

Legal Review Tuberculosis in Kyrgyzstan

Report

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June 2016

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Acknowledgements

I would like to thank Darya Krylova for the national TB law analysis and the “Coalition against Tuberculosis” for contributing to the review. I am grateful to Samanta Sokolowski and Fariyah Malik for the joint field work. Special thanks to Brian Citro, who shared his knowledge of the human rights applied to TB.

Executive summary

The legal review in relation to Tuberculosis (TB) was conducted in Kyrgyzstan between December 2015 and March 2016. The review was informed by a desk research, stakeholders’ interviews, focus groups discussions with the people affected by TB, followed by a round table meeting with stakeholders.

The conclusion is that the legal framework itself, consisting of the ratified international conventions and the national legislative documents, adequately respects, protects and fulfills the human rights of people affected by TB. However, many laws are either not or only partially implemented.

The implementation of the legal framework is adequate in relation to

- 1) Right to freedom from torture and inhuman or degrading treatment;
- 2) Right to bodily integrity;
- 3) Right to participation;
- 4) Freedom of movement

The implementation of the legal framework is not adequate enough to guarantee the following rights and entitlements of people affected by TB:

- 1) Rights to information, informed consent, social security, social determinants and legal assistance;
- 2) Right to health;
- 3) Right to privacy;
- 4) Rights to work and the protection of labour and health and, in relation to this, the right to non-discrimination.

The following recommendations are proposed as a result of the legal review:

To the Parliament:

- 1.1. Enact legislation that establishes the rights of people with TB as described above and ensures accountability of state and non-state actors;
- 1.2. Accept the recommendations (Annex 4 Letter to Parliament):
 - 1.2.1. To introduce to the TB Law articles the right to enjoy the benefits of scientific progress and its applications;
 - 1.2.2. To revise and monitor the implementation of articles related to TB as occupational disease.
- 1.3. Accept the proposal to abolish the “list of work not allowed to be performed by TB patients”. This list is based on outdated information about TB transmission and is in violation of the right to work and the right to be free from discrimination.

To the Ministry of Health:

- 2.1. Implement WHO guidance and procure delamanid, as well as bedaquiline and important companion drugs linezolid and clofazimine, to ensure adequate treatment options for Drug Resistant TB. In the short-run,

obtain delamanid and other quality drugs to treat Multidrug-resistant Tuberculosis via the Global Drug Facility using import waivers and other provisional mechanisms.

- 2.2. Use social contracting – a mechanism used by governments to outsource service provision - to engage civil society organisations in providing rights-related information to TB patients.

To the National TB Program:

- 3.1. Organize the process of providing quality information to TB patients, including TB diagnosis, treatment, side effects, informed consent, addressing misconceptions and the rights of TB patients including the right to work.
- 3.2. Develop a clear instruction for contact tracing; organize contact tracing in a manner, which safeguards the right to privacy.

To the civil society organisations:

- 4.1. Provide TB patients with information about their rights.
- 4.2. Establish community-based monitoring to collect the information about how human rights are implemented in relation to TB and use it for decision-making.
- 4.3. Collect and analyse information about:
 - 4.3.1. The role of gender in rural/remote areas;
 - 4.3.2. TB and the right to education.
- 4.4. Where violations of human rights occur, document them to articulate evidence-based advocacy, and submit the result in the (alternative) reports of the relevant ratified international conventions (ICESCR, CEDAW, CRC, CERD and ICCPR).
- 4.5. Work in collaboration with the office of Ombudsman and the national Human Rights institutions to engage them in campaigns and joint advocacy, for instance for the ratification of the Convention on the Rights of Persons with Disabilities.

Abbreviations

CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CERD	International Convention on the Elimination of All Forms of Racial Discrimination
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
DR-TB	Drug resistant Tuberculosis
GDF	Global Drug Facility
HIV	Human Immunodeficiency Virus
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICCPR	International Covenant on Civil and Political Rights
ILO	International Labour Organisation
LPPT	The law on “The protection of the population against Tuberculosis”
MDR-TB	Multidrug-resistant Tuberculosis
MHIF	Mandatory Health Insurance Fund
N/A	Not Applicable
NTP	National TB Program
TB	Tuberculosis
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

Legal Review

Introduction

Health is universally recognized as a basic human right. It is defined by the World Health Organisation (WHO) as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” [1]. The idea of a human rights-based approach in Tuberculosis (TB) is two-fold. On the one hand it is to strengthen the capacity of rights-holders: TB patients and affected communities in demanding and claiming their human rights. On the other hand, this approach aims to enable duty-bearers, including the government and health providers, to meet their legal obligations, as defined by the international human rights law, covenants and conventions, ratified by the country [2]. A human rights and gender-based approach to TB is among the targets of the Global Plan to End TB (2016-20) [3].

Aim

The aim of the legal review was to establish whether the legal framework adequately respects, protects and fulfills the human rights of people with TB.

Objectives

The objectives of the legal review were to:

1. Review information on the status of the human rights of people affected by TB in Kyrgyzstan;
2. Identify evidence-based recommendations to the TB legal and regulatory framework and outline solutions to overcome the implementation obstacles;
3. Provide recommendations for potential (civil society) interventions.

Methods

The review was conducted through desk reviews, interviews and focus groups:

1. A desk review and analysis of:
 - National legislation, namely “The law on the protection of the population against Tuberculosis” to determine if it promotes or inhibits access to quality TB diagnosis, treatment and care.
 - The signed and ratified international conventions to determine what rights to access to quality TB diagnosis, treatment and care should be safeguarded as part of the commitments to the international conventions.Kyrgyzstan has signed and ratified¹ the following documents:
 1. The International Covenant on Economic, Social and Cultural Rights (ICESCR);
 2. Convention on the Elimination of All Forms of Discrimination against Women (CEDAW);

¹ “Ratification defines the international act whereby a state indicates its consent to be bound to a treaty [...] The institution of ratification grants states the necessary time-frame to seek the required approval for the treaty on the domestic level and to enact the necessary legislation to give domestic effect to that treaty. [Arts.2 (1) (b), 14 (1) and 16, Vienna Convention on the Law of Treaties 1969 by way of The United Nations Treaty Collection website, a Glossary of terms relating to Treaty actions]

3. Convention on the Rights of the Child (CRC);
4. International Labour Organisation (ILO) Labour Inspection in Industry and Commerce Convention;
5. International Convention on the Elimination of All Forms of Racial Discrimination (CERD);
6. International Covenant on Civil and Political Rights (ICCPR).

