Introduction

In consultations marking the 75th Anniversary of the United Nations, over a million respondents across regions, ages and social groups united in calling for improved access to basic services – including health. Yet despite some remarkable progress, the world is not on track to reach the health-related Sustainable Development Goal (SDG) targets by 2030.

In 2019-2020, multiple challenges converged to threaten the very core of human development – our health and that of the planet. Rising HIV infection rates in some of the most marginalised and stigmatised people, as widening inequalities and exclusion continued to drive poor access to health services. Tenacious gender inequality and violence and heightened HIV risk for women and girls. Racism and discrimination persisted. Malaria outbreaks hit some of the most vulnerable people on earth. Added to this is the ongoing climate crisis. And COVID-19 – an unprecedented pandemic with devastating multi-dimensional consequences that is pushing millions of people back into extreme poverty and reversing development gains.

In this context, UNDP continued to work with UN, multilateral, government, civil society, academic and private sector partners to deliver results for people. For example: millions of people received life-saving HIV treatment and HIV testing expanded. Procurement of health products and ensuring the continuity of essential services increased during the COVID-19 pandemic. Laws and policies were revised to recognise dignity and equality and to enable access to services. Digital tools and innovations were deployed to strengthen health systems, reduce critical service gaps and drive universal health coverage. Sustainability of health procurement improved. Climate resilience of health systems strengthened. Young people, health and climate advocates joined forces to demand more ambitious climate action.

As with HIV and other pandemics, COVID-19 has revealed and exacerbated inequalities, while exposing the pernicious intersection of vulnerability, inequities and unsustainability. At the same time, COVID-19 presents us with a historic opportunity to re-imagine a world where the health and well-being of people and our planet are at the core of sustainable development. Our ambition must rise to meet this moment. As we face the ultimate stress test - ensuring equitable and universal access to COVID-19 diagnostics, therapeutics and vaccines, while driving an inclusive green recovery and ensuring better access to basic services - we must once and for all hardwire equity, justice and sustainability in all that we do to deliver on the vision of the 2030 Agenda and the commitment to leave no one behind.

Mandeep Dhaliwal
Director, HIV, Health and Development Group
Portfolio

Countries

- 33 UNAIDS Fast-Track countries supported
- 65 UNAIDS non-Fast-Track countries supported
- 55 countries supported through the UNDP-Global Fund partnership
- 131 countries received COVID-19 health systems support

Expenditure by disease

- HIV: $414.1M
- TB: $102.4M
- Malaria: $86.8M
- Other health work: $229.9M
- Total: $833.3M

Expenditure by region

- Africa: 61.4%
- Eastern Europe and CIS: 21.8%
- Asia Pacific: 8.4%
- Arab States: 4.0%
- Latin America and Caribbean: 3.8%
- Headquarters: 0.7%
UNDP worked on HIV and health in 146 countries

98 COUNTRIES
HIV and tuberculosis

71 COUNTRIES
Gender equality and gender-based violence

41 COUNTRIES
Planetary health and resilience

52 COUNTRIES
Digital disruption and innovation

69 COUNTRIES
NCD prevention and control, including tobacco

72 COUNTRIES
LGBTI inclusion

55 COUNTRIES
Health procurement and supply management

131 COUNTRIES
COVID-19 health systems support

50 COUNTRIES
Adolescents and young people

38 COUNTRIES
HIV-sensitive social protection

41 COUNTRIES
Access to medicines

700
Policymakers, technical advisers, experts, academics and other stakeholders from 38 countries brought together by the UNDP-supported Access and Delivery Partnership to foster South-South cooperation

713,000
People living with HIV screened for TB in HIV care or treatment settings through the UNDP-Global Fund partnership

8.4 million
Cases of malaria treated in Burundi through the UNDP-Global Fund partnership

70,000
People benefitting from a midwife in the community in Afghanistan through the UNDP-Global Fund partnership

257,000
Gay men and other men who have sex with men reached with HIV prevention services in Cuba through the UNDP-Global Fund partnership
Accelerate, Amplify, Connect: Ways Of Working
By advocating for equality and inclusion, UNDP contributes to 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.

