

HIV and Health Annual Report 2021-2022

HIV and Health in Times of Crisis





Cover photos, left to right: UNDP Peru, UNDP Pakistan, UNDP Ukraine

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INTRODUCTION



2022 was another turbulent year for health. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), every minute, one person died from AIDS and three people were newly infected with HIV.¹ In 2022, more people were infected with COVID-19 than in 2020 and 2021 combined, and the pandemic's negative economic and social consequences deepened, especially in low- and middle-income countries. In addition to outbreaks of cholera and measles, three public health emergencies of international concern (PHEIC)—polio, COVID-19, mpox—were a wake-up call about the ever-increasing threats to human security. The climate crisis continued to increase risk of infectious diseases. The risk of another pandemic with the same kind of impact as COVID-19 is increasing by 2 percent with every year and the world remains woefully unprepared for the next pandemic.² Moreover, equity of access remains contested. COVID-19 vaccine inequity continued to grow, and the world lost ground on HIV and TB as widening and worsening inequalities impeded access to essential services.

UNDP's commitment to helping countries get back on track to achieving the Sustainable Development Goals (SDGs) is as strong as ever. 2022 was the first year of the implementation of the *UNDP Strategic Plan 2022–2025* and the *UNDP HIV and Health Strategy 2022–2025 – Connecting the dots: Towards a more equitable, healthier and sustainable future*. UNDP continued to help connect the dots, working with multilateral, government, civil society, academic and private sector partners to deliver results, especially for those left behind.

Through our work with partners, millions of people received life-saving HIV treatment; the continuity of essential services was supported in Ukraine; national and community capacities were strengthened for creating enabling legal, policy and regulatory environments for HIV and health; systems for health were strengthened and access to health technologies was improved despite challenges presented by COVID-19; investment cases were developed to help countries tackle non-communicable diseases and meet demand for mental health support; and digital solutions were deployed to support health workers and increase access and equity.

UNDP remains a long-standing partner of the Global Fund to Fight AIDS, TB and Malaria (Global Fund). The Global Fund's Seventh Replenishment demonstrated the potential of multilateralism and the world's commitment to fight the three diseases and strengthen systems for health. This renewed commitment also offers an opportunity for scaling up work on key populations, human rights, gender and community-led responses, as does UNDP's new partnership with the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).

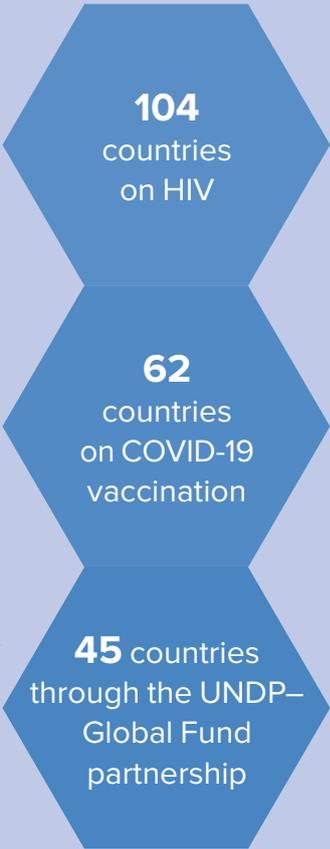
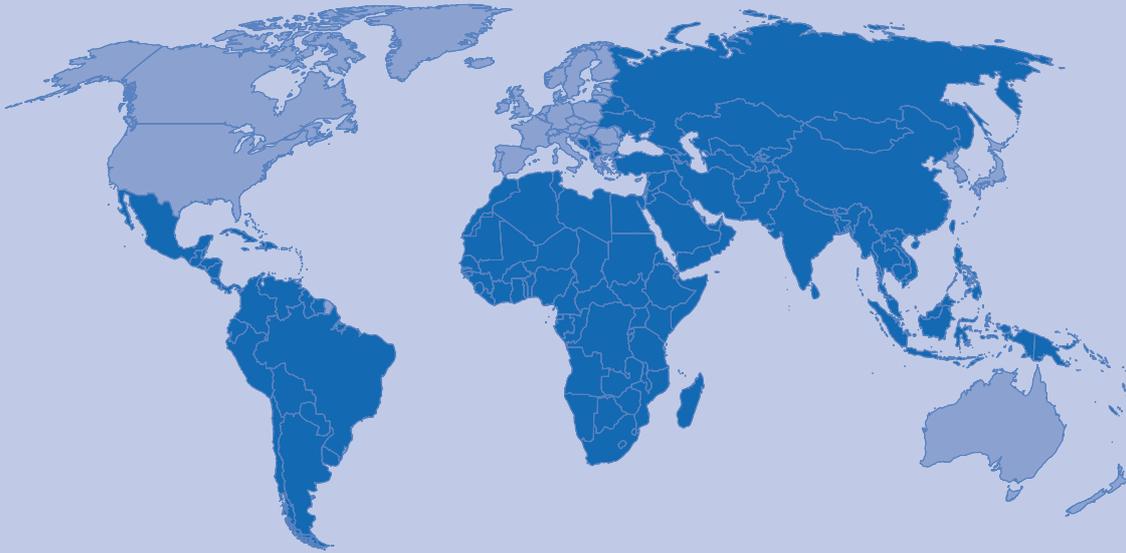
The challenges, risks and opportunities for health in times of crisis are profound and they demand innovation in thinking, ways of working and partnerships. Realizing the promise of stronger collaboration for health, universal health coverage and pandemic preparedness and response requires connecting across borders, communities and disciplines to unlock better health and well-being for all. A healthier future where the world is back on track to achieve the health-related SDGs is possible if we can deliver equity, resilience and sustainability for those who are left behind.

