2010-2011 UNAIDS UBW
Nations Development Programme (UNDP)
Broad Activity Achievement Report
## 2010-2011 UNAIDS UBW
United Nations Development Programme (UNDP)
Broad Activity Achievement Report

### UNDP 2010-2011 Total Expenditure

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### Broad Activity 1: Support to groups and networks of people living with HIV, civil society and community-based organizations at country and regional level, with particular attention to strengthening civil society partnerships with government, leadership and organizational capacity, and engagement in the AIDS response.

#### Achievements

- Core UBW and other UNDP resources were used to support local and national groups of people living with HIV and community based organizations from 64 countries, e.g. UNDP partnered with HIVOS and community based organizations to formulate and submit a successful US $12.5 million multi-country Global Fund Round 10 proposal on HIV among men who have sex with men in Southeast Asia. The countries included in this project are Malaysia, Indonesia, the Philippines and Timor Leste. UNDP will support national partners through implementing activities relating to advocacy, health systems strengthening, local coordination and strategic information.

- Leadership capacity development of networks and associations of women living with HIV was undertaken in 52 countries across six regions. The participants designed breakthrough initiatives (BTIs) and many of these initiatives are being implemented at the national level. These initiatives include amongst others strategic advocacy and setting up micro-credit schemes and income-generating projects. After the pilot phase, these programmes were taken over by national authorities in several countries (e.g. the MoH in Egypt started providing loans to PLHIV). Overall, the leadership development programmes generated success in making the voices of women and girls heard in national contexts as well as supported the implementation of key initiatives. In addition to supporting the participants themselves, their families and their communities, these initiatives also allow for a transformational shift of the perceptions of society towards PLWH: from a potential threat or burden towards being an asset as active and productive members of society.

- The Red Ribbon Award and community dialogue space hosted at the International AIDS Conferences, provided capacity-building and financial support to 25 community-based organizations from 20 countries, and created platforms for best practice exchange and engagement with global and regional policymaking.

#### Lessons learned

- The Leadership Development Programme resulted in increased partnerships between HIV positive women’s organizations/networks and other key national stakeholders. Stronger partnerships were also forged with UNDP Country Offices and Joint UN Teams. Questions continue regarding the cost of the programme. Despite implementing cost-savings, the overall cost per participant remains high.
There is considerable value in strategic sub-regional efforts, both in terms of synergy as well as economy of scale. The lessons learned from working with communities in multiple countries and the domain knowledge on MSM/TG as well as involvement of COs helped in the second successful regional MSM/TG Global Fund proposal for Asia-Pacific.

The Community Dialogue Space programme focuses primarily on south-south exchanges and on building bridges between CSOs, governments and international organizations.

**Evaluation**

Improved capacity of national partners and institutions to respond to HIV (e.g. Burkina Faso, China, Somalia, Zambia)

Several independent evaluations pointed to UNDP’s value in developing capacity of national government and civil society partners and institutions to respond to HIV. This has included capacity development of national AIDS councils and umbrella civil society organizations, as well as facilitating partnerships between government and civil society. Evaluations also cited that capacity development efforts under the HIV Practice often benefitted other thematic areas.

http://www.undp.org/evaluation/country-evaluation.htm

**Expenditure**

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**Achievements**

Core UBW and other UNDP resources were used to support national authorities and stakeholders in 37 countries to strengthen governance and coordination of AIDS responses, e.g. UNDP conducted a six country study in Belize, El Salvador, India, Indonesia, Malawi and Tanzania to document successes in national coordination of AIDS responses with a focus on national ownership, aid alignment, decentralization and civil society participation. The resulting Comparative Experience Paper on National AIDS Coordination reviews how National AIDS Councils (NACs) and Country Coordinating Mechanisms (CCMs) are working together and how they can more effectively coordinate with the health sector and key non-health sector partners, including Ministries of Planning and Finance to design, oversee and implement appropriate multi-sectoral AIDS strategies while achieving considerable gains in terms of coordination and aid alignment. Specific recommendations aimed at strengthening the coordination environment and the overall response were made in each country and will be followed up in 2012.

UNDP, UNAIDS and WB, completed AIDS sector institutional assessments in DRC, Zambia and Lesotho and Malawi. These assessments enable countries to understand the institutional strengths and limitations as well challenges to effective and efficient coordination of the AIDS response at the national and sub national levels. Upon completion, findings of the assessment inform policy decisions such as restructuring of National AIDS Councils or redefining the role of key sector ministries in the coordination of the AIDS response.

A series of regional dialogues was organised by the UNDP Regional Programme on the health challenges for Asian labour migrants, jointly with IOM, UNAIDS, ILO, WHO and JUNIMA. This has resulted in 13 labour sending countries being better prepared to discuss health issues of migrant workers in the 2011 Colombo Process Ministerial Consultation. As a result of these dialogues, UAE has started discussions among various Asian embassies in Abu Dhabi to support migrant’s rights to health.

