PROJECT DOCUMENT AMENDMENT
[Global HIV, Health and Development Project]

Project Title: **UNDP Global HIV, Health and Development**
Project Award Numbers: 00038766, 00058584, 00063928
Implementing Partner: UNDP
Start Date: 1 October 2016 End Date: 31 Dec 2021   PAC Meeting date: 4 October 2016

Substantive Revision Justification

UNDP's commitment to HIV and health stems from the fact that health is both a driver and an outcome of all dimensions of sustainable development. UNDP works on HIV and health across development sectors at global, regional, national and local levels, with a broad range of partners including governments, UN agencies and other intergovernmental organizations, multilateral and bilateral donors, development banks, the private sector and other development partners. UNDP's work on HIV and health also involves some of the organization's most extensive partnerships with civil society.

The document represents a substantive revision of the project 'Policy and Technical Support to Address Development Dimensions of HIV and Health'. As in the original project document, this substantive revision continues to frame the project primarily under SP Outcome 3: 'Countries have strengthened institutions to progressively deliver universal access to basic services' with a primary focus on SP/GP Output 3.3. However, the outputs have been reformulated, and the project will also contribute to SP/GP Outputs 5.4, 7.3. The project period is also extended to 2021.

The project aims to address the social, economic and environmental factors that drive inequities and affect the HIV status and health of individuals, communities and nations. The outputs and activities featured in this project are aligned with the 2030 Agenda for Sustainable Development and the pillars of the *HIV, Health and Development Strategy 2016-2021: Connecting the Dots,* and reflect the focus of the organization's work on the 'convergence between poverty, social equity, environmental and governance issues' defined in the UNDP 2014-2017 Strategic Plan. Both the HIV, Health and Development Strategy 2016-2021 and this pro-doc will be adjusted in line with the new UNDP 2018-2021 Strategic Plan which is currently under development.

Specifically, the three projects outputs which contribute to UNDP's policy and programme support in HIV, health and development for the period 2016-2021, include:

•   Output 1: Strengthened mechanisms for inclusion and civic engagement of vulnerable and key populations
•   Output 2: Improved legal and policy environments for HIV and health
•   Output 3: National capacities developed for implementation of large health programmes

Contributing Outcome (UNDAF/CPD, RPD or GPD)		
Outcome 3: Countries have strengthened institutions to progressively deliver universal access to basic services.		

Contributing Outcome (UNDAF/CPD, RPD or GPD)

Outcome 3: Countries have strengthened institutions to progressively deliver universal access to basic services.

Indicative Output(s):

Output 3.3: Strengthened (country, regional and global) capacity for equitable, accountable and effective delivery of HIV and related services;

Output 5.4. Preparedness systems in place to effectively address the consequences of and response to natural hazards (e.g. geo-physical and climate related) and man-made crisis at all levels of government and community;

Output 7.3. National development plans to address poverty and inequality are sustainable and risk resilient; and

Total resources required:		USD 61,886,500
Total resources Allocated	UNDP:	2,200,000
	UNAIDS UBRAF	2,500,000
	USAID	1,600,000
	FHI	200,000
	GF Regional	34,600,000
	Japan	301.500
	Skoll Foundation	150,000
	RBEC Regional Programme	35,000
*Soft pledges	UK/EU*	3,000,000
	Netherlands*	9,000,000
	SIDA*	8,000,000
Unfunded:	GAVI	300,000

Agreed by (signature):

Magdy Martínez-Solimán
Assistant Administrator and Director
Bureau for Policy and Programme Support
United Nations Development Programme

Date: 28 October 2016

I.   DEVELOPMENT CHALLENGE

Health is central to development and is a major contributor to the achievement of the Sustainable Development Goals (SDGs). The returns on efficient health investments are impressive in both the short and long term. The Lancet Commission on Global Health 2035 shows that good health has a positive effect on development and that decreases in overall morbidity and mortality can help to drive productivity and economic growth: for example, about 24% of full income growth in low- and middle-income countries between 2000 and 2011 has been attributed to health improvements[1].

Similarly, health is also a beneficiary of sustainable development. Up to a quarter of the overall burden of disease can be prevented by reductions in air, water and chemical pollution. Deforestation, air pollution, desertification, urbanization and changing land use have all been causally linked to many pressing global health problems - including malaria, water-borne diseases, malnutrition, AIDS, TB, maternal health and non-communicable diseases.

In many low- and middle- income countries health progress over the past decade has been impressive. Child and maternal mortality have declined at unprecedented rates in many countries. There has also been demonstrable progress in the fight against major infectious diseases such as AIDS, tuberculosis and malaria. However, many countries did not meet the health-related MDG targets. Much remains to be done to support countries in implementing SDG3 *(ensuring healthy lives and well-being for all)*, particularly in the lowest income countries, sub-Saharan Africa and South Asia, and in countries affected by conflict.

Pandemic diseases such as HIV, TB and malaria and neglected tropical diseases (NTDs) account for more than 11% of the global disease burden, disproportionality affecting poor and marginalized populations and adversely impacting health and adult productivity. Ending the epidemics of HIV, TB and malaria are among the health targets of the SDGs. The emerging pandemics of non-communicable diseases, responsible for half of the global burden of disease, are intimately tied to development issues, and 85% of premature deaths from these diseases occur in low- and middle income countries.

HIV continues to be a major global public health issue, having claimed more than 34 million lives. In 2014, 1.2 million people died from HIV-related causes globally[2]. There were approximately 36.9 million people living with HIV at the end of 2014 with 2.0 million people becoming newly infected with HIV in 2014. Sub-Saharan Africa is the most affected region, with 25.8 million people living with HIV in 2014, accounting for almost 70% of the global total of new HIV infections.

While there has been an unprecedented scale up of access to treatment, 19 million people living with HIV are still not accessing antiretroviral therapy[3]. People living with HIV, key populations most at risk of HIV such as men who have sex with men, transgender people, sex workers, people who use drugs, people in prisons are most often left behind in the fulfilment of their human rights, including the right to health. Young women and adolescent girls are disproportionately vulnerable and at high risk of HIV.[4]

In 2014, 9.6 million people fell ill with TB and 1.5 million died from the disease[5]. Over 95% of TB deaths occur in low- and middle-income countries, especially in Africa, South-Asia and the Western pacific region. It is among the top five causes of death for women aged 15 to 44. TB disproportionately affects the poor, as crowded living conditions, poor ventilation, and lack of access to clean water and sanitation all contribute to an increased susceptibility to TB. TB also worsens

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[1]   http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(13)62105-4.pdf , page 1

[2]   http://www.who.int/mediacentre/factsheets/fs360/en/

[3]   http://www.unaids.org/en/resources/documents/2016/Global-AIDS-update-2016

[4]   UNAIDS, Gap Report, 2014, http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf, at 19-20

[5]   http://www.who.int/mediacentre/factsheets/fs104/en/

the conditions of poverty, as 20-30 percent of a family's household income can be lost as a result of a family member contracting active TB. In countries with a high burden of HIV, people living with the virus are 20 times more likely to contract TB. The burden of HIV/TB co-infection is particularly high in sub-Saharan Africa, with TB causing up to half of all AIDS deaths. Developing countries are also home to a large majority of the multi-drug resistant TB.

About 3.2 billion people – almost half of the world's population – are at risk of malaria[6]. According to WHO, there were 214 million cases of malaria in 2015 and 438 000 deaths. Between 2000 and 2015, malaria incidence among populations at risk fell by 37% globally; during the same period, malaria mortality rates among populations at risk decreased by 60%. An estimated 6.2 million malaria deaths have been averted globally since 2001. Sub-Saharan Africa continues to carry a disproportionately high share of the global malaria burden, accounting for 88% of malaria cases and 90% of malaria deaths in 2015.

Malaria is associated with poor socio-economic development and marginalisation. Countries that have eliminated or are eliminating malaria have done so by acting on broader socio-economic determinants including improving living conditions, promoting smarter agricultural practices and addressing barriers to accessing health services. Many countries where malaria is a serious threat have dramatically expanded and intensified their response to this disease but a great effort is needed to maintain these gains and to extend prevention coverage to all populations living in malaria endemic areas.

The prevalence of Neglected Tropical Diseases, endemic in 149 countries, also remains high. At least 230 million people require treatment for Schistosomiasis every year. An estimated 10 million people are infected with Trypanosoma cruzi (the parasite that causes Chagas disease) worldwide, mostly in Latin America. Incidence of Dengue has grown dramatically in recent decades. Over 2.5 billion people – over 40% of the world's population – are now at risk from dengue. WHO currently estimates there may be 50–100 million dengue infections worldwide every year.

In addition to the infectious disease burden, there is a rapidly growing threat from non-communicable diseases (NCDs) such as cardiovascular diseases, cancers, chronic lung diseases and diabetes. The social and economic burden of NCDs on the poor is also rapidly growing: NCDs are now the single greatest cause of preventable illness, disability and mortality worldwide and it is estimated that cumulative losses in economic output in low- and middle-income countries as a result of NCDs could exceed $20 trillion by 2030. NCDs kill 38 million people each year Sixteen-million of those deaths are premature and most of them are preventable. Low and middle income countries – home to more than 80 percent of NCD incidence – are particularly vulnerable, as they face double burdens of rising NCD prevalence and persistent infectious diseases.

Poverty is closely linked with NCDs and they have a major impact on poverty reduction initiatives in low-income countries by reducing earning power and increasing household costs associated with health care. Vulnerable and socially disadvantaged people are particularly affected because they are at greater risk of being exposed to health-harming products, such as tobacco or processed foods, while also having limited access to health services.

With air pollution alone causing more than seven million deaths per year, linkages between health, the environment and climate change will be another focus area for the programme.

Emerging infectious disease outbreaks and epidemics also constitute a universal threat. In 2010, the H1N1 outbreak highlighted the fact that a lack of domestic detection and response capability in any one country is a threat to all. The Ebola Virus Disease is another example. According to the United Nations Development Group (UNDG), West Africa as a whole may lose an average of at

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[6] http://www.who.int/mediacentre/factsheets/fs094/en/

least US$3.6 billion per year between 2014 and 2017, due to a decrease in trade, closing of borders, flight cancellations and reduced foreign direct investment and tourism activity, fuelled by stigma.[7] In February 2016 WHO declared the Zika virus a Public Health Emergency of International Concern.[8] It may take several years for the social and economic ramifications to become clear.

