

United Nations Development Programme (UNDP)

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



Contents

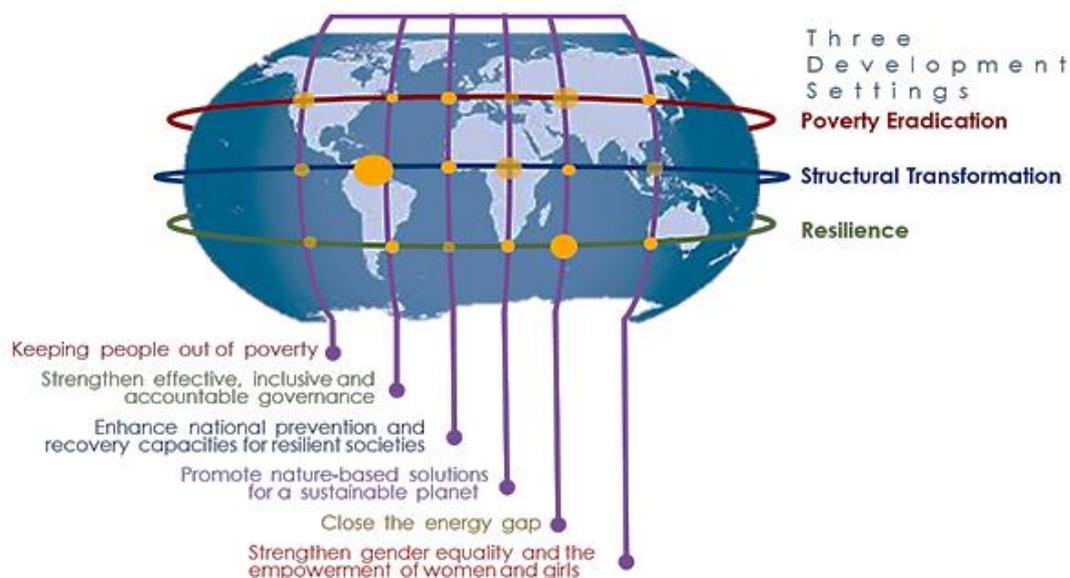
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Achievements

Introduction

UNDP's work in HIV and health is guided by the 2030 Agenda for Sustainable Development, the 2018-2021 UNDP Strategic Plan and the HIV, Health and Development Strategy Note 2016-2021: Connecting the Dots.

The 2018-2021 UNDP Strategic Plan describes how UNDP will deliver its support to programme countries to achieve the 2030 Agenda and the SDGs and related agreements. It will tailor support to specific contexts and needs, across the 170 countries and territories in which UNDP works.



The Strategic Plan is framed around the following components:

- Three broad linked development settings, or development outcomes.
- Six signature solutions that define UNDP's core work and cut across development settings.
- Two platforms, including a country support platform for the SDGs and a global development advisory and implementation services platform, which together serve as modes of delivery of integrated solutions.
- An improved business model that enables the delivery of the Strategic Plan.

The principles and strategic objectives of "leaving no one behind" and "reaching the furthest behind first" cut across the Strategic Plan and results framework. It includes ambitious targets

that aim to benefit the most marginalized and vulnerable groups, whether it is in the context of multi-dimensional poverty, access to basic health services, or vulnerabilities associated with demographics.

Health is a cross-cutting issue across the signature solutions and there is a specific Strategic Plan output which focuses on strengthening capacities at national and sub-national level to promote inclusive economic development and deliver basic services, including HIV and related services.

As a development agency, UNDP focuses on addressing the social, economic and environmental determinants of health, which are primarily responsible for health inequalities. An integrated team operating at global, regional and country levels undertake UNDP's work in HIV and other areas of health. The work falls within three inter-connected areas of action

Action areas and key priorities 2016–2021



<p>Action area 2 Promoting effective and inclusive governance for health</p>	<p>Action area 1 Reducing inequalities and social exclusion that drive HIV and poor health</p>
<p>Key priorities</p> <ul style="list-style-type: none"> 2.1 Enabling legal, policy and regulatory environments for HIV and health. 2.2 Strengthening governance to address NCDs and accelerate tobacco control. 2.3 Sustainable financing for HIV and health. 	<p>Key priorities</p> <ul style="list-style-type: none"> 1.1 Promoting gender equality and empowering women and girls. 1.2 Inclusion of key populations at risk of HIV and other excluded groups. 1.3 Urbanization, HIV and health.
	<p>Action area 3 Building resilient and sustainable systems for health</p> <p>Key priorities</p> <ul style="list-style-type: none"> 3.1 Implementation support and capacity development for large-scale health programmes. 3.2 Inclusive social protection. 3.3 Planetary health.

