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DRAFT STRATEGY NOTE: ACTION AREA 1

HIV, HEALTH AND DEVELOPMENT 2016-2021

Action area 1: Reducing inequality and social exclusion that affect HIV and health status

Priority 1.1: Promoting gender equality and eliminating gender-based violence

Gender inequality and income inequality are two of the most powerful and pervasive socioeconomic factors influencing health.¹ Recent global prevalence figures indicate that 35% of women worldwide have experienced either intimate partner violence or non-partner sexual violence in their lifetime.² Sexual violence against women is particularly prevalent in complex emergencies and humanitarian disasters where systems for physical, social and legal protection for women have been disrupted. Gender inequality – including the denial of sexual and reproductive health – has direct implications for women’s risk of acquiring HIV.³ There is also an increasing awareness of the differential social, economic and health impact of environmental degradation and climate change on women and girls who may be particularly dependent on climate-sensitive livelihoods and who lack economic, political and legal power to assert their rights and participate in decision-making to manage and mitigate environmental risks.

Gender equality and women’s empowerment are key drivers of sustainable development and central to UNDP’s mission of eradicating poverty and reducing inequalities and exclusion. As a part of its commitment to the Every Woman, Every Child, UNDP has committed to improving HIV, health and development outcomes for women and girls by supporting multi-sectoral action to address and prevent gender-based violence, strengthen enabling legal and policy environments, and promote equal access to sexual reproductive health and rights for women and girls in at least 80 low- and middle-income countries by 2020. Strategies to address male and female gender norms, eliminate sexual and gender based violence, promote women’s economic security and legal empowerment and increase access to HIV prevention and treatment for women and adolescent girls are essential to ending the HIV epidemic and improving health and development outcomes more broadly.

Key UNDP service offerings include policy and programme support on:

¹ SV Subramanian, 2004. Income Inequality and Health: What Have We Learned So Far? Epidemiologic Reviews. Volume 26, issue 1. Pp.78-91.

² WHO, 2014. Fact sheet N°239: Violence Against Women.

³ UNAIDS. 2015. UNAIDS Strategy 2016-2021: On the Fast Track to End AIDS.

- Working with government, civil society and UN partners to implement the findings and recommendations of the Global Commission on HIV and the Law on issues affecting women and girls;
- Eliminating discrimination and violence against women in health care settings;
- Integrating gender in Global Fund policies and programmes;
- Integrated solutions to eliminate sexual and gender-based violence in humanitarian settings;
- Integrated solutions to address alcohol-related harm, gender-based violence and HIV;
- Integrated solutions to address the intersections of gender, health, environmental degradation and climate change.

UNDP has supported strengthened inclusion of HIV in national gender plans and women's human rights frameworks and creating enabling legal environments in over 41 countries. Examples include the development and implementation of a monitoring plan on HIV and gender in Malawi; incorporating linkages to gender, gender-based violence and sexual reproductive rights in Namibia, and integrating HIV into the five-year Cambodian National Strategic Plan on Gender Equality and the Empowerment of Women.

In the Arab region, UNDP works in partnership with civil society organizations to address the needs of women living with HIV, reaching over 1300 beneficiaries in 7 countries and nearly 300 micro-capital projects.

UNDP has supported gender-based violence programming in over 30 countries, including a specific focus on access to justice in approximately 20 countries. UNDP and WHO organized a nine country regional consultation in East and Southern Africa on linkages between the harmful use of alcohol, gender-based violence, HIV and needed policy reform.

UNDP and the Asia Pacific Network of People Living with HIV are implementing an initiative to empower women to be more aware of their rights, protect themselves from violations of rights in healthcare settings and have recourse to justice if their rights are violated. This work is now being replicated in Honduras and Jamaica.

UNDP and partners are supporting 10 countries in East and Southern Africa to include HIV and gender-related issues into environmental and social impact assessments (ESIA). For example, Lesotho improved analysis of HIV and gender in ESIA reports; Mozambique included HIV and gender integration in ESIA reports in the new HIV national solidarity programme; Botswana has developed a customized ESIA guideline and established a multi-sectoral national ESIA monitoring team, and South Africa has included a study on the Medupi power station and its overall impact on HIV and gender relations in surrounding communities and among construction workers.

Priority 1.2: Inclusion of key populations and other excluded groups

Key populations in the context of HIV - including men who have sex with men, sex workers, people who inject drugs and transgender people – and their partners are at high risk for HIV and account for between 40% and 50% of all new HIV infections worldwide.⁴ These populations are subject to discrimination, criminalization and human rights abuses in many countries that exclude them from society and severely limit their ability to access health and

⁴ UNAIDS. 2015. Discussion Paper, UNAIDS Strategy 2016-2021 Consultations.

other basic services. In some settings and populations, such as in prisons and among some migrant and displaced populations, risks of HIV, TB, malaria and other diseases are also high, while access to services is frequently poor. There is now strong recognition that major epidemics cannot be ended without greater attention to key populations in all epidemic settings, including addressing social, legal and cultural barriers to accessing HIV and other health services, and consistent inclusion and participation by key populations in policy development, health governance and programming.

