

United Nations Development Programme

Global Programme Document

Project Title: **Policy and technical support to address development dimensions of HIV and health (2014-2015)**

Expected Output(s): **Strengthened country capacity to address developmental dimension of HIV and health and to implement HIV, tuberculosis and malaria programmes funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria**

(Those that will result from the project)

Executing Entity: **UNDP**

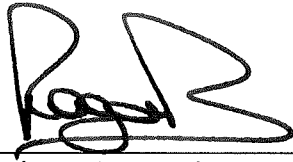
Implementing Agencies: **UNDP**

Brief Description

Pandemic and neglected diseases disproportionately affect the poor and marginalized, leading to devastating consequences for individuals, families and communities, and undermining development efforts more broadly. In spite of the remarkable progress achieved on MDG 6, HIV/AIDS, malaria, tuberculosis and other epidemics continue to have wide-ranging social and economic impacts on low- and middle income countries. Based on the framework of the 2014-2017 UNDP Strategic Plan and the Global Programme 2014 – 2017, UNDP works with partners to understand and respond to the development dimensions of HIV and health. As a founding Cosponsor of the Joint UN Programme on HIV & AIDS (UNAIDS), UNDP plays a distinct and important role in the global HIV response, guided by the UNAIDS division of labour. In this role, UNDP is responsible for addressing dimensions of HIV relating to development planning and mainstreaming; governance of AIDS responses; and law, human rights, gender and key populations. In complement to this role, UNDP partners with the Global Fund to Fight AIDS, Tuberculosis and Malaria to support and develop capacity for implementation of complex, large-scale and multi-sectoral HIV, tuberculosis and malaria initiatives. This programme document supports globally and regionally led initiatives to strengthen country capacity to address developmental causes and consequences of HIV and health and to implement HIV, tuberculosis and malaria programmes funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

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Agreed by (UNDP):



Magdy Martínez-Solimán, Assistant Administrator and Director, Bureau for Policy and Programme Support (BPPS)

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I. Situation Analysis

HIV and AIDS, malaria, tuberculosis and other epidemics continue to devastate communities in low- and middle-income countries. According to World Health Organisation (WHO), in 2012, infectious diseases were together responsible for the death of more than 8.7 million people worldwide in 2008. These epidemics are massive in nature, with 34 million people living with HIV, 12 million with tuberculosis (TB), and half the world's population at risk of malaria.

The AIDS response, once predominantly driven by the spectre of illness and death, is now increasingly motivated by hope and the possibilities of accelerating progress. In 2012, the lowest number of annual new infections [2.3 million] was recorded since the mid-to-late 1990s. At the end of 2012, 9.7 million people were accessing life-saving anti-retroviral therapy - a 40 fold increase within the space of a decade. However, under the 2013 WHO guidelines, the 9.7 million people receiving antiretroviral therapy in low- and middle-income countries represents only 34% of the 28.3 million people eligible for life saving treatment in 2013.

As the calls for "ending AIDS" continue to grow, there are many reminders of the unfinished business of the AIDS response. AIDS remains a leading global cause of premature morbidity and mortality with 1.6 million AIDS-related deaths in 2012. Sub Saharan Africa continues to be disproportionately affected by the epidemic, with 24.7 million people living with HIV, accounting for nearly 71% of all people living with HIV globally. HIV continues to increase at an alarming rate in the Eastern European and Arab States regions and coverage of services for at risk populations remains low in the majority of regions. In the Arab States on average only one in five people in need of ART is receiving it—the lowest coverage rate among all regions. Gender inequalities and harmful gender norms continue to contribute to HIV-related vulnerability. A recent review found that women who have experienced intimate partner violence are 50% more likely to be living with HIV. Risks for young women are especially pronounced; in sub-Saharan Africa, young women aged 15-24 are twice as likely to be living with HIV as young men their own age. Young people on the whole are especially vulnerable, between 2005 and 2012 a 50% increase in reported AIDS-related deaths among 10- to 19-year-olds has been reported.

	People living with HIV	New HIV infections	AIDS-related deaths	Adult HIV Prevalence (%)
Sub-Saharan Africa	25 million	1.6 million	1.2 million	4.7%
South and South-East Asia	3.9 million	270 000	220 000	0.3%
East Asia	880 000	81 000	41 000	<0.1%
Latin America	1.5 million	86 000	52 000	0.4%
Eastern Europe and Central Asia	1.3 million	130 000	91 000	0.7%
Caribbean	250 000	12 000	11 000	1.0%
Middle East and North Africa	260 000	32 000	17 000	0.1%

To reverse the HIV epidemic, and in line with UNDP's Strategic Plan discerning focus on reducing exclusion, much more needs to be done to reach the most vulnerable and tackle inequalities. In 2012, 60% of national governments reported the existence of laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support services for at risk populations and vulnerable groups. Stigma, discrimination, gender inequality and gender based violence, often tacitly legitimized by punitive legal and policy frameworks, continue to hinder the scale up of evidence and rights based HIV responses, especially for marginalised and excluded groups. Fortunately, there is a growing recognition of the need to review and reform punitive laws, policies and practices that impede effective HIV responses.

