



## CRG ASSESSMENT RESULTS ANALYSIS TABLES

Stop TB Partnership (STBP), working with tuberculosis (TB) affected community, civil society, and National TB Programs, has supported TB Community, Rights and Gender (CRG) Assessments in over 20 high burden TB countries. These Assessments identify barriers to accessing TB services that must be prioritized to end the epidemic. The findings from these assessments have been mapped, analyzed and peer reviewed. This work was undertaken with support from USAID and the Global Fund.

The full article entitled: [\*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\*](#) was published in December 2021 in the Harvard Journal on Health and Human Rights.

Evidence informing this article was drawn from a mapping and analysis exercise of the Assessments, conducted in March 2021. This process, led by the lead author of the article (Brian Citro, Human Rights Lawyer and Professor of Law), was done in collaboration with national civil society and affected community partners who led the CRG work in country and members of the STBP Secretariat. The mapping utilized 7 elements of the right to health framework: **1.** Accessibility, availability, acceptability and quality of services; **2.** Stigma and Discrimination; **3.** Freedoms; **4.** Gender; **5.** Vulnerable Groups; **6.** Participation; and, **7.** Legal Remedies.

The most prominent challenges identified across the 20 countries, through the mapping and analysis process are mapped in table 1 below.

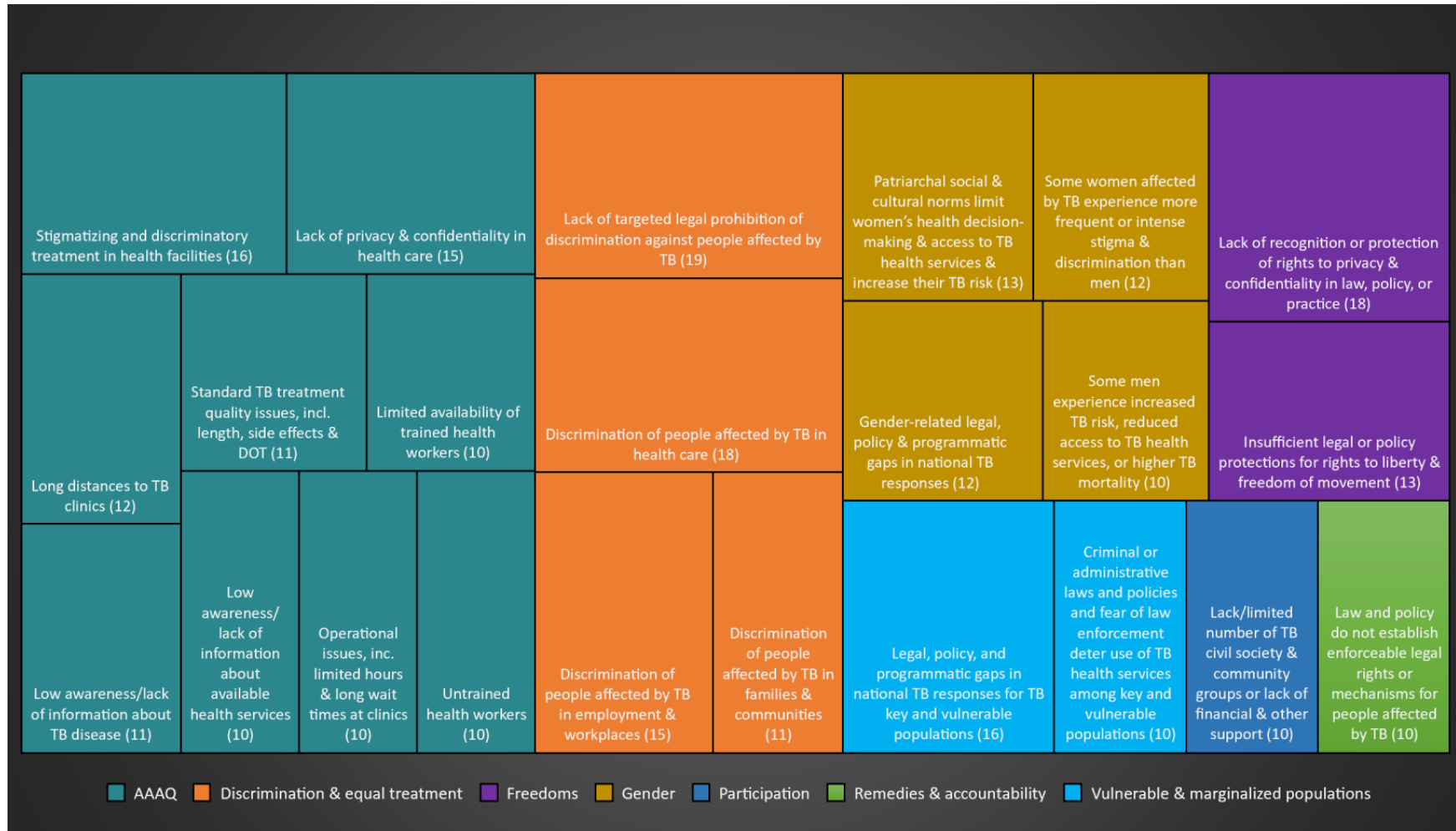


Table 1: Prominent challenges identified through the mapping and analysis across 20 TB HBCs.

Investments are required to address the challenges mapped in the Assessments. In addition, there is a need to increase focus on those elements that previously received less attention and focus (including participation of TB survivors in all parts of the TB response and legal remedies). Efforts will be undertaken to support countries to address identified CRG barriers through the development and implementation of national costed TB CRG Action Plans, and targeted interventions funded through the Challenge Facility for Civil Society. In addition, efforts will be undertaken to further strengthen the TB CRG Assessment tool.

Below is the mapping and analysis of each of the national CRG Assessments, organized by region.

### South Asia

	AAAQ	Discrim.	Freedoms	Gender	Vulner. Groups	Particip.	R&A
<b>Bangladesh</b>	<p><b>8:</b> no policy promoting counseling services.</p> <p><b>8:</b> services supposed to be available for free, but low awareness &amp; fear of financial burden delays diag. &amp; treat among the poor.</p> <p><b>8, 59-60, 71, 77, 84:</b> access barriers incl. no policy or initiatives for disabled persons, services inaccessible in “hard-to-reach” geographic areas, limited hours at health facilities difficult for workers, lack of services near workplaces, low awareness &amp; information abt. TB symptoms, available services &amp; social support, lack of info. abt. TB and treat in prisons.</p> <p><b>8, 9, 35, 59-60, 70, 86:</b> accept. issues incl. no</p>	<p><b>66:</b> no legal prohibition of TB discrim.</p> <p><b>67:</b> despite workers’ assoc. policy that provides 14 days paid leave, fear of discrim. among workers w/TB leads to diag. &amp; treat. delays.</p> <p><b>67:</b> employ. discrim. occurs, workers w/TB lose jobs &amp; face discrim. from coworkers.</p> <p><b>69:</b> marital discrim., some men divorce women b/c of TB.</p>	<p><b>73:</b> laws crim. drug use &amp; sex work cause diag. &amp; treat. delays. for PWUD &amp; sex workers</p> <p><b>74:</b> law authorizing inv. isolation doesn’t sufficiently. protect rights in line w/ WHO Ethics Guidance, doesn’t require inv. Isolation to be last resort.</p> <p><b>86:</b> no law or policy recog. &amp; protect. privacy &amp; confid. of people w/TB</p> <p><b>86:</b> need for protect. of privacy &amp; conf. in notif. Procedures.</p> <p><b>86:</b> lack of informed consent policy for TB treat.</p>	<p><b>8:</b> no sex-disag. data, incl. for transgender.</p> <p><b>8:</b> no gender sensitive services in some areas.</p> <p><b>8:</b> no transgender identity in “service formats.”</p> <p><b>69:</b> women receive less nutrition than men &amp; exp. GBV.</p> <p><b>69:</b> women exp. delays in accessing TB services due to social-cultural norms, family decision-making processes, &amp; other patriarchal structures.</p> <p><b>69:</b> some men divorce women w/TB.</p> <p><b>70:</b> gender inequality in Parliament impedes gender equity.</p> <p><b>70:</b> low legal literacy among women, incl. knowledge of</p>	<p><b>9:</b> key pops prioritized: garment/factory workers; urban poor (esp. “slum dwellers”); elderly.</p> <p><b>8:</b> no policy or initiatives for the disabled.</p> <p><b>8:</b> no transgender identity in “service formats.”</p> <p><b>9:</b> lack of impl. of nat. guidelines for children.</p> <p><b>71:</b> prisoners exp. over-crowding, poor vent., inadequate nutrition, lack of info. abt. TB or treat., lack of HCWs &amp; health facilities in most prisons.</p> <p><b>72:</b> migrants lack access to health services &amp; live in unhealthy conditions, incr. risk of TB.</p> <p><b>73:</b> poor TB/HIV service integ. &amp; stigma/discrim.</p>	<p><b>40:</b> particip. of CSOs in decision-making processes, but no mention of direct participation of people affected by TB.</p>	<p><b>67,69, 86:</b> need for ADR, mediation &amp; legal aid to address discrim. &amp; other legal/rights issues (esp. for workers, women, the disabled)</p> <p><b>70:</b> gender inequality in Parliament impedes gender equity.</p> <p><b>70:</b> low legal literacy among women, incl. knowledge of rights &amp; remedies.</p> <p><b>71:</b> no acct. for death or inapprop. treat. for prisoner w/TB, need complaints process &amp; option for treat. outside prison.</p> <p><b>75:</b> for disease notif. acct., law should not crim. failure to notify, but incentivize.</p>

	AAAQ	Discrim.	Freedoms	Gender	Vulner. Groups	Particip.	R&A
	gender sensitive services in some areas, no transgender identity in “service formats,” lack of impl. of nat. guidelines for children, some TB centers are “women-friendly” w/ female HCWs but may deter men, limited hours at health facilities difficult for workers, lack of informed consent policy for TB treat. <b>9, 71:</b> avail. issues incl. lack of impl. of screening guidelines, lack of trained HCWs or health facilities in most prisons. <b>73:</b> laws crim. drug use & sex work cause diag. & treat. delays.			rights & remedies. <b>70:</b> some TB centers are “women-friendly,” w/ women HCWs, but concern not to deter men.	incr. risk of TB in PLHIV. <b>73:</b> laws crim. drug use & sex work cause diag. & treat. delays. for PWUD & sex workers		
India <sup>1</sup>	<b>L40, 52, 70-71, LF158-59:</b> avail. issues incl. lack of TB counselling services; poor avail. of MDR-TB drugs bed., del. & linezolid, partly due to slow reg. approval; drug stock-outs of first-line drugs & BCG vaccine; slow roll-out of rapid molecular testing machines, NTP not offering culture or genome testing for all people to be evaluated for MDR-TB.	<b>L27:</b> large amount of TB discrim. in workplaces. <b>L27:</b> students in schools & colleges exp. TB discrim. <b>L28:</b> people affected by TB face discrim. in health care, incl. from HCWs from their vulner. to TB infection. <b>L28:</b> people affected by TB exp. family abandonment. <b>L28:</b> law does not provide workers w/TB	<b>L31:</b> NTP doesn’t provide rules, guidance, etc. for isolation; old colonial laws grant gov. broad powers to quarantine/isolate infect. dis. <b>L39:</b> informed consent for TB test. not req., lack of protect. for privacy, autonomy & bodily integr. since TB is notifiable disease & positive test results in sharing per.	<b>L89:</b> socio-economic inequities, patriarchal structures, poverty, caste & class make women vulner. to TB. <b>G17:</b> disag sex & age case notif. data from private sector req. for better overall epidem. profile. <b>G17-18:</b> women face unique socio-cultural barriers to diag. & exp. diag. delays, sometimes not	<b>L79:</b> occupational health & safety laws do not cover HCWs, endangering HCWs & fueling stigma & discrim. of people w/TB. <b>LF185:</b> 2017 study found 18% of prisons provide diag., 54% provide treat., 50% screen inmates at entry, 14% isolate people w/ active TB. <b>L85:</b> mobile populations at high TB risk -	<b>L88:</b> HIV prog. actively consults PLHIV in all aspects of prog. but NTP “is often reluctant” to involve people affected by TB.	<b>L28:</b> ADR should be available to quickly & affordably resolve TB discrim. <b>L28:</b> law does not provide workers w/TB reasonable accommodation & compassionate allowance. <b>L29:</b> legal aid should be available to approach courts to resolve TB discrim. <b>L46:</b> law should est. mechanisms for people w/TB

<sup>1</sup> “L” page numbers refer to the “Legal Environment Assessment for TB in India 2018: Executive Summary.” “LF” page numbers refer to the full report, “Legal Environment Assessment for TB in India 2018.” “G” page numbers refer to “A Rapid Assessment of Gender and Tuberculosis in India (2018).” “D” page numbers refer to “Data for Action for Tuberculosis Key and Vulnerable Populations: Rapid Assessment Report, India (2018).”

