United Nations Development Programme (UNDP)

Unified Budget Results and Accountability Framework (UBRAF) 2016-2021

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Key strategies and approaches to integrate HIV into broader agency mandate

As the world’s blueprint for action to end extreme poverty, fight inequality and injustice, and protect the planet, the SDGs and the pledge to leave no one behind continue to drive all of UNDP’s work.

In 2020, UNDP supported 146 countries on HIV, health, and development issues, including collaborating with partners across the 2030 Agenda on integrated approaches in line with role envisaged by the United Nations Development System reform. HIV is integrated in UNDP’s six Signature Solutions work across sectors, digital transformation and in all three development settings—poverty eradication, structural transformation, and resilience in crisis.

During the COVID-19 pandemic, UNDP’s efforts focused on urgently delivering concrete results on the ground—helping governments, communities and systems for health to keep functioning, transferring cash, food and basic services to those in need, and protecting jobs and livelihoods, especially for the most marginalized—while also helping to create local and global conditions for countries to build forward better in line with Agenda 2030. UNDP’s Offer 2.0 ‘Beyond Recovery – Towards 2030’ is designed to help decision-makers make choices and manage complexity and uncertainty in four main areas: governance, social protection, green economy, and digital disruption. It encompasses UNDP’s role in technically leading the UN’s socioeconomic response and supporting our COVID-19 health-response work under the leadership of WHO.

Contributing to progress towards the Sustainable Development Goals (SDGs)

In line with its integrator role, UNDP focuses on all SDGs and the pledge to leave no one behind, including the HIV and health-related goals and targets.

In 2020, UNDP managed 31 Global Fund grants as interim Principal Recipient in 19 countries and two regional programmes covering 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 and community systems more resilient and helping countries strengthen laws and policies to make sure that healthcare reaches the people who need it most so that no one is left behind.

UNDP strengthens the capacities of local organizations within countries so they can successfully take over full management and responsibility of grants. In addition to the role of
Principal Recipient, UNDP managed Global Fund resources for Country Coordinating Mechanisms in 16 countries at a total of US$ 4 million in signed agreements.

Through its partnership with the Global Fund, UNDP has saved an estimated 4.5 million lives, and in support of national partners, UNDP is currently providing 1.4 million people with ART. Other key achievements in 2020 include supporting HIV counselling and testing for 5 million people (including key populations in 25 countries), ART to prevent vertical transmission for 84 000 pregnant women, and successfully treating 32 500 cases of TB.

**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 to improving support for gender-based violence survivors. For example, with support from UNDP and other UN partners, Eswatini passed a comprehensive law on sexual offenses and domestic violence. In the Maldives, UNDP and the Ministry of Gender, Family and Social Services have set up a call centre to provide uninterrupted services and support to victims of domestic violence and gender-based violence, persons with disabilities, the elderly and people dealing with mental health issues. Through the UNDP–Global Fund partnership, peer educators reached over 90 000 young women with HIV prevention services in Angola. UNDP also supported the creation of the Network of Vulnerable Women in the Middle East and North Africa.

UNDP and UNFPA participated in the "Spotlight" initiative—a global partnership between the European Union (EU) and the UN to eliminate all forms of violence against women and girls by 2030. The initiative helped 17 countries establish frameworks to prevent and respond to sexual and gender-based violence. UNDP developed tools such as a gender checklist to support the integration of gender-responsive components into HIV programmes supported by the Global Fund.

UNDP, UNICEF, UNFPA, the UN Entity for Gender Equality and the Empowerment of Women (UN Women) and WHO collaborated with the UN University International Institute for Global Health on a study drawing from the work of the agencies, to understand what has worked in efforts to address gender disparity in health. A programme of work was developed, with four priority areas: (a) developing an action and research agenda for gender mainstreaming; (b) building the evidence base of what works in gender and health, why, and how it can be applied to other areas or contexts; (c) generating new evidence in emerging areas, and (d) investing in gender expertise, data and independent, transparent accountability mechanisms. A gender and health hub has been established to take this work forward.
Key populations and LGBTI+ inclusion

In 2020, UNDP supported 78 countries to advance access to HIV services for key populations, including through the UNDP Global Fund partnership. Under Global Fund programmes, UNDP supported countries in reaching key populations with tailored combination prevention packages, including 162,000 people who use drugs reached in five countries; 352,500 gay men and other men who have sex with men reached in 22 countries; 272,600 sex workers reached in 22 countries; and 5,900 transgender people reached in 13 countries.

In July 2020, the Economic Community of West African States (ECOWAS) launched a regional strategy on HIV, TB and SRHR for key populations in the region that was developed with the support from UNDP, UNAIDS Secretariat, WHO and members of the Africa Key Populations Expert Group which has been supported by UNDP for over five years. The strategy aims to better consider key populations in the response to HIV in the ECOWAS region, including by strengthening strategic information, health systems and community services and addressing stigma and discrimination.