Co-financing and domestic funding of AIDS responses is increasing, underlining the need for capable institutions and communities to deliver universal coverage and access. Last year, domestic funding on HIV accounted for more than half of global HIV resources; this trend has important consequences, most notably for the extent to which the needs of the most excluded groups are being addressed. There are also important lessons here to inform scale up of inclusive social protection.

Tuberculosis, known as a disease of poverty, remains a leading cause of death from an infectious disease worldwide, second only to AIDS. TB disproportionately affects the poor, crowded living conditions, poor ventilation, and lack of access to clean water and sanitation all contribute to an increased susceptibility to TB. It affects mainly young adults in their most productive years, with two-thirds of cases estimated to occur among people aged 15-59. TB also worsens condition of poverty, 20-30 percent of a family's household income can be lost as a result of a family member contracting active TB. In 2012, 8.6 million people fell ill with TB and 1.3 million died from TB. WHO has reported a decline in TB incidence and mortality from TB has fallen by 41 percent since 1990. While all regions appear on track to achieve the MDG target of falling TB incidence rates by 2015 the global burden of TB remains enormous and much more needs to be done in terms of addressing the social determinants of TB as well as other co-infections. In countries with a high burden of HIV-infection, people living with HIV are twenty times more likely to contract TB. The burden of disease through HIV/TB co-infection is particularly high in sub-Saharan Africa with TB causing up to half of all AIDS deaths.

According to the latest WHO estimates, there were about 207 million cases of malaria in 2012 and an estimated 627,000 deaths. Most deaths occur among children living in Africa where a child dies every minute from malaria. Globally malaria mortality rates have fallen by 42% since 2000 and by 49% in the African region. Malaria is associated with poor socio-economic development and marginalisation. Countries that have eliminated or are eliminating malaria have done so by acting on broader socio-economic determinants including improving living conditions, promoting smarter agricultural practices and addressing barriers to accessing health services. Many countries where malaria is a serious threat have dramatically expanded and intensified their response to this disease but a great effort is needed to maintain these gains and to extend prevention coverage to all populations living in malaria endemic areas.

In addition to the infectious disease burden, there is a rapidly growing threat from non-communicable diseases (NCDs) such as cardiovascular diseases, cancers, chronic respiratory diseases and diabetes. NCDs account for over 60% of premature deaths with nearly 80% of these occurring in developing countries - at enormous social and economic cost to countries. Avoidable illness and death resulting from NCDs is a development challenge whose impact threatens human wellbeing in countries at all levels of development. Low and middle income countries – home to more than 80

percent of NCD incidence – are particularly vulnerable, as they face double burdens of rising NCD prevalence and persistent infectious diseases.

The '2011 UN Political Declaration on Non-communicable Diseases' recognized the importance of Universal Health Coverage (UHC) as part of broader efforts to strengthen national policies and systems to address NCDs. The Declaration drew attention to primary health care, social protection and access to health services for everyone, especially the poor. In June 2012, the 'UN Conference on Sustainable Development (Rio+20)' emphasized UHC's role in enhancing not just health but also social cohesion, economic growth and development. UHC has featured prominently in the post-2015 consultation on health, alongside other related objectives such as reducing health inequities, addressing NCDs and safeguarding and expanding the hard-won gains on the health Millennium Development Goals (MDGs).

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

II. Strategy

UNDP works with countries to understand and respond to the development dimensions of HIV and reduce the health disparities that challenge sustainable development. The 2014-2017 UNDP Strategic Plan provides the framework for UNDP's role in responding to HIV, tuberculosis and malaria, with a particular focus on UNDP's responsibilities as a Cosponsor of UNAIDS, as well as its partnerships with the Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund) and WHO.

The Strategic Plan's progressive vision of supporting countries to eradicate poverty and simultaneously reduce inequalities and exclusion resonates strongly with what is needed to effectively address HIV, future health threats and the development challenges they pose. There is a strong and reciprocal relationship between health outcomes and other measures of social and economic progress. Chronic and catastrophic diseases are one of the main factors that push households from poverty into deprivation. It is also important to take note of the inter-linkages between poverty and HIV and other health threats. Recognizing the wide-ranging social and economic impacts of HIV and the synergies between health and sustainable development, the Strategic Plan addresses HIV as a cross-cutting issue that is highlighted in two substantive areas of work: adopting sustainable development pathways and strengthening inclusive and effective democratic governance. With the Gender Equality Strategy 2014-2017, UNDP is well-placed to address the gender dimensions of the HIV epidemic, including through addressing sexual and reproductive health and gender based violence.

In line with what is needed to accelerate progress in the AIDS response, the UNDP Strategic Plan also draws attention to the rights of people living with HIV; reducing HIV-related discrimination and violence against women; strengthening local governance and national capacities to secure more equitable access to services for people affected by HIV; and reinforcing the rule of law and reform of legal systems to deal with discrimination against people affected by HIV. The Global Programme, 2014-2017 specifically mentions UNDP's contributions to advancing safety nets and social

protection and calls on UNDP to ‘continue to analyse the social determinants of health as a cause that fosters or impedes human development.’

