

Renewing the Memorandum of Understanding Between UNAIDS and The Stop TB Partnership

30 Jan - 1 Feb 2012

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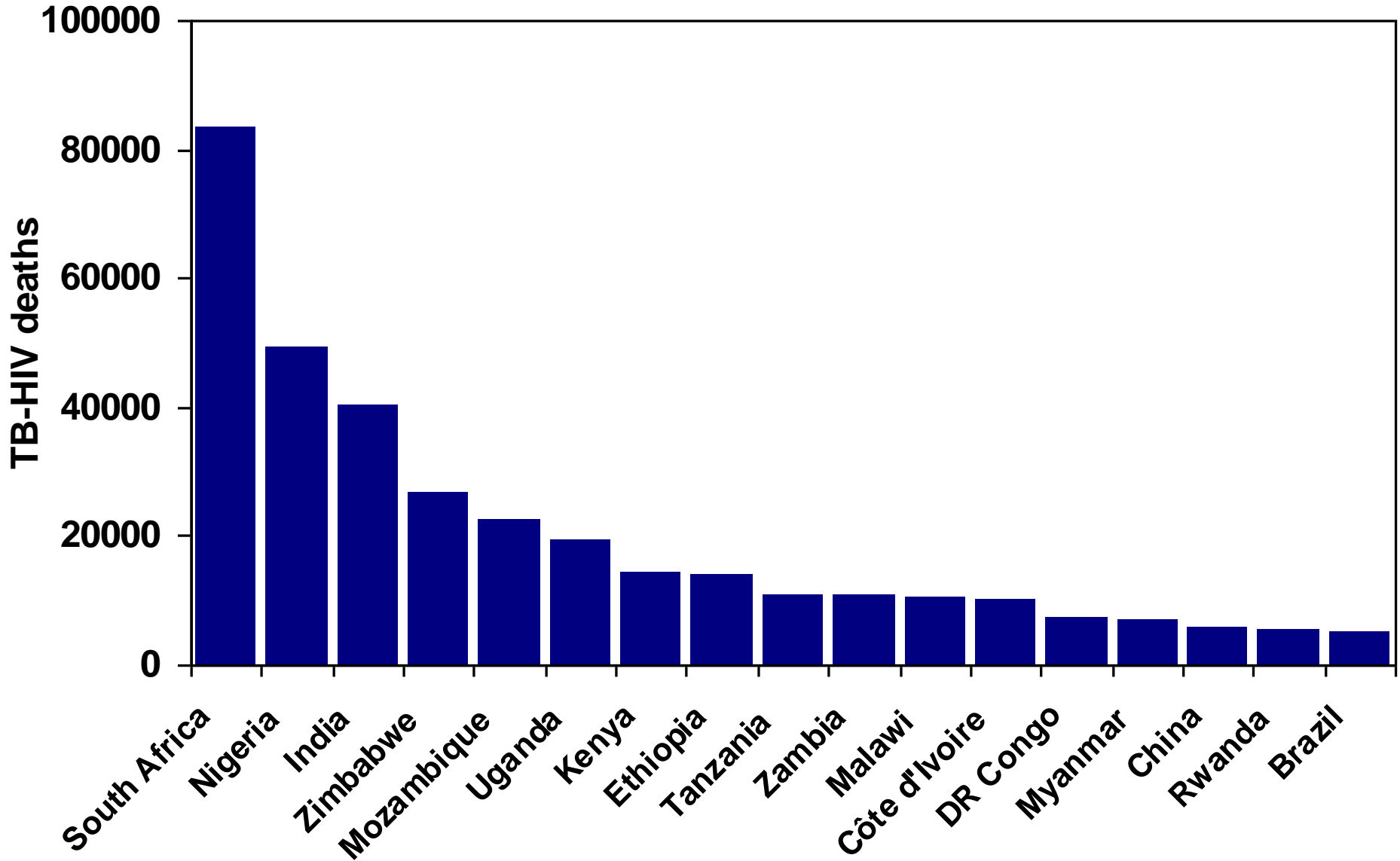
1. Overview of TB/HIV co-infection
2. Background of MOU
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The co-epidemics of HIV and TB

- In 2010, there were an estimated 1.1 million new TB cases among people living with HIV
 - In 2010 PLHIV accounted for 13% of all new TB cases globally
 - In Africa, an estimated 40% of people who developed TB were HIV positive
 - In some countries 82% of TB patients are HIV infected
- In 2010, there were an estimated 0.35 million deaths (0.32-0.39 million) from TB among people infected with HIV

Data source: World Health Organization. Global tuberculosis control: WHO report 2011