Mandeep Dhaliwal

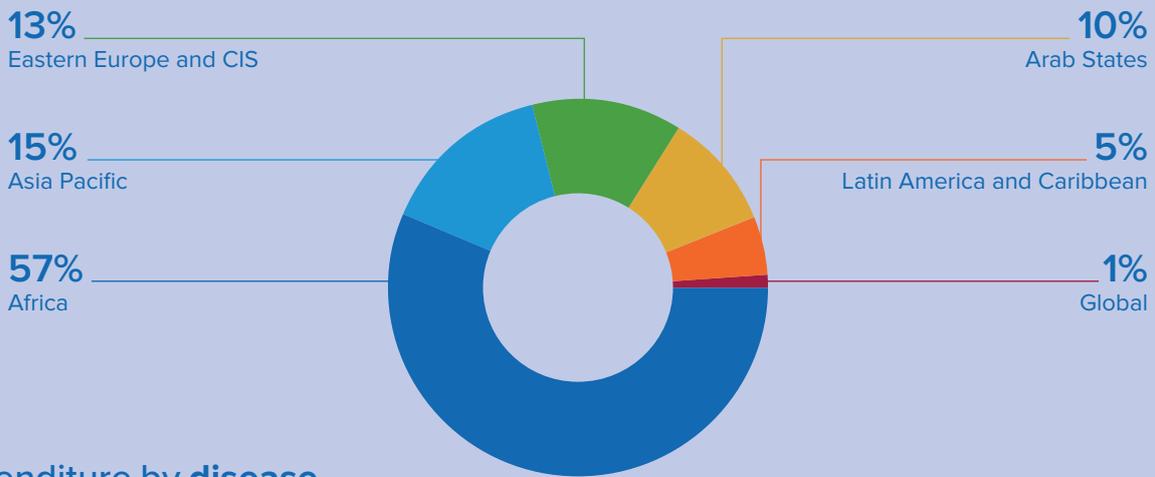
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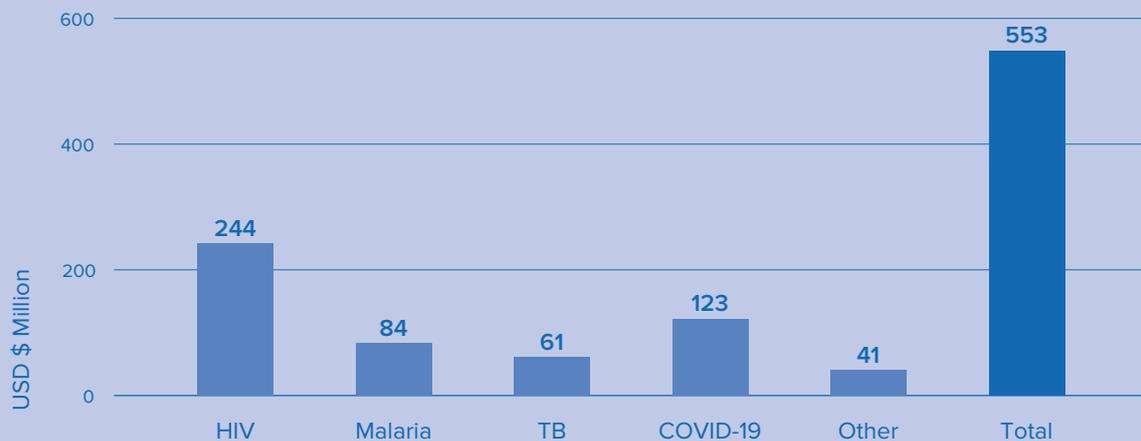
UNDP worked on HIV and health in **150 countries**



Expenditure by region



Expenditure by disease



The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations or UNDP concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

Spotlight: HIV and health in times of polycrisis

UNDP's latest *Human Development Report, Uncertain Times, Unsettled Lives: Shaping our Future in a Transforming World* describes a state of polycrisis with accumulating conflicts, increasing political tensions, growing debt distress, an accelerating climate emergency and a reversal of progress on the SDGs.³ The COVID-19 pandemic continues to claim lives, strain fragile systems for health and disrupt health services. In the wake of the pandemic, many countries are experiencing economic downturns and cost-of-living crises. Between 2022 and 2026, it is estimated that developing countries will have financing needs of US\$2.5 trillion.⁴ If these needs are not met, ensuing debt crises could increase poverty while hampering recovery efforts. At the same time, the impacts of the climate crisis are being increasingly felt worldwide, with the number of climate-linked disasters on the rise. Over half of humanity—4 billion people—has experienced a natural disaster in the last 20 years.⁵ An increase in civil conflicts is driving further humanitarian emergencies. One quarter of humanity lives in conflict-affected areas.⁶ This polycrisis threatens health and development.

