vaccine deployment in history will delay vaccination coverage. UNDP has been working to address gender-related barriers that hinder access to health services and information. For example, women may have limited mobility and decision-making power, and harassment and other forms of gender-based violence may prevent them and gender-diverse people from seeking vaccination and other health services. Together with UNICEF, UN Women, and the United Nations University International Institute for Global Health (UNU-IIGH), UNDP developed a **Guidance Note and Checklist for Tackling Gender-Related Barriers to Equitable COVID-19 Vaccine Deployment** to support national vaccination programmes. The checklist has been used to inform the development of COVID-19 national deployment and vaccination plans, and support equitable vaccination.

Supporting gender equality and health: In partnership with UNFPA, UNICEF, UN Women, WHO, UNU-IIGH and the UNAIDS Secretariat, UNDP launched a study, **What Works in Gender and Health in the United Nations: Lessons Learned from Cases of Successful Gender Mainstreaming across Five UN Agencies**, exploring good practice case studies and lessons on promoting gender equality. The study highlighted UNDP's support for countries in following up on the recommendations of the Global Commission on HIV and the Law, including to advance enabling legal and policy environments for health and gender equality. It highlights critical lessons for successful gender integration in HIV and health work at programmatic and institutional levels.

Transforming masculinities: Gender equality also requires working with men and boys, and transforming ideas of masculinity. UNDP's Targeting Men, Transforming Masculinities (TMx2) initiative, launched in 2020, has been active in seven countries (the **Bolivarian Republic of Venezuela, Costa Rica, Côte d'Ivoire, Lebanon, Thailand, Ukraine and Zambia**). In Thailand, for instance, the TMx2 approach was used to revise the standard operating procedures for transgender prisoners to take into account trans masculinities and femininities. UNDP is also working with the Ministry of Public Health to integrate a masculinities perspective into its mental health training for community health volunteers.

UNDP supports successful gender integration in HIV and health work at programmatic and institutional levels.

Advancing inclusion of people living with HIV, other key populations and LGBTI people

Scaling up rights-based and community-led HIV responses for key populations: Despite the COVID-19 pandemic posing new challenges, UNDP has continued to promote inclusion, human rights, access to services, and an enabling environment for key populations at risk of HIV and other marginalized groups. In **Zambia**, UNDP supported the development of a national protocol for the medical management of intersex people – the first of its kind in Africa. UNDP supported **Benin** and **Madagascar** in the revision of their HIV laws, including provisions to recognize the specific needs of key populations and adolescents. In **Nigeria**, UNDP supported an analysis of human



PHOTO: UNDP Dominican Republic

rights and gender-related barriers to accessing HIV, TB and malaria services, which has helped improve coordination of programmes to overcome these barriers.

Raising community awareness is a key part of strengthening inclusion of key populations in accessing health services. UNDP's work in this area included community radio in **Malawi** and engaging customary, religious and community leaders in **Burkina Faso** to address stigma and discrimination against people living with HIV. In Latin America, UNDP is supporting the regional network *Red Latinoamericana y del Caribe de Mujeres Trans Migrantes (FemiTransLac)* to develop the capacity of trans organizations and leaders that promote and defend human rights, and carry out HIV prevention actions for trans migrant women across 13 countries. In **India**, UNDP supported civil society to empower the trans men community in India to participate in advocacy dialogues and to build regional community support systems.

Supporting inclusive governance for LGBTI people in Africa: UNDP's Inclusive Governance Initiative in Africa is supporting countries to become increasingly accountable to and inclusive of sexual and gender minorities. This will contribute to more enabling environments and responsive public services, advancing health and social norms that affirm rights and inclusion for all. Strategic partnerships were established with civil society organizations, including two faith-based organizations – Global Interfaith Network for People of All Sexes, Sexual Orientations, Gender Identities and Expressions (GIN-SSOGIE) and Inclusive Affirming Ministries – and Open for Business, which highlights the negative impacts of homophobia on economic development. UNDP is also working to strengthen the inclusion of key

populations in the strategies of regional institutions, including the African Union and Regional Economic Communities.

Advancing inclusion of LGBTI people: UNDP's Being LGBTI programmes engage governments and civil society to help develop laws, policies and partnerships to promote social inclusion and protect the rights of people of different sexual orientation and gender identity.

In **Thailand**, UNDP has been providing support to parliamentarians and civil society in the development of legislation on discrimination, legal gender recognition, civil partnerships and sex work. Other work in the region included promoting LGBTI-inclusive disaster risk reduction and management in the **Philippines**, where UNDP's partner San Julian Pride provided COVID-19 support to the LGBTI community.

