

Stop TB Partnership

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NIGERIA: Addressing Legal, Human Rights and Gender- Based Barriers to TB care

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Legal Environment Assessment of Nigeria

A Legal Environment Assessment (LEA) of Nigeria was recently carried out that speaks to the issues in this presentation.

Objective: To create an enabling Legal Environment for people with TB, TB survivors, their families and people at risk of the disease in Nigeria, and to promote better individual and TB program performance.

How: The LEA examined the laws, policies and case laws that constitute the legal and policy framework to identify those which support the fight against TB and those that hinder these efforts, otherwise called Barriers.

Approach: A multisectoral approach via in-depth interviews with a wide range of stakeholders, including people affected by TB and TB program coordinators, hosts stakeholder dialogues, and visits key sites, including DOTS centers was deployed.



Findings on Barriers to vulnerable Groups. PLWH, Women, Poor, Prisoners, Workers etc. & How.

- **Stigma and Discrimination (family, community, health centres, etc.)**
- **Health care settings (Distance, Treatment and Care)**
- **Over the counter sale of drugs**
- **Delay in TB Diagnosis**
- **Good-quality testing and treatment (delays in test results & treatment)**
- **Privacy (Bold signs marking spaces as TB Units)**
- **Private and Public Mix: Data sharing difficulty, Financial loss, low motivation**
- **Information & Awareness (inadequate counselling, stopping or interrupting treatment)**
- **In adequate Community Mobilization. CS/Women etc**



Some Legal Barriers in Nigeria

Legal Barriers are more in omission than commission. Prominent instances include:

- The Quarantine Act, 1926
- The Lagos State Public Health Law, 2015 on infectious diseases
- Stigmatizing and discriminatory terms were found in all relevant federal and state legislation and policy implicating TB, including the NTBLCP's *National Strategic Plan for Tuberculosis Control, Workers' Manual, National Guidelines for TB Infection Control*, and the *Guidelines for Clinical Management of TB and HIV/AIDS Related Conditions in Nigeria*.

Examples of such stigmatizing terms include but are not limited to:

- "TB suspect" instead of "person to be evaluated for TB"
- "Defaulter" instead of "person lost to follow-up"
- "TB patient", "TB case" rather than "person with TB"
- "TB control" instead of "TB prevention and care."



Human Rights Barriers

Stigma and Discrimination is a major driver evident in:

- **Life**
- **Employment**
- **Education and housing**
- **Good-quality testing and treatment**
- **Privacy**
- **Informed consent**
- **Freedom of Movement (lack of a clear policy nor law exacerbating tension as per rights and community good)**
- **Freedom from Cruel, Inhuman and Degrading treatment**



Gender Based Barriers

- No current scientific data or evidence exists with regard to ascertaining these barriers within a local context
- Studies are important in formulating gender responsive interventions to promote equality especially through empowerment of women and girls
- However, a study of the findings of the LEA, exhibits barriers such as those captured in slide 3 of this presentation.
- Of note is that owing to culture and tradition especially in rural settings in Nigeria and particularly the North, mobilization of women is difficult, new case findings and treatment is hampered owing mostly to inadequate inclusion of women.



- **Mandate and facilitate, through legislation and policy, the participation of people affected by TB, in the formulation, implementation, monitoring and evaluation of legislation & policies.**
 - **The process should involve people with TB and TB survivors, engage TB community-based organizations, and also include women groups and networks of affected people.**
- **Prohibit all forms of discrimination against people affected by TB in legislation and policy.**
- **Establish and fulfill the right of all people to access free, good-quality testing and treatment for TB.**

Recommendations



- **Conduct a nation-wide survey of people affected by TB to identify the barriers they face in accessing and adhering to testing and treatment services for TB, including second- line drugs and preventive therapy.**
- **Remove and replace all stigmatizing and discriminatory terms in all relevant federal and state legislation and policy implicating TB.**
- **Incentivize the private health sector involvement in NTBLCP and state TB programs through legislation and policy.**
- **Nothing about us without us: Involvement and engagement of persons affected by TB in all of these.**



Recommendations

Continued

The End

