



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

I. Background and Context

1. The Joint United Nations Programme on HIV/AIDS (UNAIDS), is an innovative, cosponsored United Nations programme that leads and inspires the world to strive towards universal access to HIV prevention, treatment, care and support. UNAIDS unites the efforts of its UN Cosponsors¹, national governments, civil society, the private sector, global institutions and people living with and most affected by HIV.
2. The Stop TB Partnership is a leading public-private global health partnership, established in 2001, with the aim of eliminating tuberculosis (TB), as a public health problem and, ultimately, to obtain a world free of TB. It comprises a network of more than 1200 international organizations, countries, donors from the public and private sectors, governmental and nongovernmental organizations and individuals that have expressed an interest in working together to achieve this goal.
3. Recognizing that every three minutes a person living with HIV dies of TB and that TB mortality rates have escalated over the past ten years to an estimated 500 000 a year, accounting for one in four AIDS deaths in 2008, despite TB being a preventable and curable disease. Drug resistant strains of TB are a particularly lethal threat in populations with high rates of HIV infection.
4. Realizing that reaching HIV and TB targets relating to universal access and the Millennium Development Goals (MDG) will be difficult, if not impossible, to achieve without strengthening the human rights approach to ensure equitable access and risk-reduction and greater attention to the most at risk, vulnerable and/or marginalized populations, such as 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

¹ Office of the United Nations High Commissioner for Refugees (UNHCR); United Nations Children's Fund (UNICEF); World Food Programme (WFP); United Nations Development Programme (UNDP); United Nations Population Fund (UNFPA); United Nations Office on Drugs and Crime (UNODC); International Labour Organization (ILO); United Nations Educational, Scientific and Cultural Organization (UNESCO); World Health Organization (WHO); World Bank.

persons and migrants, prisoners and people who use drugs. HIV and TB are major constraints for socio-economic development and investing in evidence-informed joint TB and HIV interventions will contribute, in particular, to the achievement of the Millennium Development Goal on poverty reduction by keeping people healthy and productive.

5. Recognizing that collaboration between UNAIDS Secretariat and Stop TB Partnership (the "parties") supports the UN General Assembly Political Declaration on HIV/AIDS (60/262, 2006) emphasizing the need for accelerated scale-up of collaborative activities on TB and HIV, the Millennium Development Goal targets for TB, and the World Health Assembly Resolution (WHA60.19, 2007), requesting countries to immediately address extensively drug-resistant TB and HIV-related TB as the highest health priorities, in line with the Global Plan to Stop TB 2006–2015 and the Call for Action of the HIV/TB Global Leaders Forum (2008). The collaboration of the parties also supports one of UNAIDS' ten priorities to "prevent people living with HIV from dying of TB", included in the UNAIDS Outcome Framework 2009-2011.
6. UNAIDS Secretariat and Stop TB Partnership (the "parties") have agreed to enter into this Memorandum of Understanding (MOU) to record their common understanding and agreement to collaborate to strengthen the global and national responses to HIV related TB and to develop joint strategies to overcome barriers impeding the implementation of collaborative TB/HIV activities; and, to take action in line with their respective comparative advantages to strategically address the intolerable burden of people living with HIV who needlessly die of TB.
7. The parties hereby confirm their intentions in good faith, as follows.

II. Aim, Global Target and Principles

1. The parties agree to work in accordance with the following aim, global target and principles.

Aim

2. The parties aim to prevent any person living with HIV from dying of TB, a curable and preventable disease. The parties also aim to ensure that all persons being treated for TB have universal access to HIV counselling and testing and appropriate HIV prevention, treatment, care and support.

Global Target

3. The parties commit to achieving the goal of halving the number of people living with HIV who die from TB by 2015, compared to a baseline of 2004².

² Reliable global estimates of the burden of HIV-related TB were not available prior to 2004 as few countries had robust data on HIV prevalence among TB patients.

Principles

4. This MOU supports the implementation of the World Health Organization (WHO) led UNAIDS Cosponsors' HIV/TB outcome framework³ priority area, which is aligned with the Global Plan to Stop TB (2006-2015)⁴ and achieving the Millennium Development Goals.
5. The parties agree to subscribe to the following common principles:
 - a. **Human rights** – working to overcome stigma and discrimination, promote tolerance and uphold the human rights of all people—including the right to HIV and TB prevention, treatment, care and support—and stands in solidarity with people affected by HIV and TB.
 - b. **Equity** - efforts to reduce the social and economic inequities that increase vulnerability to infection and disease, reduce access to treatment and lead to disparities in quality of care.
 - c. **Inclusiveness** – fostering participatory and inclusive processes that encourage the active participation and engagement of all sectors of society, including people living with HIV and/or TB, the private sector, academia and the broader civil society.
 - d. **Partnership** - expanding and optimizing strategic partnerships and networks and leveraging the strengths of partners (the United Nations system, governments, civil society and communities affected by HIV and/or TB) to work cooperatively towards a common goal and to maximize the impact and sustainability of AIDS and TB responses.
 - e. **Urgency** – encouraging and promoting urgent actions, supported by a massive increase in resources, to reduce the annual death rate from TB and/or HIV, infections which have been manageable, treatable or preventable for decades.
 - f. **Focus on the country level** - promoting country-level results and outcomes by supporting nationally-defined priorities, processes and accountability mechanisms.
 - g. **Evidence** - providing strategic information to guide AIDS and TB responses, putting science, technology and data to work through evidence-informed, context-specific responses to HIV and TB that build on the principles of Know Your Epidemic (KYE).
 - h. **Sustainability** - committing to effective, efficient and sustained action, and emphasizing strengthened national capacity to achieve maximum impact.
 - i. **Development** - integrating AIDS and TB responses with other health and development efforts to maximize health and security for all people and communities at risk.
 - j. **Empowerment** – promoting full access to HIV and TB services to empower all populations at risk, including women and girls, young people, orphans and vulnerable 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.

