



TUBERCULOSIS

**LEGAL ENVIRONMENT
AND HUMAN RIGHTS
SCORECARD**

Stop  Partnership

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 **END
TB**



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Abbreviations

AAAQ	availability, accessibility, acceptability and quality
BCG	bacilli Calmette-Guérin (the only available TB vaccine)
CCM	(Global Fund) Country Coordinating Mechanism
CLM	community-led monitoring
CRG	community, rights and gender
CSO	civil-society organization
CSS	community systems strengthening
KELIN	the Kenyan Legal & Ethics Issues Network on HIV and AIDS
KVP	key and vulnerable populations
MoH	Ministry of Health
NSP	National Strategic Plan
NTP	National TB Programme
PATB	people affected by TB
STP	Stop TB Partnership
TB	tuberculosis
WHO	World Health Organization



Defining and understanding TB community, rights & gender

AVAILABILITY, ACCESSIBILITY, ACCEPTABILITY AND QUALITY (AAAQ)

AAAQ is a hands-on approach to economic, social and cultural rights, such as the right to health.

COMMUNITY-LED MONITORING (CLM)

CLM is a system that increases accountability for health and social programmes. It involves people who have the most at stake – recipients of services – in monitoring access to and quality of services and working to co-create solutions that improve them. CLM is based on routine and systematic oversight of local and national health and social systems, and on consultations with community members to identify service gaps and areas for improvement and to inform advocacy campaigns and strategies.

COMMUNITY, RIGHTS & GENDER (CRG)

TB CRG relates to the meaningful engagement of TB-affected communities in the TB response; the overcoming of social, policy and legal barriers to TB services; and the application and promotion of human rights and gender approaches in planning, implementation, monitoring, evaluation and governance of TB programmes.

COMMUNITY SYSTEMS STRENGTHENING (CSS)

CSS are interventions that support the development and reinforcement of informed, capable, coordinated and sustainable structures, mechanisms, processes and actors through which community members, organizations and groups interact, coordinate and deliver their responses to the challenges and needs affecting their communities. Community systems strengthening is increasingly recognized in international commitments and normative guidelines. However, in some countries, interventions to strengthen community systems remain insufficiently acknowledged, prioritized, funded or integrated into national and disease-specific plans and budgets.



WORDS MATTER LANGUAGE GUIDE

For further guidance on TB-related terminology please consult Stop TB's *Words Matter Language Guide*.

→ <https://www.stoptb.org/words-matter-language-guide>

GENDER-SENSITIVE APPROACH

It is an approach that includes laws, policies, programmes or training modules that recognize that there are different gendered actors (women, men, girls, boys, transgender and gender-diverse individuals) within a society, that these individuals are constrained in different and often unequal ways and may therefore have differing and sometimes conflicting perceptions, needs, interests and priorities.

GOOD GOVERNANCE

It is the process whereby public institutions conduct public affairs, manage public resources and guarantee the realization of human rights in a manner essentially free of abuse and corruption, and with due regard for the rule of law. For TB programmes principles of transparency, inclusiveness, legal framework, process efficiency and effectiveness are central.

HUMAN RIGHTS-BASED APPROACH

It is an approach to TB that entails promoting and protecting the rights of people affected by TB, including the rights to life, health, non-discrimination, privacy, informed consent, housing, nutrition and water. The approach focuses on identifying, mitigating and overcoming human rights- and gender-related barriers to TB services.

The right-to-health framework has been adapted to TB to include accessibility, availability, acceptability and quality; stigma and discrimination; freedoms (e.g. to privacy and confidentiality); key and vulnerable populations; gender; participation; and legal remedies. It articulates the domestic and international legal obligations of governments and non-state actors to ensure that quality testing and treatment for TB are available and accessible without discrimination.

KEY AND VULNERABLE POPULATIONS (TB KVP)

It is a subpopulations that are more prone to TB either due to environmental (overcrowding, poor ventilation), biological (immunological suppression, poor nutrition) or behavioural risks (directly through airborne transmission, or indirectly through behaviour that increases the risk of non-TB diseases that suppress immunity), or because of legal, human rights, gender or other social barriers in accessing public health services.

TB KVP need to be defined in each country context but can include prisoners; people living with HIV; migrants, internally displaced people and refugees; people who use drugs; health-care workers; children; people with diabetes; urban poor and people living in slums; the elderly; miners and people with silicosis; and those who work with or live near animals, amongst others.

MEANINGFUL ENGAGEMENT

Meaningful community engagement is the process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impacts and outcomes! For community engagement to be meaningful, it must be financially supported and include mobilization and capacity building to ensure the inclusive, informed and coordinated participation of people with or who have survived TB, TB-affected people and TB key and vulnerable populations (TB KVP), and civil society. This meaningful engagement is not related just to service delivery. It should include participation in TB policy and programme prioritization, design, implementation, monitoring, review and evaluation. Community engagement also includes participation in advocacy, human rights, demand generation and social accountability for interventions that contribute to building community systems for health.

NATIONAL STRATEGIC PLAN (NSP)

An NSP for TB is a key document that guides national authorities and stakeholders on how to comprehensively address the TB epidemic through interventions within health and across other sectors.

NATIONAL TB PROGRAMME (NTP)

Usually residing within the national Ministry of Health, the NTP leads and coordinates the national TB response.

MINISTRY OF HEALTH (MOH)

The MoH is part of government which focuses on issues related to the general health of citizens.

PERSON AFFECTED BY TUBERCULOSIS

It refers to any person with tuberculosis disease or who has previously had tuberculosis disease, as well as their caregivers and immediate family members, and members of tuberculosis key and vulnerable populations.

SOCIAL JUSTICE

It is a central concept of equality and human rights that examines how these rights are manifested in the lives of individuals. It aims to redress inequities based on gender, race, religion, age, sexual orientation, economic status and other characteristics. Achieving social justice is critical in health care to ensure that all individuals can maintain their highest level of health and wellness.

READ MORE:

1. Community engagement: A health promotion guide for universal health coverage in the hands of the people
<https://www.who.int/publications/i/item/9789240010529>





Introduction

TB is treatable and curable but remains as a leading infectious-disease killer, resulting in the deaths of 4,400 people, including over 700 children, every day. TB also remains the biggest killer among people living with HIV.

The Stop TB Partnership (STP) *Global Plan to End TB 2023–2030*,² the World Health Organization’s *End TB Strategy*,³ the *Global Fund Strategy 2023–2028*⁴ and the Political Declaration from the 2018 United Nations High-Level Meeting on TB⁵ all emphasize the importance of promoting and protecting the human rights of people affected by TB, as well as of identifying, monitoring and overcoming the human rights- and gender-related barriers that prevail in national TB responses. These barriers inhibit national TB programmes from finding and treating the missing people with TB, and from ending TB by 2030.

The STP has supported national TB programmes, civil society and affected communities to identify, monitor, mitigate and overcome human rights- and gender-related barriers prevailing in the TB response. Chief among these efforts has been the

development and implementation of TB CRG tools including the TB CRG Assessment, TB Stigma Assessment and TB OneImpact Community-Led Monitoring Tools. Building on the latest peer-reviewed evidence and understanding of TB CRG and the right to health,⁶ this Legal Environment and Human Rights Scorecard aims to enhance visibility and multisectoral accountability regarding legal, policy and human rights barriers experienced by people affected by TB.

The right to health is enshrined in article 12 of the United Nations *International Covenant on Economic, Social and Cultural Rights*⁷ and its content is further developed in General Comment No. 14 of the United Nations Committee on Economic, Social and Cultural Rights.⁸ The right to health is also legally recognized in regional treaties and more than 135 national constitutions worldwide.

The right to health requires governments to take immediate actions and targeted steps over time to ensure that health goods, services and facilities are *available, accessible, acceptable and of good quality*. The right to health is an inclusive right, extending not only to timely and appropriate health care, but also to the underlying *determinants of health*. These include adequate supply of safe food, nutrition and housing; access to safe, potable water and adequate sanitation; healthy occupational and environmental conditions; and access to health-related education and information, including on sexual and reproductive health, and gender equality.

Realization of the right to health requires transparency, governance,⁹ accountability and public participation in all stages of prioritization, planning, implementation and monitoring of health programmes.

Meaningful participation and engagement between rights holders and duty bearers is key to realizing the human rights obligation to deliver health and social protection services to people affected by TB.

READ MORE:

2. The global plan to end TB 2023–2030
<https://omnibook.com/embedview/dc664b3a-14b4-4cc0-8042-ea-8f27e902a6/en#panel-z-62ac>
3. The end TB strategy
<https://www.who.int/teams/global-tuberculosis-programme/the-end-tb-strategy>
4. The Global Fund strategy (2023–2028)
<https://www.theglobalfund.org/en/strategy/>
5. Political declaration of the High-Level Meeting of the General Assembly on the fight against tuberculosis
<https://digitallibrary.un.org/record/1649568?ln=en>
6. Building the evidence for a rights-based, people-centered, gender-transformative tuberculosis response: An analysis of the Stop TB Partnership community, rights and gender tuberculosis assessment
<https://www.hhrjournal.org/2021/12/building-the-evidence-for-a-rights-based-people-centered-gender-transformative-tuberculosis-response-an-analysis-of-the-stop-tb-partnership-community-rights-and-gender-tuberculosis-assessment/>
7. International Covenant on Economic, Social and Cultural Rights
<https://www.refworld.org/docid/3ae6b36c0.html>
8. General Comment No. 14: The right to the highest attainable standard of health (Art. 12)
<https://www.refworld.org/pdfid/4538838d0.pdf>
9. <https://www.stoptb.org/resources/governance-of-tb-programs>



Target audience

Implementation of TB community, rights and gender (CRG) tools and processes relies on partnerships for its impact. It is important for people affected by TB to see themselves in a leadership role, in coordination of partners, information gathering and scoring that is created in the Scorecard assessment, and that the evidence derived is nationally owned. The National TB Programme (NTP) is therefore a primary target audience for the results of the Scorecard. Joining the NTP are people affected by TB, civil society partners in country as well as lawyers, legislators and judiciaries.

