TB COMMUNITIES, RIGHTS AND GENDER in the TB Response

Country and Community Support for Impact | CCS4i

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

Dates: August 27-28 -08, 2019

Place: Hilton doubletree ,Nairobi, Kenya
Components of the Stop TB strategy

1. Help improve health policies, human resource development, financing, supplies, service delivery and information
2. Adapt successful approaches from other fields and sectors, and foster action on the social determinants of health
3. Engage all care providers
4. Involve all public, voluntary, corporate and private providers through Public-Private Mix (PPM) approaches
5. Promote use of the International Standards for Tuberculosis Care (ISTC)
6. Empower people with TB, and communities through partnership
7. Pursue advocacy, communication and social mobilization
8. Foster community participation in TB care, prevention and health promotion
9. Promote use of the Patients' Charter for Tuberculosis Care
Global TB and HIV Care Cascade - 2016

- Only 50% of incident TB treated successfully
- Only 12% of DR-TB treated successfully
- Children with TB: 44% on treatment (FL), ?? Treatment outcome
- Children with MDR-TB: no notification data or treatment outcomes

Of 10.4 Million, 1.03 million (10%) were estimated to be co-infected with HIV
Only 46% of them were diagnosed, treated and notified as HIV-positive TB
Only 39% put on ART
Missing TB in 13 countries – Global share of missing peoples %

Together they account for 79% (latest) of missing TB worldwide

India, 25%
Indonesia, 16%
Pakistan, 4%
Nigeria, 8%
Myanmar, 1%
South Africa, 5%
Philippines, 6%
Tanzania, 2%
Korea 2%
Mozambique, 2%
Bangladesh, 4%
Congo, DR, 3%
Kenya 2%

People developing TB: 10.4M in 2016
MISSING: 4.05 Millions
People diagnosed & put on Treatment: 6.35 M in 2016
THE GLOBAL PLAN ARTICULATES THESE AS THE 90-(90)-90 TARGETS:

Reach at least 90% of all people with TB and place all of them on appropriate therapy—first-line, second-line and preventive therapy as required.

As a part of this approach, reach at least (90)% of the key populations the most vulnerable, underserved, at-risk populations.

Achieve at least 90% treatment success for all people diagnosed with TB through affordable treatment services, adherence to complete and correct treatment, and social support.
Ending TB by 2030

01 END TB STRATEGY
- Strong coalitions with civil society and community organizations
- Protection and promotion of human rights, ethics and equity
- Patient Centered Care

02 GLOBAL PLAN TO END TB
- Community and people centered approaches
- Human Rights and Gender Based Approaches

03 INVESTING TO END EPIDEMICS
- Promote and Protect Human Rights and Gender Equality
Declaration of the Rights of People Affected by Tuberculosis

1. Launched 14 May at the Global Health Campus in Geneva, Switzerland, will guide countries to implement the commitments made at the 2018 United Nations High-Level Meeting on Tuberculosis
2. Inform board meetings of several key partners
3. Will inform its replenishment meeting in Lyon, France, in October.
Global Fund 2020-2022 funding cycle application material

The following points should be addressed in the response:

• The epidemiological context and other relevant disease-specific information;
• Information on disease-specific and the overall health systems, along with the linkages between them;
• Relevant key and/or vulnerable populations;
• Human rights, gender and age-related barriers and inequities in access to services;
• Socio-economic, geographic, and other barriers and inequities in access to health services;
• Community responses and engagement; and
• The role of the private sector.
- Strong coalitions with CS and community organizations
- Community and people centered approaches
- Patient Centered Care

- Protection and promotion of human rights ethics and equity
- Human rights approaches
- Promote and Protect Human Rights

- Gender based approaches
- Promote and Protect Gender Equality
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## Aim

END TB THROUGH COMMUNITY-LED, PEOPLE-CENTERED, RIGHTS-BASED AND GENDER TRANSFORMATIVE APPROACHES

<table>
<thead>
<tr>
<th>Focus</th>
<th>Country level - with help of grass-root TB affected community, civil society and other partners</th>
<th>Regional and Global levels</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objectives</strong></td>
<td>1 To overcome barriers to access</td>
<td>6 To strengthen the voice of TB affected community in regional and global dialogues</td>
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<td>2 To expand community-based monitoring for social accountability</td>
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<td></td>
<td>3 To boost demand generation for new TB tools and services</td>
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<td></td>
<td>4 To ensure community engagement in national structures and partnerships</td>
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<td>5 To profile and coordinate human rights in the TB response</td>
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## Tools

