EVALUATION OF THE MEMORANDUM OF UNDERSTANDING BETWEEN UNAIDS AND THE STOP TB PARTNERSHIP

Katri Kemppainen-Bertram, External Consultant

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EXECUTIVE SUMMARY

"The MOU has been very useful to push for the integration of [HIV/TB] services." *(Interviewee)*

"The MOU gives us a global case to design effective collaborative programs, and gives UNAIDS a role to do so." *(Interviewee)*

This Report evaluates the Memorandum of Understanding (MOU) between UNAIDS and the Stop TB Partnership (STP), which was signed in July 2010 and terminates on 31 December 2011. The MOU is analyzed in terms of its implementation, impact, necessity, and content.

The Recommendations are:

1. The MOU should be renewed;
2. A clearer division of labour is needed;
3. Improved collaborative HIV/TB data and indicators are required; and
4. TB should be included on the agenda of UNAIDS decision-making mechanisms (incl. Board).

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BACKGROUND

The "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" (hence MOU) was signed and took effect on 22 July 2010 at AIDS2010 Vienna. The aims of the MOU are to "increas[e] political commitment and resource mobilization for HIV and TB service integration to achieve universal access and reach MDG targets. It also aimed at 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."[1]

The MOU will expire on 31 December 2011. The Stop TB Partnership (hence STP) Coordinating Board at its 20th Board Meeting "[a]greed 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."[2]

METHOD

This Report evaluates the MOU in terms of its *implementation*, *impact*, *necessity*, and *content*:

- *Implementation* is defined as whether UNAIDS and STP (the "parties") have compiled work plans for or have already carried out the activities listed in the MOU.
- *Impact* considers the overall aims of the MOU as well as the two objectives defined in the MOU. Where possible, the analysis will refer to the detailed targets listed in the MOU.
- *Necessity* defines whether the MOU is the correct format for collaboration.
- *Content* provides detailed suggestions for updating or improving specific sections of the MOU.

This evaluation draws on publicly available written materials (in particular the MOU Implementation Plan and Progress Reports[3]), as well as 12 expert interviews.

FINDINGS

IMPLEMENTATION OF MOU

"The current MOU has been a first real effort at integration." *(Interviewee)*

The MOU *Implementation Plan* and *Progress Reports* provide work plans for most activities and targets of the MOU. A detailed list of the implementation status of each activity and target, annexed to this Report, shows that some form of work plan has been established for each activity and target. However, very few activities appear to have been fully implemented; in most cases, the progress report simply builds on the very brief work plans from the implementation plan, and notes that processes are ongoing. For most items, it is unclear whether the status of an activity is still at a

[1] STP, 20th Coordinating Board Meeting, Summary Sheet.
[2] STP, 20th Coordinating Board Meeting, Decision Points.
[3] At the 19th Coordinating Board Meeting, the STP TB/HIV Working Group and UNAIDS were asked to develop an implementation plan (this was completed in January 2011) and to report on progress at each Board Meeting until end of the MOU (end 2011).

planning stage, whether it is the process of being implemented, or whether it has been completed. This can partly be explained by the fact that the MOU has been valid for just over one year. Furthermore, the first Implementation Plan was only passed in January 2011, and the latest Progress Report is from April 2011; the "implementation period" thus covers just four months.

In the view of an interview respondent, the MOU was a "first step." Its main success was to "raise visibility of TB within UNAIDS", "make UNAIDS accountable for TB" (so another interviewee), as well as to get a specific target for preventing TB deaths of people with HIV onto a United Nations Declaration.[4] The next step, according to an interviewee, was to tell countries that "you have signed up – what are you now going to do about it?" Existing implementation weaknesses, such as country office involvement and data collection, would hopefully then improve.

Activities and targets in the MOU have been implemented well where existing work plans were incorporated into the MOU. For example, a "Task Force on TB and Human Rights"[5] has already done extensive work,[6] but the concept and planning of this taskforce commenced prior to the MOU. Other successes include the collaboratively launched "Save a Million Lives Campaign", and cooperation on Global Fund activities. Most recent cooperation efforts include the development of a work plan on the targets of the UN Political Declaration, as well as modeling an investment framework for STP based on that of UNAIDS. On the other hand, new elements such as gaining EU research funding have been a "challenge" (source: interview).

IMPACT OF MOU

"TB is still seen as someone else's problem by the HIV world." *(Interviewee)*

The overall aim of the parties is "to prevent any person living with HIV from dying of TB."[7] A quantitative target follows from this aim: "the goal of halving he number of people living with HIV who die from TB by 2015, compared to a baseline of 2004."[8] As global data "estimates of TB mortality in HIV-infected individuals…remain highly uncertain"[9], it is not possible to evaluate whether the MOU has contributed to coming closer to this goal. Even if global data were available, it would be difficult to argue that variables external to the MOU (e.g. the work of other organizations, work plans that predate the MOU or would have been carried out irrespective of the MOU) had not contributed to the improvement. As one interview respondent stated, "[t]he target has been more or less there for 10-15 years."

