Towards a Gender-Transformative TB Response

By Maurine Murenga
TB and Gender.

- Gender is increasingly recognized as a critical dimension for understanding and responding to TB. Globally, 64% of new cases occur among males (though in some countries this is reversed e.g. Afghanistan) – reflecting gender patterns in societies and cultures, such as those relating to high-risk occupations, poor health-seeking behaviors and barriers to access.

- However, a deeper analysis reveals complex dynamics on risk and access to services. For example, TB in pregnant women living with HIV increases the risk of maternal and infant mortality.

- Key and vulnerable populations – which, for TB, include groups such as prisoners, migrants, refugees and indigenous populations – often face social marginalization that is compounded by gender.

- COVID-19 has compounded existing human rights and gender related barriers, as well as has triggered new barriers which we must identify, monitor and overcome.

- A gender transformative approach enables us to be effective and efficient in our investment by identifying and utilizing key strategic information.

- Through data analysis and meaningful consultation with affected communities, it is possible to ‘know your epidemic’ and ‘know your response’.
About TB Women.

- TB Women is a newly formed organization comprised of women leaders from different parts of the continent representing different constituencies that have come together to provide leadership, coordination and respond to issues related to TB and gender equality.
- TB Women mandate is categorized in two-fold:
  - a. Mobilize and garner a collective voice on TB and gender equality
  - b. Act as the global voice on women empowerment and gender transformative TB policy and programming
- and representation
Conceptual Framework

• **Gender Transformative TB response** is built upon the definition of gender as a socially constructed set of norms, roles, behaviours, activities and attributes that a given society considers appropriate for women and men, with the inclusion of people who identify themselves as transgender.

• **Gender-based prejudice** includes any kind of stigma, discrimination, or violence against somebody because of their gender, gender identity or their sexual orientation.

• **Gender-transformative programmes** aim to change gender norms and promote relationships between men and women that are fair and just.

• **Gender transformative health promotion** focuses on the dual goals of improving health as well as gender equity. It is internationally recognized that gender is among the most influential of the determinants of health and that gender inequities can affect health outcomes and access to health services.
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<tr>
<th>Type of Intervention</th>
<th>Impact</th>
<th>Example</th>
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<tr>
<td>Gender-negative or gender-blind</td>
<td>Fails to acknowledge the different needs or realities of women and men and transgender people Aggravates or reinforces existing gender inequalities and norms.</td>
<td>Lack of disaggregated data because of a failure to acknowledge that programmes and policies have different effects on women, men and transgender people</td>
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<td>Gender-sensitive or gender-responsive</td>
<td>Recognizes the distinct roles and contributions of different people based on their gender; takes these differences into account and attempts to ensure that women, men and transgender people equitably benefit from the intervention</td>
<td>Clinic operational hours are changed to early mornings and late evenings to reflect the needs of men and women who work</td>
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<td>Gender-transformative</td>
<td>Explicitly seeks to redefine and transform gender norms and relationships to redress existing inequalities.</td>
<td>Challenges and changes uneven access to resources in order to strengthen men and women’s ability to access TB information and services</td>
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UN High Level Meeting on Ending TB

“Recognize the various sociocultural barriers to tuberculosis prevention, diagnosis and treatment services, especially for those who are vulnerable or in vulnerable situations, and the need to develop integrated, people-centred, community-based and gender-responsive health services based on human rights;”
Gender Transformative TB Program

- **Gender-transformative TB Program** draws upon work being conducted in other settings including international development, health activism, health care reform, and decolonization practices.

- The principles below help inform gender-transformative TB Programing. They are drawn from promising practices in health promotion and women’s health, and make connections to other fields. They ensure that health outcomes are meaningful for women of diverse backgrounds and that the outcomes promote positive encounters with the health system.

- Gender transformative health promotion interventions are:
  1. Evidence-based
  2. Equity-oriented
  3. Action-oriented
  4. Person-centred
  5. Culturally-safe
  6. Trauma-informed
  7. Harm-reduction oriented
  8. Strengths-based
TB CRG Investment Packages

- An integrated TB Communities, Rights and Gender (CRG) Assessment toolkit has been developed to document, analyse gender related barriers to accessing TB and social protection services.
- 20 TB CRG Assessments have been conducted and 5 costed TB CRG Action Plans have been developed.
- TB Community Led Monitoring has been piloted in 14 countries to provide real time data on human rights and gender related barriers to services.
- TB Stigma Measurement Assessment is now available for countries to utilize to measure and reduce TB stigma and understand relationship between gender and stigma.
TB COVID-19 and Gender

• The Global Fund C19RM is an opportunity to “leverage COVID19 as a strategic opportunity to end TB” (as is called for in the Deadly Divide report).

• There is a need to ensure gender sensitive case finding and services – including those for TB COVID bidirectional screening and testing; implement stronger airborne infection control, implement real time data surveillance and monitoring, social protections (psychosocial support)

• Countries should include in their proposals: CSS, CLM and gender sensitive TB/COVID Interventions