Mounting evidence shows that homophobia and other forms of stigma, violence and discrimination against LGBTI people significantly hinder social and economic progress.⁵ Improved data and analysis of the impacts of inequality and exclusion of LGBTI people are needed to inform policies and programmes to improve LGBTI inclusion and build impetus for rights-based and sustainable development for LGBTI people.

Key UNDP service offerings include policy and programme support on:

- Working with government, civil society and UN partners to implement the findings and recommendations of the Global Commission on HIV and the Law on issues affecting key populations;
- Rights-based HIV and health responses for key populations;
- Integrating a focus on key populations in Global Fund policies and programmes; and
- Strengthening the evidence base and capacities on LGBTI inclusion in development.

UNDP supported the establishment of a regional HIV legal network providing people with HIV and key populations in Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russia and Ukraine with access to quality free legal aid. From January to September 2014 more than 1,200 requests for HIV-related legal assistance were processed.

In Asia-Pacific, WHO and UNDP are rolling out a training package to address stigma & discrimination against men who have sex with men and transgender people in healthcare settings with government health departments and community based organizations in 12 countries.

'Being LGBT in Asia' advances the inclusion of lesbian, gay, bisexual, transgender and intersex (LGBTI) people and aims to reduce inequality and marginalization on the basis of sexual orientation and gender identity (SOGI). Working in eight countries – Cambodia, China, Indonesia, Mongolia, Nepal, Philippines, Thailand and Viet Nam, the effort examines LGBT-lived experiences from human rights and development perspectives. The initiative is a collaboration with civil society and engages national and regional institutions to advance protective laws and policies and to empower civil society. It supports policy and operational research and strategy development among vulnerable groups and a range of key stakeholders at national and regional levels. As a part of the Being LGBT in Asia initiative, UNDP partnered with the Royal Thai government to ensure that the Gender Equality Act 2015 included specific protection for the rights of LGBTI people.

Priority 1.3: Urbanization, HIV and health

⁵ UNDP & OHCHR, 2015. Expert Group Meeting on Measuring LGBTI Inclusion: Increasing Access to Data and Good Practice and Building the Evidence Base. Background Paper.

Today 54% of the world's population lives in urban areas and this is expected to rise to 70% by 2050, with most of the increase expected to occur in Africa and Asia.⁶ Around 75% of economic growth is driven by cities and urbanization can present enormous opportunities for more inclusive and sustainable development.⁷ At the same time, cities and urban areas bear a large share of the HIV burden and are places where the risk of HIV may be heightened for some populations, especially young men, poor women and girls and those marginalized by ethnic, gender and sexual differences.⁸ Urban environments can also create conditions in which certain NCDs and their risk factors thrive.⁹ Local governments and community groups are uniquely positioned to coordinate efforts to address health inequalities and overcome historic exclusion of marginalized groups. Addressing the needs of key populations in local contexts has the potential to transform the HIV response for cities and - in certain instances - national HIV responses as well. Similarly, strengthening multisectoral NCD prevention and control responses in urban settings can help to improve national health outcomes.

Key UNDP service offerings include policy and programme support on:

- Strengthening governance of multisectoral HIV and health responses in urban settings;
- Eliminating HIV-related stigma and discrimination and violence against key populations in urban settings.

UNDP has worked with UN partners, the Global Fund, MEASURE Evaluation, PEPFAR and other key partners to support 38 countries in preparing for size estimations and programmatic mapping of key populations for better tailored national and city-level responses.

Through the Urban Health and Justice Initiative, UNDP and UNFPA have supported 42 cities worldwide to improve increase access to HIV prevention, treatment, care and support services for people living with HIV and key populations. Participating cities have improved health service delivery, addressed stigma and discrimination and established more enabling legal and policy frameworks. In Mozambique, services for key populations in cities were integrated in the new National Strategic Plan on AIDS; in Cameroon, the Ministry of Public Health in the Douala region facilitated access to services and treatment for key populations; through the support of UNDP and other members of the UN Joint Team on AIDS, five Zambian cities (Lusaka, Solwezi, Livingstone, Ndola and Kitwe) developed Cities HIV and AIDS Investment Plans. In Lagos, Nigeria, which is home to 200,000 people living with HIV, the city of Lagos developed a Municipal Action Plan on AIDS and Key Populations based on information from a UNDP-supported needs assessment. Focusing initially on the Ikeja and Shomolu areas, the plan calls for increased access to HIV services for key populations, strengthened access to justice and rights-based interventions, dialogue and partnerships between municipal authorities and communities and capacity-building support for community groups. In Guatemala, the initiative was expanded from two cities, Amatitlán and Escuintla to two more municipalities, Mazatenango and Coatepeque.

⁶ The Lancet, 2015. Urban health post-2015.

⁷ United Nations, 2014. World Urbanization Prospects.

⁸ UNAIDS, 2014. Outlook: The Cities Report.

⁹ WHO & UN Habitat, 2010. Hidden Cities: Unmasking and overcoming health inequities in urban settings.