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UNITED NATIONS DEVELOPMENT PROGRAMME

HIV, HEALTH AND DEVELOPMENT

ANNUAL REPORT 2017–2018

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ACRONYMS

ADP	Access and Delivery Partnership
AMA	African Medicines Agency
AU	African Union
eVIN	electronic Vaccine Intelligence Network
FCTC	Framework Convention on Tobacco Control
Gavi	The Vaccine Alliance
GHIT	Global Health Innovative Technology Fund
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
ILO	International Labour Organization
LGBTI	Lesbian, gay, bisexual, transgender and intersex
NCDs	Noncommunicable diseases
NEPAD	New Partnership for Africa's Development
NTDs	Neglected tropical diseases
OHCHR	UN Office of the High Commissioner for Human Rights
SDGs	Sustainable Development Goals
TB	Tuberculosis
TDR	Special Programme for Research and Training in Tropical Diseases
UNAIDS	Joint UN Programme on HIV/AIDS
UNCTAD	United Nations Conference on Trade and Development
UNESCO	UN Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
USAID	U.S. Agency for International Development
WHO	World Health Organization

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INTRODUCTION

The last year saw significant gains in global health - for example, 58 percent of people living with HIV were accessing antiretroviral treatment. Innovation and technology opened up new frontiers in health systems strengthening. However, the health of people and the planet continued to face major challenges, many of which are exacerbated by growing inequalities, persistent health disparities, evolving and resurgent risk and insufficient progress in tackling climate change. New HIV infections in marginalised populations increased. An ancient disease, tuberculosis (TB), remained the leading infectious disease threat in the world. Drug-resistant strains of infectious diseases grew. Noncommunicable diseases (NCDs), especially in low- and middle-income countries, added to the burden on fragile health systems. And the warming planet increased the number of climate-related shocks, spread pathogens quicker and further than ever before and worsened air quality.

At UNDP, we endeavoured to address such complex development challenges head-on. The 2030 Agenda, the Sustainable Development Goals (SDGs) and the pledge to leave no one behind, global commitments of unparalleled ambition, are inspiring a focus on innovation, partnerships and scale. UNDP's new Strategic Plan for 2018-2021 reaffirms our commitment to the principles of universality, equality and leaving no one behind, while responding to a dynamic development landscape. Health, an outcome, contributor and indicator of development, continues to be an important aspect of UNDP's work, focusing on three inter-linked action areas: (1) reducing inequalities and social exclusion that drive HIV and poor health; (2) promoting effective and inclusive governance for health; and (3) building resilient and sustainable systems for health.

UNDP worked with partners to address the development dimensions of health in 129 countries.

Partnerships Working with national and local governments, academia, civil society, multilaterals, private sector and the UN family, UNDP focused its partnerships and resources in assisting countries to address the complex web of social, economic, environmental, and commercial determinants of health and provide people with vital health services. In May 2018, UNDP and the World Health Organization

(WHO) signed a Memorandum of Understanding. Through this renewed partnership UNDP and WHO, are leveraging their core competencies to support countries on multi-sectoral responses to universal health coverage, health emergencies and the challenges arising from climate change and environmental problems, including the impact of climate change on the resilience of health systems. By sharing good practice and thought leadership, UNDP leverages its network and partnerships to facilitate learning and capacity development on HIV and health, particularly between low- and middle-income countries.

Innovation UNDP invested in connecting global health issues, start up thinking, technology and partnerships to turn innovations into scalable and sustainable solutions. Based on a successful pilot in India, UNDP supported the scale up of the electronic Vaccine Intelligence Network (eVIN), which uses a mobile app and a web interface to strengthen the vaccine cold chain. The scale up aims to cover all of India, reaching 156 million young children and pregnant women every year. This year UNDP also scaled up its Solar for Health initiative to power health facilities in eight countries, and as a result, contributed to greater access to health services.

Advocacy Health challenges, including persistent disparities continued to threaten people across the world, disproportionately affecting the poorest and most marginalized. UNDP continues to advocate for those who too often go unheard because of stigma, discrimination and violence. By the end of 2018, in line with the recommendations of the Global Commission on HIV and the Law, UNDP supported governments, civil society and UN partners in 89 countries to reform discriminatory laws and policies which perpetuate exclusion and marginalisation. In 53 countries, UNDP worked with governments, academia, the private sector and LGBTI communities to improve inclusion.

This work has only been possible because of the tireless efforts of UNDP staff and our partners. I am humbled and proud to share a snapshot of what we have accomplished together over the last year and hope it will motivate us to achieve greater results and impact in the years to come.

Mandeep Dhaliwal

Director HIV, Health and Development Group

Results

UNDP works on HIV, health and development related issues in **129 COUNTRIES**

89 COUNTRIES
HIV, TB and health rights

30 COUNTRIES
NCD prevention and control

26 COUNTRIES
Tobacco control

41 COUNTRIES
Gender equality and gender-based violence

32 COUNTRIES
HIV-sensitive social protection

23 COUNTRIES
Planetary health and resilience

28 COUNTRIES
Health procurement and supply management

28 COUNTRIES
Access to medicines

2.2 million
People on HIV treatment through the UNDP-Global Fund partnership

156 million
Women and children in India receiving safe and effective vaccinations by 2019 through the UNDP-supported eVIN project