In addition to these primary target audiences, the results of this tool will also be useful for broader TB and health stakeholders, including public and private health-service providers, technical partners and donors, as well as academia and those working in health governance structures, including the Global Fund Country Coordinating Mechanism (CCM).

It is envisaged that, by routinely undertaking this exercise and through

stakeholder engagement with it, monitoring of human rights-related barriers in the TB response, follow up advocacy relating to the reform of legal and policy frameworks that underpin these, the TB legal, policy and human rights environment will be strengthened. In addition, this exercise will inform advocacy efforts at the country level, supporting people to access the TB prevention, diagnosis, treatment, care and support they need and countries to reach their targets and commitments to end TB.



Underlying principles

Several central principles underline the Scorecard's importance and the process by which it should be completed.

- 1 HUMAN RIGHTS-BASED**

A Scorecard process should be guided by human rights, equity, social justice and dignity. People affected by TB are often marginalized (and some TB KVP can be criminalized) and face disproportionate human rights violations and barriers. The protection and promotion of these rights is essential to finding the missing people with TB and securing successful treatment outcomes. Ensuring that human rights remain central throughout the Scorecard process can also contribute to sensitizing stakeholders and empowering people affected by TB.
- 2 NATIONAL OWNERSHIP**

The process and findings need to be locally validated and owned, meaning that the NTP must play a central role. Through national ownership, the findings can be used to strengthen or reform legislation, policy and TB National Strategic Plans to mitigate and overcome legal and policy barriers and to advance an equitable and inclusive TB response.
- 3 PEOPLE AFFECTED BY TB-LED**

In utilizing TB CRG tools it is critical that there is space for people affected by TB to engage, build capacity and be equal partners in the process.
- 4 EVIDENCE-BASED**

The Scorecard process and the conclusions that result should draw upon and document the best-available data and evidence, and be informed by objective research.
- 5 MULTISECTORAL**

The process and results of the Scorecard should be collected and disseminated with the participation of TB stakeholders and in the spirit of strengthening multisectoral accountability in TB.



Understanding the TB CRG Framework

The Framework underpinning the TB Legal Environment and Human Rights Scorecard is informed by the right to health and principles of TB governance. There are nine thematic areas of investigation and assessment:

1. **Availability, accessibility, acceptability and quality (AAAQ)**
2. **Non-discrimination and equal treatment**
3. **Health-related freedoms**
4. **Gender perspective**
5. **Key and vulnerable populations (KVP)**
6. **Participation**
7. **Remedies and accountability**
8. **Social protection**
9. **Governance**

The themes and sub-themes of this Scorecard translate these components of the right to health into indicators and benchmarks to assess whether national health programmes respect, protect and fulfil the rights of people affected by TB. In each country context, communities, civil society organizations (CSOs) and other partners will identify key actors involved in delivering on the right to health, document progress and gaps in laws and policies, and strategically advocate for enhancing an enabling legal and policy environment and rights-based TB response.

Policy analysis is also an important area of focus for the Scorecard. TB-affected communities, CSOs and other partners should reflect on their experiences and challenges, examine global best practice, review relevant literature, analyze existing laws and policies, and identify barriers to implementation and conflicts between laws and policies. This information will assist in understanding and defining the challenges for people affected by TB that need to be addressed through targeted laws and policies and related health programmes and interventions.



Implementation of the Scorecard

The implementation of the Scorecard requires the following nine steps. It is possible to completed steps 1-8 in three months. Step 9 is an ongoing activity. You can find more information on the steps and methodology for implementing the Scorecard at Annex 2.

- 1

REVIEW THE SCORECARD

Ensure that the lead CSO understand its purpose, process and expected outcomes. As part of this process, it would be good to develop a clear costed workplan and timeline. The lead CSO should consider establishing a Core Group to oversee this process – which may include a TB survivor, representative of the national program and a lawyer.
- 2

ENGAGE A LAWYER OR A LEGAL AID ORGANIZATION

It is a critical partner, as their expertise will impact the comprehensiveness and robustness of the Scorecard. The lawyer should have expertise in domestic law, particularly health and/or human rights with some understanding of government/administrative law and policy. The lead CSO should contract the lawyer, including for desk review, focus groups, scoring, documenting evidence sources and reviewing, to ensure legal oversight throughout the process.
- 3

BRIEF THE NTP AND STAKEHOLDERS

Brief the NTP and stakeholders on the Scorecard process, to secure their partnership in developing a comprehensive legal review, providing relevant documents or information and developing a longer-term commitment to strengthening the National Strategic Plan (NSP) in response to findings from the Scorecard process. This process should be led by the lead CSO together with Core Group members in an approach that mirrors that undertaken when implementing other TB CRG tools at country level.
- 4

CONDUCT A DESK REVIEW

Conduct a desk review of relevant laws, policies, guidelines, plans, strategies, academic texts, court decisions and commentaries for each of the relevant law, policy and human rights areas of assessment. The review should examine documents related to TB and health, but should not neglect other sources of information that may be incidental to these areas – e.g. information sources about key and vulnerable populations.

5 CONDUCT FOCUS GROUP/S

Lead CSO together with Core Group Members should conduct focus groups which should include people affected by TB, representatives from the NTP, lawyers and others engaged in relevant health law and policy, KVP and civil society, and any other relevant stakeholders. The lawyer should research further any themes or ideas that arise from the focus groups.

6 SCORING AND DOCUMENTATION

Guided by the matrix in Annex 1, the lawyer should undertake the scoring. As part of this process, they should record the data sources they utilize, identify any gaps and also note opportunities for changes in law and policy that could lead to higher scoring and document their rationales.

7 REVIEW SCORING

The lawyer’s draft should be reviewed by the lead CSO and Core Group members. Individuals should review and confirm the scoring, both for each assessment and for the Scorecard thematic areas, before collectively discussing and reaching agreement on the relevant scores. In addition, during the collective discussion of the lead CSO and Core Group, identification of three priority advocacy areas for law and policy reform should be identified.

8 VALIDATE AND DISSEMINATE

Validate and disseminate the Scorecard’s findings among partners involved in the process but also to wider TB, health and legal stakeholders. During the validation it would be valuable to confirm three priority areas for law and policy reform advocacy. Once disseminated, the Scorecard should be accessible online (and potentially in hard copy).

9 UNDERTAKE ADVOCACY

advocacy efforts to ensure maximum value from the Scorecard findings, and to prompt actions that will strengthen and/or reform the legal environment – at the minimum focusing on the three recommended and agreed law and policy reform advocacy areas.

ONE-PAGE SCORECARD

At the end of the process there should be a one-page scorecard (see annex 3) featuring the results of the scorecard process.



Roles and Responsibilities

The roles and responsibilities for the TB Legal Environment and Human Rights Scorecard mirrors those for the rest of the suite of TB CRG tools (i.e. TB CRG Assessment, TB Stigma Assessment). The Scorecard rollout is led by a CSO, in close partnership with the National TB Programme, and with the engagement of stakeholders.

LEAD CSO

Coordination of the Scorecard implementation process is through a TB civil society and/or TB survivor organization or network that has experience with TB CRG tools. The organization would identify a leading consultant, arrange briefings, engagement and coordination with the NTP and other stakeholders, facilitate focus groups with community members and stakeholder (including TB and legal partners), review the draft Scorecard and facilitate the validation workshop. The lead CSO will also need to help analyze feedback from the focus group discussions to inform the desk review and the legal consultant’s allocation of scoring. This aligns with the community-led principle.

CORE GROUP

Individuals who together with the lead CSO coordinate and implement the scorecard. This group could include a TB survivor, lawyer, and a representative from the TB program.

NATIONAL TB PROGRAMME

The NTP’s role is to provide strategic/ technical guidance and any requested data, expedite validation processes and commit to integrating the Scorecard findings into the NSP and related documents and/or processes. The NTP will also work closely with the leading civil society partner to facilitate an engaged and effective process, particularly the validation workshop. This aligns with the principle of national ownership.

LEGAL CONSULTANT

Accurate and effective implementation of the Scorecard relies on review and analysis of existing law and policy that directly and indirectly impact people affected by TB. A lawyer with expertise in health and human rights will be essential to this process. The lawyer will engage in the focus group discussions, conduct the desk review, undertake the scoring and present the findings during the validation workshop.



The Scorecard: Areas of Assessment

This section outlines each of the TB CRG thematic areas of investigation and specific considerations for assessment in each thematic area. The full Scoring Matrix – which gives further guidance on how to interpret and score each thematic area, and data sources to inform that scoring – can be found at Annex 1.

The implementation guide at Annex 2 provides more information on how to implement the Scorecard. The Scorecard template and design, in Annex 3, will be useful in summarizing and disseminating your results.

These three Annexes should be reviewed in detail in prior to undertaking the desk review, focus groups and scoring, as the guidance in this section focuses only on high-level information, while the Scoring Matrix points you to particular considerations in answering and scoring the questions and areas of enquiry.



THEME 1

Availability, accessibility, acceptability and quality (AAQ)

Theme 1 encompasses the right to:

1. Functioning public health and health-care facilities, goods and services, as well as programmes, that are available in sufficient quantity within the country.
2. Health facilities, goods, services and information that are physically and financially accessible to everyone without discrimination.
3. Health facilities, goods and services that are respectful of medical ethics and culturally appropriate – i.e. respectful of individuals, minority groups, TB KVP and communities, sensitive to gender and life cycle requirements, and designed to respect confidentiality.
4. Health facilities, goods and services that are scientifically and medically appropriate and of good quality.