II.   STRATEGY

Addressing HIV and other health threats and the development challenges they pose requires action beyond the health sector. Addressing underlying social, cultural, environmental and economic factors influencing health outcomes has been shown to be an effective way of increasing equity of access to services and outcome. This has been a critical aspect of the AIDS response, which has promoted inclusive, multi-sectoral efforts that engage governments, civil society, donors and the UN system; more still needs to be done to optimize engagement with the private sector. Building on the lessons from HIV, inter-sectoral approaches which effectively address social, economic and environmental determinants are increasingly being recognized as a model for tackling other health priorities and challenges like malaria, TB, maternal health and NCDs.

Just as health shapes development, development shapes health. The conditions in which people live and work –- including factors such as poverty, exclusion, inequality, social status, housing and environmental and political conditions –- have a major impact on health and wellbeing. Conversely, healthy people are better able to contribute to the social, political and economic development of their communities and countries. By increasing people's choices and capabilities to lead healthy and productive lives, investments in health and other areas of development are mutually reinforcing.

Poverty is a major contributor to poor health, leading to unhealthy living and working environments, poor nutrition and illiteracy, all of which increase vulnerability to disease and limit access to basic health and social services and affordable medicines. At the same time, acute and chronic diseases are one of the main factors that push households from deprivation to poverty.

Consistent with the 2030 Agenda for Sustainable Development, the vision of UNDP as set out in its Strategic Plan for 2014-2017 is "to help countries achieve the simultaneous eradication of poverty and significant reduction of inequalities and exclusion".

To realize this vision, UNDP as a whole has a particularly strong focus on supporting countries to achieve SDGs 1 (poverty), 10 (inequality) and 16 (governance). UNDP's specific work in HIV and health contributes strongly to achieving these three goals by addressing the social, economic and environmental determinants of health, health-related inequities and governance for health, while at the same time making important, context-specific contributions to achieving SDGs 3 (health and wellbeing), 5 (gender equality) and 13 (climate action). Building strong partnerships for development (SDG 17) at global, regional, national and local levels is a consistent objective of all UNDP's work, including in HIV and health.

In addition to the HIV, Health and Development Strategy 2016-2021, which is fully aligned with the 2030 Agenda for Sustainable Development, the activities in this project are aligned with other corporate strategies, including UNDP's 2014-2017 Strategic Plan, the 2014-2017 Global Programme and Regional Programmes, as well as complementary UNDP strategies such as the Gender Equality Strategy 2014-2017, the Youth Strategy 2014-2017, the UNDP Strategy on Civil Society and Civic Engagement and the UNDP strategy on Sustainable Urbanization. Both the
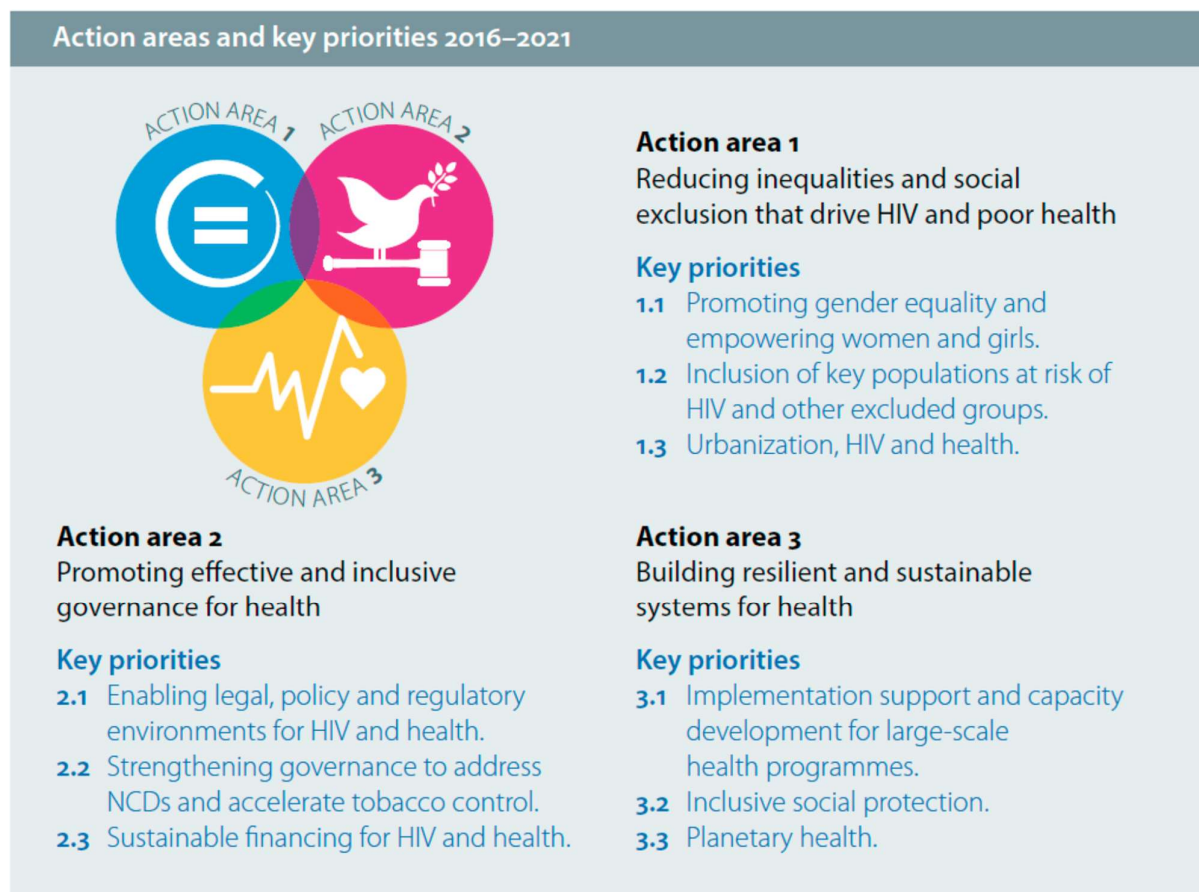
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[7] https://undg.org/wp-content/uploads/2015/07/ebola-west-africa.pdf

[8] http://www.who.int/mediacentre/news/statements/2016/emergency-committee-zika-microcephaly/en/

HIV, Health and Development Strategy 2016-2021 and this pro-doc will be adjusted in line with the new UNDP 2018-2021 Strategic Plan which is currently under development.

UNDP's policy and programme support in HIV, health and development for the period 2016-2021 encompass three inter-related action areas:

- Reducing inequalities and social exclusion that drive HIV and poor health;

- Promoting effective and inclusive governance for health; and

- Building resilient and sustainable systems for health.

Action areas and key priorities 2016–2021

Action area 1
Reducing inequalities and social exclusion that drive HIV and poor health

Key priorities
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.

Action area 2
Promoting effective and inclusive governance for health

Key priorities
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.

Action area 3
Building resilient and sustainable systems for health

Key priorities
3.1 Implementation support and capacity development for large-scale health programmes.
3.2 Inclusive social protection.
3.3 Planetary health.

The three action areas are closely linked, and work in one action area will often be dependent upon and contribute to progress in other action areas. For example, efforts to reduce inequalities and social exclusion also require enabling legal and policy environments for health and contribute both to stronger governance and resilience for health. As such, activities under all three project output will contribute to Strategic Plan Output 7.2: National development plans to address poverty and inequality are sustainable and risk resilient. Another example is sustainable financing for health, which is linked to inclusive social protection and will contribute to achieving universal health coverage and building more resilient and sustainable systems for health. The action area framework for UNDP's work in HIV and health illustrates the need for integrated approaches to HIV, health and development that prioritize common challenges and achieve multiple gains.

Three outputs contribute to UNDP's policy and programme support in HIV, health and development for the period 2016-2021:

- Output 1: Strengthened mechanisms for inclusion and civic engagement of vulnerable and key populations
- Output 2: Improved legal and policy environments for HIV and health
- Output 3: National capacities developed for implementation of large health programmes

Output 1: Strengthened mechanisms for inclusion and civic engagement of vulnerable and key populations.

Widening inequalities and exclusion within and between countries and populations lead to poor health, fuel HIV and other epidemics and negatively impact upon sustainable development. Women and girls, particularly those living with HIV, key populations most affected by HIV and young people, must be empowered to engage meaningfully in the design, implementation and monitoring and evaluation of programmes affecting their lives and spaces must be secured for them to participate in HIV and health response at all levels. However, institutions and governance structures in many countries are under-resourced, lack capacity and coherence to plan and deliver health and related services, and provide inadequate civic space for the participation of these affected groups.

Persistent gender inequalities and gender-based violence are among the key social determinants that drive women's HIV vulnerability and poor health outcomes, with 45% of adolescent girls in some settings reporting that their first sexual experience was forced. In addition to being a serious human rights violation, gender-based violence is an urgent public health crisis, as it is associated with serious physical and mental health outcomes for women and their children

Evidence suggests that strategies to foster equitable gender norms, strengthen legal and policy frameworks that address and prevent gender-based violence and improve women's access to justice, and support women's education, access to decision-making, employment opportunities, food and economic security have a meaningful impact on HIV and sexual and reproductive health and rights outcomes and reduce gender inequality.

Promoting gender equality and women's empowerment and combatting gender-based violence requires strategic multi-sectoral interventions at all levels of programming, budgeting and policy-making, which in turn demands adequate budgets for such activities as well as the prioritization of the inclusion of women and girls in developing, planning, implementing and evaluating national HIV and health strategic plans and policy frameworks. Similarly, gender equality and gender-based violence plans and policies must also be designed with the health and HIV vulnerabilities of women and girls in mind.

Particular efforts are also needed to strengthen access to HIV services for key populations (men who have sex with men, sex workers, transgender people and people who use drugs), who along with their immediate partners are estimated by WHO to account for between 40% - 50% of all new HIV infections among adults worldwide. Although nearly one in seven (13%) of the 12.7 million people worldwide who inject drugs are living with HIV, many lack access to proven harm reduction services.

Sound, inclusive, rights-based and gender-sensitive responses are necessary to ensure meaningful service access and utilization for key populations and address the legal, policy and social barriers that impede service access. This includes initiatives aimed at inclusive governance processes, strengthening the enabling legal and policy environment necessary to address and prevent the drivers of HIV and poor health outcomes, and capacity development of civil society organizations.