73 million
Bed nets distributed to protect families from malaria since 2003

53
Countries, territories and jurisdictions with "Being LGBTI" programmes, facilitated through South-South cooperation

89
Countries where UNDP has supported strengthening legal and policy environments for HIV and health since 2012

652
Health facilities in eight African countries powered by cheap, reliable, clean electricity through UNDP's Solar for Health initiative
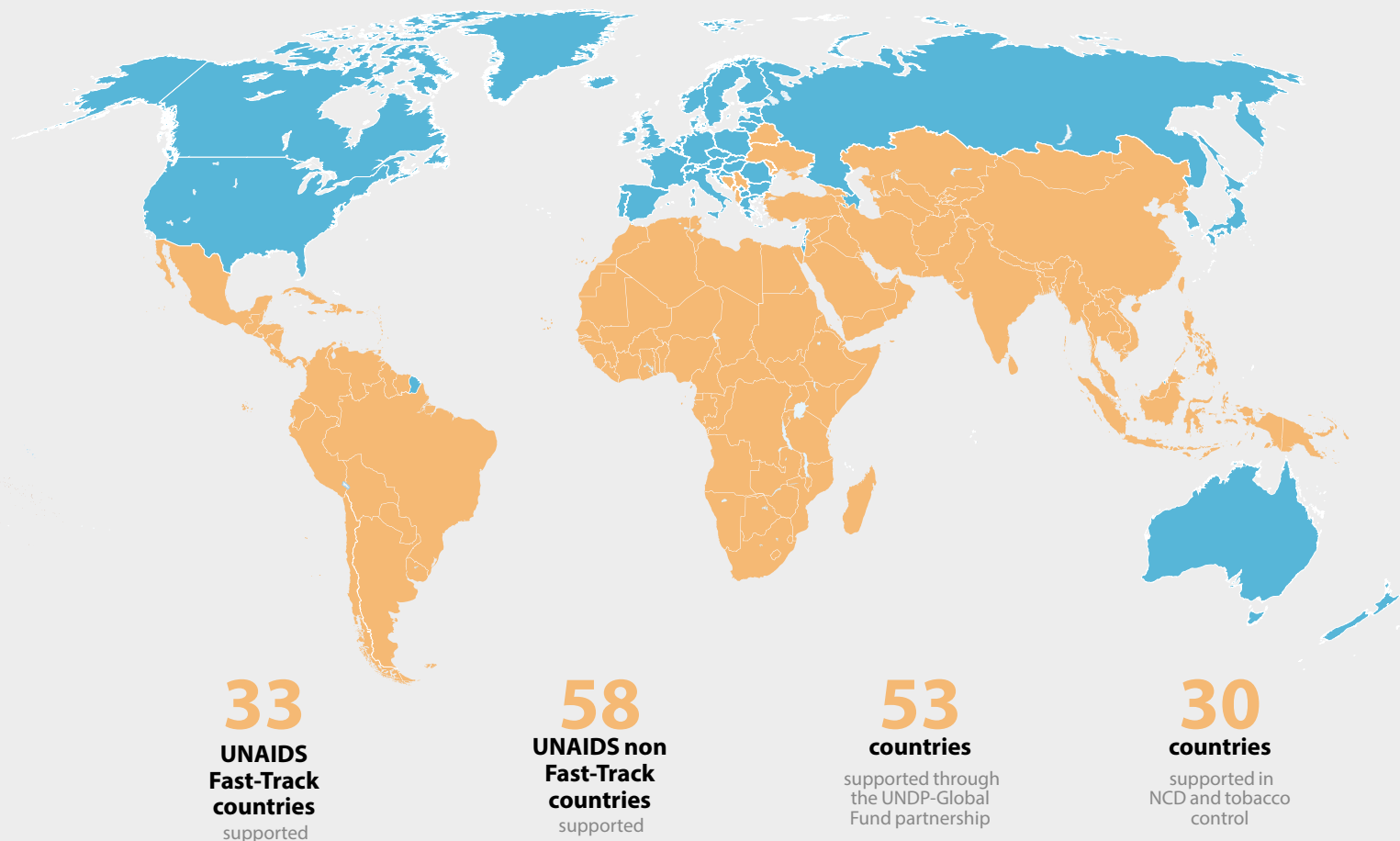
0
Deaths from malaria in the last five years in Bolivia, where UNDP supports a government malaria-elimination programme

57%
Reduction in CO_2 emissions from reduced packaging for antiretroviral medications
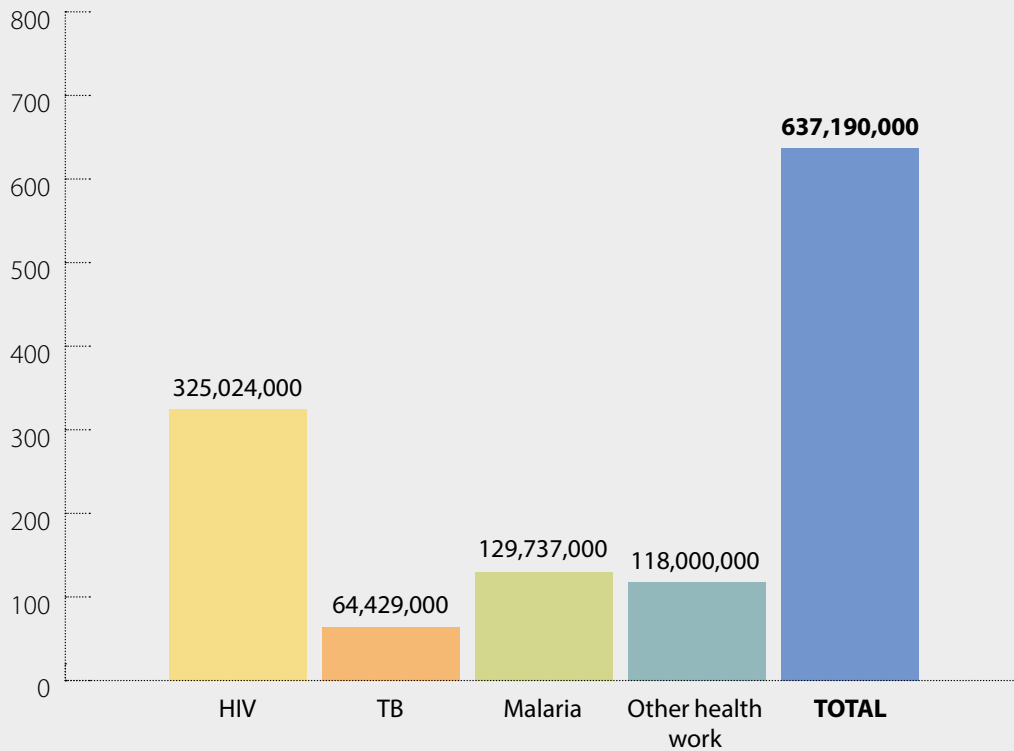
Portfolio

33
UNAIDS
Fast-Track
countries
supported

58
UNAIDS non
Fast-Track
countries
supported

53
countries
supported through
the UNDP-Global
Fund partnership

30
countries
supported in
NCD and tobacco
control

Table 1
2017 Expenditure (US$) by disease and region

	HIV	TB	Malaria	Other health work	Total
Africa	263,482,000	16,535,000	60,758,000	5,909,000	**346,684,000**
Asia-Pacific	12,285,000	8,899,000	13,108,000	6,024,000	**40,316,000**
Arab States	12,871,000	14,209,000	49,863,000	6,955,000	**83,898,000**
Eastern Europe and CIS	21,019,000	20,250,000	300,000	91,839,000	**133,408,000**
Latin America and the Caribbean	10,889,000	3,586,000	3,331,000	438,000	**18,244,000**
Headquarters	4,478,000	950,000	2,377,000	6,835,000	**14,640,000**
TOTAL	**325,024,000**	**64,429,000**	**129,737,000**	**118,000,000**	**637,190,000**

2017 Expenditure (US$)

Bar chart values:
- HIV: 325,024,000
- TB: 64,429,000
- Malaria: 129,737,000
- Other health work: 118,000,000
- **TOTAL**: 637,190,000

