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United Nations Development Programme (UNDP)

2022-2023 Organizational report

the 1990s, the number of people with diabetes has increased in all industrialized countries, and this increase is expected to continue in the future.

Diabetes is a chronic disease, and the long-term complications of diabetes are a major cause of morbidity and mortality. The most common long-term complications of diabetes are cardiovascular disease, nephropathy, retinopathy, and neuropathy. The prevalence of these complications increases with the duration of diabetes and the degree of glycaemic control.

The aim of this review is to discuss the pathogenesis of the long-term complications of diabetes and to review the current management strategies to prevent or delay the onset of these complications. The review is divided into four sections: cardiovascular disease, nephropathy, retinopathy, and neuropathy.

Cardiovascular disease is the most common cause of morbidity and mortality in people with diabetes. The prevalence of cardiovascular disease is higher in people with diabetes than in people without diabetes.

The pathogenesis of cardiovascular disease in diabetes is complex and involves both metabolic and non-metabolic factors. The metabolic factors include hyperglycaemia, hyperlipidaemia, and hypertension. The non-metabolic factors include insulin resistance, obesity, and chronic inflammation.

Hyperglycaemia is thought to contribute to the development of cardiovascular disease through the formation of advanced glycation end products (AGEs). AGEs are formed when glucose reacts with proteins, and they have been shown to promote atherosclerosis and to increase the risk of cardiovascular disease.

Hyperlipidaemia is also thought to contribute to the development of cardiovascular disease. People with diabetes have a higher prevalence of hyperlipidaemia than people without diabetes, and this is thought to be due to insulin resistance and obesity.

Hypertension is another common complication of diabetes, and it is thought to contribute to the development of cardiovascular disease. The pathogenesis of hypertension in diabetes is complex and involves both metabolic and non-metabolic factors.

Insulin resistance and obesity are also thought to contribute to the development of cardiovascular disease. Insulin resistance is a common complication of diabetes, and it is thought to be due to a combination of genetic and environmental factors.

Chronic inflammation is another factor that is thought to contribute to the development of cardiovascular disease. People with diabetes have a higher prevalence of chronic inflammation than people without diabetes, and this is thought to be due to insulin resistance and obesity.

The current management strategies to prevent or delay the onset of cardiovascular disease in diabetes include glycaemic control, lipid control, and blood pressure control. These strategies have been shown to reduce the risk of cardiovascular disease in people with diabetes.

Nephropathy is a common complication of diabetes, and it is thought to be due to a combination of metabolic and non-metabolic factors. The metabolic factors include hyperglycaemia and hypertension. The non-metabolic factors include insulin resistance and chronic inflammation.

Hyperglycaemia is thought to contribute to the development of nephropathy through the formation of AGEs. AGEs have been shown to promote glomerular damage and to increase the risk of nephropathy.

United Nations Development Programme (UNDP)

HIV in UNDP's mandate

UNDP works in 170 countries and territories to help eradicate poverty, reduce inequalities and exclusion and build resilience. As the UN's development agency, UNDP plays a vital role helping countries achieve the SDGs and deliver on the pledge to leave no one behind. In 2022–2023, UNDP supported 150 countries on HIV and health.

Key UNDP strategy for HIV

UNDP's work in HIV and health is guided by the 2030 Agenda for Sustainable Development, the 2021 Political Declaration on HIV and AIDS, the 2021–2026 Global AIDS Strategy, the [UNDP Strategic Plan \(2022–2025\)](#), and the [UNDP HIV and Health Strategy \(2022–2025\)](#). The latter two documents commit UNDP to address the inequalities that drive pandemics; strengthen governance and systems for health to regain ground lost against HIV, TB and malaria due to the COVID-19 pandemic; and address emerging priorities such as noncommunicable diseases, mental health and pandemic preparedness. This includes supporting countries to include key populations in their HIV responses, promoting enabling legal and policy environments, and enhancing sustainable financing. UNDP's work on HIV and health also contributes to the organization's core mission of reducing poverty and inequalities, building resilience and helping to ensure that no one is left behind.