UNDP has been supporting countries to respond, ensuring that all people—and particularly the most marginalized and vulnerable—can continue to access essential services. UNDP has long-standing experience working in crisis situations, including through its partnership with the Global Fund. In Afghanistan, UNDP and the Global Fund supported the national malaria programme in digitalizing monitoring and evaluation in 34 provinces, enabling the improvement of services in some of the most remote settings. In Sudan, which has experienced an influx of refugees, UNDP and the Global Fund continued supporting HIV and TB services for refugees and host communities through mobile health clinics.

During 2022, UNDP worked with partners in 62 countries to support COVID-19 vaccine equity. As of October 2022, more than 1.4 billion people in

Bangladesh, Bhutan, India, Indonesia and Nepal had received COVID-19 vaccines through innovative digital systems put in place with the support of UNDP. This work included developing and rolling out software to support vaccine distribution, beneficiary tracking and training healthcare workers. Special arrangements were put in place to reach locations and people without access, and to ensure that women and marginalized groups were vaccinated. South–South learning and exchange have been crucial to the scale up in these countries.

As well as supporting the continuity of HIV and other health services during COVID-19, UNDP supported countries to address the needs of people living with HIV, key populations and other marginalized groups in their recovery programmes. In the Philippines, as part of the Being LGBTI in Asia and the Pacific initiative, UNDP supported the local organization, San Julian Pride, to alleviate the impacts of the COVID-19 pandemic on lesbian, gay, bisexual, transgender and intersex (LGBTI) people in San Julian.

Before the war, Ukraine was making progress on its HIV response, and was the only country in Eastern Europe and Central Asia where the government financed a basic package of HIV prevention services for key populations from the state budget. The war has impacted countless lives and disrupted critical health services—leading to the closure of more than 30 medical institutions providing HIV services. In 2022, UNDP continued supporting Ukraine's Ministry of Health to help ensure access to HIV services and delivered medicines and health commodities worth US\$31.4 million.

REDUCING INEQUALITIES AND EXCLUSION THAT AFFECT HEALTH AND DRIVE EPIDEMICS



In 2021–2022, UNDP supported:

- » **69** countries to address gender equality and gender-based violence
- » **87** countries on key populations
- » **83** countries on LGBTI rights and inclusion
- » **31** countries on HIV-sensitive social protection programmes

Inequality kills at least one person every four seconds.⁷ The climate crisis, COVID-19 and other humanitarian and development challenges exacerbate inequalities, harm health and deepen discrimination based on overlapping factors such as ethnicity, gender, sexual orientation and disability, which already disadvantage and exclude some populations. Even before the pandemic, one in three women around the world experienced physical or sexual violence, and this rose in many countries during COVID-19.⁸ Inequalities are also undermining the AIDS response. In 2021, key populations and their sexual partners accounted for 70 percent of all new HIV infections globally, 94 percent of new HIV infections outside of sub-Saharan Africa and, for the first time, the majority of new infections, 51 percent, in sub-Saharan Africa.⁹

The commitment to “leave no one behind and reach the furthest behind first” is the central promise of the 2030 Agenda and the SDGs and underpins UNDP’s work. UNDP supports countries to promote inclusion, realize rights and dismantle structural inequalities in partnership with governments, civil society, United Nations agencies, academia, the private sector and donors. UNDP works with countries and communities to advance gender equality and address the barriers faced by people living with HIV and other key populations at risk of contracting HIV, including gay men and other men who have sex with men, transgender people, sex workers, people who use drugs and prisoners.



USC Institute on Inequalities in Global Health

Promoting gender equality and empowering women and girls

Gender inequality and gender-based violence are strong drivers of poor health and development outcomes for women and adolescent girls: in sub-Saharan Africa, for example, women and girls accounted for 63 percent of all new HIV infections in 2021.¹⁰ The 10-10-10 targets of the 2021 Political Declaration on HIV and AIDS provide a historic opportunity to change this trend, with countries committing to ensure that by 2025 less than 10 percent of countries have punitive legal and policy frameworks; less than 10 percent of people living with, at risk of and affected by HIV experience stigma and discrimination; and less than 10 percent of women, girls and people living with, at risk of and affected by HIV experience gender-based inequalities and sexual and gender-based violence.¹¹

Empowering women and girls, changing discriminatory norms: UNDP supported the Central African Republic to revise its Family Code, the country’s key legislation on gender equality. Changes included tightening loopholes to prevent child marriage and strengthening the rights of women to decide on issues such as polygamy, choice of marital home and dowry payments. This is part of UNDP’s work to change discriminatory social norms on gender, which is also helping to inform government strategies to promote women’s economic empowerment and support women entrepreneurs. In China, UNDP supported a series of Youth Leadership Development convenings on gender and health for LGBTI youth and people living with HIV to advocate for HIV, mental health, transgender health and gender-based violence services. In a context of shrinking civic space for civil society, these young activists played an important role in combating discrimination and calling for more inclusive services.