However, if impact is looked at in terms of advocacy, 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.[10] There has therefore been "increased political commitment"[11], as

[4] United Nations Political Declaration on HIV/AIDS, 2011, §75.
[5] MOU, p.6, III.23 called for the establishment of a "Task-Force on HIV, TB, and Human Rights".
[6] See http://www.stoptb.org/global/hrtf/
[7] MOU, p.2, II.2.
[8] MOU, p.2, II.3.
[9] WHO Global Tuberculosis Report, p.18, Box 2.3. Poor data also applies to high-burden countries (ibid., p.10, Box 2.1, and p.65, Box 6.1). Furthermore, "[m]easurements of TB mortality among HIV-positive people from VR data remain scarce and are often unreliable. HIV deaths may be miscoded as TB deaths, and TB deaths among HIV-positive people may be impossible to quantify because TB is only recorded as a contributory cause of death" (ibid., p.18, Box 2.3). Several studies have, however, found that integrated services have a significantly positive effect. See e.g. references in Schwartländer et al: The Lancet, p.4; and WHO Global Tuberculosis Report 2011, p.65, Box 6.1.
[10] See United Nations Political Declaration on HIV/AIDS, 2011, §75.
[11] MOU, p.4.

called for in the first of two objectives of the MOU.[12] However, as implementation of the MOU has been relatively limited so far (see above), it is questionable whether this commitment has been or will be sustained ("beyond a mere photo-op", as one interviewee commented). As another interview respondent stated, "TB is still seen as someone else's problem by the HIV world." Several interviewees agreed that "verticalization has been more difficult to overcome than expected", "really changing behavior at UNAIDS [to include TB] has been a struggle", and there has been an "overall reluctance of UNAIDS staff [to collaborate]."

One problem appears to be that the MOU is not being dealt with by the UNAIDS Board (PCB) nor by its Executive Committee, and responsibility lies solely with UNAIDS Secretariat. The MOU is therefore "not known of widely in the organization" and more detailed knowledge has been within a "very small circle" (source: interview). However, as another interviewee argued, detailed knowledge of the MOU was not as important as the "spirit of integrating" HIV and TB and the "we need to do this together-philosophy" that it had underscored. Nevertheless, there was general agreement among interviewees, that there is a "need [for] institutionalization", and "to take this [MOU] seriously, this must be at the Board level at UNAIDS."

The second objective of the MOU calls for "[s]trengthened knowledge, capacity and engagement of civil society organizations, affected communities and the private sector in jointly addressing HIV/AIDS"[13] Although the implementation plan states that "UNAIDS and STP leadership to mobilize funding aimed specifically towards engaging HIV civil society in collaborative TB/HIV activities", common activities and tools for engaging civil society and the private sector have been limited.[14]

NECESSITY OF MOU

"There is a danger that TB will be dropped from the UNAIDS agenda without the MOU." *(Interviewee)*

The main purposes of a MOU are (i) to express a common or converging understanding between two parties, and (ii) to indicate an intended common activity. Both of these aims are explicitly referred to in the UNAIDS-STP MOU: "…to record [the parties'] common understanding and agreement to collaborate"[15]

One interview responded stated that "[t]hese [activities in the MOU] are what we would all be doing anyway [without an MOU]." This gives rise to several questions:

- *Does the MOU pose more costs than benefits?*

An MOU poses several costs, such as (i) financial and personnel resources for drafting, editing, monitoring, etc., (ii) pressure to prioritize and implement (or at least to plan) activities listed in the MOU, (iii) making the parties accountable to each other and the general public for targets and activities, and (iv) possibly limiting collaboration to the parties of the MOU even when another institution would be a preferable partner. An unclearly drafted MOU or poor communication on the MOU may result in risks such as duplication (if activities are defined but division of labour between the parties is unclear) or non-implementation (e.g. both parties assume the other is responsible for implementing an activity). Unclear division of labour appears to have weakened the reach of the

[12] The first objective also includes increased resource mobilization for HIV and TB service integration. It is unclear whether funds for HIV/TB service integration have indeed increased following or due to the MOU.
[13] MOU, p.5.
[14] Source: interviews and Progress Report 2011. See Annex for detailed list of activities.
[15] MOU, p.2, I.6.

current MOU, in particular regarding quantitative targets and data, much of which is being followed at the organizations without awareness of the MOU (or the work of the other party) and without being integrated into the monitoring and MOU Progress Reports. [16] As on interviewee recommended: "it would be healthy to specify how collaboration should take place."

➢ *Even if the MOU defines a fait accompli, does it offer additional value-added?*

If the parties would be conducting the same activities as defined in the MOU even without having a MOU, the MOU may offer benefits such as providing (i) a common language, (ii) common targets, (iii) a clearer basis for internal monitoring and reporting, (iv) transparency for the general public, (v) a means to hold one or both parties accountable, and (vi) a tool for advocacy. These benefits, however, presuppose that the MOU is clear and *used* as a tool. As not all interview respondents were aware of the content of the MOU (e.g. principles, objectives), some had only heard of the MOU, and it was not always clear who is responsible for working on the MOU, it is questionable whether the MOU in the current situation offers much value-added. As one interview respondent stated, "we need to better understand the mechanics of MOUs for maintaining and sustaining relationships […] we need to create a living relationship, although without onerous meeting schedules and stifling tracking mechanisms."

➢ *What alternatives are there to renewing the MOU?*

One interview respondent argued that "[i]n order to avoid overlap and duplication, a joint work plan between all [UNAIDS, Stop TB Partnership, and WHO] would be better." Another alternative would be to define a clear division of labour between relevant institutions that agree to common aims or targets. This is indeed the format adopted by UNAIDS in its "Division of Labour" in January 2011,[17] where a "convener" and "agencies" are listed for specific policy fields.

Simply allowing the MOU to peter out at the end of 2011 results in the problem that the overall target of the MOU refers to 2015, not the end of 2011, and although the MOU states that termination of the MOU "will not prejudice any programmes or projects already undertaken pursuant to the MOU,"[18] this poses both a credibility problem as well as a reputational problem for the relationship of the two institutions. Second, as noted above, the MOU would have de facto only been valid for less than 1.5 years, with an even shorter implementation period. Third, with changes in personnel (in particular an MOU focal point) and structural changes at both institutions, there is, in the opinion of at least one interviewee, "a danger that TB will be dropped from UNAIDS agenda without the MOU." Finally, both parties appear to believe that "[t]he MOU has been very useful", and has been "one of the best relationships we have" (source: interviews).

