Stop TB Partnership community-led, people-centered, rights-based and gender-transformative responses to end TB

STP Board meeting
30 January 2019, Geneva
Stop TB CRG transformative kit

Thank you
To **End TB** we need CRG

**Ending TB by 2035**

- Global Plan to End TB
- WHO End TB Strategy
- Global Fund
  Investing to End Epidemics

**SDGs, UN High Level Meeting on TB, UHC etc.**
END TB STRATEGY
Strong coalitions with civil society and community organizations
Protection and promotion of human rights, ethics and equity
People Centered Care

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

INVESTING TO END EPIDEMICS
Promote and Protect Human Rights and Gender Equality
The Stop TB Partnership contribution

- In 13 priority countries - grass-root TB affected community networks strengthened
- Regional community networks in Asia & Pacific, Africa (including Francophone), EECA, MENA, LAC are at center of TB response
- Global TB networks capable to deliver: GCTA and TBpeople
- Celebrities, journalists, private sector and other “non-traditional suspects” engaged
- Excellent collaboration, support and engagement of TB affected community, CS activists, NTPs&MOH, the Global Fund GRG, TB, regional and country teams, USAID DC/Country Offices & Backstops, IFRC&National RC, WHO GTB/Regional&Country offices, French 5PC initiative and many others

STP contributed to stronger and capable to deliver CSOs and TB community networks
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Stop TB Partnership
CRG Transformative Kit

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 and social accountability

Source: The Social Role of Communities: Strengthening Responses to HIV, Tuberculosis and Malaria. The Global Fund, 2018
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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
## Stop TB Partnership CRG Transformative Kit

### End TB through Community-led, People-centered, Rights-based and Gender Transformative Approaches

<table>
<thead>
<tr>
<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></td>
</tr>
<tr>
<td>Legal environment, gender, data for KP &amp; stigma assessments</td>
<td>Nairobi Strategy implementation and monitoring</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td></td>
</tr>
<tr>
<td>Train multi-stakeholder teams; Conduct legal, gender, KP, stigma assessments and develop costed operational plans; Provide ongoing technical assistance and support</td>
<td>Provide ongoing technical support; Train trainers and capacity building; Workshop ideas, advocacy and promotion; Multi-stakeholder engagement</td>
</tr>
<tr>
<td><strong>Mechanism</strong></td>
<td></td>
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<tr>
<td><strong>Challenge Facility for Civil Society</strong></td>
<td>No one is left behind</td>
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National policies and strategies 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.
The **STB CRG Transformative kit unpacked**: the unique approach
Stop TB Partnership cornerstones

- Challenge Facility for Civil Society Mechanism
- Direct support of grass root organizations
- Promote ownership of TB affected communities
- Access large pool of south-based CRG experts
- Maintain coordination role
- Build partnerships at country, regional and global levels
Addressing Barriers

REALITY

EQUALITY

EQUITY

LIBERATION
Focus on **TB** key populations
- know your epidemics for a people centered approach to **End TB**

<table>
<thead>
<tr>
<th>People who have increased exposure to TB due to where they live or work</th>
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<tbody>
<tr>
<td>Prisoners, sex workers, miners, hospital visitors, health care workers and community health workers</td>
</tr>
<tr>
<td>PEOPLE WHO:</td>
</tr>
<tr>
<td>✦ live in urban slums</td>
</tr>
<tr>
<td>✦ live in poorly ventilated or dusty conditions</td>
</tr>
<tr>
<td>✦ are contacts of TB patients, including children</td>
</tr>
<tr>
<td>✦ work in environments that are overcrowded</td>
</tr>
<tr>
<td>✦ work in hospitals or are health care professionals</td>
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<th>People who have limited access to quality TB services</th>
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<tr>
<td>Migrant workers, women in settings with gender disparity, children, refugees or internally displaced people, illegal miners, and undocumented migrants</td>
</tr>
<tr>
<td>PEOPLE WHO:</td>
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<tr>
<td>✦ are from tribal populations or indigenous groups</td>
</tr>
<tr>
<td>✦ are homeless</td>
</tr>
<tr>
<td>✦ live in hard-to-reach areas</td>
</tr>
<tr>
<td>✦ live in homes for the elderly</td>
</tr>
<tr>
<td>✦ have mental or physical disabilities</td>
</tr>
<tr>
<td>✦ face legal barriers to access care</td>
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<tr>
<td>✦ are lesbian, gay, bisexual or transgender</td>
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<th>People at increased risk of TB because of biological or behavioural factors that compromise immune function</th>
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<td>PEOPLE WHO:</td>
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<td>✦ live with HIV</td>
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<tr>
<td>✦ have diabetes or silicosis</td>
</tr>
<tr>
<td>✦ undergo immunosuppressive therapy</td>
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<tr>
<td>✦ are undernourished</td>
</tr>
<tr>
<td>✦ use tobacco</td>
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<tr>
<td>✦ suffer from alcohol-use disorders</td>
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<td>✦ inject drugs</td>
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Stop TB Partnership Tools

Legal Environment Assessments for Tuberculosis
An Operational Guide

July 2017

Gender assessment tool for national HIV and TB responses
Towards gender-transformative HIV and TB responses

Stop TB Partnership
UNAIDS
Stop TB Partnership changes mindset reflecting CRG priorities

**Expected impact and outcomes**

- No one is left behind – the national policies, laws and strategies respond to CRG principles: community-led, people-centered, rights-based and gender-transformative responses to 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 community and CSOs are engaged, capacitated and mobilized for full TB response;
- Regional and global TB platforms are engaged in global dialog to End TB;
- Cross-sectoral collaboration fully functional and deliver
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The needs and demand are big

Challenge Facility for Civil Society Round 7 (44 countries)

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No. Eligible Proposals: 258
No. funded: 10

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Prospects

Following 29th Board meeting discussions in Berlin, Stop TB Partnership works with donors to ensure fully funded Challenge Facility for Civil Society:
- to further support countries' grass-root organizations and TB affected community, and
- increase demand for community-led, people-centered, rights-based and gender-transformative approaches in TB.
Thank you