Photo: UNDP Somalia

Improving women’s access to health services and addressing gender-based violence: UNDP supported Liberia’s Ministry of Health to address the barriers that women face in accessing HIV and TB services and support on reproductive health and gender-based violence. In South Sudan, UNDP worked with the United Nations Population Fund (UNFPA) and community organizations, including the National Empowerment of Positive Women United, to deliver community-based HIV prevention; this included addressing sexual and gender-based violence for sex workers. In Sudan, UNDP worked with the Global Fund, the Ministry of Social Development, the Ministry of Health and UN partners to build capacity for civil society organizations to tackle gender-based violence. This led to the development of a national action plan to address gender-based violence and improve access to shelters, women’s organizations, helplines and other support services. In Kazakhstan, UNDP supported the Union of People Living with HIV in developing their Strategic Plan 2023–2027 and the capacity-building of women living with HIV and non-governmental organization (NGO) representatives in preventing gender-based violence.

Considering gender in disaster responses: In South Africa, UNDP provided support to enable single-gender accommodation for victims of the floods in KwaZulu-Natal. Providing separate accommodation for men who had been sharing the same space with women and children helped to reduce risk of sexual violence and maintain the health and dignity of women, men and children living in the shelters. After the floods, UNDP provided financial grants to selected women’s groups to recover and rebuild their businesses.

Advancing inclusion of key populations at risk of HIV and other excluded groups

Stigma, discrimination, marginalization and punitive laws, policies and practices continue to limit access to HIV services and increase health risks for key populations and other marginalized people. Advancing the leadership and inclusion of key populations and LGBTI people is critical for improving health equity and achieving the 10-10-10 targets of the 2021 Political Declaration on HIV and AIDS and the SDGs.¹²

Supporting key population leadership and action on HIV: In the lead up to World AIDS Day, UNDP launched a [two-year partnership with PEPFAR](#) to expand key population–led approaches to counter discriminatory laws blocking progress on HIV. The initiative involves identifying and scaling up effective approaches, strengthening the capacity and leadership of key populations and supporting South–South learning. UNDP also worked with the World Health Organization (WHO), UNFPA, the United Nations Office on Drugs and Crime (UNODC), the United Nations Children’s Fund (UNICEF), UNAIDS and key population networks on the revision of the [consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations](#). The guidelines highlight the critical importance of addressing structural barriers and outline how countries can dismantle them to achieve more equitable coverage and better quality of services for key populations.

Supporting increased access and peer-led approaches to HIV prevention: UNDP is supporting countries to increase access to pre-exposure prophylaxis (PrEP), an effective prevention tool, for the most vulnerable communities. In Pakistan, with support from the Global Fund, UNDP in partnership with local community-based organizations, government, UNAIDS and WHO launched a PrEP initiative. The initiative worked closely with key populations to provide PrEP through networks of peer outreach workers and drop-in centres. Government health workers at existing antiretroviral (ARV) treatment centres have been trained on delivering safe and effective PrEP services. In Colombia, UNDP supported the government to introduce a digital solution to scale up PrEP. The PrEP-Colombia.org platform, combined with training on combination prevention strategies, is reaching more than 20,300 people.

Advancing key population and LGBTI inclusion: UNDP has been supporting LGBTI inclusion through work with governments, UN, academia, private sector and civil society partners. In Asia and the Pacific, UNDP supported Pride Cook Islands to launch the Pride Pledge, an accreditation initiative for businesses on inclusion for LGBTI people. In India, UNDP has supported the formation of the National Network of Transgender Persons, which supports the transgender community through advocacy, skills building and livelihood development. In Zimbabwe, UNDP supported the Zimbabwe National Key Populations Forum in preparing stakeholders for their contributions to the proposal for the Global Fund's next grant cycle and the mid-term review of the Zimbabwe National HIV and AIDS Strategic Plan (ZNASP). UNDP's #WeBelongAfrica programme aims to promote an inclusive approach to sexual and gender diversity that advances the SDGs and the 2030 Agenda in sub-Saharan Africa.



Photo: UNDP Colombia



Photo: UNDP
Dominican Republic

Rolling out the LGBTI Inclusion Index

UNDP, in partnership with academia, UN and civil society partners and the World Bank developed the LGBTI Inclusion Index, which aims to measure the inclusion of LGBTI people across five areas: health, education, personal safety and violence, civil and political participation and economic empowerment. In January 2022, UNDP worked with 58 countries on disaggregated data collection. Following the training, UNDP rolled out the LGBTI Inclusion Index in Angola, the Dominican Republic, Ecuador, Georgia, Guyana, New Zealand, Pakistan and Viet Nam. Results were shared with the UN LGBTI Core Group and the Equal Rights Coalition of 42 countries dedicated to the protection of the rights of LGBTI people worldwide. In their Ministerial Communiqué, under the leadership of Germany, G7 development ministers committed “to supporting the implementation of the UN LGBTI Inclusion Index as a central tool to create disaggregated data and to improve the development outcomes of LGBTIQ+ persons.”

