Africa Regional TB summit

4-6 March, 2019 | Kigali, Rwanda

Theme: ***It's time for Africa to step up efforts to find all missing people with TB***

South African Community, Rights and Gender Integrated Assessment

Kigali – March 2019

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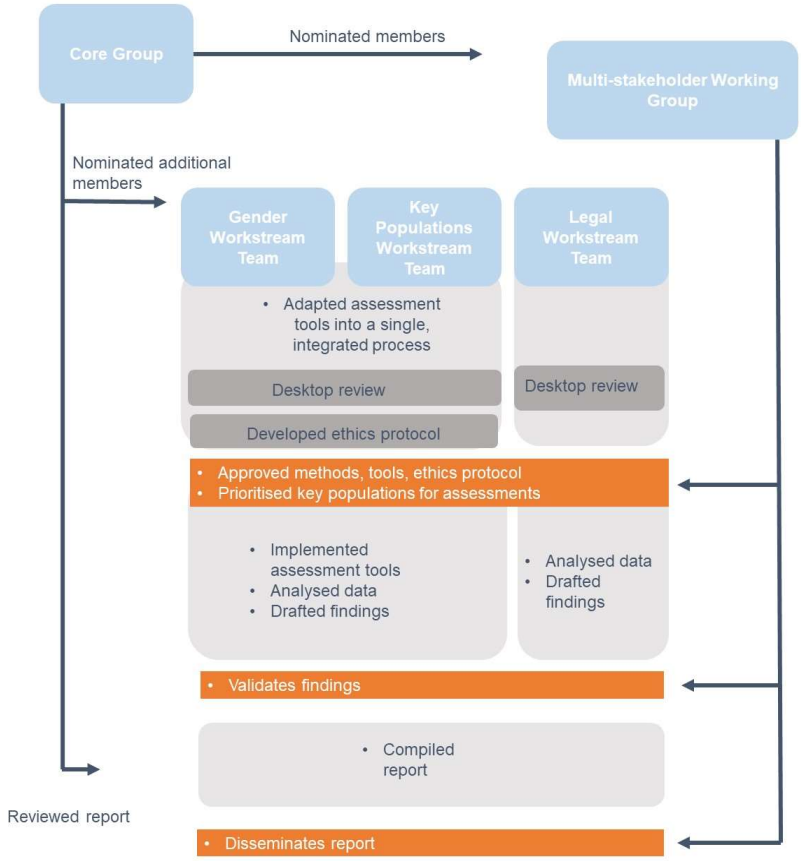
Overview

Approach: Integrated & multisectoral

Key objective: Determine gender, key populations and legal and policy barriers and facilitators to accessing TB services, and develop recommendations for improved service delivery.

Process: Context review, literature review, qualitative research, integrated analysis



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Qualitative Research

Included populations:

- **Gender:** ♀ ♂ ⚧
- **Key populations:** Farm dwellers, healthcare workers, people who use substances, contacts of TB-index patients

Qualitative methods:

- Observations (5 days)
- Interviews (21)
- Focus groups (14)
- Facilitated processes (35)

Research sites:

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Themes

Finding	Recommendations
Gender matters Gender impacts on vulnerability to infection, access to TB diagnosis and treatment, quality of care and treatment completion, yet gender differences are not adequately reflected in health and TB policy and guidelines. Examples: • Men's risks lie outside the home; women's often reported to relate to exposure to men not on treatment; transgender women face extreme, layered risks • Men struggle to access healthcare • Women suffer when ill due to burden of care	• Ensure policies, guidelines and programmes respond to masculinity and cultural norms that discourage treatment, and include traditional healers and cultural leaders in the TB response • Create male-friendly TB diagnosis and treatment facilities, times and locations • Provide additional psychosocial support for women in care roles

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Themes

Finding	Recommendations
Everybody is not equal before HCWs Human rights contraventions – particularly in the form of stigmatising and discriminatory treatment - are occurring frequently in TB care provision, especially for members of key populations, and there is limited access to justice for violations. **Examples:** • Conditional access to care/refusal of care • Confidentiality breaches • Scolding and shaming • Gossip	• Strengthen the implementation of human rights-based training for HCWs • Ensure that key populations/gender minorities are included in stigma reduction planning and training processes • Ensure improved complaints and accountability mechanisms

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Themes

Finding	Recommendations
Healthcare workers and facilities are not always adequately equipped to provide quality services Examples: • Incorrect understandings and of interaction of substance use and TB undermine treatment completion • HCWs lack of flexibility and confidence to adapt protocols to provide patient-centred care • Lack of training, capacity and resources for linking contacts of TB index patients to care	• Ensure that HCWs are educated on how to respond supportively to people who use drugs and provide evidence-based information. • Allow for sufficient flexibility in treatment protocols to enable HCWs to make patient-centred decisions about care provision, and empower HCWs to make decisions • Implement an assessment of the capacity, education and resource requirements of effective TB-index patient contact tracing.

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Themes

Finding	Recommendations
Policy is generally better than implementation Problems generally lie in implementation processes rather than in the legal and policy framework, which is for the most part comprehensive. However, some laws and policies are insufficient, or serve as barriers to care. Examples: • Standardised processes not in place for occupationally acquired TB for HCWs • Laws criminalising drug use and policies limiting OST provision all undermine treatment for people who use drugs	• Finalise the Draft Policy on Occupational Health for HCWs in respect of HIV and Tuberculosis; and ensure that the government amends the Compensation for Occupational Injuries and Diseases Act 130 of 1993 to include criteria on extra-pulmonary TB for HCWs. • Align TB programming with harm reduction principles as outlined in the forthcoming National Drug Master Plan.

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Process review

Challenges	Solutions
1. Tight budget and timeline, big scope	1. Integrated assessment
2. Time required for ethics review	2. Protocol drafted for forthcoming assessments
3. Accessing key populations while maintaining confidentiality	3. Partnered with key population organisations for implementation
4. Implementing research without disrupting healthcare services	4. Flexible approach to working with HCWs and patient-centred approach

Benefits of removing gender and KP barriers

1. **Improved national TB outcomes.** Only 5% of people don't access services at all, most people are lost at some point of the treatment cascade. Improved outcomes requires improved continuous care access.
2. **Meeting the aim of the right to health** currently undermined by stigma and discrimination and lack of gender-transformative approach

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Thank you!

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Stop TB Partnership hosted by UNOPS

The Global Fund

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