



**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**

**I. Background and Context**

1. The Joint United Nations Programme on HIV/AIDS (UNAIDS), is an innovative, cosponsored United Nations programme that leads and inspires the world to strive towards universal access to HIV prevention, treatment, care and support. UNAIDS unites the efforts of its UN Cosponsors<sup>1</sup>, national governments, civil society, the private sector, global institutions and people living with and most affected by HIV.
2. The Stop TB Partnership is a leading public-private global health partnership, established in 2001, with the aim of eliminating tuberculosis (TB), as a public health problem and, ultimately, to obtain a world free of TB. It comprises a network of more than 900 international organizations, countries, donors from the public and private sectors, governmental and nongovernmental organizations and individuals that have expressed an interest in working together to achieve this goal.
3. Despite TB being a detectable and curable disease it remains a leading cause of death in people living with HIV, responsible for 350,000 deaths in 2010 and outbreaks of drug resistant TB proving particularly catastrophic with very high mortality rates.
4. Realizing that reaching HIV and TB targets relating to universal access and the Millennium Development Goals (MDG) will be difficult, if not impossible, to achieve without strengthening the human rights and empowerment approaches to ensure equitable access and risk-reduction and greater attention to the most at risk, vulnerable and/or marginalized populations, such as women and girls, young people, orphans and children, men who have sex with men, transgender people, sex workers and their clients, people who inject drugs, populations of humanitarian concern, displaced persons and migrants, prisoners and people who use drugs. HIV and TB

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<sup>1</sup> Office of the United Nations High Commissioner for Refugees (UNHCR); United Nations Children's Fund (UNICEF); World Food Programme (WFP); United Nations Development Programme (UNDP); United Nations Population Fund (UNFPA); United Nations Office on Drugs and Crime (UNODC); International Labour Organization (ILO); United Nations Educational, Scientific and Cultural Organization (UNESCO); World Health Organization (WHO); World Bank.

are major constraints for socio-economic development and investing in evidence-informed joint TB and HIV interventions will contribute, in particular, to the achievement of the Millennium Development Goal on poverty reduction by keeping people healthy and productive.

5. Recognizing that collaboration between UNAIDS Secretariat and Stop TB Partnership (the “parties”):
  - Supports the UN General Assembly Political Declaration on HIV/AIDS (60/262, 2006) and the UN General Assembly Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS (60/L.77, 2011) emphasizing the need for accelerated scale-up of collaborative activities on TB and HIV including the commitment to work towards reducing tuberculosis deaths in people living with HIV by 50 per cent by 2015, and the commitment towards having 15 million people living with HIV on antiretroviral treatment by 2015;
  - Supports the Millennium Development Goal targets for TB, and the World Health Assembly Resolution (WHA60.19, 2007 and WHA 62.15, 2009), requesting countries to immediately address extensively drug-resistant TB and HIV-related TB as the highest health priorities;
  - Contributes to the Global Plan to Stop TB 2006–2015 and the Call for Action of the HIV/TB Global Leaders Forum (2008);
  - Backs the 2011 call to action from the Stop TB Partnership and UNAIDS to Save a Million Lives by 2015 which builds on well-established methods for preventing and treating HIV-associated TB that are recommended by WHO and UNAIDS; and
  - Supports the UNAIDS’ Strategic target to reduce the tuberculosis deaths in people living with HIV by 50 percent by 2015.
6. UNAIDS Secretariat and Stop TB Partnership (the “parties”) have agreed to enter into this Memorandum of Understanding (MOU), which extends the MOU signed for 2010-2011 to record their common understanding and agreement to collaborate to strengthen the global and national responses to HIV related TB and to develop joint strategies to overcome barriers impeding the implementation of collaborative TB/HIV activities; and, to take action in line with their respective comparative advantages to strategically address the intolerable burden of TB mortality borne by people living with HIV.
7. Recognizes the gains achieved under the auspices of the previous MOU between Stop TB Partnership and UNAIDS, The MOU was evaluated in September 2011 by an external consultant. The main findings include strong implementation and impact of advocacy activities of the work plan established for MOU implementation. The advocacy resulted in the establishment of common targets in the UNGA Political Declaration and UNAIDS Strategy 2011-2015. The MOU was deemed to remain valid and its extension was recommended.
8. The parties hereby confirm their intentions in good faith, as follows.

## **II. Aim, Global Target and Principles**

1. The parties agree to work in accordance with the following aim, global target and principles.

### Aim

2. The parties aim to prevent any person living with HIV from dying of TB, a curable and preventable disease. The parties also aim to ensure that all persons being treated for TB have universal access to HIV counselling and testing and appropriate HIV prevention, treatment, care and support. The parties furthermore aim to ensure that all people accessing HIV care and support services are screened for TB and provided with the appropriate interventions as needed in a setting where there is sound policy and practice in TB infection control.