CONTENT OF RENEWED MOU

"[The MOU] now [needs to] move beyond advocacy." *(Interviewee)*

As noted above, the current MOU has been valid for just over one year, with a de facto implementation period of less than one year. Most of the content of the MOU is, therefore, still relevant and up-to-date. Minor recommended updates, clarifications and elaborations are detailed in the annex to this Report. Most activities are detailed only in the Implementation Plan, and not

[16] In the case of the UNAIDS-STP MOU, this problem has, according to an interview respondent, arisen due to the fact that WHO is cosponsor of UNAIDS, but is also responsible for STP.
[17] UNAIDS, Division of Labour, January 2011, for TB see pp.33-34. NB that WHO (and not STP) is included in the list of actors for TB.
[18] MOU, p.7, IV.10.

directly in the MOU. Certain structural suggestions to the MOU, such as questioning whether the "Principles" offer much value-added[19], do not directly affect the activities and targets detailed in the MOU.

However, as UNAIDS and STP face structural changes in the upcoming months, this may affect the detailed activities listed in the MOU. Furthermore, as the financial situation of both institutions looks direr than at the outset the MOU, activities and/or their frequencies may also need to be adjusted to take tighter budgets into account.

What is deemed vital for successful implementation (in particular increased service integration) is that a clearer division of labour is detailed in the MOU. Also, monitoring and reporting should take place more broadly, in particular taking into account implementation effects at the country level, as well as changes in global data. Not only should the sources for data be more diverse than has so far been the case; the Reports should also be circulated more broadly (with key findings presented also at UNAIDS Board meetings, as noted above). The focus should "now move beyond advocacy", and the "MOU should be comprehensive enough to cover the work of the Working Group [on HIV/TB]" in order to ensure a focus on implementation (source: interviews).

RECOMMENDATIONS

1. **The MOU should be renewed** with minor revisions until end 2015, with a more extensive implementation and impact evaluation commencing in 2013.

2. **A clearer division of labour** between the parties should be included in the MOU.

3. **Improved data and indicators** for collaborative HIV/TB activities (and their financing) at both the global and country level are needed.

4. **The MOU and key findings from Progress Reports** should be included on the agenda of UNAIDS decision-making mechanisms and UNAIDS Board (PCB). In December 2011, this could be done in the context of discussions on UBRAF. In the longer term, these could be packaged together with other collaborative projects.

LIST OF INTERVIEWEES

Dr. Lucica Ditiu, Executive Secretary, Stop TB Partnership

Dr. Paul de Lay, Deputy Executive Director, Programme, UNAIDS

Dr. Peter Ghys, Chief, Epidemiology and Analysis Division, UNAIDS

Dr. Olavi Elo, UNAIDS

Dr. Satoshi Ezoe, Advisor, UNAIDS

Dr. Reuben Granich, Medical Officer (HIV/TB), WHO

Dr. Alasdair Reid, Advisor, UNAIDS

Mr. Patrick Brenny, Country Coordinator for Malawi, UNAIDS

[19] Most interview respondents were not aware or could not recall any of the Principles.

Dr. Roberto Luiz Brant Campos, Adviser, Malawi, UNAIDS

Dr. Haileyesus Getahun Gebre, Coordinator, TB/HIV and Community Engagement, Stop TB Department, WHO

Ms. Shirley Bennett, Governance Officer, Stop TB Partnership

Ms. Daniela Mohaupt, Private Sector & Corporate Relations Officer, Stop TB Partnership

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ANNEX – DETAILED ANALYSIS OF MOU

MOU REFERENCE	TEXT PASSAGE	IMPLEMENTATION	CONTENT
Overall			Although the MOU furthers a common understanding and defines common activities (e.g. joint missions and workshops), it does not define how UNAIDS and the Partnership should cooperate to achieve several of the broader targets (e.g. mobilize civil society, develop tools that will build capacity), and what division of labor should occur. There is a risk of duplication of activities.
p.1, title	"To end deaths…"		The subtitle could be extended to include the target of halving TB deaths of people living with HIV by 2015 to clarify the aim of the MOU.
p.1, l.2.	"1200 international…"		Number up-to-date?
p.1, l.2.	"nongovernmental organizations and individuals"		Stop TB website does not include "individuals". Clarify.
p.1, l.3	"Recognizing…"		The following should be included: "The absolute number of TB cases has been falling since 2006 (rather than rising slowly as indicated in previous global reports); TB incidence rates have been falling since 2002 (two years earlier than previously suggested)" (WHO Global Tuberculosis Report 2011, p.1) Updated data could be included, such as e.g. "About 13% of TB cases occur among people living with HIV" and "In 2010, there were 8.8 million (range, 8.5–9.2 million) incident cases of TB … and an additional 0.35 million (range, 0.32–0.39 million) deaths from HIV-associated TB." (WHO Global Tuberculosis Report 2011, p.1).
p.1, l.4	"Realizing…"		It is unclear why the human rights approach is highlighted in

			name (and equity and empowerment are referred to), and the other 7 of 10 principles that follow on p.3 are not.
p.2, I.5	“Recognizing...”		Include further/updated Declarations (e.g. UN GA Political Declaration to 65/277, 2011).
p.2, I.5	“UNAIDS Outcome Framework 2009-2011”		Consider including the UNAIDS Investment Framework.
p.2, I.5	“…the Global Plan to Stop TB 2006-2015”		Update to “the Global Plan to Stop TB 2006-2015 and 2011-2015”
p.2, I.6	Add section		Add section on 2010-2011 MOU, main achievements, what still needs to be accomplished/improved.
p.2, I.6	“UNAIDS Secretariat…enter”		Replace “enter into” with “renew”.
p.2, II.2	“Aim”	“In 2010, HIV testing among TB patients reached 34% globally, 59% in the African Region and 75% in 68 countries; _ Almost 80% of TB patients known to be living with HIV were started on cotrimoxozole preventive therapy (CPT) and 46% were on antiretroviral therapy (ART) in 2010; _ A large increase in screening for TB among people living with HIV and provision of isoniazid preventive therapy to those without active TB disease occurred in 2010, especially in South Africa. Impressive improvements in recent years notwithstanding, much more needs to be done to reach the Global Plan targets that all TB patients should be tested for HIV and that all TB patients living with HIV should be provided with CPT and ART.“ (WHO Global Tuberculosis Report	There are 2 aims (prevent deaths, universal access); this should be reflected in wording (“aims”), NB also in II.1.

