

TB CRG Tools & Evidence: A Global Perspective

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Launch of the Bangladesh National Costed TB CRG Action Plan

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Structure of the Presentation

1. Relevant United Nations High Level Meeting (UNHLM) Communities, Rights & Gender (CRG) commitments
2. Global Plan to End TB 2023-2030 – Transforming CRG Commitments into National Targets
3. Update on TB CRG Tools, Evidence & Mechanism
4. Support & Next Steps

The UNHLM on TB and Communities, Rights & Gender (CRG)

- The UNHLM on TB political declaration contains clear targets on diagnosis, treatment, AMR, funding etc.
- Consistent with the End TB Strategy, it also contains clear country-level commitments on CRG, Including:
 - End TB Stigma and Discrimination
 - Access to Medicines
 - Removing Legal and Policy Barriers
 - Gender equity
 - Participation of TB key and vulnerable populations
 - Psychosocial support
 - An equitable and human rights-based approach
 - Multisectoral accountability i.e. including TB affected community.
- You can see a summary of the targets and commitments at:
https://www.stoptb.org/global/advocacy/unhlm_targets.asp

TB CRG Tools

- A number of tools have been developed to support TB CRG engagement and advocacy. These include:
 - TB Communities, Rights and Gender (CRG) Assessment & Action Planning Protocol
 - TB Stigma Measurement Assessment
 - OneImpact Community Led Monitoring Application and Framework
 - TB CRG Investment Packages
 - TB CRG Operational Guidance (including Declaration of the Rights of People Affected by TB, Activating a Rights-based TB Response, Right to Breathe, TB Key Population Guidance)
 - TB Community-Led Monitoring (CLM) Framework
 - TB Key Population Size Estimation (under development)
 - TB Legal, Human Rights and Enabling Environment Scorecard (under development)
- Challenge Facility for Civil Society grantees and national Stop TB Partnership platforms are the mechanisms by which advocacy and accountability can be progressed.

A Deadly Divide: TB Commitments vs TB Realities

Calls to Action

On 2020 International Human Rights Day TB communities launched a TB accountability report on progress and priorities.

The report adopted a CRG lens and was developed by TB affected communities and civil society with over 150 inputs from over 60 countries.

PROGRESS TOWARDS THE POLITICAL DECLARATION

- Area for action 1: Reaching all people through TB diagnosis, treatment, care and prevention
- Area for action 2: Making the TB response rights-based, equitable and stigma-free, with communities at the center
- Area for action 3: Accelerating the development of essential new tools to end TB
- Area for action 4: Investing the funds necessary to end TB
- Area for action 5: Committing to accountability, multi-sectorality and leadership on TB
- Area for action 6: Leveraging COVID-19 as a strategic opportunity to end TB

<https://pro.stoptb.org/communities-rights-and-gender-crg/deadly-divide-tb-commitments-vs-tb-realities>

Deadly Divide 2.0 will be developed in 2022 to inform the UNHLM on TB in 2023.

