

Connecting the dots: Towards a more equitable, healthier and sustainable future

UNDP HIV and Health strategy 2022–2025



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1 Context

The 2030 Agenda for Sustainable Development reflects the interconnectedness of the health and development landscape in a context of widening economic and social inequalities; fragility arising from instability, conflict, natural disasters and pandemics; rapid urbanization and digitalization of societies; the mounting health, and social impact of threats to climate and the environment; and the continuing burden of infectious and non-communicable diseases.

Health and development are mutually reinforcing

Just as health shapes development, development shapes health. The conditions in which people are born, grow, live and work – including factors such as poverty, exclusion, inequality, social status, housing and environmental and political conditions – have a major impact on their health and well-being. At the same time, healthy people are better able to contribute to the social and economic development of their communities and countries. By expanding people's choices and capabilities to lead healthy and productive lives, investments in health and other areas of development are mutually reinforcing.¹

Sustaining progress on many of the health priorities under Sustainable Development Goal (SDG) 3 (*Ensuring healthy lives and well-being for all at all ages*) requires strong collaboration and integrated responses across development sectors. The concepts of universality and affordability encompassed by universal health coverage (SDG target 3.8) present particularly important human rights and development challenges. Fully realizing the promise of universal health coverage requires measures that complement universally available and affordable health services, including action on the social, structural, economic, commercial and environmental determinants of health. This entails the following: reforming and implementing laws, policies, norms and governance mechanisms to reduce health risks and increase access to services; strengthening primary health care; and adopting measures to address inequalities and exclusion of the most marginalized and vulnerable, such as community and civil society engagement and participatory health governance and decision-making.

Poverty and health are closely linked

Poverty is a major contributor to poor health, leading to unhealthy living and working environments, poor nutrition and illiteracy, which in turn increase vulnerability to disease and limit access to basic health and social services and affordable medicines. Poor health can push households from deprivation to poverty, with around 100 million people impoverished due to out-of-pocket health expenditure every year even before COVID-19.² A key element of universal health coverage is that essential health services should be provided in a manner that ensures protection from such financial risks.

The social and economic burden of non-communicable diseases (NCDs) on the poor is growing rapidly. NCDs kill 41 million people each year, equivalent to more than 70 percent of all deaths globally, and 85 percent of premature deaths due to NCDs are in low- and middle-income countries.³ Neglected tropical diseases (NTDs), which affect more than a billion people globally, also disproportionately affect poor and marginalized populations and adversely impact health and adult productivity.⁴

Studies have shown that health has a positive effect on development and that decreases in overall morbidity and mortality can help drive productivity and economic growth.^{5,6} An analysis in 2021 found that the scale-up of cost-effective health interventions would boost developing countries' GDP by 7 percent in 2040.⁷ The economic return would be between US\$2 and US\$4 across developing countries for every US\$1 invested in health. Increased human capital in sub-Saharan Africa would contribute over a third of the annual GDP growth. Conversely, the COVID-19 pandemic has contributed to the greatest global economic downturn since the Great Depression.

The climate crisis is a health and development crisis

The health, environmental and economic impacts of the climate crisis are increasingly evident around the world, presenting some of the most complex and pressing development challenges of this century. Those countries that have contributed the least to climate change nonetheless unjustly and disproportionately suffer its harms, highlighting the importance of equity and human rights-based approaches in the response to the climate crisis.

The climate crisis affects human health by placing pressure on the fundamental requirements of clean air, safe drinking water, adequate sanitation, sufficient food and habitable environments. Increased temperatures due to global warming increase the risks of vector-borne diseases, such as yellow fever and malaria, and water-borne and diarrheal diseases, such as cholera and rotavirus infection. Between 2030 and 2050, climate change is expected to cause some 250,000 additional deaths a year from malnutrition, malaria, diarrhoea and heat stress. In all regions, the proportion of people vulnerable to heat exposure is rising and the geographic ranges for disease vectors, such as mosquito species that transmit malaria or dengue, are likely to shift and expand.⁸

Climate change is also driving displacement: in the last decade, weather-related crises have forced on average more than 20 million people a year to move and were responsible for more than twice as much displacement as conflict and violence.⁹ The World Bank has estimated that, without concerted action, the multidimensional impacts of climate change could push 132 million people into poverty over the next decade.¹⁰ At the same time, addressing the climate crisis through efforts to reduce emissions and pollution, and promote clean energy including clean cooking alternatives has positive benefits on health and livelihoods. Highlighting the health benefits of climate action is therefore a critical component of advocacy around the climate crisis.

