



*Empowered lives.
Resilient nations.*

DRAFT STRATEGY NOTE: ACTION AREA 3

HIV, HEALTH AND DEVELOPMENT 2016-2021

Action area 3: Building resilient and sustainable systems for health

Priority 3.1: Implementation support and capacity development for large-scale health programmes

Many countries are poorly equipped to deal with shocks that may result from a sudden economic downturn, political instability, armed conflict, natural disasters, health shocks and other humanitarian crises and emergencies. Such events have the potential to reverse health and development gains. Building the resilience of countries to both prevent and mitigate the risks of crises and conflict is a key priority for UNDP across all its development programming. For health, this can include both addressing the development impact of health crises, such as the Ebola outbreak in West Africa in 2014, and within the context of UNDP's work on crisis response and early recovery, building or maintaining the capacity of vulnerable countries to more effectively deliver health services and build more risk-informed systems for HIV and health.

Resilience- and capacity-building are particularly important in countries where UNDP acts as interim Principal Recipient of funding from the Global Fund to Fight AIDS, TB and Malaria. These are countries that have significant national capacity constraints and weak institutions and/or that face complex emergencies or other difficult circumstances. In all countries where UNDP acts as interim Principal Recipient, the arrangement is transitional, with the longer-term objective of handing over responsibility for grant management to strengthened national entities. UNDP complements implementation support with capacity development that includes strengthening financial management, procurement and systems for health commodities, monitoring and evaluation, training, support for civil society organizations and Global Fund Country Coordinating Mechanisms and support for additional resource mobilization. UNDP is also able to leverage its additional policy capacity to improve the overall quality of Global Fund-supported programmes.

Key UNDP service offerings include:

- Supporting implementation of health programmes in countries facing development challenges and complex emergencies;

- Developing capacities of national entities to manage Global Fund-supported programmes; and
- Strengthening policy and programme quality of Global Fund-supported programmes in areas of UNDP expertise, including human rights, gender equality, reaching HIV-affected and marginalized populations, sustainable financing and health procurement.

As of June 2015, the UNDP-Global Fund partnership is helping 2.2 million people access life-saving antiretroviral treatment, equal to one in eight people on HIV treatment in low- and middle-income countries. 70 million malaria cases have been treated and 33 million bed nets distributed*¹. Six countries (the Plurinational State of Bolivia, Islamic Republic of Iran, Kyrgyzstan, Sao Tome and Principe, Tajikistan and Zambia) have decreased the incidence of malaria by 75 per cent. Thirteen countries (Angola, Belarus, Belize, Bosnia and Herzegovina, Cuba, El Salvador, Haiti, Kyrgyzstan, Montenegro, Sao Tome and Principe, Syrian Arab Republic, Tajikistan and Turkmenistan) have exceeded the global target of 70 per cent of tuberculosis case detection rate set for 2015*. Cuba eliminated mother to child transmission. In addition, 500 million condoms have been distributed and 22 million people have received HIV testing and counselling*.

Building on social protection portfolios and leveraging experiences in responding to HIV, UNDP worked with UNCDF, UNMEER, UNFPA, WFP and the IFRC to design and implement national Payments Programmes for Ebola Response Workers. UNDP's support strengthened core government functions and capacities needed to ensure timely payment of 49,250 Ebola Response Workers, or around 70 percent of the estimated total Ebola response workforce across Guinea, Liberia and Sierra Leone. This helped to ensure the continuity of essential health and community services.

The 2014 Ebola outbreak in West Africa also had a direct impact on Global Fund-supported programmes in Guinea, Liberia and Sierra Leone, jeopardizing the continuity of essential HIV services and retention of people on treatment. UNDP sought to secure access to ARVs drugs and essential HIV prevention interventions - including programmes to prevent mother-to-child HIV transmission - by helping to reprogramme existing Global Fund grants to ensure continued access to essential services and treatment.

Priority 3.2: HIV-sensitive social protection

Policy-makers have increasingly recognized the importance of social protection in tackling poverty and promoting resilience. Universal health coverage is fundamental to ensuring social protection for health. Social protection is now also recognized for its capacity to address HIV-related vulnerabilities arising from the financial burden on HIV-affected households. Such households may experience impoverishment, food insecurity, psychological stress, discrimination and social exclusion; women and girls are particularly vulnerable in these settings. Cash and food transfers and social health protection (insurance) are among the approaches that may prevent HIV directly or indirectly. Social protection programmes can also increase the uptake of critical HIV prevention services. Measures that expand access to health services - including vouchers, exemptions, abolition of fees and cash transfers to cover costs such as transportation to clinics in rural areas - can lead to better treatment adherence. Households receiving cash transfers are more likely to seek health care for sick children, are more food secure and are more likely to adopt other strategies to strengthen their livelihoods and household finances.