2017 Regional Distribution of Expenditure

Region	Percentage
Africa	55%
Asia-Pacific	6%
Arab States	13%
Eastern Europe and CIS	21%
Latin America and the Caribbean	3%
Headquarters	2%
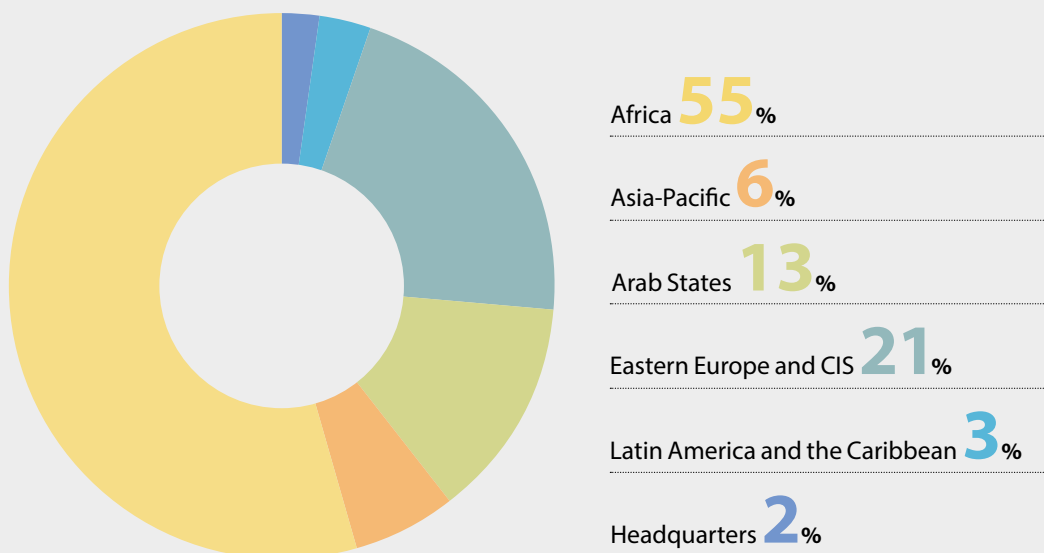
UNDP funding is provided entirely by voluntary contributions from UN Member States, multilateral organisations and other sources. These contributions are provided as either core resources that can be used wherever they are needed most, or other resources that are earmarked for specific purposes.

PARTNERSHIPS

Collaboration has always been at the heart of UNDP's work, and is fundamental to meeting the common goals of the 2030 Agenda – with SDG 17 explicitly calling for revitalized international partnerships to achieve the goals. Our many partners include national and local governments, other UN agencies and multilateral institutions, NGOs, civil society organisations, academics and the private sector. This year, UNDP continued its efforts to broaden and deepen partnerships for greater impact on health outcomes.

UNDP is a founding co-sponsor of the Joint UN Programme on HIV/AIDS (UNAIDS). This year, UNAIDS revised its operating model to improve effectiveness, flexibility, and leveraging partnerships across the Joint Programme. Through the revised operating model, and Division of Labour, UNDP leads on human rights and law, key populations (co-convened with the United Nations Population Fund (UNFPA)) and investments and efficiencies (co-convened with the World Bank).

UNDP's partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) continues to deliver important health and development results in some of the most complex and challenging operating environments. Through a new partnership with the International Organization for Migration and the Office of the United Nations High Commissioner for Refugees (UNHCR), and with technical support from WHO, UNDP is supporting a Global Fund grant for TB in Afghanistan, Iran, and Pakistan. This grant further illustrates the scope of UNDP's role in integrated joint responses and leveraging the expertise of the UN family.

This year, UNDP joined ten other health and development organisations (Gavi, the Vaccine Alliance, the Global Financing Facility, the Global Fund, UNAIDS, UNFPA, Unitaid, the United Nations Children's Fund (UNICEF), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), WHO and the World Bank) to develop a Global Action Plan on Healthy Lives and Well-Being. The plan will define how global actors can collaborate more effectively to accelerate progress towards SDG 3 and the other health-related targets within the SDGs.

UNDP is leading work on the determinants of health accelerator; other key accelerators include gender equality, research and development, and sustainable financing. The final plan will be presented to the UN General Assembly in September 2019.

UNDP also signed a Memorandum of Understanding with WHO to reinvigorate its partnership in three key areas: universal health coverage; health emergencies and health services in crisis and post-crisis contexts, and; health, environment and climate change. This year, the renewed partnership has contributed to increasing resources for work on NCDs and tobacco control.

UNDP and Gavi have continued to expand collaboration. In addition to the collaboration in India (see page 22), UNDP and Gavi are working together in Tajikistan and Zambia to improve health systems.

UN Volunteers support UNDP's health portfolio, particularly in countries where UNDP manages Global Fund programmes. In eight countries, UN Volunteers support finance, engineering, IT and procurement functions, and provides expertise in HIV and TB programming.

REDUCING INEQUALITIES AND SOCIAL EXCLUSION THAT DRIVE HIV AND POOR HEALTH

Inequality and exclusion harm health, fuel epidemics and impede development. Some groups face particular disadvantages, including women and girls, LGBTI people, ethnic minorities, people with disabilities, migrants and refugees, indigenous peoples and older people. The impacts of discrimination and social exclusion can be clearly seen in the case of HIV. Key populations – including sex workers, people who inject drugs, transgender people, people in prison and other closed settings, and gay men and other men who have sex with men – are 10 to 50 times more likely to contract HIV than adults in the general population,[1] but legal and social barriers can hinder access to prevention and treatment.

1 http://www.unaids.org/en/resources/presscentre/featurestories/2016/november/20161121_ keypops accessed 26 November 2018

UNDP helps countries to reduce the inequalities, discrimination and exclusion that drive poor health. As well as contributing to SDG 3 (good health and well-being), this work supports multiple SDG targets under SDG 5 (gender equality), SDG 10 (reduced inequalities), SDG 11 (sustainable cities and communities) and SDG 16 (peace, justice and strong institutions).

Leave no one behind

The pledge to "leave no one behind" is at the heart of the 2030 Agenda and the Sustainable Development Goals. It also emphasizes the importance of reaching the furthest behind first. UNDP produced a discussion paper on what it means to leave no one behind, to help countries take concrete actions to deliver on this pledge. The paper, launched at the High-Level Political Forum on Sustainable Development in 2018, offers a "five-factor framework" which governments and stakeholders can use to address the overlapping disadvantages that leave people behind: discrimination, socio-economic status, geography, governance and vulnerability to shocks. It proposes a three-pronged approach: *examine* the disadvantages people face, *empower* those who could be left behind and *enact* inclusive, far-sighted and progressive SDG policies. UNDP is now working with the Overseas Development Institute to examine and share strategies on reaching populations left furthest behind in the scale up of universal health coverage.

