2020

Assessing Barriers to TB Services

INVESTMENT PACKAGE

COMMUNITY, RIGHTS & GENDER

WORKING DOCUMENT

Stop TB Partnership

hosted by
UNOPS

Contents

About

TB is deeply rooted in poverty and low socioeconomic status as well as legal, structural and social barriers which prevent universal access to quality TB prevention, diagnosis, treatment, care and support. These barriers can increase a person's vulnerability to TB or reduce their access to services to prevent, diagnose and treat TB. Consequently, these barriers impact TB affected peoples' ability to realize their right to health.

Moreover, the right to health is dependent on, and contributes to, the realization of many other human rights. There are a wide range of factors and conditions which protect and promote the right to health beyond health services, goods and facilities, such as where people live, the state of their environment, genetics, income and education level, gender, and relationships with family and communities – all of which have considerable impacts on TB risk and treatment outcomes. In the End TB Strategy[1], these factors are commonly referred to as "The Social determinants of health" while the Committee on Economic, Social and Cultural Rights calls these "the underlying determinants of health"[2].

Like other human rights, the right to health entitles all people to free, active and meaningful participation in the decisions that affect them and contribute to economic, social, cultural and political development. TB affected individuals and their communities are central to health policy development, implementation, monitoring and evaluation and should be an active participant and beneficiary of the right to health. This means that TB related policies and programmes must be centred on TB affected individuals and their communities and aimed at good TB prevention and treatment outcomes and the constant improvement of their well-being.

It also requires non-discrimination and equitable access to quality TB services for all. A TB response (laws, policies, programmes, organizational practices or training modules) that recognizes and addresses the vulnerabilities and challenges that are faced by key populations in terms of accessing quality TB healthcare services is also essential for achieving the right to health for all. Additionally, the TB response must recognize the different gender actors (women, men, LGBTI individuals) within a society, and that these actors are constrained in different and often unequal ways. The response must also incorporate a tailored approach to respond to the different risks, needs and barriers to services based on gender, and within the context of TB programming must actively examine, question, and change rigid gender norms and imbalances of power. By transforming harmful, inequitable gender norms and values into positive ones, we improve the rights and health of all affected by TB. Focusing on rights and gender inequalities also positions TB within the larger development agenda.

The right to health is both an individual and a collective right. In the context of TB, TB affected individuals and their communities are the rights holders. States, as duty bearers, have the primary responsibility for respecting, protecting and fulfilling the right to health, including for creating national and international conditions favourable to the realization of the right to health. This means that UN member states have the primary responsibility for providing an enabling environment for equitable access to TB services, both locally and globally. States also have the duty to formulate appropriate national health and social policies and evidence-based programmes that aim at reaching universal access to high-quality TB care, prevention and support services. The obligation to protect implies that

[1] The End TB Strategy, World Health Organization [Available from: https://www.who.int/tb/strategy/End_TB_Strategy.pdf]

[2] Office of the United Nations High Commissioner for Human Rights, Fact Sheet No. 31, The right to Health https://www.ohchr.org/Documents/Publications/Factsheet31.pdf

the State should protect individuals and groups against violations of their human rights by third parties. The responsibility for meaningful participation of TB affected individuals and their communities, and the provision of equitable, quality, gender sensitive and responsive TB services must be shared by all relevant actors and organs of society, including the private sector and civil society.

Scope and Objectives

The TB Community, Rights and Gender (CRG) Assessment aims to establish recommendations to overcome the barriers to accessing TB services, and at the same time enhancing country-level knowledge on the relationship between the right to health and TB responses as well as the significance of the right to health in the context of the End TB 2030 Agenda, Sustainable Development Goal 3.3 and related processes and declarations. The findings and recommendations of the assessment are at all levels and are based on available information, opinions and perspectives from representatives from all TB actors including TB affected individuals.

Objectives of the CRG Assessment:

1. To review the policy and legal framework for TB response, based on international regional and sub-regional conventions, frameworks and guidelines
2. To inclusively determine data and information gaps and which key population sub-groups should be considered as "key, vulnerable underserved populations" in the TB response
3. To understand perceived TB-related stigma and its manifestations
4. To assess ways in which gender impacts the vulnerability to TB infection, access to TB services and treatment outcomes
5. To develop recommendations to overcome human rights, gender and key population related barriers for improving the TB response
6. To develop a costed national action plan and an accountability framework for implementation of the CRG assessment recommendations

Areas of Intervention

1. Technical assistance to roll out the CRG assessment tools in TB priority countries

2. Technical assistance to countries to elaborate the CRG recommendations into actions that need to be taken, prioritizing interventions that are likely to have greater effectiveness and higher impact

3. Technical assistance to develop costed action plans and use the costed plan to allocate or reallocate available resources or mobilize new resources