Highlights of the UNDP-Global Fund Partnership

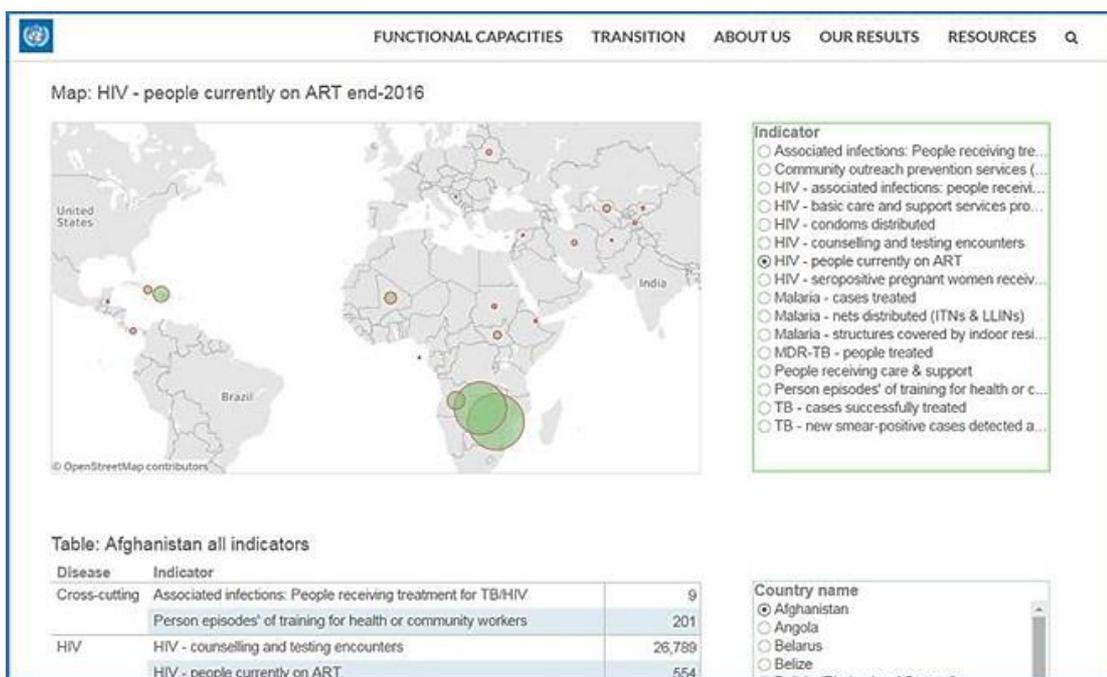
UNDP's partnership with the Global Fund has saved 3.1 million lives since the beginning of the partnership in 2003. In 2017, 2.2 million people were receiving HIV treatment. In 2016-2017, 13 million people received HIV counselling and testing, 210 000 pregnant women received HIV treatment to prevent mother-to-child-transmission of HIV, 180 000 people received treatment for STIs and 82 million condoms were distributed. In addition, during the biennium, UNDP-managed Global Fund grants reached 2.4 million people with behaviour change communication services and supported the training of 81 000 doctors, nurses and community health workers.

TB has now surpassed HIV as the world's deadliest infectious disease in all but the lowest income countries. In 2016-2017, the partnership between UNDP and the Global Fund has helped countries successfully detect and treat 100 000 new smear-positive TB cases, and treated 156 000 people for HIV/TB co-infections. Since the beginning of the partnership there has been a 50% decrease in TB-related deaths in eight countries (Tajikistan, Sao Tome and Principe, Turkmenistan, Syrian Arab Republic, Bosnia and Herzegovina, Haiti, Bolivia and Kyrgyzstan) where UNDP is managing or has managed grants.

Leveraging UNDP's partnership with the Global Fund, a growing number of countries are requesting UNDP's support for strengthening the resilience and sustainability of health systems. In 2017, this included 20 countries asking for support on procurement and supply management of medicines and other health products.

UNDP's partnership with the Global Fund is carried out with a wide range of partners, including other UNAIDS Cosponsors such as UNFPA, UNICEF, UNHCR, WFP, and WHO, as well as civil society and the private sector.

