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PROJECT DOCUMENT AMENDMENT

[Global HIV, Health and Development Project]

Project Title: UNDP Global HIV, Health and Development

Project Award Numbers: 00038766, 00058584, 00063928, 00091626

Implementing Partner: UNDP

Start Date: 1 January 2022 End Date: 31 Dec 2025

Amendment Justification

UNDP's commitment to HIV and health stems from the fact that health is both a driver and an outcome of sustainable development. As demonstrated by COVID-19 and the climate crisis, health is also critical to human security. UNDP works on HIV and health 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, academia, 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 is an amendment to the project 'UNDP Global HIV, Health and Development' in line with the new UNDP Strategic Plan 2022-2025. This project is framed primarily under Strategic Plan Outcome 2: 'No-one left behind, centring on equitable access to opportunities and a rights-based approach to human agency and human development' with a primary focus on Strategic Plan development output 1.4: 'Equitable, resilient and sustainable systems for health and pandemic preparedness strengthened to address communicable and non-communicable diseases, including COVID-19, HIV, tuberculosis, malaria and mental health'. The project will also contribute to a range of other outputs and the Strategic Plan enablers (see page 2). The project period will be extended to 2025, in line with the UNDP Strategic Plan 2022-2025.

The project aims to address the social, economic, commercial, legal, and environmental factors that drive inequities and affect the HIV and health status 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: Connecting the Dots](#). They reflect the focus of the organization's work on the three directions of change, signature solutions and enablers defined in the UNDP Strategic Plan 2022-2025. The HIV, Health and Development Strategy 2016-2021 will also be adjusted in line with the UNDP Strategic Plan 2022-2025.

Specifically, the three project outputs which contribute to UNDP's policy and programme support in HIV, health, and development for the period 2022-2025, 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 (SP 2022-2025))

Outcome 2: 'No-one left behind, centring on equitable access to opportunities and a rights-based approach to human agency and human development

Primary Output:

1.4 Equitable, resilient and sustainable systems for health and pandemic preparedness strengthened to address communicable and non-communicable diseases, including COVID-19, HIV, tuberculosis, malaria and mental health

Secondary Outputs:

1.2. Social protection services and systems strengthened across sectors with increased investment

2.3 Responsive governance systems and local governance strengthened for socio economic opportunity, inclusive basic service delivery, community security, and peacebuilding

3.1 Institutional systems to manage multi-dimensional risks and shocks strengthened at regional, national and sub-national levels

5.2 Transition to renewable energy accelerated capitalizing on technological gains, clean energy innovations and new financing mechanisms to support green recovery

6.3 National capacities to prevent and respond to gender-based violence (GBV) and address harmful gender social norms strengthened, including in crisis contexts

E.1 People and institutions equipped with strengthened digital capabilities and opportunities to contribute to and benefit from inclusive digital societies

E.3 Public and private financing for the achievement of the SDGs expanded at global, regional, and national levels

Total resources required:	67,332,425	
Total Resources allocated	UNDP	1,100,000
	UNAIDS	2,000,000
	WHO	575,000
	EU	1,730,685
	SIDA	6,842,318
	Netherlands	6,454,483
	Helmsley	966,039
	GHC	288,900
Total	19,957,425	
Soft pledges	UNDP	3,300,000
	UNAIDS	14,800,000
	Global Fund*	21,200,000
	Germany	4,000,000
	WHO	1,125,000
	FCTC	1,200,000
	GHC	1,500,000
	IsDB	250,000
Total	47,375,000	

Agreed by (signature):

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 United Nations Development Programme

Date: 13-Dec-2021

I. DEVELOPMENT CHALLENGE

Health is central to development and human security. It is also a major contributor to the achievement of the Sustainable Development Goals (SDGs). Numerous studies have shown 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. About one third of economic growth in the 20th century can be attributed to improvements in health, and more recently, 24% of full income growth in low- and middle-income countries between 2000 and 2011 has been attributed to health improvements^{1 2}. Universal health coverage (UHC) contributes to economic productivity, social stability, and sustainable development—and to every individual's right to health, well-being, and security. A rights-based approach to health requires that policy and programmes must prioritize the needs of those furthest behind first towards advancing equity.

Similarly, development progress can contribute to improving health outcomes and health equity. Evidence shows that significant 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 COVID-19, malaria, water-borne diseases, malnutrition, AIDS, tuberculosis (TB), maternal health and a number of non-communicable diseases.

The 2030 Agenda for Sustainable Development and the commitment to leave no-one behind have reinforced the importance of health and well-being across the development agenda. In total, 40 targets across 14 SDGs are critical to ensuring health and wellbeing for all.

State of health-related SDG targets: A snapshot

Achieving the Sustainable Development Goals (SDGs) and the pledge to leave no one behind was already a significant challenge before the COVID-19 pandemic. Although substantial progress was made in recent decades in areas such as poverty reduction, health and education, the gains varied significantly by SDG indicator, geographic location, and population group. In health specifically, ending the epidemics of AIDS, TB, malaria and neglected tropical diseases (NTDs) and combatting viral hepatitis and other communicable diseases still required a sustained effort through this decade to build on earlier gains, particularly to increase access to prevention and treatment for key, vulnerable and underserved populations.

- Currently, at least half of the people in the world do not receive the health services they need. 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. About 100 million people are pushed into extreme poverty each year because of out-of-pocket spending on health.³
- By the end of 2020, 27.5 million people living with HIV were receiving antiretroviral therapy in 2020 compared to 7.9 million in 2010. However, 10.2 million people living with HIV are still not accessing antiretroviral therapy⁴.
- In 2020, 10 million people fell ill with TB and 1.5 million died from the disease.^{5 6} Globally, men and boys account for 64% of TB cases and 63% of TB deaths among HIV-negative people.⁷ Over 86% of TB cases occur in low- and middle-income countries, especially in Africa, South-Asia, and the Western pacific region⁸.
- About 3.2 billion people – almost half of the world's population – are at risk of malaria⁹. In 2019, there were 229 million cases of malaria and 409,000 deaths¹⁰. Between 2000 and 2015, malaria incidence fell by 27% globally, yet only declined by 2% between 2015 and 2019.

- Over the last decade, the total number of people in need of treatment for NTDs has declined from 2.19 billion in 2010 to 1.76 billion in 2018. However, overall prevalence remains high with endemicity in 149 countries. For example, WHO estimates there may be 284-528 million dengue infections per year, with 96 million becoming symptomatic. Seventy per cent of dengue cases occur in Asia¹¹
- While the risk of dying prematurely from cardiovascular disease, chronic respiratory disease, diabetes, or cancer has decreased since 2000, noncommunicable diseases (NCDs) kill 41 million people each year¹². 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. Fifteen million of those deaths are premature and most of them are preventable¹³.
- Nearly 1 billion people live with a mental disorder and in low-income countries more than 75% of people with the disorder do not receive treatment¹⁴. Every year, close to 3 million people die due to substance abuse, most of them men¹⁵. Every 40 seconds, a person dies by suicide¹⁶.
- Globally, more than one of every three women have experienced either physical or sexual violence at some point in their life.
- Air pollution alone causes more than seven million deaths per year.¹⁷ As much as 29% of deaths from ischaemic heart disease, 28% of stroke, 21% of cancers, 55% of respiratory infections, 61% of diarrhoeal diseases, 53% of chronic obstructive pulmonary disease (COPD), 40% of road traffic injuries and 76% of unintentional poisonings could be prevented through environmental improvements globally.

