



CONCEPT NOTE

SECOND REGIONAL CAPACITY BUILDING FORUM ON HIV, TB, HUMAN RIGHTS AND THE LAW FOR LAW ENFORCEMENT OFFICERS AND HEALTH CARE WORKERS

MOMBASA, KENYA

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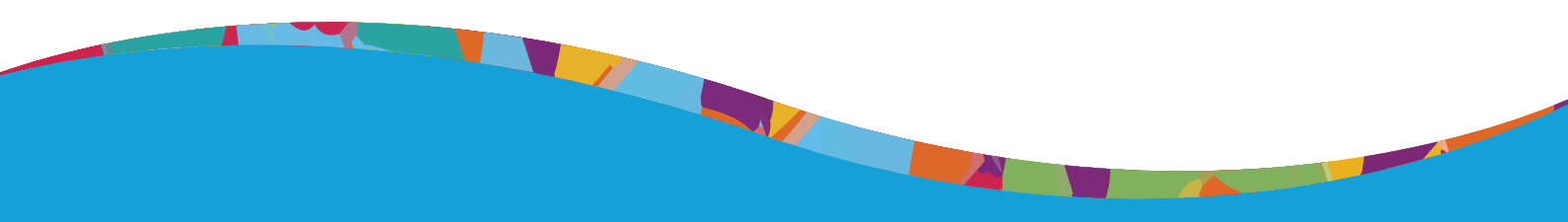
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0.1 Introduction and Background

TB kills 1.4 million people every year and is the number one killer opportunistic infection amongst persons living with HIV. This is largely due to inadequate programmatic and service delivery issues including: inappropriate or inadequate drug regimens and difficulties in adhering to treatment. Other factors impacting the control of TB are: antiquated treatments and regimens, a lack of rollout of new diagnostic tools, and a large proportion of people with active TB disease who are missed by health systems. Untreated cases of TB are detrimental to the physical and financial wellbeing of the people with the disease and to their families.

Current efforts to combat TB are further challenged by the rise of drug-resistant TB. Although still comprising a relatively small proportion of all people with active TB, drug-resistant TB is more difficult and expensive to diagnose, treat and provide care and support. The longer treatment that often takes 1-2 years and more side effects of the treatment contribute to high treatment disruptions resulting in lower treatment success rates than non-resistant TB and leading to continued and amplified drug resistant mortality.

Many of the 4.3 million active TB cases currently missed by public health systems every year are likely to be disproportionately concentrated among individuals who are at higher risks of latent TB infection than the general population due to their current physical conditions, living and working environments and their legal and social standing within society. Criminalized and socially marginalized groups present a real challenge to current HIV and TB services across the world. TB services often assume all individuals with TB are no different from the general population in that they can recognize TB symptoms and present themselves on their own to the largely passive health services. This ignores the social, financial, logistical, legal and other human rights barriers that prevent these individuals from accessing TB services.

0.2 TB and Key Populations

Environmental factors, specifically restrictive laws and policies, have a profound impact on health-seeking behaviour among vulnerable populations. When discussing barriers to TB diagnosis and treatment among key populations, the issue of criminalization should take precedence. Despite recommendations of multiple international bodies (including WHO, UNDP, UNAIDS, UNHCR, and UN Women) calling for a revision of punitive laws that affect key populations in order to reverse their negative impact on health, human rights and development, countries continue to institute harsh punishments for key populations.

The incarceration of a disproportionate amount of key populations in Africa and around the world thereby subjects these populations to increased risk of HIV, HCV, and TB or MDR-TB, and treatment delays and interruptions. In addition punitive laws and criminalization also lead to complete disregard for the human rights of key populations, wide spread harassment and violence by police, and the reinforcement of societal stigma. Both in police lock-ups and in health settings, criminalization translates into discrimination against key populations, denial of care and treatment, and other practices that can be characterized as cruel, inhumane and degrading.

The Global Plan to End TB outlines the following targets to be achieved by 2020, or 2025 at the latest. The Plan refers to people who are vulnerable, underserved or at risk of contracting TB and provides models for investment packages that will allow different countries to achieve the 90-(90)-90 targets. To achieve these targets the Stop TB Partnership, KELIN and the International Human Rights Clinic, University of Chicago Law School formed the TB and Human Rights Consortium and drafted the **Nairobi Strategy** to develop and implement a human rights based approach to TB. Key in the Nairobi Strategy is the need to expand the capacity of law enforcement officers and health care workers in combating TB. There is need for these two groups to incorporate the rights based approach when providing services so as to reduce stigma and discrimination which are major barriers to accessing HIV and TB services for key populations.

3.0 JUSTIFICATION

From the above, it is clear that human rights violations and the failure to fulfill human rights obligations increase key populations vulnerability to contracting TB and reduce access to diagnostic, prevention and treatment services. People affected by TB usually suffer a double burden: the impact of the disease as well as the consequential loss of other rights. For key populations, due to additional stigmatization the burden is in fact triple.

A rights-based approach to TB is founded on respect for the dignity and autonomy of people affected by TB. It articulates and protects individual freedoms and entitlements, and is built on governments' obligations to respect, protect and fulfil the right to health.

It is in this regard that KELIN in partnership with ARASA, ENDA Sante, SALC and UNDP regional office with support from The Global Fund seeks to conduct a two (2) days capacity strengthening forum for law enforcement officers and health care workers. The forum will be premised on the crucial role that law enforcement officers and healthcare workers play in supporting rights-based responses to HIV and TB in the region and will provide an opportunity for these stakeholders to share experiences and enhance their understanding of the link between HIV, TB, human rights and the law.

4.0 OBJECTIVES

The key objectives of this meeting include:

- To enhance the understanding of the linkages between HIV, TB, human rights and the law as they affect key populations
- To sensitize stakeholders on the rights based approach to providing health care services to key populations
- To foster regional and in-country partnerships for increased advocacy and lobbying for removal of legal barriers which impede access to health care by key populations

5.0 EXPECTED OUTPUTS

- Development of action plan by participating countries to follow up on the recommendations made at the forum
- Development and/or strengthening of regional and national platforms or networks to address the legal barriers that are impeding access to services by key populations

6.0 METHODOLOGY

The forum will involve presentations from experts, panel discussions and group discussions amongst participants. Persons living with HIV and/or affected by TB will also be part of the resource persons.

7.0 PARTICIPANTS

A total of 50 participants are expected to participate in this forum. The participants will be law enforcement officers and health care workers and representatives of key populations from Botswana, Cote d'Ivoire, Kenya, Malawi, Nigeria, Senegal, Seychelles, Tanzania, Uganda and Zambia.

8.0 DATES AND VENUE

The two day forum will be held at the Sarova White Sands, Beach Resort and Spa in Mombasa, Kenya on 7 - 8 June 2017.