Kyrgyzstan has signed but not yet ratified² the following relevant document:

7. Convention on the Rights of Persons with Disabilities (CRPD) signed on 21 Sep 2011 but there is no formal confirmation, accession, or ratification.

The international conventions and a number of existing tools [4, 5] and guides [6, 7] were used to compile a list of rights and entitlements of the TB patients.

2. Detailed interviews with key stakeholders: National TB Center representing the National TB Program (NTP), the office of Ombudsman, the Mandatory Health Insurance Fund (MHIF), the USAID, international and national organisations (List of persons met is in Annex 1).
3. Seven focus groups with current and former TB patients (around 57 persons) including one group in the penitentiary. The penitentiary focus group was conducted by the “Coalition against Tuberculosis”.

²“The signature, subject to ratification, does not establish the consent of the state to be bound” by the covenant and the convention. “However, it is a means of authentication and expresses the willingness of the signatory state to continue the treaty-making process.” [Arts.10 and 18, Vienna Convention on the Law of Treaties 1969 by way of The United Nations Treaty Collection website, a Glossary of terms relating to Treaty actions].

Analysis and findings

The legal review, as applied to people affected by TB in Kyrgyzstan is presented in Table 1 below. The legal environment is assessed in relation to TB based on the international conventions and the national “The law on the protection of the population against Tuberculosis” (LPPT).

The row “findings” gives information about implementation: how the relevant national legislation works in practice and if the relevant international conventions are observed or not. A detailed evaluation of the signed and ratified international conventions and what it means for TB is in Annex 2.

Table 1. Legal review.

Rights and entitlements of TB patients	Examples from the relevant international conventions, ratified by Kyrgyzstan	Relevant articles of the LPPT or other laws if so specified	Law promotes the right or entitlement	Law inhibits the right or entitlement
1	2	3	4	5
Civil freedoms and entitlements				
1. Right to non-discrimination	CEDAW: Articles 3, 5, 12, 14. Other treaties: ICCPR, ICESCR, CERD	LPPT, Art 15, part 1, point 1.	Right of TB patients to respectful treatment and dignity	Decree of the Government of the Kyrgyz Republic as of May 31, 1999 # 294. The list of jobs excluded for TB patients
		2013 Law “On the status of a medical worker” Art 6 on respectful attitude.	Medical staff are obliged to ... fight all forms of cruelty and humiliation of human dignity, and to demonstrate respect.	
Findings: The focus groups reported instances of disrespectful treatment; there were no reports of discrimination from officials or medical workers. No discrimination based on gender has been noted. Source: focus groups.				
2. Right to privacy	ICCPR Article 17	LPPT, Article 9, Registration and reporting. Notification of all new cases (sputum smear positive and sputum culture positive) TB patients to the sanitary epidemiologic services	None	Under certain circumstances contact tracing can violate the right to privacy (see findings below).
		Law on the protection of health of	Diagnosis is subject to medical	Diagnosis is subject to medical

		the citizens of the Kyrgyz Republic, (2006, 2009), Art 91	confidentiality; anyone who is informed about a patient's diagnosis (TB) are legally bound to not disclose this information.	confidentiality unless there is a danger of a spread of infection. In this case the consent of the patient to disclose their diagnosis is not required.
<p>Findings: There should be more efforts to safeguard the TB patients' right to privacy, at the same time there is a need to improve contact tracing. Close and not close contacts are informed about the patients' TB status often without consulting the patients; at least some patients are not informed about the importance of contacts tracing. In some instances contacts, for example people who shared the same office space, are not informed, this is a serious public health issue. Sources: interviews, round-table discussions, focus groups.</p>				
3. Right to informed consent	Report A/64/272 of the UN Special Rapporteur on the Right to Health: "Informed consent in health, including (but not limited to) clinical practice, public health and medical research, is an integral part of respecting, protecting and fulfilling the enjoyment of the right to health as elaborated in article 12 of the ICESCR." [8]	HIV law	Written consent is required before HIV testing is performed, counselling is a necessary part of voluntary counselling and testing (VCT).	None
		None in LPPT	Not applicable (N/A)	N/A
<p>Findings: The LPPT does not require informed consent for TB testing/treatment. All TB patients are tested for HIV. Across the board there is no recall of counselling and information about the HIV test and no signing of a consent form was recalled by the respondents. However, the patients are informed that their blood will be tested for HIV. There are violations of the practical implementation of the HIV law in relation to VCT/signed consent. Source: focus groups.</p>				
4. Right to bodily integrity	ICCPR Article 9 (security of person), General Comment No. 14 of the Committee on Economic, Social and	None in LPPT	N/A	N/A

	Cultural Rights			
<p>Findings: No compulsory TB treatment appears to take place. No violations of the right to bodily integrity in relation to TB were observed. Further, there is no information about national legislation, which may contain any specific provisions regarding or safeguarding the rights one has with respect to their physical body. Source: focus groups</p>				
<p>5. Right to freedom from torture and inhuman or degrading treatment</p>	<p>ICCPR, Art 7. Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment</p>	<p>None in LPPT</p>	<p>N/A</p>	<p>N/A</p>
<p>Findings: No violations of the right to freedom from torture and inhuman or degrading treatment were noted. Source: focus groups.</p>				
<p>6. Right to freedom of movement</p>	<p>CERD Art 5. (d):(i) The right to freedom of movement and residence within the border of the State; CERD Art 5. (iv) The right to public health ICCPR: Art 12 point 1. Everyone lawfully within the territory of a State shall, within that territory, have the right to liberty of movement and freedom to choose his residence.</p>	<p>None in LPPT</p>	<p>N/A</p>	<p>N/A</p>
<p>Findings:</p>				