**Lessons learned**

Coordinating national AIDS responses is crucial and attracts the interest of several partners and national authorities. Nevertheless joint action in addressing this important issue is largely missing and poses considerable challenges. The UN family needs to urgently develop a joint strategy to address the situation.

Consistent and strategic engagement by the UN family, regional organizations such as ASEAN, CSOs/CBOs and national governments on critical inter-country or regional issues can lead to successful policy interventions.
Evaluation

- Implementation of decentralized HIV responses (e.g. Burkina Faso, Botswana, Zambia)
- UNDP support for the implementation of district and community level HIV responses was positively cited in several independent evaluations. This included support to local government for the roll-out of sub-national HIV programmes, and implementation of community capacity enhancement programmes. The evaluations indicate that a focus on longer-term capacity building and placement of technical assistance in institutions have helped national institutions and partners to increase their reach and fulfil their mandates more effectively.
- Strengthened leadership and political commitment (e.g. Botswana, China, Somalia)
- Evaluations cited UNDP's work in strengthening leadership at various levels of the HIV response and helping to build political commitment to respond to HIV.

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Broad Activity 3: Support to development of multisectoral and prioritized national AIDS strategies and action plans, with a particular focus on effectively linking to broader development and MDG efforts, and integrating attention to human rights, gender equality, women and girls, and sexual diversity.

Achievements

- Core UBW and other UNDP resources were used to support national authorities in 43 countries for the development of evidence informed AIDS strategies and action plans, e.g. UNDP supported HIV focused reviews in Seychelles, Cote D'Ivoire and Zambia (NSPs) and Tanzania (PRSP UNDAF), as well as development of national sectoral policies in Mauritius.
- Under the leadership of the World Bank, UNDP contributed to peer reviews of National AIDS Strategies for 19 countries. Through the reviews, UNDP has helped to draw attention to socio-economic determinants and impacts of HIV, particularly gender and human rights issues.
- UNDP supported national authorities to integrate gender and human rights in their national AIDS responses. In East and Southern Africa, 12 National AIDS Councils were trained to integrate gender and human rights into their national strategic plans which are being developed in 2012. Eight are among the UNAIDS high-impact countries and will receive intensified support to do this through a joint UN regional activity throughout 2012.
- UNDP provided technical and financial assistance to 2 networks of women living with HIV to map and assess progress on gender equality, human rights and MDG 3,5 and 6) from the perspective of WLHIV. The results were presented at the MDG Summit in 2010 and the report supported the design and implementation of interagency interventions at country level. Countries assessed: Trinidad and Tobago, Nicaragua, Guatemala, El Salvador, Honduras, Panama, Uruguay, Venezuela, Peru, Argentina and Columbia.

Lessons learned

While draft NSPs vary considerably, generally there is insufficient attention to key populations (especially sexual minorities), socio-economic determinants (especially those unrelated to gender) human rights and rights-based approaches, and sustainable AIDS financing (partly because NSPs cover a relatively small timeframe). Even where these points are covered, they typically fall more within the epidemiological analysis section than in policy and program responses. Technical support to NSP development needs to include greater attention to these issues to ensure strong, multi-sectoral AIDS plans and responses. Such support should be integrated throughout the NSP development process, and not only at the review stage.

Evaluation
• Evaluations from Botswana, Georgia, Rwanda and Uganda highlighted UNDP’s contributions in informing and strengthening national policies and programming. In Rwanda, which was one of 28 countries that participated in a joint UNDP – World Bank programme to support the integration of HIV into national development planning, the ADR found that UNDP made a significant contribution in moving the response to HIV from a largely health issue to a development issue. The evaluation noted that “UNDP is credited with advocating and helping to mainstream the county’s response to the pandemic into the national development agenda.”

http://www.undp.org/evaluation/country-evaluation.htm

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**Broad Activity 4: Development of methodologies, conducting of studies and implementation of strategies to assess and mitigate socioeconomic impacts of AIDS.**

**Achievements**

• Core UBW and other UNDP resources were used to support socio-economic impact assessment studies and initiatives in 30 countries.

• Partnerships built with UNAIDS, WB and SADC to initiate conversations on options for sustaining AIDS programmes in the context of dwindling external funding with all 13 SADC member states. This led to the drafting of a Regional Follow up Action Plan. This action plan has high level commitment from member states and from SADC.

• Three research initiatives were completed on the socio-economic impact of HIV in China, Cambodia and Indonesia. These have led to strong government commitment on mitigating the impact on the households of people living with HIV (e.g. in Cambodia, UNDP supported the government in using the recommendations for integrating HIV into the design and implementation of the national social safety nets/protection strategy).