Targeted efforts are needed to scale up and adapt treatment as well as testing and prevention services to local contexts, including in cities (where HIV prevalence is typically higher than in rural areas) and in humanitarian emergencies.

Finally, in the area of sexual orientation and gender identity (SOGI), health and development efforts are required to bridge the data gap in support of LGBTI inclusion, as well as to strengthen dialogue between key government and civil society counterparts in this emerging development area. LGBTI inclusion in health links closely with other development dimensions, including personal security and violence, education, political and civic participation, and economic well-being.

Output 2: Improved legal and policy environments for HIV and health.

Legal, policy and regulatory environments continue to undermine the response to the HIV epidemic and other health challenges in many countries. Public health laws and regulations can play an important role in improving health. In the case of HIV, overly broad criminalization of HIV transmission, laws that criminalize sex work, drug use and sex between men and laws and policies that limit access to affordable medicines or that fail to ensure equality for women and protect children can all increase HIV vulnerability and act as barriers to civic engagement in health governance and access to health and social services.[i] Such laws and policies also reinforce stigma and discrimination that increase inequalities and exclusion and impede effective HIV responses.

Through action to improve legal and policy environments, build human and institutional capacity and develop rights-based investment approaches, UNDP aims to strengthen the governance capacity of countries to respond more effectively to health and related development challenges. Activities under this output also contribute to Strategic Plan Output 2.6: *Legal reform enabled to fight discrimination and address emerging issues.*

Effective laws and policies are essential to ensure the equity, quality and safety of health services and financial protection for health system users. Stigma, discrimination and other human rights violations continue to impede progress in the AIDS response, increasing risk and vulnerability, exacerbating the epidemic's impact and deterring many people from seeking or obtaining essential services. Stigma, discrimination and gender-based violence may be especially injurious when it occurs in healthcare settings, highlighting the need for concerted efforts to enhance the capacity of health care systems and workers to provide good-quality, non-judgmental services to all people affected by the epidemic.

Efforts to reform laws and align legal and policy frameworks with human rights principles should be complemented by initiatives to build legal literacy among populations affected by HIV, ensure access to justice, and rigorously enforce anti-discrimination and human rights provisions.

NCDs contribute to economic losses and trap millions of people in poverty. This burden could be significantly reduced if health systems responded more effectively and equitably to the needs of people with NCDs and if policies in sectors outside health more effectively addressed shared behavioural risk factors – such as tobacco use, unhealthy diet, physical inactivity, and the harmful use of alcohol. In the UN Political Declaration on NCDs of September 2011, Member States committed to establishing and strengthening multi-sectoral national policies and plans for the prevention and control of NCDs and to consider the development of national targets and indicators based on national situations. Legislation and regulation is an important tobacco control strategy. Many countries with high burdens of HIV also face burgeoning epidemics of NCDs and significant opportunities exist for closer integration of HIV, NCD and other health promotion interventions.

Sustaining national health responses requires funding that is sufficient and stable. Taking into account broader trends in development assistance and the transition of many countries from low- to middle-income status, analyses indicate that increasing domestic financing of health activities (including expansion of tax base and innovative funding models, such as inter-sectoral co-financing)

will be essential to long-term sustainability of national responses. During the transition to new funding and institutional arrangements to support a sustainable response, urgent efforts are needed to ensure a seamless transition and avoid disruption of essential services, including steps to increase national and sub-national capacity. At the same time, as new sources of funding are mobilized, from both national and international sources, efforts should be redoubled to ensure that all funding is used as efficiently as possible. Health strategies need to be guided by investment cases that prioritize high-impact locations, populations and programmes. Service delivery strategies must effectively reach and engage key populations, women and other vulnerable and marginalized populations, while reducing costs and avoiding duplication, underscoring the importance of optimizing the use of strategic information to inform planning and resource allocation.

Output 3: National capacities developed for implementation of large health programmes

Chronically weak and fragile systems for health in many countries are highly susceptible to shocks that result from political, economic and health crises and humanitarian and natural disasters. Through the provision of a wide range of implementation support services, the promotion of inclusive social protection programming and attention to health aspects of the environment, UNDP aims to build the resilience of countries for sustainable and risk-informed responses to health and other development challenges.

Many countries are poorly equipped to deal with shocks that may result from a sudden economic downturn, political instability, armed conflict, natural disasters, health emergencies and other humanitarian crises. Such events have the potential to significantly reverse health and development gains. As a result of the lengthy conflict in Syria, for example, more than two-thirds of public hospitals in the country were either partially functional or had been completely destroyed by late 2015[9], highlighting the crucial need for close integration of health policies and programming with broader humanitarian responses and recovery efforts.

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. This can include both addressing the development impact of health crises, such as the Ebola outbreak in West Africa in 2014-2016, and – within the context of UNDP's work on crisis response and early recovery – building the capacity of countries to implement risk-informed systems for HIV and health and integrate health more effectively into post-crisis recovery efforts.

Resilient and sustainable systems for health should also include HIV and health-sensitive national social protection programmes. These programmes, including social insurance, transfers and subsidies, are a powerful tool to address the structural determinants of health, such as poverty and food insecurity, while enhancing the access to and utilization of HIV and health services.

UNDP recognises 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[ii]. 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[iii].

Climate change is expected to have increasingly significant impact on human health by placing pressure on the fundamental requirements of good health: clean air, safe drinking water, adequate sanitation and sufficient food[iv]. More attention is needed to ensuring that early warning systems for climate change and assessments of environmental impact of development projects include an assessment of health risks. UNDP is exploring opportunities to provide support to countries to develop "green health services" that minimize their environmental impact through environmentally-

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[9] http://www.who.int/hac/crises/syr/appeals/en/

sensitive health procurement, the effective management of medical waste and the incorporation of renewable energy sources. Activities under this output will contribute to Strategic Plan output 5.4: *Preparedness systems in place to effectively address the consequences of and response to natural hazards (e.g. geo-physical and climate related) and man-made crisis at all levels of government and community*. Strengthened resilience, effective governance and cooperation across sectors are all essential in managing the multiple risks and impact of climate change and environmental hazards on planetary health.

Theory of Change for Output 1: Strengthened mechanisms for inclusion and civic engagement of vulnerable and key populations

Impact indicators

IMPACT: Improvements in health drive gains in sustainable development

Outcome indicators

Outcome: Health outcomes improved by action on the social, economic and environmental factors that define health and wellbeing

Output indicators

Output 1: Strengthened mechanisms for inclusion and civic engagement of vulnerable and key populations

Strategic interventions (illustrative)

Key UNDP service offerings include policy and programme support on:

- Supporting gender equality programming in national HIV and other health programmes;
- Eliminating discrimination and violence against women and girls in health care settings;
- Integrated solutions to eliminate sexual and gender-based violence;
- Promoting rights-based HIV and health responses for key populations at risk of HIV and other excluded groups;
- Strengthening governance of HIV and health responses in urban settings; and
- Integrating programming for key populations and other excluded groups in national HIV and other health programmes.

Development challenge: Widening inequalities and exclusion within and between countries and populations lead to poor health, fuel HIV and other epidemics and negatively impact sustainable development. UNDP aims to empower women and girls and increase the capacity of key populations and other excluded groups to realize their health and human rights.

Assumptions (risks and mitigation measures in text):

Political support for addressing inequity remains strong;

Greater participation of vulnerable and key populations increases their inclusion

Governments are interested in addressing social inclusion in an evidence-based manner;

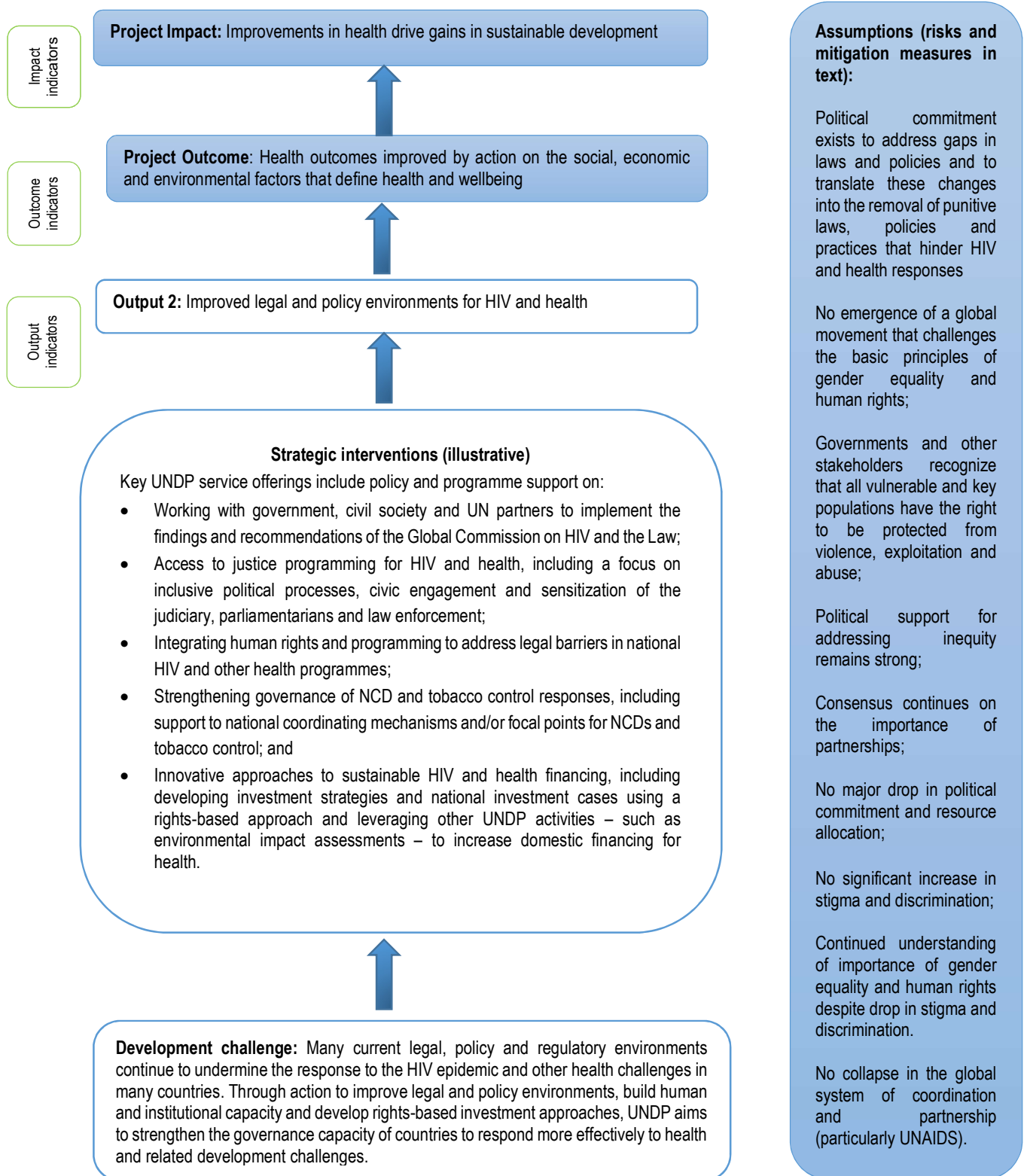No significant increase in stigma and discrimination;