		2011, p.2)	
p.3, II.3	"Global Target…"	TB incidence data appears to have decreased at a more rapid rate than expected at the time of signing the MOU. See WHO Global Tuberculosis Report 2011.	A reference (FN) could also be made to the Partnership's overall 2015 and 2050 targets: "By 2015: Reduce prevalence and death rates by 50%, compared with their levels in 1990…By 2050: Reduce the global incidence of active TB cases to <1 case per 1 million population per year" (p.3 WHO Global Tuberculosis Report 2011) (NB that on progress towards these targets, the WHO Report also provides data where "Mortality excludes TB deaths among HIV-positive people.")
p.3, II.4	"This MOU supports…"		It is unclear why this section is under principles, and does not follow I.6.
p.3, II.4 and FN 4	"Global Plan"		Include also reference to 2011-2015 and corresponding link: http://www.stoptb.org/assets/documents/global/plan/TB_GlobalPlanToStopTB2011-2015.pdf
p.4, III	"Objectives, Activities and Targets"		It is unclear why there is a separate reference to "end 2011" targets and milestones under each objective, when these are in III.1 stated to be valid until end 2011.
p.4, III	"Objective 1"	Increased political commitment: "The MOU harnessed people behind the target, and placed TB on the UNAIDS agenda" (source: interview). "Triggered by the MOU, the target attained UN endorsement" (source: interview). Increased resource mobilization: Data on collaborative service financing on a global level does not appear to exist. "A major effort to build the TB/HIV capacity of UNAIDS secretariat and cosponsors and HIV civil society has started." (Summary MOU 2010) „Agreed that the different structures of the Stop TB Partnership need to help roll out the TB/HIV strategy by embedding projects into public structures, increasing the demand for TB/HIV resources at the Country level, by using the available resources in a creative way, further involving civil society, strengthening Medical Universities, building South-South	

		capacity, supporting point of care diagnosis and treatment, and through a continued dialogue with the pharmaceutical industry." [NB no mention of UNAIDS](20th Coordinating Board Meeting Decision Points)	
p.4, III.2	"Support the most-affected countries…"	Support for specific plans including TB and HIV programme collaboration: "NSPs have increasingly included collaborative TB/HIV services" (source: interview) "A detailed analysis of the TB/HIV components of the National Strategic Plans (NSP) for HIV in the 21 high TB/HIV burden countries was carried to assess fitness to implement strategies to reduce the burden of TB in people living with HIV. Few countries had a comprehensive plan or budget to reduce the burden of TB in people living with HIV in the HIV NSP. "At least seven countries are due to renew their NSPs in 2010 (Cameroon, China, Cote d'Ivoire, Ethiopia, Myanmar, Zambia and Zimbabwe) and at least four are due to be renewed in 2011 (India, South Africa, Thailand and Uganda). The NSPs for four other countries, Nigeria, Mozambique, Brazil, Rwanda and Swaziland, expired at least a year ago. A concerted joint plan is being developed to advocate for effort and targets to reduce the burden of TB in people living with HIV to be included in the revised HIV NSPs of high burden TB/HIV countries through UNAIDS cosponsor country offices and partners and greater engagement of National AIDS councils." (Progress Report 2010) "There has already been considerable progress in implementing the MOU with plans under way to increase engagement of the 21 high TB/HIV burden countries in efforts to reduce the burden of TB in people living with HIV." (Summary MOU 2010) "a) UNAIDS to provide analysis of joint activities outlined	

		in National Strategic Plans for HIV."(Implementation Plan 2011) "A detailed analysis of the TB/HIV components of the National Strategic Plans (NSP) for HIV in 21 high TB/HIV burden countries was carried out in 2010 to assess fitness to implement strategies to reduce the burden of TB in people living with HIV. Few countries had a comprehensive plan or budget to reduce the burden of TB in people living with HIV in the HIV NSPs. This analysis is being used to advocate with country partners for accelerated TB/HIV collaborative activities." (Progress Report 2011) "b) UNAIDS and STP to support UCCs, WR's, NTP managers and NAP Managers to include/strengthen joint TB/HIV activities in UCO work plans, TB and HIV NSPs, and Global Fund proposals." (Implementation Plan 2011) "An analysis of the TB/HIV components in the UNAIDS Country Office work plans in the 21 high TB/HIV burden countries has also been carried out to assess fitness to advocate for increased collaborative activities to reduce the burden of TB among people living with HIV and to ensure sufficient technical assistance is available to support these high burden TB/HIV countries. Direct advocacy and technical support to UCCs in high burden countries has been provided." (Progress Report 2011)	
p.4, FN 5	"In order of…"		Make explicit whether increasing or decreasing order. Is this list still up-to-date? "UNAIDS Getting to Zero" does not include Cote d'Ivoire, Rwanda, Swaziland, and Indonesia, but additionally includes Cambodia, Russian Federation and Ukraine (Getting to Zero, p.15).
p.4, III.3	"Global Fund Board decision"		Is there a more up-to-date decision/guideline preceding Round 11?
p.4, III.3	"Global Fund	Support proposals to include collaborative TB/HIV: "a)	