The intersection of climate change, health, inequality, poverty, food insecurity and migration highlights the need for integrated 'planetary health' policies and programmes to help countries manage these concurrent challenges, including in the areas of inclusion, attention to the most vulnerable people, and strengthened governance and resilience.¹¹



PHOTO: UNDP IRAQ

A world of multidimensional health and development challenges

Achieving the goals in the 2030 Agenda for Sustainable Development was already a challenge before the COVID-19 pandemic.¹² Although substantial progress has been made in recent decades in areas such as poverty reduction, health and education, gains varied significantly by Sustainable Development Goal (SDG) indicator, geographic location and population group. Regarding health, ending the epidemics of AIDS, tuberculosis (TB), malaria and NTDs, and combating viral hepatitis and other communicable diseases have still required a sustained effort through this decade to build on earlier progress, particularly to increase access to prevention and treatment for key, vulnerable and underserved populations. Achieving universal health coverage by 2030 – central to the health-related SDG targets – is also a major challenge, with pre-pandemic estimates indicating that more than half the world's population lacked coverage of essential health services.¹³ Lack of attention to major social, structural, economic, commercial and environmental determinants of health has been a persistent threat to the achievement of the SDGs.

Health is an important dimension of human security because good health is both essential and instrumental to human survival, livelihood and dignity.¹⁴ But the COVID-19 pandemic has reversed or stalled progress in many areas of human security and development. There was a steep and unprecedented decline in the Human Development Index for the first time since it was established.¹⁵ Much of the progress made in reducing poverty has been reversed, with global extreme poverty rising in 2020 for the first time since the Asian financial crisis of the late 1990s.¹⁶ The lack of preparedness for the pandemic and gaps in social protection have resulted in further widening of inequalities and a disproportionate socio-economic impact on women and vulnerable and marginalized populations, including migrants and workers in the informal sector.¹⁷ Intersecting inequalities and vulnerabilities have been highly evident. Educational attainment has been interrupted for billions of young people, and food insecurity and malnourishment have increased, with effects that could linger for decades.¹⁸

COVID-19 has shortened global life expectancy and halted or reversed progress in many areas of health. It has had a significant impact on health systems and disease programmes in many countries while lockdowns have disrupted health services, and critical resources have been diverted from other health programmes to fight the pandemic. Many people have avoided going to health centres due to fear of contracting COVID-19 or of being stigmatized for having COVID-like symptoms such as cough or fever, which could also be treatable malaria, TB or other conditions.

The impact of COVID-19 on the fight against TB worldwide has been particularly significant. Between 2019 and 2020, the number of patients treated for drug-resistant TB in the countries where the Global Fund to Fight AIDS, TB and Malaria (Global Fund) invests dropped by 19 percent. For those on treatment for extensively drug-resistant TB, there was an even bigger drop, of 37 percent; and a drop in number of HIV-positive TB patients on both HIV and TB treatment, of 16 percent.¹⁹ Overall, around one million fewer people with TB were treated in 2020 than in 2019, and TB deaths increased for the first time in more than a decade.²⁰

Although the number of people receiving antiretroviral treatment (ART) for HIV globally has continued to increase, in some regions, up to half of people already on ART had difficulties accessing treatment as a result of the pandemic,²¹ and people reached with HIV prevention programmes and services declined by 11 percent globally between 2019 and 2020, particularly among women, girls and key populations.¹⁹ Interventions to combat malaria were less disrupted by COVID-19, but progress against the disease has stalled. Global coverage estimates of routine childhood immunization services for 2020 were also lower than expected prior to COVID-19, and many programmes to tackle NTDs were postponed, leading to risks of resurgence.^{22,23} Three quarters of countries reported a considerable degree of disruption to services for NCDs, although they emerged as a major factor in worsening COVID-19 outcomes, particularly among already vulnerable populations.^{24,25} The full extent of long-term disability among survivors of COVID-19 is not yet known but could be substantial. Moreover, global access to COVID-19 vaccines has been hugely inequitable, with around 65 percent of people in high-income countries having received at least one dose by late 2021, compared to less than 10 percent of people in low-income countries.²⁶



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