No significant increase in opposition to identifying the needs of women, girls and key populations through better data;

Continued understanding of importance of gender equality and human rights despite drop in stigma and discrimination;
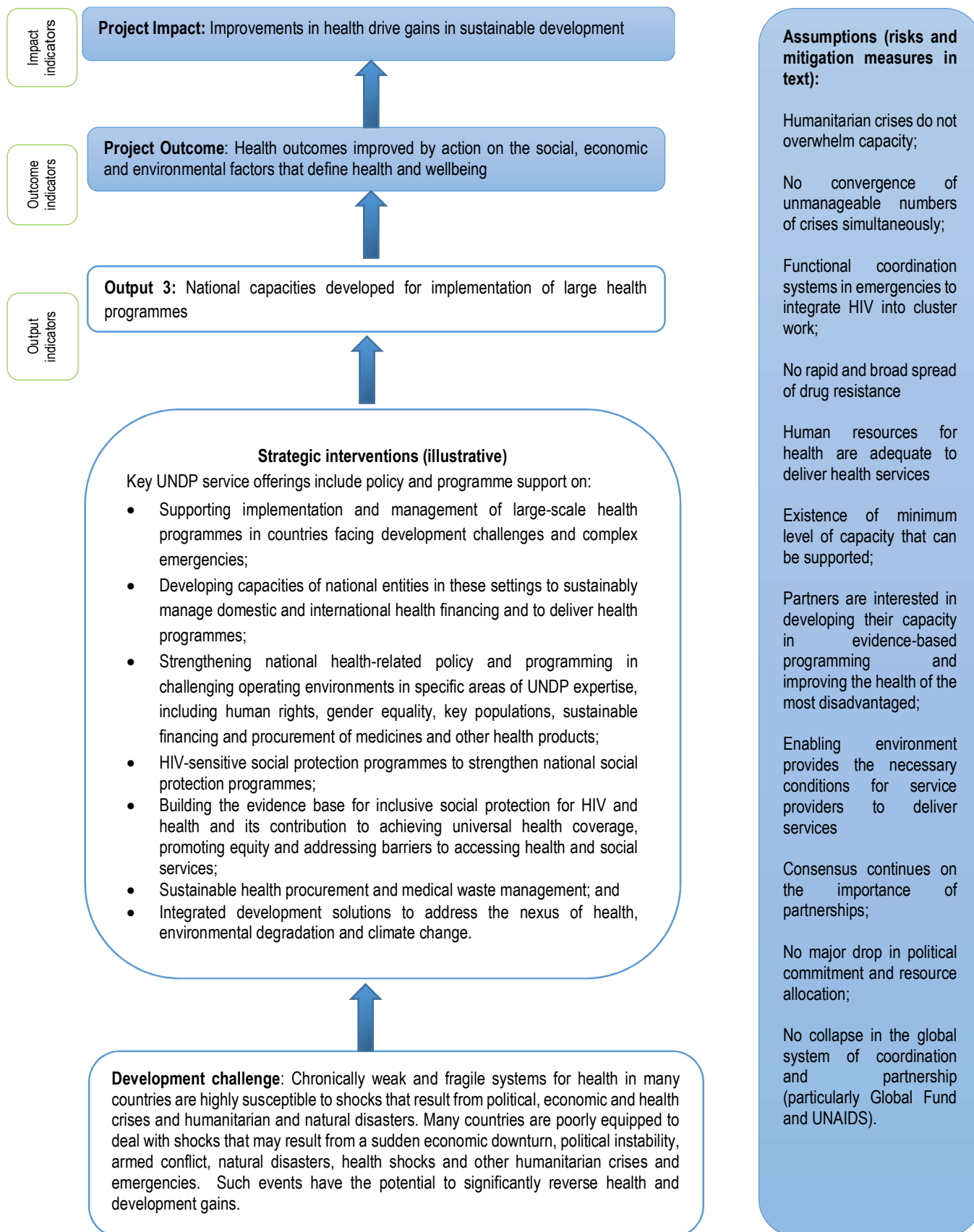
Consensus continues on the importance of partnerships;

No major drop in political commitment and resource allocation.

Theory of Change for Output 2: Improved legal and policy environments for HIV and health

Impact indicators

Project Impact: Improvements in health drive gains in sustainable development

Outcome indicators

Project Outcome: Health outcomes improved by action on the social, economic and environmental factors that define health and wellbeing

Output indicators

Output 2: Improved legal and policy environments for HIV and health

Strategic interventions (illustrative)

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;
- Access to justice programming for HIV and health, including a focus on inclusive political processes, civic engagement and sensitization of the judiciary, parliamentarians and law enforcement;
- Integrating human rights and programming to address legal barriers in national HIV and other health programmes;
- Strengthening governance of NCD and tobacco control responses, including support to national coordinating mechanisms and/or focal points for NCDs and tobacco control; and
- Innovative approaches to sustainable HIV and health financing, including developing investment strategies and national investment cases using a rights-based approach and leveraging other UNDP activities – such as environmental impact assessments – to increase domestic financing for health.

Development challenge: Many current legal, policy and regulatory environments continue to undermine the response to the HIV epidemic and other health challenges in many countries. Through action to improve legal and policy environments, build human and institutional capacity and develop rights-based investment approaches, UNDP aims to strengthen the governance capacity of countries to respond more effectively to health and related development challenges.

Assumptions (risks and mitigation measures in text):

Political commitment exists to address gaps in laws and policies and to translate these changes into the removal of punitive laws, policies and practices that hinder HIV and health responses

No emergence of a global movement that challenges the basic principles of gender equality and human rights;

Governments and other stakeholders recognize that all vulnerable and key populations have the right to be protected from violence, exploitation and abuse;

Political support for addressing inequity remains strong;

Consensus continues on the importance of partnerships;

No major drop in political commitment and resource allocation;

No significant increase in stigma and discrimination;

Continued understanding of importance of gender equality and human rights despite drop in stigma and discrimination.

No collapse in the global system of coordination and partnership (particularly UNAIDS).

Theory of Change for Output 3: National capacities developed for implementation of large health programmes

Impact indicators

Project Impact: Improvements in health drive gains in sustainable development

Outcome indicators

Project Outcome: Health outcomes improved by action on the social, economic and environmental factors that define health and wellbeing

Output indicators

Output 3: National capacities developed for implementation of large health programmes

Strategic interventions (illustrative)

Key UNDP service offerings include policy and programme support on:

- Supporting implementation and management of large-scale health programmes in countries facing development challenges and complex emergencies;
- Developing capacities of national entities in these settings to sustainably manage domestic and international health financing and to deliver health programmes;
- Strengthening national health-related policy and programming in challenging operating environments in specific areas of UNDP expertise, including human rights, gender equality, key populations, sustainable financing and procurement of medicines and other health products;
- HIV-sensitive social protection programmes to strengthen national social protection programmes;
- Building the evidence base for inclusive social protection for HIV and health and its contribution to achieving universal health coverage, promoting equity and addressing barriers to accessing health and social services;
- Sustainable health procurement and medical waste management; and
- Integrated development solutions to address the nexus of health, environmental degradation and climate change.

Development challenge: Chronically weak and fragile systems for health in many countries are highly susceptible to shocks that result from political, economic and health crises and humanitarian and natural disasters. 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 significantly reverse health and development gains.

Assumptions (risks and mitigation measures in text):

Humanitarian crises do not overwhelm capacity;

No convergence of unmanageable numbers of crises simultaneously;

Functional coordination systems in emergencies to integrate HIV into cluster work;

No rapid and broad spread of drug resistance

Human resources for health are adequate to deliver health services

Existence of minimum level of capacity that can be supported;

Partners are interested in developing their capacity in evidence-based programming and improving the health of the most disadvantaged;

Enabling environment provides the necessary conditions for service providers to deliver services

Consensus continues on the importance of partnerships;

No major drop in political commitment and resource allocation;

No collapse in the global system of coordination and partnership (particularly Global Fund and UNAIDS).

III.   RESULTS AND PARTNERSHIPS

Expected Results

Implementation of activities across the three action areas of the HHD Strategy 2016-2021 and three outputs will be interlinked. In particular, promotion of human rights and gender equality will be a cross-cutting priority, alongside focused initiatives on rights, stigma and discrimination and women, girls and gender equality. Capacity development principles and tools will be applied for all outputs, in addition to leveraging strategies to address HIV and health within broader SDG roll-out, poverty reduction, strengthening of governance, and civil society engagement. Cross team collaboration and partnerships will be promoted at all levels.

Recent global, regional and country evaluations have recognized UNDP's contribution in strengthening national capacity to respond to the HIV epidemic. Successes cited in recent evaluations include increasing engagement of civil society in policy processes through LGBT initiatives in Asia Pacific; revision of laws/policies related to sex work and drug use in Vietnam and addressing legal and policy barriers to accessing services for marginalized groups through regional Global Fund grants. The evaluations have also pointed to challenges, including the need to improve integration of HIV as a cross-cutting issue in UNDP programmes, and to ensure systematic attention to gender considerations. To address these challenges, this programme will further strengthen cross-team collaboration and develop and promote strategies that simultaneously address SDG3 and other SDGs. In addition, gender mainstreaming is embedded as a key component across the programme.

Output 1: Strengthened inclusion and civic engagement of vulnerable and key populations.

Through action in this area, UNDP aims to empower women and girls and increase the capacity of key populations and other excluded groups to realize their health and human rights.