• The results and recommendations from these and other studies provided the evidence base for a regional consultation involving eight countries (India, China, Cambodia, Nepal, Vietnam, Thailand, Indonesia, and PNG) on integrating HIV into national social protection strategy processes. The consultation was organized by UNDP in collaboration with UNICEF, the UNAIDS Secretariat and ILO. As a result of this joint meeting, many countries have furthered initiatives in promoting HIV-sensitive social protection, e.g. following the consultation, the Prime Minister of India made explicit public calls for HIV-sensitive social protection, particularly in the area of employment. Due to the success of this work in Asia Pacific region, UNAIDS asked UNDP to replicate this experience in Latin America and UNDP is commissioning a study to assess the extent to which existing social protection programmes address the issues of people living with HIV and households affected by AIDS.

• UNDP and ECLAC finalized a regional study to assess the impact of the financial crisis on national AIDS responses in 5 countries (Dominican Republic, El Salvador, Guatemala, Jamaica and Panama).

**Lessons learned**

• Far more SADC countries need support to develop models for more sustainable AIDS financing. There is a lack of capacity in countries to undertake meaningful long term analysis. This is a priority area for UNAIDS to address in 2012 and beyond.

• UNDP Country Economists are well positioned to support NACS and MOFP in the implementation of CFAs and push for modelling around investments that bring multiple benefits across the MDGS.

• The processes involved in undertaking socio-economic impact studies take longer periods of time than anticipated because of factor such as clearances by NACs, ethical clearance, national capacity and lack of sampling frames. A notable point is the traction such studies can generate with national governments and other institutions in terms of policy.
Evaluation

- Robust analysis to inform national policies and programming (e.g. Botswana, Georgia, Uganda). An independent evaluation highlighted UNDP’s contributions in informing and strengthening national policies and programming, through the use of studies and analytical reports. This allowed government counterparts to make better informed decisions and provide timely responses.
  

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Broad Activity 5: Strengthened national capacity for enabling trade and health policies and programmes that promote sustainable access to AIDS medicines

Achievements

- Core UBW and other UNDP resources were used to support 42 countries and 2 regions to build capacity for adoption of enabling trade and health policies and legislation, e.g. UNDP, in partnership with civil society and GTZ, supported the East African Community on the proliferation of anti-counterfeiting legislation, resulting in the adoption by the EAC Secretariat of UNDP proposals to amend the draft EAC anti-counterfeiting bill in a public health sensitive fashion. This will guarantee the continued use of generic medicines in the EAC which account for 90% of all medicines consumed in the region. Had the proposal not been adopted, the supply of generic ARVs would have been jeopardized.

- UNDP published a report on the continued role of India as a supplier of affordable medicines five years after having complied with the TRIPS Agreement. The report is being used to support Indian government discussions on compulsory licensing – a key TRIPS flexibility. Given that India supplies 80% of Africa’s HIV medicines – this could also significantly impact access to medicines in Africa. UNDP and UNAIDS organized a roundtable with the East African Community on the proliferation of anti-counterfeiting legislation, resulting in the adoption by the EAC Secretariat of UNDP proposals to amend the draft EAC anti-counterfeiting bill in a public health sensitive fashion. This will guarantee the continued use of generic medicines in the EAC which account for 90% of all medicines consumed in the region. Had the proposal not been adopted, the supply of generic ARVs would have been jeopardized.


- UNDP, in partnership with UNAIDS and WHO published a Policy Brief on using the WTO TRIPS Agreement public health flexibilities to increase access to treatment. [http://content.undp.org/go/cms-service/stream/asset/?asset_id=3259398](http://content.undp.org/go/cms-service/stream/asset/?asset_id=3259398)


Lessons learned

- The India report is an important policy tool highlighting that developments in India have impacts well beyond its borders, given the reliance thus far of much of the global market, especially in developing countries and LDCs, on the supply of low-cost, quality Indian generic pharmaceutical products.

- Anti-counterfeiting laws must be precisely drafted so that they do not mistakenly conflate generics and counterfeit medicines.

- The good practice guide and policy brief are examples of accessible and comprehensive policy tools for countries on how to use TRIPS flexibilities and safeguards for reducing the prices of
medicines and increasing access to treatment.

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**Broad Activity 6: Implementation of human rights based programming approaches and promotion of enabling legal environments, including prevention of inappropriate criminalization of HIV transmission, legislative review and reform, and enforcement of laws to protect HIV-related rights and gender equality.**

**Achievements**

- Core UBW and other UNDP resources were used to support 89 countries and 7 regions for the review, revision and implementation of legislation to promote HIV-related rights and increase access to justice services, e.g. UNDP support was provided to drafting the East African Community HIV Bill and the Arab Convention. As a result the EAC HIV bill in its current form does not criminalise HIV transmission and mentions protection for most-at-risk populations. In both the Latin America and Caribbean region a comparative analysis was conducted of HIV laws and human rights in policy development and programming and in West and Central Africa human rights institutions were supported to strengthen their capacity.