The health of people and of the planet is central to achieving progress on sustainable development. Yet progress on health is uneven and varies between and within regions, countries and populations. UNDP knows from experience that incremental change is not enough and that progress on one SDG leads to positive change upon other SDGs. That is why UNDP seeks to accelerate, amplify and connect people and knowledge. In other words, UNDP scales up good practice and innovation, shares what it learns and connects people across different countries and sectors.

UNDP’s ongoing efforts, leadership in both thought and action and over 50 years of experience, helps countries and communities respond to ever changing complex development challenges across the globe.

The Global Policy Network connects UNDP’s 20,000-strong workforce in the sharing of integrated solutions that multiply impact and accelerate progress forward on the SDGs and on its pledge to leave no one behind. UNDP helps countries do just that by pursuing innovation and scale, underpinned by human rights. For example, in Viet Nam, UNDP is pioneering a dengue early-warning system that uses satellite data on atmospheric pressure and precipitation, combined with data on healthcare and water availability. This initiative is supported by the World Health Organization (WHO), the UK Space Agency, HR Wallingford, the London School for Hygiene and Tropical Medicine, the UK Meteorological Office and Oxford Policy Management.

In Indonesia, UNDP, Gavi - the Vaccine Alliance (GAVI) and the government, are scaling up a successful mobile technology pilot project that ensures safe and effective vaccines are available to all children. However, not all innovations are technological.
In Zambia, UNDP and its partners are working with the government to develop a “tobacco control social impact bond” that will help farmers transition to alternative and more profitable crops. Partners in this endeavour include the Food and Agriculture Organization of the United Nations (FAO), WHO, the Secretariat of the Framework Convention on Tobacco Control (FCTC), the American Cancer Society, civil society organisations and academia.

Consistent with its integrator function, UNDP connects the best knowledge, capacity and solutions from different organisations, fields and countries to share resources and make progress towards the SDGs. For example, to strengthen collaboration in supporting countries to drive better health outcomes, UNDP is one of 12 multilateral health, development and humanitarian agencies in the Global Action Plan on Healthy Lives and Well-Being. The Plan outlines how the agencies will collaborate in order to be more efficient and effective in accelerating progress towards the health-related SDG targets. The 12 signatory agencies to this plan will channel at least US$12.7 billion annually, or nearly one-third of all global development assistance for health. Besides UNDP, signatories include GAVI, the Global Financing Facility, the Global Fund to fight AIDS, TB and malaria (Global Fund), the Joint UN Programme on HIV/AIDS (UNAIDS), the UN Population Fund (UNFPA), the UN Children’s Fund (UNICEF), Unitaid, the UN Entity for Gender Equality and the Empowerment of Women (UN Women), the World Bank Group, the World Food Programme (WFP) and WHO. UNDP is also a partner in the United Kingdom Research and Innovation Global Challenges Research Fund ‘Accelerating Achievement for Africa’s Adolescents’ Hub. Researchers from the university of Oxford, work alongside international partners including UNDP, UNICEF, UN Women and WHO, governments across Africa, donors such as the Global Fund and the President’s Emergency Plan for AIDS Relief (PEPFAR), nongovernmental organisations and young people themselves, to identify and test a range of services combining health, education, social and economic interventions. This hub aims to improve health and development outcomes for 20 million adolescents and children in 34 countries across Africa.

UNDP has supported the Secretary-General’s initiative to strengthen system-wide actions to support implementation of the recommendations of the 2016 Special Session of the General Assembly on the World Drug Problem on health, human rights and sustainable development. As part of these efforts, UNDP and the International Centre on Human Rights and Drug Policy at the University of Essex, in partnership with the UNAIDS Secretariat, WHO, and the Office of the High Commissioner for Human Rights, developed the International Guidelines on Human Rights and Drug Policy. Countries can use the guidelines to design policies and programs that fully respect, protect and promote the rights of all individuals, communities and society as a whole. The guidelines are already proving useful: they were recently cited in Constitutional Court decisions in Colombia and by a United Nations independent expert group on discrimination against women.
Reducing Inequalities And Social Exclusion That Drive Poor Health

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Healthy populations are critical to sustainable development – to ending poverty, protecting the environment and promoting peaceful and inclusive societies. Yet rising inequalities and exclusion harm people’s health, fuel epidemics and hinder development. UNDP’s 2019 Human Development Report shows the importance of a comprehensive analysis of inequalities using a human development lens, going beyond income, beyond averages and beyond today. By working with partners in different sectors in this area, UNDP increases the capacity of women and girls, key populations at risk for HIV and other excluded groups to realize their health and human rights. Gender disparities, for example, are among the greatest barriers to human development.