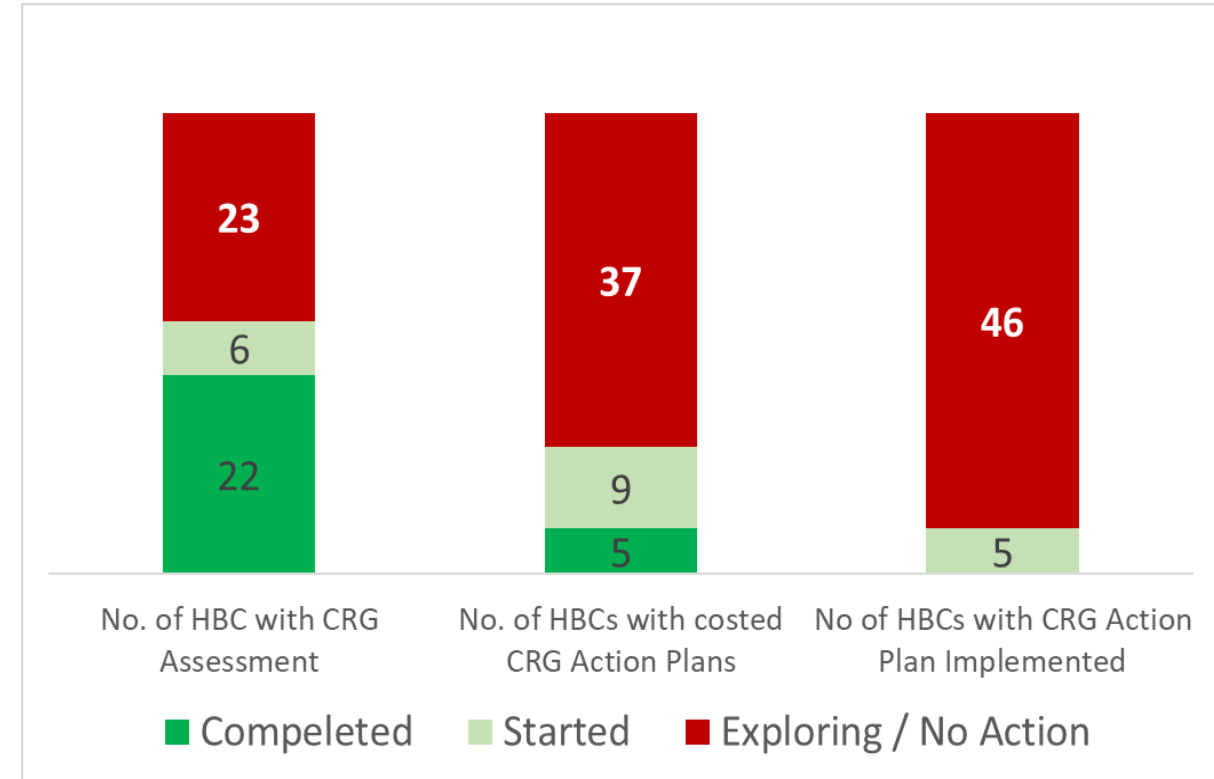


A Deadly Divide: TB Commitments vs. TB Realities

A Communities Report on Progress Towards the UN Political Declaration on the Fight Against TB and a Call to Action to Close the Gaps in TB Targets

Global Plan to End TB 2023-2030 – Turning CRG Commitments into National Targets

- The Global Plan has articulated country targets for achieving the UNHLM on TB commitments on CRG.
- The target identified is for all TB HBCs to undertake a TB CRG Assessment, to develop a costed TB CRG Action Plan and to integrate and implement this Plan.
- **Bangladesh** is the first country in the region to develop a national costed TB CRG Action Plan.
- The next step will be to fully **implement** this plan.



TB HBCs: https://cdn.who.int/media/docs/default-source/hq-tuberculosis/who_globalhbclisttb_2021-2025_backgrounddocument.pdf?sfvrsn=f6b854c2_9

Key Issues identified in TB CRG Assessments

- Key findings have been analysed across 7 thematic areas.
 - **Access, Affordability, Availability and Quality:** Access to information, economic impact, DOTS, stockouts, treatment duration, mental health support.
 - **Stigma and Discrimination:** lack of legal protection and experience of stigma and discrimination in health settings, families, communities and occupational settings.
 - **Key Populations:** prisoners, PLHIV, migrants/refugees/mobile populations, people who use drugs, health care workers, urban poor, children.
 - **Freedoms:** Privacy, confidentiality and movement.
 - **Participation:** Limited participation, capacity and investment beyond service delivery. Participation extends to planning, prioritizing, implementing, reviewing and governance and includes advocacy for law and policy reform and investment.
 - **Gender:** Prevalence among men, but significant barriers for women.
 - **Legal Remedies:** lack of enforceable rights, limited access to legal aid and limited legal literacy.
- Key findings have been peer reviewed and published in the Harvard Health & Human Rights Journal
- <https://www.hhrjournal.org/2021/12/building-the-evidence-for-a-rights-based-people-centered-gender-transformative-tuberculosis-response-an-analysis-of-the-stop-tb-partnership-community-rights-and-gender-tuberculosis-assessment/>
- Through country advocacy, TGF country grants, **Challenge Facility for Civil Society (CFCS)**, national costed TB CRG Action Plans will be developed to address these barriers.
 - Challenge Facility for Civil Society is a unique Stop TB funding mechanism for TB affected community and civil society organisations supported by USAID and Global Fund. In the region, country grants support organizations in **Bangladesh**, and there is a regional coordination grant with the Activists' Coalition on TB Asia-Pacific (ACT! AP).
 - Round 11 of the Challenge Facility will be announced in the coming weeks. Successful grantees will be communicated to National TB Programs.