Supporting young people’s participation: The *Global AIDS Strategy 2021–2026 – End Inequalities. End AIDS* commits countries and partners to a future where young people are fully empowered to set new directions for the HIV response. In India and Thailand, the Being LGBTI in Asia and the Pacific initiative joined forces with UNDP’s regional youth entrepreneurship initiative, Youth Co:Lab, to support young LGBTI people. The partnership aimed to promote social entrepreneurship and youth engagement on gender-based violence, livelihoods and education. In Zimbabwe, UNDP support to young key populations contributed to the government adopting measures to protect intersex minors from non-consensual surgeries and to strengthen efforts to address violence related to sexual orientation and gender identity.

Strengthening inclusive social protection

With more than half the people in the world receiving only partial or no social protection, their capacity to withstand crises is limited.¹³ Inclusive social protection interventions, such as food, economic support, health insurance, employment assistance and other forms of care and support, are fundamental to increasing resilience and reducing poverty, inequalities and social exclusion.

Making national social protection systems more inclusive: UNDP partnered with the International Labour Organization (ILO) to develop a global [checklist](#) on how better to include people living with HIV and other key populations in social protection systems. With support from the UNAIDS Secretariat, the checklist was rolled out in Central African Republic, Côte d’Ivoire and Togo. UNDP also used the checklist to assess national social protection systems and make recommendations for improvements in Argentina, Costa Rica, the Dominican Republic, Georgia, India and Serbia. In Argentina, the government passed a law that reserves 1 percent of all public sector jobs for transgender people. Support is being provided to Mocha Celis, the first transgender school in the region, to provide training that will better equip transgender people to apply for positions that become open under this law.

Ensuring equitable social protection benefits for people living with HIV: UNDP continued its work in Egypt to enable more people living with HIV, especially women, to benefit from social protection programmes. In Somalia, UNDP and partners undertook an assessment on HIV and social protection, which led to the Ministry of Labour and Social Affairs and the Ministry of Health collaborating to register more than 2,100 people living with HIV with the Baxnaano Project, a World Bank supported social protection programme that provides cash transfers. UNDP is also working with partners to register 1,250 people from the two largest ARV treatment centres in Mogadishu with the programme.

PROMOTING EFFECTIVE AND INCLUSIVE GOVERNANCE FOR HEALTH



Photo: UNAIDS

In 2021–2022, UNDP supported:

- » 97 countries on HIV and TB related rights
- » 78 countries on NCD prevention and control governance
- » 54 countries on access to health technologies

Inclusive, multisectoral governance that promotes open and safe civic space and the meaningful involvement of civil society is essential for successful HIV and health responses. In many countries, discriminatory and punitive laws and policies—particularly relating to HIV transmission and key populations at risk of HIV—continue to undermine progress on HIV and infringe human rights. Though the world may not be on track to ensure that less than 10 percent of countries have punitive legal and policy environments by 2025, progress is possible. The share of the world’s population living in jurisdictions criminalizing same-sex sex has declined in recent years and several countries have taken steps to decriminalize HIV transmission, exposure or non-disclosure.¹⁴

Evidence shows that strong institutions, policies and capacities are necessary to address a range of health threats, including HIV, neglected tropical diseases (NTDs), non-communicable diseases (NCDs) and their drivers, as well as to improve access to health technologies and ensure sustainable financing for HIV and health. UNDP supports countries to advance enabling legal, policy and regulatory environments, smart investments and sustainable financing for better HIV and health outcomes.



Creating enabling legal, policy and regulatory environments for HIV and health

Laws and policies based on public health evidence and human rights are the foundation of enabling environments for better HIV and health outcomes. While there has been some progress, too many countries lack protective laws despite the impacts on health; for example, in countries with non-discrimination laws, people have better¹⁵ knowledge of their HIV status and viral suppression rates are higher, while new HIV infections drop sharply¹⁶ when drug use and possession is decriminalized and people who inject drugs have access to harm reduction programmes.

Enabling environments for HIV responses: UNDP, together with governments, civil society, United Nations and other partners, continued to support countries in advancing the recommendations of the independent Global Commission on HIV and the Law. This work, which included the follow up of government-led legal environment assessments, contributed to the decriminalization of HIV in Zimbabwe and the introduction of a human rights–based drug law in Côte d’Ivoire.

UNDP supported the Democratic Republic of the Congo to develop and implement the plan for the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination. This included training people living with HIV, TB patients and key populations as paralegals; supporting legal education for sex workers and their partners; capacity-building for justice and health sector personnel on human rights and supporting legal aid clinics for people living with HIV and those facing human rights abuses.



Photo: UNAIDS

Sensitizing lawmakers on human rights: In 2021, UNDP partnered with Parliamentarians for Global Action to update the [Handbook for Parliamentarians](#) on advancing the human rights and inclusion of LGBTI people. In 2022, the handbook, was presented at the 145th Inter-Parliamentary Union Assembly in Kigali, Rwanda. UNDP continued to assist regional judges' fora in Africa, the Caribbean and Eastern Europe, including support to incorporate modules on HIV, human rights and the law into the curricula of judicial training institutes. The judges' fora have contributed to progress in several countries—for example, a judge who participated in the Caribbean judges forum delivered the 2022 court decision decriminalizing consensual same-sex sexual activity in Saint Kitts and Nevis.