Gender equality and women’s and girls’ empowerment are central to UNDP’s mission. The effects of discrimination and exclusion are also evident in the fact that in 2019 62 percent of all new HIV infections worldwide occur among key populations—gay men and other men who have sex with men, people who inject drugs, transgender people, sex workers, prisoners—and their sexual partners. Inequalities between individuals, groups and countries, negatively affect the prospects for long-term sustainability. The COVID-19 pandemic is increasing inequalities and disproportionately affecting marginalized people and those living in precarious social and economic situations. With lockdown measures worldwide, there are a growing number of reports about emergency powers being used to target key populations affected by HIV. In the context of COVID-19, women and key populations are reporting an elevated risk of domestic and family violence, increased social isolation, anxiety and difficulties accessing crucial HIV treatment and health services. UNDP is supporting countries to connect innovation and evidence to address such inequalities and exclusion in rights-based multisectoral HIV and health responses, which in turn can yield sustainable progress across multiple SDGs.

**GENDER EQUALITY AND WOMEN’S EMPOWERMENT**

UNDP has supported 71 countries in improving gender equality, addressing gender-based violence and empowering women and girls in the context of HIV and health. Support to countries in this area ranged from challenging the human rights barriers and social norms that hinder equal access to quality health care and to improving support for gender-based violence survivors.

**Gender justice in Jordan and Lebanon:** Together with UN Women and UNFPA, UNDP worked on a gender-justice programme in 20 countries in the Middle East and North Africa. As part of the programme, UNDP supported Jordan and Lebanon in repealing laws that allowed rapists to escape justice if they agreed to marry their victims.

**Peer education on HIV in Angola:** In Angola, girls aged 15-19 years are three times as likely to become infected with HIV as boys the same age. UNDP and the Global Fund have been building the capacity of young activists to serve as peer educators on sexual and reproductive health. Groups for teen girls and young women, called “bancadas femininas,” host discussions and social activities and use theatre, music and other creative methods to educate and inform. From January 2019 to June 2020, peer educators reached over 90,000 young women with HIV prevention services.
Protecting people domestic violence: With support from UNDP and other UN partners, eSwatini has passed a comprehensive law on sexual offenses and domestic violence. Among other provisions, the new law criminalises rape in marriage, bolsters domestic violence courts, creates new means of reporting sexual offenses and most critically, makes rape gender neutral.

Putting women at the centre: UNDP supported the creation of the Network of Vulnerable Women in the Middle East and North Africa. The network analyses why women are vulnerable—to gender-based violence and/or financial exclusion, amongst others—and advocates for women’s health and well-being. The network has representatives from 12 countries, with women in leadership roles.

Ensuring pregnant women get timely care: In India, UNDP is working with the Ministry of Health and Family Welfare in the state of Maharashtra to pilot an innovative digital solution to address critical service delivery gaps in maternal health care. The Antenatal, Neonatal, Child Health Systems and Logistics Tracking Tool (ANCHAL) initiative, aims to support pregnant women through a smartphone app to reduce maternal morbidity. Frontline health workers, health facilities and government ambulance services are linked through a digital platform that can track women during their pregnancy and ensure she delivers at the most appropriately equipped facility, at the right time. The app is currently being tested in Pune district, covering 3,800 frontline health workers.

Mental health and gender-based violence support during COVID-19: In the Maldives, UNDP is supporting the Ministry of Gender, Family and Social Services to strengthen business continuity of social services by providing digital equipment for a Care Portal. The call centre enables the government to provide uninterrupted services and support to the victims of domestic violence and gender-based violence, persons with disabilities, the elderly and people dealing with mental health issues.

KEY POPULATIONS AND LGBTI INCLUSION

Innovation expands HIV testing for key populations: In the Western Pacific, people are scattered across a multitude of remote and small islands, many of which have scant clinical health services. It is harder still for key populations affected by HIV as they face stigma and discrimination. Now however, with support from UNDP and the Global Fund, a new diagnostic test for HIV and syphilis can be performed in remote settings with no sophisticated equipment—just a simple finger-prick. Testing among key populations has increased 10 times since the roll-out began.

