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

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- 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

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

Data source: WHO Stop TB Partnership.

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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

The co-epidemics of HIV and TB

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

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%

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 20\(^{th}\) 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 fare 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