### Global Target

3. The parties commit to achieving the goal of halving the number of people living with HIV who die from TB by 2015.

### Principles

4. This MOU supports the implementation of the UNAIDS Strategy which is aligned with the Global Plan to Stop TB (2006-2015)<sup>2</sup> and achieving the Millennium Development Goals.
5. The parties agree to subscribe to the following common principles:
  - a. **Human rights** – working to overcome stigma and discrimination, promote tolerance and uphold the human rights of all people—including the right to HIV and TB prevention, treatment, care and support—and stands in solidarity with people affected by HIV and TB.
  - b. **Equity** - efforts to reduce the social and economic inequities that increase vulnerability to infection and disease, reduce access to treatment and lead to disparities in quality of care.
  - c. **Inclusiveness** – fostering participatory and inclusive processes that encourage the active participation and engagement of all sectors of society, including people living with HIV and/or TB, the private sector, academia and the broader civil society.
  - d. **Partnership** - expanding and optimizing strategic partnerships and networks and leveraging the strengths of partners (the United Nations system, governments, civil society and communities affected by HIV and/or TB) to work cooperatively towards a common goal and to maximize the impact and sustainability of AIDS and TB responses.
  - e. **Urgency** – encouraging and promoting urgent actions, supported by a massive increase in resources, to reduce the annual death rate from TB and/or HIV, infections which have been manageable, treatable or preventable for decades.
  - f. **Focus on the country level** - promoting country-level results and outcomes by supporting nationally-defined priorities, processes and accountability mechanisms.

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<sup>2</sup> <http://www.stoptb.org/global/plan/>

- g. **Evidence** - providing strategic information to guide AIDS and TB responses, putting science, technology and data to work through evidence-informed, context-specific responses to HIV and TB that build on the principles of Know Your Epidemic (KYE).
- h. **Sustainability** - committing to effective, efficient and sustained action, and emphasizing strengthened national capacity to achieve maximum impact.
- i. **Development** - integrating AIDS and TB responses with other health and development efforts to maximize health and security for all people and communities at risk.
- j. **Empowerment** – promoting full access to HIV and TB services to empower all populations at risk, including women and girls, young people, orphans and vulnerable children, men who have sex with men, transgender people, sex workers and their clients, people who inject drugs, populations of humanitarian concern, displaced persons and migrants, prisoners and people who use drugs.

### **Objectives, Activities and Targets**

1. The parties commit to work together to achieve the following objectives during 2012-2015.

#### **Objective 1- Increased political commitment and resource mobilization for HIV and TB service integration towards the achievement of the Global Target of this MOU.**

##### Endemic Country Activities

2. Support the most-affected countries<sup>3</sup>, which largely correspond with the UNAIDS Strategy 20+ focus countries, in developing specific plans, integrated and/or aligned with national health and development strategies, and drawing on the Save a Million Lives (SAML) approach, to reduce the burden of TB in people living with HIV through TB and HIV programme collaboration.
3. Further develop the Save a Million Lives by 2015 goal by extending the model to country level, by encouraging and supporting intensified case finding and holding, by introduction of new diagnostic technologies and TB preventive treatments for people living with HIV exposed to or having TB, and by disseminating information and good practices.
4. In line with the Global Fund Board decision GF/B18/DP12, support countries to ensure that TB and HIV proposals from most-affected countries include budget lines for funding collaborative and integrated TB/HIV activities.
5. Promote the inclusion of TB prevention, diagnosis and treatment in the mandates of National AIDS Commissions/Councils. Particularly for provision of universal access to TB screening, diagnosis, treatment and prevention among people living with HIV, in accordance with the latest international guidelines.

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<sup>3</sup>It would include: South Africa, India, Nigeria, Zimbabwe, Uganda, Kenya, Tanzania, Mozambique, Ethiopia, Zambia, Malawi, Côte d'Ivoire, Myanmar, China, DR Congo, Brazil, Thailand, Cameroon, Rwanda, Swaziland, and Indonesia.

6. Organize joint high-level missions to promote TB/HIV collaboration between the Executive Director of UNAIDS, UNAIDS Cosponsors' Heads of Organization/Agency, Executive Secretary of the Stop TB Partnership, the UN Secretary General's Special Envoy to Stop TB, members of the Stop TB Coordinating Board, and other partners.