Gender equality

As SDG 5 recognizes, gender equality and empowering women and girls is core to sustainable development – and health is no exception. UNDP is supporting 41 countries on improving gender equality and empowering women and girls in the context of HIV and health, ranging from challenging the legal barriers and social norms that prevent equal access to healthcare, to improving integrated support for victims of gender-based violence, to developing policies that address the links between HIV, violence against women and alcohol abuse.

In Eastern Europe and Central Asia, UNDP supported 15,000 women and adolescent girls living with HIV to exercise their rights and access services. This work included promoting gender equality in HIV service provision in Bosnia and Herzegovina; improving access to antiretroviral therapy, HIV testing and counselling and legal aid services in Tajikistan and TB-related services in Turkmenistan; and raising awareness of women's rights in Ukraine.

In Latin America, UNDP is promoting regional cooperation to improve services and uphold the rights of young women and adolescents with HIV. Along with UNICEF and UNAIDS, UNDP supported the International Community of Women Living with HIV to establish a network of young women living with HIV from across the region. UNDP advocated for greater visibility for young women in national AIDS programmes, and supported civil society partners from Argentina, Chile, Honduras, Nicaragua, Panama, Peru, and Uruguay to plan advocacy actions on health rights in their respective countries.

Structural drivers of HIV and health

After seven years of research on the structural drivers of HIV, the STRIVE research consortium – co-hosted by UKaid/DFID, UNAIDS, UNDP and SRHR Africa Trust – in partnership with the London School for Hygiene and Tropical Medicine, released evidence on what works to tackle the structural drivers of HIV, including harmful alcohol use, gender inequality, social norms, intimate partner violence, stigma and sex work. UNDP will work with partners to help countries translate the research into policies and programmes.

LGBTI inclusion

Advancing inclusion of sexual and gender minorities and promoting their access to HIV and health services is a key priority for UNDP. Regional "Being LGBTI" programmes[2] are building understanding of the issues LGBTI people face and advancing their inclusion in national development efforts. Built on South-South collaboration within and across regions, "Being LGBTI" and related programmes have been rolled out across 53 countries worldwide.

Edmund Settle/UNDP

Africa: The Sexual Orientation and Gender Identity & Rights Africa project was launched in Botswana, Cameroon, Liberia, Nigeria, Senegal, Tanzania and Zambia in 2018, in a region where punitive laws and widespread social stigma and discrimination block efforts to address the high incidence of HIV among key populations. UNDP helped all seven countries conduct national assessments, set up national steering committees of government and civil society organisations, and provided financial and technical support to LGBTI organisations and activists. National roundtables were organised in Botswana, Liberia and Nigeria, and have led to calls for legal reform which can advance the inclusion and right of sexual and gender minorities.

Asia Pacific: The "Being LGBTI" in Asia programme completed six multi-country research projects across 19 countries. These projects are informing legal and policy reform in China, India, Pakistan, Philippines, Thailand and Viet Nam. In 2018, Pakistan enacted the "Transgender Persons (Protection of Rights) Act" and began formulating transgender welfare policies with input from UNDP. These measures will increase transgender people's access to medical care and counselling, as well as outlaw harassment and discrimination by employers and business owners. UNDP also supported the development of transgender inclusion laws in Thailand and Viet Nam.

Latin America and the Caribbean: UNDP organised a South-South exchange for countries to share experiences on advancing human rights and social and economic inclusion for transgender people. The consultation brought together national and local governments and civil society organisations from 12 countries, namely, Argentina, Bolivia, Brazil, Colombia, Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras, Panama, Peru, and Uruguay. These countries have developed action plans and South-South exchanges focusing on employment, social protection, health, and education, which UNDP will be supporting in 2019.

Posztos/
Shutterstock.com

SERBIA: BEING LGBTI IN EASTERN EUROPE

Milan Djuric was born male, but only ever felt female. Growing up in Serbia, that wasn't easy. "I was abused every single day," Djuric says. For a transgender activist in the socially conservative Balkans, the stakes are high: the greatest fear for transgender people, says Djuric, is "to be killed."

Djuric's experiences are reflected in a series of reports published by UNDP: "Being LGBTI in Eastern Europe"[3]. The reports document the concerns and experiences of LGBTI people and analyses their legal rights as well as social attitudes in Albania, Bosnia and Herzegovina, the former Yugoslav Republic of Macedonia, and Serbia.

In Serbia, over 70 percent of LGBTI people interviewed for the report said they had faced psychological violence and harassment, while 23 percent had been physically assaulted because of their sexual orientation or gender identity. Being transsexual is still classified as a mental disorder; homosexuality was considered an illness as recently as 2008.

While there has been progress in recognizing the legal rights of LGBTI people, social attitudes lag behind. LGBTI people living with HIV face high levels of discrimination.

Nevertheless, Djuric looks ahead with hope to a future where she'll be known, even officially, as Agatha: "As difficult as it is, and it is very difficult still, I have seen and hopefully contributed to a huge amount of progress in a short period of time."

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3 http://www.eurasia.undp.org/content/rbec/en/home/library/democratic_governance/being-lgbti-in-eastern-europe--albania-country-report.html

INNOVATION AND SCALE

UNDP is investing in innovation and scaling up for better health outcomes. This includes using technology and testing new solutions to address health system challenges.

Providing access to vaccines for all is one of the targets under SDG 3, but creating effective vaccination systems is a major undertaking. Challenges include keeping track of vaccine stocks to match supply and demand, reaching remote areas, and ensuring that vaccines are kept at a controlled temperature along the supply chain (or "cold chain").

In India, smartphone and cloud-based technology is transforming vaccine logistics. The electronic Vaccine Intelligence Network (eVIN), launched in 2015, uses a mobile app and a web interface to capture real-time data across the entire vaccine cold chain. Information on vaccine stock levels and temperature can be monitored remotely, ensuring that vaccines are available when and where they are needed.

UNDP is implementing the project on behalf of the Ministry of Health and Family Welfare, with financial support from Gavi, the Vaccine Alliance. To date, eVIN has been able to track vaccine stocks and flows and storage temperatures across 10,500 locations in 12 states. The plan is to extend coverage to all 27,000 vaccine storage points in all 36 states and union territories of India by 2019. By then, UNDP will have trained over 56,000 government staff, and the eVIN system will be tracking more than 650 million vaccine doses in the national immunization programme, reaching 156 million young children and pregnant women every year.