1.1 AVAILABILITY ASSESSMENTS

Availability includes a sufficient quantity and adequacy of facilities, goods and services for people affected by TB.

1.1.1 This assessment seeks to determine whether TB goods and services, including vaccines, drugs and diagnostics are available throughout the country in sufficient quantity.

0 TB goods and services, such as vaccines, first- and second-line drugs or rapid, more accurate diagnostics, are often unavailable in parts of the country.

1 TB goods and services, such as vaccines or first- and second-line drugs, are available but in limited quantities or only in certain parts of in the country, such as wealthier or more populated urban areas.

2 TB goods and services, including vaccines, all first- and second-line drugs, and rapid, more accurate diagnostics, are available in sufficient quantity throughout the country, including in rural and remote areas.

1.1.2 This assessment seeks to determine whether laws and policies create an environment that promotes the availability of health facilities, goods and services for all people affected by TB within a country, including KVP.

0 Laws and policies do not guarantee the availability of health facilities, goods and services for all people affected by TB within the country.

1 Laws or policies provide only generalized guarantees, only guarantee the availability of certain kinds of health facilities, goods and services, or do not explicitly mention TB or people affected by TB.

2 Laws or policies explicitly guarantee availability of a full spectrum of health facilities, goods and services for all people affected by TB within the country, including for at least one or more KVP.

1.2 ACCESSIBILITY ASSESSMENTS

Accessibility (which includes physical, economic and information access) of health facilities, goods and services, on a non-discriminatory basis, for people affected by TB. Accessibility includes access to the most recent prevention, treatments and diagnostic tools, free from discrimination and without any barriers including those deriving from cost or location.

1.2.1 This assessment aims to understand whether TB goods and services are financially accessible in the country, including for the poor and other key and vulnerable populations.

0 TB goods and services, including vaccines, first- and second-line drugs and rapid, more accurate diagnostics, are expensive and only affordable to wealthy people.

1 TB goods and services, including vaccines, first- and second-line drugs and rapid, more accurate diagnostics, are moderately priced – but not free – and accessible to most people affected by TB, but not to the poor or other KVP.

2 TB goods and services, including vaccines, first- and second-line drugs and rapid, more accurate diagnostics, are provided free of charge to all people affected by TB.

1.2.2 This assessment aims to determine whether facilities are physically accessible and easy to locate and reach without significant transport expense, specifically for KVP.

0 TB health facilities, goods and services are physically inaccessible, difficult to locate and reach, or too costly to reach for communities affected by TB.

1 TB health facilities, goods and services are physically accessible and easy to locate and reach, without significant transport expenses, for most communities affected by TB, but not for the poor or other key and vulnerable populations.

2 TB health facilities, goods and services are physically accessible and easy to locate and reach, without significant transport expenses, for all communities affected by TB, including rural and remote, and key and vulnerable populations.

1.2.3 This assessment examines whether laws or policies (including that which derives from the Constitution) create an enabling environment for people affected by TB to access the full spectrum of TB health goods and services on a non-discriminatory basis.

0 There are no laws or policies that explicitly aim to ensure access to TB health facilities, goods and services, including vaccines, first- and second-line drugs and rapid, more accurate diagnostics.

1 Some laws or policies explicitly aim to ensure access to TB health facilities, goods and services, including vaccines, first- and second-line drugs and rapid, more accurate diagnostics, but they are too vague, not specific to TB or not fully implemented.

2 Laws or policies explicitly aim to ensure access to TB health facilities, goods and services, including vaccines, first- and second-line drugs and rapid, more accurate diagnostics, and they are fully implemented and enforced.

1.3 ACCEPTABILITY ASSESSMENTS

0 Acceptability requires that health facilities, goods and services are acceptable to people affected by TB. They must be culturally appropriate, sensitive to gender and life cycle requirements and respectful of medical ethics, including confidentiality.

1.3.1 This assessment seeks to examine whether TB health facilities, goods and services are offered in a manner that is appropriate and acceptable.

0 TB health facilities, goods and services are not culturally appropriate, sensitive to gender or life cycle requirements, or respectful of medical ethics, such as patient confidentiality.

1 Some TB health facilities, goods and services are culturally appropriate, sensitive to gender and life cycle requirements, and respectful of medical ethics, including patient confidentiality, but not for all people affected by TB, such as members of TB KVP.

2 TB health facilities, goods and services are culturally appropriate, sensitive to gender and life cycle requirements, and respectful of medical ethics, including patient confidentiality, for all people affected by TB, including members of TB KVP.

1.3.2 This assessment seeks to examine whether the legal and policy environment guarantees acceptability of TB health facilities, goods and services.

0 There are no laws or policies that explicitly aim to ensure TB health facilities, goods and services are culturally appropriate, sensitive to gender and life cycle requirements, and respectful of medical ethics, including patient confidentiality.

1 Some laws or policies explicitly aim to ensure TB health facilities, goods and services are culturally appropriate, sensitive to gender and life cycle requirements, and respectful of medical ethics, including patient confidentiality, but they are too vague, not specific to TB, or not fully implemented.

2 Laws or policies explicitly aim to ensure TB health facilities, goods and services are culturally appropriate, sensitive to gender and life cycle requirements, and respectful of medical ethics, including patient confidentiality, for all people affected by TB, including members of TB KVP, and they are fully implemented and enforced.

1.4 QUALITY ASSESSMENTS

○ **Quality requires that TB health facilities, goods and services are of good quality. They must be scientifically and medically appropriate and administered by skilled health workers.**

○ **1.4.1 This assessment seeks to examine whether TB health facilities, goods, and services are of good quality.**

0 ● TB health facilities, goods and services are not scientifically and medically appropriate and they are administered by unskilled health workers.

1 ● Some TB health facilities, goods and services are scientifically and medically appropriate and are administered by skilled health workers.

2 ● TB health facilities, goods and services are scientifically and medically appropriate and administered by skilled health workers.

○ **1.4.2 This assessment seeks to examine whether the legal and policy environment aims to ensure TB health facilities, goods and services are of good quality.**

0 ● There are no laws or policies that explicitly aim to ensure TB health facilities, goods and services are scientifically and medically appropriate and administered by skilled health workers.

1 ● Some laws or policies explicitly aim to ensure TB health facilities, goods and services are scientifically and medically appropriate and administered by skilled health workers, but they are too vague, not specific to TB or not fully implemented.

2 ● Laws or policies explicitly aim to ensure TB health facilities, goods and services are scientifically and medically appropriate and are administered by skilled health workers, and they are fully implemented and enforced.



Refer to Annex 1 for the Scoring Matrices that will help to inform your responses to each area of assessment.

THEME 2**Non-discrimination and equal treatment**

Theme 2 relates to the aspect of discrimination in access to health care and the underlying determinants of health.

All people have the right to be treated equally. This means that laws, policies and programmes should not be discriminatory, and that public authorities should not apply or enforce laws, policies and programmes in a discriminatory manner. In terms of health, international law prohibits “any discrimination in access to health care and underlying determinants of health, as well as to means and entitlements for their procurement, on the grounds of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status (including HIV/AIDS), sexual orientation and civil, political, social or other status, which has the intention or effect of nullifying or impairing the equal enjoyment or exercise of the right to health”¹⁰

2.1 NON-DISCRIMINATION AND EQUAL TREATMENT ASSESSMENT

○ **This assessment to determine law and policy protections for discrimination for people with TB.**

0 ● There is no prohibition of discrimination enshrined in law or policy that applies to people affected by TB.

1 ● There are only policy commitments to non-discrimination against people affected by TB, or non-specific legislative prohibitions of discrimination.

2 ● Legislation explicitly prohibits discrimination against people affected by TB in the public and private spheres, including but not limited to employment, health care, education, housing and access to social services and social protection.

READ MORE:

10. General Comment No. 14: The right to the highest attainable standard of health (Art. 12)
<https://www.refworld.org/pdfid/4538838d0.pdf>

THEME 3

Health-related freedoms

Theme 3 reflects freedoms encompassed by the right to health, including the rights to privacy, informed consent (i.e. freedom from non-consensual medical treatments or experiments), freedom from torture and other cruel, inhumane or degrading treatment or punishment, and freedoms of association, assembly and movement.

Sources of data: Review of relevant legislation, policies, plans, regulations and other orders.

3.1 HEALTH-RELATED FREEDOMS ASSESSMENT

This assessment seeks to determine extent to which health related freedoms, such as privacy and confidentiality, are protected in law and policy.

- 0 Laws do not guarantee health-related freedoms, including the rights to privacy, informed consent, and freedoms of association, assembly and movement for people affected by TB.
- 1 Laws generally guarantee health-related freedoms, including the rights to privacy, informed consent and freedoms of association, assembly and movement, but not specifically for people affected by TB.
- 2 Legislation guarantees health-related freedoms, including the rights to privacy, informed consent, and freedoms of association, assembly and movement, specifically for people affected by TB.



Refer to Annex 1 for the Scoring Matrices that will help to inform your responses to each area of assessment.

THEME 4

Gender perspective

Theme 4 encompasses the gender perspective dimension of the right to health framework that requires governments to “integrate a gender perspective in their health-related policies, planning, programmes and research”, including the disaggregation of health data according to gender.

Integrating a gender perspective in health-related policies, planning, programmes and research means analyzing the role of gender and sex in health, monitoring and addressing systemic and avoidable gender-based inequalities in health, and anchoring the gender perspective in law and policy.¹¹

4.1 GENDER PERSPECTIVE ASSESSMENT

This assessment seeks to understand whether a gender sensitive TB response is facilitated through law and policy.

