



Empowered lives. Resilient nations.

United Nations Development Programme
partnership with the Global Fund

Annual Report 2015 – 2016

Executive summary

UNDP's partnership with the Global Fund is a powerful contributor to the 2030 Agenda for Sustainable Development, including Sustainable Development Goal 3 (SDG 3 Good health and well-being) and is consistent with UNDP's Strategic Plan (2014-2017). The partnership is also closely aligned with the guiding principles and action areas emphasized in UNDP's HIV, Health and Development Strategy 2016-2021: Connecting the Dots. Through this partnership, UNDP plays a key role in supporting countries facing challenging circumstances to deliver on SDG 3, strengthen institutions to deliver essential basic services, and return to sustainable development pathways in post conflict and post-disaster settings.

The results of the partnership continue to be remarkable. For instance, over 2.5 million lives have been saved through UNDP-managed grants since 2002, 1.9 million people are currently on life-saving antiretroviral treatment, 860,000 cases of tuberculosis (TB) were detected and put on treatment, 11 countries have achieved a TB case detection rate that exceeds the global target of 70 percent, and six countries have decreased the incidence of malaria by 75 percent – among many others.

One of several highlights in 2015/2016 was the significant reduction in the price of HIV medicines procured by UNDP, bringing down the cost of the most common treatment combination to an unprecedented US\$100 per patient per year in Equatorial Guinea, Haiti, Mali, South Sudan, Zambia and Zimbabwe. These price reductions are saving \$25 million that can be used to put an additional 250,000 people on life-saving HIV treatment. Only 12 years ago these medicines cost more than \$10,000 per patient per year.

The performance of UNDP grants has reached a record high: 70 percent of UNDP grants are currently rated A1 or A2 by the Global Fund, compared with 38 percent of grants implemented by other partners, despite the fact that UNDP is operating in the most challenging country contexts, including Afghanistan, Chad, Iraq, Mali, Syria, South Sudan, Sudan.

As of March 2016, UNDP is managing 41 Global Fund grants covering 23 countries and three regional programmes in South Asia covering seven countries, Western Pacific covering 11 countries, and Africa covering 10 countries. UNDP's Global Fund-related expenditure in 2015 was \$423 million.

Strategically speaking, in 2015/2016, the partnership between UNDP and the Global Fund was marked by increased convergence among implementation support, capacity development/systems strengthening, and policy. First, UNDP continued to play a key role as implementer of Global Fund grants in crisis and early recovery environments. Second, UNDP responded to increasing demand for capacity development from national entities and the Global Fund, to strengthen resilient systems for health through a new generation of capacity development plans, and through financial resources allocated from grant funds to support priority areas. And third, as UNDP's policy and implementation roles increasingly

converge and reinforce each other, UNDP is supporting the Global Fund to increase engagement on human rights, key populations and gender aspects of disease responses at strategic, policy and programme levels (as priority objectives in the *Global Fund Strategy 2017-2022: Investing to End Epidemics*). At implementation level this includes guidance, tools and trainings for Global Fund stakeholders as well as incorporation in the budgets and results frameworks of Global Fund grants that UNDP manages.

In addition, in 2015/2016 UNDP continued to broaden the range of support services it provides to countries receiving Global Fund grants. While the core function of the partnership remains the management of Global Fund grants in challenging contexts in a Principal Recipient role, governments are increasingly requesting other types of support services such as financial management and/or procurement support from UNDP.

Lastly, in 2015/2016 UNDP's Global Fund/Health Implementation Support Team continued to provide targeted support and guidance to UNDP Country Offices implementing Global Fund grants, by providing direct support, facilitating support from Country Offices to other Country Offices, and implementing a range of tools, guidance materials, and knowledge sharing events.

This Annual Report provides an analysis of the overall status of the partnership between the Global Fund and UNDP and strategic opportunities moving forward; an overview of the performance and results of Global Fund grants managed by UNDP; an update on the status of capacity development and transitions to national Principal Recipients; and a report on the work of UNDP's Global Fund/Health Implementation Support Team in 2015 and its support to UNDP Country Offices.

Contents

Executive Summary	4		
I Overall status of the partnership	7	V Report on activities of UNDP's Global Fund/Health Implementation Support Team	27
1 Health landscape and the 2030 Agenda	7	1 Direct support to Country Offices	27
2 Implications for the Global Fund's strategic focus	7	2 Facilitating Country Office-to-Country Office support	28
3 Current state-of-play of UNDP's partnership with the Global Fund	8	3 Tools and guidance materials	30
4 Opportunities in 2016 and beyond	10	4 Corporate agreements	30
		5 Communication and knowledge products	31
II Status of UNDP's Global Fund portfolio of grants	12	6 Training and knowledge sharing events	31
		Annexes	32
III Results & performance of UNDP's Global Fund grants	14	Annex I:	
1 Results and impact	14	UNDP Global Fund Grant Portfolio, March 2016.	33
2 UNDP grant performance ratings	17	Annex II:	
3 OAI Audits of Global Fund grants – findings and implementation	18	Procurement statistics by provider, 2008–2015.	35
4 Audits of Sub-recipients of Global Fund grants	21	Annex III:	
5 Risk management tools and initiatives	22	Overview of audit ratings per audit area & proportion of high and medium priority audits, 2009–2015.	36
		Annex IV:	
IV Update on capacity development and transition of Principal Recipient role	23	Status of capacity development and transition of Principal Recipient role, April 2016.	39
1 Strengthening resilient systems for health through capacity development	23		
2 Progress on capacity development in the portfolio	24		
3 Planning transition of the role of Principal Recipient to national entities	25		