With support from partners including the Global Fund, UNDP is now working with the Ministry of Health in Indonesia to introduce eVIN, as well as building on the lessons learned from India to adapt and scale up the eVIN model in different countries and contexts.

eVIN

36 states & union territories

27,000 storage points

56,000 staff trained

650 million doses tracked

>99% vaccine stock availability, from <80% last year

>99% weekly reporting rate

Reaching **>60%** <5 years children in the country

72% reduction in frequency of stock outs

Stock out duration reduced by **>55%**

Vaccine discards reduced by **62%**

2 million online transactions per month

80 million temperature samples per month

UNDP India

Another area of innovation includes making health systems more resilient in terms of access to reliable and renewable energy. One in four health facilities in sub-Saharan Africa has no electricity, and many more suffer frequent power outages. UNDP's Solar for Health initiative supports governments in installing solar panels at hospitals, rural clinics and medical warehouses, providing a reliable, low-carbon power supply for essential services. In Namibia, a feasibility study aiming to leverage private investment to accelerate the transition to clean, reliable solar power in the health sector is underway.

As of October 2018, solar systems are in operation at 652 facilities in eight countries, ensuring better access to health services to an estimated 20 million people.

UNDP is also investigating innovative approaches to improve delivery of health services and use resources more efficiently. For example, tobacco and alcohol use have a negative impact on TB incidence and outcomes, yet health systems usually treat these issues separately. UNDP Zimbabwe is testing behaviourally informed strategies to reduce alcohol and cigarette use among TB patients, which aim to both improve TB treatment outcomes and reduce NCDs.

Innovative initiatives outside the health sector can contribute positively to health outcomes. For example, UNDP and the Government of Serbia are piloting universal basic income payments to see whether they can make the Serbian welfare system more effective and efficient, including by looking at health outcomes. In Bangladesh, UNDP is supporting the Access to Information (a2i) programme, which has launched a telemedicine service connecting patients in remote areas to doctors via virtual consultations.

**8
countries**

Global Climate Fund
and other financing
sources sought

**6
countries**
in pipeline

US$**20**million
signed agreements

Slingshot/UNDP Zambia

PROMOTING EFFECTIVE AND INCLUSIVE GOVERNANCE FOR HEALTH

Improving health outcomes is not the sole domain of the health sector and requires multi-sectoral responses. UNDP works with national governments, civil society and other partners to improve health outcomes by strengthening governance, improving legal and policy environments for HIV and health, and expanding action on noncommunicable diseases, tobacco control, and sustainable financing for health.

UNDP supports countries to protect the most vulnerable people and strengthen governance capacities and processes to better respond to and deliver on HIV, health and related development challenges. This work contributes to SDG 3 (health and well-being) and targets under SDG 1 (ending poverty), SDG 10 (reducing inequalities), SDG 16 (peace, justice and strong institutions), and SDG 17 (partnership for the goals).

New recommendations on HIV and the law

In July 2018, the Global Commission on HIV and the Law released a Supplement to its 2012 report. The Supplement highlighted the ongoing relevance of the 2012 recommendations, and discussed developments in science, technology, law, geopolitics and funding affecting people living with and vulnerable to HIV in the context of the 2030 Agenda and the SDGs. These developments include shrinking civic space, declining international funding for HIV, persistent HIV criminalisation, the impact of the war on drugs, migration, the rise of

conscientious objection in healthcare, and the rights of women and girls. As with the 2012 report, UNDP and its partners will help countries to implement the recommendations of the Supplement.

Human rights and the legal environment

UNDP helps countries to strengthen legal and policy environments for HIV and health. UNDP and partners have supported legal environment assessments and related action plans, as well as dialogues and trainings in 89 countries since the launch of the 2012 report of the Global Commission on HIV and the Law. In 2017/2018, legal environment assessments and action planning were undertaken in Angola, Belarus, Botswana, Cote D'Ivoire, Haiti, Madagascar, Mozambique, Senegal, Suriname, Tajikistan, Trinidad and Tobago, Ukraine, Zambia and Zimbabwe. The Democratic Republic of the Congo amended its HIV law, repealing the criminalisation of HIV transmission. Gabon is drawing on recommendations from legal environment assessments to draft a new national policy on gender and sexual violence.

In Africa, UNDP convened regional fora and sensitisation sessions for judges, lawyers, parliamentarians, law enforcement and healthcare officials, and provided support for national human rights institutions. UNDP has established a regional legal aid network in Eastern Europe and Central Asia that aims to protect and promote the rights of key populations and people living with HIV. To date, 10,000 clients in 10 countries (Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan, Moldova, Russia and Ukraine) received legal services in HIV-related cases. Similarly, the newly formed Middle East Network on AIDS and the Law (MENAL) is providing legal support to member organisations in eight countries (Algeria, Djibouti, Egypt, Jordan, Lebanon, Morocco, Sudan, and Tunisia).

In partnership with civil society organisations including Enda Santé and the Southern Africa Litigation Centre, UNDP has supported national partners on strategic litigation and human rights as part of the Global Fund Africa Regional Grant on HIV and TB: Removing Legal Barriers. This work has contributed to a number of landmark court rulings like the case of EI in Malawi, where the rights of people living with or most affected by HIV and/or TB have been protected.

Amos Gumulira/
UNDP Malawi

MALAWI: HIV AND HUMAN RIGHTS

"The situation has changed," says El.* "People are not discriminating against me anymore. HIV does not mean the end of life."

Two years ago El, who is living with HIV, was arrested. She had been breastfeeding her daughter when she was asked to hold a friend's baby. Her friend's infant also began feeding. El immediately removed her, but it was too late. She was charged with carrying out a negligent and reckless act, likely to spread a life-threatening disease.

The risk of a woman on antiretroviral treatment passing on HIV through breastfeeding is minuscule. But with nobody to defend her, El was sentenced to nine months in prison with hard labour. Her baby daughter was imprisoned with her.

Then El's case caught the attention of a young human rights lawyer called Wesley Mwafulirwa. He had just returned from a training event on HIV criminalisation, organized by the Southern Africa Litigation Centre – part of a programme run by UNDP with support from the Global Fund in 10 African countries to provide human rights and legal support for people with HIV and TB.

Wesley decided to take El's case pro bono, and the Southern Africa Litigation Centre arranged a support team of local lawyers and activists. The High Court overturned El's conviction and ordered her immediate release.

The landmark decision affirmed that the law should protect people living with HIV from "the unjust consequences of public panic." This is vital, as stigma and punitive laws remain one of the greatest barriers to preventing and treating HIV.

* Names and identifying details have been changed for reasons of privacy.