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	<p><b>L52, 56:</b> quality issues incl. lack of enforcement of bans on serological tests, over the counter sales of TB drugs &amp; lack of reg. of private health sector lead to misdiag. &amp; inapprop. treat.</p> <p><b>L69 LF158-59, 164-67:</b> access barriers incl. high cost of MDR-TB drugs on patent (bed. &amp; del.); out of pocket costs of first-line drugs in private sector; rapid molecular testing high cost to health system &amp; out-of-pocket in private sector, only one rapid molecular test machine per district in public sector, lack of access to sufficient nutrition for the poor.</p> <p><b>L39, 44-47, G19-20:</b> accept. issues incl. people w/TB face discrim. in health care incl. from HCWs from their vulner. to TB infect., lack of informed consent for TB testing despite that TB is notifiable disease, insufficient protect. for privacy &amp; confid. for people w/TB in law &amp; policy, lack of women HCWs &amp; women-friendly services in TB centers.</p>	<p>reasonable accommodation &amp; compassionate allowance.</p> <p><b>LF60:</b> no legal prohibition of TB discrim.</p> <p><b>LF61-65:</b> some courts have addressed TB discrim. in employ. under the const. &amp; var. laws.</p>	<p>info. w/ gov. authorities.</p> <p><b>L44-47:</b> insufficient protect. for privacy &amp; confid. for people w/TB in law &amp; policy.</p>	<p>diag. at all, incl. from household duties, low health literacy, TB stigma, fear of divorce or difficulties marrying, financial concerns, patriarchal family norms.</p> <p><b>G18:</b> women face add. TB risk at certain life stages due to family caregiver role.</p> <p><b>G18:</b> extra-pulmonary TB often missed in women.</p> <p><b>G18-19:</b> women's infection &amp; treat. compl. risk factors incl. malnutrition, diabetes, HIV, indoor air pollution, household duties, TB stigma</p> <p><b>G18-19:</b> men's infection &amp; treat. compl. risks incl. smoking, drug &amp; alcohol use, labor migration, work resp.</p> <p><b>G19:</b> trans persons &amp; sex workers req. better integ. into health system.</p> <p><b>G19-20:</b> lack of women HCWs &amp; women-friendly services in TB centers.</p>	<p>lack of identity documents hinder access to services, migration causes loss of treat. follow-up overcrowded living conditions promote transmission.</p> <p><b>D18:</b> tribal issues incl. no disag. of case notif. data for tribal pops., local healer/herbal first contact point causes long diag. delays, despite NTP/NGO service avail., NTP lacks access to some tribal villages, language barriers to TB info. &amp; awareness, fear of stigma in the community.</p> <p><b>D18:</b> people living in slums issues incl. poor pop. size estimates, treat. w/o prescription, no contact tracing or pediatric TPT b/c of discrim. fear, language barriers to TB info. &amp; awareness.</p> <p><b>D18-19:</b> migrant pops. issues incl. poor pop. size estimates, poor info. &amp; ability to track migrants on treat., fear of stigma prev. engaging pub. health officials, low knowledge of health facilities; allopathic &amp;</p>		<p>to resolve breaches of privacy &amp; confid. &amp; to obtain court orders protect. their identity.</p> <p><b>LF60-61:</b> "most people" w/TB do not use courts to contest discrim.</p> <p><b>L48-49:</b> for disease notif. acct., law should not crim. failure to notify, but provide training &amp; incentives.</p> <p><b>LF154:</b> lack of access to MDR-TB drugs litigated on grounds of violation of fundamental Rights.</p> <p><b>L79:</b> lack of recog. of TB as occupational risk reqs. workers to est. their risk on a case-by-case basis in courts.</p> <p><b>L81:</b> hold prison officials acct. for custodial TB deaths, neglect of prisoners w/TB &amp; lack of infection control leading to TB infection among prisoners.</p>

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					<p>healers first contact point.</p> <p><b>D19:</b> people w/ diabetes issues incl. no data on pop. of TB/diabetes co-morbidity, only recent NTP/NCD prog. integ. still insufficient cross-refs. &amp; service integ., fear of TB stigma among people w/ diabetes delays diag. &amp; treat.</p> <p><b>D19:</b> miners issues incl. no dist. level pop. estimates, poor coord. between industry &amp; NTP, no ACF in community.</p>		
Pakistan	<p><b>17:</b> no law or policy for healthcare access.</p> <p><b>18:</b> laws crim. same sex relations &amp; other sexual activity impede access to TB &amp; HIV services.</p> <p><b>18-21:</b> quality issues incl. law doesn't ensure safe, respectful, dignified treat. of key &amp; vulner. pops. in healthcare, stigmatizing &amp; discriminatory attitudes among HCWs, instances of improper diag., poor infection control at health facilities, poor responsiveness, long wait times, lack of trust between patient &amp; provider.</p> <p><b>24:</b> key pops. reported having to go 3-4x for correct TB diag.</p>	<p><b>17:</b> no legal prohibition of TB discrim.</p> <p><b>18:</b> no formal mechanism to combat stigma &amp; discrim. in NSP.</p> <p><b>19:</b> HCWs in public &amp; private clinics have discriminatory &amp; abusive attitudes.</p> <p><b>22:</b> no legal or policy prohibition of gender discrim. in healthcare.</p> <p><b>24:</b> self-stigma &amp; stigma &amp; discrim. from the community discourages &amp; impedes use of services.</p>	<p><b>18:</b> laws crim. same sex relations &amp; other sexual activity impede access to TB &amp; HIV services.</p> <p><b>21:</b> lack of privacy &amp; confid. at health facilities, incl. physical infrastructure &amp; operational procedures.</p> <p><b>24:</b> no law or policy recog. &amp; protecting privacy &amp; confid. of people w/TB</p>	<p><b>14:</b> gender &amp; age disag. data unavail. at nat. level.</p> <p><b>15:</b> low knowledge of TB among trans persons.</p> <p><b>17:</b> law prohibits discrim. &amp; denial, discon. or unfair treat. in healthcare for trans persons, but harassment &amp; denial of services common for trans persons.</p> <p><b>19:</b> fear &amp; stigma from TB has greater impact on women, causing socio-economic harm.</p> <p><b>21:</b> lack of gender sensitive HCWs &amp; health services, no gender training for HCWs</p> <p><b>22:</b> no legal or policy</p>	<p><b>13:</b> three key pops. identified: PLHIV, incl./ TB/HIV coinfection; MSM; trans persons.</p> <p><b>14:</b> disag. data unavail. for key pops. at nat. level.</p> <p><b>17-18:</b> NSP doesn't define key &amp; vulner. pops., NTP doesn't have a strategy that recog. or prioritizes key &amp; vulner. pops. (HIV prog. does).</p>	<p><b>23:</b> some engagement w/ key &amp; vulner. pops. but not reflected in services, community not aware of formal mechanism for particip. in nat. planning for TB.</p> <p><b>23:</b> TB association is member of GF CCM but does not influence decision making for resource allocation or prioritization of gender &amp; rights-based interventions over drugs &amp; medical supplies.</p>	<p><b>18:</b> no formal mechanism to combat stigma &amp; discrim. in NSP.</p> <p><b>20:</b> no access to justice or monitoring mechanism for rights violations in healthcare settings.</p> <p><b>20:</b> no constitutional or statutory mechanism for protect. of human rights.</p> <p><b>22:</b> lack of legal remedies for people w/TB &amp; acct. mechanisms for gov. &amp; healthcare providers for rights violations, incl. free test. &amp; treat. &amp; privacy.</p>

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	<p><b>18, 21, 24:</b> access barriers incl. law doesn't ensure safe, respectful, dignified treat. of key &amp; vulner. pops. in healthcare, long wait times, cost of initial tests &amp; travel to clinic, limited clinic hours.</p> <p><b>17, 19, 21, 24:</b> accept. issues incl. harassment &amp; denial of services for trans persons, discriminatory &amp; abusive attitudes of HCWs in public &amp; private clinics, lack of gender sensitive HCWs &amp; health services, no gender training for HCWs, long wait times, lack of privacy &amp; confid. at health facilities incl. physical infrastructure &amp; operational procedures ("common counters" for people w/TB), no law or policy recog. &amp; protecting privacy &amp; confid. of people w/TB, limited clinic hours.</p>			prohibition of gender discrim. in healthcare.			