No violations were observed in relation to the freedom of movement. Sources: focus groups, interviews, round table discussion.				
Social entitlements				
7. Right to social security	CERD Art 5. (iv) The right to public health, medical care, social security and social services; ICESCR Art 9	LPPT, Art 4, part 1, point 4.	The State is obliged to provide social support to TB patients.	None
		LPPT, Art 4, part 2, points 6, 7.	Guaranteeing creation of nursing homes for the disabled, and hospices for chronic infectious TB patients	
Findings: There is insufficient implementation of the relevant LPPT article regarding the right to social security. Example: all of the focus group respondents do not know that they are entitled to social support. Many of the interviewees (civil society organisation members) are aware that such rights should be guaranteed according to the law, but are not implemented in practice. Source: focus groups, interviews.				
8. Right to information	ICCPR Art 19	LPPT, Art 4, part 1, point 7.	The State guarantees provision of reliable information to TB patients regarding their health.	None
		LPPT, Art 7, part 2.	All information about the types of TB services, provided by state and private providers has to be made available to the patients.	
		LPPT, Art 15, part 1, point 2.	Guarantees the right of TB patients to receive information about their rights and their health status.	
		Law on the protection of health of the citizens of the Kyrgyz Republic, (2006, 2009), Art 73	Right of patients to information about medical services, medicines and their side effects.	
Findings: The legal framework related to the right to information is favourable; however the practical implementation is poor. Patients and former patients are poorly informed about TB, transmission and prevention, there are cases when the information is distorted/or is grossly misunderstood (as in TB and pregnancy as a result of which many pregnant TB patients abort); some patients are not aware what is Drug Resistant TB (DR-TB) and if they have it; some are not aware that they are on palliative treatment.				

Source: focus groups.				
9. Right to education	<p>ICESCR Art 13: the right of everyone to education. CRC: Art 3 point 3 declares that the State's Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities</p> <p>CERD Art 5. (v) The right to education and training;</p>	LPPT, Art 4, part 2, point 2.	The State is responsible for the education of hospitalized children with TB.	None
		LPPT, Art 15, parts 5 and 6.	Children of TB patients have the right to priority enrolment in pre-school child care, schools and boarding schools. Children TB patients have the right to receive secondary education according to the educational standards of Kyrgyzstan.	
<p>Findings: Insufficient information was received regarding the practical implementation of the right to education. According to one source no schooling is provided in at least one of the children's TB institutions.</p>				
10. Right to participation ³	<p>ICCPR Art 25, the right (a) to take part in the conduct of public affairs, directly or through freely chosen representatives</p> <p>CERD Art 5. d (ix) The right to freedom of peaceful assembly and association</p>	None in LPPT	N/A	N/A

³ For the purpose of this review this means engagement (or not) of TB patients/their organisations in processes such as decision-making, advocacy, planning, implementation and evaluation of programs

<p>Findings: No violations of the right to participation were observed during the review. There are two representatives (one member and one alternate member) of TB affected community in the Country Coordinating Mechanism. There are at least two local civil society organisations (“Coalition against TB” and “Socium”) that work with and/or consist of former TB patients.</p>				
<p>11. Right to health</p>	<p>ICESCR: According to Art 12, Kyrgyzstan recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, including: (c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases; d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness</p> <p>CRC: (Art 24) States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health Other treaties: CERD, CEDAW</p>	<p>LPPT, Art 2, part 2</p>	<p>The law guarantees free and accessible anti-TB services.</p>	<p>None</p>
		<p>LPPT, Art 4, part 1, points 1-3.</p>	<p>This article stipulates all types of medical services which are guaranteed by the State.</p>	
		<p>LPPT, Art 10, part 2, points 3 and 4.</p>	<p>Treatment for all TB patients from the state budget is stipulated by this article. Besides, all necessary medicines should be purchased at the expense of the republican budget.</p>	
		<p>LPPT, Art 12, part 1.</p>	<p>Requires BCG vaccination and TB screening.</p>	
		<p>LPPT, Art 15, part 1, points 4 and 5.</p>	<p>Defines the right of TB patients to [free] stay at the TB hospital and to treatment in specialized institutions.</p>	
		<p>Law on the protection of health of the citizens of the Kyrgyz Republic, article 61</p>	<p>All citizens have the right to exercise their right to facility-based and home health care, to protect their lives and health and to receive health care under the state guaranteed benefit package</p>	

<p>Findings: There are violations of the practical implementation of the right to access health services / highest attainable standard of health. Examples: money often has to be paid for surgeries related to TB; some vitamins and anti-allergy medicine to treat side effects have to be purchased by patients, sometimes at considerable costs per treatment course. Some of the patients pay for surgery, which often has devastating financial consequences for them and their families. Information was received that money was asked to be paid by persons who previously interrupted TB treatment in order to be (re-)admitted to continue TB treatment. Source: focus groups.</p>				
<p>12. Right to enjoy the benefits of scientific progress and its applications</p>	<p>ICESCR Art 15 point (b)</p>	<p>None in LPPT</p>	<p>N/A</p>	<p>N/A</p>
<p>Findings: Access to new anti-TB and repurposed drugs should be increased. At the time of the review, based on interviews and focus groups, there was not yet access to effective treatment for extensively drug-resistant TB, It will be increased in 2016 and 2017. Round-table stakeholders reported full access to drug-susceptible TB and Multidrug-resistant Tuberculosis (MDR-TB) drugs. Sources: focus groups, interviews, round table discussions.</p>				
<p>13. Right to social and economic determinants of health (food, housing, sanitation, water)</p>	<p>CERD Art 5. (iii) The right to housing ICESCR Art 14</p>	<p>LPPT, Art 4, part 1, point 4.</p>	<p>The State's responsibility to provide (non-communal) housing to infectious TB patients.</p>	<p>None</p>
		<p>LPPT, Art 11, part 5</p>	<p>The States prohibits to sell or exchange the housing, which was provided to the TB patients with the purpose of receiving material benefits.</p>	
		<p>LPPT, Art 11, part 6.</p>	<p>The responsible authorities are to conduct anti-TB activities at the places of residence of TB patients.</p>	
		<p>LPPT, Art 15, part 4.</p>	<p>The State is responsible to provide housing to TB patients living in dormitories and communal flats.</p>	