The Being LGBTI in the Caribbean programme has supported more than 1,800 human rights defenders since 2018, in **Barbados, Dominican Republic, Grenada, Guyana, Haiti, Jamaica** and **St. Lucia**. In 2021, the initiative launched the results of the first-ever national LGBTI survey in the Dominican Republic. The study provides evidence of the impact that stigma has on LGBTI people, as well as the social and economic costs related to exclusion and discrimination. The survey will be replicated in Barbados, Haiti and Jamaica in 2022.

Overcoming barriers to accessing COVID-19 vaccines: LGBTI people have been adversely affected by the pandemic and face barriers in accessing vaccines, including discrimination, stigma and lack of documentation. In **India**, UNDP worked with community-based organizations and state health departments to set up COVID-19 vaccination camps for the LGBTI community in Gujarat and West Bengal. The vaccination camps enabled people to get vaccines even without identification and supported transgender people to apply for social protection schemes. As a result, 42,000 people living with HIV and key populations have accessed social protection schemes.

Building demand for pre-exposure prophylaxis (PrEP): While PrEP has been shown to be highly efficacious, with nearly 100 percent protection if taken as directed, stigma, discrimination and a lack of knowledge can prevent key populations from using it. UNDP, WHO and UNAIDS have supported community-based organizations in **Pakistan** to build demand for PrEP among key populations. In **Colombia**, UNDP partnered with UNFPA and Pan American Health Organization (PAHO) to develop a pilot programme to provide PrEP to men who have sex with men, transgender women, and populations most at risk of HIV. The programme has reached 20,300 people.

Strengthening data collection: The LGBTI Inclusion Index, which will be launched in 2022, uses five strategic areas for measuring inclusion: economic well-being, political and civic participation, personal security and violence, health, and education. UNDP and the University of Massachusetts Amherst have developed a training package for piloting the Index. Accompanying the training package is a code of ethics on responsible data collection, storage and use, developed by UNDP in consultation with LGBTI communities. The pilot will support 15–20 countries to collect data for the first edition of the Index.

In Asia and the Pacific, the Being LGBTI programme has contributed to 24 supportive laws and policies.

Making social protection more inclusive

Integrating HIV into social protection: UNDP and the International Labour Organization (ILO) held a global dialogue on social protection for people living with HIV and key populations, bringing together participants from 52 countries to share strategies and good practices in developing and financing more inclusive social protection schemes. UNDP is already using the outcomes of the dialogue to inform policy and programming on the ground. For example, UNDP supported countries to consider including social protection for people living with HIV and key populations in the Global Fund COVID-19 Response Mechanism proposals. In Latin America and the Caribbean, a regional consultation organized with UNAIDS presented examples of good practices for greater inclusion of key populations and supported the development of a roadmap with recommendations to scale up interventions such as: Uruguay's Comprehensive Law for Trans People, which recognizes the labour exclusion of trans people and thus established a labour quota in the public sector of 1 percent, as well as provided incentives for greater inclusion of trans people; work in the Dominican Republic to ensure that people living with HIV were included in social protection measures put in place as part of the COVID-19 response; and the establishment of a centre for comprehensive health care for trans persons in Mexico City.

In **Egypt**, people living with HIV receive little social or economic support, and many struggle to make a living. To help address this, UNDP supported a feasibility study on enrolling people living with HIV in government and charitable social protection schemes, as well as raising awareness among people living with HIV and key populations on available social protection schemes for which they might be eligible. In **Somalia**, UNDP, World Food Programme (WFP), UNFPA and UNICEF have been assessing how large-scale social protection programmes can be made more HIV-sensitive.

In **Sierra Leone**, UNDP supported an assessment to ensure that people living with HIV and other vulnerable groups are included in the Government's social protection schemes. The results include a user-friendly database of people living with HIV and TB patients, and recommendations to the Government to ensure that communities receive social support regarding issues such as food insecurity and poverty, as well as for access treatment.

Improving social welfare access for transgender and LGBTI people in Asia: UNDP worked with Humsafar Trust to develop a framework on social welfare measures for transgender people in **India**, as provided for in the 2019 Transgender Persons (Protection of Rights) Act. The framework was partly informed by a regional consultation with Asia-Pacific countries, including **Pakistan, Philippines, Thailand** and **Viet Nam**, to promote South-South exchanges on good practices in social welfare. In **Thailand**, UNDP worked with the German Sparkassenstiftung for International Cooperation to provide training in financial literacy and alternative livelihoods for transgender sex workers, and in the **Philippines**, civil society groups were supported to ensure that LGBTI people receive COVID-19 assistance, including mental health support.