## Southeast Asia

	AAAQ	Discrim.	Freedoms	Gender	Vulner. Groups	Particip.	R&A
Cambodia <sup>2</sup>	<p><b>G35, KP16-23:</b> access barriers incl. transport &amp; other costs, distance to clinics, low knowledge abt. TB &amp; services.</p> <p><b>G35, KP16-23:</b> quality issues inc. length of treat. &amp; side effects, lack of trained staff at public clinics, stigma &amp; discrim. among HCWs, poor screening in prisons, weak referral system for HIV/ diabetes, freq. visits to clinics for DOT.</p> <p><b>KP16-23:</b> accept issues incl. limited hours &amp; long wait times at public clinics, length of treat. &amp; side effects, stigma &amp; discrim. among HCWs, freq. visits to clinics for DOT.</p> <p><b>KP 16-23:</b> avail. issues incl. lack of trained staff at public clinics, need for better integ. of TB/HIV/diabetes services.</p> <p><b>KP16-23:</b> PLHIV, TB contacts, elderly, people w/ diabetes, prisoners AAAQ issues incl. low knowledge &amp; awareness that TB is common</p>	<p><b>G22-25:</b> key pops. reported no discrim. in healthcare or from police or other authorities, but stigma &amp; discrim. in the community &amp; self-stigma.</p> <p><b>G30-31,34-35:</b> no legal prohibition of TB discrim.</p> <p><b>G35-36:</b> Health Operational District officials report fear of discrimination &amp; social stigma hinder services use &amp; treat. adherence.</p> <p><b>KP18-19:</b> TB contacts &amp; elderly reported HCWs stigma. &amp; discrim. behaviors toward people w/TB.</p>	<p><b>KP16-23:</b> crim. of drug use deters services use.</p>	<p><b>G7, 16, 45:</b> not all TB data is disag. by sex, gender, age or geography.</p> <p><b>G33:</b> budget planning &amp; allocation is not gender-based, financial data is not sex or age disag.</p> <p><b>G33:</b> NSP provides focus on pregnant women, children &amp; elderly.</p> <p><b>G33:</b> no gender-sensitivity training for HCWs.</p> <p><b>G35:</b> no formal nat. coordination for gender equality in the TB response.</p>	<p><b>KP6:</b> assessment key pops. 2016 size estimates: 72,607 PLHIV; 79,585 TB household contacts; 221,070-331,605 TB close contacts; 1,795,415 elderly people; 205,502 to 418,90 people w/ diabetes; 22,801 prisoners; 13,000 PWUD; 1,303 people who inject drugs.</p> <p><b>KP6:</b> no official NTP estimates of nat. TB key pops. sizes, assessment estimates need to be periodically verified.</p> <p><b>KP6:</b> no NTP prevalence or behavioral surveys for key pops.</p> <p><b>KP16-23:</b> TB risk factors for each key pop. identified &amp; listed here.</p>	<p><b>G33-34:</b> nat. &amp; subnat. gov. coord. mechanisms, incl. "village health support groups," provide platforms for NTP, CSOs &amp; dev. partners to meet &amp; coord. for TB response &amp; for input from TB survivors.</p>	<p><b>G34:</b> there is a community level mechanism for service user complaints &amp; community score cards.</p>

<sup>2</sup> "G" page numbers refer to the "Gender Assessment in the National Tuberculosis Response in Cambodia." "KP" page numbers refer to the "Key Population Assessment in the National Tuberculosis Response in Cambodia." A legal environment assessment was not conducted in Cambodia.



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	HIV opp. infection, need for better integ. of TB/HIV/diabetes services, weak referral system for HIV/diabetes, diabetes drug stock-outs, distance to clinics esp. in rural areas, limited hours, long wait times & lack of trained staff at public clinics, cost of missing work to get services, length of treat. & side effects; stigma & discrim. among HCWs, low knowledge abt. TB & services, poor screening in prisons, crim. of drug use deters services use, freq. visits to clinics for DOT.						
Indonesia	<b>3:</b> laws not fully impl. leading to AAAQ issues incl. delayed diag. & treat. initiation, low knowledge abt. TB & legal rights due to ineffective community outreach, self-stigma & discrim. b/c of misperception abt. TB, catastrophic household exp. due to TB. <b>4, 46, 48, 56:</b> other access barriers incl. transport expenses, lack of information on TB & TB services, lack of	<b>2:</b> the study did not find gender-based discrim. but desk review found 10% of marriages end in divorce b/c wife has TB, 25% of women w/TB, report being isolated & discrim. at home, 2% of older couples' marriages end in divorce if wife gets TB. <b>48-49:</b> no explicit legal prohibition of TB discrim., though MoH decree calls on public not to stigmatize or discrim. against people w/TB.	<b>28, 31-32:</b> no legal protect. of right to privacy or confid. for people w/TB <b>49-50:</b> the study did not find reports of inv. isolation, but no explicit law or policy on TB isolation exists. <b>51:</b> people w/TB have the right to association & to establish orgs.	<b>2:</b> no laws that spec. address gender equality for TB. <b>2:</b> the study did not find gender-based discrim. but desk review found 10% of marriages end in divorce b/c wife has TB, 25% of women w/TB, report being isolated & discrim. at home, 2% of older couples marriages end in divorce if wife gets TB. <b>3:</b> lack of gender-sensitive TB services. <b>3:</b> TB incidence higher among men; higher	<b>51:</b> factory workers, PLHIV & urban poor living in dense areas are at high risk of TB.	<b>3, 51-52:</b> TB CSOs & CBOs not meaningfully involved in TB programming, despite that MoH decree calls for community empowerment so community can play an active role in the response.	<b>3:</b> lack of acct. for companies that wrongfully terminate people w/TB. <b>7, 63:</b> lack of info. & knowledge abt. law & rights among people affected by TB. <b>50:</b> need complaints mechanism to panel of "Indonesian medical disciplines" for stigma, discrim. or malpractice exp. by people w/TB, also access to legal aid to enforce Medical Practice Law.

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	<p>nutrition during treat, long wait times at clinics, high cost of rapid molecular tests limits accessibility, low knowledge abt. TB symptoms, illness and treat., geographic distance to and between health facilities.</p> <p><b>31, 37, 45, 47:</b> quality issues incl. most people w/TB initially seek care in the private sector, misdiag. occurs in health system, treat. length &amp; side effects contributes to adherence challenges.</p> <p><b>37, 45:</b> avail. issues incl. lack of TB counselling, lack of TB tests at PHCs, lack of rapid molecular tests.</p> <p><b>3-4:</b> accept. issues incl. lack of gender-sensitive services, long wait times at clinics.</p>	<p><b>49-50:</b> the study did not find discrim. by TB HCWs or families, but from other HCWs including for HIV services and from dentists, as well as neighbors &amp; coworkers.</p>		<p>treat. success rates among women.</p> <p><b>3:</b> men reported they got TB due to unhealthy working conditions.</p> <p><b>4:</b> caretakers of people w/TB are usually female.</p>			
Philippines	<p><b>13:</b> 2016 NTP study found human resources constraints, lack of funding for DR-TB drugs.</p> <p><b>56:</b> quality of TB services diminished by low num. of docs., long wait times at clinics, lack of people-centered care &amp; reliance on</p>	<p><b>15:</b> no legal prohibition of TB discrim, TB law does not address stigma or discrim.</p> <p><b>25:</b> labor regs. prohibit termination based on TB unless cert. from health authority that disease can't be cured in 6 months w/ proper treat.</p>	<p><b>25:</b> TB law does not recog. rights to privacy, confid., informed consent or self-determination.</p> <p><b>54:</b> lack of respect for privacy &amp; confid. are problems for people w/TB.</p> <p><b>56:</b> forced isolation is employed as a priority</p>	<p><b>15:</b> NTP collects gender disag. epi. data, but no baseline study for gender-related issues in access to TB services.</p> <p><b>29:</b> 28 subnat. govts. prohibit discrim. based on sex, sexual orient., gender identity.</p> <p><b>30-31:</b> law protects</p>	<p><b>14-15:</b> TB law impl. rules &amp; regs. provide for info. &amp; educ. campaigns for key pops. to particip. in TB response, but they were not consulted or involved in the development of the law or policy.</p>	<p><b>14-15:</b> TB law impl. rules &amp; regs. provide for info. &amp; educ. campaigns for key pops. to particip. in TB response., but they were not consulted or involved in the dev. of the law or policy.</p> <p><b>15:</b> limited role for CSOs/CBOs in TB response,</p>	<p><b>25:</b> TB law lacks acct. mechanism for TB program implementers.</p> <p><b>25:</b> TB law lacks grievance mechanism or remedies for people w/TB.</p> <p><b>26:</b> proposed amendments to TB law would prohibit TB discrim. &amp; provide admin.</p>

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	<p>facility-based DOT.</p> <p><b>56:</b> access issues incl. long wait times at clinics.</p> <p><b>25, 54, 56:</b> accept. issues incl. lack of protect. for rights to privacy, confid. &amp; informed consent in TB law, lack of respect for privacy &amp; confid. of people w/TB, lack of people-centered care &amp; reliance on facility-based DOT.</p>	<p><b>26:</b> proposed amendments to TB law would prohibit TB discrim. &amp; provide admin. sanctions for violators.</p> <p><b>58:</b> widespread misconception &amp; inaccurate info. abt. TB drives stigma.</p>	<p>intervention by HCWs for people w/TB, sometimes at home, but interviews indicate it doesn't work.</p>	<p>women's right to health, provides for access to comprehensive health services.</p> <p><b>34:</b> TB law does not address gender-based barriers to services.</p> <p><b>35-40:</b> NSP mentions gender, but not gender-sensitive or gender-transformative services, plans, etc.</p> <p><b>40:</b> lack of gender-related indicators for TB strategies &amp; activities.</p>	<p><b>29-30:</b> HIV/AIDS law prohibits HIV discrim.</p> <p><b>46:</b> PWUD are not prioritized by NSP.</p>	<p>only a couple patient groups involved in peer educ. &amp; treat. support.</p> <p><b>25:</b> TB law does not recog. right to participate in treat.</p> <p><b>26:</b> proposed amendments to TB law would est. right of people affected by TB to participate in the dev. &amp; impl. of TB response.</p>	<p>sanctions for violators.</p>

	AAQ	Discrim.	Freedoms	Gender	Vulner. Groups	Particip.	R&A
Georgia	<p><b>R21:</b> PWUD are reluctant to access TB services b/c they fear exposure &amp; prosecution under crim. law, esp. with DOT.</p> <p><b>R21:</b> people w/ prison hist., lack info. abt. TB &amp; services, they are also often PWUD.</p> <p><b>R21:</b> IDPs services barriers incl. distance to clinics, distrust of health system, fear of losing employ., fear of community stigma, need to pay for services outside home residence area.</p> <p><b>R22-23:</b> quality issues incl. poor conditions in TB clinics, discriminatory treat. of socially vulner. people &amp; people from rural areas, lack of privacy from home-based DOT.</p> <p><b>R22:</b> access issues incl. denial of services to people w/TB, discriminatory treat. of socially vulner. people &amp; people from rural areas, poor treat. of trans people by HCWs, diag. delay b/c PHCs req. paid tests</p>	<p><b>23-24:</b> no legal prohibition of TB discrim., TB law does not address stigma or discrim.</p> <p><b>R22:</b> educ. discrim.: children of people w/TB not admitted to school, some people w/TB prohibited from university.</p> <p><b>R22:</b> TB discrim. in social support: social sec. payments cancelled b/c person w/TB's income increases from TB incentive.</p> <p><b>R22:</b> denial of services to people w/TB, discriminatory treat. of socially vulner. people &amp; people from rural areas, poor treat. of trans people by HCWs.</p> <p><b>R22, 50:</b> people w/TB experience employment discrim.</p>	<p><b>22-27:</b> no legal protect. for right to privacy or confid. for people w/TB.</p> <p><b>25:</b> TB law allows inv. isolation, but doesn't provide for housing, food, clothing, etc. for isolated person; accord. to court records TB inv. isolation had not occurred in 5 years.</p> <p><b>R21:</b> crim. of drug use deters PWUD from services b/c they fear exposure &amp; prosecution esp. with DOT.</p> <p><b>R22:</b> right to privacy viol. by requirement to report TB history for some gov. jobs, though not req. by law.</p> <p><b>R23:</b> lack of privacy when DOT nurse delivers TB drugs to home results in stigma.</p>	<p><b>R22:</b> NSP silent on gender, no gender indicators or barriers identified.</p> <p><b>R22:</b> women more likely than men to deprioritize healthcare, often b/c of lack of childcare.</p> <p><b>R22:</b> women have less TB knowledge than men.</p> <p><b>R22:</b> women exp. diag. delay b/c of test costs &amp; male control of family finances.</p> <p><b>R22:</b> women face serious consequence from TB diag. b/c possibility of divorce &amp; losing children.</p> <p><b>R22:</b> men report more psychological issues than women, e.g., feeling "useless" &amp; suicidal.</p> <p><b>R22:</b> TB mortality higher in men.</p> <p><b>R22:</b> lack of info. abt. trans persons, except some evidence of poor treat. by HCWs.</p>	<p><b>R21:</b> key pops. prioritized: PWUD, persons w/ prison hist., IDPs.</p> <p><b>R21:</b> PWUD are reluctant to access TB services b/c they fear exposure &amp; prosecution under crim. law, esp. with DOT.</p> <p><b>R21:</b> people w/ prison hist. lack info. abt. TB &amp; services, they are also often PWUD.</p> <p><b>R21:</b> IDPs services barriers incl. distance to clinics, distrust of health system, fear of losing employ., fear of community stigma, need to pay for services outside domicile residence area.</p>	N/A	N/A

<sup>3</sup> "R" page numbers refer to the regional report, "Breaking the Silence: Human Rights, Gender, Stigma and Discrimination Barriers to TB Services in Georgia, Kazakhstan, Kyrgyzstan, Tajikistan and Ukraine."

