

Empowering women & girls to reach more people with TB: TB REACH Wave 7

Why women and girls in TB response?

In September 2018, the global community came together to discuss TB elimination and the Sustainable Development Goals (SDGs). For too long we have been trying to address TB as a medical issue only; but, TB has always been a disease of poverty and has affected those who are most marginalized. Eliminating TB means tackling the root causes of poverty, and the causes of stigma and marginalization which include, among others, elimination of gender inequality and discrimination. Women, particularly young women and girls, make up a larger proportion of the world's extreme poor¹ and two thirds of the world's illiterate are women.² In many settings, young women's only opportunity is marriage and once married they have little control over the family's resources or even over their own earnings. This presents radical disadvantages for women's in advancing their social and economic rights.

TB kills 1.6 million people every year, 4,300 a day. It is the single largest infectious disease killer globally and among the top five killers of women aged 20-59. TB devastates entire communities, destroys families, and leaves future generations without opportunity. As public health experts we know that more men fall ill with TB than women, but as development experts we also know that women may carry the brunt of the disease. TB in women adds to already drastic inequalities. TB interrupts girls' education, in many settings limits young women's marriage prospects and in some settings leads to loss of land ownership, and disenfranchisement for women. Women with undiagnosed TB who have or take care of children inevitably put them at risk. Women as caregivers, health workers, mothers, patients, experience the burden of TB differently. Across settings, women spend twice as much time than men on housework and family care,³ and according to WHO, 70% of the health workforce in developing countries are women. TB may be more prevalent among men, but for every man, there is likely a woman delivering his diagnosis and treatment, and a wife or mother to take care of him and his children.

TB REACH and Global Affairs Canada

Since 2010, Global Affairs Canada has been supporting STOP TB's rapid funding mechanism TB REACH. TB REACH is a platform for delivering innovative approaches to reach people with TB who are missed by traditional approaches to care. To date, TB REACH has detected and treated over 2 million people in more than 50 countries. Many of the interventions piloted by TB REACH grantees have then been taken up by national governments and other donors with \$150 million of Global Fund and other donor funding being leveraged to scale up the work. The demand for TB REACH funding far outstrips the current resources available and the impact can be strengthened with additional support.

[Canada's Feminist International Assistance Policy](#) brings an opportunity to address the TB response from both a medical as well as developmental focus. Rapid, results-based funding allows TB REACH to engage with local organizations and support cutting-edge, needs-base interventions. Within the TB case finding

¹ Boudet, A. M. M., Buitrago, P., de la Briere, B. L., Newhouse, D., Matulevich, E. R., Scott, K., & Suarez-Becerra, P. (2018). *Gender differences in poverty and household composition through the life-cycle: a global perspective*. The World Bank.

² United Nations, 2015. *The World's Women 2015: Trends and Statistics*. New York: United Nations, Department of Economic and Social Affairs, Statistics Division. Sales No. E.15.XVII.8.

³ OECD (2014) Gender, Institutions and Development Database. Available at <https://stats.oecd.org/Index.aspx?DataSetCode=GIDDB2014>

agenda, TB REACH has already been working with community organizations to bring focus to women's empowerment.

Canada's investment in TB REACH shows that by prioritizing women's empowerment and equality we can shift how partners think about their own communities and target groups.

- In a Tanzania peri-mining community, a project has identified similar TB prevalence among miners and women residing in areas surrounding the mines. While treatment enrollment rates are high for men, loss to pre-treatment follow up is higher among women. Noticing this discrepancy, the project aims to engage additional linkages to TB treatment for women;
- A project in India, through recruitment of female community health workers, most of whom are TB widows, found that involvement in screening and other case finding activities had a significant impact on women's sense of self-worth and desire to serve their communities.
- In Pakistan, an approach that engages transgender women to identify TB and support treatment among their peers has been able to detect hundreds of cases in a highly stigmatized and marginalized group
- A project in Nigeria found that female internally displaced persons (IDPs) are more responsive to screening and support from female community workers and that using this gender-sensitive approach can boost case finding among IDP women and children.
- Utilizing female community health workers in Ethiopia showed that when women are involved in TB screening activities, more women are detected and successful treated.
- In Afghanistan, healthcare providers who already serve women, such as OB/GYNs, were trained to screen their clients for TB. School girls in several communities were trained to screen their neighbors and Imams in community Mosques discussed the impact of TB on women. In communities where school girls conducted the screening and where local religious leaders initiated discussions about women's access to TB services, TB notifications among women increased.
- All TB REACH projects now report gender disaggregated data to help identify gaps and opportunities.