- 0 There is neither a policy commitment nor legal provision integrating a gender perspective into health-related planning, programmes or research.
- 1 There is a policy commitment or legal provision integrating a gender perspective into health-related planning, programmes or research, but they do not specifically address TB or are not enforced for people with TB (based on policy or operational guidance).
- 2 There is a policy commitment or legal provision integrating a gender perspective into health-related planning, programmes or research that specifically addresses TB.

READ MORE:

11. General Comment No. 14: The right to the highest attainable standard of health (Art. 12)
<https://www.refworld.org/pdfid/4538838d0.pdf>

THEME 5

TB Key and vulnerable populations

Theme 5 comprises governments' obligation to pay particular attention to vulnerable or marginalized groups in the process and content of public health strategies and action plans, and to ensure health workers are trained to recognize and respond to the specific needs of these groups – including TB KVP.

5.1 TB KVP ASSESSMENT

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- 0** This assessment seeks to understand whether an inclusive and equitable TB response for TB KVP is facilitated through law and policy.
- 0** There is neither a policy commitment nor legal provision requiring the government to give particular attention to vulnerable or marginalized groups in health planning, programmes or research.
- 1** There is a policy commitment or legal provision requiring the government to give particular attention to TB KVP in health planning, programmes or research but they do not specifically address TB or are not enforced for people affected by TB based on policy or operational guidance.
- 2** There is a policy commitment or legal provision requiring the government to give particular attention to TB key and vulnerable populations in health planning, programmes or research. This commitment/provision specifically addresses TB, people affected by TB and TB KVP.

5.2 ASSESSMENT OF HEALTH WORKER APPROACH TO TB KVP

29

- 0** This assessment seeks to understand whether health-care workers are supported to advance an equitable and inclusive TB response through law and policy.
- 0** There are no requirements in law or policy mandating periodic training for health workers to help them understand and effectively respond to the specific needs of TB KVP.
- 1** There are requirements in law or policy mandating periodic training for health workers to help them understand and effectively respond to the specific needs of TB KVP, but these requirements are not fully implemented and enforced, or only some health workers receive such training.
- 2** Law or policy require periodic training for health workers to help them understand and effectively respond to the specific needs of TB KVP, and these requirements are fully implemented and enforced with ongoing periodic trainings.



Refer to Annex 1 for the Scoring Matrices that will help to inform your responses to each area of assessment.

THEME 6

Participation

Theme 6 represents inclusion and people’s right to participate in health-related decision-making at the community and national levels.

6.1 PARTICIPATION ASSESSMENT

This assessment seeks to understand how levels of engagement and participation of people affected by TB are fostered through laws and policies.

- 0 Groups and networks of people affected by TB are not accorded opportunities to participate in health-related decision-making at the community and national levels.
- 1 Groups and networks of people affected by TB are accorded only limited or tokenistic opportunities to participate in health-related decision-making at the community or national levels.
- 2 Groups and networks of people affected by TB are consistently accorded meaningful opportunities to participate in health-related decision-making at the community and national levels.



Refer to Annex 1 for the Scoring Matrices that will help to inform your responses to each area of assessment.

THEME 7

Remedies and Accountability

Theme 7 embodies the requirement for accountability by the State and effective remedies for health-related human rights violations, enabled by courts and non-judicial mechanisms at national and subnational levels.

7.1 REMEDIES AND ACCOUNTABILITY ASSESSMENT

This assessment seeks to understand how accountability is strengthened through law and policy.

- 0 Judicial or non-judicial mechanisms are either inaccessible to people affected by TB or incapable of adjudicating their health-related human rights claims at national or subnational levels.
- 1 Judicial or non-judicial mechanisms are either difficult to access for many people affected by TB or ineffective in adjudicating their health-related human rights claims at national or subnational levels.
- 2 Effective judicial and non-judicial mechanisms are accessible to people affected by TB and effective in adjudicating their health-related human rights claims at national and subnational levels.



Refer to Annex 1 for the Scoring Matrices that will help to inform your responses to each area of assessment.

THEME 8**Social Protection**

Theme 8 reflects the right to social protection as recognized in articles 9 and 10 of the International Covenant on Economic, Social and Cultural Rights, regional treaties and many national constitutions.

The right to social protection for people affected by TB is also highlighted in the *Declaration of the Rights of People Affected by Tuberculosis*, the *WHO End TB Strategy* and *STP Global Plan to End TB*.

8.1 SOCIAL PROTECTION ASSESSMENT

0 This assessment seeks to understand how social protections are supported and strengthened through laws and policies.

0 Social protection programmes including social insurance and social assistance, are not in place or they are inaccessible to people affected by TB.

1 Social protection programmes, including social insurance and social assistance, are in place but they are not fully implemented, they do not provide comprehensive support, or they are inaccessible to some people affected by TB, such as the poor or other TB key and vulnerable populations.

2 Comprehensive and effective social protection programmes, including social insurance and social assistance, are in place, fully implemented and accessible to people affected by TB, including the poor or other TB key and vulnerable populations.



Refer to Annex 1 for the Scoring Matrices that will help to inform your responses to each area of assessment.

THEME 9**Governance**

Theme 9 encompasses the quality of governance of TB programmes including transparency, information management, communications, and community and stakeholder engagement across all components of the TB response.

It can be informed by principles of transparency, inclusiveness, efficiency and effectiveness.

9.1 GOVERNANCE ASSESSMENT

0 This assessment seeks to understand the nature of governance practices guiding the TB response.

0 The NTP does not have a website, an electronic information management system or a structured mechanism for stakeholder engagement.

1 The NTP has a website, but it is rarely updated or not fully functional, and its electronic information management system and stakeholder engagement mechanisms are underdeveloped, ineffective or not fully implemented.

2 The NTP has a fully functional, up-to-date website, a robust electronic information management system, and an effective stakeholder engagement mechanism.



Refer to Annex 1 for the Scoring Matrices that will help to inform your responses to each area of assessment.



Scoring Matrix



THEME 1

Availability, accessibility, acceptability and quality (AAAQ)

1.1 AVAILABILITY ASSESSMENTS

1.1.1	0	1	2
<p>Sources:</p> <ul style="list-style-type: none"> CLM data on BCG availability National Vaccination guidelines /regulations MoH and NTP child BCG vaccination rates 	BCG vaccines are generally unavailable for children in parts of the country: BCG vaccines were unavailable in ≥50% of subnational jurisdictions the past year – i.e., states, provinces, etc.	BCG vaccines are available for children in some parts of the country, such as wealthier urban areas, but not others, such as rural or remote areas: vaccines were unavailable in >5% but <50% of subnational jurisdictions the past year – i.e., states, provinces, etc.	BCG vaccines are available for children in sufficient quantity: vaccines were available in ≥95% of subnational jurisdictions the past year – i.e. states, provinces, etc.
SCORE:			
1.1.1	0	1	2
<p>Sources:</p> <ul style="list-style-type: none"> MoH and NTP data on TB drug availability at health facilities CLM data on TB drug availability at health facilities Investigative journalism CRG country reports Monitoring missions and review reports Civil society and community group reports and data 	TB drug stock-outs are common in parts of the country: ≥5 were reported during the past year.	TB drug stock-outs occur but are not common: 1–4 were reported during the past year.	TB stock-outs do not occur: 0 were reported during the past year.
SCORE:			

1.1.1	0	1	2
<p>Sources:</p> <ul style="list-style-type: none"> Commercial drug registration and drug regulatory authority data NSP MoH and NTP TB drug procurement data 	Many newer TB drugs are unavailable in the country: ≥3 newer TB drugs were unavailable the past year – i.e. not registered for use, or registered but not yet procured.	All the newer TB drugs are available in the country: all newer TB drugs were registered for use and procured by the NTP the past year.	BCG vaccines are available for children in sufficient quantity: vaccines were available in ≥95% of subnational jurisdictions the past year – i.e. states, provinces, etc.
SCORE:			
1.1.1	0	1	2
<p>Sources:</p> <ul style="list-style-type: none"> CLM data on TB diagnostics availability at health facilities MoH and NTP data on TB diagnostics availability at health facilities 	Rapid, more accurate TB diagnostics are generally unavailable in parts of the country; rapid diagnostics were unavailable in ≥50% of subnational jurisdictions the past year – i.e. municipalities, cities, districts, etc.	Rapid, more accurate TB diagnostics are only available in some parts of the country, such as wealthier urban areas; rapid diagnostics were unavailable in >5% but <50% of subnational jurisdictions the past year – i.e. municipalities, cities, districts, etc.	Rapid, more accurate diagnostics are available throughout the country, including rural and remote areas: rapid diagnostics were available in ≥95% of subnational jurisdictions the past year – i.e. municipalities, cities, districts, etc.
SCORE:			
1.1.1 SCORE: (1.1.1 total score/4)			

1.1.2	0	1	2
Sources: <ul style="list-style-type: none"> The constitution and enacted legislation, including health and health-related laws CRG country reports 	There is no constitutional or statutory right to health.	There is a constitutional or statutory right to health, but it does not explicitly address availability of health facilities, goods or services.	There is a constitutional or statutory right to health that explicitly guarantees availability of health facilities, goods, or services.
SCORE:			
1.1.2	0	1	2
Sources: <ul style="list-style-type: none"> Enacted legislation, including health and health-related laws NSP CRG country reports 	Laws governing the TB response do not contain explicit language ensuring the availability of health facilities, goods, and services.	Laws governing the TB response (1) only contain general or vague language ensuring availability; (2) only ensure availability of certain kinds of health facilities, goods, or services; or (3) ensure availability but do not specifically mention TB or people affected by TB (PATB).	Laws governing the TB response contain explicit language ensuring availability of a full spectrum of health facilities, goods, and services and specifically mention TB or PATB and ≥1 key or vulnerable
SCORE:			
1.1.2	0	1	2
Sources: <ul style="list-style-type: none"> MoH and NTP policies, plans, regulations, and other orders, such as NSP CRG country reports 	MoH and NTP policies, plans, regulations and other orders do not contain explicit language ensuring the availability of health facilities, goods, and services for PATB.	MoH and NTP policies, plans, regulations, and other orders (1) only contain general or vague language ensuring availability; (2) only ensure availability of certain kinds of health facilities, goods or services; or (3) ensure availability but do not specifically mention TB or PATB.	MoH and NTP policies, plans, regulations or other orders contain explicit language ensuring availability of a full spectrum of health facilities, goods and services, specifically mentioning TB or PATB, including at least ≥1 key or vulnerable groups.
SCORE:			
1.1.2 SCORE: (1.1.2 total score/3)			

1.2 ACCESSIBILITY ASSESSMENTS

Examples of explicit ways to guarantee accessibility through law and policy include regulating the costs of TB vaccines, drugs, or diagnostic; waiving customs duties and VATs (value-added taxes) on the importation of TB vaccines, drugs, and diagnostics; requiring and enabling physical accessibility to clinics; prohibiting discrimination in access to health care; and addressing other kinds of structural barriers.