PHOTO: UNAIDS Uganda

EFFECTIVE AND INCLUSIVE GOVERNANCE

As the SDGs make clear, effective multi-sectoral governance is essential for health and development progress. Yet weak institutions, punitive policies and legal environments, limited engagement with civil society, fragile health systems unable to withstand shocks, and a lack of resources all hold back progress. In many countries, laws and policies relating to HIV transmission, LGBTI people and other key populations undermine HIV and health responses while reinforcing stigma and infringing on human rights. Effective governance for health requires multi-sectoral and whole-of-society approaches that build resilience, strengthen and reform institutions, laws and regulations, and empower communities.

UNDP supports countries in advancing laws, policies and regulations that will lead to better HIV and health outcomes. By strengthening governance and resilience, UNDP seeks to improve the quality of health services for all, now and in the future.

UNDP's work on effective and inclusive governance for health contributes not only to Sustainable Development Goal (SDG) 3 on health and wellbeing, but also targets under SDG 1 on poverty, SDG 10 on reducing inequalities, SDG 16 on peace, justice and strong institutions and SDG 17 on partnerships for the Goals.

Making the law work for HIV and health

Protecting the rights of people living with HIV and key populations: UNDP has continued to work with governments, civil society, United Nations entities and other partners to advance the recommendations of the Global Commission on HIV and the Law in 90 countries. An *independent Evaluation of the Global Commission on HIV and the Law*, conducted by the University of Southern California Institute on Inequalities in Global Health, concluded that its work and support to countries in following up on its recommendations was successful. The evaluation noted the increased engagement of governments and civil society on issues of HIV, law and human rights, and momentum for positive, tangible change at national, regional and global levels on these issues. The links between HIV, law and human rights – not well recognized prior to the Commission except by those working directly in the field – as well as the need for multi-sectoral action for enabling environments are now widely understood as critical to the success of HIV and other health interventions. UNDP continues to work with UNAIDS, governments and civil society on catalysing further action.

UNDP contributes to effective and inclusive governance for health by working with countries to assess the legal and policy environment relating to HIV, human rights, and key populations, and recommending how this can be strengthened. In 2020–2021, UNDP supported legal environment assessments (LEAs) in 16 countries, and worked with governments and civil society to follow up on the recommendations. In **Moldova**, for instance, women living with HIV will now be able to adopt children and



PHOTO: UNAIDS Cambodia

have in vitro fertilization (IVF) in certain circumstances. In **Somalia**, the assessment's recommendations were included in the revised national HIV strategic plan and made a priority in the country's Global Fund grant. In **Zimbabwe**, UNDP, the UNAIDS Secretariat, UN Women and ILO supported parliamentary processes on enabling environments for effective rights-based HIV responses addressing issues such as HIV criminalization, sexual offences provisions of the criminal code, and women's health. In **Zambia**, young key populations, healthcare providers and government representatives discussed barriers and gaps in service provision. UNDP supported **Chad** on a new law protecting the rights of people living with HIV, and **Tunisia** on the development of a chapter on human rights in the new national strategic plan 2021–2023, developed in consultation with people living with HIV and key populations.

Supporting judges and parliamentarians to uphold human rights: UNDP continued to sensitize the judiciary on human rights and laws relating to people living with HIV, LGBTI people and other marginalized groups. The African Regional Judges' Forum, established in 2014, now has over 70 members from 25 countries and has inspired similar initiatives in other regions. The Eastern Europe and Central Asia Judges' Forum has sensitized judges from nine countries on the effective use of the law to safeguard the rights of key populations and people living with HIV, and address the negative impacts of HIV criminalization. UNDP is working on introducing **an interactive judges' platform** in the region to enhance human rights protection, increase visibility of the Forum's work, and facilitate communication among its members. In **Ukraine**, UNDP developed the *Compendium of Case Law Related to HIV/AIDS and Tuberculosis in Ukraine: Practitioner Guide for Judges* that highlights the crucial role of the judiciary in the response to HIV. The Compendium presents a comparison between the Ukrainian legislation on HIV and human rights and those of other European countries to show the differences, gaps, and opportunities for harmonization and reaching advanced international standards and up-to-date medical, scientific and epidemiological findings. This will inform similar work in other countries of the region.

The Caribbean Judges' Forum on HIV, Human Rights and the Law convened virtually in 2021, in partnership with the Judicial Education Institute of **Trinidad and Tobago**, holding sessions on key subjects including gender-based violence, gender identity and criminalization of HIV transmission.