¹ *Cumulative since beginning of implementation of the grants, as of end-2013

UNDP supports countries to implement HIV-sensitive social protection programmes - the integration of HIV, wherever necessary and feasible, into existing social protection schemes and policies - rather than HIV-specific social protection, as recommended in the UNAIDS Strategy 2016-2021. HIV sensitive social protection should involve multiple sectors and partners; engage affected individuals, networks and communities, especially women, girls, people living with HIV and key populations, protect and enhance human rights and gender equity, and contribute to sustainability.

Key UNDP service offerings include policy and programme support on:

- HIV-sensitive social protection programmes to strengthen national social protection floors; and
- Building the evidence base for inclusive social protection for HIV and health.

In India, UNDP has supported state level authorities in Odisha, Rajasthan and Tamil Nadu to make social protection schemes more HIV-sensitive. In Rajasthan, a widow pension scheme was amended so that HIV widows can now access a pension at the age of 18, instead of the age of 40. In Odisha, the Madhu Babu Pension Scheme was modified to include all people living with HIV, regardless of age, marital status, economic status, caste and gender. Tamil Nadu was the first state to implement a Transgender Welfare Policy that enables transgender people to access free sex reassignment surgery in public hospitals; housing; various citizenship documents; admission in government colleges with full scholarship for higher studies; alternative sources of livelihood through self-help groups for savings and income-generation programmes. Tamil Nadu was also the first state to form a Transgender Welfare Board with representatives from the transgender community.

UNDP is also working with civil society partners on HIV-sensitive social protection in Algeria, Djibouti, Egypt and Tunisia. This includes policy research and convening civil society and government partners to increase awareness and capacity to address the needs of people living with and affected by HIV through social protection schemes.

Priority 3.3: Planetary and human health

UNDP recognizes the health of the planet as critical to achieving sustainable development. Environmental, animal and human health are closely linked: environmental hazards influence over 80% of the communicable and non-communicable diseases worldwide. Environmental degradation of air, water, and land has resulted in a significant loss in biodiversity. As a result, disease patterns are changing and new diseases are emerging. The recent outbreak of Ebola highlighted the overlapping drivers of disease and environmental degradation, the synergies between health and other areas of development and the need for a more integrated approach to human, animal and environmental health. Strengthened resilience, effective governance and cooperation across sectors are all essential in managing the multiple risks and impact of environmental hazards and climate change on planetary and human health.

Key UNDP service offerings include policy and programme support on:

- Health and gender-sensitive environment impact assessments;
- Integrated development solutions to address the nexus of health, environmental degradation and climate change; and

- Sustainable health procurement.

While the Zambian government has a clear policy to encourage the use of renewable energy sources, the use of solar energy in the country remains limited. UNDP supported the set up of Solar Photo-Voltaic power systems in three primary health care clinics offering antiretroviral treatment in Mpepo, Mulekatembo and Kazembe in Eastern Province of Zambia. The Ministry of Health prioritized health facilities that were isolated for six months of the year during the rainy season as the roads become inaccessible and where urgent health care services were impossible to provide in the absence of electrical power. Thanks to a reliable power source, the three clinics are now capable of delivering more and better services and reaching more people. The energy generated is used to maintain quality of medicines and laboratory reagents. Solar panels also enable water pumping and facilitate water purification – a pivotal achievement in a country where water-borne diseases are the major killers of children. Electricity also allows the option of implementing a wider range of diagnostic equipment required for HIV, TB and malaria patient monitoring.

UNDP's work in Eastern Europe and Central Asia focuses on environmental determinants of health and the environmental impact of UNDP programming. This includes areas such as addressing environmental aspects of procurement of health commodities and health sector waste management. A carbon footprint analysis of selected UNDP-managed Global Fund grants was conducted in 2014. The SEEDS (Social, Economic and Environmental Determinants) Study, undertaken by UNDP in Eastern Europe and Central Asia in 2014, analyzed which of these determinants and aspects of health equity are likely to be affected by UNDP's development programmes and how such concepts could be further embedded in health programming.

UNDP hosts the UN Initiative for Sustainable Procurement in the Health Sector (SPHS) which aims to integrate sustainable procurement systems into global health policies and practices and facilitates an overall reduction in the UN environmental footprint.