Community, Rights and Gender in the Tuberculosis Response

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Overview

1. Community Systems Strengthening

2. Key Populations

3. Human Rights

4. Gender

5. Community, Rights and Gender Special Initiative

Community, rights and gender interventions are essential:

Add these interventions to disease programs to achieve impact of Global Fund investments!

- Community-led service delivery
- Community systems strengthening
- Gender-responsive delivery of core services, including gender-sensitive and gender-transformative programming
- Protecting human rights   and removing legal barriers to access

- Help to empower communities to demand, provide and monitor the quality of services that affect their lives
- Improve accessibility and quality of health care
- Create a more enabling environment for health services
- Increase equitable access and service uptake
- Reach communities that are considered hard to reach
- Increase return on investments

Structural barriers keep people away from services

Community Systems Strengthening

Community Systems

"Community systems are the structures, mechanisms, processes, and actors through which communities act on the challenges and needs they face. They are made up of different types of entities: community members, formal and informal community organizations and networks, and other civil society organizations."

Community Systems Strengthening Information Note, February 2014

Community Systems Strengthening Interventions

Intervention 1:
Community-based monitoring for accountability
Local monitoring; Collating data; Publishing data

Intervention 2:
Advocacy for social accountability
Advocacy materials; Advocacy activities; Campaigns and events; Support for involvement

Intervention 3:
Social mobilization, building community linkages, collaboration and coordination
Community mobilization; Community activities; Referral mechanisms; Networking;
Community participation
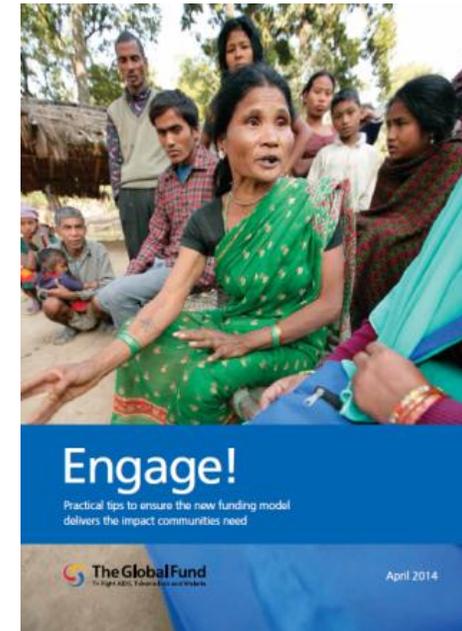
Intervention 4:
Institutional capacity building, planning and leadership development in the
community sector
Needs assessment; Registration; Strategic planning; Professional development;
Distribution of funds; Planning support

Community Engagement

Engagement in New Funding Model

- New Funding Model has opened the door to Key Populations for all 3 diseases to participate – through the Country Dialogue

- "HIV key populations" are generally better mobilised and positioned to participate in comparison to some key populations for TB (migrants and prisoners for example).

- Lessons from some countries indicate that communities working together TB and HIV can be very effective.

- What more can be done to facilitate better engagement from TB patients and TB Key Populations?

Engage!

Practical tips to ensure the new funding model delivers the impact communities need

The Global Fund
To Fight AIDS, Tuberculosis and Malaria

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Community and Key Population Engagement

Example

In Moldova, participation of Key Populations, including people living with or affected by TB, was enhanced through:

1. NGOs working in TB control, including a group of former TB patients, organized a TB civil society platform in 2013. Its representative was elected to the CCM, facilitating a strong community voice in the discussions;

2. Pilot on strengthening communities' role in the Country Dialogue (KAP Pilot). A Community Steering Committee was established including representatives from different constituencies and then participated in:
   - Concept Note Development
   - Community Consultations
   - Establishment of Community Communication Platforms

The resultant HIV/TB Concept Note has robust community service delivery and CSS components.

Key Populations
Which Populations are Key?