The COVID-19 pandemic has halted or reversed progress in many areas of health and shortened global life expectancy. It has had significant impact on health systems and disease programs in many countries, while lockdowns have disrupted health services and critical¹⁸ resources have been diverted from other health programs to fight the pandemic. COVID-19 has disproportionately impacted the people most affected by existing diseases: the poor, marginalized, elderly, people with pre-existing conditions and people without access to health care.

The COVID-19 pandemic, along with the climate crisis and growing inequalities, constitute a universal threat. To date, over a quarter billion infections have been reported, resulting in 5 million deaths¹⁹. Globally, this has resulted in \$6.4 trillion in lost economic activity.²⁰ The true impact of COVID-19 may never be fully known, but significant disruptions to other health diseases have been reported, with an estimated 17.1 million deaths having occurred from excess mortality compared to 2019.²¹ COVID-19, unlike any infectious disease of the modern era, has underscored the need for health system improvements. Other infectious disease outbreaks like H1N1 in 2010, Ebola from 2014-2017, and Zika in 2016 have taught similar lessons.

II. STRATEGY

The vision of the UNDP Strategic Plan for 2022-2025 is “to expand people’s choices for a fairer, sustainable future, to build the world envisioned by the 2030 Agenda for Sustainable Development with planet and people in balance.”

By 2025, UNDP expects to help empower 100 million poor, marginalized, and excluded populations to escape persistent multidimensional poverty and vulnerabilities. As noted in the Strategic Plan, global inequality is now less about disparities of income and more about disparities of opportunity that exacerbate poverty and reduce upward mobility. Health plays a major role in expanding people’s opportunities.

By increasing people’s choices and capabilities to lead healthy and productive lives, investments in health and other areas of development are mutually reinforcing. 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.

People's living conditions are often made worse by exclusion, stigma, and discrimination. Discriminatory practices are often embedded in institutional and systems processes, leading to groups being under-represented in decision-making at all levels or underserved. The hardest to reach are often vulnerable on several fronts, including geography, age, gender, sexual orientation, ethnicity, displacement, disabilities, or digital access.

Building on the lessons from HIV, integrated multi-sectoral approaches which effectively address the determinants of health are increasingly being recognized as a model for tackling other health priorities and challenges like COVID-19, malaria, TB, maternal health and NCDs. The 2022-2025 Strategic Plan notes that UNDP will continue to focus on addressing the social, structural, economic, commercial, and environmental determinants of health across the thematic signature solutions. UNDP will scale up work with UNICEF, WHO and other partners on policy proposals and programmatic solutions to strengthen systems for health, including to regain lost ground in the fight against HIV/AIDS, tuberculosis, and malaria and to address emerging issues such as NCDs, mental health and pandemic preparedness²².

UNDP's work on HIV and health support the three directions of change set out in the Strategic Plan:

1. Structural transformation, including green, inclusive, and digital transitions.
2. Leaving no one behind, a rights-based approach centered on empowerment, inclusion, equity, human agency, and human development capabilities which recognizes that poverty and inequality are multi-dimensional; and
3. Building resilience, strengthening the capacity of countries, institutions, and people to prevent, mitigate and respond to diverse risks including crisis, conflict, natural disasters, climate, social and economic shocks

The Strategic Plan highlights how COVID-19 has exposed that the world is unprepared to manage and fund an agile, sustained, well-coordinated and equitable global pandemic response that leaves no one behind. In addition to urgently scaling up investments in vaccine equity and the public health response for the current crisis, a truly global effort is needed to strengthen and scale existing systems for health that will sustainably support pandemic preparedness and response efforts into the future. When the next outbreak strikes, we must be prepared as one global community.

The use of digital tools and applications can play an important role in building resilient and sustainable systems for health and advancing health equity. Research suggests that tools such as health apps and patient portals can foster greater patient engagement, better support for patients outside of the clinic visit, and can improve health outcomes²³. However, greater reliance on digital tools has the potential to increase disparities between those who have skills and access to digital tools and those who do not and thereby existing health disparities. Digital inclusion has been called the "super social determinant of health" because it addresses all other social determinants of health.²⁴

UNDP's multisectoral and integrated approach in HIV and health enables policy and programming responses to leverage the creativity and knowhow of all of society, from national and sub-national governments to communities and civil society, academia, and the private sector. This includes leveraging the UNDP Strategic Plan's directions of change and enablers to strengthen policies, institution and capacities and build resilient systems for health for future forward sustainable development.

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 2022-2025 Strategic Plan, the Global Programme and Regional Programmes, as well as complementary UNDP strategies such as the Gender Equality

Strategy, the Digital Strategy, the Data Strategy, the Strategy on Civil Society and Civic Engagement and the UN Youth Strategy 2030. The HIV, Health and Development Strategy 2016-2021 will be adjusted in line with the new UNDP 2022-2025 Strategic Plan.

Action areas and key priorities 2022-2025

UNDP's policy and programme support in HIV, health, and development for the period 2022-2025 encompass three inter-related action areas:

- Reducing inequalities and social exclusion that affect health and drive epidemics;
- Promoting effective and inclusive governance for health; and
- Building resilient and sustainable systems for health.

Action area	Key priorities
1. Reducing inequalities and exclusion that affect health and drive epidemics	1.1 Promoting gender equality and empowering women and girls 1.2 Ensuring inclusion of key populations at risk of HIV and other excluded groups 1.3 Inclusive social protection
2. Promoting effective and inclusive governance for health	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
3. Building resilient and sustainable systems for health	3.1 Implementation support and capacity development for large-scale health programmes 3.2 Pandemic preparedness and response 3.3 Planetary health, including climate and health

The three action areas are closely linked. Work in one action area will often be dependent upon and contribute to progress in others. For example, efforts to reduce gender inequality and social exclusion (Priorities 1.1 and 1.2) also require enabling legal and policy environments for health (Priority 2.1) and contribute to stronger governance and resilience for health. Similarly, sustainable financing for health (Priority 2.3) is linked to inclusive social protection (Priority 1.3) and will contribute to reducing inequalities. The action area framework illustrates the importance of integrated approaches to health and development that prioritize common challenges and achieve mutual gains.

The three outputs in this project document contribute to UNDP's policy and programme support in HIV and health for the period 2022-2025:

- 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.

Inequalities and exclusion – including gender inequality - contribute to poor health and drive epidemics

In addition to poverty, deepening inequalities and exclusion place a tremendous burden on health and development.^{25,26} 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.

Gender-based violence has been shown to increase the risk of acquiring HIV infection for women and girls, and among women living with HIV, it can lead to reduced access and adherence to treatment. These impacts are most pronounced in sub-Saharan Africa, where adolescent girls and young women (aged 15 to 24 years) accounted for 25% of HIV infections in 2020, despite representing just 10% of the population.²⁷

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 policymaking, 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.

Governments, international organisations, civil society, and the private sector are increasingly exploring how digital technologies can address health inequities and help accelerate progress in achieving the health-related Sustainable Development Goals. The COVID-19 crisis is accelerating digital transformation and has shown that digital solutions can be useful in reaching key and vulnerable populations, strengthening inclusion and access. However, there is still a digital divide which affects people around the world. Almost half the world's population, 3.7 billion people, the majority of them women, and most in developing countries, are still offline.²⁸ Scaling digital inclusion is vital as is more equitable and impactful adoption of mobile health technologies.

Protecting key and vulnerable populations must be at the heart of health responses

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 UNAIDS to account for 65% of all new HIV infections among adults worldwide. These populations are less likely to access life-saving HIV services due to punitive laws, the absence of enabling laws and policies, and inadequate access to justice. At least 92 countries criminalize HIV exposure, nondisclosure and/or transmission, and 48 countries or territories continue to block people living with HIV from entry, stay or residence. Among countries reporting data to UNAIDS in 2019, 32 criminalized and/or prosecuted transgender persons, 69 criminalized same-sex sexual activity, 129 criminalized some aspect of sex work, and 111 criminalized the use or possession of drugs for personal use.