		LPPT, Art 15, parts 6-8.	TB patients are entitled to social benefits, free transportation related to treatment, additional days of paid leave; parents of children with TB have the right to stay at the hospitals with them.	
<p>Findings: While the legal framework is conducive, there is insufficient implementation of the LPPT articles related to accessing social and economic determinants of health. Example: no housing is provided, patients are not aware of the right to housing and to social benefits. Sources: interviews and focus groups.</p>				
14. Right to work / Protection of labour and health	<p>ICESCR: According to Art 6, Kyrgyzstan will recognize the right to work, which includes the right of everyone to the opportunity to gain his living by work which he freely chooses or accepts, and will take appropriate steps to safeguard this right.</p> <p>Art 7 the right of everyone to the enjoyment of just and favourable conditions of work which ensure [...] (b) Safe and healthy working conditions.</p> <p>CERD Art 5. (e): (i) The rights to work, to free choice of employment, to just and favourable</p>	LPPT, Art 4, part 1, points 4, 6 and 8.	State guarantees employment, education and re-training for TB patients.	None
		LPPT, Art 4, part 2, points 3-5.	Guarantees labour therapy, organisation of production workshops and quotas for employment of TB patients, patients with a disability due to TB.	
		Art 15, parts 2 and 3.	TB patients have the right to up to 12 months of sick leave (which is two times longer than for other diseases). The employers cannot lay off TB patients until they are cured or are given a disability.	
		LPPT, Art 22. (TB as occupational disease)	TB acquired at work is considered occupational disease for the staff of TB institutions.	

	conditions of work, to protection against unemployment, to equal pay for equal work, to just and favourable remuneration;	LPPT, Art 23. (State guarantees for the staff of the TB service)	Medical and other staff of TB facilities should have the mandatory health insurance against TB as occupational disease, covering damages to health (including loss of life) while carrying out work responsibilities, with the compensation in the amount up to 120 monthly salaries.
		The Constitution, Articles 9 and 42	Everyone has the right to working conditions consistent with occupational safety and health standards.
		Labour Code and Act No. 167 of 1 August 2003 on Occupational Safety and Health	All workers are guaranteed decent working conditions under the. Employers are required to bear the costs and ensure that employees work in a safe and healthy environment. Persons responsible for occupational safety who breach it are subject to criminal prosecution, employers are administratively liable.

Findings:
 There are violations of the practical implementation of the right to work and of the protection of labour and health articles.
 All TB patients, irrespective of infectiousness (including extra-pulmonary) according to the current “law on the protection of the population against Tuberculosis” are precluded from working in many areas. There is a ‘list’ (Decree of the Government of the Kyrgyz Republic as of May 31, 1999 # 294. The list of jobs excluded for TB patients Annex 3) that outlines the types of work, which TB patients are precluded from performing.
 From the focus groups the patients were uncertain about their work prospects e.g. in education after being cured. TB patients do not work.
 No TB staff who got sick with TB received the compensation in the amount up to 120 salaries because TB is usually not acknowledged as occupational.
 The state collects information about how TB infection control is observed at TB health facilities and primary health care facilities.
 This information is routinely collected by the Center for Infection Control, and currently, under USAID funded “Defeat TB” project, state sanitary epidemiologic

service conducts monitoring. This information is not broadly available to public. Sources: focus groups, round table, interviews, correspondence.				
Accountability and remedies				
15. Protection against rights violations by non-state actors, including regulating private health sector	Most international conventions and documents ensure that any person whose rights or freedoms, recognized by the conventions, are violated shall have an effective remedy, notwithstanding that the violation has been committed by persons acting in an official capacity e.g. ICCPR, Art 2	Act No.6 of 9 January 2005 on Public Health ⁴	The central and local authorities, legal entities and public officials can be held accountable for failing to comply with State guarantees protecting and enhancing citizens' health, and to hold health-care providers responsible for failing to render safe and proficient medical assistance	None
		LPPT, Art 4, part 1, point 5.	The State is responsible to provide legal consultations and other legal aid to TB patients.	
<p>Findings: Insufficient information was received about the implementation of the right to be protected against rights violations in relation to TB. Knowing very little about their own rights, the focus group members did not seek protection of those rights; patients are not aware of the right to legal consultation, they also did not ask for legal consultations and did not know about the availability of such services. Sources: interviews, focus groups.</p>				

⁴ Source: Report of the Committee on economic, social and cultural rights consideration 2013

Discussion and conclusions

Adequate implementation

In relation to TB diagnosis, treatment and care, based on the information received during the review, it is possible to conclude that Kyrgyzstan has the supporting national legal framework and adheres to the international conventions (ICCPR & CERD) in relation to:

- a) The right to freedom from torture and inhuman or degrading treatment – no such treatment was noted.
- b) The right to participation – people affected by TB/their organisations are free to engage in processes such as decision-making, advocacy, planning, implementation and evaluation of programs. The purpose of the Country Coordinating Mechanism, a structure required by the Global Fund, serves to encourage participation of TB affected communities in the Global Fund supported national processes. Recently introduced public oversight committees is a national form meant to encourage collaboration between the state and civil society and improve the efficiency of state structures, including the Ministry of Health.
- c) Freedom of movement - unlike in some other countries, in Kyrgyzstan there is no legislation regarding compulsory isolation of persons with infectious TB who refuse anti-TB treatment. Although this guarantees the freedom of movement, it is not always in the best interest of public health. According to ICCPR and the Siracusa Principles, freedom of movement can be subject to restrictions for the considerations of public health. If Kyrgyzstan ever introduces any compulsory measures, then a legal provision should be made to ensure procedural due process for people subjected to compulsory interventions; such interventions done with respect for individuals and sensitivity to the needs of the underprivileged [9]. In particular to they should protect the right to bodily integrity and thus rule out any possibility of compulsory treatment. According to the WHO guidance on ethics of tuberculosis prevention, care and control [10], involuntary isolation and detention are last-resort measures. Such isolation can be used if all other means have been exhausted by well-functioning TB programs, where effective treatment is available and all efforts (such as adherence support, home-based care etc.) have been made to motivate the person with infectious TB disease to follow the prescribed treatment.

Areas of concern, requiring urgent action

There are several particular areas of concern, requiring urgent action:

1. **Right to information, informed consent, social security, social determinants and legal assistance.**

According to the review, TB patients in Kyrgyzstan have many rights and entitlements such as social security benefits, social and economic determinants of health and informed consent. However, there is a lack of awareness and information among people affected by TB about these rights, also the basic awareness of the patients about TB is very low. It is possible that the information about the rights was provided but cannot be recalled or that it was never provided. In the past the Global Fund project supported “patients’ schools” where, at least some information about TB was supposed to be provided. However none of the focus groups recalled such information. The Mandatory

Health Insurance Fund, with support of the USAID, printed and distributed posters, delineating patients' rights. These posters could be made more accessible to the patients if they are placed e.g. in the corridors of the wards instead or in addition to putting them in the administrative buildings.