UNDP engaged in supporting data collection to assess the needs of key populations and improve access to prevention services, for instance in Kazakhstan, Kyrgyzstan, Uzbekistan, through young key populations micro-narratives in partnership with UNFPA and civil society in Georgia, through digital data collection to improve access to pre-exposure prophylaxis (PrEP) in Colombia, and at the regional levels, through a regional survey in Latin America and the Caribbean, and partnerships with AMShER in Africa, the Interagency Task Team on young key populations in Asia and the Pacific (in partnership with UNICEF and UNAIDS Secretariat), and the Eurasian Key Populations Health Network with a focus on trans health.

UNDP in coordination with UNFPA, UNODC, UNESCO, UNICEF, UN Women, WHO and the UNAIDS Secretariat organized a global focus group discussion on adolescent and young key populations to provide input to the new Global AIDS Strategy. UNDP also organized discussions on the opportunities and threats of digital technologies for young key populations at AIDS 2020 and the 2020 High-Level Political Forum on Sustainable Development.

UNDP has found that regional programming can be particularly powerful as a tool for LGBTI+ inclusion, facilitating learning across countries—with an emphasis on supporting and promoting good practice. In 72 countries, UNDP has been partnering with governments, LGBTI+ people, civil society, private sector and academia in combating violence and discrimination against LGBTI+ people and promoting equality and inclusive development. All regional UNDP LGBTI+ programmes have health components. Through Being LGBTI in Asia and the Pacific, UNDP successfully contributed to law reform and the development of transgender welfare policies in India, Pakistan and Thailand, as well as in the reform of
gender identity law in Thailand. More than 400 human rights defenders have benefitted from capacity building sessions implemented through Being LGBTI in the Caribbean.¹

In 2020, UNDP expanded its LGBTI+ work in the African region, launching the Inclusive Governance Initiative, designed to support countries in the region to become increasingly accountable to, and inclusive of, their entire populations, including sexual and gender minorities. This, in turn, will contribute to better laws and more responsive public sector services, including advancing health and social norms that affirm rights and inclusion for all. The initiative is based on African values of dignity, fairness, acceptance of diversity, and respect for privacy, underpinned by the concept of Ubuntu.

**Human rights**

UNDP supported governments, civil society, and UN partners in 89 countries in reforming discriminatory laws and policies on HIV, TB and broader health issues that perpetuate exclusion and marginalization and contribute to poor health outcomes. In Belarus, for example, the Government created a working group to propose legislative changes related to HIV criminalization, and in Sudan, a punitive “public order law” was repealed. This work has contributed to the repeal of a law criminalizing unintentional transmission of HIV in Mozambique, decriminalization of consensual same-sex conduct in the Seychelles, an amendment of the health regulations on in vitro fertilization in Moldova to ensure access of women living with HIV to this procedure, and the inclusion of the recommendations of the UNDP-led legal environment assessment in the revised National Strategic Plan and their prioritization in the Global Fund approved grant in Somalia.

In 2020, UNDP continued to support sensitization of judges and judicial officers on HIV, TB, human rights and the law. Building on the experience of the Africa Judges Forum supported by UNDP, the Judges’ Forum for Eastern Europe and Central Asia was convened by UNDP in collaboration with the Supreme Court of Tajikistan and brought together over 100 participants. As a direct result, courts in Tajikistan and Ukraine have institutionalized national judges’ fora to strengthening the rule of law and protecting the rights of key populations, people living with HIV and people affected by TB. UNDP also developed the first ever regional compendium of HIV-related cases.

UNDP, in partnership with Office of the High Commissioner for Human Rights (OHCHR), supported various national human rights institutions to continue implementing their mandates of monitoring and addressing human rights violations during the COVID-19 pandemic. Countries supported included Nepal, Sierra Leone and Zimbabwe.

¹ Barbados, the Dominican Republic, Grenada, Guyana, Haiti, Jamaica and St. Lucia.
UNDP, in collaboration with the Secretariat and other Cosponsors, provided policy and programme support to the implementation of the Global Fund strategy objective on removing human rights barriers, including support to the Global Fund 20-country Breaking Down Barriers initiative. This was done by supporting country-led Legal Environment Assessments of laws and policies related to HIV and TB, audits, national dialogues, research, ongoing monitoring, and policy papers and guidance notes for rights-based HIV and TB programmes.

The co-conveners of the Global Partnership to eliminate all forms of HIV-related stigma and discrimination, working with civil society, supported stakeholders to apply lessons from the HIV response to efforts addressing the COVID-19 pandemic and to ensure that such responses do not adversely affect people living with HIV and key populations.

**Investments and efficiencies**

Through the SDG 3 Global Action Plan for healthy lives and well-being for all, UNDP better positioned itself and other global health organizations to fund and efficiently implement their HIV response. UNDP is co-leading the plan’s accelerator on determinants of health with UN Women and participating in the Equity Cluster and sustainable financing accelerator. UNDP has advanced partnerships and defined programmatic support on health taxes, defined focus areas of support for gender, inclusion and rights, including in relation to COVID-19 vaccine equity. Analysis of determinants of health has also been advanced in national socioeconomic responses, as have recovery plans to strengthen COVID-19 response and recovery efforts—including through innovative health financing strategies.

