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ADDRESSING GENDER AND STIGMA CHALLENGES TO TB ELIMINATION

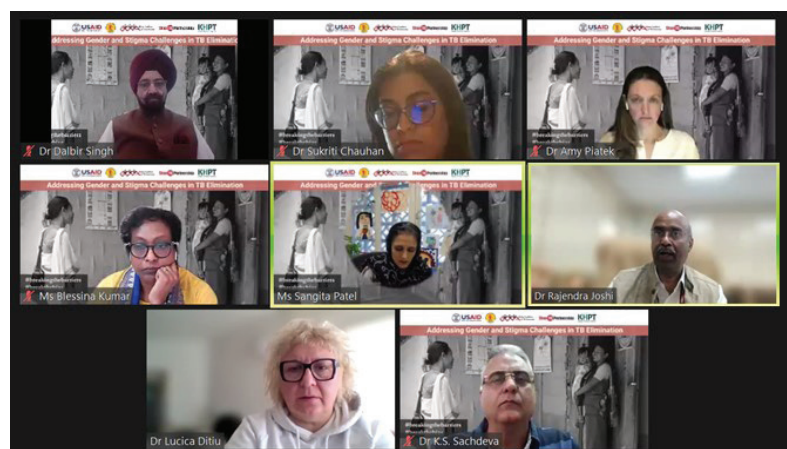
#BREAKTHEBARRIERS

INTRODUCTION

The Karnataka Health Promotion Trust (KHPT) and the Global Coalition of TB Advocates (GCTA) in partnership with National TB Elimination Program, India, USAID and Stop TB Partnership, organized a webinar focusing on creating, sustaining and accelerating a gender-transformative TB response in India for a sustainable tomorrow. The webinar was organized on the eve of the International Women's Day (IWD). The discussions of the webinar were guided by this year's International Women's Day theme of, 'Gender Equality Today for a Sustainable Tomorrow'.

The webinar brought together policy makers, health activists, think tank leaders who deliberated upon the need for a gender transformative TB response as a means of ensuring a people centred rights-based response at all levels.

The opening address was delivered by Dr Sangita Patel, Director, Health Office, USAID. The panellists included Dr Rajendra Joshi, DDG, National Tuberculosis Elimination Programme, Ministry of Health and Family Welfare, Government of India, Dr Dalbir Singh, President, Global Coalition Against TB, Dr Amy Piatek, Senior TB Technical Advisor, USAID, Dr Lucica Ditiu, Executive Director of the Stop TB Partnership, Geneva, Ms Blessina Kumar, CEO Global Coalition of TB Advocates, Dr K.S. Sachdeva, Regional Director-The Union South East Asia at International Union Against Tuberculosis and Lung Disease (The Union) and Dr Rehana Begum, Project Director, Breaking the Barriers, Karnataka Health Promotion Trust (KHPT).



The proceedings of the day were moderated by Dr Sukriti Chauhan, Advocacy Lead, Breaking the Barriers, KHPT.

The webinar was attended by 250+ people from across the globe, including GCTA members from Africa, Caribbean and South-East Asia.

Opening Address

Delivering the opening address at the webinar, Dr Sangita Patel, Director, Health Office, USAID, drew attention to that fact that TB, despite the COVID-19 pandemic, remains one of the world's most pressing health challenges. There is adequate evidence to indicate that gender contributes significantly to the epidemiology, the risk factors, the probability of diagnosis, access to care and treatment, adherence, and even overall impact of the disease in communities. Women and people from the LGBTQIA communities face higher rejection and lack of financial independence. People from the LGBTQIA communities are oftentimes beaten, stigmatized, live in fear or retribution, live in discrimination. There needs to be significantly different means of support for them to ultimately eliminate this disease and bring them at a level equitable for everyone. There is also an urgent need to do more in undernutrition and look at women's role as caretakers. Women worry about the negative impacts that a TB diagnosis can have on their families, on their children, and the fear of ostracization keeps them from seeking care.

“ USAID in India is trying to promote gender equality and social inclusion, and especially trying to do whatever we can to support vulnerable populations, whether it's ensuring that projects do not exacerbate or perpetuate gender and other social disparities, or reduce disparities where possible, or even empower women, girls and members of traditionally disadvantaged groups - **Dr Sangita Patel, Director, Health Office, USAID** ”