1.2.1	0	1	2
Sources: <ul style="list-style-type: none"> MoH and NTP policies, plans, regulations, and other orders NSP CLM data on the cost of TB goods and services CRG country reports Civil society and community group reports and data 	TB vaccines, drugs, or diagnostics, such as X-rays, rapid molecular diagnostics, and other tests, are not provided free of charge, and they are priced too high, according to PATB or other key stakeholders.	TB vaccines, drugs, and diagnostics, such as X-rays, rapid molecular diagnostics, and other tests, are not provided free of charge, but they are generally affordable for most PATB but not for the poor or other vulnerable or marginalized populations, according to PATB or other key stakeholders.	TB vaccines, drugs, and diagnostics, such as X-rays, rapid molecular diagnostics, and other tests, are provided free of charge for all PATB.
1.2.1 SCORE:			

1.2.2	0	1	2
<p>Sources:</p> <ul style="list-style-type: none"> MoH and NTP data on health facilities providing TB services NSP CLM data on physical accessibility of TB health facilities 	<p>TB health facilities are not well-distributed across the country and thus physically inaccessible to some communities: ≥20% of subnational jurisdictions lack TB health facilities – i.e. municipalities, cities, districts, etc.</p>	<p>TB health facilities are distributed across the country and physically accessible to most communities: >20% but <95% of subnational jurisdictions have TB health facilities – i.e. municipalities, cities, districts, etc.</p>	<p>TB health facilities are evenly distributed across the country and physically accessible to communities affected by TB: ≥95% of subnational jurisdictions have TB health facilities – i.e. municipalities, cities, districts, etc.</p>
SCORE:			
1.2.2	0	1	2
<p>Sources:</p> <ul style="list-style-type: none"> CLM data on physical accessibility of TB health facilities CRG country reports Civil society and community group reports and data 	<p>PATB or other key stakeholders report that many TB health facilities are difficult to locate or find, even if they are in or near communities affected by TB.</p>	<p>PATB or other key stakeholders report that TB health facilities are generally easy to locate and find for most but not all communities affected by TB.</p>	<p>PATB or other key stakeholders report that TB health facilities are very easy to locate and find for all communities affected by TB in the country.</p>
SCORE:			
1.2.2	0	1	2
<p>Sources:</p> <ul style="list-style-type: none"> CLM data on physical accessibility of TB health facilities CRG country reports Civil society and community group reports and data Catastrophic costs survey 	<p>PATB or other key stakeholders report that the cost of transport to reach TB health facilities is too high for many PATB to afford, even when the facilities are in or near communities affected by TB.</p>	<p>PATB or other key stakeholders report that transport to reach TB health facilities is affordable in most communities affected by TB, but too costly for the poor or other key and vulnerable populations.</p>	<p>PATB or other key stakeholders report that transport to reach TB health facilities is not a significant expense for communities affected by TB or transport subsidies are provided to PATB by the government.</p>
SCORE:			
1.2.2 SCORE: (1.2.2 total score/3)			

1.2.3	0	1	2
<p>Sources:</p> <ul style="list-style-type: none"> The constitution and enacted legislation, including health and health-related-laws CRG country reports 	<p>There is no constitutional or statutory right to health.</p>	<p>There is a constitutional or statutory right to health, but it does not explicitly address accessibility of health facilities, goods or services.</p>	<p>There is a constitutional or statutory right to health that explicitly guarantees accessibility of health facilities, goods or services.</p>
SCORE:			
1.2.3	0	1	2
<p>Sources:</p> <ul style="list-style-type: none"> Enacted legislation, including health and health-related laws CRG country reports 	<p>Laws governing the TB response do not contain provisions that explicitly aim to ensure the accessibility of TB health facilities, goods or services.</p>	<p>Laws governing the TB response (1) only contain general or vague language ensuring accessibility; (2) only ensure accessibility for certain kinds of health facilities, goods or services; or (3) ensure accessibility but do not specifically mention TB or PATB.</p>	<p>Laws governing the TB response contain provisions that explicitly aim to ensure the accessibility of TB health facilities, goods and services and they are fully implemented and enforced.</p>
SCORE:			
1.2.3	0	1	2
<p>Sources:</p> <ul style="list-style-type: none"> MoH and NTP policies, plans, regulations, and other orders NSP CRG country reports CLM data 	<p>MoH and NTP policies, plans, regulations and other orders do not contain provisions that explicitly aim to ensure the accessibility of TB health facilities, goods and services.</p>	<p>MoH and NTP policies, plans, regulations, or other orders (1) only contain general or vague language ensuring accessibility; (2) only ensure accessibility for certain kinds of health facilities, goods or services or (3) ensure accessibility but do not specifically mention TB or PATB.</p>	<p>MoH and NTP policies, plans, regulations or other orders contain provisions that explicitly aim to ensure the accessibility of TB health facilities, goods and services, and are fully implemented and enforced.</p>
SCORE:			
1.2.3 SCORE: (1.2.3 total score/3)			

1.3 ACCEPTABILITY ASSESSMENTS

Examples of explicit ways to ensure acceptability through law and policy include requiring periodic training for health workers on medical ethics and gender-sensitive and culturally- and age-appropriate health services; legal recognition of the rights to privacy and patient confidentiality; defining and mandating respectful, non-stigmatizing care; and addressing operational concerns, such as clinic hours, wait times, and overcrowding.

1.3.1	0	1	2
<p>Sources:</p> <ul style="list-style-type: none"> CLM data on TB services TB Stigma Assessment data CRG country reports Civil society and community group reports and data Monitoring Missions or review reports 	<p>PATB or other key stakeholders report frequent or systemic instances of (1) stigmatizing treatment, (2) lack of gender-sensitive care, or (3) lack of culturally- or age-appropriate care at TB health facilities.</p>	<p>PATB or other key stakeholders report isolated or infrequent instances of (1) stigmatizing treatment, (2) lack of gender-sensitive care, or (3) lack of culturally- or age-appropriate care at TB health facilities, particularly for members of TB key and vulnerable populations.</p>	<p>PATB or other key stakeholders report that TB health facilities consistently provide (1) respectful, non-stigmatizing treatment, (2) gender-sensitive care, and (3) culturally- and age-appropriate care, including for members of TB key and vulnerable populations.</p>
SCORE:			
1.3.1	0	1	2
<p>Sources:</p> <ul style="list-style-type: none"> CLM data on TB services TB Stigma Assessment data CRG country reports Civil society and community group reports and data Monitoring Missions and Programme Review reports 	<p>PATB or other key stakeholders report frequent or systemic instances of medical ethics violations in TB health services, such as (1) lack of respect for patient choice and autonomy, or (2) failure to respect the rights to privacy or confidentiality.</p>	<p>PATB or other key stakeholders report isolated or infrequent instances of medical ethics violations in TB health services, such as (1) lack of respect for patient choice and autonomy, or (2) failure to respect the rights to privacy or confidentiality, particularly for members of TB key and vulnerable populations.</p>	<p>PATB or other key stakeholders report that health workers in TB health facilities consistently uphold medical ethics, including respect for (1) patient choice and autonomy, and (2) the rights to privacy and confidentiality, including for members of TB key and vulnerable populations.</p>
SCORE:			
1.3.1 SCORE: (1.3.1 total score/2)			

1.3.2	0	1	2
<p>Sources:</p> <ul style="list-style-type: none"> The constitution and enacted legislation, including health and health-related laws CRG country reports 	<p>There is no constitutional or statutory right to health.</p>	<p>There is a constitutional or statutory right to health, but it does not explicitly address acceptability of health facilities, goods or services.</p>	<p>There is a constitutional or statutory right to health that explicitly guarantees acceptability of health facilities, goods or services.</p>
SCORE:			
1.3.2	0	1	2
<p>Sources:</p> <ul style="list-style-type: none"> Enacted legislation, including health and health-related laws CRG country reports 	<p>Laws governing the TB response do not contain provisions that explicitly aim to ensure the acceptability of TB health facilities, goods or services.</p>	<p>Laws governing the TB response (1) only contain general or vague language ensuring acceptability; (2) only ensure acceptability of certain kinds of health facilities, goods or services; or (3) ensure acceptability but do not specifically mention TB or PATB.</p>	<p>Laws governing the TB response contain provisions that explicitly aim to ensure the acceptability of TB health facilities, goods and services, and they are fully implemented and enforced.</p>
SCORE:			
1.3.2	0	1	2
<p>Sources:</p> <ul style="list-style-type: none"> MoH and NTP policies, plans, regulations, and other orders, such as TB National Strategic Plans CRG country reports 	<p>MoH and NTP policies, plans, regulations and other orders do not contain provisions that explicitly aim to ensure the acceptability of TB health facilities, goods and services.</p>	<p>Some MoH and NTP policies, plans, regulations, or other orders (1) only contain general or vague language ensuring acceptability; (2) only ensure acceptability of certain kinds of health facilities, goods or services; or (3) ensure acceptability but do not specifically mention TB or PATB.</p>	<p>MoH and NTP policies, plans, regulations or other orders contain provisions that explicitly aim to ensure the acceptability of TB health facilities, goods and services, and are fully implemented and enforced.</p>
SCORE:			
1.3.2 SCORE: (1.3.2 total score/3)			