Making strides with and for youth in Southern Africa: UNDP’s Linking Policy to Programming initiative seeks to improve health outcomes for young key populations in Angola, Madagascar, Mozambique, Zambia and Zimbabwe through enabling policy environments and advocacy. Achievements include the tabling of a bill reducing the age of consent for health services in Zimbabwe; prison reforms in Madagascar to increase access to HIV and health services for young inmates; and the inclusion of key populations issues in the police training curricula of Madagascar, Mozambique and Zambia.

Scaling HIV responses for key populations in West Africa: In July 2020, the Economic Community of West African States (ECOWAS) launched a regional strategy on HIV, tuberculosis and sexual and reproductive health and rights for key populations in the region, developed with the support from UNDP, UNAIDS, WHO
and members of the Africa Key Populations Expert Group. The strategy aims to better consider key populations in the response to HIV in the ECOWAS region including through strengthening strategic information, health systems and community services and addressing stigma and discrimination.

**Social protection for transgender people:** UNDP supported 38 countries in HIV-sensitive social protection. For example, thanks in part to support from UNDP, transgender people have now been included in “Poor ID”, a national initiative in Cambodia to identify poor households and determine their eligibility for various social protection programmes. Other groups now included in the initiative are people who use drugs, entertainment workers, people living with HIV and persons with disabilities.

**Using data to advance inclusion of lesbian, gay, bisexual, transgender and intersex (LGBTI) people:** In 2019, UNDP released its LGBTI Inclusion Index. Now ready to be piloted in selected countries, the Index will use 51 indicators to assess LGBTI people’s experiences in areas of life ranging from political participation to health, education and personal security and will provide the data needed to drive greater inclusion.

**Strategic pathways for LGBTI inclusion in Africa:** In 2019, UNDP convened stakeholders from different sectors and communities in Sub-Saharan Africa to develop a long-term vision and strategic framework for advancing LGBTI rights and inclusion in the region. The framework identifies six mutually supportive pathways towards achieving this goal by 2030: social norms, laws, public sector services, inclusive governance, social movements and knowledge. It has been used by UNDP to shape its LGBTI-related work in the region. The framework has also been used by other stakeholders, including civil society and LGBTIQ+ groups, to support development of their own strategies and action plans, including for example for a Dutch-supported HIV initiative in southern Africa.

**Community-led COVID-19 and HIV responses:** In Panama, UNDP and the Global Fund are working with community-led organisations to provide services to key populations. Partners are utilizing digital communication platforms to minimize the impact of COVID-19 on HIV prevention services for key populations. Using social media platforms, partners are delivering preventive health messages and offering follow-up to HIV prevention and treatment services.
Promoting Effective And Inclusive Governance For Health
Institutions and governance structures in many countries are under-resourced, lack capacity and coherence to plan and deliver health and related services, and provide inadequate civic space for the participation of affected groups. As the SDGs make clear, strengthening governance and resilience are essential for sustainable health and development gains in the coming years. UNDP helps countries to improve legal, policy and regulatory environments, increase access to justice, build human and institutional capacity and develop equity- and rights-based investment and financing approaches.

One major area of UNDP’s governance work concerns supporting civil society, which has a vital role to play in good governance around health; and yet, as noted by the United Nations, civic space is shrinking worldwide. This is seen, for example, in the restrictions on freedoms of peaceful assembly and of association, the repression of social movements and the stigmatisation of and attacks against civil society actors. In the context of HIV where civil society has been on the frontlines of the AIDS response, shrinking civic space could adversely affect HIV responses. HIV has shown that restrictive, stigmatizing and punitive measures can lead to human rights abuses, with disproportionate effects on already vulnerable communities. COVID-19 has also shown the importance of multi-sectoral, rights-based and community-led responses. UNDP’s work on civic space helps countries respond more effectively at scale to health and development challenges and ensure sustainable responses.