Top results in 2022-2023

Fifty-seven countries were supported through the UNDP-Global Fund partnership, saving 7.3 million lives since 2003. The partnership assisted governments in implementing large-scale health programmes, making health and community systems more resilient, and helping countries strengthen enabling legal and policy environments. UNDP is the interim principal recipient of Global Fund grants in challenging operating contexts and a technical/policy support provider to the Global Fund. Through this partnership, UNDP provided antiretroviral therapy to 1.68 million people, HIV counselling and testing to six million people, services to prevent vertical HIV transmission to 121 000 women, treatment for TB to 98 000 people, and support to Global Fund Country Coordinating Mechanisms in 16 countries in 2022–2023.

Enabling legal, policy and regulatory environments were supported for HIV and health. UNDP continued to work with partners in 97 countries to advance the recommendations of the independent Global Commission on HIV and the Law. This work contributed to the decriminalization of HIV transmission in Zimbabwe; the introduction of human rights-based drug legislation in Côte d'Ivoire; and the decriminalization of consensual sex between men in the Cook Islands, which was achieved together with the Global Fund, UNAIDS Secretariat, civil society and LGBTQI+ groups.

UNDP partnered with Parliamentarians for Global Action on a handbook for parliamentarians on advancing the human rights and inclusion of LGBTQI+ people. It also collaborated with

the HIV Policy Lab, UNAIDS Secretariat and GNP+ on a report examining global trends on the criminalization of same-sex sexual activity and its impact on HIV. UNDP, OHCHR, WHO, UNAIDS Secretariat and the University of Essex supported Brazil, Colombia and Ghana in advancing rights-based responses for people who use drugs. It also continued to support regional judges' fora in Africa, the Caribbean and eastern Europe. Judgments decriminalizing consensual same-sex sexual activity in Mauritius and Saint Kitts and Nevis were delivered by judges who had participated in these fora.

UNDP continued to support the integration of modules on HIV, human rights and law into judicial training institute curricula and it published a training resource on HIV, key populations and the law to facilitate judicial sensitization. As part of a partnership with the Asia Pacific Forum of National Human Rights Institutions, UNDP expanded its work with national human rights institutions on LGBTQI+ issues in several countries in Asia. It also advocated for open and safe civic space for HIV responses through publications and programmatic work at country level.

Support was provided for rights and access to key populations to services and community-led responses. UNDP supported 97 countries to work with and for key populations. The UNDP-led "SCALE: Removing barriers to HIV services" initiative awarded grants to 33 organizations led by people living with HIV and other key populations in 16 countries. In line with the 10–10–10 strategic targets, organizations are countering discriminatory laws, policies and practices and HIV-related criminalization, all of which hinder access to HIV services. The grants also advance the work on strengthening key population leadership, expanding partnerships and increasing solidarity among communities. Through the UNDP-Global Fund partnership, UNDP has worked with local partners to provide HIV services to 1.85 million members of key populations, including: 537 000 gay men and other men who have sex with men, 42 000 transgender people, 440 000 sex workers, 173 000 people who use drugs, and 663 000 people in prison.

LGBTQI+ rights and inclusion were advanced. UNDP worked with governments, UN partners, academia, private sector and civil society partners in 84 countries on LGBTQI+ rights and inclusion, including on countering homophobic and transphobic bills and attempts to limit the rights and access of LGBTQI+ people to services. UNDP and the GALCK+ coalition of LGBTQI+ organizations in Kenya cosponsored a South-South learning meeting on the anti-LGBTQI+ pushback for civil society, government and UN partners from Ghana, Kenya, Liberia, Nigeria, Uganda, Zambia and Zimbabwe to share strategies and lessons, create new alliances across sectors, and develop action plans. A webinar on the same topic was organized to reach a broader group of African stakeholders.