UNDP’s Strategic Plan, 2014 - 2017, the Global Programme, 2014 - 2017 and UNDP’s Gender Equality Strategy also offer multiple entry points for UNDP’s engagement on HIV and health, including NCDs, such as: (1) strengthening institutions and sectors to progressively deliver universal access to basic services; (2) the importance of social, economic and environmental co-benefit analysis and planning; (3) inclusive social protection (4) whole-of-government/society initiatives and addressing inequalities and (5) addressing the gender dimensions of HIV and health..

UNAIDS Partnership

UNDP is a founding Cosponsor of UNAIDS, which brings together in a joint and cosponsored programme the efforts and contributions of 11 Cosponsors, each with specific roles and responsibilities that reflect particular agency mandates. Under the UNAIDS division of labour, UNDP is the lead UN organization for addressing dimensions of HIV relating to development planning and mainstreaming; governance of AIDS responses; and human rights, gender, and sexual diversity. UNDP also leads follow up on the recommendations of the Global Commission on HIV and the Law on behalf of Joint UN Programme on HIV/AIDS.

The 2012-2015 Unified Budget, Results and Accountability Framework (UBRAF) is UNAIDS operational instrument to support the achievement of the goals in UNAIDS Strategy 2011 -2015. The UBRAF, developed through a consultative process – with Member States, civil society and all members of the Joint Programme – is a unique operational instrument that brings together the efforts of eleven UN system organizations and the Secretariat of the Joint Programme to respond to HIV. It ensures coherence and coordination in planning and implementation, and accountability for results. It includes a four-year planning framework, two-year budget cycles and rolling annual work plans. UNDP will continue to develop policy and programming best practices on HIV that address development planning, governance, human rights, gender and sexual diversity.

UNDP has received an allocation of US\$ 17.2 million under the UBRAF for the 2014-2015 biennium, to support global and regional HIV activities. As part of its UBRAF accountability, UNDP will continue to analyse the social determinants of HIV and health as a cause that fosters or impedes human development, including its seminal work and partnership on HIV and the law, integrating the fight against discrimination into a larger strategy for effective and democratic governance and reduction of vulnerability.

Global Fund Partnership

The Global Fund to fight AIDS, Tuberculosis and Malaria has become the primary multilateral financing mechanism used by low- and middle-income countries to support their AIDS TB and malaria programming. UNDP is currently serving as interim Principal Recipient for 53 grants in 26 countries, in addition to managing a regional grant covering 7 countries in South Asia, totalling US\$1.74 billion. The Global Fund disbursed US\$532 million to UNDP in 2013, becoming the largest non-bilateral partner of UNDP. The winning formula of UNDP’s partnership with the Global Fund is a synergistic combination of implementation support, capacity development and policy and technical engagement.

This has contributed to significantly improving delivery of HIV, TB and malaria services in some of the most complex, high risk developing country settings.

Recently, the Global Fund has shifted its focus to scale up smarter investments that are based on evidence and analysis and are more closely aligned with national health and development plans and priorities. UNAIDS investment approaches also promote investments in critical enablers such as gender and human rights and development synergies informed by evidence and analysis. For UNDP, this points to a critical opportunity for supporting countries to strengthen national capacities for increasing access to basic services – a critical component of the 2014 - 2017 Strategic Plan and the Global Programme.

World Health Organisation Partnership

In addition to the Global Fund and UNAIDS partnerships, UNDP contributes to public health and development efforts, through the partnership with WHO. This includes partnership with WHO on addressing NCDs and collaboration and co-sponsorship of four partnerships hosted by WHO: Rollback Malaria; Stop Tuberculosis; the Special Programme of Research and Training in Tropical Diseases; and the Special Programme of Research and Training in Human Reproduction. UNDP is also engaged in the implementation of the Framework Convention on Tobacco Control (FCTC). As noted in Article 5 of the FCTC, UNDP should play a lead role in supporting countries in integrating the FCTC into national development planning processes, UN system coordination and integration of the FCTC into the UNDAF mechanism, and NCD prevention and control, including conducting socio-economic analysis of tobacco use and its impacts on health and development priorities.

2014 – 2015 Activities

Guided by the Strategic Plan and the Global Programme 2014-2017, UNDP will implement global and regional activities to provide policy leadership and technical support to address the development dimensions of HIV and health in the following 3 areas:

- Improving HIV and Health Outcomes through Mainstreaming, Gender and the MDGs
- Improving HIV and Health Outcomes through Attention to Governance, Human Rights and Vulnerable Groups; and
- Improving HIV and Health Outcomes through Global Fund Implementation Support and Capacity Development

The activities will contribute to strengthening country capacity to address developmental causes and consequences of HIV and health and implement HIV, tuberculosis and malaria programmes funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

UNDP, UN partners and civil society are working with governments to address the recommendations of the Global Commission on HIV and the Law on a range of issues including criminalization, gender equality and women's empowerment, rights of young people and migrants to access health services, LGBT rights and treatment access. Human rights based approaches to health that focus on reducing inequities – particularly those related to gender and socioeconomic status – and reaching the most marginalized are at the heart of effective development solutions. Indeed, there are many lessons from HIV with regard to the importance of rule of law, legal empowerment and good governance which can inform the post-2015 development agenda.