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. Prior to the COVID-19 pandemic, research showed that corruption in the health sector causes global losses of over US$5 00 billion per year. The Organization for Economic Co-operation and Development estimates that up to US$ 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 in Health. The Alliance is working with governments and communities globally to institutionalize appropriate anticorruption mechanisms in the COVID-19 health response.
Contribution to the COVID-19 response

The swiftness and scale of its response to COVID-19 demonstrated UNDP’s agility. By providing digital support, UNDP helped the governments of 82 countries to keep functioning remotely. It mobilized or repurposed nearly US$1 billion to assist partners in over 140 countries and territories and leveraged its Global Fund partnership, its crisis management expertise, and its strong ties with local governments and community-level organizations to get help where it was most needed.

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 US$ 1 billion available. At the end of 2020, UNDP, together with other agencies, helped countries reprogramme US$ 8.4 million from existing grants in 10 countries and access US$ 35.1 million in additional funding through the COVID-19 Response Mechanism to be channelled through existing grants in 16 countries. UNDP also supported the procurement of essential health products, equipment and supplies in support of country responses to COVID-19 for a total of US$ 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 and the most vulnerable people.

UNDP is an active steering committee member of the COVID-19 Technology Access Pool, led by the WHO and the Government of Costa Rica, and co-sponsored by over 40 countries. UNDP and WHO partnered with the United Nations Technology Bank, and the United Nations Conference on Trade and Development on the Tech Access Partnership to increase local production of essential health technologies, like masks and ventilators, in low- and middle-income countries.

There are many examples highlighting UNDP’s work with partners to minimize COVID-19-related disruptions and ensure continuity of HIV testing and treatment services at country level.

- In Djibouti, working with community-led organizations and volunteers to deliver treatment at home for patients unable to leave their homes.

- In Sudan, working with WFP and the Ministry of Health to provide larger stocks of ARVs and laboratory supplies to certain hard to reach areas in anticipation of disruptions to national supply chains and transportation. Using WFP trucks, 17 containers of HIV and TB medicines and laboratory supplies were delivered to provide five-months of supplies to Sudan’s eight most in-need states: Kassala, Gedarif, South, North and West Kordofan, Blue Nile, Sennar and East Darfur.
• In Egypt, using digital technology to conduct a survey among people living with HIV to assess stigma in health-care settings and the socioeconomic impact of COVID-19. The assessment is part of a regional exercise to shed light on special vulnerabilities among key populations and people living with HIV.

• In Kyrgyzstan, opening of shelters for people living with HIV and key populations to ensure social support as well as a continuation of treatment in collaboration with UNAIDS Secretariat.

• Providing networks of people living with HIV with IT equipment and dedicated resources for legal support to report human rights violations (Djibouti); creating an online platform to report rights violations (Kyrgyzstan).

• Deploying mobile clinics and teams of doctors and peers to bring services to clients, including medicines, testing and food support (Kyrgyzstan and Iran).

• Further strengthening of diagnostic capacity of countries at central and regional level, which also proved critical in the COVID-19 response.

UNDP addressed the challenges of COVID-19 by supporting the adaptation of service delivery—for example, new and mobile testing points, digital tools and home tests in countries, including Cuba, Iran, Kyrgyzstan, Uzbekistan; provided safe spaces for accessing prevention for gay and other men who have sex with men and trans people in challenging operational environments; training and education of service delivery personnel on COVID-19 safety protocols and distribution of personal protective equipment among key population users of prevention services. UNDP also partnered with the UNAIDS Secretariat in ensuring that in the Dominican Republic, Guyana and Haiti COVID-19 relief actions include LGBTI+ communities and supported studies on COVID-19 on LGBTI+ persons in Barbados, Grenada, the Dominican Republic, Guyana, and St. Lucia.

In July 2020, leveraging their HIV experience, UNDP, WHO, UNAIDS Secretariat and the O’Neill Institute for National and Global Health Law at Georgetown University launched the COVID-19 Law Lab. This initiative gathers and shares law and policy documents from over 190 countries to support the establishment and implementation of 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.
Knowledge products

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<th>Overview</th>
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<tr>
<td>Making the Law Work for Women and Girls in the Context of HIV.</td>
<td>This publication proposes steps which governments, civil society, UN entities and other stakeholders can take to make the law work for women and girls’ empowerment and gender equality in the context of HIV.</td>
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<td>COVID 19 and health system vulnerabilities in the poorest developing countries.</td>
<td>This brief sketches the possible dimensions of the COVID-19 pandemic crisis and the challenges it represents to the health and socioeconomic response.</td>
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Responding to noncommunicable diseases during and beyond the COVID-19 pandemic. This brief provides guidance for governments, policymakers, UN agencies and development partners to address noncommunicable diseases (NCDs) as an integral part of the COVID-19 response.


Responding to the COVID-19 Pandemic: Leaving No Country Behind. This report highlights that in addition to the risk of leaving behind vulnerable groups within countries, vulnerable countries, too, face the risk of being left behind.