Partnering with National Human Rights Institutions to advance LGBTI rights: As part of a partnership with the Asia Pacific Forum of National Human Rights Institutions, UNDP expanded its work with National Human Rights Institutions (NHRIs) on LGBTI issues in Australia, Bangladesh, Fiji, India, Mongolia, Myanmar, Nepal, New Zealand, the Philippines, Sri Lanka, Thailand and Timor-Leste. Through the partnership, an online e-course on sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC) issues for NHRIs was developed and a community of practice for NHRI staff was established to share knowledge, including on issues such as good practices to limit the impact of COVID-19 on LGBTI people.

Strengthening regulatory systems for better health: Through the Access and Delivery Partnership—a collaboration between WHO, the Special Programme for Research and Training in Tropical Diseases (TDR) and PATH—UNDP has continued its collaboration with the African Union Development Agency (AUDA-NEPAD) in promoting the domestication of the African Union Model Law on Medical Products Regulation (AU Model Law). The AU Model Law provides a comprehensive legal framework for an integrated and harmonized approach to medicines regulation. When effectively implemented at the national level, the AU Model Law provisions can accelerate regulatory processes for timely access to health technologies. UNDP worked with partners on capacity development for manufacturers, regulatory authorities and partners in 60 countries on regulatory requirements and good practices in technology transfer and the production of quality-assured health technologies.

Strengthening governance to address non-communicable diseases, tobacco control and health

Tobacco use is one of the risk factors for non-communicable diseases, which kill 41 million people each year, making up nearly three quarters of all deaths globally—of these deaths, 77 percent are in low- and middle-income countries.¹⁷ Mental illness is one of the leading causes of disability and contributes to stigma and discrimination. Scaling multisectoral responses to NCDs, tobacco control and mental health requires smart investments and strong and inclusive institutions.



Photo: UNDP Zimbabwe

Scaling up action on mental health

Demand for mental health support has increased significantly during the COVID-19 pandemic. Rates of conditions such as depression and anxiety went up by more than 25 percent in the first year of the pandemic, adding to the nearly 1 billion people who were already living with a mental disorder.¹⁸

UNDP in collaboration with WHO and the Secretariat of the UN Interagency Task Force on NCDs developed national mental health investment cases. Three cases were launched in Kenya, the Philippines and Uzbekistan, and five more are under way in Bangladesh, Guyana, Nepal, Uganda and Zimbabwe. The Universal Health Care Partnership between the European Union and WHO is helping to scale up efforts on mental health and NCDs in Africa, the Caribbean and the Pacific. Under this joint programme and with UNDP support, Nigeria passed its first mental health legislation since 1958. UNDP in partnership with the Ghana AIDS Commission and Young Health Advocates Ghana (YHAG), an association of young persons living with HIV, co-created and piloted a mobile app aimed at providing health and psychosocial information to young persons living with HIV.

NCD and tobacco control investment cases to promote sustainable development

and save lives: UNDP and WHO expanded the development of investment cases for tackling tobacco and other drivers of NCDs, including alcohol and sugar-sweetened drinks. In 2021-2022, more than 13 countries changed their policies in line with recommendations from the investment cases. That includes the introduction of new legislation to protect people against NCDs, such as smoke-free zones and graphic warnings on tobacco products, as well as equity-enhancing fiscal measures such as health taxes. Myanmar introduced plain tobacco packaging with pictorial health warnings. Sierra Leone banned smoking in public places and advertising for tobacco and nicotine products. Barbados and Nigeria raised taxes on sugar-sweetened drinks. Meanwhile, at least four countries improved access to NCD services following investment cases. The Philippines passed universal health coverage (UHC) legislation that extends provision of NCD services free of charge at the primary health care level. Uganda expanded NCD services at point of care for people living with HIV. UNDP also supported the government of Suriname to develop a multisectoral national policy, establish a national coordination mechanism for tobacco control and strengthen transparency around its interactions with the tobacco industry.

Enhancing sustainable financing for HIV and health

Despite increases in domestic health financing over the last decade, many countries continue to depend on external funding sources. Moreover, COVID-19 and other crises continue to strain the capacities of low- and middle-income countries to adequately invest in health: in 41 countries, government spending until 2027 is projected to remain lower than before COVID-19.¹⁹ World Bank projections foresee that 52 countries, which are home to 43% of people living with HIV worldwide, will face a significant drop in their spending capacity through 2026.²⁰

Enhancing sustainability through social contracting: Commissioning NGOs to deliver HIV and health services—known as social contracting—can be an effective way for countries to support community-led responses. UNDP developed a model for assessing the social return on investment from social contracting and used this to develop guidance on contracting NGOs to provide services for key populations and vulnerable groups. UNDP supported Algeria, Kazakhstan, Kyrgyzstan, Moldova, Morocco, Tajikistan, Tunisia and Ukraine to develop social contracting guidelines.