In line with the Strategic Plan and Global Programme and leveraging its partnerships with UNAIDS, the Global Fund to Fight AIDS, TB and Malaria and WHO, UNDP's HIV, and Health Team is investing in innovative policy and programme work – for example, supporting Environmental Impact Assessments which integrate HIV, gender and environment priorities and contribute to UNDP's Extractives Strategy; in partnership with Roll Back Malaria, rolling out a Multi-Sectoral Action Framework for Malaria which focuses on addressing the social and environmental determinants of malaria; supporting partnerships between municipal governments and marginalised groups in urban settings to increase access to basic services; addressing the social determinants of NCDs and the intersections of alcohol use, gender-based violence and HIV; addressing social determinants of HIV and health, including in the areas of TB and social protection and ensuring that marginalised groups are not left behind in the expansion of universal health coverage; and advancing access and delivery of health technologies for neglected tropical diseases, TB and malaria and environmental safeguarding in the health sector.

The HIV and Health Team in BPPS, including the five Regional HIV and Health Teams based in the Regional Centres, have jointly planned project activities and will jointly programme initiatives and resources under the guidance of the Global HIV and Health Team Leader and in collaboration with Regional Bureaux and Regional HIV and Health Teams. Project resources are complemented by regional level core and supplementary funding. Regional 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.

Recent global, regional and country evaluations have recognized UNDP's contribution in strengthening national capacity to respond to the HIV epidemic. The evaluations have also pointed to challenges, including the need to improve integration of HIV as a cross-cutting issue in UNDP programmes, and to ensure systematic attention to gender considerations. To address these challenges, this programme increases attention to cross-team collaboration and to developing and promoting strategies that simultaneously address HIV and other MDGs. In addition, gender mainstreaming is embedded as a key component across the programme.

Implementation of activities across the three focus areas will be interlinked. In particular, promotion of human rights and gender equality will be a cross-cutting priority, alongside focused initiatives on rights, stigma and discrimination and women, girls and gender equality. Capacity development principles and tools will be applied for all outcome areas, in addition to leveraging of strategies to address HIV and health together with broader MDG acceleration and achievement, poverty reduction, strengthening of governance, and civil society engagement. Cross team collaboration and partnerships will be promoted at all levels. At the global and regional levels, UNDP HIV and Health team will partner with the Rule of Law, Justice and Security; Inclusive Political Processes; Responsive Institutions; Conflict Prevention and Peacebuilding; Natural Capital and the Environment; Development Planning and Inclusive Sustainable Growth; and Livelihoods and Economic Recovery Teams. 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 Team Works, will support learning and knowledge sharing between global and regional teams as well as with and among Country Offices.

Complementing these internal partnerships, collaboration with UN and other entities will be fostered across all levels. In addition to the Global Fund and UNAIDS Secretariat, 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

mainstreaming; with UNFPA for gender, key populations, populations of humanitarian concern, and Global Fund grant implementation; with UNODC for at risk populations; UNICEF for Global Fund grant implementation and issues of young people, the law and HIV; ILO and IOM on issues of HIV, human rights and mobile populations; and UN Women for gender equality and women's empowerment.

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 and the Swedish International Development Cooperation Agency (Sida) amongst others, international non-governmental organizations and foundations, including the President's Emergency Plan for AIDS Relief (PEPFAR), the Ford Foundation, the Gates Foundation and the Open Society Foundations. 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.

I. RESULTS AND RESOURCES FRAMEWORK

Intended Outcome as stated in the Global Programme Results and Resource Framework:

Global programme Indicator 3.3.1 Strategy and global partnership(s) developed to reduce the vulnerability of and discrimination against people affected by HIV.

Strategic Plan Outcome:

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

Outcome indicators as stated in the Results and Resources Framework, including baseline and targets:

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

- *Number of people who have access to HIV and related services, disaggregated by sex, urban/rural and income groups*
- *Percentage of UNDP-managed Global Fund to Fight AIDS, TB and Malaria grants that are rated as exceeding or meeting expectations.*
- *Number of countries removing barriers hindering women's and/or targeted key population's access to HIV services (contributing to UNAIDS UBRAF outcome indicator C1.1)*

Applicable Key Result Area (from 2014-17 Strategic Plan):

Area of Work 1: Sustainable development pathways

Partnership Strategy

The HIV and Health Team and five Regional HIV and Health Teams will collaborate with the Rule of Law, Justice and Security; Inclusive Political Processes; Responsive Institutions; Conflict Prevention and Peacebuilding; Natural Capital and the Environment; Development Planning and Inclusive Sustainable Growth; and Livelihoods and Economic Recovery; teams. Implementation of Global Fund related activities will be carried out through a matrixed team that includes representation from BOM and OAI. The project will be implemented in close collaboration with the Global Fund, the UNAIDS Secretariat and Cosponsors, and will involve partnerships with a range of bilateral donors and foundations, as well as government and civil society entities at global, regional and country level.