Those that meet all three of the following criteria:

- **Epidemiologically** – increased vulnerability or risk
- **Access** – significantly lower up-take of relevant services
- **Marginalization** – increased human rights violations, disenfranchisement, criminalization

<u>Different diseases – different key populations</u> HIV – PLHIV, SW, PWID, TG, MSM, Prisoners
Tuberculosis – Migrants, Prisoners, People living with HIV
Malaria – Indigenous People

<u>Not all vulnerable groups are key populations</u>
Health care workers and miners experience increased vulnerability to HIV due to biological and societal factors
Young people and adolescents are particularly vulnerable due to lack of access to essential services and stigma
Vulnerable populations require targeted resources and focused interventions, effective programming for these groups is highly context specific

Key Populations

Prisoners – CRG and TB

- Overcrowding, poor living conditions, poor ventilation, and lack of access to quality health services – including lack of access to harm reduction services - all increase risk of TB and MDR-TB in prisons.

- In some countries, people who default on TB treatment face the risk of being sent to prison.

- Medical detention and quarantine must be used carefully and thoughtfully in accordance with the WHO guidelines, or the threat of medical detention will drive people underground and make it harder to reach them with life-saving services.

Key Populations

Key Populations Action Plan

Outlines practical actions the Global Fund Secretariat can make to respond to the needs and rights of key populations across the 3 diseases.

Arranged around 5 strategic objectives, each with a set of actions and expected outcomes:
1. Investment levels targeting key populations
2. Inclusion of key populations in country and regional processes
3. Creating measurable deliverables and improved reporting mechanisms
4. Reinforce knowledge among Global Fund staff and partners
5. Leadership and advocacy by and for key populations

Key Population Action Plan allows the Global Fund Secretariat to systematize this work and strengthen it in the future and monitor and measure the progress made around key populations.

Human Rights

In the Global Fund strategy

Strategic Objective 4: Protect and promote human rights

4.1   Integrate human rights throughout the grant cycle

4.2   Increase investment in programs that address human rights-related barriers to access

4.3   Ensure the Global Fund does not fund programs that violate human rights

Human Rights

Barriers to health services

Availability of facilities

Stigma and Discrimination

Fear of arrest

Forced sterilization

Prison overcrowding

Denial that key pops exist

Gender inequality

Migrants lack ID cards

Lack of legal aid

Police abuse

Harmful gender norms

No right to register an NGO

Gender-based violence

Human Rights

Interventions

Intervention 1:
Rights-based approach to health services
Example:
- Consultation,
- Customization,
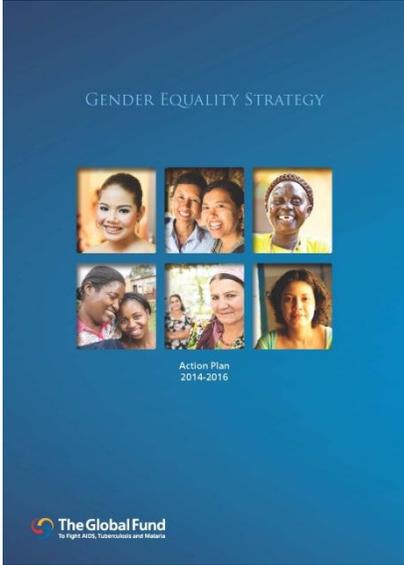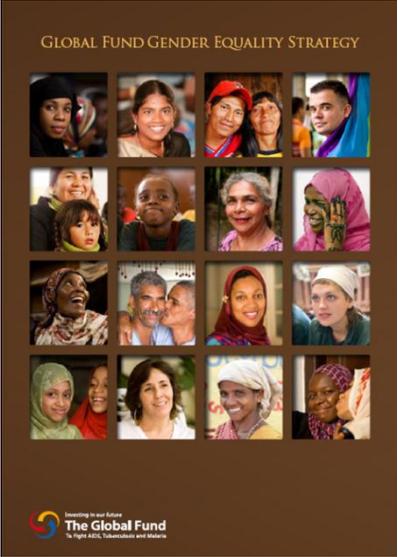- Community involvement

Intervention 2:
Removing legal barriers to access
Example:
- Legal assessment and reform;
- Legal aid services and legal literacy;
- Training on rights for police, officials and health workers; Community based monitoring;
- Police advocacy and social accountability

Gender

Global Fund Gender Equality Strategy & Action Plan

Gender equality and the Global Fund: overview

The Global Fund's position on gender

Global Fund's Gender Equality Strategy (2008) commits to:
- Encourage funding for programs that address gender inequalities and strengthen the response for women and girls
- Support multi-sectoral partnerships for gender equality
- Ensure policies, procedures and structures (including CCM) effectively support programs that address gender inequalities
- Focus: PMTCT/MNCH, GBV/harmful gender norms, key affected women