³ http://data.unaids.org/pub/Report/2010/jc1713_joint_action_en.pdf

⁴ <http://www.stoptb.org/global/plan/>

III. Objectives, Activities and Targets

1. The parties commit to work together to achieve the following objectives during 2010-2011:

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

Endemic Country Activities

2. Support the most-affected countries⁵ 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.
3. 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.
4. Promote the inclusion of TB prevention, diagnosis and treatment in the mandates of National AIDS Commissions/Councils.
5. Organize joint high-level missions to promote TB/HIV collaboration between the Executive Director of UNAIDS, UNAIDS Cosponsors' Heads of Organization/Agency, the UN Secretary General's Special Envoy to Stop TB, members of the Stop TB Coordinating Board, and other partners.

Global Activities

6. Set and work towards achieving a global impact target for reducing TB deaths among people living with HIV.
7. 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 Society conferences, World TB Day, World AIDS Day.
8. 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.

Targets and milestones by end 2011

9. Global target to reduce TB deaths in people living with HIV widely adopted by key partners.

⁵In order of estimated burden of incident TB cases in people living with HIV - South Africa, India, Nigeria, Zimbabwe, Uganda, Kenya, Tanzania, Mozambique, Ethiopia, Zambia, Malawi, Côte d'Ivoire, Myanmar, China, DR Congo, Brazil, Thailand, Cameroon, Rwanda, Swaziland, Indonesia.

10. Country plans to reduce TB deaths by half in people living with HIV established in at least ten of the most affected HIV/TB burden countries, by end 2011.
11. 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 compared to a 2004 baseline.
12. The number of Global Fund proposals that include HIV/TB collaborative activities increased by at least 20%, by end 2011.
13. At least two joint high-level country missions and one joint high-level advocacy event undertaken per year.
14. The European Commission's Eighth Framework Programme (PF8) increases research investment in new tools to improve TB prevention, diagnosis and treatment in people living with HIV, by 20% compared to PF7.

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

15. 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.
16. 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.
17. Organize regional/country workshops to disseminate tools and increase civil society capacity to operationalize the implementation of collaborative TB/HIV activities.
18. 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.
19. Develop and disseminate best practices of examples where at risk, marginalized and vulnerable populations have been able to access care and prevention services.

Global Activities

20. Mainstream HIV and TB awareness into the advocacy, communication and social mobilization and behavioural change communication strategies and programmes of each party.
21. 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.

22. Document and support the development of specific responses to the HIV/TB co-epidemic in most at risk, vulnerable and/or marginalized populations.
23. Establish and support a Task Force on HIV, TB and Human Rights.

Targets and milestones by end 2011

24. Tools developed and disseminated to support the participation of civil society organizations in reducing the number of TB deaths in people living with HIV.
25. At least one business sector event co-sponsored per year in an emerging economy endemic country.

IV. M&E, Reporting and Accountability

1. With a view towards monitoring adherence to the principles of this MOU and measuring success against achievement of the objectives outlined above, the parties agree to:
2. Jointly establish harmonized TB/HIV indicators and jointly implement recording and reporting systems.
3. Hold each other mutually accountable and responsible for implementation of the MOU by reporting on progress towards implementing this MOU to each others' Governing Boards on an annual basis.
4. Review the elements of this MOU on an annual basis or periodically, as otherwise agreed. The MOU may be supplemented by specific work plans on detailed activity areas.
5. Share information of relevance to each other and appoint global focal points to facilitate communication related to implementation of this MOU.
6. Establish a collaborative consultation process while revising the Global Plan to Stop TB, due for release in September 2010.

V. General Provisions

Term and Termination

7. This MOU will take effect from the date that it is last signed by the authorized representatives of the parties. It will remain in effect until 31 December 2011.
8. This MOU may be revised or extended as agreed in writing by the parties.

9. This MOU may be terminated by either party at any time, subject to provision of written notification of either party's intention to terminate the MOU to the other party at least ninety (90) days in advance of the date of such termination.
10. The termination of this MOU will not prejudice any programmes or projects already undertaken pursuant to the MOU prior to such termination.

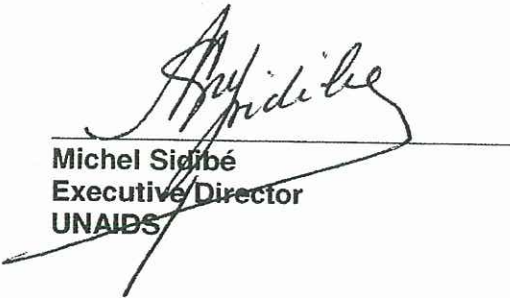
Resolution of Disputes

11. Any disputes arising from this MOU will be amicably resolved by consultation or negotiation between the parties in good faith and on the basis of mutual respect and mutual benefit without reference to any third party or international tribunal, organization or forum.

Miscellaneous

12. No provision of this MOU will be construed so as to interfere in any way with the independent decision-making autonomy of either party with regard to their respective affairs and operations.

Signed at AIDS2010 Vienna, Austria on Thursday 22nd July 2010.



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