4. Technical assistance in realigning countries' National Strategic Plans (NSP) and Global Fund applications to be human rights and gender responsive as well as aligned to the Sustainable Development Goals (SDGs) and the The UN High Level Meeting on Tuberculosis (TB) Political Declaration[3] targets through inclusive stakeholder consultations and collaboration

5. Provide small grants through the Stop TB Partnership's Challenge Facility for Civil Society mechanism to countries to overcome CRG barriers to the TB response through implementation of the priority interventions identified during the assessment

---

[3] Political Declaration of the high-level meeting of the General Assembly of the fight against tuberculosis [Available from: https://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/3]

The Process

The CRG Assessment tools have been rolled out in 13 countries and focus on affected communities as experts and human rights advocates, with additional expertise from independent, locally recruited consultants and a group of gender, data and legal experts from respective ministries. The National TB Programme (NTP) and its strategic partners provide strategic guidance from the onset. The following are the steps required to conduct the CRG Assessment. Each step is very important in order to achieve a specific purpose in support of the assessment. The processes are:

1. **Inception planning**
   a. Securing high-level commitment
   b. Establishing a functional core group
   c. Formulation of expertise working streams
2. **Adaptation of the Integrated CRG tool**
   a. Desk review
   b. Multi-stakeholder Inception meeting 1 - Project introduction and group input
   c. Developing an ethics protocol
3. **Implementation of the CRG Assessment**
   a. Protocol Ethical approvals and prioritization of Key populations for assessment
   b. Conducting primary data collection (
   c. Data analysis
   d. Draft findings and recommendations
   e. Analysis and interpretation of the findings
   f. Multi-stakeholder Validation meeting 2 – (Review findings and recommendations)
   g. Collating the full draft report
   h. Finalising the report and disseminating the report.

The design for this CRG Assessment is cross sectional and exploratory. The assessment utilizes qualitative and quantitative data collection methods in order to collate the baseline information for the assessment:

- Secondary data collection shall mainly utilize a desk review approach. This shall be complemented by a participatory approach in the form of a multi stakeholder meeting to inform the prioritization for key populations and finalization of the draft protocol respectively.
- Primary Data will be collected using several techniques (e.g. open-ended questions, individual interviews or key in-depth interviews, focus group discussion or through observations) during field work.

The conceptual framework for the assessment is the `theory for change' in relation to human rights related barriers to the TB response and is a schematic model that attempts to explain and predict health, human rights, and gender-based outcomes through the attitudes and beliefs of individuals, communities, and key affected populations. The linking factors to be addressed were developed by the Stop TB Partnership's Human Rights Task Force. They provide impact pathways at which interventions can be targeted among communities, women, girls and key populations that are

vulnerable. Of special relevance to this theory is that the model can respond to setting out major human rights concerns, with particular attention on identifying and addressing equity, gender, and empowerment issues relative to human rights as reflected in Figure 1.
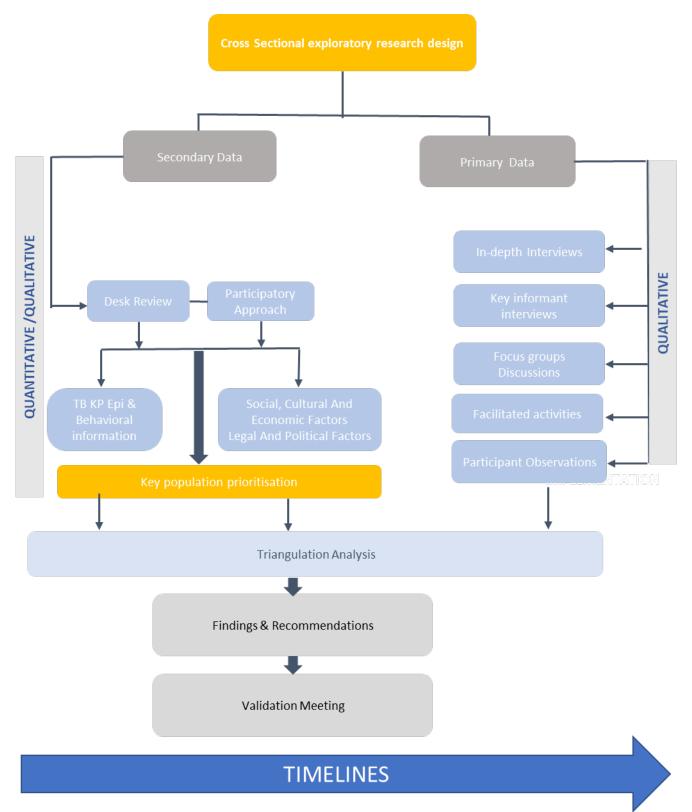

Figure 1: Flowchart for CRG Assessment design

Expected Results

Implementation of the CRG Assessment tools leads to the following:

- Enhanced country-level knowledge on the relationship between the right to health and TB responses and the significance of the right to health in the context of the End TB 2030 Agenda, Sustainable Development Goal 3.3 and related processes and declarations

- Weak and problematic national laws, policies and strategies impacting TB Response are identified and documented

- National key, vulnerable, and underserved populations in the TB Response are identified, described, prioritized and documented

- Associations, causes, and sources of TB stigma are established and documented

- How gender disparities impact people affected by TB is established and documented

Countries achieve consensus and begin implementing the following:

- Targeted actions to ensure that TB responses are community driven, people-centred, rights-based and gender transformative to end TB are establish and costed
- Development of NSPs and GF concept notes based on these findings
- Using available resources for implementation of the action plan

On the global scale:

- Global financers (Global Fund, USAID, and others) use the action plan to making evidence-based funding decisions

At the national level:

- Partners take on litigation that addresses the gaps in practices
- Governments are held accountable based on these assessments as well as the targets put forth in the UNHLM on TB Political Declaration

Resources Needed

1. Lead Civil Society Organisation (CSO), expert consultants in gender, human rights and key populations
2. The cost of each assessment estimated at about 40,000 USD
3. The intervention takes 3 to 12 months
4. Action planning associated costs are around 25,000 USD in addition to:
   a. Costing consultant
   b. Strategic planner
   c. Meeting costs
5. Follow up may require additional grants to civil partners

Global Fund Support

The Global Fund to Fight AIDS, Tuberculosis and Malaria (TGF) is the most important source of external funding for TB and it is increasingly supporting Community, Rights and Gender (CRG) work related to TB prevention and care. The Stop TB Partnership strongly encourages countries to include CRG priorities in their applications (Funding Requests) to TGF. It is highly recommended that, prior to applying to TGF, countries properly reflect these priorities in the National TB Strategic Plans (NSPs).

Currently, TGF is receiving applications for the new allocation cycle 2020-2022, where the majority of grants will be implemented between 2021 and 2023. The application modalities and materials are available on https://www.theglobalfund.org/en/funding-model/applying/materials/

Under the TB component there is a special Module where most CRG interventions should be included (table below).

Model interventions for TGF TB Module 'Removing human rights and gender related barriers to TB services'

Intervention	Scope and description of intervention package
Stigma and discrimination reduction	Activities to reduce stigma towards people with TB: • Situational analysis and assessments, for example, Stop TB-CRG assessment, and TB Stigma Assessment • Media and edutainment activities on TB and stigma such as integration of non-stigmatizing language into TB communication materials, radio shows • Engagement with religious and community leaders and celebrities • Peer mobilization and support developed for and by people with TB and affected communities aimed at promoting wellbeing and human rights
Human rights, medical ethics and legal literacy	For communities affected by diseases, key populations and CSOs: • Peer outreach on human rights and legal literacy in the context of TB • Development of communication materials on TB patient rights • "Know-your rights" programs For (community) health care workers: • Medical ethics and human rights specialized TB training
Legal aid and services	Activities related to legal aid and services, including but not limited to: • Establishment of peer para-legal activities, for example, street lawyers, Hotlines • Legal aid, legal support through pro bono lawyers, human rights organizations to increase access to justice • Engagement with community and religious leaders for dispute resolution based on human rights and gender equity
Reform of laws and policies	It includes activities related to legal reforms including, but not limited to: • Engagement with parliamentarians, Ministry of Justice, Interior, Corrections, religious and community leaders, among others, for advocacy and sensitization • Training of parliamentarians on human rights and the role of protective legal frameworks in the TB response • Legal audit, legal environment assessment • Community mobilization and community-led advocacy and monitoring support • Monitoring of laws and policies, including compliance
Community mobilization and advocacy	Activities related to community mobilization and advocacy: • Community-led outreach campaigns to address harmful gender norms and stereotypes and other human rights-related barriers • Community-based monitoring of service delivery quality, including stigma, discrimination, confidentiality and privacy and informed consent • Patient group mobilization and building capacity/supporting community-led advocacy efforts

*It should be noted that gender sensitivity, responsiveness, transformation and key population programming are cross cutting issues in governance, design, implementation and monitoring of the above models of interventions. Investments to address the epidemic among key populations and gender inequality should be central to these efforts[4]. Ending TB requires implementation of locally relevant, evidence-based interventions to address the special issues of both genders (including pregnancy among women) and all ages to maximize effective access to the spectrum of essential services. Furthermore, Investments to ensure key and vulnerable population-specific data collection and use, with partnerships and community-led services while expanding the integration and options for key populations within the health system is required.