Stigmatizing and discriminatory treatment in health facilities (16)		Lack of privacy & confidentiality in health care (15)		Lack of targeted legal prohibition of discrimination against people affected by TB (19)		Patriarchal social & cultural norms limit women's health decision-making & access to TB health services & increase their TB risk (13)	Some women affected by TB experience more frequent or intense stigma & discrimination than men (12)	Lack of recognition or protection of rights to privacy & confidentiality in law, policy, or practice (18)	
Long distances to TB clinics (12)	Standard TB treatment quality issues, incl. length, side effects & DOT (11)		Limited availability of trained health workers (10)	Discrimination of people affected by TB in health care (18)		Gender-related legal, policy & programmatic gaps in national TB responses (12)	Some men experience increased TB risk, reduced access to TB health services, or higher TB mortality (10)	Insufficient legal or policy protections for rights to liberty & freedom of movement (13)	
	Low awareness/lack of information about TB disease (11)	Low awareness/lack of information about health services (10)	Operational issues, inc. limited hours & long wait times at clinics (10)						
Low awareness/lack of information about TB disease (11)	Low awareness/lack of information about health services (10)	Operational issues, inc. limited hours & long wait times at clinics (10)	Untrained health workers (10)	Discrimination of people affected by TB in employment & workplaces (15)	Discrimination of people affected by TB in families & communities (11)	Legal, policy, and programmatic gaps in national TB responses for TB key and vulnerable populations (16)	Criminal or administrative laws and policies and fear of law enforcement deter use of TB health services among key and vulnerable populations (10)	Lack/limited number of TB civil society & community groups or lack of financial & other support (10)	Law and policy do not establish enforceable legal rights or mechanisms for people affected by TB (10)

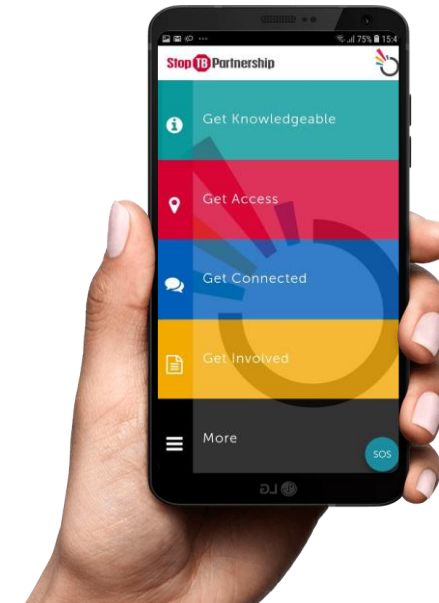


OneImpact CLM

OneImpact community-led monitoring empowers people affected by TB to claim their rights , access health and support services, and report and eliminate TB stigma and discrimination.

Through **an innovative mobile application** and **system** OneImpact CLM encourages and facilitates the participation of people affected by TB in all aspects of TB programming to activate a human rights-based, people-centred response.

In doing so, OneImpact CLM combats the central TB challenges in the TB response at the individual and community levels while generating essential information and data to better understand and combat them at the programmatic level to end TB

