

Legal Partnerships to overcome barriers to universal TB services, care and support

INVESTMENT PACKAGE

COMMUNITY, RIGHTS & GENDER

WORKING DOCUMENT

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About

To find and treat all people with TB, particularly those who currently face barriers to accessing TB services or completing TB treatment, interventions are required to support an enabling environment which makes it possible to overcome the various legal, social and economic barriers encountered. The UN High Level Meeting on Tuberculosis (TB) Political Declaration¹, the End TB Strategy², the Global Plan to End TB³, and the Global Fund Strategy emphasise the need to overcome barriers to accessing services by 2022, and this document provides guidance on interventions that seek to engage judges, lawyers and paralegals in the TB response.

There are examples where judges, lawyers and paralegals have actively contributed to strengthening National TB Programmes (NTP). In Kenya, and more recently Malawi, the legal community has been particularly active in addressing the rights of prisoners in the context of TB. Community, Rights and Gender (CRG) Assessments conducted in close to 20 countries suggest that instances of human rights barriers, and potentially human rights violations, may be present in more contexts. This includes stigma and discrimination, punitive policies, social inequality, legal literacy and access to medicines and diagnostics. Barriers in these areas impede universal TB access and contribute to loss to follow up of people requiring TB treatment. To ensure appropriate responses and remedies to these barriers, lawyers, judges and paralegals have an important role to play.

The judiciary and legal communities are critical to developing and implementing a human rights-based approach to TB. Informed and trained lawyers are necessary to adequately represent people with TB and TB survivors. Judges and administrative officials are in positions of authority that provide them with the option to protect and promote the human rights of people with TB, as well as the expertise to make decisions, provide opinions and develop content on the best approach in handling human rights barriers and violations.

The Nairobi Strategy on TB and Human Rights⁴, under objective 1.2, highlights the importance of enhancing judicial and legal communities' awareness of the implementation of a human rights-based response to TB:

1.2.1 Organize and conduct judicial workshops: This will involve conducting a series of judicial workshops to bring together members of the judiciary at the global, regional and national levels to be sensitized and informed about a human rights-based approach to TB, as well as the biomedical and public health aspects of the epidemic. These forums will provide an opportunity for judicial officers to share their ideas and experiences on adjudicating cases involving TB and related issues involving health and human rights more generally.

¹ Political Declaration of the high-level meeting of the General Assembly of the fight against tuberculosis [Available from: https://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/3]

² The End TB Strategy, World Health Organization [Available from: https://www.who.int/tb/strategy/End_TB_Strategy.pdf]

³ Global Plan to End TB, Stop TB Partnership. [Available from: http://www.stoptb.org/assets/documents/global/plan/GPR_2018-2022_Digital.pdf]

⁴ Nairobi Strategy on TB & Human Rights [Available from: <http://www.stoptb.org/assets/documents/communities/NairobiTBStrategyFINAL.pdf>]

1.2.3 Develop and support a network of lawyers: This will involve identification of lawyers at regional and national levels to be trained to represent people with TB and TB survivors in courts and quasi-judicial bodies using a human rights-based approach to TB, including through direct support for initiating and conducting litigation.

1.2.4 Encourage judicial officers to invite amicus curiae briefs on TB and human rights: This will involve encouraging judicial officers through judicial workshops and other modes of engagement to invite amicus curiae briefs from experts on TB and human rights in cases involving TB in their courts.

Lawyers, judges and paralegals require engagement and support to adapt their professional skill set to the context of TB and human rights through jurisprudence and exposure to the experiences of people affected by TB. For example, in 2019, the Global Coalition of TB Activists (GCTA), Northwestern University School of Law and the Stop TB Partnership delivered training modules to a group of lawyers – a copy of that agenda is attached for reference.

Scope

Introducing the link between TB and human rights for those at the grassroots level requires sensitization of, and collaboration with, lawyers, judges and paralegals. The training is a step towards advancing the engagement of the legal community in the TB response. It is important to develop the sensitization training and associated activities based on the lived experiences of people affected by TB.

The training should be delivered by an expert in the law, human rights and TB, together with the TB survivor community. The content explores themes related to TB and human rights, including an introduction to TB, the rights-based approach to TB, stigma and discrimination, TB in prisons, access to medicines and diagnostics, and access to information and privacy. The training should be delivered at the provincial level in several priority locations in country. Each training should be delivered to approximately 20 legal professionals, including lawyers, judges and paralegals. A critical aspect is to prioritize the sensitization of judges, while working to secure the ongoing engagement of lawyers and paralegals.