Access to medicines and other health products

UNDP supports governments to strengthen enabling legal and policy environments for innovation and access to health technologies. In 2018, with technical support from UNDP, the United Nations Conference on Trade and Development (UNCTAD) and other partners, the Government of South Africa approved a new policy on intellectual property. The new policy aims to strike a balance between encouraging new health technology development and ensuring access to affordable health technologies through generic competition.

UNDP is also involved in supporting the research and development of new health technologies for TB, malaria and neglected tropical diseases (NTDs) through its partnership with the Global Health Innovative Technology (GHIT) Fund. A public-private partnership supported by the Government of Japan, the Bill and Melinda Gates Foundation, the Wellcome Trust, Japanese private sector, and others, the GHIT Fund leverages Japanese expertise and investment to fast-track promising technologies, such as medicines, vaccines and diagnostic tools, for TB, malaria and NTDs. Through the complementary Access and Delivery Partnership (ADP), UNDP supports low- and middle-income countries to strengthen their laws, policies and capacities to deliver health technologies. Supported by the Government of Japan, the ADP is a collaboration between UNDP, WHO, TDR (the Special Programme for Research and Training in Tropical Diseases) and the non-profit organisation PATH.

The current GHIT portfolio includes 101 projects with a total investment of US$136 million. Through the UNDP-managed funds, the GHIT Fund has financed twelve product development projects for new health technologies for TB, malaria and various NTDs, including Chagas disease, schistosomiasis and leishmaniasis, and eight projects investigating novel chemical compounds with medicinal potential.

Building on existing work in Ghana, Indonesia and Tanzania, the UNDP-led ADP is now scaling up in India, Malawi, Senegal, and Thailand, offering expertise in areas such as national regulatory systems, health technology financing, and supply chain management. Beyond these focus countries, ADP facilitates regional and South-South cooperation to share lessons and tools.

Aurelia Rusek/
UNDP Fiji

THE AFRICAN UNION MODEL LAW

Regulating medical products is a complex process, covering aspects such as clinical trials, distribution and manufacturing licences, marketing, and quality and safety inspections. Regulatory differences between countries and other legal barriers can prevent patients from accessing the latest medicines and other health technologies.

To address this, since 2014 the ADP has collaborated with the African Union (AU) and its New Partnership for Africa's Development (NEPAD) agency to develop the Model Law on Medical Products Regulation. By improving and harmonizing regulations across the African continent, the law will enable new, quality-assured health technologies to be approved and introduced more efficiently.

ADP is now supporting the process of 'domesticating' the Model Law into national legislation to help countries meet the AU target of 25 Member States adopting the law by 2020.

Cooperation between countries will be crucial in achieving this target, and UNDP is working with the AU and NEPAD to promote regional exchange and learning. UNDP worked with NEPAD to support 13 African countries to begin the domestication process. This included support to collect and share data on implementation, and identify key challenges and the means to overcome them.

ADP is also providing technical support to establish the African Medicines Agency (AMA). The AMA will coordinate initiatives to harmonize medical products regulation and provide guidance to improve access to medicines and health technologies across the continent.

Investment cases for tackling NCDs and tobacco control

NCDs – including cardiovascular disease, chronic respiratory disease, diabetes and cancer – are the world's leading cause of premature death, illness and disability.[4] While the costs of treating NCDs are high, the hidden costs of premature deaths and lost productivity are greater still, harming economies and impeding development. One of the targets under SDG 3 aims to reduce premature deaths from NCDs by a third by 2030.

Many countries are yet to prioritize NCD prevention and control. In response, UNDP together with WHO and other partners have developed country investment cases that outline the costs of NCDs and the potential benefits of tackling them – for example, through policy interventions around tobacco control, harmful use of alcohol, unhealthy diets and physical inactivity. In 2017/2018, UNDP finalized NCD investment cases for nine countries (Belarus, Fiji, Jamaica, Kyrgyzstan, Mongolia, Saudi Arabia, Turkey, Uzbekistan and Viet Nam), and initiated cases in nine more (Armenia, Cambodia, Ethiopia, Iran, Kazakhstan, Philippines, Oman, Peru and Zambia).

These investment cases aim to inform government decisions on increasing investments in NCD treatment and care, as well as advances in legislation, policies and targeted interventions for prevention. In Jamaica, for example, the Ministries of Health and Finance have been using the investment case to call for greater investments in health, and the investment case has been referenced in policies to improve nutrition in schools.

Key to reducing deaths from NCDs is controlling smoking – particularly in low- and middle-income countries, which are home to 80 percent of the world's one billion smokers.[5] This year, UNDP, the World Health Organization Framework Convention on Tobacco Control (FCTC) Secretariat and partners supported 20 countries in implementing the FCTC, in line with SDG 3.a[6]. UNDP finalized FCTC investment cases in five countries (Cambodia, El Salvador, Georgia, Myanmar and Sri Lanka), providing evidence to strengthen national tobacco control responses, and began work on six more (Cape Verde, Chad, Egypt, Madagascar, Nepal and Zambia). Shortly after the investment case in Georgia was completed, the Georgian Parliament passed a landmark tobacco control law which, among other measures, introduced bans on smoking in enclosed work and public places and on tobacco advertising and sponsorship.

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4 ECESA Plus, 2017. 2017 HLPF Thematic Review of SDG 3: Ensure healthy lives and promote well-being for all at all ages. https://sustainabledevelopment.un.org/content/documents/14367SDG3format-rev_MD_OD.pdf

5 www.who.int/news-room/fact-sheets/detail/tobacco

6 SDG 3a. Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate.

Co-financing for health and development

UNDP's co-financing work assists policymakers in identifying areas for action with benefits across multiple sectors and SDGs, enabling different ministries and donors to come together and share resources to roll out solutions at scale. Cash transfers, for example, can lead to multiple benefits in education access for adolescent girls, health, gender equality, reduced teen pregnancies, HIV prevention and more. UNDP has pioneered co-financing in the health sector in Malawi, providing a detailed model to determine the best way to allocate budgets to help achieve the health-related SDG targets. UNDP is now extending this approach in four other countries in sub-Saharan Africa (Ghana, Malawi, South Africa and Tanzania).

BUILDING RESILIENT AND SUSTAINABLE SYSTEMS FOR HEALTH

Half the world's population still does not have access to essential health services.[7] Health systems in low- and middle-income countries remain chronically weak and fragile. UNDP helps countries build sustainable and resilient systems for health and implement large-scale health programmes.

UNDP's work in this area contributes to SDG 3 (health and well-being), as well as targets under SDG 1 (reducing poverty), SDG 6 (clean water and sanitation), SDG 7 (energy for all), SDG 12 (responsible production and consumption), and SDG 13 (climate action).