1.4 QUALITY ASSESSMENTS

1.4.1	0	1	2
Sources: <ul style="list-style-type: none"> CLM data on TB diagnosis CRG country reports Civil society and community group reports and data Monitoring mission or programme review reports Academic studies or investigative journalism 	PATB or other key stakeholders report that PATB often experience misdiagnosis or delayed diagnosis.	PATB or other key stakeholders report limited instances of PATB experiencing misdiagnosis or delayed diagnosis.	PATB or other key stakeholders report that PATB do not experience misdiagnosis or delayed diagnosis.
SCORE:			
1.4.1	0	1	2
Sources: <ul style="list-style-type: none"> CLM data on TB treatment CRG country reports Civil society and community group reports and data Monitoring missions or programme review reports Academic publications 	PATB or other key stakeholders report that PATB often receive inappropriate treatments or drug regimens.	PATB or other key stakeholders report limited instances of PATB receiving inappropriate treatments or drug regimens.	PATB or other key stakeholders report that PATB do not receive inappropriate treatments or drug regimens.
SCORE:			

1.4.1	0	1	2
Sources: <ul style="list-style-type: none"> CLM data on TB health facilities and services CRG country reports Civil society and community group reports and data Monitoring missions or programme review reports 	PATB or other key stakeholders report that poor administration and operations at TB health facilities, such as limited and inconvenient clinic hours, long wait times for services or chronic overcrowding, are systemic problems in the country.	PATB or other key stakeholders report only infrequent instances of poor administration or operations at TB health facilities, such as limited and inconvenient clinic hours, long wait times for services or chronic overcrowding.	PATB or other key stakeholders report TB health facilities are effectively administered and operated in the country, with convenient clinic hours, short wait times for services, and no overcrowding.
SCORE:			
1.4.1	0	1	2
Sources: <ul style="list-style-type: none"> CLM data on health workers and TB services CRG country reports Monitoring missions and programme review reports Civil society and community group reports and data 	PATB or other key stakeholders report that many health workers lack knowledge about TB infection, disease, diagnosis or treatment, or are otherwise incapable of providing good-quality care to PATB.	PATB or other key stakeholders report that some but not many health workers lack knowledge about TB infection, disease, diagnosis or treatment or are otherwise incapable of providing good-quality care to PATB.	PATB or other key stakeholders report that most health workers are knowledgeable about TB infection, disease, diagnosis and treatment, and are able to provide good-quality care to PATB.
SCORE:			
1.4.1 SCORE: (1.4.1 total score/4)			

1.4.2	0	1	2
Sources: <ul style="list-style-type: none"> The constitution and enacted legislation, including health and health-related laws CRG country reports 	There is no constitutional or statutory right to health.	There is a constitutional or statutory right to health, but it does not explicitly address the quality of health facilities, goods, or services.	There is a constitutional or statutory right to health that explicitly guarantees good-quality health facilities, goods and services.
SCORE:			
1.4.2	0	1	2
Sources: <ul style="list-style-type: none"> Enacted legislation, including health and health-related laws NSP CRG country reports 	Laws governing the TB response do not contain provisions that explicitly aim to ensure good-quality TB health facilities, goods, or services.	Laws governing the TB response (1) only contain general or vague language ensuring quality; (2) only ensure the quality of certain kinds of health facilities, goods or services; or (3) ensure quality but do not specifically mention TB or PATB.	Laws governing the TB response contain provisions that explicitly aim to ensure good-quality TB health facilities, goods and services and they are fully implemented and enforced.
SCORE:			
1.4.2	0	1	2
Sources: <ul style="list-style-type: none"> MoH and NTP policies, plans, regulations, or other orders, NSP CRG country reports 	MoH and NTP policies, plans, regulations and other orders do not contain provisions that explicitly aim to ensure good-quality TB health facilities, goods and services.	Some MoH and NTP policies, plans, regulations or other orders (1) only contain general or vague language ensuring quality; (2) only ensure the quality of certain kinds of health facilities, goods or services; or (3) ensure quality but do not specifically mention TB or PATB.	MoH and NTP policies, plans, regulations, or other orders contain provisions that explicitly aim to ensure good-quality TB health facilities, goods and services, and are fully implemented and enforced.
SCORE:			
1.4.2 SCORE: (1.4.1 total score/3)			



Refer to Annex 2 for the Implementation Guide that will provides more information on how to implement the Scorecard.

THEME 2

Non-discrimination and equal treatment

2.1 NON-DISCRIMINATION AND EQUAL TREATMENT ASSESSMENT

2.1	0	1	2
Sources: <ul style="list-style-type: none"> The constitution and enacted legislation, including discrimination, health and health-related laws Executive branch (i.e. ministerial) policies, plans, regulations or other orders from the MoH, NTP or other ministries – e.g., labour, justice/corrections, education, indigenous/tribal populations, migration or social protection CRG country reports 	Neither the constitution, legislation, nor executive branch (i.e. ministerial) policies, plans, regulations or other orders contain a prohibition of discrimination that may be applied to protect people affected by TB.	The constitution or legislation prohibits discrimination generally or in specific areas, such as employment or health care, but does not specifically mention TB or PATB; or executive branch (i.e. ministerial) policies, plans, regulations or other orders explicitly prohibit discrimination of some kind against people affected by TB, such as in employment, health care or education.	Legislation contains an explicit prohibition of discrimination against people affected by TB, that specifically mentions TB or PATB and applies in the public and private spheres, including employment, health care, education, housing and access to social services and social protection.
2.1 SCORE:			



Refer to Annex 2 for the Implementation Guide that will provides more information on how to implement the Scorecard.

THEME 3

Health-related freedoms

3.1 HEALTH-RELATED FREEDOMS ASSESSMENT

3.1	0	1	2
<p>Sources:</p> <ul style="list-style-type: none"> The constitution and enacted legislation, including health and health-related laws MoH and NTP policies, plans, regulations, and other orders NSP CRG country reports Monitoring mission and program review reports 	Neither the constitution, legislation, nor MoH or NTP policies, plans, regulations or other orders recognize the rights to privacy, informed consent and freedoms of association, assembly or movement.	The constitution or legislation enshrines the rights to privacy, informed consent and freedoms of association, assembly and movement but does not specifically mention TB or PATB; or MoH or NTP policies, plans, regulations or other orders recognize the rights to privacy, informed consent, or freedoms of association, assembly and movement but not specifically for PATB.	The constitution or legislation enshrine the rights to privacy, informed consent and freedoms of association, assembly and movement, and specifically mention TB or PATB.
3.1 SCORE:			



Refer to Annex 2 for the Implementation Guide that will provides more information on how to implement the Scorecard.

THEME 4

Gender perspective

4.1 GENDER PERSPECTIVE ASSESSMENT

4.1	0	1	2
<p>Sources:</p> <ul style="list-style-type: none"> Enacted legislation, including gender, health and health-related laws MoH and NTP policies, plans, regulations, and other orders, such as NSP Monitoring mission and programme review reports CRG country reports 	Neither legislation nor MoH policies, plans, regulations or other orders contains an explicit commitment to integrating a gender perspective into health-related planning, programmes or research.	Legislation or MoH policies, plans, regulations or other orders contain an explicit commitment to integrating a gender perspective into health-related planning and/or programmes but they do not specifically mention TB.	Legislation or MoH or NTP policies, plans, regulations, or other orders contain an explicit commitment to integrating a gender perspective into health-related planning, programmes and research, and they specifically mention and apply to TB.
4.1 SCORE:			



Refer to Annex 2 for the Implementation Guide that will provides more information on how to implement the Scorecard.

THEME 5

TB Key and vulnerable populations

5.1 TB KVP ASSESSMENT

5.1	0	1	2
<p>Sources:</p> <ul style="list-style-type: none"> Enacted legislation, including health and health-related laws as well as KVPs themselves (prisoners, migrants, PLHIV, miners, factory workers, those in poverty, indigenous people, tribal populations, refugees, children, among others) MoH and NTP policies, plans, regulations, and other orders NSP Monitoring Mission and programme review reports CRG country reports 	<p>Neither legislation nor MoH or NTP policies, plans, regulations or other orders contain an explicit commitment to give particular attention to vulnerable or marginalized groups in health planning, programmes or research.</p>	<p>Legislation or MoH or NTP policies, plans, regulations or other orders contain an explicit commitment to give particular attention to vulnerable or marginalized groups in health planning, programmes or research but they do not specifically address TB or PATB.</p>	<p>Legislation or MoH or NTP policies, plans, regulations or other orders contain an explicit commitment to give particular attention to vulnerable or marginalized groups in health planning, programmes or research that specifically address TB, PATB and TB KVP.</p>
5.1 SCORE:			

5.2 ASSESSMENT OF HEALTH WORKER APPROACH TO TB KVP

5.2	0	1	2
<p>Sources:</p> <ul style="list-style-type: none"> Enacted legislation, including health and health-related laws and those relevant to specific KVPs MoH and NTP policies, plans, regulations, and other orders, such as TB NSP and TB guidelines Policies, plans and other order from other Ministries pertaining to specific KVPs Monitoring mission and programme review reports CRG country reports 	<p>Neither legislation nor MoH or NTP policies, plans, regulations or other orders require periodic training for health workers to understand and effectively respond to the specific needs of TB key and vulnerable populations.</p>	<p>Legislation or MoH or NTP policies, plans, regulations or other orders mandate periodic training for health workers to understand and effectively respond to the specific needs of TB KVP, but they are not fully implemented or enforced / only some health workers receive such training.</p>	<p>Legislation or MoH or NTP policies, plans, regulations or other orders mandate periodic training for health workers to understand and effectively respond to the specific needs of TB key and vulnerable populations, and they are fully implemented and enforced ensuring ongoing periodic trainings.</p>
5.2 SCORE:			



Refer to Annex 2 for the Implementation Guide that will provides more information on how to implement the Scorecard.