All of the data above including detail for each country can be viewed via an interactive dashboard and map at <http://www.undp-globalfund-capacitydevelopment.org/en/results/browse-portfolio-results/> (see screenshot). For a summary of these results and health outcomes for each country and the portfolio as a whole, see <http://www.undp-globalfund-capacitydevelopment.org/en/results/>



Key achievements by Strategy Result Area

Strategy Result Area 1: Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment

Mechanisms to ensure access to medicines and commodities strengthened

In November 2015, the United Nations Secretary General announced the appointment of a High-Level Panel on Access to Medicines. UNDP served as the Secretariat for the High-Level Panel, in collaboration with the UNAIDS Secretariat, developing a report with a simple and powerful message: no one should suffer because they cannot afford medicines, diagnostics or vaccines. The report has been welcomed by the Secretary General, several UN Member States and civil society groups and was included in a resolution of the UNGA in December 2016, as well as a 2016 resolution of the Human Rights Council. In 2017, UNDP, in close partnership with UN Member States, continued to support the organisation of side-events on the margins of various meetings in Geneva and New York. The side-events advanced advocacy on the need to rethink regulatory paradigms in the context of increasing access to medicines but also in the context of addressing emerging threats such as antimicrobial

resistance, future public health challenges, as well as the need to stimulate health technology innovation.

UNDP has been supporting countries to adapt their national laws and policies to ensure that only high-quality patents are granted. To this end, the UNDP developed guidelines for the examination of pharmaceutical patent applications. These guidelines are for countries to enhance the functioning and transparency of the patent system for timely and affordable access to lifesaving treatment. The guide was used to train at least 80 patent examiners from Vietnam in 2016.

UNDP has also supported countries in strengthening legal and policy environments and undertaking assessments, to improve access to affordable medicines and support regional collaboration and experience sharing. For example, in Thailand, a South-South collaboration report on experiences and lessons from achieving universal access to antiretroviral treatment under the country's universal health coverage system was launched to support equity-oriented universal health coverage efforts in other countries.

An ASEAN-wide regional consultation, organized in partnership with the Malaysia Competition Commission, helped to build capacity of government officials - including competition authorities and MoH - on the use of competition law to promote access to health technologies. UNDP also developed an issue brief on the use of competition law to promote access to affordable health technologies. In Indonesia, capacity of government officials was enhanced to address access to affordable medicines in the context of supporting effective universal health coverage and its financial sustainability. Capacity was also built on use of a medicine price comparison methodology, as a policy tool to promote evidence-based decision-making on medicines procurement and price negotiations.

Strategy Result Area 3: Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV

Combination prevention

UNDP, together with STRIVE and the London School of Hygiene and Tropical Medicine continued to support cross-sectoral co-financing for HIV, health and development synergies. In late 2016, UNDP agreed a two-year global project with the Government of Japan to build on previous years' results and implement the co-financing approach in seven sub-Saharan African countries (Ethiopia, Ghana, Kenya, Malawi, South Africa, Tanzania, and Zambia). The project focus is on tackling social determinants of health and increasing universal access to affordable, quality health services, including through efficiently financed expansion of social protection schemes (national or district-level).

In 2016-2017, UNDP (1) sensitized national governments and sister UN agencies to the concept and project, strengthening buy-in, joint ownership and multi-partner structures, (2) supported country-specific co-financing plan development in all project countries, and (3) elevated co-financing in global technical support for sustainable development, namely through the UN Development Group common Mainstreaming, Acceleration and Policy Support (MAPS) approach to support countries to implement the 2030 Agenda for Sustainable Development and related guidance.

Key UNDP-supported results relevant to HIV prevention from project countries include: South Africa included co-financing as a component in its National Strategic Plan 2017–2022 on HIV, TB and STIs. It plans to apply the co-financing approach to HIV prevention interventions, and more specifically cash transfer programmes for young women aged 15-24.

Zambia has provisionally identified bringing reliable, clean energy to health clinics to ensure people get the lifesaving health services they deserve. This work builds upon UNDP's Solar for Health initiative, which installs solar energy photo-voltaic systems on health clinics, ensuring constant and cost-effective access to electricity, while also mitigating the impact of climate change and advancing multiple SDGs.