	Board decision…”	Strengthen collaboration between TBTEAM, Technical Support Facility and ASAP in the provision of technical support for planning, Global Fund grant applications and programme implementation and to ensure that budget lines are aligned to reflect joint activities and joint indicators.” (Implementation Plan 2011) “TB TEAM and TSF staff have met to discuss collaboration and joint work is ongoing. The World Bank AIDS Strategy and Planning tool is being revised and we are working to ensure that TB/HIV issues are incorporated where possible.” (Progress Report 2011)	
p.4, III.4	“Promote the inclusion of TB…”	TB in National AIDS Commissions/Councils: “a) Ensure STP and UNAIDS high level missions include messaging to promote this in visits to up to 3 of the high TB/HIV burden countries in 2011. “STP and UNAIDS participated in the TB high level mission to South Africa resulting in SANAC adopting TB within their remit to promote a multisectoral and integrated approach to TB and HIV in the country. Involvement of UNAIDS in National Programme Reviews in Zambia and Malawi have resulted in recommendations for greater engagement of the NACs in TB prevention, diagnosis and treatment. There are currently no TB high level missions planned...” (Progress Report 2011) b) Hold TB/HIV symposium for NACs in December 2011 at ICASA, Addis to increase NAC engagement in TB/HIV. Identify further appropriate fora for NAC sensitization on TB/HIV, focusing on the high TB/HIV burden countries.” (Implementation Plan 2011) “STP is exploring the possibilities of mainstreaming TB/HIV into the ICASA Conference and holding a specific NAC symposium.” (Progress Report 2011)	
p.4, III.5	“Organize joint	Co-launch of “Save a Million Lives Campaign” on 6 July	

	high-level missions…”	2011 in New York (see III.6 below). “Michel Sidibe joined Marcos Espinal at Jorge Sampaio’s Special Session on TB/HIV to advocate for accelerated effort to prevent people living with HIV from dying of TB at the AIDS 2010 Conference in Vienna, Austria on 22 July 2010.” (Progress Report 2010) “UNAIDS and Stop TB are currently planning joint high level advocacy events and country missions in 2011 along with the Special Envoy Sampaio.” (Progress Report 2010) “Joint high level advocacy and missions are being planned for 2011.” (Summary MOU 2010) “a) UNAIDS and STP to coordinate joint missions to two high burden regions and to liaise over key messaging.” (Implementation Plan 2011) “Whilst no TB specific high level missions are planned, STP and efforts are being made to ensure joint missions to endemic countries by both Michel Sidibe, the Executive Director of UNAIDS and Dr Jorge Sampaio, the UN Secretary General's Envoy for Stop TB.” (Progress Report 2011)	
p.4, III.6	“Set and work towards achieving global impact target…”	The “most concrete example of collaboration between STP and UNAIDS” (source: interview) has been the “Save a Million Lives [by 2015] Campaign”, launched on 6 July 2011 in New York by WHO, STP and UNAIDS. “a) STP and UNAIDS to advocate for global impact target at all global level advocacy events, including World TB day and World AIDS day.” (Implementation Plan 2011) “UNAIDS EXD to issue a statement on WTBD promoting the global target and will promote the target during the High Level Meeting on AIDS in New York in June. WHO preparing a background modeling paper on achieving the goal for the HLM meeting. “ (Progress Report 2011) “b) WHO/STP to organize workshops in 2 high burden regions to train project managers to strengthen	

		programme capacity in implementation, monitoring and evaluation of collaborative TB/HIV activities." (Implementation Plan 2011) "A workshop is being organized for seven countries in the Anglo-African region between 14th - 17th March 2011 in Johannesburg. The overall objective of this workshop is to accelerate and follow-up the implementation of the Three I's for HIV/TB and earlier initiation of ART through the development of national action plans and country follow-up. Attending the workshop will be HIV and TB programme managers, treatment and care focal persons, monitoring and evaluation focal persons, a civil society representative from ARASA." (Progress Report 2011) "c) Secretariat of TB/HIV working group to organize at least one regional TB/HIV Working Group meeting to accelerate the implementation of collaborative TB/HIV activities, to disseminate global policy guidance on TB/HIV and to share best practice." (Implementation Plan 2011) "A Regional Working Group meeting is in the initial stages of planning for the AMRO/PAHO region to be provisionally held in Panama, although funding constraints may postpone the meeting." (Progress Report 2011)	
p.4, III.7	"Joint participation…"	"… Dr Jorge Sampaio, UN Secretary-General Special Envoy to Stop TB; Lucica Ditiu, Executive Secretary, The Stop TB Partnership; Michel Sidibé, UNAIDS Executive Director" (UNAIDS Feature Story June 2011) "a) STP and UNAIDS to advocate for a prominent TB/HIV event during the High Level Meeting on HIV at the General Assembly, New York, June 2011 as a visible platform for highlighting the global HIV/TB impact target and to present a roadmap towards achieving the target." (Implementation Plan 2011) "Joint efforts are under way by the Stop TB Partnership and	

		UNAIDS to ensure that TB/HIV features prominently in the High Level Meeting on HIV at the General Assembly, New York in June 2011 to highlight the global HIV/TB impact target and present a roadmap towards achieving the target." (Progress Report 2011)	
p.4, III.8	"Collaborate on a high-level dialogue to mobilize resources and raise awareness…"	"A new epidemiological model produced by the Stop TB Partnership, World Health Organization (WHO) and UNAIDS shows that it is possible to sharply reduce AIDS deaths worldwide by preventing and treating tuberculosis (TB)" (UNAIDS Feature Story June 2011) "a) Draw up a joint research advocacy document in partnership with the three research working groups, identifying key messages, high-level events and target audiences for dialogue." (Implementation Plan 2011) "o In order to shape the research agenda and advocate for a focus in research and resource mobilization, the 2005 TB/HIV research priorities agenda for resource-limited settings was revised and in 2010 the TB/HIV Working Group of the Stop TB Partnership published its Priority research questions for TB/HIV in HIV-prevalent and resource-limited settings." (Progress Report 2011) "b) UNAIDS and STP to liaise with UNAIDS EC focal point to enhance the inclusion of TB in the EC Eighth Framework Programme (PF8) for the years 2014-2020" (Implementation Plan 2011) "UNAIDS EC focal point has explored avenues to influence PF8. A public consultation has been launched on the priorities and structural changes for the next Framework Programme (FP8). The deadline for contributions is 20 May 2011. STP and UNAIDS to work with partners to develop a joint contribution" (Progress Report 2011)	
p.4, III.9	"Targets and milestones by		Recommend to remove date. Targets are very similar to activities in some cases, even more under Objective 2. Targets