More must be done in order to ensure the practical implementation of the laws related to the right to information. The TB patients must be better informed about their own diagnosis, their disease and side effects of their treatment. The information providers must help patients understand how TB is transmitted and address misconceptions about TB that the TB patients and their families appear to have. This will reduce stigmatization and discrimination of the patients by others and hopefully eliminate self-stigmatisation by TB patients themselves (see Kyrgyzstan TB Gender Assessment). Information from the focus groups on gender has shown that the specific challenges faced by women in relation to TB are: lack of relevant information about transmission, symptoms, TB and reproductive functions, about their rights as TB patients. Women - when diagnosed with TB - particularly spoke about violence, abandonment and (permanent) removal of children. Generally TB is highly stigmatized in the society (see Kyrgyzstan TB Gender Assessment). Focus groups indicated perceived remoteness of health facilities.

It is laudable and very important that in Kyrgyzstan TB patients are entitled to protection against rights violations in relation to TB. However, patients are unaware about their right to free legal assistance.

Because legislation on TB provides specific additional entitlements, there is a need to additionally inform patients about them. The information about the rights and entitlements must be detailed enough to ensure the patients know how to act upon it: responsible institution/department, their address, necessary documentation to bring with them, etc. should be provided. How to deliver the information is important:

- verbal, printed; delivered individually or in groups
- in the right time (when informing about diagnosis, over the time of the treatment)
- in the right place (at homes to inform families, at the in and out-patient facilities in locations which are often and easily accessed by the patients).

Various general and TB-specific rights and entitlements include:

- free legal assistance,
- social benefits,
- housing,
- sick leave regulation,
- free transportation,
- other as applicable per national legislation

Besides, per legislation, patients have to be provided with counseling and sign a written consent form when they are offered HIV testing.

To make the implementation of the law realistic and achievable, the category of the TB patients who are entitled to state-provided housing can be revised. For example, it can be reduced to only the homeless persons.

2. Right to health

The information about which drugs (e.g. for treating side effects) and services (e.g. TB related surgery) are free and which are paid should be made clear and available to TB patients. There should be a special attention paid to persons who interrupt TB treatment or have problems with adherence. Attempts to solicit payments from such persons in order to allow them to continue TB treatment (after interruption) should be punishable. The number of patients and their families, who experience catastrophic costs due to TB should be brought down to zero by 2020, in line with the End TB Strategy and the Global Plan to End TB, by using cash transfers, insurance and social protection mechanisms [11]. The highest attainable standard of TB diagnosis, treatment and care should be promoted, which includes access to new and repurposed TB drugs and pediatric formulations.

Access to new and repurposed drugs has to be increased. To ensure adequate treatment options for DR-TB Kyrgyzstan is urged to procure delamanid, bedaquiline and important companion drugs linezolid and clofazimine, all of which are on the WHO model list of essential medicines (2015). Both delamanid and bedaquiline are options since they each have different strengths and weaknesses. Procuring delamanid is possible through the Global Drug Facility (GDF) at a rate of US\$1,700 per six-month treatment course. Kyrgyzstan is also eligible to apply to the GDF administered USAID-Janssen Bedaquiline donation program. The GDF, under the auspices of the Stop TB Partnership, supplies high-quality products at negotiated rates to TB programs around the world, and, among other services, pools demand for TB medicines to create a more stable market for suppliers [12].

3. Right to work and the protection of labour and health

There are violations of the practical implementation of the right to work, which also constitutes a violation of the right to be free from discrimination. All TB patients, irrespective of infectiousness (including extra-pulmonary) are precluded from working in many areas according to the 'list' (Annex 3), which is based on outdated information about TB transmission and infectiousness and is in violation of the right to work. The 'list' includes any kind of client-facing services (transportation, household services, etc.), any food-related work and any work with children (including making children's clothes or packaging baby food). Decision makers should be educated about TB transmission, which is airborne, and does not transmit through objects. The Kyrgyzstan Clinical Guidelines on TB for primary health care (point 12.4, p.56) correctly and clearly state the conditions when the TB patients can resume work or continue their education [13].

Effective TB treatment dramatically reduces the infectiousness of TB patients within days of treatment's commencement. However, even at the stakeholders' round-table where the preliminary review results were presented there was support from the stakeholders in favor that all TB patients should not be allowed to work until cure. This points out that there is either a lack of knowledge about TB infectiousness and transmission, no understanding that removing a source of income can have devastating consequences and lead to treatment interruption, and/or lack of confidence about the quality of diagnosis and treatment.

In view of the shift to ambulatory care, first the quality of diagnosis and treatment should be such as to give reassurance - to the health care staff, to the public, and to the patients themselves - that the patients who have sputum culture negative results in reality are such and cannot infect others with TB. This will mean that such patients should not have any limitation to work, unless it would affect adversely their own health.

From the focus groups the patients were uncertain about their work prospects e.g. in education after being cured. TB patients do not work, even the patients with culture negative sputum results are not allowed to work. Many patients who had had jobs do not receive the full 12 months of sick leave or no sick leave compensation at all.

No TB staff member who got sick with TB received up to 120 salaries compensation; usually the TB of those working at TB facilities is not considered as an occupational disease. Secondary sources point to poor infection control at TB facilities [14] and it is possible that the incidence of TB among the health care workers, especially in TB facilities, is underreported. There is also stigmatization against health workers with TB by their colleagues and supervisors [15].

At the time of the review in January 2016 the law on TB was being revised at the Parliament, and there was a motion to abolish the 'list'; this motion should (have been) supported. Several recommendations were made, based on the stakeholders' round table discussion, to the Parliament (letter to Parliament in Annex 4).

4. Right to privacy

There should be more efforts to safeguard the TB patients' right to privacy by improving contacts tracing policy and practice. It is necessary to develop a clear instruction document containing information about (1) contacts of which patients should be notified - depending on if it is pulmonary or extra-pulmonary TB and on infectiousness, (2) what constitutes close contacts and how they should be notified, (3) TB service should work with the patient and with the contacts to provide correct information and reduce TB-related stigma. The patients have to be sensitized about the importance of contact tracing and notification for public health, in order to ensure their full and informed collaboration.

Additional information needs

More information is required in the following areas:

1) How the right to non-discrimination, including gender-based, is observed in rural areas and in relation to specific groups of women.

