International Union Against
Tuberculosis and Lung Disease
Health solutions for the poor

Access to health care and discrimination: The Union's role as a technical agency?

TB, HIV, Lung Health Consultants Meeting
Lille, 2011

Gilles Cesari, Union Asia Pacific

“We are not interested in fantasy but in reality”

(Don Enarson, Head of Geriatrics, The Union)

What is discrimination and to whom? (1/3)

1. Collins: “Unfair *treatment* of a person, racial group, minority, etc.”

- “By Law discrimination”
- “Societal discrimination”
- “Individual discrimination”

ALL these forms of discrimination are not written in stone.

What is discrimination and to whom? (2/3)

2. Who?
- Migrants (undocumented, refugees, legal, internal)
- Drug Users
- MSM
- Transgender
- Sex Workers (Males and Females)
- HIV+
- Girls and Women
- etc.

Big numbers – the 100% Goal cannot be achieved. The Stop TB Partnership' targets: diagnose at least 70% of people with sputum smear-positive TB (Dr Lucica: only 65% are diagnosed) and cure at least 85%

What is discrimination and to whom? (3/3)

2. Who?

- FHI/USAID Bangladesh project found out that “transgender, female sex workers and HIV+ are refused access to care in some DOTS Centers”

- Migrants: 63 countries have some form of HIV (or TB) specific restriction to entry, stay and residence and 28 deport people once HIV+/TB status known

- Dr Beena Thomas, a social scientist with the Tuberculosis Research Center-Indian Council of Medical Research (ICMR): “Only 26% of MSM have been reached by the NAP in India”

Consequences of discrimination to access to Health Care? (1/2)

1. The Individuals' perspective:

- Increased vulnerability and poverty
- Reduced access to health services because of fear or lack of trust
- Become non receptive to prevention messages (HIV) – lack of trust
- Sufferings, depression
- Illness
- Death

Consequences of discrimination to access to Health Care? (2/2)

2. Public Health perspective: CATASTROPHIC
- Lower case detection rates
- Infectious cases within the community
- Resulting in more infections
- Studies: issues in care continuity ➔ resistance in minority/marginalized populations

So what do we do today? (1/2)

NOT MUCH

So what do we do today? (2/2)

1. KNCV TB CARE study in 14 NTPs:
- NTPs know that generic “one fits all” strategies do not work
- NTPs need/want more information about marginalized groups and how to reach them

2. KNCV: review of 119 TB guidelines and also TB literature ➔ no mention of sex workers, MSM, ex-soldiers…and few on stigma and marginalized populations

3. Dr Lucica: “It is time to think about vulnerable groups”

So what CAN we do today? (1/3)

WELL, YOU TELL ME

So what CAN we do today? (2/3)

Some ideas perhaps:

1. Systematically include a section on access to health care and discrimination in all Union guides, brochures, publications

2. The Union will not organize its Annual Conference and the Region Meetings in countries who legally discriminate certain vulnerable populations and communicate about it

3. The Union technical consultants will include discrimination and access to care in the monitoring “checklist” when on mission in NAPs and NTPs

So what CAN we do today? (3/3)

4. All Union courses/trainings to include this issue (create one specific?)

5. A Union focal point for access to health care and discrimination

6. The effect of stigma on adherence has not been well quantified
   ➔ Research on impact of stigma on missed doses during TB treatment (for those who could be reached!)

“This welcome change is the result of decades of advocacy and education of public officials”

4 January 2010
Obama Administration