**HUMAN RIGHTS AND ENABLING LAWS & POLICIES**

**Strengthening governance institutions for HIV and tuberculosis:** UNDP has convened the Africa Regional Judges Forum since 2015. This group of senior judges discusses the latest issues related to LGBTIQ+ people, key populations, young women and girls and human rights in the context of HIV and tuberculosis. In 2019, the Forum worked closely with the Judicial Training Institute of Kenya and the South African Judicial Education Institute to create a regional curriculum on human rights and HIV and tuberculosis. In addition, the Caribbean Judges Forum on HIV, Human Rights and the Law convened in 2019. It is a joint initiative between UNDP and the Judicial Education Institute of Trinidad and Tobago (JEITT) as well as the OECS Judicial Education Institute (OECS -JEI). The judiciary has played an important role in advancing the rights of key populations in the Caribbean. In October 2020, the Forum also supported the formation of the Eastern Europe and Central Asia Regional Judges Forum on HIV, tuberculosis, Human Rights and the Law, which brought together judges from eight countries in collaboration with the Supreme Court of Tajikistan.

**Using laws to empower vulnerable groups:** UNDP has supported 30 countries to undertake Legal Environment Assessments (LEAs), reviewing how the laws and policies in a country help or hinder its response to HIV or other health issues – examining compliance with international agreements and making recommendations on strengthening and enabling legal and policy environments. Following the LEA in Belarus, the government created a working group to propose legislative changes on HIV criminalisation. Elsewhere, the government of Sudan repealed a punitive “public order law.” LEAs have also contributed to the inclusion of condoms and lubricants in the national essential medicines list in the Democratic Republic of the Congo, repeal of a law criminalising unintentional transmission of HIV in Mozambique and decriminalisation of consensual same-sex conduct in the Seychelles.
Advancing universal health coverage worldwide: Demand for affordable access to high-quality health services is growing worldwide. And yet, providing universal health coverage (UHC) requires substantial resources and political resolve. A partnership of UNDP, WHO, UNAIDS, Georgetown University and the Inter-Parliamentary Union launched the Universal Health Coverage Legal Solutions Network to help countries craft and implement laws to achieve universal health coverage.

Tackling corruption in the health sector: As countries cautiously reopen, there are concerns about corruption in health services, procurement processes and the management of funds in both the emergency response and recovery phases of the COVID-19 pandemic. Pre-COVID-19, research showed that corruption in the health sector causes global losses of over $500 billion per year. The OECD estimates that up to $2 trillion of procurement costs could be lost to corruption. To help build global consensus and spur governments to take appropriate anti-corruption measures in the health sector, UNDP, WHO, the Global Fund and the World Bank, are working together under the Alliance for Anti-Corruption, Transparency and Accountability (ACTA) in Health. ACTA is working with governments and communities globally to institutionalize appropriate anti-corruption mechanisms in the COVID-19 health response.

Laws and policies to protect health and wellbeing during COVID-19: In July 2020, as part of the UHC Legal Solutions Network and building on the lessons of HIV, UNDP, WHO, UNAIDS and the O’Neill Institute for National and Global Health Law at Georgetown University launched the COVID-19 Law Lab. This initiative compiled laws and policies from over 190 countries to support evidence- and rights-based legal frameworks for COVID-19 responses. It includes state-of-emergency declarations, quarantine measures, disease surveillance, other public health measures such as wearing masks and physical distancing and access to health technologies. This is accompanied by dedicated work at the country level. For example, in Mozambique, UNDP in collaboration with the International Labour Organization (ILO), UNODC, UN Women and the UNAIDS Secretariat is supporting the Ministry of Justice, the national human rights commission, the Office of the Ombudsman and civil society. The partners monitor HIV and COVID-19 related human rights violations and harassment by service providers, police and community leaders during the delivery of essential services.

ENABLING ACCESS

Increasing access to health technologies: Through the Access and Delivery Partnership (ADP), UNDP helps low- and middle-income countries (LMICs) ensure that people in need have access to new diagnostics, medicines and vaccines for malaria, tuberculosis and neglected tropical diseases. In 2019-2020, ADP in collaboration with the Ghanaian Food and Drugs Authority supported the rollout of a new mobile app to monitor drug safety in Ghana. The Med Safety Mobile App is designed to encourage reporting of harmful side effects of health products, including medicines and vaccines, by consumers, patients and health care professionals. ADP convened several South-South learning platforms to broaden its impact in connecting policy makers, technical experts, academics and other stakeholders from 38 countries. The partnership also facilitated a South-South technology transfer from India to Indonesia for the implementation of the electronic logistic management information system (eVIN) aimed at increasing efficiency and integrity of the vaccine supply chain.
Increasing access for the visually impaired: With support from UNDP, Thailand acceded to the Marrakesh Treaty, which helps make books and other printed works accessible to people with visual disabilities, by sharing them in formats such as braille, audiobooks and large print. The treaty improves access to information and knowledge, a key determinant of health, among persons with disabilities.