- On behalf of the UNAIDS family, in June 2010 UNDP launched the Global Commission on HIV and the Law. The Commission was also supported by OHCHR and IPU. The Commission engaged 700 government and civil society stakeholders from 140 countries in constructive dialogue on the creation of human rights based legal environments for effective HIV responses. The Commission increased awareness and mobilization on these issues. Some early results include: submissions made to the Parliamentary Select Committee in Guyana contributed to the rejection of inappropriate legislation criminalizing HIV transmission and exposure. In Fiji a similar law criminalizing HIV transmission was repealed and discriminatory HIV-related travel restrictions lifted. [www.hivlawcommission.org](http://www.hivlawcommission.org)

- UNDP, together with UNAIDS and the Global Fund, published an analysis of access to justice programming in Round 6 and 7 HIV proposals and grants in 56 low and middle income countries. The study and subsequent consultation organized by UNDP, UNAIDS, OSF and the Ford Foundation, successfully influenced the Global Fund to include human rights as one of the five substantive objectives in the Global Fund's new strategy. This will contribute to increasing funding and programming in these areas in Global Fund supported HIV programmes.


- Albania, Cape Verde, Mozambique, Pakistan, Rwanda, Tanzania, Uruguay and Vietnam, all pilot “Delivering as One” were supported to launch “Know Your Rights” campaigns.

**Lessons learned**

The Regional Dialogues of the Global Commission on HIV and the law was very well received by all stakeholders in terms of being able to articulate and debate substantive and important issues. The dialogues also substantially raised the profile of HIV and the law amongst governments in the various regions. Many CSOs have initiated new advocacy or law support activities as a result.

**Evaluation**

- Strengthened attention to human rights issues and marginalized groups (e.g. Burkina Faso, China, Somalia)

- Several independent evaluations highlighted UNDP’s role and value added in addressing human rights-related aspects of HIV and responding to the needs of vulnerable populations. This has included supporting legislation to protect the rights of people living with and affected by HIV, as well as increasing attention to marginalized and most at risk populations.

**Expenditure**

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<tr>
<td>Broad Activity 7: Strengthened country capacity to design and implement programmes to reduce HIV-related stigma and address key social determinants of vulnerability, including through partnerships with people living with HIV, civil society organizations, women’s groups, religious leaders and media.</td>
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**Achievements**

- Core UBW and other UNDP resources were used to address stigma, discrimination and social determinants of most-at-risk populations in national AIDS plans, sector strategies or plans through multi-stakeholder partnerships implemented in 31 countries, e.g. trainings were conducted in Egypt and Libya as part of the Religious Leaders Initiative on HIV, gender and human rights. Following the trainings, many religious leaders started their own initiatives including sensitization sessions during sermons, outreach with Muslim students and partnerships with women NGOs to provide awareness raising sessions for female prisoners.

- UNDP supported South-South learning – drawing on experience from India, Trinidad and Tobago, Mexico, Brazil, Tanzania, Kenya, Mauritius, Saudi Arabia, Ukraine - to develop capacity and guidance on comprehensive national responses to HIV-related stigma. A draft guidance note has been developed for UNDP COs and Joint Teams, which can also be used as a resource for UNAIDS' key human rights programme guidance.

- UNDP supported the integration of key population issues into a toolkit for addressing stigma in healthcare settings. The toolkit – a UNDP, WHO, UNFPA, UNAIDS Secretariat and civil society collaboration, now includes specific content on addressing stigma for sex workers, drug users, men who have sex with men, transgender people and people living with HIV in health care settings. In 2011 the toolkit was used in a pilot training in Zambia.

**Lessons learned**

Parliamentarians remain a key target group for HIV awareness activities mainly due to their strategic positioning as decision makers.

**Evaluation**

- In Somalia an independent evaluation highlighted an HIV advocacy project with religious leaders as a particular success among UNDP programmes, noting its good results through the training of 1,000 religious leaders in community advocacy, helping to reduce vulnerability and promote rights of people affected by HIV.


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<td>Broad Activity 8: Promote enabling environment to address gender-dimensions of AIDS, advance human rights of women and girls, support active engagement of women living with HIV and gender advocates in HIV responses, promote links and reciprocal capacity building between AIDS organizations and women’s groups, address gender-based violence and strengthen networks of men and boys to address gender inequality (in collaboration with UNIFEM).</td>
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Achievements

- Core UBW and other UNDP resources were used to support to 56 countries and 2 regions to develop and/or implement HIV related policies addressing gender equality in national AIDS programmes.