UNDP also partnered with the international development organization HIVOS to facilitate South-South collaboration on LGBTQI+ inclusion and human rights in sub-Saharan Africa. Following the 2022 pilot of the LGBTQI+ Inclusion Index, Georgia and Viet Nam are facilitating dialogues to improve the rights of LGBTQI+ people. Ecuador completed its own Index pilot in 2023, while Panama, UNDP, the UNAIDS Secretariat and OHCHR supported the creation of an LGBTQI+ rights observatory in the national Ombudsperson's Office to monitor rights violations against LGBTQI+ persons.

Gender equality and service access for women and girls were advanced. UNDP supported 69 countries to address gender equality and gender-based violence. It assisted the Central African Republic in revising its Family Code, the country's key legislation on

gender equality. In China, UNDP convened a series of meetings with youth leadership on gender and health for LGBTQI+ youth and people living with HIV to advocate for HIV, mental health, transgender health and gender-based violence services. It helped launch Liberia's national gender-based violence accountability framework and supported the Ministry of Health to remove the barriers women face when accessing HIV, TB and gender-based violence services.

In South Sudan, UNDP worked with UNFPA and community organizations to deliver community-based HIV prevention services that include addressing sexual and gender-based violence for sex workers. In Sudan, UNDP partnered to build the capacity of civil society organizations to work on gender-based violence and it supported the development of a national action plan as well as improved access to shelters, helplines and other support services. UNDP supported the NAWARA Women's network, which is active in nine countries in the Middle East and North Africa, to develop their strategic plan, a donor landscape review and a scoping of resource mobilization opportunities. In Kazakhstan, UNDP supported the Union of People Living with HIV to develop its strategic plan for 2023–2027 and build the capacity of women living with HIV and nongovernmental organizations (NGOs) for preventing gender-based violence.

Access to medicines and other health technologies was enabled. UNDP supports countries to increase access to PrEP. In Pakistan, with support from the Global Fund, UNDP partnered with local community-based organizations, government, the UNAIDS Secretariat and WHO to launch PrEP delivery through networks of peer outreach workers and drop-in centres. In Colombia, it assisted the Government in introducing a digital solution to scale up PrEP: the [PrEP-Colombia.org platform](https://www.prEP-Colombia.org). Combined with training on combination prevention strategies, this mechanism reached more than 20 300 people. UNDP published a working paper titled "A competition law approach to promoting access to insulin" in response to evidence that people living with HIV are more likely to have type 2 diabetes than people without HIV. It partnered with the governments of Malawi, Kazakhstan and the United Republic of Tanzania to support national legislation and policy reform to increase access to medicines, opportunities for domestic production and technology transfer.

Efficiencies in HIV responses were promoted. Commissioning NGOs to deliver HIV and health services via social contracting arrangements can be an effective way for countries to support community-led responses. UNDP developed a model for assessing the social returns on investment from social contracting and used it to develop guidance on contracting NGOs to provide services for key populations and vulnerable groups. It supported Algeria, Kazakhstan, Kyrgyzstan, Moldova, Morocco, Tajikistan, Tunisia and Ukraine to develop social contracting guidelines and organized South-South exchanges between the countries to share lessons.

Digital inclusion approaches were integrated in health systems. UNDP supported 88 countries on digital inclusion in the health sector. This included the launch of its Digital Health for Development Hub as a "one-stop-shop" for technical and advisory support to help identify and implement appropriate digital health solutions. UNDP is using digital technologies to provide training and clinical support to front-line health personnel who provide care for people living with HIV in 11 countries in the Pacific. In Indonesia, UNDP and the Global Fund are supporting the digitization of the HIV, TB and malaria drugs supply chain system through "Sistem Monitoring Imunisasi Logistik secara Elektronik" (SMILE), an

innovative technological solution that enables real-time visibility of stock supplies. The system will ensure regular availability of antiretroviral medicines to an estimated 500 000 people living with HIV in the country.

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