Strategy Result Area 4: Tailored HIV combination prevention services are accessible for key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people and prisoners, as well as migrants

HIV prevention among key populations

The Africa Key Populations Expert Group (Expert Group) is comprised of 35 individuals representing four key population communities—men who have sex with men, people who use drugs, sex workers and transgender people—from 16 countries in Africa. Supported by UNDP, the Expert Group work supports efforts to promote social inclusion and change the norms that perpetuate unequal power relations. In 2015, the Expert Group developed a model strategic framework on HIV for key populations that, which has been used by such regional bodies as the East African Community and the Southern Africa Development Community to inform their strategies and programmes.

Key population organizations and national-level actors are also using the framework to inform the planning, implementation and monitoring of HIV and health programmes. In South Africa, the Expert Group representatives influenced the language used in the South African National Strategic plan and facilitated the development of the National Sex Work HIV Plan. In Senegal, Expert Group representatives helped design a project on managing and sensitizing the risks related to drug use and adopting practices to lower the risks for active users.

Harm reduction services for people who inject drugs

UNDP has supported the UN Secretary-General's initiatives to strengthen system-wide actions to support implementation of the 2016 UNGASS on drugs' recommendations on health, human rights and sustainable development. As part of these efforts, UNDP is partnering with the International Centre for Human Rights and Drug Policy (HRDP) at the University of Essex to develop International Guidelines on Human Rights and Drug Control.

In 2016 and 2017, UNDP and HRDP convened four consultations with UN Member States and entities, UN and regional human rights mechanisms, civil society and academia to provide feedback on draft guidelines on human rights and drug policy and to share country and regional perspectives on rights violations experienced by communities affected by international drug control efforts.

Strategy Result Area 5: Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV

Gender equality

In 2016 and 2017, UNDP worked to ensure that institutions and public servants are equipped to understand the particular needs of women and girls in HIV prevention, treatment and access to justice, with a focus on removing systemic barriers that place women and girls at higher risk of HIV and/or poor outcomes.

UNDP is working with the Global Fund on expanding work to strengthen Country Coordinating Mechanism (CCM) capacity on gender issues related to HIV, TB and malaria. This builds on a pilot CCM training on gender held in Namibia in mid-2016, in collaboration with the Global Fund. Discussions are ongoing with the CCM in South Sudan to implement this training in 2018.

In its role as interim Global Fund Principal Recipient, UNDP has supported countries to promote gender equality and empower women and girls. For example, in Afghanistan, the UNDP-Global Fund partnership is supporting NGOs that are training women to become community health nurses, promoting expanded access to health services for women in a culture that discourages treatment by a health care worker of the opposite sex.

Gender-based violence

UNDP has laid out a strong foundation for addressing GBV within the context of HIV, health and development and has contributed to increased awareness and evidence base on the linkages between GBV and HIV. In 2017, a GBV portal was created, providing information to be accessed by country offices of UNDP for technical support and knowledge sharing to improve programmatic activities. In 2018, it is envisioned that the portal will be made available externally for use by partners.

In 2016 and 2017, UNDP strengthened evidence and action on GBV and HIV. For example, in the Arab States, UNDP conducted an assessment of violence against women and the law. The assessment covered three types of laws (criminal law, family law and labour law) in 20 Arab Countries to determine if they are in line with international standards and are working in practice.

In South Sudan, UNDP supported a programme to train health care workers to respond to GBV and refer survivors to a range of appropriate services. In addition, the programme supported a number of behavioural change communication initiatives aimed at preventing GBV and supporting the use of GBV services, through radio. These messages were translated into multiple languages, including those spoken by internally displaced populations.

In 2017, UNDP, in partnership with the LINKAGES project and the University of the West Indies, completed a regional study on GBV, key populations and HIV in Barbados, El Salvador, Haiti, and Trinidad and Tobago. The findings show that laws and policies remain a challenge in eliminating violence directed at key populations.

Strategy Result Area 6: Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed

Legal and policy reforms

UNDP continued implementation of the Global Fund Africa Regional HIV Grant for Removing Legal Barriers to Access, forming a partnership with four African CSOs to strengthen the legal and policy environment in order to reduce the impact of HIV and tuberculosis on key populations in ten countries in Africa (Botswana, Côte D'Ivoire, Kenya, Malawi, Nigeria, Senegal, Seychelles, Tanzania, Uganda and Zambia), including by training lawyers and legal workers in documenting human rights violations, strategic litigation and policy advocacy. Lawyers who have participated in these trainings successfully represented clients in key cases in 2017.