Project title and ID (ATLAS Award ID): Policy, leadership and technical support to address development dimensions of HIV and health – ATLAS Awards ID # 63928 (Global), 88690, 80780, 72811, 88690 (Africa), 88692 (Arab St), 88693 (Asia Pac), 88694 (ECIS), 88695 (LAC), ATLAS Award ID # 38766 (GFATM) 43184

INTENDED OUTPUTS	OUTPUT TARGETS FOR (YEARS)	INDICATIVE ACTIVITIES	RESPONSIBLE PARTIES	INPUTS (2014-2015)
<p><u>SP Outcome 3: Countries have strengthened institutions to progressively deliver universal access to services</u></p> <p><u>Output 3.3: National institutions, systems, laws and policies strengthened for equitable, accountable and effective delivery of HIV and related services</u></p> <p>A. Improving HIV and Health Outcomes through Mainstreaming, Gender and the MDGs</p> <p>Baseline: 30 Countries supported (2014)</p> <p>Indicators: Number of countries supported to mainstream HIV into sector programmes; number of countries supported to formulate inclusive Social Protection schemes; number of countries to</p>	<p>Target period: Jan 2014 – Dec 2015</p> <ul style="list-style-type: none"> - 30 countries receiving technical support and resources - At least 10 countries conducted baseline on HIV/gender mainstreaming 	<ol style="list-style-type: none"> 1. MDG acceleration, inclusive social protection and universal health coverage 2. Gender and Gender-Based Violence 3. Sustainable AIDS Financing <ul style="list-style-type: none"> • Technical support provided • Country missions conducted • Workshop & consultations • Capacity building support to CO • Operations research • Grants provision • Monitoring and Evaluation • Tools and knowledge products 	<p>HQ, RSC, CO and consultants</p> <p><u>ATLAS Output #:</u></p> <p>Global – 88696/7</p> <p>Africa - 88690</p> <p>Arab St - 88692</p> <p>Asia & Pac - 88693</p> <p>Europe & CIS - 88694</p> <p>Latin Am & Car - 88695</p>	<ul style="list-style-type: none"> - Country Missions - Grants - Research - International Consultants - Local Consultants - Staff and support to activities implementation - Facilitators - Workshops/trainings - Travel - Printing and distribution <p>USD 6,451,118</p>

<p>integrate HIV and gender into national development plans.</p>				
<p><u>SP Outcome 3: Countries have strengthened institutions to progressively deliver universal access to services</u></p> <p><u>Output 3.3: National institutions, systems, laws and policies strengthened for equitable, accountable and effective delivery of HIV and related services</u></p> <p>B. Improving HIV and Health Outcomes through Attention to Governance, Human Rights and Vulnerable Groups</p> <p>Baseline: 49 countries supported (2014)</p> <p>Indicators: Number of countries removing barriers hindering women's and/or targeted key population's access to HIV services; Number of countries supported to strengthen coordination capacity (National AIDS Councils and/or Global Fund Country Coordinating</p>	<p><i>Target period:</i> Jan 2014— Dec 2015</p> <ul style="list-style-type: none"> - 30 countries receiving technical support and resources - 30 municipal Action plans implemented - At least 10 countries documenting cross-team collaboration 	<p>7. Follow up to the Global Commission on HIV and the Law</p> <p>8. Key populations</p> <ul style="list-style-type: none"> • Technical support & Capacity building • Country missions conducted • Workshop & consultations • Grants provision • Tools and knowledge products 	<p>HQ, RSC, CO and consultants</p> <p><u>ATLAS Output #:</u></p> <p>Global - 88697</p> <p>Africa - 88690</p> <p>Arab St - 88692</p> <p>Asia & Pac - 88693</p> <p>Europe & CIS - 88694</p> <p>Latin Am & Car - 88695</p>	<ul style="list-style-type: none"> - Country Missions - Grants - Research - International Consultants - Local Consultants - Staff and support to activities implementation - Facilitators - Workshops/trainings - Travel - Printing and distribution <p>USD 6,884,808</p>