In the area of **gender equality and health**, UNDP policy and programme offerings include:

- 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;

- Supporting gender equality programming in national HIV and other health programmes;

- Supporting programmes to end discrimination and violence against women and girls in health care settings;

- Integrated approaches to address alcohol-related harm, gender-based violence and HIV;

- Integrated approaches to eliminate sexual and gender-based violence in humanitarian settings;

- Enabling legal and policy environments for sexual and reproductive health services, and

- Integrated approaches to address the links between gender, health, environmental degradation and climate change.

In the area of **key populations and health**, UNDP policy and programme offerings include:

- 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;

- Promoting rights-based HIV and health responses for key populations at risk of HIV and other excluded groups;

- Integrating programming for key populations and other excluded groups into national HIV and other health programmes;

- Strengthening the evidence base on inclusion of LGBTI and other excluded groups and supporting capacity development;

- Strengthening governance of multi-sectoral HIV and health responses in urban settings, and

- Eliminating HIV-related stigma and discrimination and violence against key populations.

Selected regional interventions:

Africa: Through a joint initiative, UNDP and WHO are supporting 20 countries on integrated approaches to address the linkages between the harmful use of alcohol, gender-based violence and HIV.

Arab States: UNDP is working in partnership with civil society organizations to support women living with HIV, reaching beneficiaries in seven countries and supporting 300 micro-capital projects.

Asia-Pacific: UNDP is supporting '*Being LGBTI in Asia*', a regional initiative designed to address inequality, violence and discrimination on the basis of sexual orientation, gender identity or intersex status, and promote universal access to health and social services. This project will be replicated in Africa and EE/CIS as well.

Eastern Europe and the Commonwealth of Independent States: UNDP is partnering with the Sex Workers Advocacy and Rights Network in eight countries to document and respond to experiences of violence towards sex workers from state and non-state actors.

Latin America and the Caribbean: In Dominican Republic, UNDP and the national HIV Commission, with private sector participation, are implementing a project on free legal aid services for people living with HIV and key populations.

Output 2: Improved legal and policy environments for HIV and health.

Through action to improve legal and policy environments, build human and institutional capacity and develop rights-based investment approaches, UNDP aims to strengthen the governance capacity of countries to respond more effectively to HIV and related health and development challenges.

In the area of **enabling legal, policy and regulatory environments for HIV and health**, UNDP policy and programme offerings include:

- Integrating human rights and removing legal barriers in national HIV and other health programmes; and

- Strengthening legal, policy and regulatory frameworks for increasing access to HIV treatment and other health technologies, in line with the public health objectives of the agreement on Trade-related Aspects of Intellectual Property Rights (TRIPS);

- Access to justice for HIV and health, including a focus on inclusive civic engagement and sensitization of the judiciary, parliamentarians and law enforcement agencies;

- Establishing systems to prevent and respond to HIV and health-related human rights crises, in line with the *Human Rights Up Front* initiative of the United Nations.

To strengthen **national governance in the areas of non-communicable diseases and tobacco control**, UNDP policy and programming offerings include:

- Multi-sectoral, whole-of-government responses to NCDs and tobacco control, including the development of strategic plans and investment cases and the integration of NCDs and tobacco control in national and local development plans and strategies;

- Strengthening governance of NCD and tobacco control responses, including support to national coordinating mechanisms and/or focal points for NCDs and tobacco control;

- Leveraging lessons from the HIV response for scaling up responses to NCDs;

- Strengthening the evidence base on legislative, executive, administrative and other measures to reduce tobacco consumption, nicotine addiction and exposure to tobacco smoke, and

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Selected regional interventions:

Africa: UNDP and the governments of Sweden and Norway are supporting 12 African countries in strengthening national and regional legal environments with a focus on sexual and reproductive health and rights of LGBT populations in Africa, prevention of child marriage and sexual and gender-based violence, including female genital mutilation.

Arab States: UNDP is working with partners to support the ratification of the Arab Convention on HIV prevention and Protection of the Rights of People Living with HIV. Once ratified by countries it will provide a legal basis for the protection and promotion of the rights of people living with and affected by HIV.

Asia-Pacific: In China - the world's biggest producer and consumer of tobacco - UNDP and WHO have worked together on policy research to assist China in addressing the adverse impacts of tobacco use on socioeconomic development and modelling different policy options to aid in the prioritization of resources for tobacco control. This work is aimed at supporting China's new National Anti-Tobacco Plan.

Eastern Europe and the Commonwealth of Independent States: UNDP and partners are supporting eight countries to develop and implement sustainable financing approaches to HIV, including the review of legal and regulatory frameworks for antiretroviral medicines, modelling optimized investment approaches, developing case studies to document the experience of NGOs transitioning to domestic sources of funding and NGO social contracting approaches to provide HIV-related services to key populations.

Latin America and the Caribbean: UNDP is supporting nine countries in following up to the recommendations of the Global Commission on HIV and the Law through the organization of national dialogues and supporting legal and policy reviews,

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- Leveraging UNDP anticorruption expertise to protect public sector policymaking from industry interference.

In the area of **investment approaches for HIV and health**, UNDP policy and programming offerings include:

- Working with countries to improve allocative efficiencies for HIV and health;

- Innovative approaches to sustainable HIV and health financing, including support for investment strategies and national investment cases using a rights-based approach and leveraging other UNDP activities – such as environmental impact assessments - to increase domestic financing for health.

Output 3: National capacities developed for implementation of large health programmes

By providing a wide range of implementation support services, promoting inclusive social protection and ensuring that attention is paid to the health consequences of climate change and environmental degradation, UNDP aims to build the resilience of countries for sustainable and risk-informed responses to health and other development challenges, particularly in the context of challenging operating environments.

In the area of **implementation support and capacity building for large-scale health programs**, UNDP offerings include:

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

- Developing the capacities of national entities in these settings to sustainably manage domestic and international health financing and to deliver health programmes;

- Strengthening national health-related policy and programming, including in challenging operating environments in specific areas of UNDP expertise, including human rights, gender equality, key populations, sustainable financing and procurement of medicines and other health products.

In the area of **social protection and health**, UNDP policy and programming offerings include:

- Support for development of HIV-sensitive social protection policies and programmes, and

- Building the evidence base for inclusive social protection for HIV and health and its contribution to achieving universal health coverage, promoting equity and addressing barriers to accessing health and social services.

In the area of **climate change, the environment and health**, UNDP policy and programming offerings include:

- Approaches to incorporating health and gender considerations into environment impact assessments of capital projects;

- Integrated approaches to addressing the links between health, environmental degradation and climate change; and

- Sustainable health procurement and medical waste management.

Selected regional interventions:

All regions: UNDP has acted as interim Principal Recipient of Global Fund financing in 45 countries since 2003, making total disbursements of more than $3.5 billion. UNDP brings its strong country presence and operational capacity to the Principal Recipient role: UNDP country offices typically manage and disburse funding to sub-recipients, provide fiduciary oversight, manage risks and undertake reporting to the Global Fund. UNDP may also procure pharmaceuticals and other health products on the country's behalf, support participatory governance through the Global Fund Country Coordinating Mechanism, and help to link Global Fund processes effectively with those of other key national institutions, including the Ministry of Health and civil society groups.

Africa: UNDP has undertaken an assessment of potential gains for the Zimbabwean primary health care system of switching to renewable energy sources, and in Zambia it provided support for the establishment of solar power in several primary health care clinics that provide treatment for people with HIV.

Arab States: UNDP is supporting five countries to advocate for HIV-sensitive social protection programmes through mapping of available social protection schemes and services provided by governments, private sector, civil society or religious institutions and developing action plans to make these HIV-sensitive.

Asia-Pacific: UNDP, civil society and other partners, are supporting national consultations and interventions on HIV-sensitive social protection in the Asia and Pacific region. In Cambodia, HIV-sensitive considerations were incorporated into a national survey instrument to identify poor households. This instrument is being piloted in several locations in Cambodia and lessons learned will be shared with other countries.

Eastern Europe and the Commonwealth of Independent States: UNDP's work on "greening" health systems in Eastern Europe and Central Asia focuses on addressing the environmental determinants of health and the environmental impact of UNDP programming. This work includes regional policy development through representation on the European Ministerial Environment and Health Task Force coordinated by WHO, innovations to support countries with Global Fund grants on carbon accounting and emission reduction, as well as environmental safeguarding of health waste management and strategic and technical support as co-founder of the informal Interagency Task Team for Sustainable Procurement in the Health Sector.

Latin America and the Caribbean: UNDP serves as interim Principal Recipient for Global Fund grants in four countries in the region, Belize, Bolivia, Cuba and Panama.

Resources Required to Achieve the Expected Results

The human and financial resources required to deliver these results come from a range of sources, including contributions provided through partnership arrangements, UNDP core resources and Direct Project Costs (DPC).

Following the restructuring of UNDP over the last two years, this project increases attention to cross-team collaboration and to developing and promoting strategies that simultaneously address health and other SDGs. Gender mainstreaming is also embedded as a key component across the project.

Partnerships

As a founding co-sponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNDP has the major responsibility at global, regional and country levels for human rights and gender equality. Under the UNAIDS Division of Labour, UNDP also has the following responsibilities: Convenor of agencies working to remove punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV; Co-convenor (with UNFPA and UN Women) of agencies working to meet the HIV-related needs of women and girls and to stop sexual and gender-based violence; Co-convenor (with UNFPA) of agencies working to empower men who have sex with men, sex workers and transgender people to protect themselves from HIV and to fully access ART.

UNDP will partner with key UNAIDS Cosponsors, and engage in specific collaboration with WHO in the areas of systems strengthening for health, intellectual property, gender and key populations and Global Fund grant implementation; with the World Bank for HIV strategic planning and sustainable financing; with UNFPA for gender, key populations, populations of humanitarian concern, and Global Fund grant implementation; with UNODC on people who use drugs; with UNICEF for Global Fund grant implementation and issues of young people, the law and HIV; with ILO on issues of HIV, human rights and mobile populations; and with UN Women for gender equality and women's empowerment. UNDP also partners closely with OHCHR to strengthen the inclusion of LGBT people and increase their access to health services. A detailed Division of Labour matrix with area of contribution by agency can be found here: http://www.unaids.org/sites/default/files/sub_landing/files/JC2063_DivisionOfLabour_en.pdf.

UNDP is also a key partner of the Global Fund to Fight AIDS TB and Malaria, having acted as interim Principal Recipient of Global Fund financing in 45 countries since 2003, involving total disbursements of more than $3.5 billion. In addition to acting as interim Principal Recipient, the other objectives of UNDP's partnership with the Global Fund are to build national capacity and systems for health and to use the Global Fund to transform laws, policies and regulatory frameworks.