#### Global Activities

7. Continue work towards achieving the jointly agreed global target of Save a Million Lives by 2015
8. Joint participation by the Executive Director of UNAIDS, UN Secretary General's Special Envoy to Stop TB, Executive Secretary of the Stop TB Partnership, Stop TB Coordinating Board members and other partners in high-level events to promote TB/HIV collaboration, e.g. International AIDS Society conferences, International TB Conferences, World TB Day, World AIDS Day.
9. 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.

#### Targets and milestones by end 2015

10. Global target to reduce TB deaths in people living with HIV widely adopted by key partners.
11. Country plans to reduce TB deaths developed for heavily impacted countries in line with UNAIDS target to reduce deaths by 50% by 2015 and Save a Million Lives objectives - by end of 2015.
12. HIV/TB collaborative activities properly included in relevant Global Fund proposals for Transitional Funding Mechanism and for phase 2 renewals submitted by the most affected HIV/TB burden countries by end of 2015.
13. At least one joint high-level country mission and one joint high-level advocacy event undertaken per year.

### **Objective 2- Strengthened knowledge, capacity and engagement of civil society organizations, affected communities and the private sector in jointly addressing TB/HIV through an evidence-informed and a human rights-based approach**

#### Endemic Country Activities

14. Mobilize communities and the wider civil society, affected by HIV and empower them to become active partners in the prevention, diagnosis and treatment of TB.
15. Develop tools that will build capacity and enable the HIV civil society community to scale up the prevention, early diagnosis and effective treatment of TB cases.

16. Organize and conduct at least two regional workshops to disseminate tools and increase civil society capacity to operationalize the implementation of collaborative TB/HIV activities.
17. Organize joint business sector events in endemic countries where best practices and collective action opportunities can be identified to increase the engagement of the business sector to integrate TB and HIV workplace programmes, and use their comparative advantage for advocacy and raising awareness on the TB and HIV co-epidemic.
18. Develop and disseminate best practices of examples where at risk, marginalized and vulnerable populations have been able to access care and prevention services.

#### Global Activities

19. Conduct joint advocacy in support of the Save a Million Lives by 2015 goal.
20. Mainstream HIV and TB awareness into the advocacy, communication and social mobilization and behavioural change communication strategies and programmes of each party.
21. Ensure that the equitable and universal access to HIV and TB prevention, treatment, care and support to populations most at risk, vulnerable and/or marginalized, including women and girls, young people, orphans and children, men who have sex with men, transgender people, sex workers and their clients, people who inject drugs, populations of humanitarian concern, displaced persons and migrants, prisoners and people who use drugs, is mainstreamed into all programmes, projects and action plans.
22. Document and support the development of specific responses to the HIV/TB co-epidemic in most at risk, vulnerable and/or marginalized populations.
23. Continue to support a Task Force on HIV, TB and Human Rights.

#### Targets and milestones by end 2015

24. Tools developed and disseminated to support the participation of civil society organizations in reducing the number of TB deaths in people living with HIV.
25. At least one business sector event co-sponsored per year in an emerging economy endemic country.

### **III. M&E, Reporting and Accountability**

1. With a view towards monitoring adherence to the principles of this MOU and measuring success against achievement of the objectives outlined above, the parties agree to:

2. Jointly refine and use harmonized TB/HIV indicators and jointly implement recording and reporting systems.
3. Hold each other mutually accountable and responsible for implementation of the MOU by informing on progress towards implementing this MOU to each others' Governing Boards on a biennium basis.
4. Towards the end of 2013, or periodically, as otherwise agreed, conduct a mid-term review and evaluate progress made towards achieving the goals stipulated in the MOU. The MOU may be supplemented by specific work plans on detailed activity areas
5. Share information of relevance to each other and appoint global focal points to facilitate communication related to implementation of this MOU.
6. Continue the collaborative consultation process while implementing the Global Plan to Stop TB and campaigns for HIV.

#### **IV. General Provisions**

##### Term and Termination

7. This MOU will take effect from the date that it is last signed by the authorized representatives of the parties. It will remain in effect until 31 December 2015.
8. This MOU may be revised or extended as agreed in writing by the parties.
9. This MOU may be terminated by either party at any time, subject to provision of written notification of either party's intention to terminate the MOU to the other party at least ninety (90) days in advance of the date of such termination.
10. The termination of this MOU will not prejudice any programmes or projects already undertaken pursuant to the MOU prior to such termination.

##### Resolution of Disputes

11. Any disputes arising from this MOU will be amicably resolved by consultation or negotiation between the parties in good faith and on the basis of mutual respect and mutual benefit without reference to any third party or international tribunal, organization or forum.

##### Miscellaneous

12. No provision of this MOU will be construed so as to interfere in any way with the independent decision-making autonomy of either party with regard to their respective affairs and operations.

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