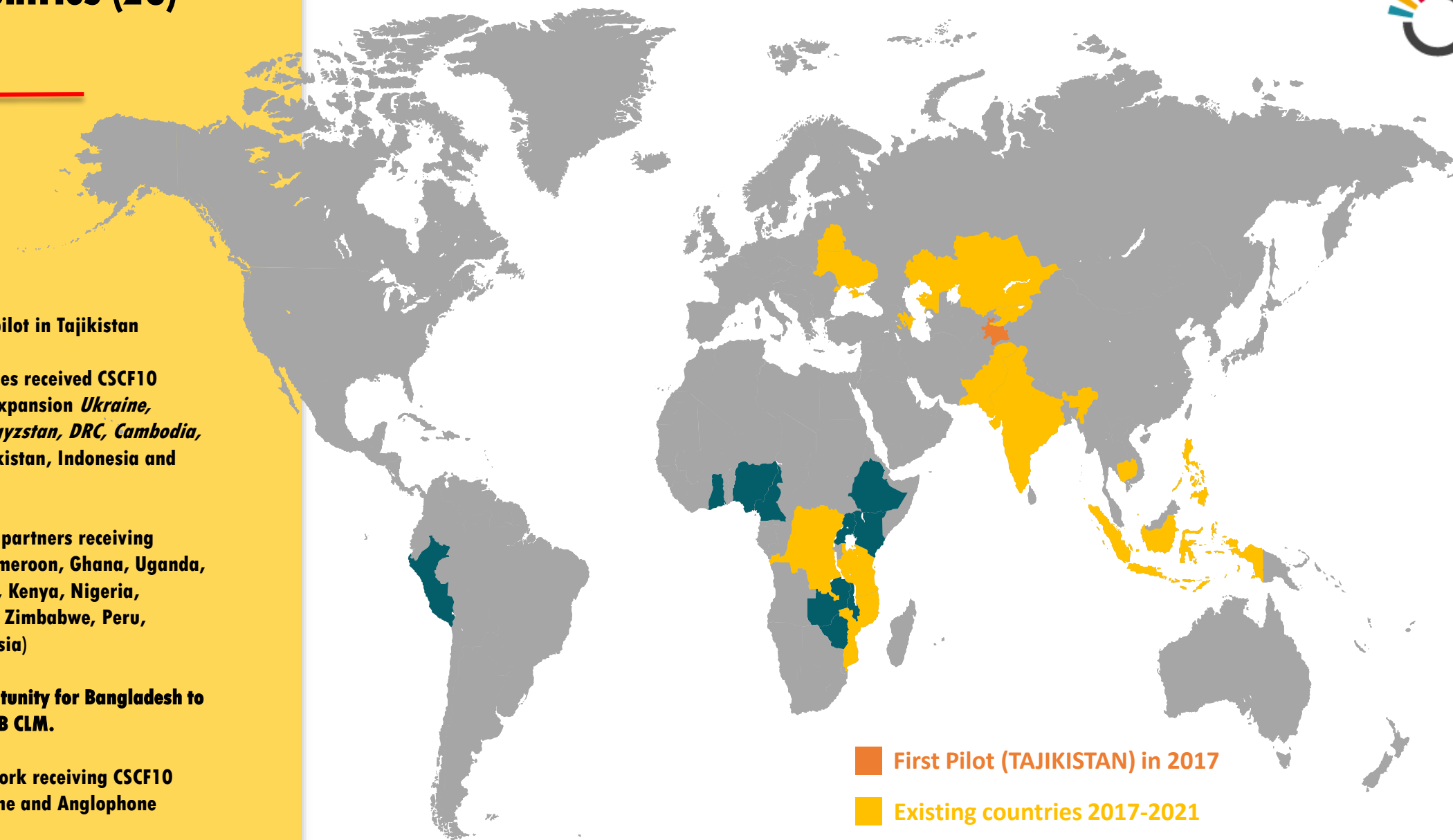




OnImpact Countries (23)