UNDP's partnership with the World Health Organization is underpinned by joint action to help countries address the social, economic and environmental factors that determine people's health. UNDP collaborates with WHO as a founding member of the UN Interagency Task Force on NCDs, with UNDP focusing on strengthening 'national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of NCDs.' The UN Inter-Agency Task Force on the Prevention and Control of NCDs has a detailed Division of Labour - see Annex 4 in the guidance note on the integration of noncommunicable diseases into the United Nations Development Assistance Framework: http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/guidance-note-NCDs-UNDAF.html.

UNDP works to help countries implement the Articles of the WHO Framework Convention on Tobacco Control (WHO FCTC), the world's first health treaty, with a specific focus on working with

the FCTC Secretariat to help countries meet the 'general obligations' of the Convention, focused on, but not limited to Article 5[10]. The outputs from this project are expected to lead to significant strengthening of the multisectoral dimensions of health responses.

To meet programme and project objectives, global and regional partnerships will be fostered with a wide range of bilateral donors, including the Government of Japan, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), and the Swedish International Development Cooperation Agency (Sida) amongst others, international non-governmental organizations and foundations, including the Ford Foundation, the Gates Foundation and the Open Society Foundation. Partnerships will also include intergovernmental, government and civil society entities at global, regional and country level, including Global Fund Country Coordination Mechanisms. NGO partnerships will be a key priority across all areas of work and regions, with a special focus on networks of people living with HIV and other key populations and women's groups. Resource mobilization efforts will also be carried out to support achievement of programme objectives.

The partnerships described above are expected to lead to results in two mutually reinforcing dimensions – first, by promoting multisectoral action to deliver improved health outcomes; and second, by harnessing improved health to drive inclusive and sustainable development.

Risks and Assumptions

The global-level risks facing the project are from unforeseen changes in donor priorities, global financial instability and an increase in the incidence of complex emergencies.

The risk posed by changes in donor priorities is mitigated by the multi-disciplinary approach employed by the project. By using the social determinants of health as an overarching framework, the HIV, Health and Development group maintains the skills and experience to adapt to emerging health challenges, be they from NCDs, outbreaks like Ebola and Zika or antimicrobial resistance.

The risks posed by an increase in complex emergencies will be mitigated by re-orienting UNDP's work on health to be applicable in crisis settings. The UNDP Strategic Plan 2014-2017 emphasizes the need to help countries build resilience, and that resilience must extend to health. Keeping health central to the crisis prevention and recovery agendas will contribute to national systems resilience.

Stakeholder Engagement

Target Groups: The key beneficiaries of this project are people living with and affected by HIV in LMICs, as well as people who because of poverty, social exclusion or other vulnerabilities experience poor health outcomes. HHD will work with countries to define the specific populations that are key to their different epidemics and response based on the epidemiological and social context. The strategies used by the project to reach key beneficiaries will be informed by partnerships with civil society organizations made up of and representing these groups. These partnerships – which have been cultivated through intensive partnership over a number of years – will be actively managed through joint work at the global, regional and country levels, including through capacity development of civil society organizations. The group also works to incorporate people from these communities in its own composition whenever possible. Another target group for the project intervention are policy and decision makers. As many of the interventions outlined in this project are structural-level interventions, decision makers from various sectors and disciplines will be engaged.

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[10] Article 5, general obligations, requires Parties to establish essential infrastructure for tobacco control, including a national coordinating mechanism, and to develop and implement comprehensive, multisectoral tobacco-control strategies, plans and legislation to prevent and reduce tobacco use, nicotine addiction and exposure to tobacco smoke. This process must be protected from the interests of the tobacco industry. The Article also calls for international cooperation and refers to raising the necessary financial resources for implementation of the Convention.

South-South and Triangular Cooperation (SSC/TrC)

The project will make south-south and triangular cooperation (SS/TrC), key intervention components. For example, UNDP is working with the WHO FCTC Secretariat to promote and sustain SS/TrC on eight project areas. Examples of activities in this realm are a six-country study exchange on alternative livelihoods for tobacco growers, best practice sharing on multisectoral coordination and development of conflict of interest management systems to prevent industry interference in health policies.

Knowledge

The project will feature a set of knowledge products ranging from policy papers, technical guidelines, advocacy materials and multimedia content. Knowledge collection and sharing are built into the design of all activities and are overseen by specialists in New York and the Regional Hubs. All knowledge and communications products will meet the Bureau's quality assurance guidelines.

Sustainability and Scaling Up

The key lever for ensuring sustainability at country level will be integration of activities into national SDG processes. As most of the activities planned in this project have been initiated and implemented in previous UNDP activities, the focus will be on scaling up and deepening interventions rather than piloting new activities.

IV. PROJECT MANAGEMENT

Cost Efficiency and Effectiveness

This project complements the HIV and health work undertaken by UNDP country offices with global and regional activities to improve the effectiveness and efficiency of HIV and health programming by sharing lessons learned and evidence about what works (and what does not) between countries. Further, given the number of actors focusing on HIV and health, partnerships and coordination are a key component of the implementation of the three action areas under the HHD Strategy 2016-2021 drawing on UNDP's core competencies and value-added.

The UNAIDS Unified Budget, Results and Accountability Framework (UBRAF) provides a good example of this. To support national priorities, the UBRAF is designed to maximize the effectiveness and impact of the HIV-related resources of the UN delivering as one. Through the UNAIDS Division of Labour between and among the Cosponsors and the UNAIDS Secretariat, the UBRAF presents the efforts of the Joint Programme based on the comparative advantage and mandates of each organization, in-country presence, existing national capacities and resources, and the availability of funding from different sources.

Project Management

The HIV, Health and Development Group in BPPS, including the five Regional HIV and Health Teams based in the Regional Hubs/Centres, have jointly planned project activities and will jointly programme initiatives and resources under the guidance of the HHD Director in close collaboration with Regional Bureaux and the regional HHD teams. Project resources are complemented by regional level core and supplementary funding. The regional HHD teams will implement a selection of activities, in accordance with regional epidemic realities and priorities, as well as Country Office demand. Global Fund related activities are implemented through a matrixed team that includes

representation from the Bureau of Management (procurement and legal) and the Office of Audit and Investigations.

At the global and regional levels, HHD will partner with the following BPPS teams/groups: Gender; Rule of Law, Justice and Security; Inclusive Political Processes; Youth; Responsive and Accountable Institutions; Conflict Prevention and Peacebuilding; Climate Change and Disaster Risk reduction; Sustainable Development; GEF; Natural Capital and the Environment; Development Planning and Inclusive Sustainable Growth; Livelihoods and Economic Recovery; Strategic Policy and Positioning, and; Development Impact Group. South-South collaboration will also be a key component for project implementation both within and across regions, to ensure promotion of good practice. Knowledge management tools and strategies, including application of the service delivery model and the use of Yammer, will support learning and knowledge sharing between global and regional teams as well as with and among Country Offices.

V. RESULTS FRAMEWORK

Intended Outcome as stated in the UNDAF/Country [or Global/Regional] Programme Results and Resource Framework:

UNDP SP and GP Outcome 3: Outcome 3: Countries have strengthened institutions to progressively deliver universal access to basic services.

Specific Action on the social, economic and environmental determinants of health, health-related inequalities and governance for health lead to better health and development outcomes.

Outcome indicators as stated in the Country Programme [or Global/Regional] Results and Resources Framework (IRRF 2015), including baseline and targets:

- Indicator 3.3.1 Number of people who have accessed HIV treatment and prevention services, disaggregated by sex and type of service
- Indicator 3.3.2.a Percentage of UNDP-managed Global Fund to Fight AIDS, TB and Malaria grants that are rated as exceeding or meeting expectations
- Indicator 3.3.2.b Difference between percentage of UNDP-managed Global Fund grants rated as exceeding or meeting expectations, and percentage of other Global Fund grants rated as exceeding or meeting expectations

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Applicable Output(s) from the UNDP Strategic Plan:

Output 3.3: National institutions, systems, laws and policies strengthened for equitable, accountable and effective delivery of HIV and related services

Output 5.4. Preparedness systems in place to effectively address the consequences of and response to natural hazards (e.g. geo-physical and climate related) and man-made crisis at all levels of government and community

Output 7.3. National development plans to address poverty and inequality are sustainable and risk resilient

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Project title and Atlas Project Number: UNDP Global HIV and Health Development (2016 – 2021)

EXPECTED OUTPUTS	OUTPUT INDICATORS	DATA SOURCE	BASELINE		TARGETS (by frequency of data collection)						DATA COLLECTION METHODS & RISKS
			Value	Year	2016	2017	2018	2019	2020	2021	
Output 1 *Strengthened mechanisms for civic engagement and inclusion of vulnerable and key populations*	*1.1 Percentage of countries with national HIV policies and strategies that promote gender equality and transform unequal gender norms*	*UNAIDS Joint Programme Monitoring System (JPMS)*	43% (26/61)	2015	--	50%	55%	60%	65%	70%	*JPMS/ROAR*
	1.2 Percentage of countries with laws and/or policies and services to prevent and address gender-based violence	*JPMS*	37%	2015	--	50%	55%	60%	65%	70%	*JPMS/ROAR*
	1.3 Percentage of countries with comprehensive packages of services for key populations defined and included in national strategies	*JPMS*	50%	2015	--	55%	60%	65%	70%	75%	*JPMS*
	1.4 Percentage of countries with a plan and allocated resources to achieve Fast-Track targets in high-burden cities	*JPMS*	35%	2015	--	50%	60%	70%	80%	90%	*JPMS*
Output 2 *Strengthened legal and policy environments for HIV and health*	*2.1 Number of countries with strengthened governance for NCDs and tobacco control*	*Country Report*	10 Countries	2014	--	15	20	25	30	35	*Surveys, WHO/FTCT and Country Reports*
	2.2 Number of countries implementing recommendations of the Global Commission on HIV and the Law, including on key populations, women and girls, to strengthen legal and policy environments for HIV, SRHR and TB.	*Survey*	50 Countries	2014	--	60 countries	65	70	75	80	*Surveys and Country Reports*
	2.3 Percentage of countries with up-to-date HIV investment cases (or similar assessing allocative efficiency) that is being used	*JPMS*	48%	2015	--	60%	65%	70%	75%	80%	*JPMS*