Examples of CRG-related indicators in TGF's Modular Framework are given below:

CRG-related indicators in the list of Core Indicators for TB components

Type of indicator	Indicator	Disaggregation catetories
Outcome	Percentage of people diagnosed with TB who experienced self-stigma that inhibited them from seeking and accessing TB services	Gender (female, male)
Outcome	Percentage of people diagnosed with TB who report stigma in health care settings that inhibited them from seeking and accessing TB services	Gender (female, male)
Outcome	Percentage of people diagnosed with TB who report stigma in community settings that inhibited them from seeking and accessing TB services	Gender (female, male)
Coverage	Number of TB cases (all forms) notified among prisoners	
Coverage	Number of TB cases (all forms) notified among key affected populations/ high risk groups (other than prisoners)	Target / Risk population group (Migrants/ refugees/ IDPs, Other population group)
Coverage	Number of notified TB cases (all forms) contributed by non-national TB program providers – private/non-governmental facilities	
Coverage	Number of notified TB cases (all forms) contributed by non-national TB program providers – public sector	
Coverage	Number of notified TB cases (all forms) contributed by non-national TB program providers – community referrals	

The Global Fund offers a variety of resources to help applicants prepare their funding requests. Materials for the 2020-2022 period are available on this page: https://www.theglobalfund.org/en/funding-model/applying/resources/

Key CRG-related information materials the applicants may find useful when preparing the Funding Requests are listed below.

Information Notes
Tuberculosis Information Note: download in English | Español | Français

Building Resilient and Sustainable Systems for Health through Global Fund Investments Information Note: download in English | Español | Français

---

[4] https://www.theglobalfund.org/en/key-populations/

Frequently Asked Questions
2020-2022 Funding Cycle Frequently Asked Questions: download in English | Español | Français

Technical Briefs
Assessment and Best Practices of Joint TB and HIV Applications: download in English

Community Systems Strengthening Technical Brief: download in English| Español | Français

Gender Equity Technical Brief: download in English | Español | Français | Русский

Human Rights and Gender Programming in Challenging Operating Environments Guidance Brief: download in English | Español | Français

Programming at Scale with Sex Workers, Men who have Sex with Men, Transgender People, People who Inject Drugs, and People in Prison and Other Closed Settings: download in English | Español | Français

Tuberculosis, Gender and Human Rights Technical Brief: download in English | Español | Français | Português | Русский

Case Study - *How We Engage: Stories of Effective Community Engagement on AIDS, Tuberculosis and Malaria***:** download in English | Español | Français

Community, Rights & Gender Technical Assistance
https://www.theglobalfund.org/en/funding-model/throughout-the-cycle/community-rights-gender-technical-assistance-program/

The CRG Technical Assistance Program is a Global Fund Board-approved strategic initiative. The initiative aims to ensure that all people who are affected by the three diseases can play a meaningful role in TGF processes and ensures that grants reflect their needs. This programme provides support to civil society and community organizations to meaningfully engage in the Global Fund model, including during:

- Country dialogue
- Funding request development
- Grant-making
- Grant implementation

Under this programme, national civil society and community organizations can apply for technical assistance in a range of areas, such as:

- Situational analysis and planning
- Participation in country dialogue
- Program design
- Oversight and monitoring of grant implementation
- Engagement in sustainability and transition strategy development

Some examples of technical assistance requests include:

- Support to design, plan and implement a consultation process to identify key population priorities for HIV funding request development

- Designing and budgeting for community systems strengthening programmes as part of the grant-making process
- Facilitating a funding request review among youth organizations to identify gaps and propose appropriate interventions for inclusion
- Proactive, peer-led community engagement support to civil society and community in sustainability and transition planning

Technical assistance is provided by nongovernmental organizations – including key population networks, universities and civil society organizations – that were selected through an open tender process for their demonstrated skills and capacities on CRG competencies.

CRG Technical Assistance Program Providers List: download in English

The program currently does not support:

- Strengthening Country Coordinating Mechanisms
- Long-term capacity building of civil society organizations
- Funding request writing

Organizations can request CRG technical assistance at any time throughout the funding cycle. The following resources are available to learn more about CRG technical assistance:

CRG Technical Assistance Program Frequently Asked Questions
download in عربي | English | Español | Français | Português | Русский

CRG Technical Assistance Program Request Form
download in عربي | English | Español | Français | Português | Русский

Annex

- Gender Assessment tool
  - Available from
    http://www.stoptb.org/assets/documents/resources/publications/acsm/Gender_Assessment_Tool_TB_HIV_UNAIDS_FINAL_2016%20ENG.pdf
- Legal Environment Assessment tool
  - Available from
    http://www.stoptb.org/assets/documents/communities/StopTB_TB%20LEA%20DRAFT_FINAL_Sept%2027.pdf
- Data for Action for TB key, vulnerable and underserved populations tool
  - Available from
    http://www.stoptb.org/assets/documents/communities/Data%20for%20Action%20for%20Tuberculosis%20Key,%20Vulnerable%20and%20Underserved%20Populations%20Sept%202017.pdf