For example, in Botswana, SALC-trained lawyers were part of the legal team in a landmark case in which a High Court ordered the Registrar to change the gender marker on the identity

document of a transgender man from female to male, a significant step towards protecting the dignity of transgender people. UNDP's collaboration with UNAIDS and coordinated advocacy efforts by national and regional civil society organizations including ARASA and SALC were critical to this achievement

Legal literacy, access to justice and enforcement of rights

As part of its partnership with the Global Fund in South Asia, UNDP, 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) developed an action plan to promote and protect human rights in the context of sexual orientation and gender identity. Human rights institutions in Bangladesh and Nepal established dedicated positions to address violations against at-risk populations, a first for the region.

In 2016, UNDP, with IDLO, supported the engagement of CSOs providing legal aid for people living with HIV and key populations in the MENA region. This led to the establishment of the Middle East Network for Legal Aid (MENAL) to support networking and knowledge and experience sharing among CSOs in the region and to build CSO's capacity to improve the quality of services provided.

In 2016 and 2017, UNDP strengthened the capacity of 34 district-level registrars of the Ghana Centre for Human Rights and Administrative Justice (CHRAJ) – the Ghanaian national human rights body – on HIV related stigma and discrimination and the online stigma and discrimination reporting system. As a follow-up action to the passage of the Ghana AIDS Commission law, UNDP provided technical and financial support to engage with 20 leaders of the National Association of Persons living with HIV on the law's key anti-stigma provisions

HIV-related stigma and discrimination in health care

In 2016-2017, The Time Has Come training package, developed by UNDP and WHO to reduce stigma and discrimination against LGBTI people in health care settings was adopted into national HIV training programmes in Bhutan, Indonesia, India, Nepal, the Philippines, and Timor-Leste. UNDP has supported trainings of trainers in 12 countries, reaching some 400 health care providers in 2016 and almost 1500 since 2014. The roll-out of the training was supported through the Multi-Country South Asia Global Fund HIV Programme and the ISEAN-Hivos Multi-Country HIV Programme.

Strategy Result Area 7: AIDS response is fully funded and efficiently implemented based on reliable strategic information

Sustainability, efficiency, effectiveness and transitions

UNDP worked with regional entities in Eastern and Southern Africa to advance sustainable financing for HIV and health. As a member of the East African Community (EAC) technical working group on Sustainable Financing for Health, UNDP supported the analysis and development of an action plan for sustainable financing for universal HIV and health coverage. Similarly, UNDP supported the Southern Africa Development Community to develop a framework of action on sustainable financing for HIV and health. UNDP's support to develop sustainable financing approaches for HIV and health extended to 10 countries in Eastern Europe and Central Asia. UNDP supported governments and civil society to develop roadmaps for social contracting to facilitate implementation of jointly prioritized interventions by civil society, government and other partners.

In 2016, UNDP additionally worked with the African Development Bank to support 11 countries to integrate HIV, health and gender into environmental impact assessment (EIA) processes. This work offers other health financing opportunities that can increase domestic financing for health. For example, UNDP has strengthened the capacity of a SADC-funded project in Botswana that focuses on mainstreaming HIV, gender and human rights into three core non-health sectors: infrastructure and works; minerals, energy and water resources; and transport and communications. UNDP guidance on integrating health into EIA processes was updated in 2016 to capture the many lessons learned since the initiative began in 2012.

Strategy Result Area 8: People-centred HIV and health services are integrated in the context of stronger systems for health

Decentralization and integration of HIV related services

In 2017, UNDP's HIV and Health Team ensured inclusion of HIV-sensitive social protection and cross-sectoral co-financing within its broader organizational offer on cash-based programming. This work sets the stage for increased attention to HIV-sensitive social protection in UNDP's in-country programming, but resources are needed for follow through.

Finally, UNDP was a guest editor for a new supplement in the Journal of the International AIDS Society (JIAS), Paediatric and Adolescent HIV and the Sustainable Development Goals: the road ahead to 2030. This special issue examines paediatric and adolescent HIV interventions and their synergies across the SDGs. Areas covered include the effects of combined service provision on HIV-mortality in adolescents in South Africa, the need for

adolescents and young people to be meaningfully engaged as leaders of the HIV response, and the impact of criminalization of drug use and punitive policy environments on adolescents' health and HIV transmission risks.

UNAIDS

20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org