UNDP-Global Fund partnership

In partnership with the Global Fund, UNDP supports the response to HIV, TB and malaria in some of the most challenging contexts. Since 2003, the partnership has saved an estimated 3.1 million lives.

As of November 2018, UNDP was managing 31 HIV, TB and malaria grants from the Global Fund in 18 countries and three regional programmes that cover an additional 27 countries. UNDP's work involves implementing large-scale programmes, building capacity of health systems so that they are more resilient and sustainable, and supporting countries to strengthen laws and policies to ensure that no one is left behind. This integrated, end-to-end approach also relies on leveraging the expertise of UN and other partners.

7 www.who.int/universal_health_coverage/en

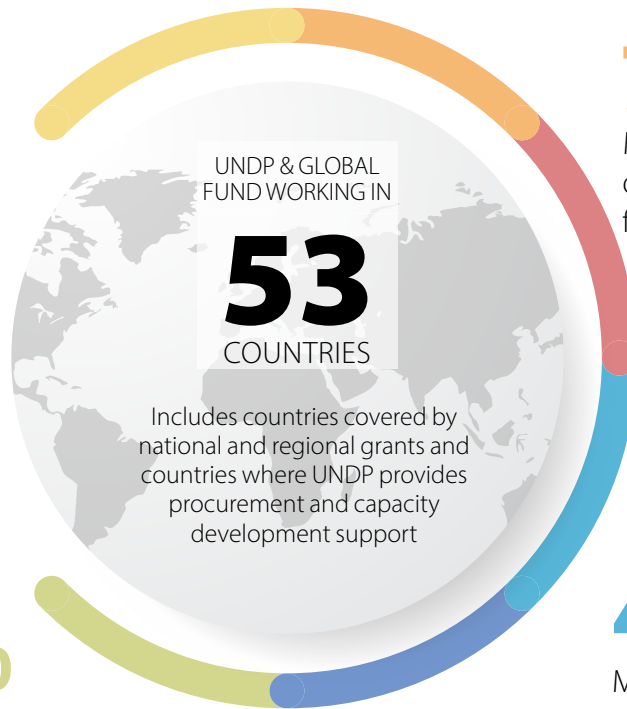# UNDP & Global Fund Results

3.1
million
LIVES SAVED

Meaning 3.1 million people can live fuller and more productive lives, support their families and contribute to their communities.

72 MILLION cases of malaria treated

73 MILLION bed nets distributed to protect families from malaria

UNDP & GLOBAL FUND WORKING IN

53 COUNTRIES

Includes countries covered by national and regional grants and countries where UNDP provides procurement and capacity development support

2.2 MILLION people receiving HIV treatment

44 MILLION people counselled and tested for HIV

19,000 PEOPLE treated for drug-resistant TB

870,000 CASES of TB detected and put on treatment

8 COUNTRIES with a treatment success rate for tuberculosis over 80 percent

7 COUNTRIES with treatment coverage for malaria of 90 percent or more

Cynthia R. Matonhodze/UNDP Zimbabwe

HIV

HIV remains one of the biggest health and development challenges. UNDP's partnership with the Global Fund has contributed to 2.2 million people currently accessing HIV treatment, a 10 percent increase over the previous year. In 2017/2018, the partnership supported 6.3 million people to receive HIV testing and counselling, and 97,000 pregnant women received antiretrovirals to prevent them from passing the virus to their children.

In South Sudan, UNDP has helped the government more than double the number of health centres providing HIV treatment, from 26 in 2016 to 66 in 2018; airlifts have helped supply HIV commodities even to centres blocked by violent conflict and poor roads.

TB

TB is now the world's most deadly infectious disease, and 98 percent of TB deaths occur in low- and middle-income countries. TB is the leading cause of death in people living with HIV, accounting for 32 percent of HIV-related deaths. During 2017/2018, Global Fund TB grants managed by UNDP helped detect and treat 54,000 new smear-positive TB cases and treat 1,600 people for multi-drug-resistant TB.

With UNDP's help under a Global Fund grant, nearly 25,000 people with TB were enrolled for treatment in Afghanistan, with a focus on internally displaced people.

ZIMBABWE

• 1.1 million people currently on HIV treatment

• 62% reduction in new HIV cases from 2000 to 2016

SUDAN

• TB related mortality reduced by half from 2008 / 2017

• 31% reduction in TB cases

TURKMENISTAN

• 55% reduction in new TB cases from 2008 / 2017

• 10,700 cases of TB detected and put on treatment

Malaria

In 2017, an estimated 219 million people contracted malaria, and 435,000 people died from the disease. In 2017/2018, through UNDP's partnership with the Global Fund, 7.6 million cases of malaria were treated and nearly 20 million bed nets were distributed — a 12 percent increase over the previous year. The partnership has also enabled seven countries to achieve 100 percent coverage with antimalarial medicines.

In Guinea-Bissau, UNDP worked with the government, the Global Fund and the World Bank to enable 45 health facilities nationwide to use mobile devices to update and share data on malaria infections. UNDP is now extending the programme to 136 of the country's 169 facilities.

BOLIVIA

• 60,000 cases of malaria treated

• 50% reduction in malaria cases from 2008 to 2016

IRAN

• 760,000 bed nets distributed

• Over 95% reduction in malaria cases from 2010 to 2016

DJIBOUTI: TACKLING TB IN REFUGEE CAMPS

Crowded refugee camps provide a fertile breeding ground for TB. In Djibouti, UNDP is working with the government, the Global Fund and UNHCR to stop the spread of TB. UNDP has set up TB diagnosis and treatment facilities in refugee camps like Ali Addeh, where 15,000 people live. UNDP collaborates with health workers from the refugee community to educate and to challenge the stigma that can prevent people from seeking treatment. The results: the number of TB cases in Ali Addeh has dropped by half over the last five years.

Aurelia Rusek/UNDP Djibouti

Miguel Samper/
UNDP Bolivia

BOLIVIA: TOWARDS ELIMINATING MALARIA

In 2000, Bolivia recorded close to 30,000 malaria cases. By 2017, the figure had dropped to 6,800. Nobody has died from the disease in the last five years. This progress is the result of a concerted drive by the government, with support from UNDP and the Global Fund, to eliminate malaria in Bolivia. Using motorbikes and small boats, mobile health teams have reached even the most inaccessible parts of the Amazon rainforest. They have set up community health points to provide early diagnosis and treatment, fumigated areas where outbreaks occur, and educated people on prevention and treatment. In the last year, 91,000 bed nets were given out to protect vulnerable people, including pregnant women and migrant workers.

