

2010-2011 Memorandum of Understanding between UNAIDS and Stop TB Partnership: Evaluation and Recommendations

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Background



- A "Memorandum of Understanding Between the Joint United Nations Programme on HIV/AIDS and The Stop TB Partnership To End Deaths from TB Among People Living with HIV" (MOU) was signed on 22 July 2010 at the Global AIDS Conference in Vienna. The MOU will expire on 31 December 2011.
- The aims of the MOU are to
 - increase political commitment and resource mobilization for HIV and TB service integration to achieve universal access and reach MDG targets
 - strengthen knowledge, capacity and engagement of civil society organizations, affected communities and the private sector in jointly addressing TB/HIV through an evidence-informed and human rights-based approach.
- The STP at its 20th Board Meeting "agreed to move forward with renewing the Memorandum of Understanding (MoU) with UNAIDS, for the period 2012-2013, following a demonstration of the impact the MoU had in 2010-2011."



Activities and targets



Objective 1- Increased political commitment and resource mobilization for HIV and TB service integration

- Promote the inclusion of TB prevention, diagnosis and treatment in the mandates of National AIDS Commissions/Councils.
- Support the most-affected countries in developing specific plans to reduce the burden of TB in people living with HIV through TB and HIV programme collaboration.
- Support countries to ensure all GFATM TB and HIV proposals include budget lines for funding collaborative TB/HIV activities.





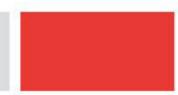
Activities and targets



Objective 1- Increased political commitment and resource mobilization for HIV and TB service integration

- Organize joint high-level missions and participation in key events to promote TB/HIV collaboration
- Set and work towards achieving a global impact target for reducing TB deaths among people living with HIV
- Collaborate on a high-level dialogue to mobilize resources and raise awareness
 of the urgent need for new and improved drugs, diagnostics and vaccines that
 are proven to be effective for people with or at risk of HIV/TB co-infection





Activities and targets



Obj. 2: Strengthened knowledge, capacity and engagement of civil society, organizations, affected communities and the private sector in jointly addressing TB/HIV

- Ensure that the equitable and universal access to HIV and TB prevention, treatment, care and support for most at risk, vulnerable and/or marginalized populations is mainstreamed into all programmes, projects and action plans.
- Build capacity of HIV civil society community and business sector partners to scale up the prevention, early diagnosis and effective treatment of TB cases.
- Develop and disseminate best practices of examples where at risk, marginalized and vulnerable populations have been able to access care and prevention services.





MoU Evaluation



Focus:

- Implementation whether UNAIDS and STP have developed work plans and/or carried out the activities listed in the MOU
- Impact overall aims, two objectives, detailed targets listed in the MOU
- Necessity whether the MOU is the correct format for collaboration
- Content detailed suggestions for updating or improving specific sections

Method:

- Desk review
- Key informants interviews

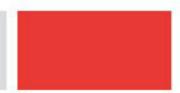


Preliminary Findings Implementation and Impact



- The MOU has only been valid for just over a year and the implementation period has been even shorter. Work plans have been established and many activities have started but (quite logically) few appear to have been fully implemented.
- Most progress has been made where existing work plans were incorporated into the MOU (e.g. "Task Force on TB and Human Rights")
- Both parties have adopted the target of halving deaths in their respective work plans, as has the United Nations General Assembly in its "Political Declaration on HIV/AIDS" in 2011
- Both parties are jointly contributing to the work plan on the targets of the UN Political Declaration, as well as modeling an investment framework for STP based on that of UNAIDS



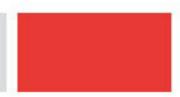


Preliminary Findings Implementation and Impact



- Joint support to the Global Fund "Save a Million Lives Campaign" and other cooperation on Global Fund related activities
- Civil society and private sector activities are in earlier stages of development
- MOU is not being reviewed at the level of the UNAIDS Board (PCB) and is little known among UNAIDS (field) staff





Preliminary Findings Necessity and Content



- Concern that TB will be dropped from the UNAIDS agenda without the MOU, also due to current personnel and structural changes.
- Most of the MOU is still relevant and up-to-date but need to make it better owned to create a living relationship without onerous meeting schedules and stifling tracking mechanisms
- Division of labour needs to be clarified
- M&E should more reflect country level actions and results and reports shared more broadly
- New MOU needs to take into account changes in financial situation and structural changes facing both organizations





Preliminary Recommendations (for discussion)



- The MOU should be renewed with minor revisions until end 2013, with a more extensive process, output and impact evaluation commencing in mid-2013.
- A clearer division of labour between the parties should be included in the MOU.
- Improved data and indicators for collaborative HIV/TB activities (and their financing) at both the global and country level are needed.
- The MOU and key findings from Progress Reports should be included on the agenda of UNAIDS decision-making mechanisms and UNAIDS Board (PCB). In the longer term, these could be packaged together with other collaborative projects.





A regional perspective... Epi and Response



- HIV-TB in Asia-Pacific:
 - Several global high burden TB countries
 - Concentrated epidemics:
 - Most TB not associated with HIV but all PLHIV at risk
 - Focus on high risk groups e.g. PWUD and closed settings
 - Average coverage of HIV-TB services and ART lower than global average
- August 2009 Meeting 'From Mekong to Bali' (to ?...) produced clear recommendations
- Slow but steady (steady but slow?) progress in most countries

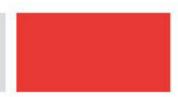


A regional perspective... Implementing the MOU



- Decentralize' ownership of MOU and development/implementation of its work plan(s):
 - Designated focal person in WHO-HIV&TB and UNAIDS regional offices
 - HIV-TB as priority in UN Joint Programmes of Support in high burden countries
- Scaling up of three I's and early HIV testing and ART are a priority in the September 2011 MoU/Joint Operational Plan between WPRO and UNAIDS RSTAP
- HIV-TB co-infection response one of five expected priority areas under proposed Asia-Pacific Treatment 2.0 Task Force
- HIV-TB work needs to be linked to work on Tx2.0 and PMTCT, Linking Services etc.



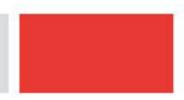


A regional perspective... Mutual benefits



- In many countries, TB services are more decentralized and offer a denser network of service delivery points - which can help increase access to HIV services
- From the HIV side, we have learned to focus efforts where they yield the most impact, i.e. in higher prevalence zones and among hgh risk populations such as (for HIV-TB) PWID and closed settings
- HIV response has a track record of strong community activism and involvement, and of rapid progress through bold targets and effective high level political advocacy





A regional perspective... Joint challenges



- Beyond benefiting from each other's strengths, we must jointly address key challenges in a context of declining international funding and spreading economic crisis:
 - Cost-savings by linking/integrating TB, HIV, (MNCH,...) services under (updated) PHC paradigm
 - Addressing health work force bottlenecks
 - Global, regional and country level advocacy and resource mobilization including for research (Note: Asia scores low in terms of government funding for health...)