Supporting local production of COVID-19 health technologies: UNDP and WHO partnered with the United Nations Technology Bank, and the United Nations Conference on Trade and Development (UNCTAD) on the Tech Access Partnership (TAP) to increase local production of essential health technologies, like masks and ventilators, in developing countries. In October 2020, the government of South Africa and TAP partners organised a multi-stakeholder consultation to discuss turning COVID-19 into opportunities to drive economic transformation in the country, where about 85 percent of medical devices and diagnostics are being imported at exorbitant prices. Local production of such equipment would unleash opportunity for economic diversification and job creation that would help to address poverty and income inequality.

INVESTING IN HEALTH

Making a case for investing in health: UNDP and partners work with countries to produce investment cases which provide analyses and guidance on how government investment in health can save more lives and money. In 2019-2020, through the Global Joint Programme on Activating National Responses to NCDs, UNDP, WHO, the WHO FCTC Secretariat and other partners supported 34 countries in developing national investment cases on noncommunicable diseases (NCDs) and/or tobacco control. Additionally, UNDP supported five countries on developing investment cases on mental health. The work has led to strengthened laws and policies and better coherence and collaboration across sectors. For example, Armenia passed a new tobacco control act. Barbados put in place an excise tax on sugar-sweetened beverages. Cambodia accepted the recommendation to increase tobacco taxes to 75 percent of retail price. Jordan created a government task force to work on implementing investment case recommendations on tobacco control. Mongolia initiated a two-year campaign to reduce sodium in local food production.

Given the syndemics of NCDs and COVID-19, UNDP, WHO and the UN Interagency Task Force on the Prevention and Control of NCDs developed policy guidance on addressing NCDs as an integral part of the COVID-19 response and recovery.
Building Resilient And Sustainable Systems For Health
The health of the planet and the health of people are bound tightly together: environmental hazards influence over 80 percent of communicable and non-communicable diseases worldwide. The climate crisis, pollution and other environmental risk factors account for almost a quarter of all deaths worldwide. Between 2030 and 2050, climate change is expected to cause an additional 250,000 deaths a year from malnutrition, malaria, diarrhoea and heat stress. UNDP recognizes that action to prevent and mitigate the impact of the climate crisis and other environmental hazards is critical to achieving sustainable development and ensuring the health of the planet and its inhabitants.

COVID-19 has highlighted the fragility of health systems and the real dangers of humankind’s rapid encroachment on the natural world and the high price for tolerating inequalities. It has exposed and exacerbated the weaknesses in institutions, systems and governance for health, including limited national capacity to deliver health and other basic services; lack of inclusive processes and civic engagement; inadequate legal, policy and regulatory frameworks for health and fragile health and social systems that are insufficiently resilient to withstand shocks such as pandemics and humanitarian crises and emergencies. Such events have the potential to significantly reverse health, economic and other development gains. By providing programme support services, promoting inclusive social protection and paying due attention to the environment, UNDP helps countries prevent and mitigate these risks and develop resilient and sustainable systems to address health and other development challenges.

**UNDP-GLOBAL FUND PARTNERSHIP**

UNDP partners with the Global Fund to respond to HIV, tuberculosis and malaria in some of the most challenging contexts.

In 2020, UNDP managed 31 Global Fund grants as interim Principal Recipient in 19 countries and two regional programmes that cover an additional 12 countries. UNDP’s work in the partnership involves supporting governments to implement large-scale health programmes in challenging operating environments, making health 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 also strengthens the capacities of local organisations within countries so they can successfully take over full management and responsibility of the grants. Since 2003, UNDP has transitioned out of 31 countries and three regional grants covering 25 countries.

UNDP’s work on systems for health contributes to SDG 3 on health and well-being, as well as targets under SDG 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. And that means healthier lives for all.
In 2020, UNDP managed 31 Global Fund grants as interim Principal Recipient in 19 countries and two regional programmes covering an additional 12 countries.