Objectives

To advance progress towards realizing the TB UNHLM commitments for a human-rights based response to TB within countries and to find and treat the missing millions through:

1. Organizing and conducting judicial workshops
2. Developing and supporting a network of lawyers
3. Encouraging judicial officers to invite amicus curiae briefs on TB and human rights
4. Building partnerships between lawyers and TB survivors at the country level

Areas of Intervention

There are several components to this intervention:

The first component is to **identify potential lawyers to engage in the training**. They should have some demonstrated interest in human rights and health and a willingness for ongoing engagement. In the past, a call for applications has been useful including through professional legal associations and law schools. Hosting provincial level trainings of approximately 15 legal professionals would be a suitable approach.

The second component is the **sensitization of judges**, which may be easiest to do by engaging with judges forums and conducting a sensitization workshop as part of legal professional development.

The third component is to undertake **several sensitization workshops at the leading law schools** in each country to raise awareness of TB and human rights among the next generation of lawyers.

The fourth component is the **formation of a lawyers network** of those who have completed the training, ensuring there are routine communications on TB and human rights and promoting the network amongst TB survivor organizations and civil society.

The Process

It is a 12-month process, guided by the human rights principles of universality, indivisibility and interdependence, equality, non-discrimination, accountability, and participation. The process is guided by legal and human rights experts and driven by the affected TB community. It also requires multi-stakeholder involvement, including the legal community, to ensure that there is broad buy-in and support for addressing the human rights issues, sensitivities and violations.

Steps	Details
Month 1-3	
1. Identification of legal community partners for engagement	<ul style="list-style-type: none"> • Identification of locations where there are high levels of TB burden or particular human rights challenges, aiming to identify at least three provincial capitals for engagement. • Establishing relationships with professional networks and bodies for judges and lawyers such as relevant conferences or engagements where key or new legal issues are discussed. • Determining priority law schools where sensitisation workshops can be conducted.
2. Identification of TB survivor or civil society network to lead coordination	<ul style="list-style-type: none"> • Noting that this work will take place in more than one regional/provincial capital, the coordination organisation should have reach or partners in each of the locations where engagement is scheduled. • Selection of trainers to lead human rights sensitisation work.
3. Identification of appropriate trainers and venues	<ul style="list-style-type: none"> • Trainers to be introduced to the training module, adapting and refining the module to suit the specific context and relevant legal issues • Trainers plan approach, timeline and roll-out of the module and sensitisation workshops
Month 4-5	
4. Select lawyers and paralegals to participate	<ul style="list-style-type: none"> • Launch a call for applications with active outreach • Ensure the call for applications includes interest in human rights and health and that there is willingness to be engaged in this work as part of a legal network • Selection of lawyers representing strategic geographic regions
Month 6-9	
5. Conduct capacity building and sensitisation workshops in at least one law school in each prioritised provincial capital.	<ul style="list-style-type: none"> • Conduct sensitisation workshops with law students regarding issues of TB and human rights • Training would be one day and can involve all law students. • Ensure that students are connected the lawyers network
6. Conduct sensitisation workshop with judges	<ul style="list-style-type: none"> • Once forums are identified for engaging judges at different levels and in different courts, conduct a sensitisation workshop that covers issues of TB, human rights, how the two intersect as well as possible solutions for the courts. • Ensure the participation of TB survivors in the sensitisation workshop.

Steps	Details
7. Conduct workshops in each provincial capital with selected lawyers	<ul style="list-style-type: none"> • Conduct a 2-day workshop in each provincial capital – with approximately 15 lawyers in each workshop • Ensure engagement of TB survivors in the discussions.
8. Ongoing engagement of TB lawyers network	<ul style="list-style-type: none"> • Regular communications on TB and human rights, particularly any human rights barriers or violations documented by TB survivor networks or other stakeholders. • Formation of a closed online lawyers group to facilitate discussions amongst the network.

Expected Results

This intervention package will result in lawyers, paralegals, judges and law students being sensitized and engaged in issues of TB and human rights. This will contribute to the facilitation of a rights-based enabling environment in national TB responses to identify and overcome barriers to accessing TB prevention, diagnosis, treatment, care and support services through:

- Sensitization and capacity building of lawyers, judges and paralegals to issues of TB and human rights
- Engagement of law students in issues of TB and human rights
- Formation of a TB legal network that can support the TB affected community in remedying human rights issues and violations
- Exploring changes to the legal and policy environment to strengthen the NTP – with reduced barriers to access, more people affected by TB found and rates of loss to follow up reduced.