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, capacity development of civil society organizations and collection and effective use of data to improve health outcomes.

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. Gaps in testing and treatment tend to be larger among the highly affected, the marginalized and those who struggle to access broader health services. The gaps among children, young people, men and key populations living with HIV are particularly notable. Intersecting inequalities related to age, sex, race and income level compound disparities in service access and health outcomes.

IN a study undertaken by WHO and the Global Fund, high sex-related relative inequalities in HIV incidence were reported in about half of countries (most of which had higher incidence in males than females). Countries in the WHO African Region, where HIV burden is higher, tended to report higher incidence among females than males, whereas countries outside this region tended to report higher incidence among males. AIDS-related mortality was at least twice as high in males compared with females in 38% of countries, with all of these countries having low national AIDS-related mortality.²⁹

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 human security, violence, education, political and civic participation, and economic well-being.

Social protection reduces inequalities and exclusion and contributes to resilience

Social protection interventions are fundamental to reducing poverty, gender and income inequalities and social exclusion across the life cycle. These interventions make it easier for people to access HIV and other health services, diminish risks of HIV infection, increase adherence to treatment for HIV and TB, cushion the social and economic impact of poor health and foster resilience.³⁰ By 2020, less than half the global population was covered by at least one social protection cash benefit, leaving up to 4 billion people without a social safety net, the vast majority in low- and middle-income countries. In addition to cash and depending on context, effective social protection interventions may include food and vouchers, economic support, social health insurance, employment assistance and other forms of social care and support.

Activities under this output also contribute to Strategic Plan Output 1.2. Social protection services and systems strengthened across sectors with increased investment; 6.3 National capacities to prevent and respond to gender-based violence (GBV) and address harmful gender social norms strengthened, including in crisis contexts, and E.1 People and institutions equipped with strengthened digital capabilities and opportunities to contribute to and benefit from inclusive digital societies.

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

Good governance promotes and protects health gains

As the COVID-19 pandemic has further highlighted, efforts to combat disease and improve health have long been constrained by weak institutions and governance in many countries, including limited national capacity to plan and deliver health and other basic services; lack of inclusive processes and civic engagement, especially for key populations and affected communities; poor legal, policy and regulatory frameworks for health; and lack of technological innovation, together with fragile health and social systems that are insufficiently resilient to withstand shocks. The SDGs make clear that attention to strengthening governance and resilience is essential for ensuring durable health and development gains.

Inadequate legal, policy and regulatory environments continue to undermine the response to COVID-19, HIV, and other health challenges in many countries. In particular, 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 and fail to ensure equality for key populations and women, and protect children, increase vulnerability to HIV and poor health.³¹ Such laws and policies also reinforce stigma and discrimination that increase inequalities and exclusion. All UN Member States have committed to strengthening laws to eliminate discrimination against people living with and at highest risk for HIV and to ensure their full enjoyment of human rights and access to health care and legal protection.³² Many countries also lack adequate regulatory frameworks to address environmental health risks and to ensure privacy and protection of the rapidly growing volume of personal health data.

Despite the opportunities that digital solutions can bring in enhancing HIV and health responses, strong leadership and governance are needed to provide oversight and coordination, while ensuring the protection of the public interest. Digitalization can pose challenges in the areas of privacy, accountability, misinformation, and equality. When improperly used, digital solutions can undermine human rights, and exacerbate inequalities, including by deepening the digital divide. Issues of access to, use and misuse of digital technologies should be guided by international human rights norms and principles, especially equality, including gender equality, non-discrimination, inclusion, participation and the provision of effective remedies. The benefits of technology and digitalisation will not be universally shared without a deliberate effort to direct them in support of inclusive, ethical societies and the Sustainable Development Goals.

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. Effective laws and policies are essential to ensure the equity, quality and safety of health services and financial protection for health system users. 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.

Growing health governance challenges: NCDs and tobacco control

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 2018, UN Member States reaffirmed the primary role and responsibility of governments at all levels to respond to the challenge of NCDs by developing adequate national multisectoral responses for their prevention and control.³³ Many countries with high burdens of HIV and TB also face burgeoning epidemics of NCDs; COVID-19 has further highlighted the links and interactions between communicable and non-communicable diseases. Significant opportunities exist for closer integration of prevention and chronic care across HIV, TB and NCD programming.

Tobacco use is a major global health and development threat, killing more than 8 million people a year,³⁴ costing the global economy over \$1 trillion annually in medical expenses and productivity losses, and compounding environmental damage due to deforestation and soil degradation from tobacco growing.^{35,36} Over 80 percent of the world's 1.3 million tobacco users live in low- and middle-income countries, where the burden of tobacco-related illness and death is greatest and where implementation of the 2005 WHO Framework Convention on Tobacco Control (FCTC) is typically weakest. There are now more than 180 parties to the Convention and UNDP leads on the implementation of Article 5, which concerns national planning, multisectoral governance and protection against tobacco industry interference in policymaking.³⁷

Sustainable financing for health in the wake of COVID-19

Ensuring adequate and sustainable financing is a key component of effective health governance. Despite significant increases in domestic health financing in the last decade, many countries – particularly those with significant HIV epidemics - depend heavily on external funding sources.

Although development assistance for health increased significantly in 2020 due to the COVID-19 pandemic, but it is unclear to what extent increases will be sustained in the coming years.

The economic impact of the COVID-19 pandemic has created additional challenges for many low- and middle-income countries to mobilize new domestic resources for health. Declines in tax revenues and increases in government spending have resulted in higher debt and deficit levels, adding to existing unsustainable levels of debt in over 30 low-income countries and significantly reducing fiscal space to invest in the health and social sectors.³⁸

Sustaining national health responses requires funding that is sufficient and stable. Considering 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, 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 data, strategic information to inform planning and resource allocation.

Activities under this output also contribute to Strategic Plan Output 2.3 Responsive governance systems and local governance strengthened for socio economic opportunity, inclusive basic service delivery, community security, and peacebuilding; E.1 People and institutions equipped with strengthened digital capabilities and opportunities to contribute to and benefit from inclusive digital societies, and; E.3 Public and private financing for the achievement of the SDGs expanded at global, regional, and national levels

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

Resilient and sustainable systems for health prevent and mitigate health crises and contribute to health security

Health is an essential element of human security. Due to chronically weak health and social systems, many countries are poorly equipped to deal with humanitarian crises and emergencies that result from high chronic disease burden, disease outbreaks, economic crises, political instability, armed conflict, natural disasters, and the impact of climate change, all of which can significantly reverse health, economic and other development gains.

Building the resilience of countries to both prevent and mitigate the risks of crises and conflict is a key priority for UNDP across all its development programming. This can include both addressing the development impact of health crises within the context of UNDP's work on crisis response and early recovery, as well as building the capacity of countries to implement risk-informed systems for HIV and health and integrate health more effectively into post-crisis recovery efforts.

Ensuring access to health and other basic services in fragile environments during health emergencies requires greater attention to pandemic preparedness, risk reduction and resilience-building, which are weak in many countries due to factors such as poor links between the universal health coverage and preparedness agendas, the limited success of attempts to link disaster risk reduction with health emergency preparedness, and - market failures such as the gap between production and access to medicines and other health technologies, as shown vividly in the lack of global equity in access to COVID-19 vaccines.³⁹ Increasing vaccination uptake and ensuring all eligible individuals are fully vaccinated will also require addressing vaccine hesitancy and misinformation.