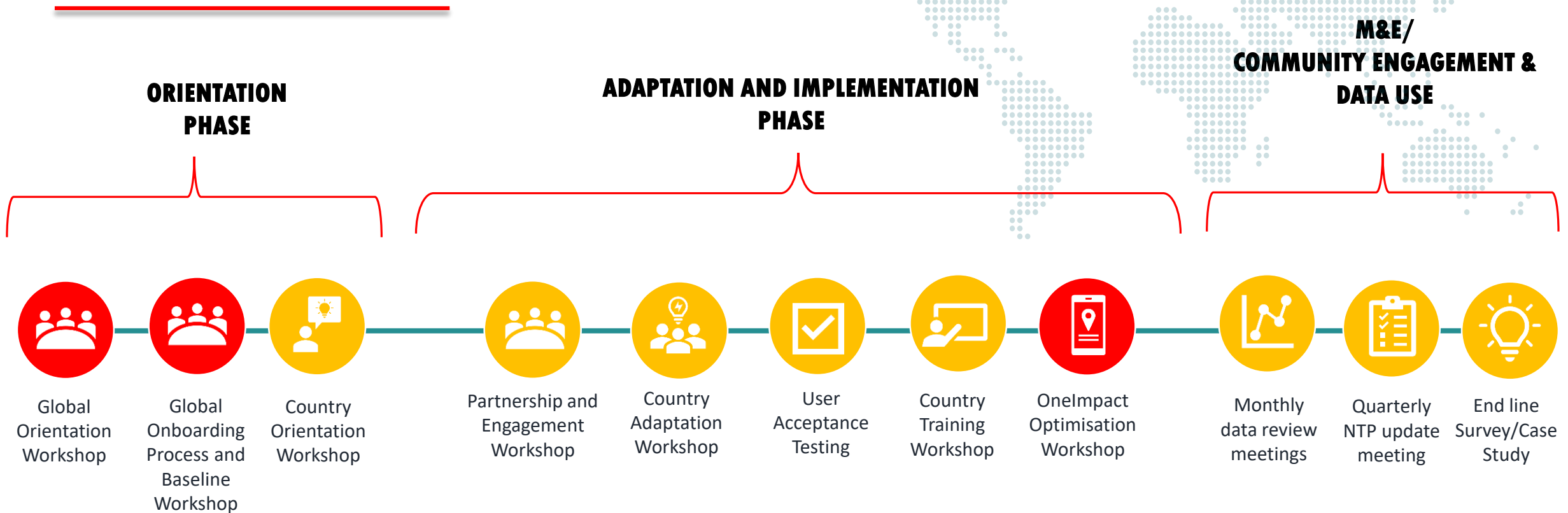
Regions (2)

- ❖ **First OnImpact pilot in Tajikistan**
- ❖ **9 existing countries received CSCF10 grant ready for expansion** *Ukraine, Kazakhstan, Kyrgyzstan, DRC, Cambodia, Mozambique, Pakistan, Indonesia and Philippines*
- ❖ **13 new countries partners receiving CSCF10 grant** (Cameroon, Ghana, Uganda, Ethiopia, Malawi, Kenya, Nigeria, Uganda, Zambia, Zimbabwe, Peru, Tanzania, Indonesia)
- ❖ **There is an opportunity for Bangladesh to also implement TB CLM.**
- ❖ **2 new regional work receiving CSCF10 grant** (Francophone and Anglophone Africa)



- **First Pilot (TAJIKISTAN) in 2017**
- **Existing countries 2017-2021**
- **New countries 2017-2021**

OneImpact Country Onboarding Plan



To build a common understanding of CLM and the OneImpact CLM ecosystem

To share experiences and tools to systematically support and optimize each implementation phase and completion, training and successful launch of the country adapted OneImpact platform

To monitor OneImpact CLM project, data use and adoption in the countries

● Global Level ● Country level

OneImpact Quick Facts (10 countries)



Increased community mobilization and engagement in TB response (Usage)

17,363

People affected by TB using OneImpact



Empowered TB communities with Information and Human Rights, Access to TB care and support services

11,807

Accessed TB and human rights information

2669

Accessed TB service delivery centre information



Enhanced community mobilization through online community forums.

7,148

Used Get Connected



TB communities claiming and realizing their rights

10,757

Reported TB Challenges

6,996

Challenges resolved



Provisioning of unique information on Availability, accessibility, acceptability and quality of TB care and support services, discrimination and stigma.