BUILDING RESILIENT AND SUSTAINABLE SYSTEMS FOR HEALTH



Photo: UNDP Zambia

In 2021–2022, UNDP supported:

- » 45 countries through the UNDP–Global Fund partnership
- » 46 countries to work on the nexus of health, climate and the environment
- » 63 countries on digital solutions for health
- » 18 countries on solar power for health and smart facilities

Intersecting crises and uncertainties are adversely impacting systems for health. The ongoing COVID-19 pandemic and inequities in access to diagnostics, therapeutics and vaccines have further strained systems for health. The [2022 UNDP Human Development Report: New Threats to Human Security in the Anthropocene](#) highlights large and widening gaps in healthcare systems between countries. Risks are becoming more complex and interconnected. At least 1 billion people globally are served by health facilities that lack reliable access to electricity. The climate crisis, pollution, biodiversity loss and changes in land use are increasing the risk of new pandemics while significantly worsening health outcomes, straining systems for health and driving health inequity. A planetary health analysis and approach is critical. Scaling innovative and integrated approaches to strengthen the resilience and sustainability of systems for health must address the interconnectedness of the health of humans and the health of the planet.

The acceleration of energy transition is an opportunity to expand access to renewable energy in the health sector. Digitalization is also a crucial component of building sustainable and resilient systems for health. The COVID-19 pandemic has accelerated digital transformation for health. Digital technologies with the appropriate safeguards, clean energy and sustainability solutions have immense potential to advance countries' efforts to drive universal health coverage and strengthen pandemic prevention, preparedness and response capacities.



Implementation support and capacity development for large-scale health programmes

As a longstanding partner of the Global Fund, UNDP leverages its relationships with governments and civil society and its policy capacity to scale the implementation of Global Fund programmes to fight AIDS, TB and malaria and strengthen systems for health.

Saving lives in partnership with the Global Fund: Since 2003, UNDP has partnered with the Global Fund to support HIV, TB and malaria responses in more than 50 countries. Since then, the partnership has saved 7.3 million lives, carried out more than 63 million HIV tests, provided care and support services to 920,000 people living with HIV and treated 107 million cases of malaria and 1.1 million people with TB.

In 2022, UNDP managed 29 Global Fund grants, covering 21 countries and 2 regional programmes covering an additional 11 countries, many of which were affected by conflict, crises, sanctions and other risks. Despite these challenges, UNDP continued to deliver results at scale in support of HIV, TB and malaria responses, including:

- » Providing **1.61 million** people with antiretroviral treatment for HIV and more than **3 million** HIV tests
- » Distributing **2.3 million** bed nets, treating more than **11 million** people with malaria and providing preventive malaria treatment to nearly **600,000** pregnant women
- » Treating **98,000** people for TB



Photo: UNDP Guinea Bissau

Strengthening systems for health for NTDs, TB and malaria: The UNDP-led Access and Delivery Partnership helped strengthen systems for health for the introduction of new health technologies. In Indonesia, the Access and Delivery Partnership introduced a country-wide laboratory e-network across 33 subnational laboratories. To support the safe introduction of new treatments for drug-resistant tuberculosis, the partnership established a regional working group of national TB programmes and pharmacovigilance authorities from 27 countries across West and Central Africa to build capabilities on active drug safety monitoring and management. The Access and Delivery Partnership also launched the [COVID-19 Diagnostics Procurement Resource](#), a dashboard to inform the selection and procurement of quality-assured COVID-19 diagnostics and scale up of testing in low- and middle-income countries.

Digitalizing mass bed net distribution campaigns: To improve efficiency and delivery, UNDP used digital data collection to support its campaign in Chad to prevent malaria in young children during the rainy season. As part of the Global Fund malaria grant, UNDP developed the capacity of 1,365 community volunteers in two provinces to use digital tablets to record and transmit data to the national health information system. The first part of the campaign reached 212,280 children. The same technology will be used for the 2023 mass bed net distribution campaign covering 19 other provinces and nearly 19 million people.

Building digital capacity for scaling vaccination: Leveraging the scale up of digital solutions for routine immunization and COVID-19 vaccination in India, UNDP supported the development of the digital Bhutan Vaccine System (BVS), which led to the inoculation of more than 93 percent of the eligible population. The system has now been expanded to include HPV and flu vaccines and includes real-time monitoring and enhanced capacity to manage and analyse health data, including a new national electronic patient information system. With UNDP support, over 200,000 in-patient health records dating back to 2010 have been digitalized.

Supporting the development of the Global COVID Certificate Network (GCCN): Disparate COVID-19 vaccination certification systems have raised significant challenges related to interoperability and the mutual recognition of vaccine certificates, undermining both the adoption and utility of digital certificates. UNDP worked with WHO and other partners on the creation of a globally accepted digital 'Trust Registry Network' for COVID-19 vaccine certificates. The GCCN provides a discovery mechanism for authorities to determine and recognize trusted certificate issuers, validate authenticity, decide on acceptability and advance health equity.