WHO - which has the mandate to lead UN responses to health emergencies - and UNDP as the technical lead on the socio-economic response to COVID-19, along with their many partners, promote integrated support services and resilience-building at the nexus of humanitarian and

development responses in fragile settings. This includes work to strengthen governance through multisectoral coordination and community engagement and support for core government functions such as health and non-health procurement and supply management, security and law enforcement, salary payments⁴⁰, social protection and review or adoption of legal frameworks. Digital solutions also play a key role in supporting health systems by improving the availability, affordability, quality, and efficiency of essential health services - particularly for marginalised and vulnerable populations. In the post-crisis recovery phase, impact assessment, gender analysis and recovery and transition programming are all important to building more resilient systems for health. Overall, there remains a crucial need for closer integration of health policies and programming - including universal health coverage, social protection, emergency preparedness and disaster risk reduction - with broader humanitarian responses and recovery efforts.⁴¹

The climate crisis is a health crisis

The health, environmental and economic impacts of the climate crisis are increasingly evident around the world, presenting some of the most complex and pressing development challenges of the 21st century. The crisis affects human health by placing pressure on the fundamental requirements of clean air, safe drinking water, adequate sanitation, sufficient food, and habitable environments. UNDP recognises the health of the planet as critical to achieving sustainable development. Environmental, animal, and human health are closely linked: 24% of deaths from both communicable and non-communicable disease are directly caused by environmental factors. 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 emerging⁴². About 60 per cent of known infectious diseases in humans and 75 per cent of all emerging infectious diseases are zoonotic.⁴³

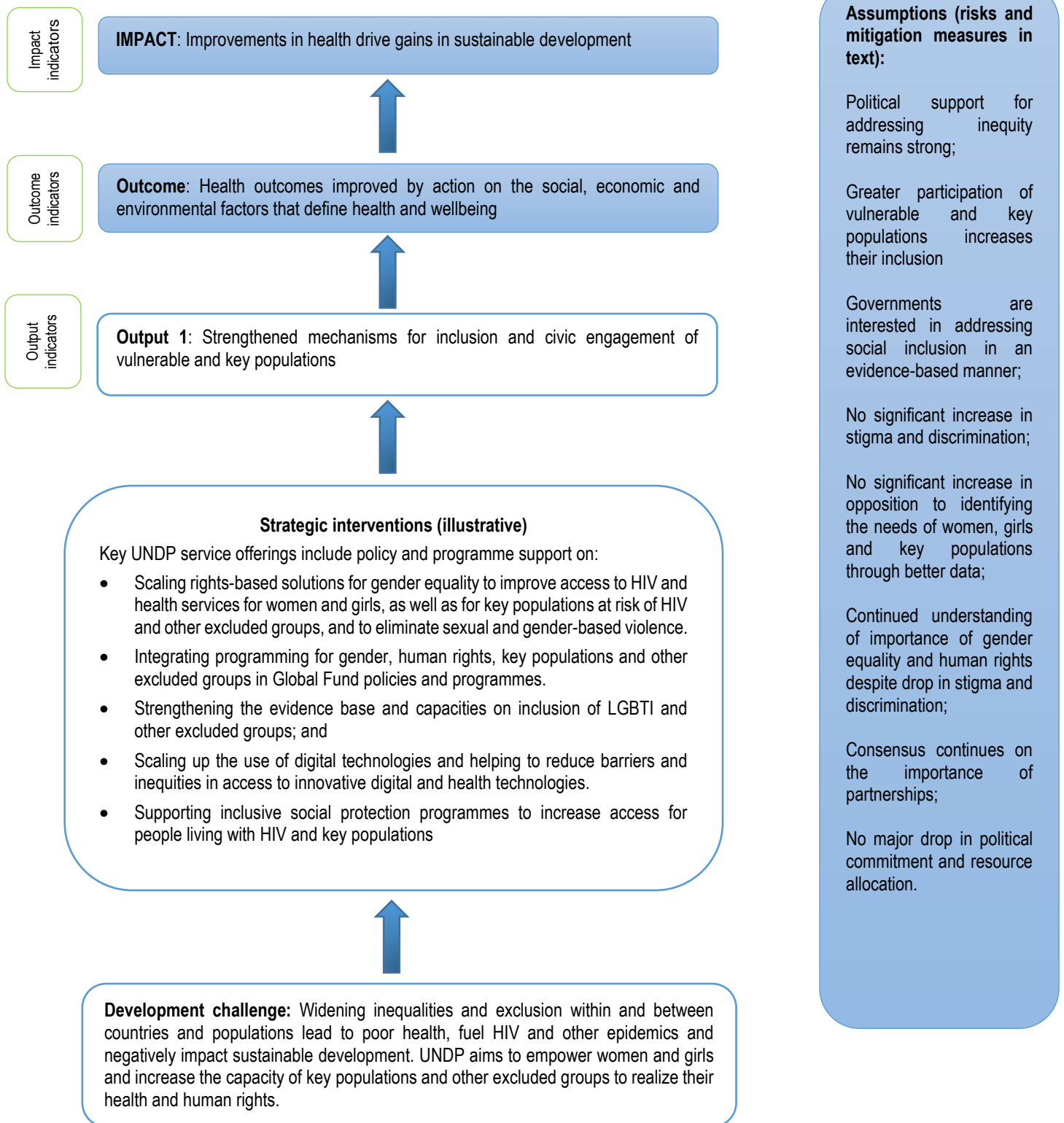
The intersection of climate change, inequality, poverty, and migration is of growing concern, with impact on health, productivity, inclusion, and resilience, highlighting the need for integrated policies and programmes to help countries manage these concurrent trends.⁴⁴ For example, an estimated 250,000 deaths will occur between 2030 and 2050 as a direct result of climate change.⁴⁵

Strengthened resilience, effective governance and cooperation across sectors are essential for managing the multiple risks and impact of climate change and environmental hazards on human and planetary health. 'Climate smart' development approaches need to be integrated across multiple SDGs, including universal health coverage, social protection for people affected, alternative livelihoods, changes in agricultural practices, new technologies, and innovative housing and urban planning solutions. More attention is also needed to ensure that early warning systems for climate change and environmental impact assessments of development projects include an assessment of health risks.

