

## **Progress Report on 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**

A detailed implementation plan of activities needed to meet the objectives outlined in the Memorandum of Understanding has been drawn up and we report here on progress made since the principle of the Memorandum of Understanding was agreed at the Coordinating Board meeting in November 2009.

### **Objective 1 - Increased political commitment and resource mobilization for HIV and TB service integration to achieve universal access and reach MDG targets**

#### Endemic Country Activities

1. Support the most-affected countries in developing specific plans, integrated and/or aligned with national health and development strategies, to reduce the burden of TB in people living with HIV through TB and HIV programme collaboration.
  - a) UNAIDS to provide analysis of joint activities outlined in National Strategic Plans for HIV.
    - *A detailed analysis of the TB/HIV components of the National Strategic Plans (NSPs) 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 National Strategic Plans. This analysis is being used to advocate with country partners for accelerated TB/HIV collaborative activities.*
  - b) UNAIDS and STP to support UNAIDS Country Coordinators (UCC), WHO Representatives, National TB Programme (NTP) managers and National AIDS Programme (NAP) Managers to include/strengthen joint TB/HIV activities in UNAIDS Country Office (UCO) work plans, TB and HIV National Strategic Plans, and Global Fund proposals.
    - *An analysis of the TB/HIV components in the UCO 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.*
2. In line with Global Fund Board decision GF/B18/DP12, support countries to ensure all TB and HIV proposals include budget lines for funding collaborative TB/HIV activities.
  - a) Strengthen collaboration between TBTEAM, Technical Support Facility (TSF) and AIDS Strategy and Action Plan (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.
    - *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.*
3. Promote the inclusion of TB prevention, diagnosis and treatment in the mandates of 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 South African National Aids Council (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 National Aids Councils (NACs) in TB prevention, diagnosis and treatment. There are currently no TB high level missions planned.*
- b) Hold TB/HIV symposium for National Aids Councils (NACs) in December 2011 at the International Conference on AIDS and STIs in Africa (ICASA), Addis to increase NAC engagement in TB/HIV. Identify further appropriate fora for NAC sensitization on TB/HIV, focussing on the high TB/HIV burden countries.
- *STP is exploring the possibilities of mainstreaming TB/HIV into the ICASA Conference and holding a specific NAC symposium.*
- 4. Organize joint high-level missions to promote TB/HIV collaboration between the Executive Director of UNAIDS; UNAIDS Cosponsors' Head of Organization/Agency, the UN Secretary General's Special Envoy to Stop TB, members of the Stop TB Coordinating Board, and other partners.
  - a) UNAIDS and STP to coordinate joint missions to two high burden regions and to liaise over key messaging.
  - *Whilst no TB specific high level missions are planned, 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.*

#### Global Activities

- 5. Set and work towards achieving a global impact target for reducing TB deaths among people living with HIV.
  - a) STP and UNAIDS to advocate for global impact target at all global level advocacy events, including World TB day and World AIDS day.
  - *UNAIDS EXD to issue a statement on World TB Day promoting the global target and will promote the target during the High Level Meeting on AIDS in New York in June. The Stop TB Partnership Secretariat, UNAIDS and WHO commissioned a background modelling paper on achieving the goal for the High Level Meeting.*
  - 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.
    - *A workshop was organized for seven countries in the Anglo-African region between 14<sup>th</sup> - 17<sup>th</sup> March 2011 in Johannesburg. The overall objective of this workshop was 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 were HIV and TB programme managers, treatment and care focal persons, monitoring and evaluation focal persons, a civil society representative from the AIDS & Rights Alliance for South Africa (ARASA).*

- 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.
- *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.*
6. 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 Conferences, World TB Day, World AIDS Day
- 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.
- *Joint efforts are under way by the Stop TB Partnership and UNAIDS to ensure that TB/HIV features prominently at the High Level Meeting in June.*
7. 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.
- 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.
- *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.*
- 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
- *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*

**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

1. 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.
- a) UNAIDS and STP leadership to mobilize funding aimed specifically towards engaging HIV civil society in collaborative TB/HIV activities.
- *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*

- 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.*
- 2. 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.
  - a) UNAIDS to develop web-based TB/HIV training modules for use by civil society.
    - *In progress, terms of reference developed and tender process underway.*
  - b) Two day civil society TB/HIV advocacy workshop, successfully held in Thailand, Liverpool and Vienna, to be rolled out.
    - *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.*
- 3. Organize regional/country workshops to disseminate tools and increase civil society capacity to operationalize the implementation of collaborative TB/HIV activities.
  - 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.
    - *Civil society representation has been factored in at the Anglo-African workshop for implementers held in Johannesburg in March. The aim was to present a toolkit developed by ARASA to support civil society participation in implementation and monitoring and evaluation of collaborative TB/HIV activities.*
  - b) UNAIDS to support civil society engagement at High Level Meeting in New York, June 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 High Level Meeting.*
- 4. 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.
  - 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.
    - *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-organized by UNAIDS, International Labour Organization and International Organization for Migration.*

b) UNAIDS/STP to collaborate with WHO and other partners to finalize the guidance document on TB/HIV in the workplace.

○ *The guidance is in draft form and should be finalized in due course.*

5. Develop and disseminate best practices of examples where at risk, marginalized and vulnerable populations have been able to access care and prevention services.

a) UNAIDS and STP to collate and share best practices via working group networks, and UNAIDS civil society networks.

○ *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 International Federation of the Red Cross, will be producing a report on case studies, to include TB/HIV best practices. This will be circulated widely to TB and HIV stakeholders.*

#### Global Activities

6. Mainstream HIV and TB awareness into the advocacy, communication and social mobilization and behavioural change communications strategies and programmes of each party.

a) STP and UNAIDS to ensure TB/HIV is mainstreamed into HIV and TB advocacy, health education, training media, including high-level events.

○ *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 International AIDS Conference (IAC) in Vienna. Planned so far for 2011 is the IAC in Rome, the International Harm Reduction Association Conference in Beirut in April with a TB/HIV plenary presentation and where the Stop TB Partnership Secretariat is providing financial support to 5 civil society participants), the High Level Meeting in June and the ICASA conference in December.*

b) TB/HIV WG secretariat to encourage stronger collaboration between the STP Advocacy department and UNAIDS advocacy/communication departments with regular info sharing meetings.

○ *Initial discussions have been held in relation to this and WHOUNAIDS and the Stop TB Partnership are working closely, in particular over the High Level Meeting, UNGASS.*

7. 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.

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.

○ *In 2010 the TB/HIV Working Group focussed 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.*

b) UNAIDS & STP to advocate for a more targeted approach to reaching the most at risk and vulnerable populations with integrated TB/HIV services.

- *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.*

8. Document and support the development of specific responses to the HIV/TB co-epidemic in most at risk, vulnerable and/or marginalized populations.

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.

- *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,*

9. Establish and support a Task Force on HIV, TB and Human Rights.

a) STP and UNAIDS to establish task force of the Stop TB Partnership 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.

- *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.*