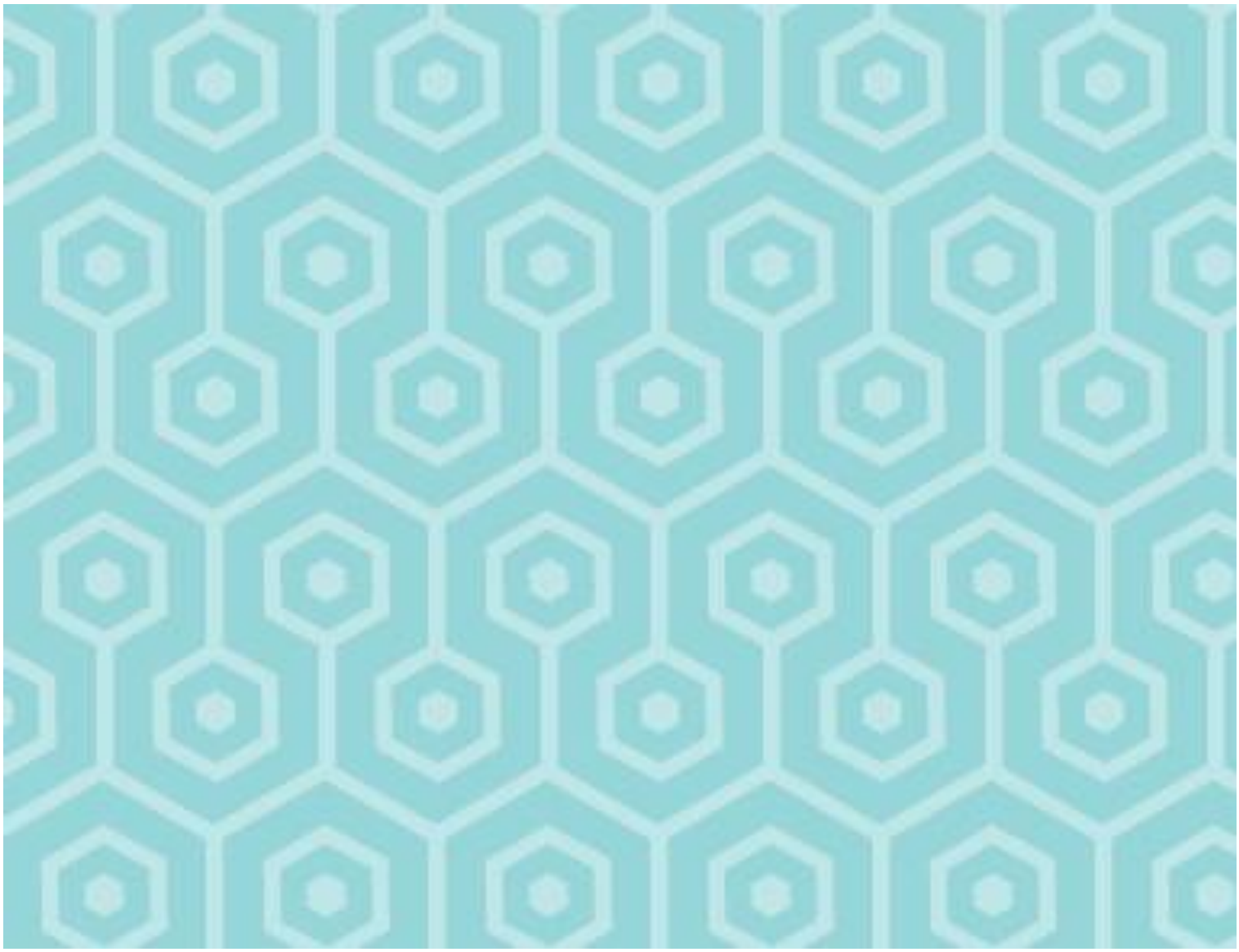
United Nations Development Programme (UNDP)

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



Contents

Achievements

Introduction

The UNDP is the United Nation's global development network, advocating for change and connecting countries to knowledge, experience and resources to build better lives. It is on the ground in 177 countries and territories, working with governments and people on their own solutions to global and national development challenges. As these countries and territories strengthen local capacity, they draw on the UNDP and its partners to bring about results.

UNDP is a founding Cosponsor of UNAIDS, a partner of the Global Fund and a cosponsor of several other international health partnerships. As the lead on human rights and law in the Joint Programme, UNDP's work on HIV and health leverages the organization's core strengths and mandates in governance, and human and capacity development to complement the efforts of specialist health-focused UN agencies.