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	AAAQ	Discrim.	Freedoms	Gender	Vulner. Groups	Particip.	R&A
	before refer. for free TB test. <b>R22-23:</b> accept. issues incl. discriminatory treat. of socially vulner. people & people from rural areas, poor treat. of trans people by HCWs, lack of privacy when DOT nurses deliver TB drugs to home results in stigma.						
Kazakhstan	<b>14, R26-27:</b> access barriers incl. travel costs for facility-based DOT, req. of domicile registration to access PHCs (not req. at TB clinics), low knowledge of avail. social support among people w/TB & HCWs, highly complex process to access social support, long distances to hospitals in rural areas, lengthy re-registration process to access PHC for internal migrants, lack of info. abt. video supported treat., difficulties accessing diag. overall, stigma & discrim. in PHCs. against key pops. incl women members of key pops. <b>14, R27:</b> quality issues incl. facility-based DOT induces travel costs & threatens job sec., educ. &	<b>12, 23:</b> Code on Public Health and the Health Care System guarantees “prevention of any form of discrimination related to the nature of [TB].” <b>R27:</b> TB employ. discrim., sometimes due to tardiness, missing shifts for DOT. <b>R27:</b> TB stigma & discrim. in PHCs, esp. against key pops. & women members of key pops.	<b>12:</b> Code on Public Health and the Health Care System guarantees protect. of privacy and “protection of Private Health Information.” <b>12-13:</b> law establishes that people w/ “contagious type of TB shall be subject to compulsory hospitalization, treat. & rehabilitation,” but provides right to appeal the decision to a “higher authority and/or a court.” <b>13-14:</b> law & MoH order provide for “coercive treatment of TB patients” & inv. isolation in specialized TB institutions financed by gov. budget, incl. for prisoners released before TB treat. is complete. <b>13:</b> decision for coercive TB treat. is made by a court upon	<b>R26:</b> women exp. more stigma & discrim. than men, esp. women key pops. <b>R26:</b> women exp. diag. delay b/c lack of childcare, pressure to quit treat. from men. <b>R26:</b> men exp. diag. delay or self-treat. b/c of poor job security, treat. adherence issues due to drug/alcohol.	<b>R26:</b> key pops. prioritized: PLHIV, internal migrants. <b>R26:</b> internal migrants exp. housing eviction b/c of TB, diag. delays due to job insecurity & long diag. times at PHCs, difficulty finding work after TB treat, lengthy re-registration process to access PHC. <b>R26:</b> PLHIV exp. diag. delays b/c PHCs lack of exp. w/ TB/HIV coinfection, treat. adherence challenges due to lack of social support & side effects. <b>R26:</b> internal migrants & PLHIV reported lack of people-centered care & inconven. of DOT.	N/A	<b>13:</b> law providing right to appeal decision for compulsory hospitalization, treat. or rehabilitation does not provide complaints procedures or guidance for when the decision-maker decides in favor of the person w/TB. <b>R27:</b> lack of legal or other process for people w/ TB to protect against discrim.

	AAAQ	Discrim.	Freedoms	Gender	Vulner. Groups	Particip.	R&A
	<p>family relations, insufficient social support &amp; side effects are adherence challenges, PHCs don't want to register TB cases leading to diag. delays, family docs. not trained for TB. <b>R27:</b> avail. issues incl. lack of psychological services, lack of treat. for side effects in PHCs. <b>13-14, 27, R27:</b> accept. issues incl. law &amp; MoH order provide for "coercive treatment of TB patients," facility-based DOT threatens job sec. &amp; induces travel costs, lack of privacy in hospitals where TB dispensaries are clearly marked &amp; reveal people have TB when they go to the area incl. from maternity wards, TB stigma &amp; discrim. in PHCs esp. against key pops. &amp; women members of key pops.</p>		<p>application from a health org. <b>13:</b> upon discharge from inv. isolation, people coercively treated must register w/ TB. org. where they reside. <b>27:</b> lack of privacy in hospitals where TB dispensaries are clearly marked &amp; reveal people have TB when they go to the area, incl. from maternity wards.</p>				
Kyrgyzstan <sup>4</sup>	<p><b>R31-32:</b> access barriers incl. domicile req. or passport req. for people w/ prison hist. &amp; migrants, stigma &amp; out of pocket payments in rural areas, illegal</p>	<p><b>L8:</b> no specific legal prohibition of TB discrim. <b>R32:</b> people w/TB exp. various kinds of discrim. in employ. <b>L8,20, R32:</b> gov. decree prohibits people w/TB</p>	<p><b>L8:</b> no legal protect. for right to privacy or confid. of people w/TB. <b>L18:</b> no law on TB isolation. <b>R32:</b> crim. code allows compulsory</p>	<p><b>R31:</b> women w/TB subjected to physical, emotional &amp; sexual violence b/c of the disease. <b>G4, R31:</b> women exp. delayed diag. due to male control of</p>	<p><b>R31:</b> key pops. prioritized: PWUD, prisoners/ people w/ hist. of prison, internal migrants. <b>R31:</b> people w/ prison hist. &amp; migrants</p>	<p><b>L18:</b> people affected by TB &amp; CSOs/CBOs permitted to engage in TB program decision-making, but no mention of support or</p>	<p><b>L17:</b> TB law req. gov. to provide legal consultations &amp; other legal aid to people w/TB. <b>L17:</b> pub. health law provides acct. for gov. authorities for their pub.</p>

<sup>4</sup> "L" page numbers refer to "Legal Review Tuberculosis in Kyrgyzstan: Report." "G" page numbers refer to "Gender Assessment in Kyrgyzstan."

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	AAAQ	Discrim.	Freedoms	Gender	Vulner. Groups	Particip.	R&A
	<p>immigration to avoid TB testing hinders healthcare access in host country, limited access to social support, discrim. treat. of key pops. by HCWs in PHCs esp. for people w/DR-TB, long distances to TB clinics.</p> <p><b>R31:</b> avail. issues incl. lack of peer support programs in prisons.</p> <p><b>R32:</b> quality issues incl. DOT causes employ. problems, stigmatizing &amp; discrim. treat. by HCWs in PHCs.</p> <p><b>R32:</b> accept. issues incl. DOT causes employ. problems, discrim. treat. of key pops. by HCWs in PHCs esp. for people w/DR-TB, crim. code allows compulsory treat. of prisoners w/TB, TB contacts investigation policy &amp; practice violates privacy, TB contacts are contacted w/o informing person w/TB, people w/TB thus withhold info. abt. their contacts, incl. coworkers.</p>	<p>from working in a list of "client-facing" professions, incl. transport. household services, food work, work w/ children.</p> <p><b>R32:</b> discrim. treat. of key pops. by HCWs in PHCs, esp. for people w/DR-TB.</p>	<p>treat. of prisoners w/TB.</p> <p><b>R32:</b> TB contacts investigation policy &amp; practice violates privacy; contacts are contacted w/o informing person w/TB, people w/TB thus withhold info. abt. their contacts, incl. coworkers.</p>	<p>family finances, cost of services, fear of family &amp; community stigma &amp; social isolation.</p> <p><b>R31:</b> women exp. self- stigma due to limited knowledge abt. TB transmission.</p> <p><b>R31:</b> pregnant women with DR-TB advised to abort fetus.</p> <p><b>R31:</b> men delay diag. &amp; treat. to avoid work disruption.</p>	<p>struggle to access healthcare due to domicile reg. req. &amp; lack of passport.</p> <p><b>R31:</b> homeless, PWUD &amp; people w/ prison hist. are stigmatized in health system.</p> <p><b>R31:</b> lack of OST in TB clinics is treat. barrier for PWUD.</p> <p><b>R32:</b> key pops. exp. stigma in PHCs due to fear &amp; lack of knowledge among PHC HCWs.</p>	<p>facilitation of their particip.</p>	<p>health oblig. &amp; HCWs for failure to provide safe services.</p> <p><b>R31:</b> people w/TB lack knowledge abt. their rights &amp; lack access to legal services, despite avail. of free legal aid.</p>

	AAQ	Discrim.	Freedoms	Gender	Vulner. Groups	Particip.	R&A
Tajikistan <sup>5</sup>	<p><b>17, R35-36:</b> access barriers incl. cost of diag., distance to clinics in remote areas where many people live, limited access to social support, Tajik migrants in Russia lack healthcare access &amp; are not screened for TB upon return to Tajikistan, people w/ prison hist. lack healthcare access due to lack of ID, domicile reg. &amp; poor finances.</p> <p><b>22, R35:</b> quality issues incl. lack of confid. incl. due to DOT leads people to seek treat. outside of their communities, distrust of PHC HCWs among PLHIV, PWUD &amp; sex workers.</p> <p><b>6, 17, 22, R36:</b> accept. issues incl. law provides for compulsory TB treat. &amp; testing, &amp; compulsory med. examinations for people entering marriage, lack of confid. in PHCs, stigma &amp; discrim. interfere w/ TB treat. for people in rural areas, lack of confid. incl. due to DOT leads people to seek treat.</p>	<p><b>6, R36:</b> no legal prohibition of TB discrim, though HIV discrim. is prohibited by law.</p> <p><b>22:</b> stigma &amp; discrim. interfere w/ TB treat. for people in rural areas.</p> <p><b>R36:</b> people w/TB fear losing their employ., resulting in diag. &amp; treat. initiation delays.</p>	<p><b>5-6:</b> law provides for compulsory TB treat. &amp; testing, &amp; compulsory med. examinations for people entering marriage.</p> <p><b>6:</b> law provides for the right to “preserve medical secrecy” (probably meaning confid. in Russian) during TB treat.</p> <p><b>17:</b> people avoid PHCs due to lack of confid.</p> <p><b>22:</b> lack of confid. incl. due to DOT leads people to seek treat. outside of their communities.</p> <p><b>R36:</b> strong fear of disclosure of TB status b/c privacy &amp; confid. not sufficiently protected.</p>	<p><b>R35:</b> women have limited health decision-making power.</p> <p><b>R35:</b> married women fear divorce &amp; unmarried women fear not marrying due to TB.</p> <p><b>R35:</b> women exp. diag. delays due to male control of family finances, limited health decision-making power, deprioritizing their health for household duties, requiring female HCWs.</p> <p><b>R35:</b> men w/TB struggle with job sec.</p>	<p><b>R35:</b> key pops. prioritized: people w/ diabetes, military personnel, people w/ prison hist. PLHIV, PWUD, migrants working in Russia, sex workers, HCWs.</p> <p><b>R35:</b> PWUD exp. higher risk of drug-resistance, limited access to OST.</p> <p><b>R35:</b> distrust of PHC HCWs among PLHIV, PWID &amp; sex workers.</p> <p><b>R35:</b> Tajik migrants in Russia lack healthcare access &amp; are not screened for TB upon return to Tajikistan.</p> <p><b>R35:</b> people w/ prison hist. lack healthcare access due to lack of ID, domicile reg. &amp; poor finances.</p>	N/A	N/A

<sup>5</sup> The Tajikistan CRG Assessment report is written in Russian. I used Google Translate to create an English language version that I have analyzed here.