- Legal environment, gender, data for KP & stigma assessments
- OneImpact digital platform
- Direct grass-root support
- Country level Stop TB Partnerships Initiative*
- Declaration of the Rights of People Affected by TB
- Nairobi Strategy
- High level advocacy and engagement of regional and global platforms

## Activities

- Train multi-stakeholder teams; Conduct legal, gender, KP, stigma assessments and develop costed operational plans; Provide ongoing technical assistance and support
- Train multi-stakeholder teams; Deploy, adapt and scale-up OneImpact; Provide ongoing technical support
- Administer grant giving programs; Local level advocacy and activism to generate demand for innovations; Monitoring and evaluation
- Build organization & programmatic capacity; Provide ongoing technical support; TB awareness and advocacy; Multi-stakeholder engagement
- Provide ongoing technical support; Train trainers and capacity building; Workshop ideas, advocacy and promotion; Implementation of the Declaration or Rights of People affected by TB Multi-stakeholder engagement
- Support TB affected community to participate in regional and global dialog; Conduct high level advocacy missions to countries; Support regional and global TB platforms for engagement

## Mechanism

**Challenge Facility for Civil Society and Similar**

- No one is left behind
- National policies and strategies are informed by and respond to CRG principles: community-led, people-centered, rights-based and gender transformative to End TB
- National TB Programs and service delivery are demand-driven, accessible, innovative, high quality and focused on key populations
- TB decision-making, governance and accountability meaningfully engage all stakeholders (in particular communities affected by TB and CSOs)
- TB affected communities are engaged, capacitated and mobilized for full response to TB
- Regional and global TB platforms are engaged in global dialog

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*Stop TB Partnership, hosted by UNOPS*
STP Tools to Assess CRG Barriers to Access
Key populations policy guides

Focus on **person-centered, rights-based approach to TB**

- Vulnerable and underserved populations
- Defined vulnerable & underserved groups in technical briefs to address specific programming needs
CRG ASSESSMENTS TOOLS FRAMEWORK

**Approach**
- Integrated & multisectoral

**Process**
- Desk Review
- multi stakeholder Inception meeting
- TB key population prioritization process
- multi stakeholder validation meeting
- integrated analysis and report writing
- Dissemination

Ref: South African Community, Rights and Gender Assessment, report, TB/HIV Care 2019
CRG Assessments AIM and OBJECTIVES

AIM: The CRG assessment explores contextual status for TB response as relating to human rights, gender, key populations and stigma. In order to generate strategic information to inform targeted interventions

Specific Objectives
1. To review the policy and legal framework
2. To determine which key population sub-groups should be considered as key and vulnerable populations in the TB response.
3. To assess the ways in which gender impacts on the vulnerability to TB infection, access to TB services and treatment outcomes
4. To understand perceived TB related stigma and its manifestations.
5. To develop recommendations to overcome human rights, gender and key population data framework related barriers identified
Conceptual framework

**Politics and Governance**
- Government Obligations
- Political Commitment
- International Coordination
- Cooperation
- Accountability & Responsiveness
- Advocacy

**Timeline**

**External Factors**
- Determines

**Factors for Prevention**
- Vulnerability to TB
  - Right to Non-Discrimination
  - Right to Health
  - Right to Work
  - Right to Adequate Housing
  - Right to Adequate Food
  - Right to Safe Drinking Water & Sanitation
  - Right to Education
  - Right to Information

**Human-Related Rights to TB**
- Factors for Increasing Access to TB Services (Prevention, Treatment, & Care)
  - Right to Privacy
  - Right to Non-Discrimination
  - Right to Access to Health Services and Essential Drugs
  - Right to Participation
  - Right to Information
  - Right to Education
  - Right to Social Security and Financial Protection
  - Right to Enjoy the Benefits of Scientific Progress

**Outputs**
- Promotion of CRG in TB Control
- Protection of CRG in TB Control

**Desired Results**
1) Reduced Vulnerability
2) Increased access to effective TB prevention, diagnosis, treatment, care, and support
3) Empowerment of individuals & communities
4) Enhanced capacity building and development

**Perceived Benefits**
- Capacity Changes
- Behavior Change Benefits
- Direct Benefits
- Wellbeing Changes

**Influences**
- Modifying Factors

**Unintended Outputs**
- Positive Outputs
- Negative Outputs

**Integrated CRG Assessments**

**Main Intervention**

**When anticipated changes are expected to start occurring**

**Must occur before...**

**Likelihood of Action**
CRG Assessment Methodology

Included populations:
- Gender: ♀♂⚧
- Key populations: Prioritized by countries

Qualitative methods:
- Observations
- Interviews
- Focus groups
- Facilitated processes