Resources Needed

(A) Item	(B) Details	(C) Unit	(D) Number of Units	(E) Unit Costs (US\$)	(F) Amount (US\$) (D) x (E)
(1) TB Survivor Network National Coordinator	Full-time compensation, laptop and internet.	Months	X	Xx	Xx
(2) Trainer Resources	Part-time compensation developing and adapting training materials for judges, lawyers and law students	Days	X	Xx	Xx
(3) Trainers	Part-time compensation delivering training materials for judges, lawyers and law students	Days	X	Xx	Xx
(4) Lawyer training	Venue in each province (e.g., local community hall or NGO office) hire per day (trainees are local)	Days	X	Xx	Xx
	Lunch and refreshments	Person-days	X x X	Xx	Xx
	Public transportation	Person-days	X x X	Xx	Xx
(5) Judge Forum	Venue in capital	Person-days	X	Xx	Xx
	Lunch and refreshments	Person-days	X	Xx	Xx
	Hotel / DSA	Person-days	X	Xx	Xx
	Travel from districts to capital	X	X	Xx	Xx
(6) Communications	Design and publication	Consultancy	X	Xx	Xx
	Translation	Consultancy	X	Xx	Xx
(7) Law Student Sensitisation	Venue (e.g., local community hall or NGO office) hire per day (participants return home at the end of Day 1, no hotel needed)	Days	X x X	Xx	Xx
	Lunch and refreshments	Person-days	X x X x X	Xx	Xx
	Public transportation	Person-days	X x X x X	Xx	Xx
TOTAL					XXXX

Global Fund Support

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

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

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

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

<i>Intervention</i>	<i>Scope and description of intervention package</i>
Stigma and discrimination reduction	Activities to reduce stigma towards people with TB: <ul style="list-style-type: none"> • Situational analysis and assessments, for example, Stop TB-CRG assessment, and TB Stigma Assessment • Media and edutainment activities on TB and stigma such as integration of non-stigmatizing language into TB communication materials, radio shows • Engagement with religious and community leaders and celebrities • Peer mobilization and support developed for and by people with TB and affected communities aimed at promoting wellbeing and human rights
Human rights, medical ethics and legal literacy	For communities affected by diseases, key populations and CSOs: <ul style="list-style-type: none"> • Peer outreach on human rights and legal literacy in the context of TB • Development of communication materials on TB patient rights • "Know-your rights" programs For (community) health care workers: <ul style="list-style-type: none"> • Medical ethics and human rights specialized TB training
Legal aid and services	Activities related to legal aid and services, including but not limited to: <ul style="list-style-type: none"> • Establishment of peer para-legal activities, for example, street lawyers, Hotlines • Legal aid, legal support through pro bono lawyers, human rights organizations to increase access to justice • Engagement with community and religious leaders for dispute resolution based on human rights and gender equity
Reform of laws and policies	It includes activities related to legal reforms including, but not limited to: <ul style="list-style-type: none"> • Engagement with parliamentarians, Ministry of Justice, Interior, Corrections, religious and community leaders, among others, for advocacy and sensitization • Training of parliamentarians on human rights and the role of protective legal frameworks in the TB response • Legal audit, legal environment assessment • Community mobilization and community-led advocacy and monitoring support • Monitoring of laws and policies, including compliance
Community mobilization and advocacy	Activities related to community mobilization and advocacy: <ul style="list-style-type: none"> • Community-led outreach campaigns to address harmful gender norms and stereotypes and other human rights-related barriers • Community-based monitoring of service delivery quality, including stigma, discrimination, confidentiality and privacy and informed consent • Patient group mobilization and building capacity/supporting community-led advocacy efforts

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

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

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

The Global Fund offers a variety of resources to help applicants prepare their funding requests. Materials for the 2020-2022 period are available on this page:

<https://www.theglobalfund.org/en/funding-model/applying/resources/>

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

Information Notes

Tuberculosis Information Note: download in [English](#) | [Español](#) | [Français](#)

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

Frequently Asked Questions

2020-2022 Funding Cycle Frequently Asked Questions: download in [English](#) | [Español](#) | [Français](#)

Technical Briefs

Assessment and Best Practices of Joint TB and HIV Applications: download in [English](#)

Community Systems Strengthening Technical Brief: download in [English](#) | [Español](#) | [Français](#)

Gender Equity Technical Brief: download in [English](#) | [Español](#) | [Français](#) | [Русский](#)

Human Rights and Gender Programming in Challenging Operating Environments Guidance Brief: download in [English](#) | [Español](#) | [Français](#)

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

Tuberculosis, Gender and Human Rights Technical Brief: download in [English](#) | [Español](#) | [Français](#) | [Português](#) | [Русский](#)

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

Community, Rights & Gender Technical Assistance

<https://www.theglobalfund.org/en/funding-model/throughout-the-cycle/community-rights-gender-technical-assistance-program/>

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

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

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

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

Some examples of technical assistance requests include:

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

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

CRG Technical Assistance Program Providers List: download in [English](#)

The program currently does not support:

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

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

CRG Technical Assistance Program Frequently Asked Questions

download in [عربي](#) | [English](#) | [Español](#) | [Français](#) | [Português](#) | [Русский](#)

CRG Technical Assistance Program Request Form

download in [عربي](#) | [English](#) | [Español](#) | [Français](#) | [Português](#) | [Русский](#)

Annex

- Sample Agenda – A Human Rights-Based TB Response Workshop (India)
Available from: [insert link](#)