The success of the African Regional Judges Forum also inspired the first **Parliamentarian Forum on Gender and Sexual Diversity in Africa**. The virtual inaugural meeting brought together LGBTI people with members of parliament from nine African countries. Civil society outlined their priorities and views while the Parliamentarians shared strategies on driving progress through legislative initiatives such as: the enactment of non-discrimination protections or repeal of criminalization laws; parliamentary oversight of the executive; and public opinion leadership. In collaboration with Parliamentarians for Global Action, UNDP also updated a handbook and training manual for parliamentarians on advancing the human rights and inclusion of LGBTI people.

Strengthening the criminal justice system: Despite progress, punitive and discriminatory laws, and policies, including the criminalization of HIV non-disclosure, exposure and transmission, remain major barriers to the HIV response in 92 countries. Working with UNAIDS co-sponsors, civil society and communities of people living with HIV and key populations, the International Association of Prosecutors and HIV Justice Network, UNDP published *Guidance for Prosecutors on HIV-related Criminal Cases*. This guidance is addressed specifically to prosecutors because of the essential role they play in limiting the broad use of criminal law against people living with HIV.

Working to eliminate health-related stigma and discrimination: UNDP is a co-convenor of the Global Partnership to Eliminate All Forms of HIV-related Stigma and Discrimination, which is active in 29 countries. In **Jamaica**, UNDP and UNAIDS supported efforts to engage communities in the drafting of anti-discrimination legislation, create a national human rights institute, and work with the trans and gender-nonconforming community in the development of a national gender identity law. In **Kyrgyzstan**, UNDP, UNAIDS and the Global Fund supported 26 civil society organizations working on HIV and TB to launch Rights + Evidence + ACTION (REAct), an electronic system to register human rights violations and bring them to the attention of the justice system. In **Iran**, support provided by the partnership contributed to the passing of an HIV anti-discrimination by-law for public and private health centres, and the inclusion of anti-stigma and discrimination efforts in the Iranian national HIV surveillance system.

Promoting access and innovation: Since 2013, UNDP, WHO, the Special Programme for Research and Training in Tropical Diseases (TDR) and PATH have collaborated through the Access and Delivery Partnership (ADP) in advancing the use of new health technologies in low- and middle-income countries. The COVID-19 pandemic has emphasized the importance of delivering vaccines, essential medicines and diagnostic tools to all, and has been a key focus of the partnership's work this year. This has included working with the Africa Medical Devices Forum to guide African Union Member States in accelerated approval of WHO-approved COVID-19 tests and treatments, identifying sub-standard and falsified medicines to inform regulatory action, and documenting and sharing good practice and digital tools to support vaccine roll-out. ADP is sustaining and advancing its support to national disease control programmes against TB, malaria and neglected tropical diseases. Maintaining the most critical prevention activities and care services is essential to reducing the indirect impact of COVID-19 on vulnerable populations. For example, ADP facilitated South-South exchanges between national TB programmes from 27 countries in West and Central Africa on best practices in active TB drug-safety monitoring and management, and safe and efficient introduction of new TB treatment strategies.

In Brazil, a summary of the Guidance for Prosecutors on HIV-related criminal cases has been incorporated in a Portuguese training toolkit, which will be used to sensitize the offices of the Public Defender, Ministries and the judiciary.

Addressing non-communicable diseases and accelerating tobacco control

Non-communicable diseases (NCDs) are the single greatest cause of preventable illness, disability and death worldwide, with the poor carrying the greatest burden.



PHOTO: UNDP Kyrgyzstan

The loss of economic output alone is projected to cost low- and middle-income countries more than \$20 trillion by 2030. In 2020–2021, UNDP and partners supported 69 countries to strengthen national NCD responses, including tobacco control and mental health. This work was carried out in close partnership with WHO, the Secretariat of the WHO Framework Convention on Tobacco Control (WHO FCTC) and Research Triangle Institute International.

Making the case for greater investment in health: Investing in health makes economic sense, as investment cases demonstrate. These cases use local multidimensional data to assess the social and economic costs to the health sector and wider economy, and calculate the return on investment that priority interventions could realize. Since 2017, UNDP has supported 94 investment cases for health across 65 countries. These cover a range of topics, including NCDs, tobacco control, mental health, air pollution, road safety, primary health care, harmful use of alcohol, and health tax revenue.