100%

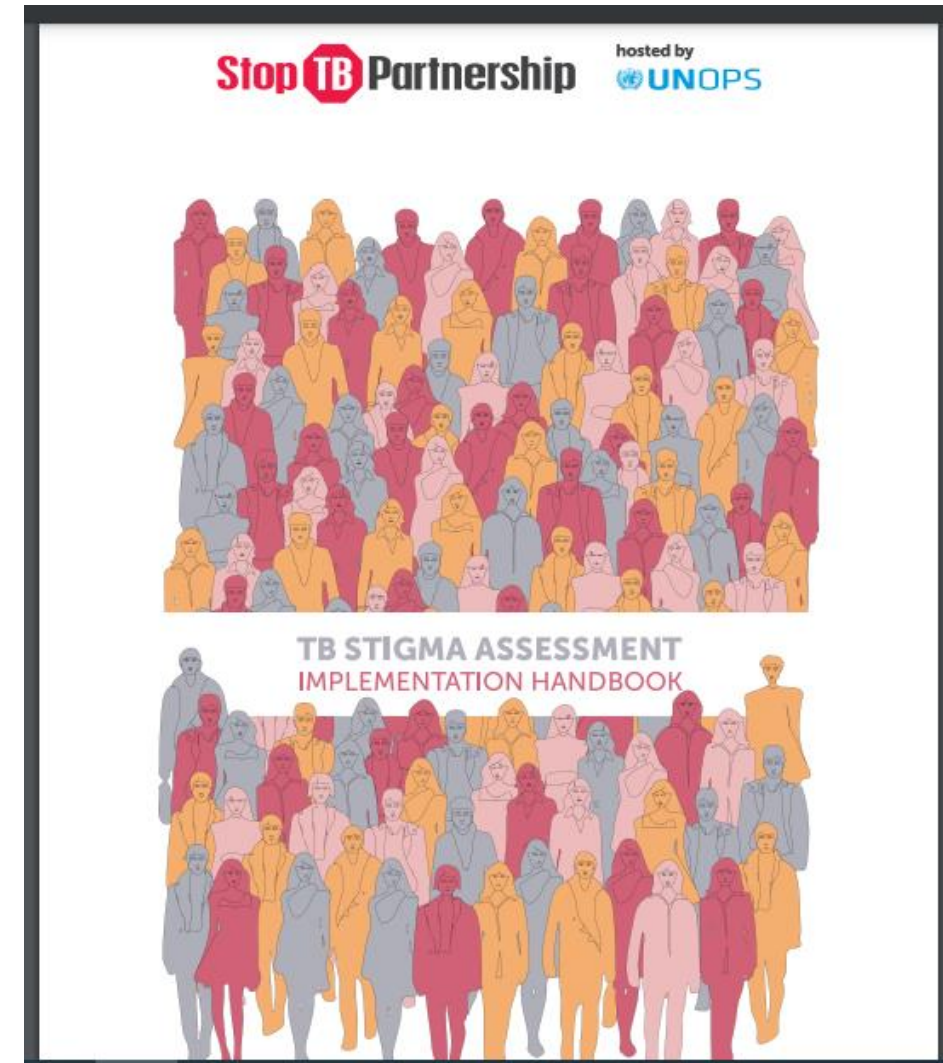
10/10 countries

OneImpact available in 20 Languages

English, Urdu, French, Khmer, Portuguese, Ukrainian, Kazakh, Kyrgyz, Russian, Belarussian, Azerbaijani, Bahasa, Swahili, Tagalog, Bisaya, Tajik, Persian, Russian, Amharic, and Oromifa

Monitoring & Measuring Stigma As a Barrier to TB Prevention, Diagnosis, Treatment & Care

- To eliminate stigma as a barrier we must understand where and how it manifests. A critical first step to do this is to measure TB related stigma.
- The Stop TB Stigma Assessment tool guides country partners through this process. It focuses on three key indicators:
 - Self stigma
 - Stigma in the family and community
 - Stigma in health care settings.
- Once stigma has been understood and measured, partners are guided through the development of interventions to mitigate and overcome the stigma. These interventions can be included into a costed TB CRG Action Plan.
- Indicator in this tool have been adopted into the Global Fund Performance Framework.



Next Steps & Key Messages

1. There are established country commitments on TB CRG in the text of the UNHLM Political Declaration and in the End TB Strategy. The TB CRG Action Plan in Bangladesh is a significant step in achieving these commitments.
2. There is unprecedented evidence available from CRG tools, including community led monitoring tools, the help ensure nuanced, targeted and strategic interventions to overcome law, rights and policy barriers to ensure access to quality services for all.
3. There is an established TB CLM Platform – OneImpact – that is a significant opportunity for Bangladesh – and there is support available to adapt and pilot this.
4. Important to remember throughout these discussions when we talk about TB community, we really need to include TB survivors and TB key and vulnerable populations. Their lived experience with the disease is an asset that requires more investment and engagement to complement existing initiatives.

Thank you