THEME 6

Participation

6.1 PARTICIPATION ASSESSMENT

‘Meaningful participation’ includes opportunities to engage the NTP or local TB programme administrators to provide feedback on TB services and programmes, to seek resolutions to challenges faced by PATB, or to provide input into the development, implementation and evaluation of TB policies and programmes.

6.1	0	1	2
Sources: <ul style="list-style-type: none"> CLM data on participation in health-related decision-making processes CRG country reports CCM documentation Civil society and community group reports and data Monitoring missions and program review reports 	PATB or other key stakeholders report that groups or networks of PATB are not provided opportunities to participate in health-related decision-making at the community and national levels.	PATB or other key stakeholders report that groups or networks of PATB are accorded only limited or tokenistic opportunities to participate in health-related decision-making at the community and national levels.	Groups and networks of people affected by TB are consistently accorded meaningful opportunities to participate in health-related decision-making at the community and national levels.
6.1 SCORE:			



Refer to Annex 2 for the Implementation Guide that will provides more information on how to implement the Scorecard.

THEME 7

Remedies and Accountability

7.1 REMEDIES AND ACCOUNTABILITY ASSESSMENT

7.1	0	1	2
Sources: <ul style="list-style-type: none"> Ministry of Justice reports and data CLM data on access to justice CRG country reports Civil society and community group reports or data Jurisprudence Academic publications 	Courts or non-judicial mechanisms, such as administrative or executive branch bodies, at national and subnational levels are either inaccessible to people affected by TB – e.g. due to prohibitively high costs, long delays or other administrative barriers – or they lack jurisdiction or are otherwise incapable of or unwilling to adjudicate PATB’s claims of health-related human rights violations.	Courts or non-judicial mechanisms, such as administrative or executive branch bodies, at national and subnational levels are difficult to access for many people affected by TB – e.g. due to high costs, delays or other administrative barriers – or they have proven ineffective or unwilling to adjudicate PATB’s claims of health-related human rights violations.	Courts or non-judicial mechanisms, such as administrative or executive branch bodies, at national and subnational levels are accessible to people affected by TB – e.g. not too costly and free of lengthy delays and other administrative barriers – they have jurisdiction to hear PATB’s health-related human rights claims, and they have proven effective in adjudicating such claims.
7.1 SCORE:			



Refer to Annex 2 for the Implementation Guide that will provides more information on how to implement the Scorecard.

THEME 8

Social Protection

8.1 SOCIAL PROTECTION ASSESSMENT

Comprehensive and effective social protection programs include (1) social insurance – e.g. employment protections and protections against income loss and high health care costs, and (2) social assistance – e.g. food assistance, transport subsidies and cash transfers – and they are easily accessible to all to need them, without undue delay or other administrative barriers.

8.1	0	1	2
Sources: <ul style="list-style-type: none"> Enacted legislation on social protection, social security, etc. Executive branch (i.e. ministerial) policies, plans, regulations or other orders on social protection, social security, etc. from the MoH, Ministry of Social Protection, or an equivalent ministry CLM data on access to social protection CRG country reports Civil society and community group reports or data NSP Monitoring missions and programme reviews Academic studies / publications 	<p>There are no social protection programs in place or existing programs are generally inaccessible to PATB, according to the PATB or other key stakeholders.</p>	<p>Existing social protection programs not fully implemented, they provide only partial or insufficient support, or they are inaccessible to some PATB, such as the poor or other TB KVP.</p>	<p>Comprehensive and effective social protection programs are in place, fully implemented and accessible to all PATB, including the poor and other TB KVP.</p>
8.1 SCORE:			

THEME 9

Governance

9.1 GOVERNANCE ASSESSMENT

9.1	0	1	2
Sources: <ul style="list-style-type: none"> The government websites STP Governance of TB Programme report and country surveys NSP CCM documents 	<p>The NTP does not have its own, dedicated website.</p>	<p>The NTP has a website, but the site is not easy to access or use, it does not contain comprehensive, up-to-date information about the program and NTP policies, or it is otherwise not fully functional.</p>	<p>The NTP has a website that is fully functional, easy to access and use, and contains comprehensive, up-to-date information, including NTP policies and other documents and an organogram with officials' names, titles, phone numbers and email addresses.</p>
SCORE:			
9.1	0	1	2
Sources: <ul style="list-style-type: none"> STP Governance of TB Programmes report and country surveys Government webpages NSP 	<p>The NTP does not have an electronic information management system in place, including an electronic communication system, a comprehensive computer network and secure servers and databases.</p>	<p>The NTP has an electronic information management system in place, but it is not fully function or it lacks an electronic communication system, a comprehensive computer network or secure servers and databases.</p>	<p>The NTP has a fully functional electronic information management system in place, including an electronic communication system, a comprehensive computer network and secure servers and databases.</p>
SCORE:			



Refer to Annex 2 for the Implementation Guide that will provides more information on how to implement the Scorecard.

9.1	0	1	2
<p>Sources:</p> <ul style="list-style-type: none"> • NTP policies, plans, regulations, and other orders • NSP • Government webpages • CLM data on NTP engagement • CCM documents • CRG country reports 	<p>The NTP does not have a structured mechanism to engage PATB, civil society organizations and other key stakeholders, including dedicated staff and funds, periodic public forums, open and continuous access to NTP and MoH officials, and mechanisms to provide input into programme and policy development, implementation and evaluation.</p>	<p>The NTP has a structured mechanism to engage PATB, civil society organizations and other key stakeholders, but is ineffective or lacks dedicated staff or funds, periodic public forums, open and continuous access to NTP and MoH officials, and mechanisms to provide input into programme and policy development, implementation and evaluation.</p>	<p>The NTP has an effective structured mechanism to engage PATB, civil society organizations and other key stakeholders, with dedicated staff and funds, periodic public forums, open and continuous access to NTP and MoH officials, and mechanisms to provide input into programme and policy development, implementation and evaluation.</p>
<p>SCORE:</p>			
<p>9.1 SCORE: (9.1 total score/3)</p>			



Refer to Annex 2 for the Implementation Guide that will provides more information on how to implement the Scorecard.



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ANNEX 2

“How to” Implementation Guide

There are nine steps that in a legal environment and human rights assessment. Steps 1-8 should be completed in 2-3 months and step 9 is an ongoing activity.

1. Review the Scorecard
2. Engage a lawyer/legal aid organization
3. Brief the NTP and stakeholders
4. Conduct a desk review
5. Conduct focus groups
6. Scoring and documentation
7. Review and finalise scoring and rationale
8. Validate and disseminate
9. Advocacy for law and policy reform

These nine steps can be undertaken through five stages of work, as outlined in the following guide.

STAGE 1

Preparation and planning

1.1 BUILD A CORE GROUP, DRAFT A BUDGET AND MOBILIZE RESOURCES

The lead civil society organization must first understand the scope of work and the required skill sets and partners required to complete the Scorecard. They must build a Core Group of qualified professionals, including at least one lawyer familiar with national law, health and human rights, together with a project coordinator, and ideally one person affected by TB. Team members should be familiar with TB, including the science, diagnosis/treatment and public health aspects of the disease, and disease response.

Draft a line-item budget and mobilize sufficient resources, including to compensate team members and cover research and other expenses. These may include expenses associated with local travel, logistics and facilities, interviews and focus group discussions (particularly if they are conducted in-person) or access to legal databases and a Scorecard validation meeting. The team might seek funding from national and international sources, such as the Global Fund, STP or other donors supporting global health and human rights interventions.

Country contexts and approaches may vary however, as a rough guide, pilots were completed in Ghana, Kenya and Pakistan for less than US\$10,000.

1.2 REVIEW AND LEARN THE TOOL

The lead civil society organization and other Core Group members should familiarize themselves with the Scorecard, reading the entire document to understand its purpose, scope and content. Most importantly, Core Group should carefully study the nine Scorecard themes and their sub-themes and assessments to ensure each person fully grasps what each assessment is evaluating and how it should be measured and scored. The Core Group should also study the scoring guidance matrix along with the Scorecard. The matrix provides detailed information about how to measure and score the assessments for the nine themes.

The Core Group should note any questions or concerns that arise as they familiarize themselves with the tool so they may discuss them with the STP prior to beginning their research.

1.3 MAP AND ENGAGE STAKEHOLDERS

The Core Group should map and begin engaging stakeholders to ensure a comprehensive and inclusive process. National stakeholders should include people affected by TB, health workers, Ministry of Health and NTP administrators and policymakers, lawyers, legal peak bodies, human rights academics, people affected by TB and civil society.

International stakeholders might include officials from the Global Fund, the STP or other global health and development agencies supporting the national TB response.

After the mapping, the Core Group should communicate with stakeholders to introduce and explain the Scorecard, raise their interest in the work, and request permission to engage them during the project, including for research purposes.