TB-HIV deaths: >80% in top 17 countries

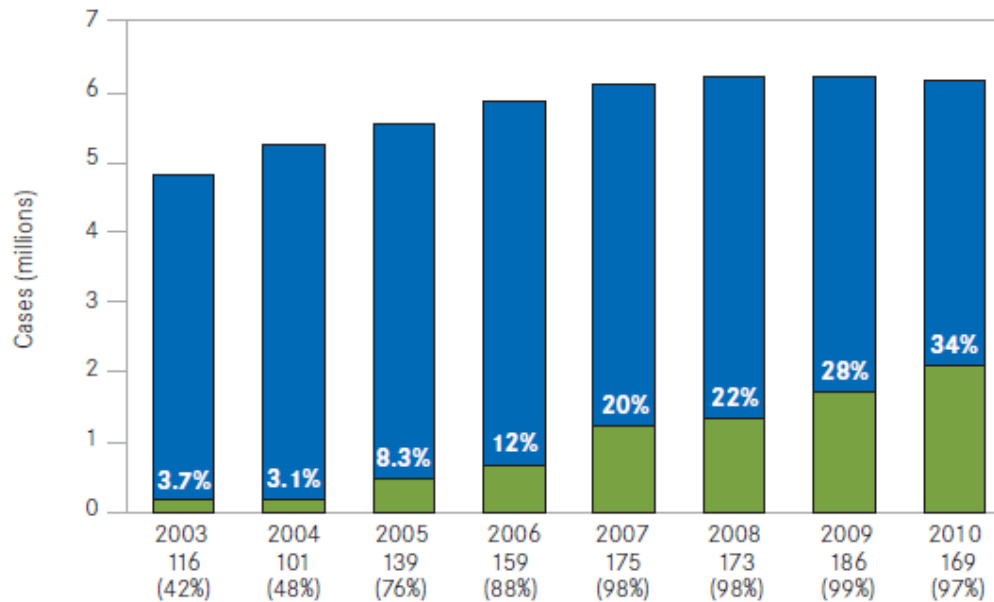


Data source: WHO Stop TB Partnership.

21st Stop TB Partnership Coordinating Board Meeting
30 January – 1 February 2012 - Bangkok, Thailand

The co-epidemics of HIV and TB

HIV testing among TB patients in 2010 reached 34% globally and 59% in the Africa region

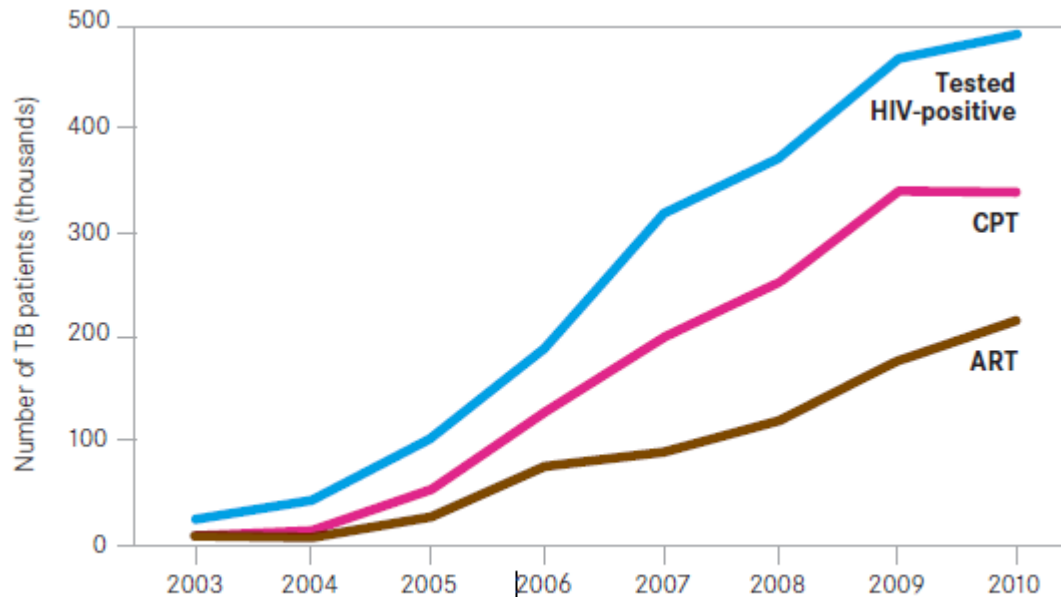


^a The numbers under each year show the number of countries reporting data on HIV testing followed by the percentage of total estimated HIV-positive TB cases accounted for by reporting countries.

Data source: World Health Organization. Global tuberculosis control: WHO report 2011.