	end 2011”		could possibly be integrated into Global Activities and heading renamed “Activities and Targets”.
p.4., III.9		“UNAIDS cosponsors and partners have set a target to halve TB deaths in people living with HIV by 2015 (compared to a 2004 baseline) which is in line with the Global Plan to Stop TB.” (Progress Report 2010) “Goals for 2015: …TB deaths among people living with HIV reduced by half” (UNAIDS Getting to Zero, p.7) “75 Expand efforts to combat tuberculosis, which is a leading cause of death among people living with HIV, by improving tuberculosis screening, tuberculosis prevention, access to diagnosis and treatment of tuberculosis and drug-resistant tuberculosis and access to antiretroviral therapy, through more integrated delivery of HIV and tuberculosis services in line with the Global Plan to Stop TB, 2011-2015, and commit by 2015 to work towards reducing tuberculosis deaths in people living with HIV by 50 per cent” (United Nations Resolution – Political Declaration on HIV/AIDS 2011)	
p.5, III.10	“Country plans to reduce TB deaths by half…”	“TB infection control measures are still not implemented in many HIV service settings.” (WHO HIV/TB Factsheet 2011)	Other targets should be considered, such as those detailed in the WHO Global Tuberculosis Report 2011, p.6, Table 1.1.
p.5, III.11	“The number of people living with HIV who die…”	“Among the 63 high TB/HIV burden countries…. less than half (n=28) reported treatment outcomes disaggregated by HIV status.” (WHO Global Tuberculosis Report 2011, p.65, Box 6.1). “The number of new TB cases has tripled in high HIV prevalence countries in the last two decades but has shown a slight decline in 2009.” [prior to MOU] (WHO TB/HIV Factsheet 2011) “TB is the leading cause of death among people living with HIV. Almost one in four deaths among people with HIV is due to TB. In 2009 380,000	Unclear result of Executive Committee recommendation to shift target date from end 2011 to end 2012. Clarify.

		people died of HIV-associated TB." (WHO TB/HIV Factsheet 2011) "3. Stop TB / UNAIDS Compact: Revised Version and Launch at IAS - … A briefing was also presented regarding the possible launch of the Compact in July at the IAS during a session at which the Special Envoy will have a keynote speaking role…The Chair requested point 11 on pg. 5 be revisited in light of the feasibility of achievement by 2011 and recommended this be pushed to 2012, allowing for planning, establishment of baseline data and resource mobilization around the target in 2011… The Executive Committee recommended revision of point 11 on pg 5: The number of people living with HIV who die of TB reduced by 20% in at least ten of the most affected HIV/TB burden countries, by end 2011 [new:] 2012 compared to a 2004 baseline. Secretariat to adjust Compact and coordinate with UNAIDS for clearance and launch at IAS in July." (Coordinating Board Executive Committee June 2010 Minutes)	
p.5, III.12	"The number of Global Fund proposals…"	This information is not available, as Round 11 has been postponed to March 2011 or later. An interview respondent stated on an increase in existing GFATM funds for HIV/TB service integration that "it wouldn't be fare to attribute this change to the MOU."	
p.5, III.13	"At least two high-level country missions…"	"Whilst no TB specific high level missions are planned, STP and efforts are being made to ensure joint missions to endemic countries by both Michel Sidibe, the Executive Director of UNAIDS and Dr Jorge Sampaio, the UN Secretary General's Envoy for Stop TB." (Progress Report 2011)	
p.5, III.14	"The Europe Commission's Eight Framework	"Stop TB and UNAIDS to liaise with focal persons in the European Commission to develop an advocacy action plan aimed at increasing the European Commission's Eighth Framework Programme (PF8) research investment in new	

	Programme…”	tools to improve TB prevention, diagnosis and treatment in people living with HIV.” (Progress Report 2010)	
p.5, III	“Objective 2”		Foundations could be included as a separate target.
p.5, III.15	“Mobilize communities…”	“A major effort to build the TB/HIV capacity of UNAIDS secretariat and cosponsors and HIV civil society has started.” (Summary MOU 2010) “a) UNAIDS and STP leadership to mobilize funding aimed specifically towards engaging HIV civil society in collaborative TB/HIV activities.” (Implementation Plan 2011) “Ongoing, with leadership of UNAIDS and the new Executive Secretary of STP having held initial discussions and exploring avenues for closer collaboration. Currently exploring potential collaboration between STP and the Red Ribbon Awards” (Progress Report 2011) “b) Both UNAIDS and STP to share civil society networks and platforms for increased engagement and for the dissemination of information, new findings, policies and messaging on HIV related TB, and funding announcements. Ongoing.” (Implementation Plan 2011) “Ongoing” (Progress Report 2011)	
p.5, III.16	“Develop tools that will build capacity…”	“A series of meetings with people living with HIV and civil society organizations is planned in September 2010 to discuss the strategic approach, key next steps and develop an action plan for enhanced engagement of civil society in TB and TB/HIV care and control will be developed and implemented over the following year.” (Progress Report 2010) “A comprehensive modular web-based training tool on TB/HIV is planned that will serve multiple functions: 1. To build capacity of UNAIDS Secretariat staff to mainstream TB care and control activities into their work. This will be expanded in collaboration with UNAIDS cosponsors for cosponsor staff, e.g. including modules on TB/HIV in prisons, in the	