- The UNDP-led interagency initiative 'Universal Access for Women and Girls Now!' successfully supported 10 countries (Ethiopia, India, Kenya, Madagascar, Malawi, Namibia, Rwanda, Swaziland, Tanzania and Zambia) to address gender equality in national HIV responses. Examples include: Through UA Now!, the National AIDS Council in Zambia integrated the concerns of women and girls into the country’s new National AIDS Strategic Framework (2011-2015) – including a clear gender component and a commitment to addressing gender-based violence and to gender equality within the HIV response. In Madagascar, a study by Action Socio Sanitaire Organisation Secours (ASOS) in two high-prevalence regions has informed the mid-term review of Madagascar’s national AIDS Strategic Plan. In India, research results on barriers to accessing HIV services for female sex workers and the wives of migrant men have informed the implementation of India’s Fourth National AIDS Control Programme (NACP IV).

- UNDP has strengthened policy engagement with the Global Fund to promote integration of gender in its policies, strategies and programmes. This has included inputs to Global Fund technical guidance, and support to national and regional partners for development of gender-sensitive programme proposals. UNDP has also promoted synergies between the Global Fund’s Gender Strategy and the UNAIDS Action Framework on Women, Girls, Gender Equality and HIV.

- One of the four areas that The Global Commission on HIV and the Law investigated is on laws which sustain or mitigate violence and discrimination lived by women. In many cases legal frameworks entrench the unequal treatment of women, making them more susceptible to violence and economic insecurity, thereby exacerbating their vulnerability. UNDP is addressing these issues, including gender-based violence through their programmes, and also work on empowering women through its leadership programmes (covered under different UBW indicators).

- Core UBW and other UNDP resources were used to ensure gender equality issues were addressed in UNDP GF grants. 85% of Country Offices asses Global Fund project outcomes as contributing to achieving gender equality results.

Lessons learned

- As so many broad gender dynamics influence HIV in some way, it continues to be a challenge for countries to prioritize specific gender equality actions most likely to have HIV-related impacts.

- Operational lessons included: subcontracting local NGOs, at the country level, that have strong capabilities in project management and expertise in HIV/AIDS, proved to be efficient in building the capacities of CSO organizations and involving them as main partners in the fight against HIV/AIDS. In this case the role of government & UNDP was setting the standards and guidelines, and monitoring the progress of the work.

Evaluation

- An independent evaluation pointed out that while HIV initiatives are singled out in several countries for successfully integrating gender priorities, some assessments pointed to the need to promote more systematic gender mainstreaming.


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Broad Activity 9: Promote enabling environment to respond to HIV among men who have sex with men and transgender populations, including through reduction of stigma and discrimination, responses to violations of human rights, and strengthened linkages between AIDS organizations and LGBT groups.
Achievements

- Core UBW and other UNDP resources were used to support enhancing human rights protection and service access for MSM and transgender people in 34 countries and 3 regions, and for MSM, transgender people and other key populations in 27 countries.

- Globally, it is estimated that as many as 50% of people living with HIV live in cities. Urban epidemics show a wide variety of patterns and trends with complex dynamics such as high population density, urban migration and the presence of a diverse range of vulnerable groups such as sex workers, men having sex with men, drug users, transgender people and migrant workers. In many countries, municipal authorities have autonomy in setting policies and administering local health services, social and legal services, and policing. Therefore, cities present a major opportunity to have a big impact on reducing new HIV infections and they can play a role in realigning national responses to the specific needs of most-at-risk populations. As such, UNDP supported the review, development and/or implementation of municipal action plans to provide increased access to services for MSM and transgender people in Asia (Bangkok, Chengdu, Ho Chi Minh City, Jakarta, Yangon and Manila), and for MSM, transgender people and sex workers in Africa (Dar es Salaam, Kampala, Kigali, Lagos, Lusaka, Maputo and Ouagadougou), Latin America (Georgetown, New Amsterdam, Santo Domingo and Zacatecas) and Eastern Europe (Belgrade).

- In Senegal, UNDP, Johns Hopkins School of Public Health and Enda Sante – a Senegalese HIV and development NGO published a research study on the impact of the criminalization of men who have sex with men on their access to HIV and health services. The study has contributed to launching an Early-warning and alert system to address human rights violations of PLHIV and key populations.

- UNDP/APCOM conducted a research study in 20 Asian countries on increasing access to health and HIV services for MSM and transgender people, which was featured in an editorial in the Lancet

Lessons learned

- Work with key populations, particularly MSM and transgender populations, requires a multi-pronged approach. Work on reducing stigma and discrimination needs to take place with UN agencies and with government. Punitive laws and policies need to be addressed and evidence to support the need for programming in NSP needs to be strengthened.

- The cities approach has been welcomed by the participating municipalities who have actively taken this work forward and with some using their own resources to fund the plans.