4.5 million lives saved

1.4 million people receiving HIV treatment

56 million people received counselling and testing for HIV

967,000 pregnant women received antiretrovirals to prevent mother to child transmission of HIV

88.5 million cases of malaria treated

77.4 million bed nets distributed to protect families from malaria

951,000 cases of tuberculosis successfully treated

23,500 people treated for multi-drug-resistant tuberculosis
The COVID-19 pandemic caused substantial disruptions in essential health services in ninety percent of the 105 countries surveyed by WHO, with LMICs reporting the greatest difficulties. UNDP, in partnership with the Global Fund, is leveraging its strong relationships with governments, national partners, the UN family and communities to step up its support to HIV, tuberculosis and malaria responses, ensure that essential health services are still available and strengthen health systems.

Since the start of the COVID-19 pandemic, the Global Fund has introduced various flexibilities and funding streams to support the response, making up to $1 billion available. To date, UNDP has helped countries to reprogramme $8.4 million from existing grants in 10 countries and access $35.1 million in additional funding through the COVID-19 Response Mechanism to be channelled through existing grants in 16 countries. UNDP also supported procurement of essential health products, equipment and supplies in support of country responses to COVID-19 for a total of $190 million. The additional funding has enabled UNDP to support COVID-19 responses, ensure the continuity of essential services and provide critical support to communities.

**Strengthening COVID-19 health responses:** in Afghanistan, UNDP has strengthened the capacity of the Central Public Health Laboratory in Kabul and is working with the Ministry of Public Health, WHO and other partners to roll out specialized testing, scaling up emergency response services and improve data management. In Kyrgyzstan, the UNDP-Global Fund partnership has helped deliver essential personal protective equipment and medical supplies to frontline doctors and nurses, including 90,000 masks and 2,000 respirators.

**Adapting digital solutions for HIV, tuberculosis and malaria to COVID-19:** In Burundi, Djibouti and Guinea-Bissau, the UNDP-Global Fund partnership in collaboration with governments have pioneered a new mobile technology initiative which introduced real-time monitoring using mobile tablets to digitize HIV, tuberculosis and malaria data to map, track, prevent and treat health outbreaks in real-time. These district health information systems have now been expanded to include COVID-19 data.

**Overcoming logistical challenges to ensure continued HIV and tuberculosis services:** Many of the medication and laboratory supply deliveries to Sudan’s states are handled by private operators. Fuel shortages, inflation and movement restrictions meant transport costs increased significantly and reliability plummeted for the few companies still operating. Working with Sudan’s Federal Ministry of Health and the National Medical Supplies Fund, UNDP developed the following solution: providing a five-month supply of medication and laboratory supplies to in-need areas of Sudan using an interstate fleet of permitted WFP trucks for distribution. This ensured essential HIV and tuberculosis supplies continued to reach Sudan’s eight most in-need states.

**HEALTH SYSTEMS STRENGTHENING**

**Monitoring tuberculosis treatment adherence via video:** The national tuberculosis programme in Moldova, in partnership with UNDP, is scaling up a mobile application which allows tuberculosis patients to video record themselves taking medicines at a time of the day and location convenient for them. This approach has almost doubled the level of treatment adherence compared to directly observed treatment (DOT), by reducing the enormous time- and cost-related burden associated with DOT and supporting case management.
Improving health information systems in the Pacific Islands: With support from UNDP, nine Pacific Island countries are better able to capture data on populations disproportionately affected by HIV. Better data is critical for better service delivery. In these countries, routine health registration forms will now ask patients to share basic behavioural information. For the first time, this data will be consistently captured and made available across nine Pacific countries, including the Cook Islands, Federated States of Micronesia, Kiribati, Marshall Islands, Palau, Samoa, Tonga, Tuvalu and Vanuatu.

Putting in place systems for managing large-scale health programmes: In Indonesia, the Ministry of Health has received more than $200 million in grants from the Global Fund to strengthen the country’s health system. The Ministry of Health called on UNDP for its technical support in administering the grants. UNDP helped put in place a financial management system and related policy guidelines, contributing to more efficient absorption and use of resources toward programme outcomes.

Securing affordable medicines: Chronic hepatitis C virus infection may lead to as many as 400,000 deaths per year. In many countries, the course of treatment can cost tens of thousands of dollars per person, fuelling black markets with medicines of dubious quality. UNDP has facilitated access to lower cost quality assured medication for the full course of treatment. To date, UNDP has delivered $2.6 million worth of hepatitis C medicines to Azerbaijan, Kazakhstan and Ukraine reaching more than 25,000 patients. In 2019, UNDP expanded its efforts to support health ministries in Bangladesh, Nepal, Timor Leste and Turkmenistan. UNDP is working to expand this support even further and a total of 97 more countries could benefit from this breakthrough agreement.