	AAAQ	Discrim.	Freedoms	Gender	Vulner. Groups	Particip.	R&A
	outside of their communities, strong fear of disclosure of TB status b/c privacy & confid. not sufficiently protected.						
Ukraine <sup>6</sup>	<p><b>R39:</b> key pops. exp. access barriers to counseling &amp; social support, unemployment, limited services for victims of sexual violence.</p> <p><b>R39, 102:</b> women from ethnic minorities, women survivors of GBV, elderly women, women in armed conflict situations, female refugees, women at high risk of HIV &amp; the rural poor have limited access to healthcare.</p> <p><b>R39:</b> women's financial dep. on men hinders access to services, women from key pops. exp. stigma &amp; discrim. in healthcare.</p> <p><b>R39:</b> lack of nat. ID is a barrier to services for IDPs, undoc foreigners &amp; people w/ prison a hist.</p> <p><b>R40:</b> other access barriers incl. req. to reg. in health system to obtain</p>	<p><b>LF30:</b> TB law &amp; policy incl. stigmatizing &amp; discrim. terminology.</p> <p><b>LF28-31:</b> no legal prohibition of TB discrim.</p> <p><b>R39:</b> women from key pops. exp. stigma &amp; discrim. in healthcare.</p> <p><b>R40:</b> trans persons &amp; PWID exp. discrim. in healthcare, causing delays in seeking healthcare.</p> <p><b>LF39,41, R40:</b> law does not protect labor rights of people w/TB, they usually lose their jobs during treat; workers who refuse or fail to take TB test in stipulated time shall be dismissed under law.</p> <p><b>LF48:</b> law does not prohibit TB discrim. in educ.</p> <p><b>R40:</b> TB discrim. in educ.: students refusing TB test, contacts of people w/TB, or those who aren't vaccinated may be banned</p>	<p><b>L9:</b> TB transmission criminalized by law.</p> <p><b>L28-30:</b> no legal protect. for right to privacy or confid. of people w/TB.</p> <p><b>R39-40:</b> PWID lack access to interg. OST/HIV/TB services, exp. stigma, face legal barriers incl. crim. of drug use &amp; breaches of their right to confid.</p> <p><b>R40:</b> people w/TB can be prosecuted &amp; subject to inv. isolation.</p> <p><b>R40:</b> privacy &amp; confid. of people w/ TB &amp; TB survivors not fully protected, leads to unjustified non-consensual disclosure of TB status.</p> <p><b>L40:</b> law allows for unjustified inv. isolation &amp; forced hospitalization out of line w/ WHO ethics guidance, legal process is insufficient or unfair, inv. isolation &amp;</p>	<p><b>R39:</b> women from ethnic minorities, women survivors of GBV, elderly women, women in armed conflict situations, female refugees &amp; women at high risk of HIV have limited access to healthcare.</p> <p><b>R39:</b> women's financial dep. on men hinders access to services.</p> <p><b>R39:</b> Roma women are esp. vulnerable, cannot seek healthcare w/o husband's consent.</p> <p><b>R39:</b> women from key pops. exp. stigma &amp; discrim. in healthcare &amp; have low knowledge abt. TB &amp; their rights.</p> <p><b>R39:</b> women from rural areas lack access to social protect. &amp; health services.</p> <p><b>R39:</b> men neglect their own health &amp; are at higher TB risk from behaviors like</p>	<p><b>R39:</b> key pops. prioritized: PLHIV, prisoners &amp; detainees, PWID, people w/ alcohol dependency, homeless, urban &amp; rural poor, IDPs.</p> <p><b>R39:</b> key pops, exp. access barriers to counseling &amp; social support, unemployment, limited services for victims of sexual violence.</p> <p><b>R39:</b> lack of nat. ID is a barrier to services for IDPs, undoc foreigners &amp; people w/ prison a hist.</p> <p><b>R39-40:</b> PWID lack access to integr. OST/HIV/TB services, exp. stigma, face legal barriers incl. crim. of drug use &amp; breaches of their right to confid.</p>	<p><b>PR43:</b> networks &amp; CSOs are inv. in decision-making at various levels of the TB &amp; HIV responses, including reps. of people affected by TB in the National Council to Fight TB and HIV/AIDS in the Cabinet of Ministers of Ukraine.</p> <p><b>PR43-44:</b> TB program incl. indicator for number of regions where CSOs collaborate w/ TB clinics to improve access to vulner. groups.</p>	<p><b>LF51, R40:</b> free State legal aid is not provided by law except for people w/ low income, but people w/TB lack info. about the law &amp; their rights.</p> <p><b>R40:</b> key pops. deterred from legal services by stigmatizing lawyers.</p> <p><b>R40:</b> PWID do not seek legal services or remedies for fear of law enforcement.</p>

<sup>6</sup> "L" page numbers refer to "The Legal Environment Assessment for TB in Ukraine: Executive Summary." "LF" page numbers refer to the full report, "Report on the Legal Environment Assessment for Tuberculosis in Ukraine." "PR" page numbers refer to "Report on the Project Results 'Communities, Rights and Gender TB Tools Assessments in Ukraine.'"

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	AAAQ	Discrim.	Freedoms	Gender	Vulner. Groups	Particip.	R&A
	<p>services, esp. for people w/o documents &amp; those living far from their residences, IP/patent law that makes drugs unaffordable.</p> <p><b>R40:</b> quality issues incl. unnecessary long-term hospitalization for TB, stigmatizing treat. in clinics, lack of TB trained HCWs in PHCs, insufficient use of fixed-dose combinations.</p> <p><b>R39-40, L40:</b> accept. issues incl. women from key pops. exp. stigma &amp; discrim. in healthcare, unnecessary long-term hospitalization for TB, stigmatizing treat. in clinics, trans persons &amp; PWID exp. discrim. in healthcare, privacy &amp; confid. of people w/ TB &amp; TB survivors not fully protected, law allows for unjustified inv. isolation &amp; forced hospitalization.</p>	from school.	forced hospitalization used as form of punishment.	smoking, alcohol dep. & problematic drug use. <b>R40:</b> lack of gender-sensitive trained HCWs in PHCs.			

	AAAQ	Discrim.	Freedoms	Gender	Vulner. Groups	Particip.	R&A
<b>Benin<sup>7</sup></b>	<p><b>8-9, 76, 89:</b> avail. issues incl. lack of accurate info. abt. TB instead many common misconcepts. esp. abt. transmission &amp; infect.</p> <p><b>8, 84-85, 94, 111:</b> access barriers incl. socio-cultural norms &amp; costs of disease management, lack of nutrition dur. treat.</p> <p><b>80, 87, 110:</b> quality issues incl. stigmatizing &amp; discriminatory treat. in healthcare, inadequate management of co-morbidities.</p> <p><b>80, 87:</b> accept. issues incl. stigmatizing &amp; discriminatory treat. in healthcare.</p>	<p><b>8-9, 79, 82, 87, 88, 98, 101, 114:</b> TB stigma &amp; discrim. is widespread incl. in families, healthcare, employ., communities.</p> <p><b>81, 98, 105, 110, 112-113:</b> very few people in the study reported that they filed complaints after exp. TB discrim.; it is difficult to do so w/o law specifically protecting people w/TB.</p> <p><b>98, 110, 112:</b> no legal prohibition of TB discrim.</p>	<p><b>98, 110, 112:</b> no legal protect. for privacy &amp; confid. of people w/TB.</p> <p><b>112:</b> TB screening mandatory for several professions in pub. &amp; private sectors.</p> <p><b>112:</b> no law restricting freedoms of people w/TB, but practice of “quarantine” in schools &amp; some professions.</p>	<p><b>9, 93, 98, 105, 110, 113:</b> study found that generally gender isn’t access barrier for services, except for patriarchal socio-cultural norms.</p> <p><b>101:</b> some women w/TB do not receive support from their husbands.</p> <p><b>113:</b> TB is cause for separation in some marriages.</p> <p><b>113:</b> women exp. patriarchal socio-cultural barriers to services incl. requiring their husband’s approval to seek healthcare.</p>	<p><b>37:</b> key pops. prioritized: PLHIV, pregnant women, persons deprived of liberty, people w/ diabetes, children &lt;5 contacts of people w/TB.</p>	<p><b>111:</b> low involvement of NGOs in TB control at community level.</p>	<p><b>8-9, 86, 103, 113:</b> people affected by TB lack knowledge of laws &amp; rights incl. how to seek remedies for rights violations.</p> <p><b>81, 98, 105, 110, 112-113:</b> very few people in the study reported that they filed complaints after exp. TB discrim.; it is difficult to do so w/o law specifically protecting people w/TB.</p>
<b>Cameroon<sup>8</sup></b>	<p><b>31-32, 56, 61-63:</b> avail. issues incl. TB services are scarce in clinics (only 18% of clinics surveyed provided TB services), lack of or non-functioning x-rays, lack of rapid molecular tests, lack of integ. of HIV/TB services &amp; refugee/IDP</p>	<p><b>40:</b> weak enforcement of Penal Code that prohibits health-based discrim. in public places &amp; employment.</p> <p><b>54:</b> stigma &amp; discrim. against gay &amp; trans people limit their access to quality services.</p> <p><b>61-63:</b> no legal prohibition of TB discrim.</p>	<p><b>39:</b> law protects confid. in healthcare but no specific protect. for right to privacy or confid. of people w/TB.</p> <p><b>59:</b> fear of disclosure of TB status among people w/TB.</p> <p><b>61-63:</b> weak enforcement of privacy &amp; confid. regs. incl. in prisons.</p>	<p><b>61-63:</b> lack of impl. of gender policies impacts social dynamics of TB vulner., access to services &amp; treat. outcomes.</p> <p><b>61-63:</b> lack of gender - sensitive indicators in TB prog.</p> <p><b>54:</b> stigma &amp; discrim. against gay &amp; trans people limit</p>	<p><b>61-63:</b> key pops. prioritized: prisoners, PLHIV, TB contacts, refugees/IDP &amp; children.</p> <p><b>61-63:</b> no data for TB contacts.</p> <p><b>61-63:</b> lack of data for key pops. risk factors &amp; barriers to services.</p> <p><b>27-28, 61-63:</b> prisoners exp.</p>	<p><b>61-63:</b> communities are involved in TB policymaking but they struggle to influence debate &amp; decision-making &amp; lack sufficient resources.</p>	<p><b>41:</b> law does not provide workers compens. for TB.</p> <p><b>61-63:</b> lack of action to promote rights of people w/TB.</p> <p><b>61-63:</b> no community level mechanism to monitor commitments to end TB.</p>

<sup>7</sup> The Benin report I reviewed was translated into English from French using Google Translate.