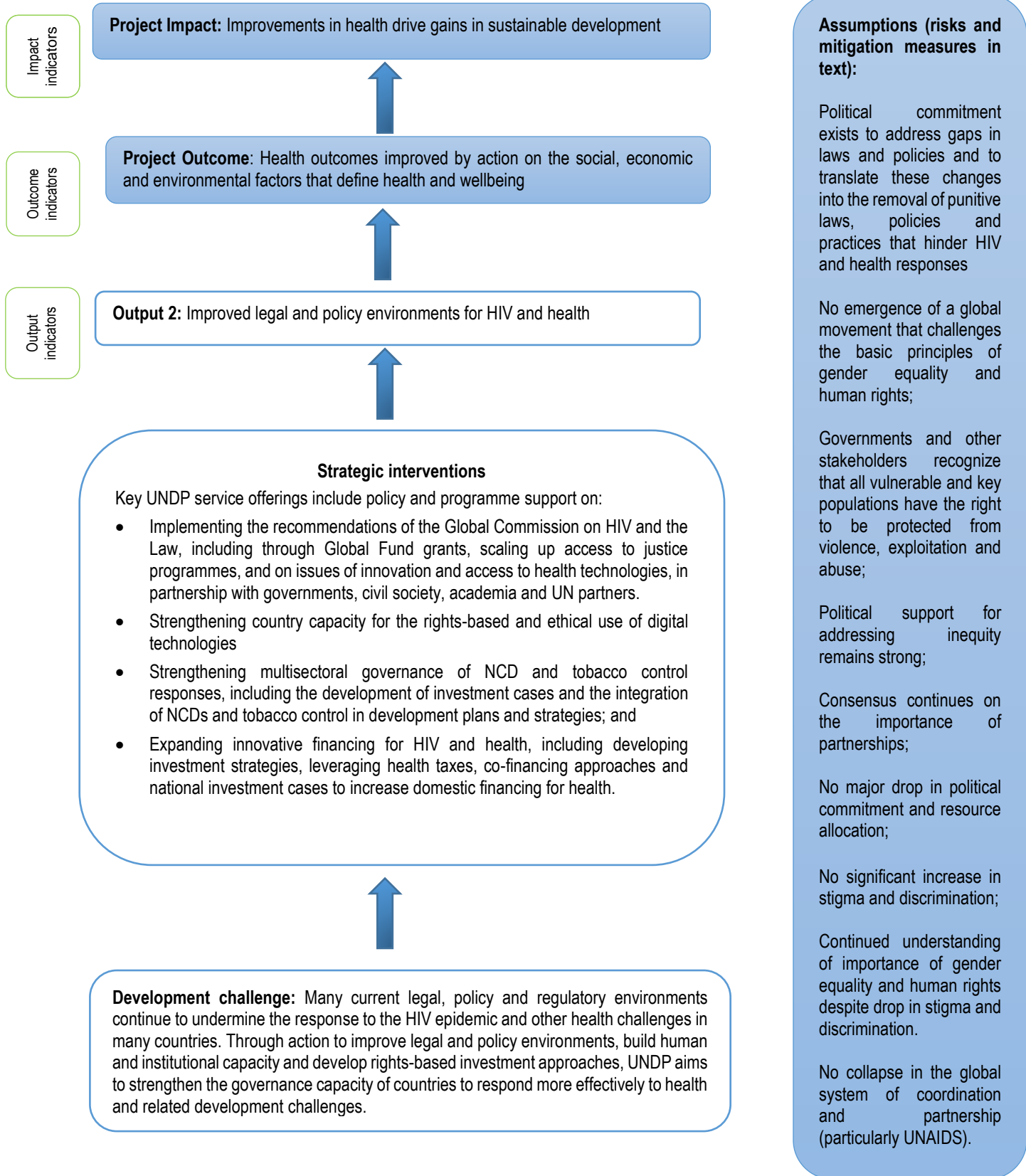
The health sector is estimated to cause up to 5 per cent of global environmental impacts, including through energy, material and water consumption and direct emissions.⁴⁶ More environmentally sensitive approaches to health care are urgently needed, including in key areas such as manufacturing, procurement, medical waste management and the use of clean and renewable energy.⁴⁷ This includes supporting climate resilient health systems and scaling smart facilities and building the capacity of local small and medium-sized enterprises (SME) service providers in next generation digital and green technologies.

Activities under this output will contribute to Strategic Plan output 3.1 Institutional systems to manage multi-dimensional risks and shocks strengthened at regional, national and sub-national levels; 5.2 Transition to renewable energy accelerated capitalizing on technological gains, clean energy innovations and new financing mechanisms to support green recovery, and; E.1 People and institutions equipped with strengthened digital capabilities and opportunities to contribute to and benefit from inclusive digital societies.

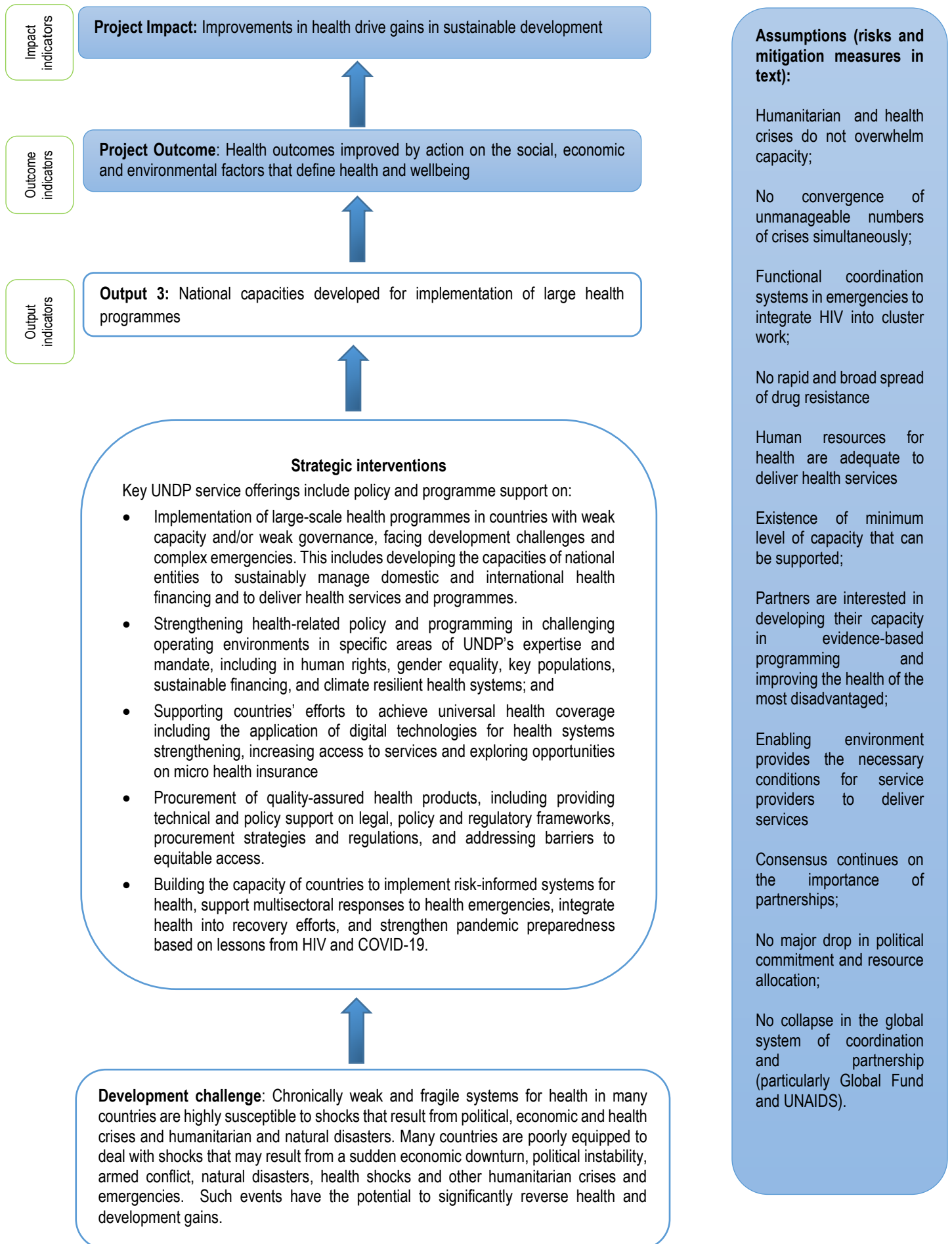
Theory of Change for Output 1: Strengthened mechanisms for inclusion and civic engagement of vulnerable and key populations



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



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



III. RESULTS AND PARTNERSHIPS

Expected Results

Implementation of activities across the three action areas of the UNDP HIV and Health Strategy 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 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.

