ActionAid’s Perspective

“Empowering the patient”

WHO Consultation meeting with NGOs and other CSOs
11th – 13th November 2015
Addis Ababa, Ethiopia
My 3 key words of concern associated with TB

• Aggravates existing inequalities as a result of the burden TB places on the most poor and vulnerable

• Over 50% income loss due to TB
Some highlighted contextual issues

• **Funding gap...** US$ 2 billion for existing TB interventions and US$ 1.39 billion for research.

• **Outreach gap...** 3 million people with TB are missed by health systems every year

• **Need for response acceleration...** HIV/TB Treatment

• **Highest prevalence** amongst the poor and vulnerable people
ActionAid’s perspective and experience

• ActionAid uses the Human Rights Based Approach to programming
  – 3 Pillars: Solidarity, Empowerment and Campaigning plus Alternatives
  – Works in partnership in the poor & vulnerable people, people’s movements, CBO/NGO/CSOs
  – Put Women at the centre of our work
• Poverty is denial of rights … women bear the brunt of poverty
• People have a right to health … TB is a rights issue
• Women bear the brunt of TB
ActionAid’s experience cont’d

• Building solidarity with poor people and communities – Linking to others

• Empower the poor with knowledge, skills and space to
  – take part in the solution continuum
  – monitor services
  – hold duty bears to account

• Development evidence based campaign at all levels – community, district, country and international

• Providing alternatives
Some examples from ActionAid Malawi

- Formation of poor people’s groups – the case of Coalition of Women Living with HIV/AIDS (COWLHA)
  - Common problem hence commitment to the cause
  - Amplified voice on issues
  - Ease sources of social protection
    - Economic empowerment thru IGA like VSL
    - Peer support
    - Information sharing etc
- Empowering the poor – information, trainings
  - Investment in building capacities – technical, management and advocacy & campaigning
  - Engage in national budget consultation and tracking, service monitoring using balanced score cards, engage Service Providers
• Campaigning
  – Raise profile of critical issues and demand for change
  – Policy awareness, reviews, implementation
  – Local – national- International level and linkages
  – Interface meetings with service providers, policy makers

• Alternatives
  – What has worked and can be scaled up to improve the access, reach out, quality of services etc
  – Research, documentation of best practices and share
Some of roles of NGOs and other CSOs

• Mobilise, empower, and build solidarity
• Create demand for services
  – Raise public awareness – media, theatre for development
• Enhance the referral systems
  – Follow ups
  – Link patient with health service providers
• Promote adherence to treatment
  – peer support e.g. support groups
• Policy Advocacy
  – Supportive policies that reduce the burden on the poor & vulnerable – Social protection, user fees in health services
  – National budget allocation and expenditure tracking
  – Monitor health services and advocate for improvements
Opportunities for NGO/CSO involvement

• Good community coverage - Working in communities
• Working with the poor, vulnerable and marginalised people
• Good community mobilisation strategies, methodologies and tools
• Organised for policy advocacy

What might be lacking… TB technical knowledge and awareness on how critical TB is in the development agenda
Back to my 3 words of concern...

• Inequalities.. most poor and vulnerable.. income loss

How can we as NGO/CSO ensure equality and remove the burden of TB ...

• Treat TB as a rights issue and ensure social protection
• Critical requirements to enable social protection
  – Enabling policy framework
  – Consultation with the poor, vulnerable and the patients - needs analysis, solutions
  – Centrality of women - recognition on unpaid care work undertaken by women
  – Sustainability
  – Resourcing – Govt., donors
Without putting an End to TB we cant End Poverty and thus violation of a human right

Lets Empower the Patient!
Thank you!