HIV testing and treatment

At the end of 2016, UNDP was managing 38 Global Fund grants, covering 21 countries, and 4 regional programmes, covering 29 countries. UNDP plays a unique role in the partnership with the Global Fund, supporting programme implementation on an interim basis in a select number of countries that are facing serious capacity constraints, complex emergencies, donor sanctions or other difficulties. The Global Fund resources that are managed by UNDP reflected in the UBRAF are non-flexible and contribute to the achievements of UBRAF outputs at country level, as well as to outcomes and targets in the UNAIDS strategy.

The UNDP-Global Fund partnership has saved an estimated 2.5 million lives. Two million people living with HIV are receiving ART through UNDP-managed grants—equivalent to 1 in 6 people on HIV treatment in sub-Saharan Africa. In 2016, 3.5 million people took an HIV test and 714 000 pregnant women were receiving ARVs to prevent MTCT, a 12% increase since 2015.

UNDP continues to outperform all other implementers of Global Fund grants combined: 96% of UNDP grants are rated A1, A2 or B1 (i.e. they exceeded expectations, met expectations or were deemed adequate) by the Global Fund, with 70% rated A1 or A2 (compared with 38% of grants that receive those ratings for other implementers). UNDP's approach of combining operational strength, capacity development and policy expertise for large-scale health programmes is helping countries achieve SDG 3 and deliver development results.

Despite operating in fragile and conflict-affected contexts, UNDP continues to bring a combination of high performance, results and value for money to its partnership with the Global Fund. For example, UNDP achieved significant reductions in the prices of procured HIV medicines, bringing down the cost of the most common treatment combination to US$ 100 per patient per year in Equatorial Guinea, Haiti, Mali, South Sudan, Zambia and

Zimbabwe. This is saving US$ 25 million that can be used to bring ART to an additional 250 000 people.

UNDP works to strengthen the capacity of national counterparts to ensure efficient public health systems and quality services for all. UNDP-managed grants are implemented using national systems, including treatment protocols and quantification, warehousing and supply chain systems, treatment and prevention services, and national regulatory frameworks. By avoiding parallel structures, UNDP helps develop and sustain public health system capacity.

As the co-chair of the Global Fund's working group on challenging operating environments, and by building on experiences and lessons from implementation in fragile, crisis and post-crisis countries, UNDP was instrumental in advancing principles for tailoring Global Fund interventions. This was reflected in a new policy on challenging operating environments adopted in April 2016, which introduced flexibilities for streamlined access to funding, implementation and reporting.

In Africa, UNDP supported the African Union Model Law on Medical Product Regulation, which was adopted in 2016 to promote and protect public health. The law seeks to harmonize medicine regulation and share work among countries to ensure faster, more predictable and transparent approval for access to life-saving commodities.

In March 2016, UNDP, along with UNAIDS and the UN Economic and Social Commission for Asia and the Pacific (ESCAP), organized a regional consultation on access to affordable medicines, diagnostics and vaccines. Experts discussed initiatives to link health, industrial and trade policies, and their implications for medical technologies.

Through policy reform and targeted trainings, UNDP helped strengthen key population services in urban settings and municipal/city action plans in 5 urban entities in the DRC, Ouagadougou in Burkina Faso (with UNAIDS and the community support programme Programme d'Appui au Monde Associatif et Communautaire (PAMAC)), three urban entities in Mozambique, 19 in South Africa (as part of the Joint UN Team on HIV) and 3 in the United Republic of Tanzania (including Njombe, with transnational action research project AMICALL). Technical support was provided to finalize the Islamabad City HIV Act. At a global level, UNDP helped key population umbrella organizations and country missions participate in the Cities Ending the AIDS Epidemic initiative.

HIV prevention among young people

Building on the report of the Global Commission on HIV and the Law, UNDP partnered with the "All In" initiative led by UNICEF and UNAIDS to review age of consent laws in the 25 countries that contribute 80% of all new HIV infections among adolescents. The review is aimed at helping countries improve legal and policy environments for adolescents so that

laws are harmonized and reflect the evolving capacity, age and maturity of adolescents, irrespective of sexual orientation or gender identity.

HIV prevention among key populations

UNDP led and supported efforts to:

- decriminalize consensual same-sex activities in Seychelles, following a legal environment assessment;
- develop a HIV strategic framework for Zambia focusing on key populations and lesbian, gay, bisexual, transgender and intersex people (LGBTI);
- increase voluntary testing and work with key populations in the DRC, following legal changes and judicial decisions;
- add lubricants to national health commodities;
- adopt the national sex worker HIV plan in South Africa;
- start voluntary testing and counselling of most-at-risk adolescents without parental consent in three Asia Pacific countries;
- initiate opioid substitution treatment in prison policies and programmes in Malaysia and Viet Nam;
- adopt harm reduction policies in Cambodia and Thailand;
- reduce detentions of sex workers in China and Viet Nam;
- incorporate training at national levels in six Asia Pacific countries; and
- oppose bills with discriminatory provisions against men who have sex with men in Kazakhstan, Kyrgyzstan and Zambia, and bills against sex work in Kyrgyzstan and Tajikistan.