1.4 DEVELOP A RESEARCH PLAN AND PREPARE RESEARCH TOOLS

The Core Group should develop a research plan to complete the assessments for the nine scorecard themes. At a minimum, the research plan should include the following:

- Schedule and timeline containing dates and research deadlines, as well as recurring team meetings, such as weekly or bi-weekly meetings.
- A study design and methodology, indicating the kinds of research and methodologies to be employed – e.g. legal and policy research and qualitative research, such as in-depth interviews and focus group discussions.
- Assignments for team members for each task and research component.
- Sources to obtain relevant laws, policies, plans, regulations and other executive branch (i.e. ministerial) materials, such as online databases

and government websites.

- The stakeholders targeted for interviews and focus group discussions, such as people affected by TB, health workers, Ministry of Health and NTP administrators and policymakers, and members of TB civil society and community groups.
- A data analysis plan, explaining how team members will review and analyze the information they gather, such as coding, organizing and collating the information.
- Ethical or safety considerations, including any risk of harm to the study participants and whether ethics approval from an institutional review board is required. Privacy and confidentiality of stakeholders, particularly people affected by TB should be prioritized in this process.

The Core Group should prepare research tools in accordance with the research plan. These should include interview and focus group questionnaires targeting specific stakeholders. The questionnaires should be designed to gather information required to complete the assessments for the nine Scorecard themes, based on the scoring considerations in the scoring guidance matrix.

The Core Group should create participant information and consent forms to obtain the informed consent of each study participant prior to interviews or focus group discussions. The consent form should briefly explain the purpose of the research, who is conducting the research and how the team will use the information.

STAGE 2

Information gathering

2.1 CONDUCT DESK RESEARCH

The Core Group should conduct desk research in accordance with the research plan. Desk research should comprise a literature review and legal and policy research to gather information required to complete the assessments for the nine Scorecard themes, based on the scoring considerations in the scoring guidance matrix. At a minimum, this will involve identifying and obtaining:

- Government data and reports, including from the Ministry of Health, NTP and other relevant agencies, such as ministries of justice, labour, migration, education or social protection.
- Peer-reviewed literature relevant to the country context.

- Grey literature, such as research and reports produced by international institutions, universities, or civil society and community groups, including CRG Assessments and TB programme review and monitoring mission reports and recommendations.
- Legislation.
- Executive branch (i.e. ministerial) materials, such as policies, plans, strategies, regulations guidelines and other orders.

The Core Group may consider using Right to Information Acts or equivalent legislation to obtain government data, reports or other information that is not otherwise available online.

2.2 FOCUS GROUP DISCUSSIONS

The Core Group should next conduct focus group discussions with targeted stakeholders to gather information to further understand, clarify and inform the focus and findings from the desk review for each of the nine scorecard themes. The Core Group should take detailed notes during the interviews and focus groups and should consider audio-recording the sessions with the participants' consent. The information obtained should be used to further clarify, unpack and explore relevant legislation, policy, recommendations, guidelines or other information sources.

The Core Group should ensure protocols are in place to securely store the information they gather and, protect the confidentiality of the study participants. All electronic data, including research notes and audio recordings, should be stored on secure private servers or in secure commercial cloud databases with strict access protocols. Electronic data, including the audio recordings and materials containing the names or other details of the study participants, should be disposed of within six months of the project's completion.

2.3 CODE, COLLATE AND ORGANIZE THE INFORMATION

The Lead civil society organization, together with Core Group members, should code, collate and organize the information they collect during their research in line with the Scorecard themes, sub-themes and assessments. They should develop a coding system to code their research notes. Coding could entail simply writing the theme or sub-theme, their numbers, or the assessment numbers in the margins of research notes next to the relevant text. Or Core Group could use colours to indicate that certain notes apply to a particular theme or sub-theme. Team members should consider using tables or a spreadsheet to collate and organize the information in a visually-coherent manner.

For example, the availability sub-theme of theme 1 could be designated blue. Team members should then highlight in blue all information in their research notes pertaining to (for example) the availability of new TB drugs. Next, they should collate this information along with the rest of their coded data in a table or spreadsheet, organized under sub-theme 1.1, and further disaggregated to respond to assessments 1.1.1 and 1.1.2.

STAGE 3

Analysis, scoring and documentation

3.1 ANALYZE THE INFORMATION

After coding, collating and organizing their information, the lead Civil Society Organization together with Core Group members should analyze it in line with the considerations in the scoring guidance matrix. The scoring considerations provide detailed and objective guidance on how to score each assessment for the nine themes and corresponding sub-themes. The group should carefully review and evaluate their research information one assessment at a time in light of each assessment's scoring considerations and document their approach for this process.

3.2 COMPLETE INITIAL SCORES WITH DOCUMENTATION AND EVIDENCE

The lead Civil Society partner and other Core Group members should be briefed by the lawyer and then complete their initial scores for the assessments for the nine themes and corresponding sub-themes. They should support the scores with documentation and evidence from their research and analysis, writing brief justifications for each assessment's score. The justifications should explain how and why they scored the assessment, which information they used and how the information was obtained – e.g. from the review of a specific policy or during an in-depth interview or focus group discussion with certain stakeholders. The lead Civil Society organization and Core

Group members should base their scores and justifications for each assessment on the scoring considerations in the scoring guidance matrix (see Annex 1). The lawyer should be on hand to advise these deliberations. Ultimately the lead civil-society partner should determine the relevant scoring and then an initial overall score for the whole Scorecard by combining the scores from each of the assessments.

3.3 REVIEW AND FINALIZE THE SCORE AND DOCUMENTATION

The lead Civil Society partner together with Core Group members should next review and finalize the Scorecard and supporting documentation (including the template in Annex 3). Each group member should review the scoring, supporting evidence and rationale to ensure each assessment's score and documentation is thoroughly reviewed and validated from multiple people. Team members should review the supporting documentation for each assessment's score along with the scoring considerations in the scoring guidance matrix, and they should review the research notes to corroborate the information used to justify the score. The lead Civil Society organization and Core Group members should then collectively identify three priority law and policy reform issues that have emerged from the Score that demand advocacy efforts.

STAGE 4

Validation and Dissemination

4.1 SHARE AND REFINE THE SCORECARD RESULTS

The lead Civil Society partner together with other Core Group members should share the Scorecard and documentation with an inclusive group of national stakeholders for their review, input and validation. This could be done through an in-person or virtual consultation(s) at which stakeholders are provided an opportunity to share their thoughts on the Scorecard after having reviewed the document prior to the meeting. Team members should refer to their initial stakeholder mapping in identifying and organizing the consultation. The aim of this stage is to collect a broad spectrum of input to refine, strengthen and validate the Scorecard outcome, supporting documentation and the three priority advocacy areas for law and policy reform advocacy. Any inputs should be supported by relevant evidence. The lawyer, lead Civil Society partner should alter scoring or document additional information sources as is required.

4.2 VALIDATE THE SCORECARD

The lawyer, together with the lead civil-society partner and the Core Group, should present the findings, evidence, scoring and three priority area for law and policy reform advocacy identified. After the lead Civil Society partner and Core Group have reviewed and integrated the stakeholders' comments, suggestions and new information into the scorecard and supporting documentation, they should finalize the documentation and recalculate the overall score and advocacy priorities to finish the scorecard.

4.3 PUBLISH AND DISSEMINATE THE SCORECARD

The lead Civil Society partner should publish and disseminate the Scorecard after they have finalized the overall score, supporting documentation and three law reform advocacy priorities. They should share the scorecard and related commentary with the study participants, the stakeholders involved in the validation process, and all other interested parties at local, national, regional and international levels. Team members should use social media, email and other electronic forms of communication to share and publicize the Scorecard. They may also consider printing physical copies for distribution to certain stakeholders, such as NTP officials and other key decision-makers.

STAGE 5

Advocacy for Law and Policy Reform

Once completed and disseminated it is important to develop advocacy campaigns for strengthening those areas of the Scorecard that had the lowest scores. This should focus on the three priorities law and policy reform advocacy priorities – but can also be more extensive to cover other aspects of the Score card as well. Strengthening and/or reforming law and policy should be

an ongoing process based on the results of the Scorecard. It can also be built into various CLM initiatives. After two or three years, it may be valuable to again undertake the Scorecard process to further understand and monitor progress while also reassessing advocacy priorities as well as the changing shape of the TB law, policy and human rights environment.





Scorecard Presentation

TB LEGAL AND HUMAN RIGHTS SCORECARD

Measuring legal and human rights environments & promoting social accountability for TB.

COUNTRY <i>Insert country name</i>	 <p>SCORE <i>Insert score</i></p>		
Key Dimensions of the Right to Health	0 - 65	65 - 90	90 -100
1 Availability, accessibility, acceptability and quality (AAAQ) <small>TB health services, goods, and facilities must be available, accessible, acceptable, and of good quality.</small>			
2 Non-discrimination and equal treatment <small>Discrimination against people affected by TB must be prohibited.</small>			
3 Health-related freedoms <small>Health-related freedoms like privacy and informed consent must be protected.</small>			
4 Gender perspective <small>Countries must integrate a gender perspective in their TB laws, policies, and programs.</small>			
5 TB Key and vulnerable populations <small>Countries must pay special attention to TB key and vulnerable populations in their TB laws, policies, and programs.</small>			
6 Participation <small>People affected by TB and civil society must have opportunities and support to participate in all aspects of the TB response.</small>			
7 Remedies and Accountability <small>People affected by TB must have access to legal remedies and accountability mechanisms.</small>			
Overarching Themes	0 - 65	65 - 90	90 -100
8 Social Protection <small>People affected by TB must have access to social protection.</small>			
9 Governance <small>TB programs must be well-governed, prioritizing transparency and community and stakeholder engagement.</small>			
OVERALL SCORE: <small>(Total score/9)</small>			

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