No cases of direct gender-based discrimination against women or men were noted during the review. However, the secondary sources point that there may be a need for more information about the situation in the remote rural areas. The Committee on the Elimination of Discrimination against Women's concluding observations on the fourth periodic report of Kyrgyzstan in 2015, specifically for health, were: the Committee is concerned: (a) About the limited access to health care for women and girls in rural areas; (d) That in spite of some measures, there is persistent discrimination against some groups of women, including lesbian, bisexual, transgender and intersex women and women involved in prostitution, in the provision of health-care services.

Information about the access of these groups of women to TB services was not a part of the present review, additional information may be necessary to conclude if the TB services are in line with the Convention on the Elimination of All Forms of Discrimination against Women. This information can be collected in collaboration with the Department of Gender Policy of the Ministry of Social Development, the National Council on Gender Development and the civil society organisations working in the relevant communities.

2) The practical implementation of the right to education

More information is needed to come to firm conclusions regarding the implementation of the CRC and the right to education. Hopefully with the shift to ambulatory care there will be fewer children hospitalized. Especially given their non-infectiousness, those children could attend their regular schools. Non-infectious students of higher

educational institutions should have their right to education honored and safeguarded. Provisions should be made to inform the educational establishments' administration and staff correctly about TB transmission in order to address their fears and prevent them from discriminating based on ignorance. Correct and non-discriminatory information about TB should be disseminated to the students as well.

3) The right to bodily integrity

There is no compulsory TB treatment or a compulsory TB testing in the civilian sector. Insufficient information was obtained regarding the situation in the penitentiaries in order to come to a firm conclusion.

Recommendations

To the Parliament:

- 1.1. Enact legislation that establishes the rights of people with TB as described above and ensures accountability of state and non-state actors.
- 1.2. Accept the recommendations (Annex 4 Letter to Parliament) of the "Coalition against TB":
 - 1.2.1. To introduce to the TB Law articles the right to enjoy the benefits of scientific progress and its applications;
 - 1.2.2. To revise and monitor the implementation of articles related to TB as occupational disease.
- 1.3. Ensure abolishing the "list of work not allowed to be performed by TB patients". This list is based on outdated information about TB transmission and is in violation of the right to work and the right to be free from discrimination.

To the Ministry of Health:

- 2.1. Implement WHO guidance and procure delamanid, bedaquiline and important companion drugs linezolid and clofazimine, to ensure adequate treatment options for Drug Resistant TB. In the short-run, obtain delamanid, bedaquiline and other quality drugs to treat Multidrug-resistant Tuberculosis via the Global Drug Facility using import waivers and other provisional mechanisms.
- 2.2. Use social contracting – a mechanism used by governments to outsource service provision - to engage civil society organisations in providing rights-related information to TB patients.

To the National TB Program:

- 3.1. Organize the process of providing quality information to TB patients, including TB diagnosis, informed consent, treatment, side effects, addressing misconceptions and the rights of TB patients including the right to work.
- 3.2. Develop a clear instruction for contact tracing; organize contact tracing in a manner, which safeguards the right to privacy.

To the civil society organisations:

- 4.1. Provide TB patients with information about their rights.

- 4.2. Establish community-based monitoring to collect the information about how human rights are implemented in relation to TB and use it for decision-making.
- 4.3. Collect and analyse information about:
 - 4.3.1. TB and the role of gender in rural/remote areas and among the special groups;
 - 4.3.2. TB and the right to education;
 - 4.3.3. The right to bodily integrity.
- 4.4. Where violations of human rights occur, document them to articulate evidence-based advocacy, and submit the result in the (alternative) reports of the relevant ratified international conventions (ICESCR, CEDAW, CRC, CERD and ICCPR).
- 4.5. Work in collaboration with the office of Ombudsman and the national Human Rights institutions to engage them in campaigns and joint advocacy, for instance for the ratification of the Convention on the Rights of Persons with Disabilities.

Annex 1. List of persons met

Organisation	Position	Name
National TB Centre (NTC)	Director	Kadirov, Abdulat Samatovich
National TB Centre (NTC)	NTC Lawyer	Petrova, Olga
Mandatory Health Insurance Fund under the Government of the Kyrgyz Republic (MHIF)	Chairman of the Fund	Kaliev, Marat Terimbekovich
MHIF	Senior Specialist of the Department of Strategic Development	Keshikbaeva, Anara Asylbashevna
Ombudsman of the Kyrgyz Republic	Ombudsman	Otorbaev, Kubat Tabaldyevich
Office of the Ombudsman of the Kyrgyz Republic	Head of the Department of Protection of Families and Gender discrimination	Turdamamatova, Makhabat
Kyrgyz Parliament, Human Rights Committee	Head of the Human Rights sector	Avaskanova, Gulmira
Kyrgyz Parliament, Social Affairs Committee	Social Affairs Committee, Member of Parliament	Nikitenko, Natalia Vladimirovna
Human Rights Center "Citizens against corruption"	Director	Ismailova, Tolekan Asanalyevna
International Human Rights Documentary Film Festival	Coordinator	Abdilaeva, Zhyldyz
Ministry of Social Development and Labour	Head of Section of Gender Policy	Bakyrova, Nurgul Zhakypovna
Ministry of Social Development and Labour	Gender Policy Department	Satybaldyeva, Begaim Ashymovna
State Penitentiary Service	Head of the organization of health care provision	Asanov, Akylbek Avazovich
State Penitentiary Service	Senior inspector organization of health care provision	Kukanova, Gulsara Kanibekova
USAID	Health Programs Management Specialist	Kamarli, Chinara
USAID	Project Management Specialist, Department for Development of Democracy	Alymkulova, Makhabat
UNION/USAID project in Kyrgyzstan	Senior Technical Advisor	Bazikov, Timur
WHO	Coordinator of the STI/HIV/AIDS Programme	Karymbaeva Salya
WHO	TB Medical Officer	Nasidze, Nikolos

MSF- Doctors without borders	Communication Officer	Shygaybaeva Guliam
MSF- Doctors without borders	Assistant to the Head of Mission	Kerimalyeva Raushan
UNDP	Coordinator of the Tuberculosis Control Programme, Grant Management division	Shelokova, Irina
NGO „Socium“	Executive Director	Estebesovna Batma Abibovna
KNCV Branch Office in the Kyrgyz Republic	Director	Bakyt Myrzaliev
Association of Legal Entities "Association of AIDS service NGOs of the Kyrgyz Republic " Anti-AIDS "	Executive Director	Bakirova Chinara Abdygulovna