<p>Mechanisms; Number of municipal level comprehensive HIV prevention, treatment and care programmes implemented for and with men who have sex with men, sex workers and/or transgender people, including a particular focus on governance dimensions.</p>				
<p><u>SP Outcome 3: Countries have strengthened institutions to progressively deliver universal access to services</u></p> <p><u>Output 3.3: National institutions, systems, laws and policies strengthened for equitable, accountable and effective delivery of HIV and related services</u></p> <p>C. Improving HIV and Health outcomes through Global Fund Implementation Support and Capacity Development</p> <p>Baseline: 60% of grants where UNDP is principal recipient rated B1 or higher (2014); Capacity development support to national entities implementing grants in 20</p>	<p><i>Target period:</i> Jan 2014 – Dec 2015</p> <ul style="list-style-type: none"> - Technical support provided to 26 countries where UNDP is principal recipient - Capacity building support provided to at least 25 countries - Continued advisory support to GFATM grants implemented by UNDP - Satisfactory performance rating for grants managed by UNDP 	<p>9. Technical Assistance to the Global Fund</p> <ul style="list-style-type: none"> • Technical support provided • Country missions conducted • Workshop & consultations • Capacity building support to CO • Operations research • Grants provision • Monitoring and Evaluation • Tools and knowledge products 	<p>HQ, RSC, CO and consultants</p> <p><u>ATLAS output #:</u></p> <p>GFATM - 43184</p> <p>Global – 88696 /7</p> <p>Africa - 88690</p> <p>Asia & Pac - 88693</p> <p>Europe & CIS - 88694</p> <p>Latin Am & Car - 88695</p>	<p>- Country Missions</p> <ul style="list-style-type: none"> - Grants - Research - International Consultants - Local Consultants - Staff and support to activities - implementation - Facilitators - Workshops/trainings - Travel - Printing and distribution <p>- USD 18,693,414</p>

<p>countries (2015)</p> <p>Indicators: Number of grants where UNDP is principal recipient with satisfactory grant performance ratings (A, A1, A2 or B1); Number of countries where UNDP is providing capacity development support to national entities implementing Global Fund programmes</p>					
<p>Cross Cutting and Programme support</p>		<p>10. Cross cutting initiatives 11. Salaries and operational costs <u>ATLAS Project #:</u></p>	<p>HQ, RSC, CO and consultants <u>ATLAS output #:</u> Global – 72811 and 80780 Africa - 88690 Arab St - 88692 Asia & Pac - 88693 Europe & CIS - 88694 Latin Am & Car - 88695</p>	<p>USD 2,885,715</p>	
<p>Total Budget allocated for 2014-2015 (inclusive of 8% General Management Support (GMS) and 5% Direct Project Cost for BDP/Universal Price List for Regional/Country Support)</p>					<p>USD 34,915,055</p>
<p>GMS (8% included) & DPC for UNAIDS + GOJ (\$17,615,055) excluding GFATM</p>					<p>USD 1,585,355</p>
<p>Total unfunded</p>					<p>USD 2,000,000</p>

II. ANNUAL WORK PLAN

Year: 2014

EXPECTED OUTPUTS	PLANNED ACTIVITIES <i>List activity results and associated actions</i>	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET	
		Q 1	Q 2	Q 3	Q 4		Funding Source Budget Description	Amount (US\$)