Other, non-TB REACH interventions are also showing that focus on women and TB can bring about positive results to both stop the epidemic and promote empowerment:

- In Pakistan, engagement of school girls in life skills training and training on TB screening has allowed thousands of young women to make first steps towards career planning and at the same time to screen their neighbors for TB.
- In India, local data analysis showed certain districts had much lower rates of TB among women. The TB program ran a *screen your grandmother* campaign and the intervention immediately demonstrated results. While promoting overall respect to the role of grandmothers in India the program promoted gender equality and directly impacted public health outcomes in TB.

Why now?

The task of eliminating TB is not easy and unless we shift the discourse from a sole focus on epidemiology and include other serious challenges at the level of communities we will not meet the goal of ending TB, but also any of the other SDGs. The TB response, and the stakeholders must recognize that women, while also falling ill with TB, are largely impacted by its dire socio-economic context and can serve as powerful vectors of change to stem the tide of the TB epidemic.

- In many settings, women are unable to access health care without permission, suffer more from stigma related to illness, and are less willing/able to produce samples for TB testing. Due to stigma, women with TB might be deemed undesirable for marriage, disenfranchised by families and husbands.
- Women also generally wait longer than men for diagnosis and treatment, and may be discouraged from seeking care by lack of privacy or childcare facilities in health care settings.⁴
- Women comprise 70% of the healthcare workforce in the developing world and their contribution and effort to ending TB should not be left unrecognized. In high burden countries, women as caretakers, mothers, grandmothers and partners can be empowered to serve their communities, ensure that their family and community members get screened and help more rapidly close the gap in pediatric TB.
- By supporting and empowering women, we can strengthen and equip the communities, including their most vulnerable members, to better address the impacts of the TB epidemic. By supporting TB interventions with and among women, we can pave the way for better healthcare for all women and improve case finding overall.

TB REACH Wave 7: Scaling up rapid case finding approaches with women and for women

TB REACH's Wave 7 call for proposals will launch in early 2019 and will source creative solutions to TB case finding and treatment adherence by women, for women and with women:

1. Proposals promoting female empowerment at community level to facilitate case finding approaches, such as engagement of women in leadership roles in TB health work, education of women to perform healthcare tasks. We look for programmes that can open educational and career opportunities for women;
2. Proposals engage women in proactive mobilization of their communities, including their partners and their children, for screening. Men and boys are often missed by the current systems in large numbers. As men often do not seek care due to social norms, we look for programing that empowers women to facilitate health-seeking behavior in their partners and community members;
3. Proposals that improve case finding among women, including in areas where the TB burden is skewed and in particular groups of women, such as indigenous and other marginalized women (women who use drugs, mobile populations and refugee women, women in professions with

⁴ https://www.theglobalfund.org/media/6349/core_tbhumanrightsgenderequality_technicalbrief_en.pdf

increased risk of TB etc.) In this track, we look for programming that demonstrates case finding for women and with women;

4. Proposals that integrate TB with other health services for women that can increase TB case finding and treatment adherence e.g. family planning, maternal and child health, HIV in areas of high prevalence;
5. Proposals that increase case-finding and treatment adherence support through engaging women as peer educators, organizers of support groups, and as community partners;
6. Proposals that combine innovative case finding and/or treatment adherence approaches with capacity building to enable women to play an active role in formal health decision making spaces in their locales. Including for example policy literacy, advocacy capacity, and creating opportunities for women to monitor the availability and quality of TB services in their communities.

TB REACH welcomes all innovative ideas and approaches that bring needed change and spark to the fight to end TB. With the Wave 7 funding opportunity, TB REACH expects many new ideas and interventions that will address the continued gap among people with TB who current systems cannot detect and treat, while promoting human dignity and fostering increased access to economic opportunities and resources for women.