Annex 2. Evaluation of the signed and ratified international conventions

“Ratification defines the international act whereby a state indicates its consent to be bound to a treaty [...] The institution of ratification grants states the necessary time-frame to seek the required approval for the treaty on the domestic level and to enact the necessary legislation to give domestic effect to that treaty. [Arts.2 (1) (b), 14 (1) and 16, Vienna Convention on the Law of Treaties 1969 by way of The United Nations Treaty Collection website, a Glossary of terms relating to Treaty actions]

Kyrgyzstan has signed and ratified the following documents:

3. The International Covenant on Economic, Social and Cultural Rights (ICESCR);
4. Convention on the Elimination of All Forms of Discrimination against Women (CEDAW);
5. Convention on the Rights of the Child (CRC);
6. International Labour Organisation (ILO) Labour Inspection in Industry and Commerce Convention;
7. International Convention on the Elimination of All Forms of Racial Discrimination (CERD);
8. International Covenant on Civil and Political Rights (ICCPR) signed on 21 Sep 2011 but there is no formal confirmation, accession, or ratification.

Kyrgyzstan has signed **but not yet ratified**⁵ the following relevant document:

5. Convention on the Rights of Persons with Disabilities (CRPD) signed on 21 Sep 2011 but there is no formal confirmation, accession, or ratification.

International conventions in relation to TB

The role of the international conventions in protecting and fulfilling the human rights of people with TB in Kyrgyzstan and relevant findings is presented in the table below.

Convention	Role in TB
ICESCR	According to Art 6, Kyrgyzstan will recognize the right to work, which includes the right of everyone to the opportunity to gain his living by work which he freely chooses or accepts, and will take appropriate steps to safeguard this right. ⁶ <i>This means that non-infectious TB patients and ex-</i>

⁵“The signature, subject to ratification, does not establish the consent of the state to be bound” by the covenant and the convention. “However, it is a means of authentication and expresses the willingness of the signatory state to continue the treaty-making process.” [Arts.10 and 18, Vienna Convention on the Law of Treaties 1969 by way of The United Nations Treaty Collection website, a Glossary of terms relating to Treaty actions].

⁶ The right to work is enshrined as one of the fundamental principles underpinning the regulation of labour and labour-associated relations, as specified in the Labour Code No. 106 adopted by the Zhogorku Kenesh on 4 August 2004. (Consideration of reports submitted by States parties under articles 16 and 17 of the International Covenant on Economic, Social and Cultural Rights 2013).

	<p><i>patients' right to work anywhere should be safeguarded.</i></p> <p>Art 7 the right of everyone to the enjoyment of just and favourable conditions of work which ensure [...] (b) Safe and healthy working conditions.</p> <p><i>This means that the staff working in TB should be provided with the means of TB infection controls: administrative and environmental and where necessary with personal respiratory protection.</i></p> <p>According to Art 12, Kyrgyzstan recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, including:</p> <p>(c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases;</p> <p>(d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness.</p> <p><i>This means that Kyrgyzstan pledges to provide the highest attainable standards of TB prevention and treatment, as well as assure medical services for TB patients.</i></p>
<p>Convention</p>	<p>Role in TB</p>
<p>CEDAW</p>	<p>According to Art 2, Kyrgyzstan agrees to pursue by all appropriate means and without delay a policy of eliminating discrimination against women. Article 5 (a) says that Kyrgyzstan shall take all appropriate measures to modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women.</p> <p><i>This means that in Kyrgyzstan the conduct towards female TB patients and women who are to be evaluated for TB should be free of prejudices.</i></p> <p>Article 12 states that 1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services.</p> <p><i>This means that Kyrgyzstan will eliminate discrimination against women and ensure their equal access to TB services.</i></p> <p>According to article 14, part 2, Kyrgyzstan shall take all appropriate measures to eliminate discrimination against women in rural areas in order to ensure such women the right: (b) To have access to adequate health care facilities, including information, counseling and services in family planning; (h) To enjoy adequate living conditions, particularly in relation to housing, sanitation, electricity</p>

	<p>and water supply, transport and communications.</p> <p><i>This means the access of rural women to TB facilities, information and counseling will be ensured, along with adequate living conditions.</i></p>
Convention	Role in TB
CRC	<p>Article 3 point 3 runs that the States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.</p> <p><i>This means that childhood TB institutions have to conform with the standards established by competent authorities the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.</i></p> <p>According to article 24 point 1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.</p> <p><i>This means that Kyrgyzstan has to strive to ensure the children's right to enjoy highest attainable standard of health also in the area of TB is safeguarded, including access to the new pediatric TB formulations and patient-centered approaches.</i></p>
Convention	Role in TB
ILO Labour Inspection in Industry and Commerce Convention	<p>Having ratified the ILO Labour Inspection in Industry and Commerce Convention, Kyrgyzstan is committed to ensuring that labour protection standards are met. The Occupational Safety and Health Act stipulates that the State Labour Inspectorate is responsible for monitoring compliance with labour laws and safety and health requirements on behalf of the State. (Consideration of reports submitted by States parties under articles 16 and 17 of the International Covenant on Economic, Social and Cultural Rights, 2013)</p> <p>All workers are guaranteed decent working conditions under the Labour Code and Act No. 167 of 1 August 2003 on Occupational Safety and Health. Employers are required to ensure that employees work in a safe and healthy environment [16].</p> <p><i>What this means for TB is that the State Labour Inspectorate should collect information on safety and health requirements in TB facilities.</i></p>

