

MEDIA BRIEF

COMMUNITIES, HUMAN RIGHTS AND GENDER

The Stop TB Partnership firmly believes that people affected by TB and grassroots organizations must be at the heart of all efforts to #EndTB.

Context

Tuberculosis (TB) is the leading cause of death among infections and the ninth overall leading cause of death worldwide, ranking even above HIV/AIDS.¹ In 2017, an estimated 1.7 million people were dying of TB, 10 million people developing TB, and nearly 600 000 new incidences of multidrug-resistant TB (MDR-TB) globally.

Key Populations

The Stop TB Partnership's ***Global Plan to End TB*** outlines the people-centred **(90-90-90)** targets of **reaching at least 90% of all people with TB** (and placing all of them on appropriate therapy— first-line, second-line and preventive treatment as required), **reaching at least 90% of the key populations²** (the most vulnerable, underserved, at-risk populations) and **achieving at least 90% treatment success** (for all people diagnosed with TB through affordable treatment services, adherence to complete and correct treatment, and social support.)

Human Rights

Stop TB also firmly believes that a human rights-based approach is required to address the challenge of TB globally and countries must prohibit discrimination against people with TB, empower people to know their TB status and establish legal rights to access TB testing and treatment, including the elimination of financial and physical barriers to treatment and care. Additionally, countries must ensure the participation of people with TB in health policy decision-making processes, establish mechanisms to address rights of people with TB and protect the privacy of people with TB.

There is a shortage of case law when it comes to TB as people have not exercised their right to protection against discrimination in employment, access to health care, and the armed services for example. In HIV there is an explicit prohibition of discrimination based on HIV status through legislation in several countries, but this is not the same for TB. If people are informed, they can use the rights approach to reduce stigmatization and increase their participation in policy decisions affecting their health. A Human Rights-Based Approach to Tuberculosis: ***The Nairobi Strategy***.

Gender

A gender-based approach to TB aims at addressing the social, legal, cultural and biological issues that underpin gender inequality and contribute to poor health outcomes. It encourages activities that are gender-responsive investments to prevent new cases of TB and strengthen the response to fulfill the right to health of women and girls, men and boys in all their diversity.

The Stop TB Partnership and UNAIDS developed the first ever gender assessment tool for national HIV and TB responses to support countries in Global Fund applications which builds on the UNAIDS HIV Gender Assessment Tool launched in 2013 - and adapted to include TB. The tool assists countries to assess both the TB and HIV epidemics from a gender perspective.

¹ WHO, "Global Tuberculosis Report 2017," <http://apps.who.int/iris/bitstream/10665/259366/1/9789241565516-eng.pdf?ua=1>, 2017, page 1

² Key Populations include: populations (prisoners, miners, people who use drugs, PLHIV, healthcare workers, mobile populations, children < 5 years, rural and urban poor and indigenous peoples)

UN High-Level Meeting (UN HLM) on TB

Affected communities and civil society play a critical role in ensuring the UN HLM process (before, during and after) is inclusive, ambitious and results in the strongest possible political declaration.

As the result of this ambitious strategy, the Stop TB Partnership facilitated the strategizing meeting of over 70 affected community and civil society advocates in Bangkok in July 2017 and acted on their recommendation to establish a funded Affected Communities and Civil Society Advisory Panel that called for an ambitious UN High-Level Meeting on TB outcome at its first meeting on 10 October 2017. Read more here.

As part of the preparatory process for the UN HLM on TB, and with the support of the Stop TB Partnership and the World Health Organization (WHO), the President of the UN General Assembly organized an Interactive Civil Society Hearing on 4 June 2018 in New York, providing a platform for the inclusive, active and substantive engagement of affected communities and civil society.

In the political declaration that is expected to be signed at the HLM, states will reaffirm their commitment to end the TB epidemic globally by 2030, in line with the Sustainable Development Goals (SDGs) target, commit to end the epidemic in all countries, and pledge to provide leadership and work together to accelerate national and global collective actions, investments, and innovations urgently to fight this preventable and treatable disease. With regards to R&D and innovation, particular focus is being placed on the development and evaluation of better diagnostics, drugs, treatment regimens, and vaccines, as well as other innovative care and prevention approaches, such as to address social and economic factors of the disease.

The political declaration that the UNHLM will adopt has bold targets at the global level which need to be translated into country level targets, plans and budgets, with a robust accountability framework to ensure that these are met. Key global targets in the draft declaration include:

Between 2018 to 2022, 40 million people with TB will be treated, including 3.5 million children and 1.5 million people with drug-resistant TB, which will mean that there will be no one with TB missing from treatment in 2022.

At least 30 million people will receive preventive TB treatment by 2022.

Investments in TB care and prevention should reach 13 billion USD per annum – currently, about half of this is available.

In addition, investment of 2 billion USD per annum on research and development of new tools – currently there is a funding gap of 1.3 billion USD per annum.

[Stop TB works in the following areas: Supporting community engagement through the Challenge Facility for Civil Society (CFCS) grant programme; ensuring TB programmes are centered on human rights, gender-sensitive interventions and increasing access of key underserved and vulnerable populations to quality TB services; and investing in strengthening community systems and responses in global, regional and national platforms.]

To learn more, please consult www.stoptb.org or write to communications@stoptb.org