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

Through multisectoral action with partners, UNDP aims to empower and increase the capacity of women and girls, key populations at risk for HIV and other excluded groups to realize their health and human rights. UNDP's comparative advantage in this area lies in its capacity to respond to the multidimensional nature of inequality and how it is intertwined with poverty, access to health, other basic services, technology, the climate crisis, and resilience. With UNFPA, UNDP is co-convenor of UNAIDS Cosponsors working on HIV prevention among key populations. UNDP works to promote gender equality with all UNAIDS Cosponsors, including UN Women.

Drawing on the Global Policy Network,⁴⁸ UNDP offers support on:

- Scaling rights-based solutions for gender equality to improve access to HIV and health services for women and girls, as well as for key populations at risk of HIV and other excluded groups, and to eliminate sexual and gender-based violence.
- Integrating programming for gender, human rights, key populations and other excluded groups in Global Fund policies and programmes.
- Strengthening the evidence base and capacities on inclusion of LGBTI and other excluded groups; and
- Scaling up the use of digital technologies and helping to reduce barriers and inequities in access to innovative digital and health technologies.
- Supporting inclusive social protection programmes to increase access for people living with HIV and key populations

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

Through action on governance to improve legal, policy and regulatory environments, increase access to justice, build human and institutional capacity and develop rights-based investment and financing approaches, UNDP aims to strengthen the capacity of countries to respond more effectively to major health and development challenges. UNDP's comparative advantage in this area lies in its extensive experience in supporting countries to strengthen inclusive and accountable governance at national and local levels and promoting access to justice and uptake of innovation. Under the UNAIDS Division of Labour, UNDP co-convenes UN work (with the World Bank) to ensure adequate investments and efficiencies in the HIV response and is the Cosponsor responsible for leading work relating to human rights, stigma, and discrimination, including legal and policy reform, and access to justice and rights. UNDP also partners closely with WHO to strengthen the governance of national responses to NCDs and tobacco and works with partners in the Global SDG3 Action Plan on sustainable health financing.

Drawing on the Global Policy Network, UNDP offers support on:

- Implementing the recommendations of the Global Commission on HIV and the Law, including through Global Fund grants, scaling up access to justice programmes, and on issues of innovation and access to health technologies, in partnership with governments, civil society, academia and UN partners.
- Strengthening country capacity for the rights-based and ethical use of digital technologies
- Strengthening multisectoral governance of NCD and tobacco control responses, including the development of investment cases and the integration of NCDs and tobacco control in development plans and strategies; and
- Expanding innovative financing for HIV and health, including developing investment strategies, leveraging health taxes, co-financing approaches and national investment cases to increase domestic financing for health.

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

Through the provision of a wide range of implementation support services, UNDP aims to help countries prevent and mitigate multidimensional risks in the context of fragile settings and the climate crisis and to support the development of resilient, sustainable, innovative, and risk-informed systems to address health, climate, and other development challenges.

UNDP's comparative advantage in this area lies in its long-standing experience working at the nexus of health, humanitarian responses, disaster risk reduction, emergency preparedness and early recovery; its role as interim Principal Recipient of funding from the Global Fund to Fight AIDS, TB and Malaria in countries with significant national capacity constraints and weak institutions and/or other challenging operating environments; its work designing and providing social support interventions in the context of HIV, Ebola and COVID-19, and its work in 120 countries under the [UNDP Climate Promise](#). UNDP also has experience introducing innovative technologies and approaches to increase the resilience of systems for health, including digital procurement systems, satellite imagery to forecast disease patterns and solar energy systems in health facilities, and is leading global efforts to minimize the environmental footprint of the health sector.

Drawing on the Global Policy Network, UNDP offers support on:

- Implementation of large-scale health programmes in countries with weak capacity and/or weak governance, facing development challenges and complex emergencies. This includes developing the capacities of national entities to sustainably manage domestic and international health financing and to deliver health services and programmes.
- Strengthening health-related policy and programming in challenging operating environments in specific areas of UNDP's expertise and mandate, including in human rights, gender equality, key populations, sustainable financing, and climate resilient health systems; and
- Supporting countries' efforts to achieve universal health coverage including the application of digital technologies for health systems strengthening, increasing access to services, and exploring opportunities on micro health insurance
- Procurement of quality-assured health products, including providing technical and policy support on legal, policy and regulatory frameworks, procurement strategies and regulations, and addressing barriers to equitable access.
- Building the capacity of countries to implement risk-informed systems for health, support multisectoral responses to health emergencies, integrate health into recovery efforts, and strengthen pandemic preparedness based on lessons from HIV and COVID-19.
- Integrated development solutions to address the nexus of health, environment, and the climate crisis, including strengthening sustainability in health.

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).

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) of agencies working to increase access to HIV prevention among key populations (gay men and other men who have sex with men, migrants, sex workers, transgender people); Co-convenor (with the World Bank) on investment and efficiency.

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 social protection; and with UN Women for gender equality and women's empowerment. UNDP also partners closely with OHCHR to strengthen the inclusion of LGBTI people and increase their access to health services. A detailed Division of Labour matrix with area of contribution by agency can be found [here](#).

UNDP works with partners to strengthen systems for health, address the social, economic, and environmental determinants of health, regain lost ground in the fight against HIV, tuberculosis, and malaria and to address emerging issues such as pandemic preparedness. Through its partnership with the Global Fund, UNDP helps countries to implement large-scale health programmes in some of the most challenging settings. As of September 2021, UNDP manages 31 Global Fund grants as interim Principal Recipient in 22 countries facing capacity constraints, complex emergencies, and other development issues and two regional programmes covering an additional 12 countries. UNDP strengthens the capacities of national governments and local organizations so they can successfully take over and manage Global Fund grants. Since 2003, UNDP has transitioned out of 33 countries and three regional grants covering 17 countries. UNDP also supports Global Fund Country Coordinating Mechanisms in 16 countries, helping strengthen the engagement of key populations, and provides capacity development support to national entities serving as Global Fund grant recipients in 26 countries. Through several regional programmes, including the Global Fund Africa Regional Grant on HIV, UNDP has contributed to law and policy reforms, empowering regional and local key population networks and capacity-building among health workers, judges, and legislators to address stigma and legal barriers. Since the start of the COVID-19 pandemic, UNDP has also helped countries access additional funding through the Global Fund's COVID-19 Response Mechanism (C19RM).

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 signed a Memorandum of Understanding with WHO in 2018 to strengthen its partnership in three key areas:

- Strengthening country capacity to achieve universal health coverage, including by addressing the social, economic, and environmental determinants of health, the interconnected challenges presented by communicable and non-communicable diseases as well as emerging threats to global health security such as antimicrobial resistance.
- Supporting multisectoral responses to health emergencies, as well as ensuring delivery of essential health services in fragile, vulnerable, and conflict-affected settings; and
- Acting decisively on multisectoral responses to health challenges arising from the climate crisis and environmental challenges more broadly, including the impact of climate change on the resilience of health systems.

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 5⁴⁹. 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), the Netherlands and the Swedish International Development Cooperation Agency (Sida) amongst others, international non-governmental organizations, and foundations, including the Gates Foundation, the Wellcome Trust, and the Helmsley 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 COVID-19, Ebola and Zika or antimicrobial resistance.

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 several 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.

The HIV, Health and Development Group will establish a civil society advisory group by no later than mid-2022 to advise on the implementation of the project.

South-South and Triangular Cooperation (SSC/TrC)

The project will make south-south and triangular cooperation (SS/TrC), key intervention components. For example, UNDP has convened the Africa Regional Judges Forum since 2015. This group of senior judges discusses the latest issues related to LGBTIQ+ people, key populations, young women and girls and human rights in the context of HIV and tuberculosis. The success of the forum has led to the establishment of the Caribbean Judges Forum on HIV, Human Rights and the Law, a joint initiative between UNDP and the Judicial Education Institute of Trinidad and Tobago (JEITT) as well as the OECS Judicial Education Institute (OECS -JEI). In 2020, the Forum also supported the formation of the Eastern Europe and Central Asia Regional Judges Forum on HIV, tuberculosis, Human Rights, and the Law, which brought together judges from eight countries in collaboration with the Supreme Court of Tajikistan.