Many countries are acting on these investment cases. At least 14 countries have increased taxes on tobacco, alcohol and/or sugar-sweetened drinks, helping to save lives and money, and raise revenue that can be invested in health and development responses. Eleven countries have introduced new legislation that will help protect people against NCDs, from restrictions on alcohol advertising to smoke-free zones. **Barbados, Cambodia, Kyrgyzstan, Madagascar** and **Uzbekistan** have laid out coordinated national strategies to take the investment case recommendations forward and monitor progress.

In Egypt, investment cases have resulted in increased tobacco taxes by more than 10 percent with further increases to follow, and commitments to use the additional revenue to improve health services.

Advancing health and development through taxes on health harming products:

UNDP has stepped up its support to countries to use health taxes to finance sustainable development, including their COVID-19 response and recovery. Recent work has included the development of a health tax model that calculates lives saved, productivity losses averted, and expected increases in revenue from tax increases on tobacco, alcohol and/or sugar-sweetened drinks. The model has been piloted in **Bahrain**, where increasing taxes on these products is predicted to generate \$1.4 billion in additional tax revenue over five years, with **Thailand** and **Cabo Verde** to follow. In **Timor-Leste**, UNDP is working with WHO to integrate health taxes into a national financing framework, and a UNDP-led development finance assessment in **Cambodia** highlighted health taxes as a key mechanism for mobilizing domestic resources for health.

Improving health through tobacco control: Smoking is one of the leading causes of NCDs. Around four out of five tobacco smokers live in low- and middle-income countries. UNDP worked with the Global Centre for Good Governance in Tobacco Control, the WHO FCTC Secretariat, Corporate Accountability, governments and civil society to launch the *Global Tobacco Industry Interference Index 2021*. The index will address the tobacco industry's efforts to interfere in governments' tobacco control efforts and help policymakers address industry lobbying in specific contexts.

Supporting investments in mental health: Mental health conditions make up a significant and growing proportion of the global disease burden, with COVID-19 leading to further increases in depression, anxiety, and other mental health conditions. Yet all too often mental health is overlooked in health and development work.

In 2021, UNDP, in collaboration with the Government of the Philippines, WHO and the United Nations Interagency Task Force on the Prevention and Control of Non-Communicable Diseases, launched the first national investment case for mental health in the Philippines. The research showed that mental health interventions in the country could save more than 26,000 lives, return 3 million healthy life years over 20 years, and yield returns as high as \$15 for every \$1 invested today over the next two decades. UNDP and WHO have since launched a second mental health investment case in **Uzbekistan** and initiated similar cases in seven other countries.

Launching a new fund to strengthen NCD responses: UNDP together with WHO and UNICEF are founding agencies of the newly launched United Nations Multi-Partner Trust Fund to Catalyze Country Action for Non-communicable Diseases and Mental Health – an initiative to support low- and middle-income countries to prevent and manage NCDs and mental health conditions. Expected to mobilize \$250 million over its first five years of operation, the Fund aims to catalyze national action to mobilize domestic funding, integrate NCDs and mental health into universal health coverage efforts, strengthen fiscal, legislative and regulatory frameworks, and engage communities and affected populations.

Sustainable financing for HIV and health

Showing the value of social contracting: As countries transition from a dependence on international funding, contracting NGOs and civil society organizations to deliver HIV and health services can be an effective strategy for reaching the most vulnerable communities. This is a model being adopted in **Panama**. Through the Global Fund, UNDP has supported the country since 2016 to ensure that its responses to HIV and TB reach those most in need. With Panama now classified as a high-income country, it will no longer be eligible for Global Fund financing from 2022 onwards. To ensure the sustainability of its HIV response, UNDP worked with the Ministry of Health to establish a social contracting mechanism that will enable civil society organizations to continue to receive funding to provide essential services and support, particularly for marginalized populations.

UNDP has developed a methodology for demonstrating the social return on investment of contracting NGOs to provide HIV and health services, and piloted this in **Belarus, Bosnia and Herzegovina, and North Macedonia**. UNDP has also supported a similar process in **Morocco**, in a region where donor funding is still the largest contributor to most countries' HIV response.

Tackling corruption in the health sector: Corruption remains a threat to sustainable financing in the health sector, and the risk is heightened with the unprecedented increase in the pace and scale of health procurement during the COVID-19 pandemic. In Eastern Europe and Central Asia, UNDP conducted a regional assessment on strengthening integrity, transparency and accountability in the health sector during and after COVID-19. In **Madagascar**, UNDP worked with Transparency International to monitor cases of corruption in the health sector and in vaccine distribution.