<sup>8</sup> The Cameroon report I reviewed was translated into English from French using Google Translate. The executive summary translation was reviewed for accuracy by Bertrand Kampoer, an author of the report, but not the rest of the report. Page numbers may change once the report is finished and published in final, designed format.

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	AAAQ	Discrim.	Freedoms	Gender	Vulner. Groups	Particip.	R&A
	<p>camps into TB prog.</p> <p><b>40, 53, 61-63:</b> access barriers incl. out of pocket costs of TB services incl. tests &amp; costs related to hospitalization &amp; co-morbidities, the catastrophic costs assoc. w/ TB diag. &amp; treat., stigmatizing &amp; discrim. against HIV key pops., lack of TB info &amp; knowledge, physical access to clinics.</p> <p><b>31-32, 54, 61-63:</b> accept. issues incl. lack of focus on accept. in TB programming, weak enforcement of privacy &amp; confid. regs. incl. in prisons, stigmatizing &amp; discriminatory treat. by HCWs incl. for HIV key pops., lack of women- &amp; child-sensitive services.</p> <p><b>29, 31, 54, 61-63:</b> quality issues incl. that the study found only 0.9% receive appropriate care, stigmatizing &amp; discriminatory treat. by HCWs incl. for HIV key pops.</p>	<p><b>61-63:</b> people w/TB are stigmatized in families, communities, workplaces &amp; in healthcare.</p> <p><b>29, 61-63:</b> lack of data &amp; resources to combat TB stigma &amp; discrim.</p>		<p>their access to quality services.</p> <p><b>56:</b> women have limited health decision-making power in families due to patriarchal norms.</p> <p><b>61-63:</b> TB is cause for divorce in some families.</p> <p><b>31-32:</b> lack of women- &amp; child-sensitive services.</p>	<p>high TB risk &amp; services barriers from overcrowding, lack of impl. of alternative sentencing measures, lack of clinics in prisons, lack of confid. in healthcare, lack of TB info.</p> <p><b>29:</b> PLHIV exp. high TB risk &amp; services barriers from lack of full integ. of TB/HIV services, lack of routine TB screening for PLHIV, stigmatizing &amp; discrim. against HIV key pops., out of pocket costs for TB tests.</p> <p><b>31:</b> refugees &amp; IDPs exp. high TB risk &amp; services barriers from lack of camps integ. into health system, lack of TB info., limited TB screening, lack of trained HCWs in camps, lack of TB data from camps.</p> <p><b>31:</b> children exp. high TB risk &amp; services barriers from lack of or non-functioning x-rays, lack of rapid molecular tests, poor BCG coverage, poor quality services for children, lack of screening &amp; ACF, risk of TB infect. in clinics, out of pocket costs for tests,</p>		

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<b>DRC</b>	<p><b>8, 37, 39-40:</b> access barriers incl. fees for consultations, x-rays &amp; sputum tests at clinics despite that TB services are free, cost of transport to clinics, lack of info. abt. TB services &amp; legal rights, lack of nutritional support, distance to clinics in remote areas, crim. of drug use for PWUD.</p> <p><b>9, 37, 40:</b> avail. issues incl. drug stock-outs, lack of quality diag. technologies incl. rapid molecular tests, lack of integ. TB/HIV services, lack of preventive treatment in clinics.</p> <p><b>9, 36-37, 40:</b> quality issues incl. restrictive use of DOT esp. in rural areas, stigma &amp; discrim. in clinics, untrained HCWs in some clinics, long wait times for test results.</p> <p><b>9, 40, 44-45:</b> accept. issues incl. restrictive use of DOT esp. in rural areas, lack of respect for confid. of TB test results &amp; status, stigmatizing &amp; discrim. treat. in clinics, lack of specific support for elderly, TB services poorly</p>	<p><b>9, 42:</b> people w/TB exp. stigma &amp; discrim. in healthcare, family &amp; community.</p> <p><b>10, 42:</b> no legal prohibition of TB discrim.</p> <p><b>43:</b> TB discrim. in employ., people w/TB are dismissed w/o comp.</p>	<p><b>9, 37, 40, 44:</b> HCWs violate privacy &amp; confid. of people w/TB, disclosing their test results &amp; status.</p> <p><b>34-35, 37:</b> crim. of drug use &amp; narcotics law enforcement causes barriers for PWID &amp; hemp smokers.</p> <p><b>36, 43:</b> no law on inv. isolation or guidelines for hospitalization or confinement of people w/TB.</p> <p><b>38-44:</b> no legal protect. for right to privacy or confid. of people w/TB.</p>	<p><b>23:</b> lack of sex disag. data for TB prevalence &amp; mortality.</p> <p><b>23:</b> women have limited agency in health decision-making in families.</p> <p><b>23:</b> stigma is a major barrier to healthcare for men.</p> <p><b>23:</b> trans persons w/TB are not addressed by law.</p> <p><b>23:</b> nat. gender policy hasn't been updated for abt. 10 years.</p> <p><b>45:</b> tribal &amp; customary law &amp; norms are discriminatory to women incl. around marriage &amp; sexual relations.</p> <p><b>45:</b> no programs targeting men where they gather or work, or to promote use of TB services.</p>	<p><b>8:</b> key pops. prioritized: PLHIV, TB contacts, PWID &amp; smokers.</p> <p><b>33:</b> TB contacts exp. poorly ventilated &amp; overcrowded living conditions, unhealthy environments, food insecur., lack of TB prevention info.</p> <p><b>34-35:</b> PWID &amp; smokers exp. access barriers due to crim. of drug use, stigmatizing &amp; discriminatory treat. by HCWs, lack of nutritional support dur. treat.</p> <p><b>37:</b> lack of mapping &amp; specific nat. health policies &amp; guidelines for key pops.</p> <p><b>41:</b> TB screening of PLHIV is not systematic, PLHIV have to pay for x-ray &amp; TB-LAM tests.</p> <p><b>41:</b> prisoners lack access to quality services, prisoners w/TB are not separated from general pop., lack of treat. continuation upon prisoners' release.</p>	<p><b>30:</b> very low involvement of CBOs in TB/HIV response.</p> <p><b>37:</b> lack of mapping of community orgs. &amp; NGOs fighting TB.</p> <p><b>37:</b> lack of funding for community-based TB activities.</p> <p><b>42:</b> people in fight against TB do not engage in advocacy or legislative lobbying.</p> <p><b>53:</b> lack of funding for TB CBOs.</p>	<p><b>42:</b> prisoners lack access to legal remedies &amp; do not know their rights.</p> <p><b>42:</b> people in fight against TB do not engage in advocacy or legislative lobbying.</p> <p><b>43:</b> people affected by TB do not use the courts to address legal issues, like dismissal from employ.</p> <p><b>43:</b> little to no support from legal clinics for people w/TB.</p>

	AAAQ	Discrim.	Freedoms	Gender	Vulner. Groups	Particip.	R&A
	organized for children.						
Kenya <sup>9</sup>	<p><b>D10, L19:</b> avail. issues incl. frequent drug stock-outs, shortage of rapid molecular tests.</p> <p><b>L19, 33-34, G20-21:</b> quality issues incl. inadequate med. facilities, DOT is major inconvenience esp. for laborers, side effects challenge for treat. adherence, stigmatizing &amp; discrim. treat. by HCWs.</p> <p><b>L19, 33, G1:</b> access barriers incl. lack of info. in pop. abt. TB, services &amp; prevention, cost of diag. services, incidental expenses assoc. w/ treat., lack of access to MDR-TB drugs bed. &amp; del., DOT &amp; limited clinic hours esp. for day laborers.</p> <p><b>L23-26, 33-35, G1:</b> accept. issues incl. imprisonment of people w/TB for stopping or interrupting</p>	<p><b>L35-36:</b> no prohibition of TB discrim. in legislation or policy (though constitution prohibits discrim. on any ground).</p> <p><b>L35:</b> widespread TB stigma &amp; discrim. incl. in employ., educ. &amp; healthcare, people w/TB lose &amp; fear losing employ., fear excl. from school &amp; public &amp; social spaces.</p>	<p><b>L22:</b> health law protects right to privacy &amp; confid. but law does not recognize these rights specifically for people w/TB.</p> <p><b>L23-25:</b> widespread imprisonment of people w/TB for stopping or interrupting treat. under pub. health law.<sup>10</sup></p> <p><b>L26:</b> prisons law allows for forced treatment &amp; does not protect privacy, confid. or informed consent.</p> <p><b>D11:</b> lack of guidelines for safety, informed consent &amp; confid. of vulner. pops. dur. TB data collection, analysis &amp; reporting.</p>	<p><b>G30, L32:</b> men at high TB risk from. poor health-seeking behav., delays at clinics, long work hours, occupational risks incl. mining &amp; truck driving.</p> <p><b>G1:</b> women are more likely to seek healthcare earlier &amp; more frequently than men, but women outside Nairobi are often poorer than men &amp; exp. socio-economic barriers to services.</p> <p><b>G1:</b> women lack financial &amp; decision-making power &amp; indep. limiting access to healthcare.</p> <p><b>G2:</b> limited evidence on impact &amp; barriers of gender on accessing TB services.</p> <p><b>G2:</b> lack of attn. to TB/HIV trans persons &amp; no TB data for trans persons.</p> <p><b>G12:</b> cultural norms contribute to gender-based barriers to</p>	<p><b>D3:</b> key pop. prioritized: PLHIV, HCWs, prisoners, refugees, truck drivers, people living in urban slums, people w/ diabetes.</p> <p><b>G2, D12:</b> lack of accurate comprehensive data &amp; knowledge of key pops., which differ across the country.</p> <p><b>D9:</b> lack of resources &amp; opps. for data collection, planning, impl. &amp; M&amp;E for key pops. progs.</p> <p><b>D9:</b> lack of pop. size estimates, indicators &amp; disag. TB data for key pops.</p> <p><b>L26:</b> TB rates in prisons 4-10x higher than surrounding pops. from overcrowding, poor ventilation, malnutrition, lack of infect. control., poor health services.</p> <p><b>L32:</b> people living in slums &amp; inf. settlements at high TB risk from</p>	<p><b>D12:</b> lack of engagement of key pops. in the TB response, driven in part by struct. &amp; legal factors that exacerbate discrim. of key pops.</p>	<p><b>L35:</b> people w/TB do not report discrim. even when they lose employ. or are denied healthcare.</p> <p><b>L11:</b> legal aid law provides an opp. to ensure access to justice for people w/TB</p>

<sup>9</sup> "L" page numbers refer to "Tuberculosis: An Assessment of the Legal Environment, Kenya." "G" page numbers refer to "Tuberculosis: A Gender Assessment in Kenya." "D" page numbers refer to "Tuberculosis: Data Assessment in Key, Vulnerable and Underserved Populations in Kenya."

<sup>10</sup> The High Court of Kenya at Nairobi has ruled that imprisonment of people TB for stopping or interrupting treatment is unconstitutional and that the *Public Health Act* (CAP 242) does not authorize the practice. See Daniel Ng'etich v. Attorney General, Petition No. 329 of 2014 [2016] eKLR (Kenya). In accordance with the court's decision, the Ministry of Health promulgated a new TB isolation policy in 2018. See National Tuberculosis, Leprosy and Lung Disease Program, *Tuberculosis (TB) Isolation Policy* (Feb. 2018) (Kenya).