Photo: UNDP Bhutan

Using digital technologies to improve health care across the Pacific

Digital tools helped to address many of the challenges in delivering health care across the Pacific Islands. An innovative programme used digital tools to transform capacity development and clinical support for front-line health personnel providing care for people living with HIV in the Cook Islands, the Federated States of Micronesia, Kiribati, the Marshall Islands, Nauru, Niue, Palau, Samoa, Tonga, Tuvalu and Vanuatu. As well as building knowledge and skills, the programme used digital technologies to provide telemedicine as well as mentoring for doctors, nurses and healthcare workers.

Through the initiative, healthcare workers in even the most remote, hard-to-reach islands gained access to specialized knowledge and education. Healthcare workers attended training webinars—on topics such as HIV disease management, antiretroviral treatment, HIV testing and working with key populations—and received specialist information on managing HIV in children and adolescents, contributing to better care for their patients.

Planetary health

Planetary health is an integrated multi-disciplinary approach that recognizes that human health and the health of the planet are inextricably linked. A report by the United Nations Environment Programme (UNEP) shows how environmental factors impact the development and spread of antimicrobial resistance (AMR), which threatens to cause up to 10 million deaths globally by 2050.²¹ Of the known human infectious diseases, 58 percent can be aggravated by climate change.²² This calls for the scale up of efforts to strengthen systems for health, including through integrated and multisectoral health and environment strategies.

Powering health facilities with renewable energy: UNDP supported countries to equip health facilities with clean energy, making them more climate-resilient. With resources from the Global Fund, UNDP worked with governments to initiate “Smart Facilities for Health” equipped with renewable energy and digital capabilities and solutions in Afghanistan, Guinea-Bissau, Sao Tome and Principe, South Sudan and Sudan. The first smart facility for health in Sao Tome and Principe aimed to be a model for other health centres in the country. With a stable renewable power supply and energy-efficiency measures, the facility is expected to save more than US\$30,000 per year in costs.

Making the case for tackling air pollution: UNDP supported action on air pollution in Ethiopia, India and Mongolia. UNDP partnered with RTI International to develop investment cases for air pollution. Building on this, UNDP developed national legal environment assessments on health and pollution. Recommendations will inform laws and policies that aim for society to transition to more sustainable technologies and actions that stimulate renewable energy generation, reduce emissions and improve health.

Integrating climate, health and sustainability: UNDP and Healthcare Without Harm developed the [Sustainable Procurement Index for Health](#) (SPIH) - a tool to help organizations improve their environmental and social sustainability record. SPIH assists in monitoring greenhouse gas emissions, resource depletion (water, energy and material consumption), chemical and toxic impacts on human and environmental health, and human rights, labour rights and gender equality. To make the tool more accessible, UNDP developed the [SPIH digital platform](#). UNDP continued to convene the UN Interagency Task Team on Sustainable Procurement in the Health Sector (SPHS) and introduced the tool to SPHS members - Gavi, The Global Fund, UNDP, UNEP, UNFPA, UNHCR, UNICEF, UNITAID, UNOPS, WHO and One Planet Network.



Photo: UNDP Serbia

Pandemic preparedness and response

Being better prepared for pandemics requires strengthening the resilience and sustainability of systems for health. It is essential to build global, national and local systems for prevention, early detection and containment of emerging pathogens, while advancing UHC.

Accessing the Global Fund's COVID-19 Response Mechanism (C19RM) for preparedness and response: UNDP helped 41 countries access the Global Fund's C19RM resources to mitigate the impact of COVID-19 on HIV, TB and malaria responses, strengthen systems for health and bolster pandemic preparedness. This included investments in programme adaptation, strengthening laboratory systems, access to oxygen, health care waste management, strengthening institutional capacity and community engagement. In South Sudan, UNDP supported the integration of COVID-19 and HIV/TB service delivery, multi-month dispensing of ARVs and roll out of multi-pathogen diagnostic platforms. UNDP also supported the scaling of solar systems powering health facilities, and the installation of incinerators for effective medical waste management, as well as laboratory equipment and oxygen equipment. UNDP partnered with the Government of The Gambia, the Global Fund, WHO and the World Bank to install The Gambia's first ever oxygen plant, making the main hospital treating COVID-19 patients in the country self-sufficient for the provision of medical-grade oxygen and able to supply surrounding hospitals.

Improving capacity and infrastructure for preparedness: In Ghana, UNDP supported the construction of four mobile laboratories, as well as the capacity strengthening of health staff to facilitate early detection of diseases and improved management of public health emergencies. In Mozambique, UNDP supported the Ministry of Health's National Emergency Plan for preparedness and response to COVID-19, including strengthening laboratory capacity for decentralized testing and ensuring adequate and equipped health infrastructure.

Increasing access to COVID-19 technologies: As a member of the steering committee of the COVID-19 Technology Access Pool (C-TAP), UNDP worked with partners to accelerate access to COVID-19 technologies. Launched by WHO and the Government of Costa Rica and co-sponsored by over 40 countries, C-TAP is a global platform for sharing intellectual property, knowledge and data. In 2022, C-TAP obtained its first voluntary licences from the governments of Spain and the United States. UNDP supported efforts on incentives and agreements for promoting technology transfer and local production.

ENDNOTES

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