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Broad Activity 10: Integration of attention to men who have sex with men and transgender populations in national AIDS strategies and programmes, annual action plans and sector plans, including budgeting and allocation of funds.

Achievements

- Core UBW and other UNDP resources were used to support 78 countries and 3 regions to implement policy guidance that addresses the vulnerability of MSM, transgender people or sexual minorities, e.g. building on work initiated in 2009, UNDP continued to provide advisory support to programmes in Argentina, Burkina Faso, Togo, Lesotho, Fiji, Philippines, and Ukraine on strategic information, human rights protection and capacity building for MSM and transgender people. Following the adoption of the Latin America and Caribbean Strategic Framework for Strengthening National Responses to HIV for Gay Men, other MSM and Transgender People, similar work has started in Nicaragua, Argentina, Mexico, Guatemala, Honduras and Costa Rica. These programmes have resulted in scaling up national efforts to address the needs of these typically underserved populations – for example, in the Philippines there is now a specific component in the Philippines national HIV programme focusing on transgender people.

- UNDP supported the International HIV/AIDS Alliance and the Regional Arab Network for AIDS (RANAA) to conduct a study on MSM in four Arab Countries: Algeria, Morocco, Tunisia and...
Lebanon

- UNDP collaborated with UNFPA, UNODC and the UNAIDS Secretariat to roll out the In-Reach training on strengthening HIV and human rights work with Sex workers, IDU, MSM and transgender populations for participants from 9 UN Agencies from 34 countries.

- UNDP collaborated with a number of stakeholders on key publications on MSM and transgender people: with the World Bank on the most comprehensive set of global data on HIV epidemics among MSM around the world; with WHO on the Global Guidelines on Prevention and treatment of HIV and STI among men who have sex with men and transgender people, where UNDP supported the inclusion of language on human rights and ethical principles for health care workers; with PAHO on the 'Blueprint for the provision of comprehensive care for gay men and other men who have sex with men in Latin America and the Caribbean'; with WHO and PEPFAR on technical guidance on improving quality of programmes and measuring their impact for practitioners in national entities, NGOs and municipalities; with IAVI, Johns Hopkins School of Public Health and AmFAR on a guidance paper to enable researchers and community groups to consider essential human rights principles and actions in research efforts.


- WHO MSM guidelines:
  - IAVI/Johns Hopkins School of Public Health/AmFAR/UNDP: [http://amfar.org/content.aspx?id=13121](http://amfar.org/content.aspx?id=13121)

**Lessons learned**

- Initiatives to promote human rights environments for men who have sex with men, sex workers and transgender people will fail unless we build trust and contribute to effective empowerment of leaders and their communities.

- The new data generated confirms that all over the World, the HIV epidemic has a far greater impact on gay men and other MSM than previously assumed.

**Evaluation**

- Several independent evaluations noted UNDP’s strength in promoting multi-stakeholder engagement throughout the phases of planning, implementation and monitoring of programmes.


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**Broad Activity 11:** Integration of priorities for women, girls and gender equality (including the role of men and boys) into national AIDS strategies, annual action plans and sector plans, with specific attention to implementation of programmes, budgeting and allocation of funds (in collaboration with UNIFEM).
Achievements

- Core UBW and other UNDP resources were used to support 42 countries for designing, implementing or evaluation prevention, treatment, care and support programmes specifically intended to empower women and girls and on gender-based violence for 37 countries. For example, UNDP, in collaboration with UNIFEM, UNAIDS, WHO, UNFPA, UNICEF, WHO supported 31 countries to integrate a focus/action on GBV into their national HIV strategies and plans. As a result, Belize has integrated strategies to address gender-based violence in the new national Strategic Plan 2012-2016, as well extending the amount and type of support of emergency responses offered to victims of sexual violence. Serbia has introduced gender- and age-specific programming for people who use drugs, their sexual partners and different sex worker populations, as well as specific activities to address gender-based violence in their prevention programmes.

- In 14 countries (Swaziland, Lesotho, Trinidad and Tobago, Mexico, Papua New Guinea, India, Philippines, Central African Republic, Nigeria, Uganda, Yemen, Tunisia, Egypt, and Ukraine), the capacity of national networks of women living with HIV have been strengthened to more effectively engage in universal access processes/reporting and MDG reporting/advocacy. A South–South capacity development approach was used to support women living with HIV from these 14 countries to effectively participate in HIV and MDG policy and advocacy processes in their countries and in international fora such as the MDG Summit which took place in 2010.

- Drawing upon South–South learning from Namibia, Chile, Peru, Moldova, South Africa, Uganda, and Zimbabwe on addressing coerced sterilization of HIV-positive women, UNDP supported the development of action/advocacy plans to address coerced sterilization of HIV-positive women in India and Uzbekistan.