<p>Output 3.3: National institutions, systems, laws and policies strengthened for equitable, accountable and effective delivery of HIV and related services</p> <p>A. Improving HIV and Health Outcomes through mainstreaming, Gender and the MDGs</p> <p>Baseline: 19 Countries</p> <p>Indicators: Number of countries supported to address HIV and gender integration into Poverty Reduction Strategy Papers and/or national development plans, national budgets, Medium-Term Expenditure Frameworks, and/or sectoral plans</p> <p>Target period: Jan 2014 – Dec 2015</p> <ul style="list-style-type: none"> - 30 countries receiving technical support and resources - At least 10 countries conducted baseline on HIV/gender mainstreaming 	<p>1. MDG acceleration, inclusive social protection and universal health coverage:</p> <ul style="list-style-type: none"> - Strengthening policies and capacities for addressing the development dimensions of HIV and health, including for improving access to HIV and related services. - Advisory support on MAFs, social determinants of NCDs, inclusive social protection and synergies between environment and health. 	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>HQ, RSC, CO and consultants</p>	<p>UNAIDS, GOJ</p>	<p>369,831 – Global 205,563- Africa 90,815 – Arab St 81,599 - Asia 111,571 - ECIS 46,036 - LAC 415,055 - GOJ 1,320,470- Total</p>
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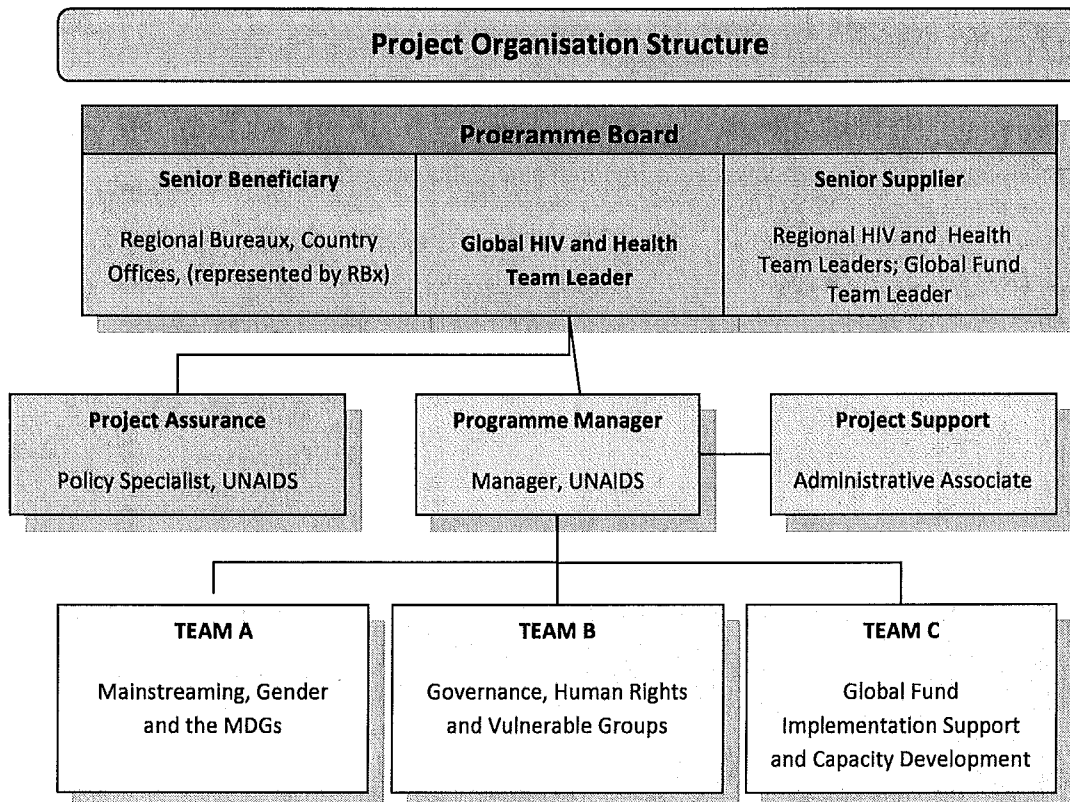
	<p>2. Gender and Gender-Based Violence</p> <ul style="list-style-type: none"> - Strengthening policies and capacities for gender equality and reducing GBV in the context of HIV and health. - Follow up of the UNAIDS Agenda for Action for Women and Girls, ICPD beyond 2014 - Addressing the intersections of alcohol and GBV. 	X	X	X	X	X	<p>HQ, RSC, CO and consultants</p>	<p>UNAIDS</p>	<p>578,281 – Global 164,450 - Africa 12,974 – Arab St 242,165 Asia 44,629 - ECIS 27,622 - LAC 1,070,121 - Total</p>
	<p>3. Sustainable AIDS Financing</p> <ul style="list-style-type: none"> - Supporting national assessments and planning on sustainable AIDS financing 	X	X	X	X	X	<p>HQ, RSC, CO and consultants</p>	<p>UNAIDS</p>	<p>344,837 – Global 185,007 - Africa 134,244 - Asia 178,514 - ECIS 79,182 - LAC 921,784 - Total</p>

<p>Output 3.3: National institutions, systems, laws and policies strengthened for equitable, accountable and effective delivery of HIV and related services</p> <p>B. Improving HIV and Health Outcomes through Attention to Governance, Human Rights and Vulnerable Groups</p> <p>Baseline: Limited reviews of National AIDS Councils at country level</p> <p>Indicators: Number of countries supported to strengthen coordination capacity (National AIDS Councils and/or Global Fund Country Coordinating Mechanisms)</p> <p>Target period: Jan 2014 – Dec 2015</p> <ul style="list-style-type: none"> - 30 countries receiving technical support and resources - At least 10 countries documenting cross-team collaboration 	<p>4. Follow up to the Global Commission on HIV and the Law</p> <ul style="list-style-type: none"> - reviewing laws - legal environment assessments - advisory support to Parliamentarians, legislative staff, human rights institutions - promoting non-discriminatory policies and practices - advisory support to strengthen access to justice for PLHIV and other key populations, LGBT populations and women - implementing initiatives to 	<p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>HQ, RSC, CO and consultants</p>	<p>UNAIDS</p>	<p>632,755 - Global 102,781 – Africa 116,762 – Arab St 442,215 - Asia 145,043 -ECIS 213,608 - LAC 1,653,164 -Total</p>
<p>5. Key Populations</p> <ul style="list-style-type: none"> - ensuring attention to men who have sex with men, sex workers and transgender groups in AIDS strategies - strengthening capacity of men who have sex with men, sex workers and transgender groups 	<p>X</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>HQ, RSC, CO and consultants</p>	<p>UNAIDS</p>	<p>351,530 - Global 688,636 – Africa 38,921 – Arab St 60,541 - Asia 44,629 – ECIS 97,597 - LAC 1,281,854 -Total</p>