How we work with women's and/or gender equality organizations

- Encourage women's organizations and government ministries responsible for gender and SRHR to be part of the Global Fund decision-making (CCM, Board) and meaningfully engage with grants
- Build capacities of women's organizations and networks to be recipients of the Global Fund grants
- Coordinate at global level for TA and normative guidance making

We encourage proposals that support

- Scale up services and interventions that reduce gender-related risks and vulnerabilities to infection;
- Decrease the burden of disease for those most at risk;
- Mitigate the impact of the three diseases, and
- Address structural inequalities and discrimination against women and girls

Gender

Global Fund and Gender – the Priorities

Addressing gender-based violence/harmful gender norms

- Post-violence services
- Advocacy
- Prevention

Meeting different needs of key affected women and girls

- Services friendly to female key populations
- HIV and TB diagnosis and treatment services in female prisons
- Ensuring "women friendly services" for harm reduction programs

Accelerating investment in prevention of mother-to-child transmission and maternal/newborn/child health programs

- Integrate multiple services
- Men's involvement

Gender

Gender Analysis

Why men are not accessing TB treatment, or accessing it too late?

Why is gender equality critical to malaria control?

Which gender norms make girls vulnerable to HIV?

Is gender-based violence (excluding rape cases) actually making women more vulnerable?

→Gender tools available:

•HIV (including TB/HIV): UNAIDS Gender Assessment Tools for national HIV programs (2014) – Latest draft available from UNAIDS country office

•Malaria and TB: WHO , Gender mainstreaming for health managers: A practical manual (2011) http://www.who.int/gender/documents/health_managers_guide/en/

•New TB/HIV Gender Assessment Tool – to be piloted in December in Lesotho and Cote D'Ivoire

Examples of how gender-responsive approaches can be integrated into the modular frameworks – TB

Module	Interventions	Scope and description of intervention packages: Illustrative gender-responsive programs that can be included
TB care and prevention and TB/HIV	Case detection and diagnosis	Ensure access to detection and diagnosis addresses inequalities in diagnosis rates between men and women
	Treatment	Includes standard, supervised treatment with first line drugs (FLDs) including pediatric preparations, with social support for patients with drug-sensitive TB and innovative patients-centred care. Specific support for pregnant women or women intending pregnancy.
	Prevention	Ensure appropriate gender sensitive prevention efforts with particular attention to needs of stigmatized or marginalized women and key affected women. Addressing financial barriers to access in particular where women have little access to or control over financial resources.
	Engaging all care providers; Community TB care delivery	Capacity building for community-level service delivery. This includes training and capacity-building of TB service providers, TB patients, community-based interventions and outreach services for TB patients. Involve both men and women in community led service delivery and ensure equitable access for men and women.
	Key affected populations	This includes adapting services to the needs of specific groups to make services people-centered and improve accessibility, appropriateness, and availability; adapt diagnostic and treatment structures to meet needs of key populations, e.g through community community-based TB care and prevention, mobile outreach to remote areas, community-based sputum collection, sputum transport arrangements, etc. Particular attention to key affected women and ensuring equitable access.
	Collaborative activities with other programs and sectors	Collaborating with other service providers for patients with co-morbidities including Reproductive Maternal Neonatal and Child Health (RMNCH), diabetes and collaborative activities for TB prevention and care with other sectors beyond health such as justice, labor, mining, etc.
MDR TB	As above	As above; particular attention to issues that affect women in the context of MDR-TB such as burden of childcare and enforced absences from children – make linkages to ensure access to community/social support for such situations.

Community, Rights and Gender Special Initiative

Purpose

- To provide technical assistance and capacity building to key populations and civil society networks
- Ensure that technically sound interventions to address human rights barriers to accessing health services, gender equality and CSS are included in concept notes
- Ensure that key populations are meaningfully engaged in country dialogue

Funding

US$ 15 million

- **US$ 14.8 million:** program funds
- **US$ 200,000:** quality assurance

3 components

- CRG TA program –(TB specific RFP released)
- Regional Civil Society Communication and Coordination Platforms (networks with expertise across the three diseases)
- Longer term capacity development of communities through support to global and regional community led networks