Convention	Role in TB
CERD	<p>Art 5 Kyrgyzstan undertakes to prohibit and to eliminate racial discrimination in all its forms and to guarantee the right of everyone, without distinction as to race, colour, or national or ethnic origin, to equality before the law, notably in the enjoyment of the following rights: [...]</p> <p>(d):(i) The right to freedom of movement and residence within the border of the State; [...]</p> <p>(e): (i) The rights to work, to free choice of employment, to just and favourable conditions of work, to protection against unemployment, to equal pay for equal work, to just and favourable remuneration;</p> <p>(ii) The right to form and join trade unions;</p> <p>(iii) The right to housing;</p> <p>(iv) The right to public health, medical care, social security and social services;</p> <p>(v) The right to education and training;</p> <p>[...]</p> <p><i>This may be in contradiction with the TB Law Art 11 (Не допускаются продажа или обмен больными туберкулезом жилья, выделенного им в порядке вне- или первоочередности как бактериовыделителям, на более худшие жилищные условия в целях получения доплаты и другой материальной выгоды.)</i></p>
Convention	Role in TB
ICCPR	<p>Art 7. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation.</p> <p><i>No inhuman or degrading treatment in relation to TB.</i></p> <p>Art 12 point 1. Everyone lawfully within the territory of a State shall, within that territory, have the right to liberty of movement and freedom to choose his residence. ⁷</p> <p><i>This may be in contradiction with the TB Law Art 11</i></p>
Convention	Role in TB
CRPD*	<p>Article 27: Work and employment</p> <p>1. States Parties recognize the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market [...]</p> <p><i>For TB this would mean a free choice of work by disabled as a</i></p>

⁷ The above-mentioned rights shall not be subject to any restrictions except those which are provided by law, are necessary to protect national security, public order (ordre public), public health or morals or the rights and freedoms of others, and are consistent with the other rights recognized in the present Covenant.

	<p><i>result of TB.</i></p> <p>Article 28: Adequate standard of living and social protection</p> <p>1. States Parties recognize the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability.</p> <p>2. States Parties recognize the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability, and shall take appropriate steps to safeguard and promote the realization of this right, including measures:</p> <p>[...]</p> <p>(b) To ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programmes and poverty reduction programmes;</p> <p>(c) To ensure access by persons with disabilities and their families living in situations of poverty to assistance from the State with disability-related expenses, including adequate training, counselling, financial assistance and respite care;</p> <p>(d) To ensure access by persons with disabilities to public housing programmes;</p> <p>[...]</p> <p><i>For TB it would mean taking the above measures to ensuring that disabled (as a result of TB) have access to social protection programmes and poverty reduction programmes; addressing poverty; assistance with disability-related expenses and access to public housing.</i></p>
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* signed, but not ratified

Annex 3. The list of work not allowed to be performed by TB patients

Extract from the Decree of the Government of the Kyrgyz Republic as of May 31, 1999 # 294.

The list of jobs excluded for TB patients

- 1) Doctors, nursing and junior professionals of maternity hospitals (departments).
- 2) Doctors, nursing and junior professionals of preventive treatment, recreation and resort as well as educational institutions for children of early and preschool age (child health clinic, foster houses, nurseries, hospitals and clinics, sanatoriums, milk kitchens for children).
- 3) The teaching staff of the educational institutions and establishments (foster homes, higher and secondary educational establishments, specialized educational institutions).
- 4) The teaching and medical staff of health and sports institutions for children and teenagers.
- 5) All medical specialists, middle and junior medical staff of preventive treatment institutions for children and teenagers (hospitals, clinics, sanatoriums).
- 6) Otolaryngologists, dentists, prosthetists, medical nurses, laboratory staff, paramedics of non TB preventive treatment institutions (departments) for adults (hospitals, clinics, medical sanitary units, sanatoriums, preventive clinics, resorts, rest facilities, tourist centers, homes for the disabled); Food unit workers for non TB as well as TB preventive treatment and sanatorium institutions for adults and all the workers of these institutions dealing directly with providing food and services to the patients.
- 7) Workers of all the enterprises producing food for the population, selling food or dealing directly with raw, semi or fully cooked food products while producing, packaging, storing, transporting or selling the food products, as well as workers who fix, clean and disinfect production equipment, inventory and packaging at these enterprises.
- 8) Pharmacists of all drug stores, workers of pharmaceutical plants, factories and enterprises the produce, pack and sell medicines/drugs.
- 9) All the jobs at the enterprises, connected with the production of cardboard packaging for drugs, food and things for children.
- 10) Bath-house and shower attendants, hairdressers/ barbers, manicurists, pedicurists, and other professionals providing services to the population, as well as laundry workers that dry, receive, sort and issue things at the laundries.
- 11) Swimming pool attendants.
- 12) Conductors of passenger railway carriages and public transportation.
- 13) Public transportation and taxi drivers, food freight handlers.
- 14) Flight attendants of public airlines.

- 15) Hotel and hostel attendants whose work is directly connected with catering services to residents.
- 16) People maintaining water intake structures and water-piped constructions.
- 17) Seamstresses, tailors and receptionists at the tailoring shops and ateliers for children.
- 18) Librarians at the libraries for children.
- 19) Crafters including outworkers making toys for children.
- 20) Salespeople selling clothes and toys for children.
- 21) Household workers/maids.

Annex 4. Letter to Parliament

Of the public foundation “Kyrgyz Coalition for TB prevention, Coalition against TB” to the Parliament on the Kyrgyz Republic about the amendments to the Law on “The protection of the population against Tuberculosis”.

On the 26 of January 2016 there was a round table “Gender and legal review in Tuberculosis”. As a result of preliminary discussion of the situation among the TB patients, the public foundation “Kyrgyz Coalition for TB prevention, Coalition against TB” suggests the following recommendations for the Parliament of Kyrgyz republic: — To carry out monitoring measures, aimed at providing information for the community about TB, its treatment, as well as informing the TB patients about their rights and responsibilities.

— Besides, we suggest amending the Law on “The protection of the population against Tuberculosis” with the following changes:

1. To make an amendment into the article 4 of the law of the Kyrgyz Republic on “The protection of the population against Tuberculosis”, ensuring the right to use the results of scientific achievements and their practical implementation so as to make new anti- TB drugs easily available.

To allow the national TB services to import and use the results of scientific achievements (diagnostic tests, anti-TB drugs and other technologies), recommended by WHO, before they are approved by the regulatory authority.

2. To make the adjustments to article 23, where the compensation in the amount of 120 salaries is stated. To change this indicated standard into the standard providing equal amount of compensation for all medical workers despite their position of employment, as well as specify the source of payment, those responsible for making the payment and the procedure of paying out the compensation.
3. To include TB doctors, working at TB institutions into the preferential list of employees entitled to early retirement in relation to harmful labour conditions, according to the list #2 (see appendix #1).
4. To specify the mechanism of social and medical insurance for medical workers in case of TB infection.
5. To foresee the collaboration with the civil society in the area of gender and other rights of TB patients.

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