PHOTO: UNDP Guatemala



PHOTO: UNDP Belarus



RESILIENT AND SUSTAINABLE SYSTEMS FOR HEALTH

The COVID-19 pandemic has highlighted the fragility of health systems in many countries and the link between human health and the health of the planet. Climate change and the destruction of nature will continue to cause health crises, with the most vulnerable bearing the greatest burden. The need to build resilient, sustainable health systems for all has never been greater.

By providing a wide range of policy and implementation support services, including introducing innovative technologies and approaches, UNDP helps countries build resilient, sustainable health systems that can withstand future shocks. It also

UNDP's work on systems for health contributes to Sustainable Development Goal (SDG) 3 on health and well-being, as well as targets under SDG 1 on reducing poverty, SDG 6 on clean water and sanitation, SDG 7 on energy for all, SDG 12 on responsible production and consumption, and SDG 13 on climate action. UNDP works with a variety of partners to make sure that health systems are effective and efficient, leading to healthier lives for all.

supports countries to deliver large-scale health programmes in often challenging contexts – not least through its longstanding partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria. UNDP also supports countries to strengthen their systems for health and to ensure that they are environmentally sustainable.

Delivering large-scale health programmes

UNDP-Global Fund Partnership saving millions of lives: Since 2003, UNDP has partnered with the Global Fund to support HIV, TB and malaria responses in some of the world’s most challenging contexts. Since then, the partnership has saved 7.3 million lives, brought HIV testing and treatment to almost 60 million people, and treated 97 million cases of malaria and over 1 million people with TB.

As of December 2021, UNDP manages 32 Global Fund grants as interim Principal Recipient in 22 countries and two regional programmes covering an additional 11 countries. The partnership supports governments in implementing large-scale health programmes, making health and community systems more resilient, and helping countries strengthen laws and policies to make sure that healthcare reaches the people who need it most so that no one is left behind.

UNDP strengthens the capacities of national governments and local organizations within countries so they can successfully take over full management of Global Fund grants. Since 2003, UNDP has transitioned out of the interim Principal Recipient role in 33 countries and three regional grants covering 17 countries.



PHOTO: UNDP Guinea-Bissau

In 2020, UNDP's partnership with the Global Fund provided:



1,500,000
people with antiretroviral
treatment for HIV



18,500,000
bed nets to protect people
from malaria



3,600,000
people with counselling
and testing for HIV



92,000
people with
successful treatment
for TB



71,000
pregnant women
with antiretrovirals to
prevent mother-to-child
transmission of HIV



2,300
people with treatment for
multi-drug-resistant TB



7,990,000
people with malaria
treatment

Mitigating the impact of crisis on the health sector in Afghanistan: The Global Fund and UNDP have been working together in **Afghanistan** since 2015 to support HIV, TB and malaria responses, and strengthen systems for health across 34 provinces in the country. In 2021, UNDP continued to support the national COVID-19 response, including the procurement of personal protection, diagnostic and testing equipment, medical oxygen therapy and other essential supplies. Due to political events, international aid from key donors was suspended. To prevent the collapse of the health system, the Global Fund provided UNDP with \$15 million in emergency funding to sustain essential health services and protect millions of vulnerable Afghans. UNDP was able to pay the salaries of 26,000 health workers, including physicians, midwives, nurses, technicians, vaccinators and administration staff. UNDP's support also ensured that 2,157 health facilities across 31 provinces in the country remained operational and continued to provide critical health services to more than 3.1 million Afghans. These include critical interventions relating to maternal and newborn health services, child health and immunization, nutrition, the control of communicable diseases, mental health, disability, and the provision of essential medicines. In coordination with the World Bank, UNICEF, WHO, Global Fund and other partners, UNDP is working to ensure that critical health services are maintained.

Emergency malaria control in Haiti: In August 2021, **Haiti** was hit by an earthquake that damaged an estimated 137,000 homes. In the aftermath, malaria increased in areas hit by the earthquake. Following an emergency funding application from UNDP, the Global Fund approved an additional grant of nearly \$1 million to help prevent and treat malaria in the affected areas. This grant will help protect 500,000 people in the southern regions of the country and reduce the risk of outbreaks spreading to other areas.

Addressing health inequity in the Eastern Mediterranean region: UNDP and 14 other multilateral health, development and humanitarian agencies supported the launch of the Regional Health Alliance in the Eastern Mediterranean/Middle East and North African Regions, a partnership that aims to support countries to accelerate progress towards the health-related SDGs and facilitate implementation of the Global Action Plan on Healthy Lives and Well-being for All. The Regional Health Alliance launched an ambitious joint action plan for 2022–2023 to step up work on improving access to quality health services for all, enhancing community engagement, improving financial protection, protecting healthy environments, promoting new medical products, and augmenting health information systems.