Discussion points on risks and vulnerabilities of women and marginal communities

- ◆ It is a fact that more men are affected by TB because of biological mechanism, but women and transgender persons experienced the disease very differently. Studies have indicated that women comprise a large proportion of vulnerable populations in terms of access to health. Gender is a significant influencer of the epidemiology, risk factors, probability of diagnosis, access to healthcare, treatment adherence and overall impact of TB on communities.
- ◆ There are different social contexts and factors, which influence the health seeking behaviour of the community. Gender is not binary and it impacts how and where a person might seek care and treatment. One key way of accounting for the social factors is to ensure heightened sensitivity and responsiveness to such factors at the community and the programmatic level.
- ◆ Women and transgender people are starting from a point that is far behind the starting point for men. It is easier for a man to navigate the health systems sometimes as compared to and transgender persons. There are countless examples of women who have been abandoned by their husbands because they had TB.
- ◆ There have been improvements in notification, and in treatment adherence, owing to targeted intervention of vulnerable populations. However, unless the responses have strong links with the affected communities, real changes will only be piecemeal.
- ◆ COVID-19 has made it evident that vulnerability is linked to gender, and belonging to a certain gender or a group, all these vulnerabilities act as barriers to accessing services, diagnosis and treatment.
- ◆ When the policy frameworks and implementation strategies are not informed of community choices and is based on what we perceive as the communities want, the TB response cannot become truly gender transformative.

Quotes from the Webinar

“ Gender equality and gender equity can be addressed by using various approaches, including bringing about legislation, organizational processes, promotion, awareness, and stepping up information gathering. - **Dr Dalbir Singh, President, Global Coalition Against TB** ”

“ Recently we have brought out two important documents, one is the national framework for a gender responsive TB response and the second is the strategy to end stigma and discrimination. The gender responsive framework has been designed to look at all aspects of TB including prevention, detection and treatment. - **Dr Rajendra Joshi, Deputy Director General, National Tuberculosis Elimination Programme, Government of India** ”

“ Unless we prioritize communities, unless we prioritize women, unless we prioritize vulnerable populations, we will not see movement on End TB goals - **Dr Amy Piatek, Senior TB Technical Advisor, USAID** ”

“ When the policies, national strategic plans are developed, without having the right people around the table they are not effective. We cannot put ourselves in the shoes of TB affected women and transgender people. We need their voices to be heard and accounted for. - **Dr. Lucica Ditiu, Executive Director, Stop TB Partnership, Geneva** ”

“ Inclusion and place at the table are crucial if we truly want to see a transformed TB response that is gender sensitive and equitable. We need to really move towards making the response people centred, rights based if we want to End TB. - **Blessina Kumar, CEO, Global Coalition of TB Advocates** ”

“ Gender is not binary and we need to keep that in mind while developing and implementing focused strategies. - **Dr Kuldeep Sachdeva, Regional Director-South East Asia, International Union Against Tuberculosis and Lung Disease** ”

“ We need to invest in behaviour change communications for specific vulnerable groups to overcome the barriers related to seeking care, including the barriers of stigma and discrimination. - **Dr Rehana Begum, Project Director, Breaking the Barriers, KHPT** ”

Key Recommendations

- ◆ All national, regional and global policy frameworks and guidelines should factor in components like gender disparity. These documents should only be created with meaningful community engagement and in consultation with women and transgender people.
- ◆ All funding requests submitted to donors should include a gender context for the interventions planned and all donors should ascertain and mandate that this be made the norm for all proposal writing and submission exercises.
- ◆ Accelerate research for the development of new diagnostics and new drugs which consider the specific needs of women and transgender people, as well as relevant operational research.
- ◆ Investment in information dissemination and engagement needs to be increased. This can potentially ensure that people can be motivated to seek early care and treatment, reducing a large gap. To this effect, there also exists a need for community friendly and targeted behaviour change communication strategies, training and material. This must also be addressed by all stakeholders.

Social Media Engagement

As a lead up to the webinar and the International Women's Day the GCTA and KHPT rolled out a strategic social media campaign. The aim of the campaign was to increase awareness on how women and transgender people are disproportionately affected by TB. The campaign was rolled out on the following social media handles: [here](#), [here](#), [here](#) & [here](#). The infographics for this campaign were developed by the GCTA team and GCTA's social media presence was used to leverage global attention and attendance for the webinar. The speaker profile collateral was developed by KHPT team. The proceedings of the webinar were also live tweeted for increased engagement.

The social media campaign has received immense traction and both the partner organizations will continue to use #breakingthebarriers to continue this conversation.



For more information, please contact Shramana Majumder, Communications Specialist, Breaking the Barriers project at shramana.majumder@khpt.org

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KHPT

IT Park, 5th Floor, 1-4, Rajajinagar Industrial Area, Behind KSSIDC
Admin office, Rajajinagar, Bengaluru, Karnataka - 560 044

Ph: + 91 80 4040 0200, Fax: + 91 80 4040 0300
Email: khptblr@khpt.org | Website: www.khpt.org