

The clock is ticking for us to end TB and gender inequality

'The Clock is Ticking' and time is running out for us to get it right and deliver on the commitments made by global leaders to end TB and gender inequality. The urgency is greater than ever due to the impacts of COVID-19, as lockdowns and service disruptions have reversed slow but steady progress in the global TB response, including diagnosis and enrolment for TB treatment. The [2020 Global Tuberculosis Report](#) estimates that a decline in TB case detection and treatment of up to 50% over three months – a plausible scenario based on data from several high-burden countries – could result in an additional 200,000 to 400,000 TB deaths in 2020, which would bring the total to as high as 1.8 million.

While COVID-19 has been detrimental to national TB efforts, the unprecedented investments and political will focusing on health systems is also an opportunity. And, we recognise Call to Action 6 from the global TB affected community and civil society UNHLM TB accountability report, *the Deadly Divide: TB Commitments vs. TB Realities* ([the Deadly Divide](#)), to “leverage COVID-19 as a strategic opportunity to end TB”.

The setbacks have put the world further off track to achieve the 2022 targets and commitments agreed at the 2020 [United Nations High-Level Meeting \(UNHLM\) on TB](#), which are important milestones in the agenda to end TB by 2030. The commitments include important pledges to address gender inequality and many of the distinct challenges faced by women and girls living with or at great risk for TB.

As the UNHLM Political Declaration makes clear, providing health services to mitigate the impact of TB must not be dissociated from social issues that define how service provision is designed for women and men differently. These differences typically restrict our ability to access services, thereby underpinning gender inequality and contributing to poor health outcomes. The Deadly Divide, calls on all countries to advance a gender sensitive and rights based TB responses, and call on all TB high burden countries to conduct TB communities rights and gender (CRG) assessments, and develop costed TB CRG Action Plans by 2023. **The exacerbated inequalities resulting from COVID-19, make this action more urgent than ever.**

This World TB Day, [Women4GlobalFund \(W4GF\)](#) draws your attention to the Stop TB [Gender and TB INVESTMENT PACKAGE COMMUNITY, RIGHTS & GENDER](#). This investment package notes three priority interventions for effective TB responses – taking into account that while two thirds of TB cases globally are in men, women generally face additional barriers to accessing TB prevention, diagnosis, treatment, care and support services while also facing greater stigma and psychosocial consequences of TB disease.

As part of global efforts to make greater progress toward ending TB, W4GF calls on countries to prioritise these interventions specified by Stop TB:

- **Service provider sensitisation and capacity building.** This means that all TB programme staff (programme design, management and implementation) understand how gender impacts TB vulnerability, care access and care provision.
- **Monitoring and evaluation for gender-responsive programming.** This means collection of sex- and gender-disaggregated real time data at all stages of the TB care (including data collected by communities) to provide insight into the differences between men and women, boys, girls and transgender people in terms of their TB risk, diagnosis, treatment initiation, treatment completion and the various barriers they experience.
- **Gender equality in the TB workforce.** This means that women and gender minorities must be better represented. Currently, senior, decision-making positions are largely filled by men while the vast



majority of primary healthcare workers, inclusive of care workers, facility-based staff and laboratory technicians are women. A lack of representation disadvantages everyone; the needs of women and gender minorities are less taken into account when they are not adequately represented at levels where decisions are taken.

We also call for the scaling up of seed funding of TB affected communities through mechanisms like [Challenge Facility for Civil Society](#), for coordination, communication and participation in TB governance to promote gender sensitive TB responses.

Ending TB cannot occur without delivering on gender equality. Health services must be gender responsive so that barriers are lifted to enable women and girls, especially those who are vulnerable and in vulnerable situations, to access prevention, diagnosis and treatment services. To this end – we celebrate the significant launch of TB Women, a new global advocacy group and call for the strengthening of this network at the global level, to ensure the full implementation of its [strategic plan](#) in all TB high burden countries.

This World TB Day, we call on the Global Fund to lead countries to ensure that they are guided by the Stop TB and gender investment package so that TB interventions do not reinforce harmful gender norms, inequalities and inequities.

W4GF is a dynamic global platform of women and gender equality advocates who share a deep commitment to ensuring that Global Fund programmes are gender-transformative to meet the rights and priorities of women and girls in all our diversity. For more information, please contact Sophie Dilmitis, Global Coordinator, Women4GlobalFund (W4GF) [EMAIL](#) | [WEB](#) | [FACEBOOK](#) | [TWITTER](#)

#EndTB and inequalities by 2030

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