Principal Recipient of Global Fund Grants
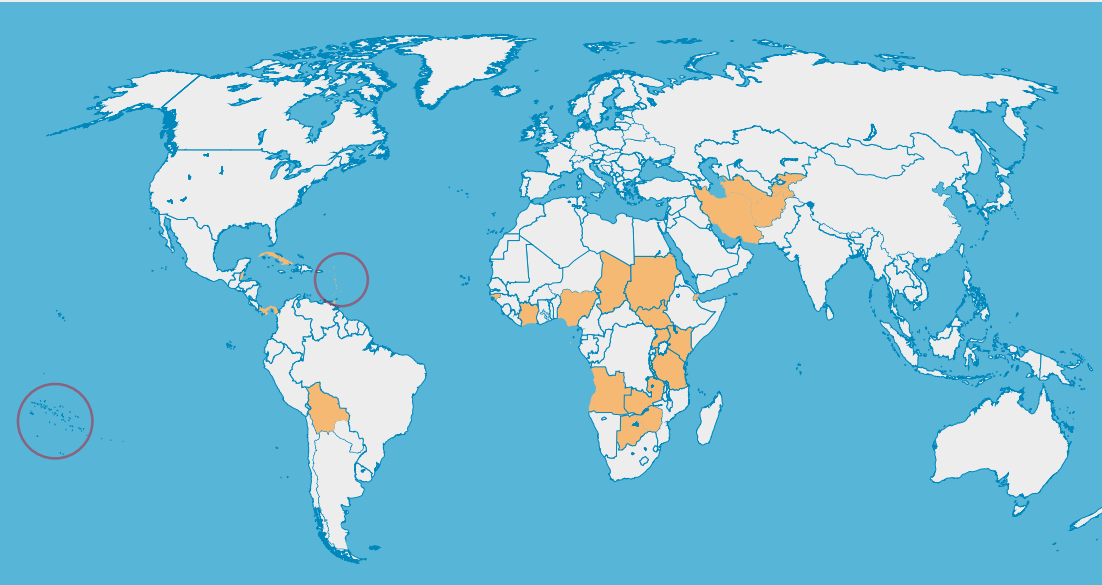
- Angola
- Afghanistan
- Belize
- Bolivia
- Burundi
- Chad
- Cuba
- Djibouti
- Guinea-Bissau
- Iran
- Kyrgyzstan
- Panama
- Sao Tome and Principe
- South Sudan
- Sudan
- Tajikistan
- Turkmenistan
- Zimbabwe
- Multi-country Americas (Regional Caribbean)
- Multi-country Western Pacific
- Multi-country Africa

Health Implementation Support

Global Fund financed

- Programmes in 18 Multi-country Africa and 3 regional covering another 27 countries

- Supporting the functioning of Country Coordinating Mechanisms in 18 countries

- Signed agreements: US$910 million

2017 expenditure: US$489 million

Government financed

- Health procurement and other implementation support in 18 countries

- Signed agreements: US$436 million

2017 expenditure: US$127 million

Gavi financed

- India, Tajikistan, Zambia

- Signed agreements: US$20 million

2017 expenditure: US$12 million

Total expenditure in 2017 US$628 million

Health implementation support

In addition to its partnership with the Global Fund, UNDP is also providing other types of health implementation support to countries. In India, Tajikistan and Zambia, UNDP is partnering with Gavi to improve health infrastructure, such as medical warehouses, health facilities, logistics, and information systems. Low- and middle-income countries are requesting UNDP's support to procure medicines and manage supplies. In 2017, procurement of health commodities for noncommunicable diseases amounted to $94 million.

As part of its support to the Ministry of Health in Ukraine, UNDP has supported the development of a platform and mobile application 'E-liky', to provide access to information on the availability and actual needs of medicines and medical products. E-liky is an open data web portal allowing patients to check the availability of free medicines procured from budgetary funds in their hospital. This solution has a dedicated search feature designed to find the required medicines in any hospital in the country either by its brand name or its generic name. The tool is available both as a website and as a mobile application.

With support from the Government of Sweden, UNDP is partnering with Health Care Without Harm to improve sustainable procurement in the health sector in ten countries. In 2018, UNDP and Health Care Without Harm, together with the Asian Development Bank, brought together policymakers, technical experts on environmental and social issues related to global health supply chains, and United Nations suppliers and manufacturers to discuss improving environmental and social sustainability in the production of health commodities and the delivery of health care services.

In Zimbabwe, South Sudan and Equatorial Guinea, UNDP has worked with regulators and manufacturers to reduce packaging for antiretroviral medication. New packaging has resulted in a 55 percent increase in shipping capacity per container, 29 percent less packaging waste, and a 57 percent reduction in CO_2 emissions. Together with other measures to improve procurement planning and a switch from air freight to sea freight, the reduced packaging initiative has generated saving of $8.2 million since 2016, which can be reinvested in health care. UNDP is now working to expand this initiative to other countries and a wider range of products.

Planetary health

The health of people and planet are fundamentally inter-related and both require scaling up integrated multi-sectoral responses. Environmental risk factors, including climate change and pollution, account for almost a quarter of global deaths. In 2018, UNDP expanded its work at the nexus of health and environment, developing partnerships within the UN system and beyond, for example with the EAT Foundation on nutrition, sustainability of the food supply systems and the environment, and the Wellcome Trust on making Nationally Determined Contributions health sensitive, parliamentary engagement on planetary health and assessing the sustainability of renewable energy in the health sector. UNDP also contributed to global policy dialogues and thought leadership on planetary health, including delivering a keynote on governance and multi-sectoral responses at the Planetary Health Alliance meeting in Edinburgh, chairing a panel on the role of multilateral organisations in climate action and health at the Global Climate and Health Forum in San Francisco, and participating in WHO's First Global Conference on Air Pollution, in Geneva. UNDP also helped organize the Oceania Planetary Health Forum in November 2018. UNDP has published on environment and health in journals such as The Lancet[8] and the British Medical Journal[9] calling for more integrated responses and a stronger engagement from the clinical community on key environmental challenges.

UNDP is collaborating with WHO to make health systems in least-developed countries more resilient in the face of climate change. With funding from the Global Environment Facility, UNDP and WHO successfully developed a project covering six countries in Asia – Bangladesh, Cambodia, Lao PDR, Myanmar, Nepal and Timor-Leste. The project will help countries integrate climate risks and adaptation into their health sector planning, and support regional cooperation. A similar project is also in development in the Pacific, covering Kiribati, Solomon Islands, Tuvalu and Vanuatu.

8 The Lancet, Galamgam, Linou, Linos, Sunscreens, cancer, and protecting our planet, Volume 2, Issue 11, PE465-E466, November 01, 2018

9 BMJ, Linou, Beagley, Huikuri, Renshaw, Air pollution moves up the global health agenda, 2018;363:k4933, 2018

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