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	<p>treat., prisons law allows for forced treatment &amp; does not protect privacy, confid. or informed consent, DOT is major inconvenience esp. for laborers, side effects challenge for treat. adherence, widespread discrim. in healthcare, limited clinic hours esp. for day laborers.</p>			<p>services, but likely to vary throughout the country.</p>	<p>overcrowding, &amp; exp. financial, geog. &amp; social barriers to services.  <b>L32:</b> migrants &amp; refugees at high TB risk from overcrowded living, low income, food insecurity, also exp. barriers to services incl. fear of law enforcement for undoc. migrants.  <b>L32:</b> poor health-seeking behavior. among PWUD &amp; challenges w/ treat. adherence from addiction, social stigma &amp; economic factors.  <b>L32:</b> children at high TB risk from diag. challenges leading to diag. &amp; treat. initiation delays, &amp; congestion &amp; overcrowding in pub. schools.  <b>L32:</b> PLHIV at high TB risk from compromised immune syst., lack of access to TB-LAM, but prevention efforts have had success.  <b>L32:</b> HCWs at high TB risk from exposure to people w/TB at work.</p>		

	AAAQ	Discrim.	Freedoms	Gender	Vulner. Groups	Particip.	R&A
Mozambique	<p><b>37-39, 44:</b> access barriers incl. HCWs stigmatizing &amp; discriminatory treat. of key pops., cost of transport to clinics, distance to clinics, rapid molecular tests only avail. at district clinics, lack of info. about TB &amp; TB services.</p> <p><b>39:</b> avail. issues incl. drug stock-outs.</p> <p><b>37-39, 46:</b> quality issues incl. HCWs stigmatizing &amp; discriminatory treat. of key pops., overcrowded clinics, HCWs not trained to care for key pops.</p> <p><b>37, 44, 46:</b> accept. issues incl. HCWs stigmatizing &amp; discriminatory treat. of key pops., lack of privacy &amp; confid. at clinics, overcrowded clinics.</p>	<p><b>31-33:</b> no legal prohibition of TB discrim.</p> <p><b>39, 44:</b> TB stigma &amp; discrim. is widespread, incl. among key pops, is a barrier to services among other things.</p> <p><b>45:</b> people w/TB exp. employ. loss.</p>	<p><b>29-33:</b> labor law protects right to privacy of health status &amp; confid. of personal data but does not specifically protect rights to privacy &amp; confid. of people w/TB.</p> <p><b>37-39, 46:</b> key pops. avoid healthcare from fear of disclosure of their health status due to lack of privacy &amp; confid. at clinics.</p> <p><b>44:</b> lack of privacy &amp; confid. w/ widespread TB stigma &amp; discrim. deters health-seeking behav.</p>	<p><b>39:</b> men are at high TB risk for occupational exposure, labor migration, crowded social environments, &amp; they delay seeking healthcare.</p> <p><b>40:</b> women's health is deprioritized, they have limited decision-making power &amp; req. male consent to seek healthcare.</p>	<p><b>15:</b> key pops. prioritized: PLHIV, female sex workers, PWID, miners, HCWs.</p> <p><b>15, 38:</b> 36% of all people w/TB are PLHIV.</p> <p><b>16:</b> no NTP strategy for sex workers, no TB data for them either; they exp. high rates of HIV.</p> <p><b>17:</b> no NTP strategy for PWID, no TB data for them either, high rates of HIV; they avoid health system due to stigma &amp; discrim; they exp. poverty, (un)employ., homelessness, imprisonment, HIV, malnutrition &amp; lack of access to healthcare.</p> <p><b>18:</b> miners at high TB risk due to prolonged exposure to silica dust, poor living conditions, high HIV prevalence, labor migration.</p> <p><b>18-20:</b> HCWs at high TB risk from occupational exposure esp. in clinics w/ poor ventilation &amp; infect. control, low compliance or unavail. of PPE.</p> <p><b>44:</b> key pops. in the study had low knowledge &amp; misconcepts. abt. TB.</p>	<p><b>8:</b> limited community participation in the TB response.</p> <p><b>46:</b> lack of involvement of key pops. in program planning &amp; impl. &amp; as peer educators.</p>	N/A



	AAAQ	Discrim.	Freedoms	Gender	Vulner. Groups	Particip.	R&A
Niger <sup>11</sup>	<p><b>14, 18-19:</b> avail. issues incl. shortage of HCWs, lack of social protect. to cover loss of income &amp; costs assoc. w/ treat, drug stock-outs.</p> <p><b>9, 15-17, 19:</b> quality issues inc. stigma &amp; discrim. in healthcare, inadequate training of HCWs.</p> <p><b>9, 15-17, 20:</b> accept. issues inc. stigma &amp; discrim. in healthcare, linguistic &amp; cultural differences among HCWs &amp; patients.</p> <p><b>8, 12, 14, 19, 23:</b> access barriers incl. lack of TB info. &amp; knowledge, distance to clinics (5 km on average for “basic health services”), financial costs of services (“lack of means”) despite that treat. is free, difficulty of transport to clinics, lack of nutritional support dur. treat.</p>	<p><b>8, 12, 27:</b> no legal prohibition of TB discrim.</p> <p><b>9:</b> people w/TB exp. stigma &amp; discrim. in healthcare, public services, their family &amp; their community.</p> <p><b>24:</b> women w/TB exp. marital discrim. &amp; rejection by their spouse.</p>	<p><b>8, 12, 27:</b> no legal protects. for rights to privacy or confid. for people w/TB.</p>	<p><b>8:</b> women seek care later than men.</p> <p><b>21:</b> gender main-streaming has not occurred in TB prog.</p> <p><b>22:</b> women are less likely than men to be diag. w/ TB &amp; to be treat. successfully.</p> <p><b>22-24:</b> gender is less a barrier to services than extreme poverty &amp; illiteracy, but economic barriers incl. financial dependency, limited decision-making power &amp; social rejection of women w/TB impede their services access.</p> <p><b>24:</b> women w/TB exp. marital discrimination &amp; rejection by their spouse.</p> <p><b>26:</b> under-rep. &amp; low involvement of women in decision-making bodies causes lack of influence in development policies &amp; interventions.</p>	<p><b>27:</b> the study recommends the TB prog. consider the following key pops.: people w/ disabilities, mothers of children, HCWs, TB contacts, elderly, prisoners, nomads, miners, migrants, PLHIV.</p>	<p><b>19:</b> lack of mobilization of people &amp; communities affected by TB.</p> <p><b>26:</b> under-rep. &amp; low involvement of women in decision-making bodies causes lack of influence in development policies &amp; interventions.</p>	<p><b>8, 12, 27:</b> lack of legal framework for TB.</p>

<sup>11</sup> The Niger report I reviewed was translated into English from French using Google Translate. The page numbers may change once the report is finished and published in its final format.

	AAAQ	Discrim.	Freedoms	Gender	Vulner. Groups	Particip.	R&A
Nigeria <sup>12</sup>	<p><b>K25, 27-28, L27-28, 32-33, G49:</b> access barriers incl. distance &amp; cost of transport to clinics, lack of integ. TB/HIV services, low public awareness, lack of accurate info. &amp; widespread misconcepts. abt. TB, out of pocket costs for services incl. initial diag, limited clinic hours.</p> <p><b>L27, L31-32, G49, 65, 68:</b> accept. issues incl. lack of privacy in clinics, overcrowding &amp; concern for confid. of medical records in public clinics, stigmatizing &amp; discriminatory treat. by HCWs, lack of gender-sensitive TB programming, limited clinic hours.</p> <p><b>L27-29, 31-32, K25-26, 30:</b> quality issues incl. public perceptions of low-quality care in public sector, overcrowding, long wait times for services &amp; delays in test results at public clinics, lack of quality assurance for TB drugs sold over-the-counter at</p>	<p><b>L7, 32, 38-52:</b> no legal prohibition of TB discrim., despite that HIV discrim. is legally prohibited.</p> <p><b>L13-14:</b> TB-related law &amp; policy uses stigmatizing &amp; discriminatory terminology.</p> <p><b>L30-32, K30, 33, G49-51:</b> TB stigma &amp; discrim. is pervasive in families, communities, healthcare, educ. &amp; employ. w/ devastating impacts on people w/TB, their families &amp; the TB response.</p>	<p><b>L11, 38-52:</b> no legal protect. for right to privacy of people w/TB.</p> <p><b>L27:</b> lack of privacy in clinics is a barrier services &amp; challenge to adherence.</p> <p><b>L34:</b> no law, policy or guidance for TB isolation.</p> <p><b>L50-52:</b> subnat. pub. health law allows for apprehension, detention &amp; compulsory treat. of people w//TB, HIV &amp; other infect. diseases &amp; crim. transmission of TB, HIV &amp; other infect. diseases.</p>	<p><b>G35:</b> Nigeria Gender Policy does not address TB, though it does HIV.</p> <p><b>G40:</b> men delay seeking services due to work duties, preference for self-medication, fear of stigma at clinics, socio-cultural notions of masculinity.</p> <p><b>G40-41:</b> women seek services sooner than man b/c of concern for children's well-being &amp; socio-cultural notions of femininity, but exp. delays due to limited financial &amp; decision-making power in families.</p> <p><b>G47-48:</b> men face TB risk from social habits, occupations, communal drinking, drug use.</p> <p><b>G48:</b> women face TB risk from caregiving roles, pregnancy lowering immune response.</p> <p><b>G51:</b> men exp. stigma but are able to hide their status to mitigate stigma's impact.</p> <p><b>G51:</b> women exp. stigma in family &amp; friends abandonment,</p>	<p><b>K20:</b> key pops. recog. by NTP: PLHIV, prisoners &amp; detainees, sex workers, IDPs, urban &amp; rural poor, smokers, PWUD, children &amp; HCWs.</p> <p><b>K21:</b> key pops. newly recog: street kids, truck drivers, taxi drivers, motorcycle transporters, tricycle transporters, factory workers &amp; quarry workers.</p> <p><b>L28:</b> mobile pops. exp. treat. interruptions &amp; are often lost to follow up.</p>	<p><b>L34:</b> lack of community mobilization for TB &amp; too few TB CBOs contributes to low particip. in TB progs. &amp; decision-making.</p>	<p><b>L42-43:</b> access to justice for people w/TB hindered by strict standing req. in courts, high litigation costs &amp; complexity of legal procedures.</p>

<sup>12</sup> "L" page numbers refer to "Tuberculosis Legal Environment Assessment: Nigeria, Final Report July 2018." "G" page numbers refer to "Report: TB Gender Assessment in Nigeria." "K" page numbers refer to "TB Key Populations Prioritization & Rapid Assessment Report" for Nigeria.