I Overall status of the partnership

1. Health landscape and the 2030 Agenda

2015 was marked by the convergence and culmination of a number of processes, including the adoption of the Sendai Framework for Disaster Risk Reduction, the Addis Ababa Action Agenda on Financing for Development, the conclusion of the Millennium Development Goals (MDGs) cycle and the adoption of the 2030 Agenda for Sustainable Development (2030 Agenda), including the SDGs and related 2030 targets, and lastly the adoption of the Paris Climate Agreement. The recovery from the Ebola crisis in West Africa also entered a new phase, while other health emergencies, such as the Zika outbreak, emerged during 2016. All these processes and developments have significant implications for the response to HIV, TB and malaria, and more broadly for the global health and development agenda.

The adoption of the 2030 Agenda is a particularly important milestone in this respect. The 2030 Agenda reflects and responds to the increasing complexity and interconnectedness of health and development, including widening economic and social inequalities, rapid urbanization, threats to climate and the environment, the continuing burden of HIV and other infectious diseases and the emergence of new health challenges, such as the growing burden of non-communicable diseases (NCDs).¹ Universality, sustainability and ensuring that no one is left behind are hallmarks of the 2030 Agenda.

SDG 3's comprehensive and ambitious agenda, to ensure healthy lives for all at all ages, highlights the imperative need to tackle HIV, TB and malaria as part of a broader health agenda that focuses limited resources

on building or rebuilding resilient health systems that can withstand crises. This is combined with the need to focus on key populations and drivers of the epidemics (and related 'hotspots'), integrate interventions to address comorbidities and other non-communicable diseases, and strengthen the capacity of countries to increasingly finance health and development with domestic resources, while ensuring financial and environmental sustainability to protect and advance gains.

The ambitious target to end the HIV, TB and malaria epidemics by 2030 will require sustained and increased efforts in an increasingly competitive financial environment. The combination of the global economic slowdown and the refugee crisis in the Middle East now reaching Europe is generating serious fiscal pressure on major donors, with likely impacts on international health financing. The current momentum around the climate agenda is welcome, but has the potential to divert donor attention and resources away from the fight against the three diseases, in spite of the obvious interlinkages between the various SDGs. In other words, many countries may be required to do more with even less, at a time when the goal line seems within reach and efforts should be intensified.

2. Implications for the Global Fund's strategic focus

The Global Fund has entered its Fifth Replenishment phase (2017-2020) and is currently focused on securing the funds required to achieve its mission and the priorities of the *Global Fund Strategy (2017-2022): 'Investing to End Epidemics'*, which it adopted in April 2016 at its 34th Board meeting.

1. United Nations General Assembly, 18 September 2015. Transforming our World: The 2030 Agenda for Sustainable Development. A/70/L.1.

In light of the current health and financing landscape for HIV, TB and malaria, the Global Fund is gradually shifting its strategic focus along the following three lines:

- Stronger emphasis on strengthening health systems beyond HIV, TB and malaria, in realization that vertical disease approaches have failed to prepare countries for shocks such as the Ebola crisis. Synergies with other major investors in strengthening health systems, such as the Global Alliance for Vaccines and Immunisation (GAVI) and the United States President's Emergency Plan for AIDS Relief (PEPFAR) are being consolidated.
- Strong drive to highlight countries' own responsibilities for the domestic financing of the diseases, which raises issues in terms of a) the ability of some middle-income countries (particularly recently 'graduated' ones) to address significant challenges and absorb financing needs, especially when large scale-up in services have been initiated in recent years; and b) consolidating gains and continuing to reach at-risk and vulnerable populations.
- Efforts to remain relevant in the future, by positioning the organization beyond HIV, TB and malaria. This includes efforts to increase its influence on the market of health commodities through its own

over the next four years. If successful, the Global Fund will be in a strong position to implement its new strategy and strengthen its contribution to the 2030 objectives.

3. Current state-of-play of UNDP's partnership with the Global Fund

The Global Fund is and will remain a key partner to UNDP for the foreseeable future, as the partnership between the two organizations is a major contributor to health and development goals.

As of March 2016, UNDP is managing 41 Global Fund grants covering 23 countries and three regional programmes in South Asia, Western Pacific, and Africa covering 27 countries (for details on the portfolio, refer to Section II).

Despite challenges, UNDP continues to bring a unique combination of high performance levels (which determine to some extent future levels of funding that countries will have access to), results, and value for money to the partnership with the Global Fund. For example, in 2015 UNDP achieved significant reductions in the price of HIV medicines that it procures, bringing down the cost of the most common treatment combination to an unprecedented \$100 per patient per year in Equatorial Guinea, Haiti, Mali, South Sudan, Zambia and Zimbabwe. Through

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_12340