In Africa, UNDP continued to support the Africa Key Population Experts Group, which represents sex workers, gay and other men who have sex with men, people who use drugs, and transgender people. The model framework developed by the group has been adopted by regional bodies such as the East African Community and the Southern African Development Community to shape their strategies, and by key population organizations and other national level actors to inform the planning, implementation and monitoring of HIV programmes.

In Afghanistan, through a partnership with the Global Fund, UNDP helped provide HIV prevention services to populations who traditionally had limited access to health services. The programme reached more than 40 000 gay and other men who have sex with men, and transgender persons with STI diagnosis and treatment, and provided voluntary counselling

and testing to almost 10 000 people. UNDP advocacy led to those populations being included in national, integrated HIV bio-behavioural surveillance and the HIV strategy for the first time.

Gender inequality and gender-based violence

Gender equality and women's empowerment are key elements of the 2030 Agenda. UNDP strengthened action on gender-based violence and HIV, including through a regional initiative in Latin America and the Caribbean to gather evidence of discrimination against women and girls living with and affected by HIV.

In 20 countries, UNDP with WHO provided support to integrate and strengthen national policies for gender-based violence, the harmful use of alcohol and HIV. The collection of evidence on gender-based violence and HIV policy frameworks in Belarus, Botswana, Ghana, Malawi and Sierra Leone led to national policies being adopted or revised to reflect the issues' importance. Sierra Leone, Zambia and Zimbabwe have drafted national alcohol strategies that address the association between alcohol use, HIV transmission, HIV treatment and gender-based violence, while Belarus, Botswana, the DRC, Malawi and Zambia have integrated alcohol use into their Global Fund programmes.

UNDP provided technical inputs on key populations and gender to the Global Fund five-year strategy, as well as inputs to the drafting of key performance indicators. It developed two discussion papers on gender and malaria, and on gender and TB, respectively, each of which summarized the evidence base, described the ways in which gender impacts the risk and effects of malaria and TB (including those that intersect with HIV), and highlighted data and implementation gaps. The papers are intended to support practitioners, civil society and government partners to make an investment case for improved programming. UNDP also developed a toolkit for gender and human rights training, which was piloted in Namibia with the aim to roll it out in other countries.

As an interim Global Fund principal recipient, UNDP has supported countries to promote gender equality and empower women and girls. In South Sudan, where conflict regularly leads to displacement and where violence is rife, the UNDP-Global Fund partnership has supported programmes to train health workers to respond to gender-based violence, including referring survivors to services. With UNDP support, Côte d'Ivoire set up a gender desk in 11 police stations to improve prevention and response to gender-based violence. UNDP assessed violence against women and the law in 20 Middle East and North African countries to determine whether they aligned with international standards and were working in practice.

Human rights, stigma and discrimination

Several countries conducted legal environment assessments with UNDP support in 2016, including Angola, Botswana, Côte d'Ivoire, Senegal, Sierra Leone, Zambia and Zimbabwe. In

Burkina Faso, recommendations from the assessment were developed into a national action plan, which the UN Country Team will use for advocacy to amend the HIV-related law that continues to criminalize HIV transmission.

In Bhutan, a multistakeholder dialogue on HIV and the law, organized in partnership with the STI and HIV/AIDS Prevention and Control Programme, and a national legal environment assessment provided recommendations to remove barriers to the HIV response and gender equality. The dialogue and review are informing human rights and gender programming under the national Global Fund programme. In theh Lao People's Democratic Republic, a HIV and law dialogue and a legal review, in line with recommendations from the Global Fund concept note, helped to develop the new penal code. In Pakistan, technical support helped formulate the Islamabad Capital Territory HIV and AIDS Prevention, Treatment and Protection Act 2016, which was introduced to Parliament for review.

As part of its partnership with the Global Fund in South Asia, UNDP engaged with regional and national human rights institutions on a common action plan to promote and protect human rights for sexual orientation and gender identity. These institutions will report annually on the plan, developed with the Asia-Pacific Forum of National Human Rights Institutions and 17 human rights commissions, including five from South Asia (Afghanistan, Bangladesh, India, Nepal and Sri Lanka). Institutions in Bangladesh and Nepal established dedicated positions to address violations against key populations.