<p>Output 3.3: National institutions, systems, laws and policies strengthened for equitable, accountable and effective delivery of HIV and related services</p> <p>C. Improving HIV and Health Outcomes through Global Fund Implementation Support and Capacity Development</p>	<p>6. Public Health beyond HIV</p> <ul style="list-style-type: none"> - contributing to public health related partnerships including Roll Back Malaria, Stop TB, Special Programme of Research and Training in Tropical Diseases, and Special Programme of Research and Training in Human Reproduction - support to partnerships with health sector and other Global Fund technical support providers 	X	X	X	X	HQ, RSC, CO and consultants	Global Fund, UNAIDS	<p>379,991 – Global 123,338 – Africa 36,851 – Asia 66,943 – ECIS 61,688 – LAC 8.800,000 – GFATM Partnership 9,468,811- Total</p>
<p>Cross Cutting and Programme Support</p>	<p>7. Cross cutting initiatives</p> <ul style="list-style-type: none"> - Staff salaries - Operational costs 	X	X	X	X	HQ, RSC, CO and consultants	UNAIDS,	<p>1,740,643-Total</p>
<p>Resources to be fundraised</p>								<p>17,456,847 GFATM – 8,800,000 GOJ - 415,055 UNAIDS – 8,241,792 1,000,000</p>
<p>TOTAL</p>								<p>18,456,847</p>

III. MANAGEMENT ARRANGEMENTS

This global programme will be directly executed (DEX) by the HIV and Health Team in BPPS, including the Regional HIV and Health Teams based in UNDP Regional Centres, and in consultation with key UN, government and civil society partners and stakeholders. Under the overall guidance of the Global HIV and Health Team Leader, globally-led activities will be implemented by the HIV and Health Team under the direction of relevant managers. Regional activities will be carried out by Regional HIV and Health Teams under the direction of Regional HIV and Health Team Leaders. Activities will involve close collaboration across global and regional levels, and consultation with Country Offices and Regional Bureaux and Centres, as well as with the Rule of Law, Justice and Security; Inclusive Political Processes; Responsive Institutions; Conflict Prevention and Peacebuilding; Natural Capital and the Environment; Development Planning and Inclusive Sustainable Growth; and Livelihoods and Economic Recovery teams in BPPS. 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.



Implementation will be carried out under the guidance of the Project Board and the supervision of a Global HIV and Health Team Leader as illustrated above. Membership of the Programme Board will include senior level representation from Regional Bureaux. The Programme Board will make strategic management decisions for the programme as well as provide guidance to the Global HIV and Health Team Leader and the Programme Manager. The Programme Board will meet once a year to approve annual work plans, review progress in the implementation of the project, and provide guidance for the specifications of the outputs and programme activities.

The Programme Manager will be responsible for the overall day-to-day management of the programme within the mandate of plans approved by the Programme Board. The Programme Manager, the Global Fund Team Leader and Regional Team Leaders will act as project managers for the specific global and regional projects that constitute the project document and fall under the purview of their teams.

The assigned project managers are responsible for the day-to-day management and implementation of the specific projects under their supervision. They are accountable for adherence to the UNDP policies and procedures and BPPS programming priorities; financial management of the sub-project; and project contracting, personnel management, procurement, travel, and training.

A core management team composed of the Global HIV and Health Team Leader, the Programme Manager, the Global Fund Team Leader and Regional HIV and Health Team Leaders will review progress in project implementation on a quarterly basis and reallocate resources as necessary for the achievement of outputs. The team will also monitor programme outputs and indicators, and ensure alignment and integration with other relevant regional and global projects and activities.

IV. MONITORING FRAMEWORK AND EVALUATION

The project will be monitored in accordance with the programming policies and procedures outlined in the UNDP User Guide, including through Atlas tracking systems, the ERBM system and the production of regular progress reports. In addition, monitoring and reporting will be carried out under the UBRAF the Joint Programme Monitoring System (JPMS) to monitor performance of the Joint Programme. Reporting in the JPMS captures the country, regional as well as global organisational and thematic results. The UBRAF and JPMS are important steps in strengthening results-based reporting as well as increased transparency, accountability and access to information.

Global Fund related monitoring activities will include regular tracking of the delivery rates of UNDP Principal Recipients; six monthly assessments of the UNDP Executive Balanced Scorecard indicator "Sound Project Management of Global Fund"; quarterly review of the Risk Management Strategy, and monthly assessment of the average grant performance ratings of Global Fund grants where UNDP is Principal Recipient.

Within the UNDP annual cycle:

- On a quarterly basis, a quality assessment shall record progress towards the completion of key results, based on quality criteria and methods captured in the Quality Management table below.
- An Issue Log shall be activated in Atlas and updated by the Project Manager to facilitate tracking and resolution of potential problems or requests for change.
- Based on the initial risk analysis submitted, a risk log shall be activated in Atlas and regularly updated by reviewing the external environment that may affect the project implementation.
- Based on the above information recorded in Atlas, a Project Progress Reports shall be submitted by the Project Manager to the Project Board, using the standard report format available in the Executive Snapshot.
- A project lesson-learned log shall be activated and regularly updated to ensure on-going learning and adaptation within the organisation, and to facilitate the preparation of the Lessons-learned Report at the end of the project
- A Monitoring Schedule Plan shall be activated in Atlas and updated to track key management actions/events
- An Annual Review Report shall be prepared by the Project Manager and shared with the Project Board.
- Based on the above report, an annual project review will be conducted soon after during the fourth quarter of the year to assess the performance of the project and appraise the Annual Work Plan for the following year.