Lessons learned

Many of these initiatives have highlighted both the benefits and need for broad partnerships with a range of stakeholders working on women, girls, HIV and gender equality, bringing together governments ministries of women/ gender, health, justice and national AIDS authorities with civil society organizations – particularly organizations of women living with HIV, women’s health and rights organizations, AIDS service organizations and groups working to engage men and boys for gender equality. The crucial imperative for involving men and boys in bringing about transformation in existing social norms were re-emphasized.

Evaluation

- Contribution to gender equality outcomes (e.g. Burkina Faso, Rwanda, Zambia)

- In several countries, HIV programmes were independently assessed to contribute positively to results in promoting gender equality. Initiatives have often simultaneously addressed HIV and gender, and in several cases also addressed other MDGs.

Expenditure

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Broad Activity 12: Integration of AIDS priorities into national development and MDG plans, poverty reduction strategy papers and sector plans.
• Core UBW and other UNDP resources were used to support 21 countries and 2 regions for mainstreaming HIV into national and sector development plans and processes, PRSPs and MDG Plans. In collaboration with the Southern African Development Community (SADC) and other partners, UNDP has supported several countries (Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Uganda and Zambia) in the region to incorporate HIV and gender into the Environmental Impact Assessments (EIAs) of capital projects. The rationale for this work is the understanding that many large capital projects can increase HIV susceptibility, partly through the impact such projects have on labor migration. Community prevalence has been shown to be higher in areas proximal to such capital projects. The initiation of this project has led to a strengthened cross ministerial collaboration. Six countries have already produced action plans for addressing short term country specific gaps in EIA regulations: Botswana, Lesotho, Malawi, South Africa, Uganda and Zambia. This has resulted in increased collaboration between NACs, Ministries of Health and Environment in these countries, e.g. both Uganda and Zambia have integrated the initiative in their national operations plan and allocated funding for this work. In all countries, links between gender, HIV and capital projects are being identified and better understood.

• Efforts to integrate HIV into national development and sectoral plans included ensuring adequate attention to populations of humanitarian concern in collaboration with UNDP Bureau for Crisis Prevention and Recovery. A range of training modules, policy guidance, and research were undertaken, including: a training module on mainstreaming HIV into early recovery; a guidance note on mainstreaming HIV in humanitarian settings; training on mainstreaming gender and HIV in disarmament, demobilization and reintegration programmes; and implementation of operational research with UNFPA on improving HIV service delivery in disarmament, demobilization and reintegration programmes (Cote d’Ivoire, Indonesia, Nepal and Sudan).

Lessons learned

• EIAs is a practical platform through which the social impacts (HIV and Gender) associated with capital projects can be better understood and addressed through a multi-sectoral approach in a sustainable manner.

• Additionally, the practical linkages between HIV, gender and environment is still yet to be appreciated but once understood, it will also be a model for achieving cross MDG synergies. This initiative can practically be a vehicle for both understanding the nexus between HIV, Gender and environment and designing integrated services to minimize the impact of AIDS.

Evaluation

• In 2009 and 2010, an independent evaluation was conducted of a joint UNDP/World Bank programme that supported mainstreaming of HIV responses into national development plans and PRSPs in 23 countries. The findings of the evaluation are helping to inform UNDP’s mainstreaming work and contributed to a joint UNAIDS business case for Planning and Accountability prepared by UNDP and the World Bank. One of the challenges which remains is to move beyond planning to actual implementation.

• Responding to lessons from the Mainstreaming Programme External Evaluation, this program is developing robust indicators for monitoring progress and outcomes in HIV mainstreaming.

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Broad Activity 13: Improved implementation, coordination and monitoring of Global Fund grants and programmes financed through other global funding initiatives.

Achievements

• UNDP’s partnership with the Global Fund to Fight AIDS, TB and Malaria has helped to develop country capacity to effectively implement large-scale health programmes. In this biennium, UNDP acted as a Global Fund principal recipient in a total of 33 countries, with programme delivery reaching $727,000,000. As a principal recipient, UNDP has helped countries that face unusually difficult circumstances achieve remarkable results. From 2003-2010, UNDP PRs have supported countries to reach 47 million people by prevention services; distribute 403 million condoms; provide HIV counselling and testing to 7 million people; detect and treat 493,000 tuberculosis cases; treat 1.1 million cases of sexually transmitted infections; have 774,000 people currently on antiretroviral treatment; treat 32 million cases of malaria and distribute 14 million bed nets.

• UNDP has served as a principal recipient in a total of 41 countries between 2003 and 2010. In 14 of these countries, UNDP handed over its role to a national entity, reflecting achievements in
capacity development. It is in the process of doing so in another 9 countries for at least one grant.