		workplace, for mothers and children. 2. The tool will also be modified to build the capacity of people living with HIV and HIV civil society organizations to become more engaged in TB care and control. 3. The modules will be adapted and aimed at civil society capacity building." "a) UNAIDS to develop web-based TB/HIV training modules for use by civil society. " (Implementation Plan 2011) "In progress, terms of reference developed and tender process underway." (Progress Report 2011) "b) Two day civil society TB/HIV advocacy workshop, successfully held in Thailand, Liverpool and Vienna, to be rolled out." (Implementation Plan 2011) "As follow-up to these workshops, an advocacy tool for increased access to TB/HIV collaborative services for people who use drugs is currently under development by the International Network of People who Use Drugs and HIT, and a workshop presenting and piloting the tool will be carried out at the International Harm Reduction Association Conference to be held in Beirut in April." (Progress Report 2011)	
p.5, III.17	"Organize regional/country workshops..."	"Civil society meeting for accelerating advocacy on TB/HIV...July 2011...WHO...Global TB/HIV Working Group...UNAIDS" (TB/HIV Working Group) "UNAIDS is working with the Partnership, WHO and civil society partners to strengthen the engagement of people living with HIV and HIV civil society organizations in reducing the burden of TB among people living with HIV. Three capacity building workshops were held aimed at populations at increased risk of TB/HIV co-infection – two for networks of people who use drugs and one more generic for civil society organizations based in Eastern Europe and Central Asia." (Progress Report 2010) "a) WHO and UNAIDS to ensure civil society engagement at	

		Regional TB/HIV Working Group meetings and at workshops for implementers on TB/HIV collaborative activities." (Implementation Plan 2011) "Civil society representation has been factored in at the Anglo-African workshop for implementers to be held in Johannesburg in March. The aim will be to present a tool developed by ARASA to support civil society participation in implementation and monitoring and evaluation of collaborative TB/HIV activities." (Progress Report 2011) "b) UNAIDS to support civil society engagement at High Level Meeting in New York, June 2011." (Implementation Plan 2011) "Ongoing – a major civil society consultation coordinated by UNAIDS will be held in April to inform the resolution and ensure the input of civil society into the HLM." (Progress Report 2011)	
p.5, III.18	"Organize joint business sector events…"	"UNAIDS is collaborating with WHO and ILO to develop guidelines on implementing TB and integrated TB/HIV services in the workplace. UNAIDS, the Partnership and WHO area collaborating with the Global Business Coalition to fight HIV/AIDS, TB and Malaria to host a meeting in South Africa in October to strengthen business sector engagement in TB/HIV activities." (Progress Report 2010) "a) UNAIDS/STP to liaise with co-sponsors and identify suitable partners, dates and locations for the coordination of at least 1 joint business sector event in an emerging economy endemic country." (Implementation Plan 2011) "UNAIDS and STP collaborated with the Global Business Coalition to host a Southern African regional meeting on TB/HIV in October 2010 and a regional Transport Sector meeting on TB and HIV is planned for March 2011 co-organised by UNAIDS. ILO and IOM." (Progress Report 2011) "b) UNAIDS/STP to collaborate with WHO and other	

		partners to finalize the guidance document on TB/HIV in the workplace" (Implementation Plan 2011) "The guidance is in draft form and should be finalized in due course." (Progress Report 2011)	
p.5, III.19	"Develop and disseminate best practices…"	"a) UNAIDS and STP to collate and share best practices via working group networks, and UNAIDS civil society networks." (Implementation Plan 2011) "Ongoing through Regional Working Group meetings, the newsletter, the TB/HIV working group website, AIDSspace and Facebook. On the occasion of World TB Day 2011 the STP, in collaboration with IFRC, will be producing a report on case studies, to include TB/HIV best practices. This will be circulated widely to TB and HIV stakeholders." (Progress Report 2011)	Unclear whether in general, together, or to each other.
p.5, III.20	"Mainstream HIV and TB awareness into the advocacy…"	Appears to be implemented in Plans of both UNAIDS and the Stop TB Partnership. "Joint high level advocacy and missions are being planned for 2011." (Summary MOU 2010) "a) STP and UNAIDS to ensure TB/HIV is mainstreamed into HIV and TB advocacy, health education, training media, including high-level events." (Implementation Plan 2011) "Efforts have been ongoing to mainstream TB/HIV into high level events and training media. One such example in 2010 was high profile coverage of TB/HIV at the IAS Conference in Vienna. Planned so far for 2011 is the IAS Conference in Rome, the International Harm Reduction Association Conference in Beirut in April, the HLM in June and the ICASA conference in December." (Progress Report 2011) "b) TB/HIV WG secretariat to encourage stronger collaboration between the STP Advocacy department and UNAIDS advocacy/communication departments with regular info sharing meetings." (Implementation Plan	

		2011) “Initial discussions have been held in relation to this and the two departments are working closely, in particular over the High Level Meeting, UNGASS.” (Progress Report 2011)	
p.5, III.21	“Ensure that the equitable and universal access…is mainstreamed into all programmes…”	“a) UNAIDS and STP to promote a human rights based approach to TB/HIV prevention, treatment care and support with a focus on Eastern Europe in the first year. “ (Implementation Plan 2011) “In 2010 the TB/HIV Working Group focused on the WHO European region, with the Core Group meeting of the Working Group held in Almaty and the first European regional Working Group meeting held in Vienna. Issues relating to barriers to access and the rights of the most at risk populations such as people who use drugs and prisoners were the primary subject of discussion at both meetings.” (Progress Report 2011) “b) UNAIDS & STP to advocate for a more targeted approach to reaching the most at risk and vulnerable populations with integrated TB/HIV services.” (Implementation Plan 2011) “With the aim of increasing the demand for access to TB/HIV collaborative services in the WHO European Region, workshops for HIV and drug user civil society and activists were held in Liverpool in June 2010 and in Vienna prior to the Working Group meeting in July 2010. Participants had the opportunity to share experiences and best practices, and were familiarized with the recommendations for accelerating access to TB/HIV services for people who use drugs, as detailed in the Policy Guidelines for Collaborative TB and HIV Services for Injecting and Other Drug Users.” (Progress Report 2011) Stop TB does not appear to be part of the following annual report: “WHO's annual…the HIV/AIDS Towards Universal Access Progress Report http://whqlibdoc.who.int/publications/2010/9789241500	