Strengthening health systems

Addressing medical supply shortages: The COVID-19 pandemic has seen demand for personal protective equipment (PPE) rise to unprecedented levels. This, combined with the disruption of global supply chains, has resulted in countries facing shortages of essential supplies. UNDP supported 45 countries to procure medical supplies, testing kits and other essential health equipment, including PPE (**Burkina Faso, Mauritius, Nigeria, South Africa, Sudan**), ventilators (**India, Iraq, South Africa**), AI-enabled computers (**Kenya, Rwanda**), health infrastructure equipment (**Iraq, Mauritius, South**



PHOTO: UNAIDS Ethiopia

Africa, Sudan, Turkey), oxygen concentrators and plants (**Bangladesh, Burkina Faso, India, Indonesia, Libya**) and other healthcare equipment and supplies (**Burkina Faso, Fiji, Myanmar**).

Using people-centred data to inform health programmes: Data and research are vital in responding to pandemics and other health priorities, monitoring what works, understanding who gets reached by services, and identifying where support is needed. In **Nigeria**, UNDP worked with the Ministry of Health, the United States Government, the Heartland Alliance and other partners to develop a set of indicators focused on key populations that will inform health programming in the country. In **Sierra Leone**, UNDP provided training and equipment to support community members to collect data related to HIV services, as part of the development of a national community-led monitoring system that seeks to put people living with HIV and key populations at the heart of service delivery.

Under the Global Fund regional TB grant covering **Afghanistan, Iran** and **Pakistan**, UNDP supported the introduction and use of a cross-border digital platform for recording and reporting TB cases among refugees and returnees. The digital platform was developed by UNDP and various partners including national TB programmes, the Global Fund, United Nations High Commissioner for Refugees (UNHCR), International Organization for Migration (IOM) and others, and leverages the WHO Prevent TB Digital Platform. It includes a patient-centred module and built-in interoperability with health information systems in the respective countries, enabling the monitoring of TB patients across the continuum of care and across borders.

Planetary health

Building resilience by integrating climate risks into health sector planning: The UNDP and WHO Building Resilience of Health Systems in Asian Least-Developed Countries to Climate Change initiative is supporting **Bangladesh, Cambodia, Lao PDR, Myanmar, Nepal** and **Timor-Leste** to integrate climate risks into health sector planning and integrate health into national climate adaptation plans. The initiative will also look at improving surveillance and early warning systems for climate-related diseases. In **Timor-Leste**, for example, dengue data have been integrated into the Ministry of Health's online health emergency system to detect and promptly respond to outbreaks and in **Bangladesh**, a data-sharing mechanism has been established with the national meteorological department, and an early-warning and response dashboard is being piloted using district-level data on cholera. The initiative will be expanded to four Pacific countries: **Kiribati, Vanuatu, Tuvalu** and **Solomon Islands**.

In **Viet Nam**, UNDP is supporting the Government to put in place an early warning forecasting system for dengue fever outbreaks, which have become more severe and take place at different times and locations due to climate change. The system can predict outbreaks with 90 percent accuracy one month in advance, using local



PHOTO: UNDP Yemen

hydrological data combined with climate satellite imagery. The system is enabling health authorities to take pre-emptive prevention measures and can serve as an innovative example for other countries.

Improving laws for protecting health and the environment: Environmental laws can have a profound impact on people's health, especially in low- and middle-income countries where people are most exposed to pollution. UNDP developed a manual that offers step-by-step guidance on assessing the national legal environment concerning health and pollution, with case studies, tools and resources. Plans are underway to pilot the manual in **Mongolia** and **India** in 2022 to assist governments, civil society and academia in reviewing and reforming environmental laws and policies to protect health and human rights.

Greening vaccine delivery: With COVID-19 vaccination dramatically increasing waste and energy demands in the health sector, UNDP is supporting countries to green their vaccine delivery. This includes reducing, recycling and safely disposing of immunization waste, and deploying renewable energy solutions, such as portable solar power battery refrigerators, across the cold chain for COVID-19 vaccines. UNDP is working with UNEP, WHO, UNICEF, Engineers Without Borders and Health Care Without Harm, among other partners, to support COVID-19 vaccine waste management assessments in ten countries. Private sector partners such as DHL are helping to scale up smart solutions for COVID-19 vaccination efforts, including building the capacity of local service providers in next-generation digital and green technologies.