EXPECTED OUTPUTS	OUTPUT INDICATORS	DATA SOURCE	BASELINE		TARGETS (by frequency of data collection)						DATA COLLECTION METHODS & RISKS
			Value	Year	2016	2017	2018	2019	2020	FINAL	
Output 3 *National implementation of **large-scale***	*3.1 Number of countries supported in the Implementation for large-scale health programmes (cumulative)*	*Country Reports*	23 countries	2016	--	25	30	35	40	45	*Surveys and Country Reports*
	3.2 Number of countries supported to mitigate the environmental impact of UN health procurement	*Country Reports*	0 countries	2015	--	8 countries	12	17	23	28	*Surveys and Country Reports*

health programmes supported	*3.3 Percentage of countries with social protection strategies and systems in place that address HIV*	*JPMS*	*40%*	*2015*	*--*	*45%*	*50%*	*55%*	*60%*	*65%*	*Surveys and Country Reports*

VI. MONITORING AND EVALUATION

In accordance with UNDP's programming policies and procedures, the project will be monitored through the following monitoring and evaluation plans: *[Note: monitoring and evaluation plans should be adapted to project context, as needed]*

Monitoring Plan

Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)	Cost (if any)
Track results progress	Progress data against the results indicators in the RRF will be collected and analysed to assess the progress of the project in achieving the agreed outputs.	Quarterly, or in the frequency required for each indicator.	Slower than expected progress will be addressed by project management.	In addition to national and local government and civil society, UNDP partners with the Global Fund as well as WHO, UNICEF, UNFPA and the UNAIDS Secretariat to support capacity building for implementation of large-scale health programmes. As a cosponsor of UNAIDS, UNDP works with the UNAIDS Secretariat, UNFPA, UN Women and other cosponsors to implement UNDP accountabilities	Monitoring Costs will be built into each activity under each Output
Monitor and Manage Risk	Identify specific risks that may threaten achievement of intended results. Identify and monitor risk management actions using a risk log. This includes monitoring measures and plans that may have been required as per UNDP's Social and Environmental Standards. Audits will be conducted in accordance with UNDP's audit policy to manage financial risk.	Every six months	Risks are identified by project management and actions are taken to manage risk. The risk log is actively maintained to keep track of identified risks and actions taken.		
Learn	Knowledge, good practices and lessons will be captured regularly, as well as actively sourced from other projects and partners and integrated back into the project.	At least annually	Relevant lessons are captured by the project team and used to inform management decisions.		
Annual Project Quality Assurance	The quality of the project will be assessed against UNDP's quality standards to identify project strengths and weaknesses and to inform management decision making to improve the project.	Annually	Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance.		
Review and Make Course Corrections	Internal review of data and evidence from all monitoring actions to inform decision making.	At least annually	Performance data, risks, lessons and quality will be discussed by the project board and used to make course corrections.		
Project Report	A progress report will be presented to the Project Board and key stakeholders, consisting of progress data showing the results achieved against pre-defined annual targets at the output level, the annual project quality rating summary,	Annually, and at the end of the project (final report)			

	an updated risk long with mitigation measures, and any evaluation or review reports prepared over the period.			under the UNAIDS division of labour and the
Project Review (Project Board)	The project's governance mechanism (i.e., project board) will hold regular project reviews to assess the performance of the project and review the Multi-Year Work Plan to ensure realistic budgeting over the life of the project. In the project's final year, the Project Board shall hold an end-of project review to capture lessons learned and discuss opportunities for scaling up and to socialize project results and lessons learned with relevant audiences.	At least annually	Any quality concerns or slower than expected progress should be discussed by the project board and management actions agreed to address the issues identified.	UNAIDS Unified Budget Results and Accountability Framework. FCTC

Evaluation Plan

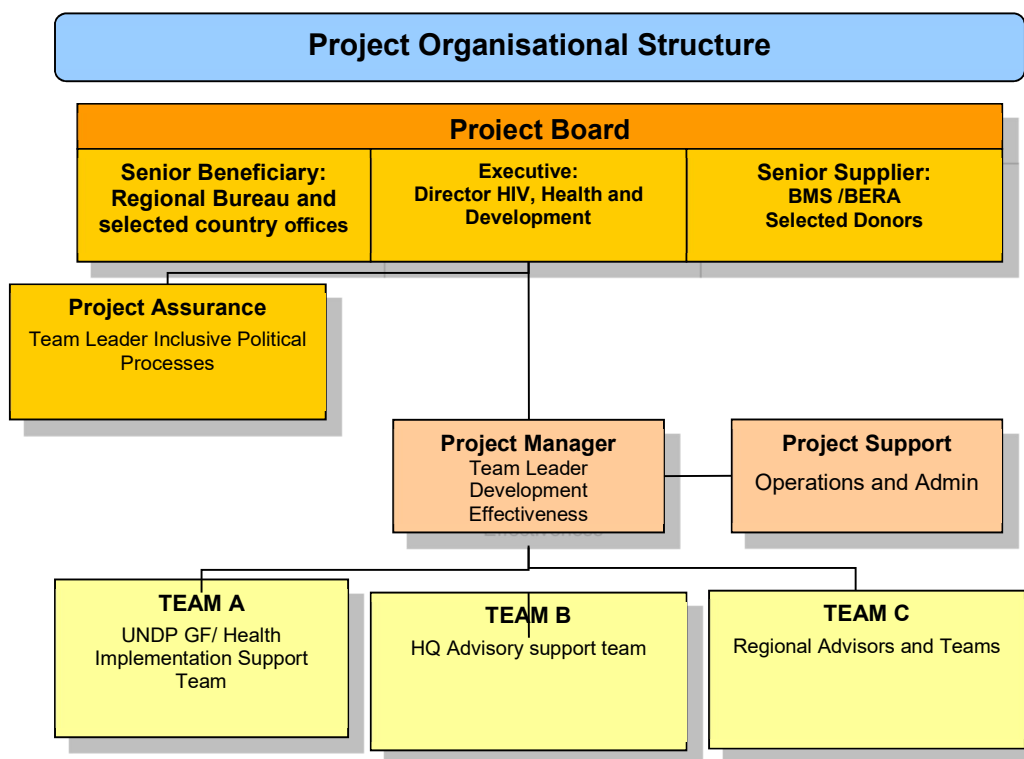| Evaluation Title	Partners (if joint)	Related Strategic Plan Output	UNDAF/CPD Outcome	Planned Completion Date	Key Evaluation Stakeholders	Cost and Source of Funding
Mid-Term Evaluation	UNAIDS/GF	3	3.3	End of 2018	People living with HIV, TB and Malaria, Women and girls, LGBTI and those affected by adverse health outcomes.	See monitoring budget per output
Final Evaluation	UNAIDS/GF UNDP regional and Country offices, UN Partners, CSO and Governments	3	3.3	End of 2021		USD 500,000

VII. MULTI-YEAR WORK PLAN

EXPECTED OUTPUTS	PLANNED ACTIVITIES	Planned Budget by Year (In 000s)						RESPONSIBLE PARTY	PLANNED BUDGET		
		2016	2017	2018	2019	2020	2021		Funding Source	Budget Description	Amount (In 000s) (USD)
Output 1 *Strengthened mechanisms for civic engagement and inclusion of vulnerable and key populations*	1.1. Supporting gender equality and gender-based violence in national HIV and health plans.	100 2,000	100 2,000	100 2,000	100 2,000	100		UNDP	UNAIDS SIDA	Workshop Travel Consultant Policy advisory Staff M&E	500 8,000
	1.2 Key populations. Being LGBT initiative implemented in countries in three regions. Second phase of LGBTI Inclusion Index on indicator development and data collection techniques implemented.	1,300	300					UNDP	USAID	Workshop Travel Consultant Policy advisory Staff M&E	1,600
	1.3 Urban health and justice initiative implemented.	200	300	300	300	300		UNDP	FHI UNDP	Travel Workshop Grants M&E	200 1,200
	Sub-Total for Output 1	**3,600**	**2,700**	**2,400**	**2,400**	**400**	**0**				**11,500**
Output 2 *Strengthened legal and policy environments for HIV and health*	2.1 Follow up to recommendations of the Commission on HIV and the Law to strengthen legal and policy environments for HIV and SRHR.	100	100 3,000	100 3,000	100 3,000	100		UNDP	UNAIDS Netherlands	Workshop Travel Consultant Policy advisory Staff M&E	500 9,000
	2.2 Strengthening Governance and Joint Programmes on NCD and Tobacco Control		1,000	1,000	1,000			UNDP	UK, EU	Workshop Travel Consultant Policy advisory Staff M&E	3,000
	Sub-Total for Output 2	**100**	**4,100**	**4,100**	**4,100**	**100**	**0**				**12,500**
Output 3 *National implementation of large-scale health programmes supported and Capacity Development*	3.1 Implementation support for large-scale health programmes	300	300 100	300 100	300 100	300		UNDP	UBRAF GAVI	Travel Consultant Staff M&E	1,500 300
	3.2 Cross-sectoral co-financing for universal health coverage to strengthen HIV- and health-sensitive social protection programmes	301.5	250	250	250	250		UNDP	Japan UNDP	Workshop Travel Consultant Policy advisory Staff M&E	1,301.5

EXPECTED OUTPUTS	PLANNED ACTIVITIES	Planned Budget by Year (In 000s)						RESPONSIBLE PARTY	PLANNED BUDGET		
		2016	2017	2018	2019	2020	2021		Funding Source	Budget Description	Amount (In 000s) (USD)
	3.3 Mitigating the environmental impact of medical waste/health procurement	150 35						UNDP SPHS	Skoll Foundation RBEC Regional Programme	Workshop Travel Consultant Policy advisory M&E	185
	3.4 Working to develop capacities and systems for regional and national HIV, TB and malaria programmes	3,400 2,500 3,800	3,900 2,900 7,500	3,200 1,900 5,500				ARASA Caribbean Western Pacific	GF Reg	Workshop Travel Consultant Policy advisory Staff M&E	10,500 7,300 16,800
	Sub-Total for Output 3	**10,486.5**	**14,950**	**11,250**	**650**	**550**	**0**				**37,886.5**
Evaluation *(as relevant)*	EVALUATION (incorporated in project activities)										
General Management Support	8% of projects **										
TOTAL		14,186.5	21,750	17,750	7,150	1,050	0				61,886.5

** Various GMS Distributions applied to the GF Regional Projects

VIII. GOVERNANCE AND MANAGEMENT ARRANGEMENTS

Project Organisational Structure

Project Board		
Senior Beneficiary: Regional Bureau and selected country offices	**Executive:** Director HIV, Health and Development	**Senior Supplier:** BMS /BERA Selected Donors

Project Assurance
Team Leader Inclusive Political Processes

Project Manager
Team Leader Development Effectiveness

Project Support
Operations and Admin

TEAM A
UNDP GF/ Health Implementation Support Team

TEAM B
HQ Advisory support team

TEAM C
Regional Advisors and Teams

This global programme will be executed under the Direct Implementation (DIM) modality by the HIV Health and development (HHD) Group in BPPS. The work will be undertaken in consultation with key partners including Regional HIV and Health Teams based in the UNDP Regional Hubs, UN partners implementing the MAPs (mainstreaming, acceleration and policy support) strategy, government and civil society partners and stakeholders. Key outputs will be implemented by the relevant team leaders, under the direction of the Team Leader Development Effectiveness in BPPS (Project Manager). Below is a description of the roles of the teams in accordance with the above diagram.