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	AAAQ	Discrim.	Freedoms	Gender	Vulner. Groups	Particip.	R&A
	<p>private chemists, self-medication &amp; traditional or faith healers, stigmatizing &amp; discriminatory treat. by HCWs., untrained HCWs.</p> <p><b>L28, 31-32, G49:</b> avail. issues incl. drug stock-outs, unavail. of “new” TB drugs (bed. &amp; del.), unavail. of counselling services, limited avail. of rapid molecular tests.</p>			<p>isolation &amp; avoidance, &amp; family sep., emotional abuse &amp; sometimes physical violence.</p> <p><b>G58:</b> men exp. poor treat. outcomes more than women due to smoking, drug use, peer pressure, feeling well again, return to work.</p> <p><b>G65, 68:</b> lack of gender-sensitive TB programming.</p>			
South Africa	<p><b>x-xv:</b> access barriers incl. lack of TB info. (despite legal protects. for the right to health information), crim. laws that prohibit drug use &amp; sex work hinder access for key pops., cultural attitudes &amp; lack of tailored services for men, limited clinic hours.</p> <p><b>x-xv:</b> avail. issues incl. lack capacity &amp; resources for holistic counselling &amp; psychosocial support. esp. after initial treat. intensive period.</p> <p><b>x-xv, 44:</b> accept. issues incl. lack of gender sensitive TB policies, guidelines &amp; services incl. for men &amp; trans women at clinics, limited</p>	<p><b>xi:</b> TB stigma &amp; discrim. is pervasive.</p> <p><b>xi:</b> no legal prohibition of TB discrim.</p> <p><b>xi:</b> stigmatizing &amp; discriminatory behav. among TB HCWs.</p> <p><b>xii:</b> law protects trans persons from discrim. but not fully enforced.</p> <p><b>xii:</b> farm workers face discrim. from TB diag.</p> <p><b>xv:</b> TB stigma &amp; discrim. undermines TB contact tracing.</p>	<p><b>xi:</b> crim. laws that prohibit drug use &amp; sex work hinder access to services &amp; exacerbate TB stigma &amp; discrim. for key pops.</p> <p><b>xii:</b> farm workers lack privacy &amp; confid. in TB services.</p> <p><b>xiv:</b> people who use substances exp. confid. breaches in obtaining TB services.</p> <p><b>xii:</b> farm workers w/ supportive employers may access care but exp. “compromised confid.”</p> <p><b>xiii:</b> HCWs exp. lack of confid. during treatment in workplace.</p> <p><b>30-33:</b> const. &amp; health law protects rights to privacy &amp; confid. but law</p>	<p><b>xi:</b> gender impacts vulner. to TB infect., access to service &amp; treat. completion. <b>xi-xii:</b> men are at higher risk of TB infect. &amp; mortality than women, incl. from occupational &amp; social risks, &amp; exp. services barriers from masculine cultural norms against healthcare &amp; lack of tailored services.</p> <p><b>xi-xii:</b> women exp. lower TB morbidity &amp; mortality &amp; easier access to services but exp. challenges due to caregivers role.</p> <p><b>xi-xii:</b> very limited data on trans persons affected by TB, &amp; they face extreme vulner. &amp; stigma,</p>	<p><b>xi:</b> crim. laws that prohibit drug use &amp; sex work hinder access to services &amp; exacerbate TB stigma &amp; discrim. for key pops.</p> <p><b>xi-xii:</b> very limited data on trans persons affected by TB, they exp. many layered vulner. to TB infect. &amp; disease, insensitive services at clinics &amp; stigma &amp; discrim., impeding access to services.</p> <p><b>xi:</b> key pops. incl. gender minorities exp. stigmatizing treat. from TB HCWs, inequitable care &amp; exclusion from treatment.</p> <p><b>xii:</b> farm workers exp. many vulner. to TB infect. &amp; disease, incl.</p>	<p><b>N/A</b> (impl. org. TB HIV Care confirmed this was not assessed)</p>	<p><b>xi:</b> lack of access to justice for rights violations in health services, incl. from lack of monitoring &amp; complaints mechanisms, though legal right to remedies exist.</p> <p><b>xiii-xiv:</b> HCWs lack access to remedies &amp; compens. for occupational TB.</p> <p><b>xiii:</b> lack of accountability for unsafe &amp; unhealthy working conditions increasing occupational TB risk.</p>

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	AAAQ	Discrim.	Freedoms	Gender	Vulner. Groups	Particip.	R&A
	<p>clinic hours, stigmatizing &amp; discriminatory behav. among TB HCWs, clinics lack training, capacity &amp; resources for children contacts of people w/TB, people who use substances exp. confid. breaches in obtaining TB services, lack of confid. results in delayed diag. &amp; non-disclosure of new infects, rigid facility-based DOT</p> <p><b>x-xv:</b> quality issues incl. stigmatizing &amp; discriminatory behav. among TB HCWs, rigid facility-based DOT</p>		<p>does not specifically protect rights to privacy &amp; confid. of people w/TB.</p> <p><b>44:</b> lack of confid. results in diag. delays &amp; non-disclosure of new infects.</p>	<p>impeding access to services.</p> <p><b>xi-xii:</b> lack of gender sensitive TB policies &amp; guidelines &amp; services incl. for men at clinics.</p>	<p>crowded living conditions, occupational risks, exposure to people w/ contagious TB, lack of TB info., lack of access to services due to long work hours, difficult getting transport to clinics, fear of job loss from TB diagnosis, unlike for mining there is a lack of TB-specific, agricultural policies or guidelines for safe working conditions, access to care and &amp; for occupationally acquired TB.</p> <p><b>xiii-xiv:</b> HCWs exp. TB risk at work due to lack of TB info., poor infect. control. lack of PPEs, they lack access to remedies &amp; compens. for occupational TB &amp; they exp. stigma &amp; discrim. in the community &amp; workplace &amp; lack of confid. during treatment in workplace.</p> <p><b>xiv:</b> people who use substances exp. services barriers due to laws crim. drug use, policies limiting OST. stigma &amp; discrim. in clinics, lack of HCWs trained for their needs,</p>		

	AAAQ	Discrim.	Freedoms	Gender	Vulner. Groups	Particip.	R&A
					confid. breaches, lack of harm reduction integ. in TB prog. <b>xv:</b> TB contacts exp. poor contact tracing esp. children, lack of info. abt. TPT & lack of clear TB contact tracing & screening guidelines.		
<b>Tanzania</b> <sup>13</sup>	<p><b>L27-28, 31:</b> access barriers incl. distance to clinics &amp; transport challenges esp. in rural &amp; remote areas, long wait times &amp; long lines at clinics, lack of access to nutrition dur. treat., lack of info. &amp; knowledge abt. TB &amp; TB services.</p> <p><b>L27-28, G8-9:</b> accept. issues incl. lack of privacy in hosps. &amp; clinics, long wait times &amp; long lines at clinics, lack of confid. of TB med. records, stigmatizing treat. by TB HCWs, no gender policies or plans in the TB prog., incl. no gender-related community level interventions.</p> <p><b>L27-29:</b> quality issues incl. long wait times &amp;</p>	<p><b>L37-498:</b> no legal prohibition of TB discrim.</p> <p><b>L27:</b> stigmatizing treat. by TB HCWs deters service utilization.</p> <p><b>L29, G22:</b> TB stigma &amp; discrim is pervasive, incl. in community, families, educ. &amp; employ., w/ devastating impacts on people w/TB, their families &amp; TB prog.</p> <p><b>L29-30, D12:</b> people w/TB exp. employ. discrim. incl. dismissal &amp; demotion, incl. for miners, construction workers, casual laborers, sugar workers, policemen, teachers &amp; farmers.</p> <p><b>L29-30:</b> law does not prohibit TB employ. discrim.</p>	<p><b>L27:</b> lack of privacy in hosps. &amp; clinics, incl. from physical infrastructure, is barrier to services utilization &amp; hinders treat. adherence.</p> <p><b>L27:</b> some HCWs do not maintain confid. of TB med. records.</p> <p><b>L30:</b> criminalization &amp; police detention of PWUD puts them at high TB risk &amp; interferes w/ TB treat.</p> <p><b>L30:</b> arbitrary arrest &amp; detention of people w/TB &amp; MDR-TB interferes w/ treat.</p> <p><b>L32:</b> high rates of arbitrary arrest &amp; detention causes prisons overcrowding driving TB in detention centers.</p> <p><b>L38-45:</b> const. &amp; health law</p>	<p><b>L32:</b> gender impacts TB enrollment, treat. success &amp; cure rates, incl. that men seek care later than women &amp; women face exp. diag. delays &amp; treat. challenges.</p> <p><b>G8:</b> lack of sex &amp; age disag. data for key pops. incl. HCWs &amp; miners.</p> <p><b>G8-9:</b> no gender policies or plans in the TB prog. incl. no gender-related community level interventions.</p> <p><b>G9:</b> lack of info. on the impact of gender-related impediments on the TB response, incl. stigma, discrim., GBV &amp; gender imbalances.</p>	<p><b>L30:</b> HCWs face high occupational TB risks due to poor infect. control, poor occupational health services.</p> <p><b>L30:</b> PWUD face high TB &amp; TB/HIV risk due to stigma &amp; criminalization of drug use.</p> <p><b>L32:</b> prisoners face high TB risks due to overcrowding, lack of funding &amp; trained HCWs in prison clinics.</p> <p><b>G8:</b> no TB data for miners, IDU or HCWs.</p> <p><b>G9:</b> NSP recog. children, IDU, miners &amp; prisoners as key pops. but not HCWs, urban poor or mobile pops.</p> <p><b>G21:</b> TB burden among miners is largely unknown.</p> <p><b>D5, 10-12:</b> prioritized key pop informal miners exp. high risks of TB infect. &amp;</p>	<p><b>L31:</b> a limited number of TB CBOs, insufficient to cover the entire country.</p> <p><b>L31:</b> lack of funding &amp; support TB CSOs/CBOs.</p>	<p><b>L30:</b> lack of enforcement of labor laws providing some acct. &amp; remedies for workers w/TB.</p> <p><b>L30, G9:</b> HCWs lack access to compens. for occupational TB.</p> <p><b>L40, 45:</b> despite legal aid legislation promoting access to justice for the poor, people affected by TB face challenges accessing courts due to procedural delays, rulings limited access based on technicalities &amp; litigation costs.</p>

<sup>13</sup> “L” page numbers refer to “Legal Environment Assessment for Tuberculosis (TB) in Tanzania.” “G” page numbers refer to “Gender Assessment of the National Response to TB in Tanzania.” “D” page numbers refer to “Formative Assessment: Data for Action for TB Vulnerable Populations – Informal Miners in Chunya DC, Mbeya Region, Tanzania.”

# Stop TB Partnership

	AAAQ	Discrim.	Freedoms	Gender	Vulner. Groups	Particip.	R&A
	<p>long lines at clinics, poor sanitation at clinics, stigmatizing treat. by TB HCWs, first point of contact w/ chemists, trad. healers or self-medication, untrained TB HCWs.</p> <p><b>L27-28, 31, G21, D12:</b> avail. issues incl. some TB drug stock-outs, low avail. of quality TB diags. &amp; treat., lack of counselling services, limited rapid molecular tests, insufficient number of DOT centers in mining areas.</p>	<p><b>G9:</b> no data on TB stigma or discrim.</p>	<p>protects rights to privacy &amp; confid. but law does not specifically protect rights to privacy &amp; confid. of people w/TB.</p>		<p>disease, limited access to services &amp; treat. adherence challenges due to exposure to respirable fine dust, lack of PPE, overcrowded living conditions, high rates of HIV coinfect. incl. from commercial sex, delayed health seeking behav. from fear of dismissal &amp; loss pay, lack of DOT centers &amp; distance to clinics, frequent labor migration.</p>		