		395_eng.pdf include key performance indicators on collaborative TB/HIV activities." (WHO's Role in Response to TB/HIV 2011, see pp. 73-77)	
p.6, III.22	"Document and support the development of specific responses…"	"a) Reach out via the Partnership working group networks, regional and countries offices, TB/HIV newsletter and UNAIDS civil society networks, and disseminate via working group networks, websites, and meetings. " (Implementation Plan 2011) "In 2010 case studies of models of collaborative TB/HIV activities for people who use drugs in India, Brazil, Zanzibar and Ukraine were documented by HIV AIDS Treatment in Practice (HATIP) journalist, Theo Smart. These case studies have been posted on the TB/HIV working group website and disseminated to the HATIP readership. Examples of specific responses will continue to be disseminated by the TB/HIV Working Group newsletter, Regional Working Group meetings, and other media such as AIDSspace" (Progress Report 2011)	
p.6, III.23	"Establish a Task-Force on HIV, TB, and Human Rights"	[NB that an agreement to establish the Task Force preceded the MOU] "The terms of reference of the Task Force were agreed, key issues and challenges moving forward were identified and discussed, case studies and issues briefs were reviewed, an outline structure of the proposed policy framework was agreed upon, and suggested priorities for an action plan were proposed for the coming year, incorporating key events and opportunities ahead." (Report of First Meeting of STP Task Force on TB and Human Rights, November 2010) "The Human Rights and TB Task Force of the Stop TB Partnership has been established and will have its first meeting in November in Berlin. The Task Force will develop a global guidance document on a human rights based approach to TB care and control. WHO and UNAIDS	

		are co-secretariat for the Task Force." (Progress Report 2010) "a) STP and UNAIDS to establish task force and support it in the development of a policy guidance document and strategic agenda that promotes a human rights based approach to TB prevention, treatment, care and support in people living with HIV." (Implementation Plan 2011) "The first meeting of the HIV, TB and Human Rights Task Force was held in Berlin in November 2010. At this meeting the terms of reference for the task force were passed, an outline of the policy guidance document was drafted and the strategic agenda for the first year agreed upon. The second meeting will be held in May in Geneva at which the first draft policy document will be presented and discussed." (Progress Report 2011) "[A] strategic agenda for 2010-2012 to be taken up and implemented by a wide range stakeholders within and beyond the TB community" (See webpage created on the Stop TB Partnership website: http://www.stoptb.org/global/hrtf/)	
p.6, III	"Targets and milestones"		See above on Targets and milestones for Objective 1.
p.6, III.24	"Tools developed and disseminated…"	"Three capacity building workshops were held aimed at populations at increased risk of TB/HIV co-infection – two for networks of people who use drugs and one more generic for civil society organizations based in Eastern Europe and Central Asia." (Progress Report 2010)	
p.6, III.25	"At least one business sector event…"	"There are not many dedicated 'private sector' events…We collaborate in efforts to get the private sector to the table, such as for UNGASS in June [2011]" (source: interview). "UNAIDS and STP collaborated with the Global Business Coalition to host a Southern African regional meeting on	

		TB/HIV in October 2010" (Progress Report 2011)	
p.6, IV.2	"Jointly establish harmonized TB/HIV indicators…"	"WHO and UNAIDS are working to include a new UNGASS indicator on TB case mortality rate in people living with HIV to enhance global monitoring of TB deaths in people living with HIV." (Progress Report 2010) "WHO revised the TB/HIV indicator guidelines (2009) http://whqlibdoc.who.int/publications/2009/9789241598194_eng.pdf together with UNAIDS, PEPFAR and the Global Fund resulting in core TB/HIV indicators agreed among the organizations." (WHO's Response to TB/HIV)	
p.6, IV.3	"..reporting on progress towards implementing this MOU to each others' Governing Boards"	"We also propose several options for monitoring progress up to the end of 2011." (Progress Report 2010) The then MOU focal point has compiled two progress reports (for CB meetings following the MOU). These were discussed only in CB board, not UNAIDS board meetings.	Is progress reporting the correct tool?
p.6, IV.4	"Review the elements of this MOU on an annual basis or periodically…"		Is this not part of the above process? Or is this review conducted together? Would a review nearer to the termination of the MOU not make more sense? Who is to conduct this review?
p.6, IV.4	"The MOU may be supplemented by specific work plans…"		Should these be distributed to the other party, or are these to be compiled together? Should these detailed work plans be reviewed together with the MOU? Does the implementation plan come under work plan (NB it is not very detailed)?
p.6, IV.5	"Share information of relevance with each other…"	"The MOU has at least helped us to get to know each other" (source: interview).	Is there a defined process and mechanism? Who is responsible, through what process, and how regularly?
p.6, IV.5	"…appoint	At the Partnership, the focal point left the Secretariat in	

	global focal points”	October 2010 and has not been replaced. At UNAIDS, the focal point left in July 2011, and has had an interim replacement since September 2011. At WHO, the focal point is in the WG HIV/TB.	
p.6, IV.6	“Establish a collaborative consultation process…”		Are there further Plans/Strategies that are being compiled and could be included under this point?
p.6, V.7	“…remain in effect until…”		Recommend to have the MOU run until end 2013, with a review 6 months prior to termination.
Missing	Focal Points		The respective focal points (positions/titles at both organizations) could be made explicit in the MOU.