

# **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 20<sup>th</sup> 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 high 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...**)