The co-epidemics of HIV and TB

- Among TB patients known to be living with HIV globally, 46% were on ART in 2010



Co-trimoxazole preventive therapy (CPT) and antiretroviral therapy (ART) for HIV-positive TB patients, 2003–2010

Data source: World Health Organization. Global tuberculosis control: WHO report 2011.

The co-epidemics of HIV and TB

- The numbers of TB deaths have been declining since 2004.
- Close collaboration between HIV programmes can accelerate this further
- TB diagnosis, care, cure and prevention all need to be increased among PLHIV
 - Less than 1/3 of PLHIV sought care for TB at a clinic (2010)
 - Regular screening and testing is needed in high burden countries
 - IPT coverage is only 12%

Data source: World Health Organization. Global tuberculosis control: WHO report 2011

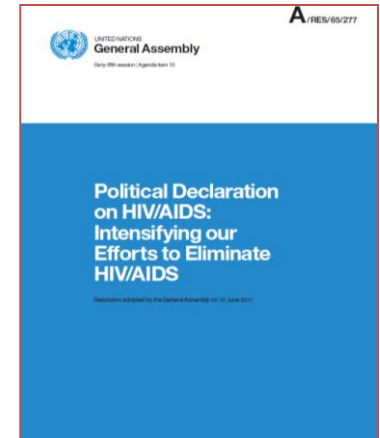
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Political Declaration on HIV/AIDS June 2011

Reducing tuberculosis deaths in people living
with HIV by 50 per cent

+

15 X 15 on ART



Background of MOU

- The Memorandum of Understanding Between UNAIDS and The Stop TB Partnership (MOU) was signed on **22 July 2010** at AIDS2010 Vienna and expired on **31 December 2011**.
- The STP CB at its 20th Board Meeting “agreed to move forward with renewing the Memorandum of Understanding (MoU) with UNAIDS.”
- External evaluation was conducted based on written materials and 12 expert interviews.
- Renewed MOU was drafted by UNAIDS and STP secretariats with inputs from STP Core Group Members.
- This is to supplement other relevant initiatives/partnerships.

Evaluation Findings

Implementation and Impact

- **Work plans** established for MOU activities and targets, but very few activities appear to have been **fully implemented**.
- Implementation of **advocacy** activities has been strong (e.g. “Save a Million Lives Campaign”, including the TB/HIV targets in the UN Political Declaration);
- **To agree on the goal** of halving the number of people living with HIV who die from TB by 2015 is a success; Uncertainty in some data (e.g. estimates of TB mortality in HIV-infected individuals) make a quantitative **impact analysis challenging**.
- High impact in **advocacy** (institutional strategies include common target, as does 2011 United Nations General Assembly Political Declaration on HIV/AIDS).
- Buy-in of **UNAIDS staff** and commitment of **UNAIDS Board** (PCB) has been questioned, and impact on **civil society** and **private sector** activities has been relatively weak so far.

Evaluation Findings

Necessity and Content

- The MOU has only been in place for just over a year – full implementation has not been possible in such a **short time**.
 - Agreement that **advocacy** element has been and can continue to be highly effective.
 - Concern that **TB** will be dropped from the **UNAIDS agenda** without the MOU, due to current personnel and structural changes.
 - Much of the MOU is still **relevant and up-to-date**.
 - MOU needs to take into account changes in **financial situation** and **structural changes** facing both organizations.
 - **Division of labour** needs to be clarified.
 - **Monitoring and Progress Reporting** need to be improved.
-

Evaluation Findings

Interview Findings

- **Agreement that the MOU has been useful:**

“The MOU gives us a global case to design effective collaborative programs, and gives UNAIDS a role to do so.”

“The MOU has been very useful to push for the integration of [HIV/TB] services.”

- **Uncertainty concerning the impact of the MOU:**

“It wouldn’t be fair to attribute this change [in funds] to the MOU.”

“These [activities in the MOU] are what we would all be doing anyway [without an MOU].”

- **Agreement that there is still work to do:**

“Verticalization has been more difficult to overcome than expected.”

“TB is still seen as someone else’s problem by the HIV world.”

Key Lessons

- The MOU should be renewed;
- A clearer division of labour is needed;
- Improved collaboration on HIV/TB data and indicators is required;
- TB should be included on the agenda of UNAIDS decision-making mechanisms;
- Improved orientation of UNAIDS staff

Renewing MOU

Key Changes:

1. Epidemiological figures

(e.g. From 2011 WHO TB report)

2. Goals, initiatives and strategies

- e.g. Save a million campaign,
- new UNAIDS strategy,
- 2011 UNGA Political Declaration on HIV/AIDS
- More focus on human rights/empowerment
- Increase focus on co-infection in the High Impact Countries

3. Timeline

To cover 2012-2015 with midterm review in 2013