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. The Community of Practice on HIV and Health will also be used to strengthen knowledge management across the project, leveraging other Communities of Practice and knowledge across the GPN.

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.

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, 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 across the Global Policy Network and with Regional and Central Bureaux. 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 Communities of Practice, will support learning and knowledge sharing between global and regional teams as well as with and among Country Offices.

As part of the implementation mechanism, the HIV, Health and Development Group will issue low value grants to organisations or networks to support HIV and health work.

The purpose of the low-value grants is:

1. to ensure the effective implementation of activities
2. to increase the capacity, knowledge, and networks of partners, including civil society, non-governmental organisations, or educational institutions
3. Promoting advocacy activities and networking between civil society organizations, a government, and donors
4. Supporting community-based self-help initiatives

HHD will establish a grant selection Committee, this will be done by the project Executive. The selection criteria for potential LVG recipients will be established by the grant selection committee based on the purpose of the support required.

V. RESULTS FRAMEWORK

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

UNDP SP Outcome 2: No one left behind, centring on equitable access to opportunities and a rights-based approach to human agency and human development.

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 2021), including baseline and targets:

- Impact Indicator [2.8](#) Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
- Output Indicator 1.4.1 Number of people who have access to HIV and related services:
- Output Indicator 1.4.2 Number of countries, which:
 - introduced digital solutions for vaccine delivery and health systems strengthening
 - deployed hyperlocal vaccine data analytics for decision making and equitable and inclusive responses
 - introduced environmentally and socially sustainable disposal of immunization waste
 - introduced scalable and reliable clean energy solutions across COVID-19 vaccination services

Applicable Output(s) from the UNDP Strategic Plan:

Primary Output:

1.4 Equitable, resilient and sustainable **systems for health and pandemic preparedness** strengthened to address communicable and non-communicable diseases, including COVID-19, HIV, tuberculosis, malaria and mental health

Secondary Outputs:

1.2. Social protection services and systems strengthened across sectors with increased investment

2.3 Responsive governance systems and local governance strengthened for socio economic opportunity, inclusive basic service delivery, community security, and peacebuilding

3.1 Institutional systems to manage multi-dimensional risks and shocks strengthened at regional, national and sub-national levels

5.2 Transition to renewable energy accelerated capitalizing on technological gains, clean energy innovations and new financing mechanisms to support green recovery

6.3 National capacities to prevent and respond to gender-based violence (GBV) and address harmful gender social norms strengthened, including in crisis contexts

E.1 People and institutions equipped with strengthened digital capabilities and opportunities to contribute to and benefit from inclusive digital societies

E.3 Public and private financing for the achievement of the SDGs expanded at global, regional, and national levels

Project title and Atlas Project Number: UNDP Global HIV and Health Development (2022-2025)

EXPECTED OUTPUTS	OUTPUT INDICATORS	DATA SOURCE	BASELINE		TARGETS (by frequency of data collection)				DATA COLLECTION METHODS & RISKS
			Value	Year	2022	2023	2024	2025	
Output 1 <i>Strengthened mechanisms for civic engagement and inclusion of vulnerable and key populations</i> <i>NB the UNAIDS indicators will be approved at the December 2021 Board. Collection of baseline data will start in Q1 2022.</i>	1.1 <i>Number of countries where Joint Programme support contributes to strengthening gender transformative policies, financing, and programmes, integrating gender equality into the national HIV response, and meaningfully engaging women in all their diversity, including those living with HIV.</i> Link to UNDP SP Output 1.4 and 6.3.	UNAIDS Joint Programme Monitoring System (JPMS)	TBD	2022					JPMS/ROAR
	1.2 <i>Number of countries where Joint Programme provided policy and advocacy support to implement gender-responsive HIV prevention, treatment, care and support services free of discrimination and that address gender-based violence.</i> Link to UNDP SP Output 1.4. and 6.3	UNAIDS JPMS	TBD	2022					JPMS/ROAR
	1.3 <i>Number of countries supported by the Joint Programme to include in their national policies and strategies all recommended elements of evidence-based combination HIV prevention packages for key populations and other populations at risk of HIV</i> Link to UNDP SP Output 1.4 and E1.	UNAIDS JPMS	TBD	2022					JPMS
	1.5 <i>Number of countries supported by the Joint Programme to generate data and use evidence to remove barriers and increase access to social protection programmes for people living with, at risk of or affected by HIV</i> Link to UNDP SP Output 1.4 and 1.2	UNAIDS JPMS	TBD	2022					JPMS
Output 2	2.1 <i>Number of countries with strengthened governance for NCDs and tobacco control</i> Link to UNDP SP Output 1.4 and 2.3.	Country Report	61 Countries	2021	65	70	75	80	Surveys, WHO/FTCT and Country Reports

<i>Strengthened legal and policy environments for HIV and health</i>	2.2 <i>Number of countries supported in activities to repeal punitive and discriminatory laws and policies or developing protective laws and policies affecting the HIV response.</i> Link to UNDP SP Output 1.4, 2.3.and E1	UNAIDS JPMS	TBD	2022					JPMS
	2.3 <i>Percentage of countries that have developed and report implementation of measures advancing full and sustainable HIV financing</i> Link to UNDP SP Output 1.4, 3.1 and E1	UNAIDS JPMS	TBD	2022					JPMS
EXPECTED OUTPUTS	OUTPUT INDICATORS	DATA SOURCE	BASELINE		TARGETS (by frequency of data collection)				DATA COLLECTION METHODS & RISKS
			Value	Year	2022	2023	2024	2025	
Output 3 <i>National implementation of large-scale health programmes supported</i>	3.1 <i>Number of countries supported in the Implementation for large-scale health programmes (cumulative)</i> Link to UNDP SP Output 1.4, 2.3, E1 and E3	<i>Country Reports</i>	23 countries	2016	--	25	30	35	<i>Surveys and Country Reports</i>
	3.2 <i>Number of countries supported on planetary health</i> Link to UNDP SP Output 1.4, 3.1, 5.2 and E1	<i>Country Reports</i>	68 countries	2021	70	75	80	85	<i>Surveys and Country Reports</i>
	3.3 <i>Number of countries supported on pandemic preparedness</i> Link to UNDP SP Output 1.4 and 3.1 and E1.	<i>Country reports</i>	TBD	2022					<i>Surveys and Country Reports</i>

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:

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 IRRF and the JPMS will be collected and analysed to assess the progress of the project in achieving the agreed outputs.	Yearly	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	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.	Annually	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	Annually, and at the end of the project (final report)			

	against pre-defined annual targets at the output level, the annual project quality rating summary, an updated risk log with mitigation measures, and any evaluation or review reports prepared over the period.			UNDP accountabilities under the UNAIDS division of labour and the UNAIDS Unified Budget Results and Accountability Framework. FCTC	
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.		

Evaluation Plan

The UNAIDS 2022–2023 Evaluation Plan includes evaluations of the work of the Joint Programme, which will be conducted jointly with the Cosponsors, including UNDP. The evaluations focus on generating evidence in areas where the Joint Programme can and should accelerate progress to support achievement of the targets in the UNAIDS 2021–2026 Strategy and the 2021 Political Declaration on HIV and AIDS. The evaluations cover the work of Cosponsors and the Secretariat at global, regional, and country levels.