The Project Board (PB) consists of designated representatives from HQ and Regional Bureaux and selected country offices collaborating on this project. The Project Board serves as the project coordination and decision making body, providing policy and strategic oversight and support to the implementation of the project. The Board will approve the project's Annual Work Plan, review the project's evaluation and delivery to ensure it achieves its outcomes. The Board will be guided by the Executive. In this Project Document, the Executive to the Project Board will be the Director of the HIV, Health and Development Group. The project Board will make strategic management decisions for the programme as well as provide guidance to the Programme Manager. The Project Board will meet once a year to approve annual work plans, review progress in the implementation of the project, and provide guidance or inputs to programme outcomes. Changes to the project planned budget and revisions, up to 20% tolerance level will be delegated to the Executive, without requiring the approval of the project board.

The Project Assurance role supports the Project Board Executive by carrying out the objectives stated in the project document and provides independent project oversight and monitoring functions. In this Project Document, the proposed Project Assurance role will be the Team Leader, Inclusive Political Processes in the Governance and Peacebuilding Group.

The Project Manager will be the Team Leader, Development Effectiveness in BPPS/HHD. The Project Manager will provide the overall coordination and day to day management of the project to ensure the outcome is achieved. The Project Manager serves as the focal point and ensures effective communications between the project board members, team leaders and implementing partners across all outputs. This includes monitoring of progress towards expected results. In addition, the Project Manager will ensure that there is a project organizational structure in place to undertake the project and make adjustments as needed. The Project Manager will coordinate the work together with the three teams. Team A consists of the UNDP Global Fund/Health Implementation Support Team. Team B consists of the Team Leaders and Advisors based in New York that provide the advisory support and Team C consist of the Regional Advisors & Team Leaders based in the Regional Hubs, who provide support to the country offices within the region.

The Project Support role provides project administration, management and technical support to the Project Manager as required. In this regard, the operations and admin team within the HIV, Health and Development team will provide support to the Project Manager, in collaboration with the BPPS Resources and Operations Management team and project support teams based in the regions.

Under the overall guidance of the HHD Director, globally-led activities will be implemented by the HHD Team under the direction of relevant managers. Regional activities will be carried out by Regional HHD Teams under the direction of Regional HHD Team Leaders. Activities will involve close collaboration across global and regional levels, and consultation with Country Offices and Regional Bureaux and Hubs, as well as with the following groups/teams in BPPS: following teams/groups: Gender; Rule of Law, Justice and Security; Inclusive Political Processes; Youth; Responsive and Accountable Institutions; Conflict Prevention and Peacebuilding; Climate Change and Disaster Risk reduction; Sustainable Development; GEF; Natural Capital and the Environment; Development Planning and Inclusive Sustainable Growth; Livelihoods and Economic Recovery; Strategic Policy and Positioning, and; Development Impact Group. In addition, Global Fund activities will be carried out in partnership with the Procurement Support Office and Legal Support Office in the Bureau of Management as well as the Office of Audit and Investigations.

Decision making mechanism for non-cost sharing funds:

UNAIDS: The Unified Budget, Results and Accountability Framework (UBRAF) is the UNAIDS instrument to operationalize the UNAIDS Strategy. The UBRAF is designed to maximize the coherence, effectiveness and impact of the HIV-related resources of the United Nations – delivering as one. Through the UNAIDS' Division of Labour between and among the Cosponsors and the Secretariat, the UBRAF focuses Cosponsor and Secretariat support, taking into account the comparative advantages and mandates of each organization, in-country presence, and existing national capacities and resources, as well as added value of joint initiatives and effective collaboration. The UBRAF guides UNAIDS' operational planning at global, regional and country levels by identifying the expected results of the Joint Programme, providing the framework against which budgetary allocations are made as well as the basis for performance monitoring, reporting

and accountability of the Joint Programme. The UBRAF has 20 outputs related to the Joint Programme's work at country level. Outputs cover what UNAIDS aims to achieve at country level and the benchmarks against which it should be measured. The UBRAF outputs apply to all regions and countries with a particular focus on Fast-Track countries[11]. UNDP has specific accountabilities within the BRAF which will be used to allocate funding.

For UNDP management funds and Global Fund fees:

Allocations for the management support will be decided by the Executive for activities in support of a dedicated team that supports Global Fund partnerships and the HHD portfolio to provide policy advisory services, project implementation support, quality assurance, resource mobilization and communications.

In addition, an allocation will be set aside by the Executive to pre-finance activities when UNDP is asked at very short notice to step in and take-over grants in challenging country contexts, bridge financial gaps in emergency situations and to have the flexibility to do emergency procurement of life-saving health products to avoid stock-outs and prevent people from dying under emergent responsive policy and programme work which has been critical to improving performance and managing the unusually high risks of the portfolio. A buffer will also be allocated to be used for emergency central procurement, key strategic opportunities, risk mitigation, procurement, legal and audit support. This arrangement has been put in place in consultation with the Global Fund and is reported in the Annual Reports to the Global Fund.

Financial Reporting:

The Executive will monitor the resources on a quarterly basis, as well as review the results, and will adjust the allocations accordingly is needed to ensure that the results are achieved.

Certified Financial Reports will be provided per donor for all the outputs implemented under this project on an Annual basis.

IX.   LEGAL CONTEXT AND RISK MANAGEMENT

Legal Context

This project forms part of an overall programmatic framework under which several separate associated country level activities will be implemented. When assistance and support services are provided from this Project to the associated country level activities, this document shall be the "Project Document" instrument referred to in: (i) the respective signed SBAAs for the specific countries; or (ii) in the Supplemental Provisions attached to the Project Document in cases where the recipient country has not signed an SBAA with UNDP, attached hereto and forming an integral part hereof. All references in the SBAA to "Executing Agency" shall be deemed to refer to "Implementing Partner."

This project will be implemented by UNDP ("Implementing Partner") in accordance with its financial regulations, rules, practices and procedures only to the extent that they do not contravene the

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[11] The 2016-2021 UNAIDS Strategy identifies 35 Fast-Track countries that together account for more than 90% of people acquiring HIV infection and 90% of people dying from AIDS-related causes worldwide.

principles of the Financial Regulations and Rules of UNDP. Where the financial governance of an Implementing Partner does not provide the required guidance to ensure best value for money, fairness, integrity, transparency, and effective international competition, the financial governance of UNDP shall apply**.**

Risk Management

1. The responsibility for the safety and security of the Implementing Partner and its personnel and property, and of UNDP's property in the Implementing Partner's custody, rests with the Implementing Partner. The Implementing Partner shall: (a) put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried; (b) assume all risks and liabilities related to the Implementing Partner's security, and the full implementation of the security plan. UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of this agreement.

2. The Implementing Partner agrees to undertake all reasonable efforts to ensure that none of the UNDP funds received pursuant to the Project Document are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via http://www.un.org/sc/committees/1267/aq_sanctions_list.shtml. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.

3. Consistent with UNDP's Programme and Operations Policies and Procedures, social and environmental sustainability will be enhanced through application of the UNDP Social and Environmental Standards (http://www.undp.org/ses) and related Accountability Mechanism (http://www.undp.org/secu-srm).

4. The Implementing Partner shall: (a) conduct project and programme-related activities in a manner consistent with the UNDP Social and Environmental Standards, (b) implement any management or mitigation plan prepared for the project or programme to comply with such standards, and (c) engage in a constructive and timely manner to address any concerns and complaints raised through the Accountability Mechanism. UNDP will seek to ensure that communities and other project stakeholders are informed of and have access to the Accountability Mechanism.

X. ANNEXES

1. **Project Quality Assurance Report**

2. **Social and Environmental Screening Template** [English][French][Spanish], including additional Social and Environmental Assessments or Management Plans as relevant. *(NOTE: The SES Screening is not required for projects in which UNDP is Administrative Agent only and/or projects comprised solely of reports, coordination of events, trainings, workshops, meetings, conferences, preparation of communication materials, strengthening capacities of partners to participate in international negotiations and conferences, partnership coordination and management of networks, or global/regional projects with no country level activities).*

3. **Risk Analysis**. Use the standard Risk Log template. Please refer to the Deliverable Description of the Risk Log for instructions

4. **Capacity Assessment:** Results of capacity assessments of Implementing Partner (including HACT Micro Assessment)

5. **Project Board Terms of Reference and ToRs of key management positions**

6. **List of additional positions in support of the Project:**
   (TORs will be developed once the Project Document is approved).
   - Two Policy Advisors (P5)
   - Two Policy Specialists (P4)
   - Two Programme/Finance Specialists (P3)
   - Two Programme Analysts (P2)
   - Two Programme Associates (G7)

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ii WHO 2011, WHO Public Health & Environment Global Strategy Overview 2011, accessed at http://www.who.int/phe/publications/PHE_2011_global_strategy_overview_2011.pdf on 5 May 2016.

iii The Lancet. Safeguarding human health in the Anthropocene epoch: report of The Rockefeller Foundation–Lancet Commission on planetary health. The Lancet, Vol. 386, No. 10007, July 2015

iv The Lancet. Safeguarding human health in the Anthropocene epoch: report of The Rockefeller Foundation–Lancet Commission on planetary health. The Lancet, Vol. 386, No. 10007, July 2015