In 2016, UNDP collaborated with the International Development Law Organization to support civil society organizations that provide legal aid for people living with HIV and key affected populations. The result was the Middle East Network for Legal Aid, which will support networking and knowledge sharing between national civil society organizations, and build the capacity and quality of their services.

Following recommendations by the Global Commission on HIV "and the Law, the capacity of 14 district-level registrars of the Ghana Centre for Human Rights and Administrative Justice––the national human rights body—was strengthened.

In the DRC, the capacity of magistrates, lawyers, police, health workers and key population activists (sex workers, LGBTI people) in matters dealing with human rights, HIV and the law was strengthened. As a result of UNDP's work with the judiciary and magistracy, the country reported several judgements on the criminalization of voluntary HIV transmission at the local court of Kalamu, and high courts of Mbuji-Mayi (Kasai- Oriental province) and Goma (North Kivu province).

The "Time Has Come" package, developed by UNDP and WHO to reduce stigma and discrimination in health care settings, was included in national HIV training programmes in Bhutan, India, Indonesia, Nepal, Philippines and Timor-Leste. Through national training workshops and local-level follow-up trainings in 12 countries, almost 400 health care

providers were instructed in 2016. The rollout of the training was supported through the Multi-Country South Asia Global Fund HIV Programme and the ISEAN-Hivos Multi-Country HIV Programme.

Gender-based violence

With partners, UNFPA continued to roll out the essential services package for responding to gender-based violence and supporting victims through counselling, HIV/STI prophylaxis and testing services. An implementation toolkit was developed, with training in eastern Europe and the Middle East. Global mapping on gender-based violence was published, reviewing the extent of advocacy and policy guidelines, capacity development, knowledge management and service delivery. In Uganda, UNFPA supported social mobilization for preventing and responding to gender-based violence, reaching 2.5 million stakeholders and community members through the SASA! (anti-violence against women) approach, community activists, male action groups, peer educators, cultural and religious leaders and a media campaign.

UNFPA strengthened responses to Universal Periodic Review recommendations on gender and SRHR, ensuring protective systems for gender-based violence and protecting victims' rights. In Belarus, UNFPA supported a multisectoral task group to draft a comprehensive law to prevent domestic violence. In Haiti, UNFPA supported the Ministry of Women Affairs create a clearing house for gender-based violence related data.

UNFPA worked with civil society organizations in 47 countries to support programmes that engage men and boys on gender equality, and to promote SRHR. An online tool was published for engaging men and boys in SRH and family planning.

UNFPA provided technical inputs to mainstream gender equality in the new Global Fund strategic plan, ensuring a comprehensive approach to gender inequalities and reducing the vulnerability of women and girls to HIV. UNFPA also supported the inclusion of interventions to strengthen SRH services within Global Fund proposals, including those that aim to prevent and respond to gender-based violence.

HIV healthcare discrimination eliminated

UNFPA provided inputs to the United Nations Development Group (UNDG) Frontier Dialogue on ending HIV-related discrimination in health-care settings led by the UNAIDS Secretariat and WHO. The dialogue led to recommendations for UN agencies to work together to sensitize health-care providers and increase acceptance within health settings of people living with HIV and key populations.

UNFPA updated In Reach training materials to sensitize UN country teams to support and work with key populations at risk of HIV. Updates included normative guidance and adaptation for national level roll-out planned for 2017.

Efficiency and effectiveness of the HIV response

In 2016, a UNFPA-commissioned study on male condom use to prevent unwanted pregnancy and transmission of STIs, including HIV, examined the health impact of investment in condoms, scale-up costs and cost-effectiveness based on three scenarios for 81 countries during 2015–2030. An annual gap between current and desired use of 10.9 billion condoms was identified. The research found that meeting all demand for condom use would have a large health impact by preventing unintended pregnancy, HIV and other STIs: 90% condom use among high-risk groups over 15 years could avert 17 million HIV infections, 420 million unintended pregnancies and 700 million STIs.

Decentralization and integration

In 2016, UNFPA continued to provide technical and financial support to regions and countries to integrate and link policy, programmes, services and advocacy between SRH and HIV. The goal is to join SRH and HIV services or operational programmes to maximize collective outcomes. UNFPA expanded work with 10 eastern and southern African countries to provide integrated SRH, gender-based violence, HIV and STI services, including HIV test and treat referral.

UNFPA supported 13 countries compile infographic snapshots that detail SRH and HIV links through 150 indicators, nine of which have been endorsed thus far by countries. Another 25 snapshots are being drafted, mostly in sub-Saharan Africa.

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