Duration
Six-twelve months

Roll out in 13 high burden Countries co-financed by USAID and Global Fund
Roll out in 3 Francophone Countries financed by French Initiative 5%
CRG Operational Planning

Conceptual framework for interventions

- human rights principles and standards
- Operationally directed at promoting and protecting human rights
- Puts a special focus on groups subjected to discrimination and stigma

Approach

- Integrated & multisectoral
- Costed plans aligned to national TB plans and strategies

Process

- Identification of rights holders (individuals and groups) their entitlements and corresponding duty bearers (states and non state actors) and their obligations

Availability | Accessibility | Acceptability | Quality
CRG Interventions

Community responses formalized under health systems
- Community health workers
- Integrated Community Case Management
- Formalized local governance

Community responses partially captured under health systems
- Community health education
- Health commodity distribution
- Adherence support, home care

Community responses outside of the formal health sector
- Social determinants (human rights programs, gender norms)
- “Under radar” services
- Community-led social accountability

Community systems strengthening approaches need to be adapted to different responses across the spectrum

Source: The Crucial Role of Communities: Strengthening Responses to HIV, Tuberculosis and Malaria. The Global Fund, 2018
**Objective:** E.g. To ensure the existence and implementation of laws, policies, guidelines and systems which facilitate an enabling environment by 2020

<table>
<thead>
<tr>
<th>Recommendation (from CRG assessment or other assessments)</th>
<th>Action Area (please specify coverage, e.g. national, sub-national, district level etc.)</th>
<th>Tasks (based on action area)</th>
<th>Responsible (per action area)</th>
<th>Cost ($) (overall)</th>
<th>Results / Outcomes (of tasks)</th>
<th>Timeline (based on results)</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g. Ensure TB service access to migrants, including undocumented migrants.</td>
<td>E.g. 1. Adopt the WHO recommended policy that ensures access to TB services for all, regardless of their immigration status etc.</td>
<td>E.g. 1. Draft the policy into official language 2. Sensitize X number of key decision makers for the need for policy change. 4. Share and solicit input on the policy from X number of key decision makers within the relevant ministries (health and immigration) and revise the policy based on feedback. 5. Integrate policy into relevant legislative and policy instruments</td>
<td>E.g. Health in all Policies Coordinator</td>
<td>USD 5000</td>
<td>1. Policy drafted 2.</td>
<td>1. Q 1 2020</td>
</tr>
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</table>
# Accountability Framework Template

**Who is accountable:**
Ministry Health

**For what are they accountable:**

<table>
<thead>
<tr>
<th>Commitment</th>
<th>UN Political Declaration on TB</th>
<th>Actions</th>
<th>Other supporting actors</th>
<th>How those accountable are held accountable</th>
<th>Means of verification</th>
<th>Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>To adopt the WHO recommended policy that ensures access to TB services for all, regardless of their immigration status etc. by 2020 (aligning with p34 in UN Political P.34)</td>
<td>P.34</td>
<td>1. Draft the policy</td>
<td>Ministry of Immigration</td>
<td>1. Draft Policy (revised) available</td>
<td>Draft policy document</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>2. Translate draft policy into official language(s)</td>
<td>Attorney General</td>
<td>2. Policy briefs available</td>
<td>Policy Brief document</td>
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<td>3. Sensitize X number of key decision makers for the</td>
<td>Civil Society</td>
<td>3. Training materials available</td>
<td>Training materials</td>
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<td></td>
<td></td>
<td>4. X number of decision makers sensitized (disaggregated by gender, key pop and age).</td>
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<td>4. Meeting report(s)</td>
<td>Final policy document</td>
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<td></td>
<td>5. Final policy available</td>
<td></td>
<td>5. Community-monitoring reports</td>
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<td></td>
<td></td>
<td>6. Community-monitoring system in place</td>
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<td>6. NTP support and supervisory PHC visit reports</td>
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<td>7. Increased number of migrants accessing TB services.</td>
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Operational Planning

- South Africa, completed and launched June 2019 (joint)
- Tanzania, ongoing
- Kenya, ongoing
- Cambodia, ongoing
- DRC ongoing (joint)
Resources

• GF (strategic initiative to finding the missing people)
• Gf Regional grants
• USAID – GDF, advocacy, engaging unusual actors, regional and global dialogues on commitments
• 5% initiative
• TB REACH (Canadian)
• Challenge facility for Civil Society (potential revamp to support CRG interventions in USAID priority countries, nearly 100K USD per country
Thank you

Addressing barriers