PLANETARY HEALTH

Integrating climate risks into health sector planning: The Building Resilience of Health Systems in Asian Least Developed Countries to Climate Change initiative, supported by UNDP and WHO with funding from GEF, is strengthening capacities in Bangladesh, Cambodia, Lao PDR, Myanmar, Nepal and Timor-Leste to integrate climate risks into health sector planning, improve surveillance and early warning systems and integrate health into the national adaptation planning processes, among others.

Connecting the youth, health and climate movements: In 2019, UNDP expanded its work at the intersection of health and environment. With WHO, the Stanley Foundation and the Wellcome Trust and in partnership with civil society, UNDP organised “Temperature Check,” a convening to build a global youth movement linking health and climate action.

Integrated solutions for health and environment: UNDP and the Bridge Collaborative published the “Bigger Change Faster” report on the most impactful integrated solutions for addressing some of the toughest development, health and environmental challenges. With support from the European Commission and UNDP, Ethiopia, India and Mongolia are aiming to address pollution as a key environmental determinant of NCDs and as part of broader efforts to respond to degrading environments and the changing climate.
**Reducing the environmental and climate footprint of the health sector:**
If the health sector were a country, it would be the fifth-largest greenhouse gas emitter on the planet. UNDP is working with Health Care Without Harm to reduce the environmental footprint of the health sector to reduce greenhouse gasses, resource depletion and chemical pollution. The Sustainable Health in Procurement Project (SHiPP), supported by the government of Sweden, has been working with 10 countries to strengthen sustainability in health sector policies and practices. In Viet Nam, SHiPP is working with the government on a policy to eliminate plastics from the health sector. The Southern Africa Development Community (SADC) established sustainable procurement guidelines and signed a contract with the Medical Stores Department of the Tanzania Ministry of Health for pooled procurement services for the 16 SADC countries. Ukraine integrated environmental and social dimensions to the health care value chain ensuring adoption and application of international procurement practices in national processes.

**Reducing medical waste during COVID-19:** The COVID-19 crisis has resulted in a substantial increase in medical waste. UNDP and Engineers without Borders have been supporting Ghana, Jordan, Kyrgyzstan, Panama, Serbia, Sudan and Zimbabwe to conduct rapid assessments of healthcare waste systems and related legal and policy frameworks. This was done in close collaboration with national and local government ministries, environmental management agencies, healthcare facilities, civil society and the private sector. The results are being used to develop national roadmaps and support broader programming in line with Global Fund and Global Environment Facility (GEF) grants, sustainable health in procurement programmes and COVID-19 response programmes.

**Renewable energy in the health sector:** Energy for households and health centres is critical. Yet 840 million people do not have electricity, 570 million of them live in sub-Saharan Africa, where one in four clinics has no energy at all, and 28 percent don’t have consistent access. UNDP’s Solar for Health initiative has supported 11 countries to increase access to quality health services through the installation of solar energy photovoltaic systems in over 900 health centres and storage facilities. Solar power systems are facilitating reliable and resilient health services, while mitigating the impact of climate change, even in some of the most challenging contexts. Clean energy can also address some of the health risks that might make people more vulnerable to respiratory diseases such as COVID-19, by reducing exposure to smoke from open fire or stoves, powering water pumps, and making social distancing policies viable by powering the technologies that help people to stay in touch with each other, receive information, engage in online education, and work from home. For example, in Yemen, 55 hospitals, powered by solar, are providing vaccines and other medicines, schools are able to continue, and small businesses can run late into the night. In 2020, solar power systems were installed in 150 health centres in 23 mostly rural areas in Chad with a focus on pre- and antenatal care for women and medication storage, but also to help them respond adequately to public health issues such as malaria and COVID-19. In Zimbabwe, which faced intermittent electricity supply and power cuts lasting up to 18 hours a day at health facilities, solar power systems are now installed in 405 institutions across the country to ensure uninterrupted power. UNDP is scaling the initiative in Liberia, Malawi, Namibia, Zambia, and Zimbabwe.