UNDP is supporting solar-based energy security in Bhutan and Somalia, which not only ensures light for childbirth delivery and other night-time emergencies, but also powers the safe refrigeration of medicines and vaccines.

Renewable energy in the health sector: Affordable and reliable energy is fundamental to achieving prosperity for all. And yet, 759 million people lack access to electricity and the opportunities and dignity it brings, and a third of the world rely on harmful, polluting fuels to cook, light, or heat their homes. UNDP's Energy Compact pledges to work with partners to provide access to clean and affordable energy to 500 million additional people, focusing on the most vulnerable communities. Affordable, renewable and sustainable energy will tackle energy poverty and limit climate change. UNDP's Solar for Health initiative is supporting countries to install solar energy systems in health centres and storage facilities in the remote areas of low- and middle-income countries, improving access to quality, low-emission healthcare. For example, in the context of COVID-19, UNDP is supporting solar-based energy security in **Bhutan** and **Somalia**, which not only ensures light for childbirth delivery and other night-time emergencies, but also powers the safe refrigeration of medicines and vaccines. UNDP has supported the solar electrification of 1,150 health centres and storage facilities in Angola, Chad, Eswatini, Liberia, Libya, Malawi, Namibia, Nepal, South Sudan, Sudan, Uganda, Yemen, Zambia and Zimbabwe.

New tools for the sustainable procurement of medical supplies: UNDP developed a *[Sustainable Procurement Index for Health \(SPIH\) User Guidance](#)*, a tool to assess the sustainability of suppliers and manufacturers of health products. The Index covers areas including greenhouse gas emissions, resource depletion, chemicals and toxicity, and human and labour rights, including gender issues. Over 35 procurers from across the United Nations system, governments and hospitals have received support in the use of the Index. Through the Sustainable Health in Procurement Initiative, UNDP and Health Care Without Harm have been supporting healthcare facilities around the world in adopting more sustainable procurement practices. For example, in **Colombia**, the Fundación Valle del Lili Hospital purchased 18,000 washable gowns, preventing the disposal of 1,200 gowns per day and saving around \$80,000 per month; and in **Indonesia**, West Java Mental Hospital set up an organic farm on its land where recovering patients work with local farmers to grow healthy food to supply the hospital and local markets. UNDP also launched the *[Chemicals of Concern for the Health Sector](#)* report to help Ministries of Health to identify banned and hazardous chemicals in health products and to source alternatives.

Promoting sustainable healthcare waste management: Careful sorting and disposal of healthcare waste can prevent health hazards, save costs, and reduce environmental impacts. In 2021, UNDP supported 13 countries in strengthening policies and procedures for dealing with healthcare waste – from items that can be reused and recycled, to those that need to be treated as infectious or hazardous.

UNDP, WHO, UNEP and UNICEF published the *[Compendium of WHO and Other UN Guidance on Health and Environment](#)*. The Compendium compiles 500 actions to create healthy environments for healthier populations, addressing issues such as pollution, climate change, chemical exposure, water, sanitation and hygiene. UNDP has also been highlighting the health benefits of tackling air pollution by undertaking investment cases in **India, Ethiopia, Mongolia, Nigeria** and **Thailand**.

Mobilizing for planetary health: In October 2021, UNDP in partnership with the University of São Paulo, the Planetary Health Alliance and Harvard University launched *The São Paulo Declaration on Planetary Health*. The Declaration is the first global call to action from the planetary health community, setting out the actions needed to transition to a just, regenerative, post-pandemic world that optimizes the health and well-being of people and planet. Three hundred people from 70 countries contributed to the development of the Declaration, which had been signed by 320 organizations as of December 2021. The Declaration is an important step in bringing together environmental and health conversations, and UNDP will continue to work in collaboration with other signatories to scale action on planetary health.

Improving development outcomes by linking climate and health: UNDP joined WHO and several other United Nations organizations in calling for greater ambition on tackling climate change, highlighting the importance of climate action for health. UNDP contributed to a *COP26 Special Report on Climate Change and Health* before the 26th Conference of the Parties of the United Nations Framework Convention on Climate Change in Glasgow (COP26). In Eastern Europe and Central Asia, UNDP and WHO followed up on a joint white paper on climate change and health, *Addressing Climate Change and Health in the Europe and Central Asia Region. A Joint Value Proposition and Service Offering*, with capacity building to support joint opportunities for climate and health programming across the region. UNDP also organized an online consultation on establishing a regional support platform to address the impact of climate change on health equity for women and LGBTI people.



PHOTO: UNDP Kyrgyzstan



United Nations Development Programme

One United Nations Plaza

New York, NY 10017

www.undp.org

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