- Even while serving as principal recipient in difficult country contexts with the highest levels of risk, UNDP’s grant performance is consistently above average. As of December 2011, 84% of the grants managed by UNDP are rated A or B1 by the Global Fund (adequate to exceeding expectation).
- Capacity development support to national entities has been expanded and scaled up to 12 UNDP PR countries. Capacity development activities are systematically carried out as part of grant implementation; with specific, costed capacity development plans to ensure improved prioritization, sequencing and resource allocation and increased ownership.
- Policy engagement with the Global Fund and other health initiatives has been further enhanced. UNDP influenced Global Fund secretariat and Board policy work and papers, impacting the design of the recently-created Transition Funding Mechanism and design of the new GF risk management framework, and influencing the new Global Fund Strategy’s inclusion of language on Human Rights.

**Lessons learned**

- Performance in grant implementation has improved (in some cases dramatically) where senior management of COs has adopted a hands-on, integrated approach.
- To ensure smooth transition once UNDP’s PR role comes to an end, costed capacity development plans should be systematically designed and implemented based on based practice from countries such as Zambia and Zimbabwe.
- CO to CO support has been an effective tool for knowledge and experience-sharing to strengthen performance on selected aspects of grant design and implementation across the portfolio.
- Building on the MDG assessment, which points to the benefits of linking HIV and health strategies, UNDP will look to promote cost-effectiveness by leveraging existing successful HIV programming for broader health MDGs. This will include drawing on experience in supporting large-scale implementation, capacity development and governance to accelerate MDG progress.

**Evaluation**

- “UNDP’s Partnership with the Global Fund in Liberia: Supporting Implementation and Developing Capacity” is insightful example of UNDP working through national systems to help deliver life-saving services funded by the Global Fund in difficult circumstances, while at the same time developing the capacity of the Ministry of Health and Social Welfare to gradually take over the full implementation of the grants. [http://content.undp.org/go/cms-service/download/publication/?version=live&id=3126210](http://content.undp.org/go/cms-service/download/publication/?version=live&id=3126210)
- Jamie Bridge, e.a. Health Aid Governance in Fragile States: The Global Fund Experience, Global Health Governance Journal
- (forthcoming) Country cases studies on programme implementation, service delivery and capacity development in Tajikistan and Belarus.
- [https://undp.untteamworks.org/node/16825](https://undp.untteamworks.org/node/16825)

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**Broad Activity 14: Coordination and information sharing between efforts to achieve universal access goals, the MDGs and other health and development efforts.**

**Achievements**
Core UBW and other UNDP resources have been used to support 29 countries to include attention to HIV and pandemic disease within broader poverty reduction strategies, development plans, MDGs and domestic resource allocations, helping to create synergies between HIV responses and broader development efforts. UNDP’s MDG Acceleration Framework (MAF) is a methodology to help countries identify key bottlenecks that impede implementation of MDG interventions and develop prioritized solutions as part of an MDG Action Plan. The MAF has been endorsed by UNDG and is being rolled out in many pilot countries. For example, support was provided to Papua New Guinea for the roll-out of the MDG Acceleration Framework (MAF) and costing tools for MDGs 4, 5 and 6. This support helped to ensure that HIV was not viewed solely as a health issue but one with social, cultural and economic drivers and implications, such as gender-based violence. Moldova has initiated a MAF for MDG 6, covering HIV and TB. The MAF and costing tools are expected to be used in annual budget preparations and allocations for more effective use of resources for HIV and health.

UNDP also led development of an AIDS and MDGs publication which was launched during the 2010 MDG Summit. The publication provides a clear, evidence-informed framework for conceptualizing linkages between AIDS and MDGs, which will also help in further unpacking/operationalizing the ‘synergies’-component within the UNAIDS Investment Framework. It puts forward recommendations for accelerating progress through complementary, cross-MDG action and encouraging a more sustainable, development-oriented approach to the HIV epidemic.

UNDP has played a growing role to ensure that HIV is appropriately considered in the growing social determinants of health (SDH) agenda. In preparation for the World Conference on SDH, a publication on social determinants approaches to maternal health was prepared. UNDP’s work on SDH will continue through a new inter-agency platform convened by WHO on the social determinants of health.

**Lessons learned**

- The MAF should not be viewed as a one-off training and should receive sustained support from the UNCT and other partners. It is important to ensure that HIV within MAF is not treated solely as a health or health systems issue, particularly when grouped with MDGs 4 and 5.
- The AIDS and MDG concept presents a strategic entry point and rationale for tackling the developmental drivers and impacts of the epidemic
- Creative, cross-sectoral initiatives linking AIDS and other MDGs can arise at the community/country level, however they require further institutional support and resources to scale up and encourage South-South learning.

**Evaluation**

- In Botswana, the independent ADR found that “UNDP-supported strategic interventions were central to strengthening the gender sensitive multi-sectoral HIV response. Initiatives have often simultaneously addressed HIV and gender, and in several cases also addressed other MDGs.”

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