The Evaluation Plan includes activities to follow up on evaluations in order to translate findings and conclusions into organizational learning and activities that can strengthen evaluation culture and capacity. That includes monitoring the implementation of recommendations of recent evaluations (which relate directly to key priorities in the 2022–2026 UBRAF) such as on violence against women and girls, and on key populations, as well as efficient and sustainable financing.

Planned evaluations in 2022–2023 are:

- The Work of the Joint Programme on Social Protection
- The Joint Programme Country Envelopes
- The Work of the Joint Programme on Human Rights
- The Joint Programme Work at Country Level and Contribution to UNDAFs/UNSDCFs

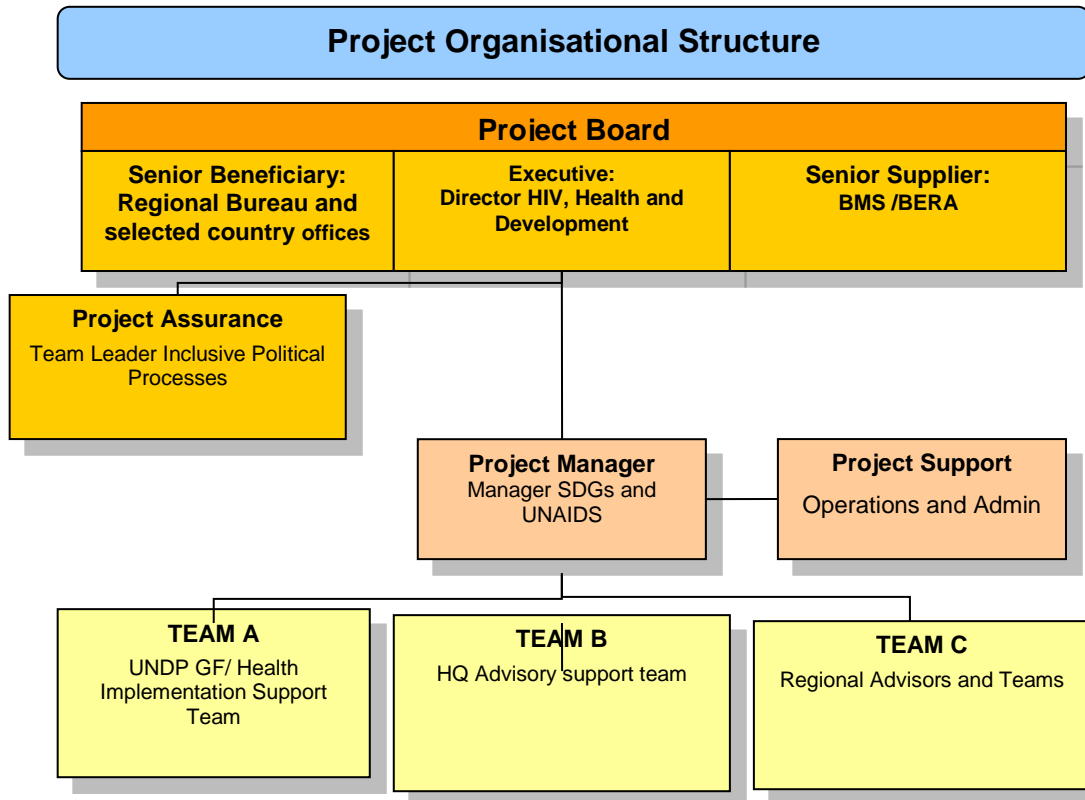
VII. MULTI-YEAR WORK PLAN

EXPECTED OUTPUTS	PLANNED ACTIVITIES	Planned Budget by Year (In 000s)				RESPONSIBLE PARTY	PLANNED BUDGET		
		2022	2023	2024	2025		Funding Source	Budget Description	Amount (In 000s) (USD)
Output 1 <i>Strengthened mechanisms for civic engagement and inclusion of vulnerable and key populations</i>	1.1. Supporting gender equality and gender-based violence in national HIV and health plans.	500	500	500	500	UNDP	UNAIDS	Workshop Travel Consultant Policy advisory Staff M&E	2,000
	1.2 Strengthening the evidence base and capacities on inclusion of LGBTI	1,500	1,500	1,500	1,500	UNDP	UNAIDS	Workshop Travel Consultant Policy advisory Staff M&E	6,000
		1,930	1,930	1,911	1,500		SIDA-IGI		5771
	1.3 Supporting inclusive social protection programmes to increase access for people living with HIV and key populations	200	200	200	200	UNDP	UNAIDS	Travel Workshop Grants M&E	800
Sub-Total for Output 1		4,130	4,130	4,111	2,200				14,571
Output 2 <i>Strengthened legal and policy environments for HIV and health</i>	2.1 Follow up to recommendations of the Commission on HIV and the Law to strengthen legal and policy environments for HIV and SRHR.	1,200	1,200	1,200	1,200	UNDP	UNAIDS	Workshop Travel Consultant Policy advisory Staff M&E	4,800
		1,625	1,625	1,625	1,625		Netherlands		6,500
	2.2 Strengthening Governance and Joint Programmes on NCD and Tobacco Control	300	300	300	300	UNDP	FCTC	Workshop Travel Consultant Policy advisory Staff M&E	1,200
		565	565	565	565		EU		1,695
		250					IsDB		250
		1,300	400				WHO		1,700
		483	483				Hemsley		966
300	500	500	500	GHC	1,800				
Sub-Total for Output 2		6,023	5,073	4,190	3,625				18,911

EXPECTED OUTPUTS	PLANNED ACTIVITIES	Planned Budget by Year (In 000s)				RESPONSIBLE PARTY	PLANNED BUDGET		
		2022	2023	2024	2025		Funding Source	Budget Description	Amount (In 000s) (USD)
Output 3 <i>National implementation of large-scale health programmes supported and Capacity Development</i>	3.1 Implementation support for large-scale health programmes	300	300	300	300	UNDP	UNAIDS	Travel Consultant Staff M&E	1,200
		1,100	1,100	1,100	1,100		UNDP		
	3.2 Cross-sectoral co-financing for universal health coverage to strengthen HIV	500	500	500	500	UNDP	UNAIDS	Workshop Travel Consultant Policy advisory Staff M&E	2,000
	3.3 Mitigating the environmental impact of medical waste/health procurement	1,050				UNDP SPHS	SIDA-SHiPP	Workshop Travel Consultant Policy advisory M&E	1,050
	3.4 Working to develop capacities and systems for regional and national HIV, TB and malaria programmes	5,300	5,300	5,300	5,300	UNDP	GF	Workshop Travel Consultant Policy advisory Staff M&E	21,200
	3.5. Pandemic preparedness	1,000	1,000	1,000	1,000	UNDP	Germany	Workshop Travel Consultant Policy advisory Staff M&E	4,000
	Sub-Total for Output 3	9,252	8,200	8,200	8,200				33,850
Evaluation (as relevant)	EVALUATION (incorporated in project activities)								
General Management Support	8% of projects **								
TOTAL		19,403	17,403	16,501	14,025				67,332

** Various GMS Distributions applied to the GF Regional Projects

VIII. GOVERNANCE AND MANAGEMENT ARRANGEMENTS



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, government and civil society partners and stakeholders. Key outputs will be implemented by the relevant team leaders, under the direction of the Manager SDGs and UNAIDS 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 discuss 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 HIV, Health and Development Group will establish a civil society advisory group by no later than mid-2022 to advise on the implementation of the project.

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 Manager SDGs and UNAIDS 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 and Central Bureaux and Hubs, as well as across the GPN. 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 10 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. UNDP has specific accountabilities within the UBRAF 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 SBAA's 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 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.

End notes

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