



TB AND HUMAN RIGHTS TASK FORCE

Developing a Human Rights-based Approach to
TB Prevention, Care and Control

- Draft in progress



TB and Human Rights Task Force - Aim

To protect and promote human rights in pursuit of universal access to TB prevention, diagnosis and treatment, in order to advance health, development and effective TB control, including for the most vulnerable, through the implementation of rights-enhancing policies, strategies and interventions.

Task Force Objectives 2010-2012

1. Develop a policy framework for a rights-based approach to TB prevention, care and control
2. Develop and implement a strategic agenda to pursue a rights-based approach through a wide range of stakeholders
3. Mainstream human rights-based approach in Stop TB Strategy, Global Plan and Stop TB efforts
4. Advocate for adoption by other constituencies beyond TB
5. Mobilize resources
6. Monitor and evaluate first actions

The **Task Force** is comprised of representatives of UN agencies, and major stakeholder constituencies: affected communities and risk groups, human rights organizations, civil society organizations, health and human rights experts and development partners

Examples of **concerns** for urgent action

1. **Access to patient-centered TB care**

- Availability of community-based care insufficient; instances of involuntary detention/hospitalization, and need for expanded treatment enablers/social support/social protection
- Far from aim of integrated TB/HIV services in many high HIV burden settings; paediatric TB diagnostics and Rx highly problematic still
- Equitable access to new TB diagnostics
- 2nd line drug shortages – with myriad complex problems

2. **TB and HIV in prisons**

- HRW examination in East Africa: Zambia - some changes in response
- Eastern Europe – prison reforms needed still rapid spread of TB, poor follow-up following release; in other settings Justice system may be better than general health services; European multidrug resistant TB response plan identifies prisons as major concern along with other vulnerable populations

3. **TB and migration**

- Screening policies for immigration visas/work permits
- Access to care for undocumented migrants, deportation before completion of treatment
- WHO offices in WPRO, EURO, EMRO developing regional responses

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Human Rights-based Approach (HRBA) to TB Action

1. Empower individuals and communities

- a) Develop mechanisms and provide capacity building to enable active, free and meaningful participation of TB patients and other people and communities affected by TB, in TB policy, strategy development and implementation
- b) Increase awareness of rights, including use of the Patient's Charter for Tuberculosis Care
- c) Work with vulnerable groups to eliminate barriers to participation
- d) Strengthen local community engagement and community-based care

2. Address the socio-economic and other determinants of TB

- a) Identify who is most vulnerable to TB infection, disease and poor health outcomes
- b) Respond to the needs of vulnerable groups explicitly in TB strategies, implementation and reporting
- c) Combat discrimination and stigma and promote equity
- d) Integrate TB explicitly in development and human rights programming, and collaborate across a wide range of sectors to address the economic and social determinants of TB

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3. Expand access to quality TB prevention, care and support

- a) Establish and formally endorse the principle of universal access
- b) Identify and remove issues of stigma and discrimination as well as geographical, financial, social, cultural barriers to equitable access to quality TB services
- c) Pursue an integrated approach to TB prevention, care and support within strengthened health systems
- d) Support the development of and ensure equitable access to new tools for TB that meet the needs of those most at risk

4. Create an enabling legal and policy environment

- a) Ensure all those affected by TB know their rights and have access to legal services and redress mechanisms
- b) Identify, assess and review laws, processes, policies and practices that violate human rights directly or indirectly in TB prevention, care and control
- c) Develop and promote approaches to eliminate and/or reform laws, processes, policies and practices that violate human rights
- d) Foster transparency in the formulation and implementation of laws, processes and policies

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5 . Develop and implement accountability mechanisms

- a) Promote and ensure political commitment at all levels to this HRBA to TB and supportive international cooperation
- b) Strengthen the capacity of rights holders to claim their rights and duty bearers to fulfil their obligations consistent with international human rights law
- c) Ensure participation of vulnerable groups and affected communities when defining indicators and benchmarks to monitor government performance for this HRBA
- d) Implement transparent, responsive and continuous feedback mechanisms with communities to combat structural causes for the non-realization of rights and ensure the redress of human rights violations

Next Steps in 2012:

- 1) Completion of draft policy framework: Q1 2012
- 2) Supplementary case studies – for finalization in Spring
- 3) Task Force review, peer-review (including HIV and H.R. Reference Group), public review – beginning in February
- 4) Contribution to Global Fund strategy implementation – Human rights platform (South Africa meeting March 2012)
- 5) Institutional review – WHO, UNAIDS, Stop TB Partnership, OHCHR
- 6) Endorsements by other partners
- 7) Dissemination and support for use, monitoring....
- 8) Continuity of engagement of partners – with focused work on some key issues