



To: Stop TB Partnership Global Plan Development Task Force

Subject: Prioritizing Human Rights in the Global Plan to Stop TB 2016-2020

August 10, 2015

Dear Members of the Global Plan Development Task Force:

We congratulate the Stop TB Partnership on its comprehensive and rigorous draft *Global Plan to Stop TB 2016-2020*. We write here as a diverse group of physicians, lawyers, public health specialists, academics, activists, and former TB patients from around the world to offer constructive feedback and to urge a more meaningful integration of human rights into the *Global Plan*.

People with TB have human rights. They have the right to good quality testing and treatment. They have the right to be free from discrimination in all areas of life. They have the right to freedom of movement and to enjoy the benefits of scientific progress and its applications. They have the right to privacy, informed consent, and to participate in decision-making processes that impact their lives. They also have the rights to food, housing, and water and sanitation. A human rights-based approach to TB prioritizes the protection and realization of these rights and leads to better prevention and treatment outcomes. It is critical that the Stop TB Partnership more fully integrates a clearly developed human rights-based approach into the *Global Plan*.

The protection and promotion of human rights in TB prevention, care, and control is a stated objective of the 2011-2015 Stop TB Strategy. The draft *Global Plan* establishes the "protection and promotion of human rights, ethics and equity" as the third of four principles on which the strategy

is based, in line with the WHO's End TB Strategy for TB prevention, care, and control after 2015. Despite this, the draft only refers to human rights in a handful of instances, and frames the human rights perspective as a mere topic of consideration. This is not enough; a human rights approach to TB can do more for the *Global Plan* than provide a vague moral compass. Along with articulating the rights of people with TB, human rights establish legal obligations of States and non-state actors to respect, protect and fulfill the human rights of people with TB, with a focus on the most vulnerable groups, such as the poor, children, prisoners, people living with HIV, migrants, refugees, indigenous groups, the elderly, and drug users.

Specifically, the *Global Plan* could benefit from presenting human rights as they exist at the international level: obligatory, binding, and enforceable. There are six primary international instruments that establish legal rights for people with TB, described in brief below:

- **Universal Declaration on Human Rights:** establishes the rights to equality, nondiscrimination, privacy, freedom of movement, an adequate standard of living, and to share in scientific advancement and its benefits.
- **International Covenant on Economic, Social and Cultural Rights:** establishes the rights to health, housing, food, water and sanitation, and to enjoy the benefits of scientific progress and its applications, as well as the right to enjoy these rights without discrimination.
- **International Covenant on Civil and Political Rights:** establishes the rights to equality, nondiscrimination, privacy, and freedom of movement.
- **International Convention on the Elimination of Racial Discrimination:** establishes the rights to equality and nondiscrimination in the areas of public health and medical care for racial minorities, including scheduled castes and scheduled and other tribes.
- **Convention on the Elimination of Discrimination Against Women:** establishes the rights to equality and nondiscrimination in the field of healthcare for women.
- **Convention on the Rights of the Child:** establishes rights to health, housing, food, and privacy for children.

Each of these instruments is a powerful tool that the *Global Plan* should explore and utilize. Together, these agreements establish legally binding human rights for people with TB and corresponding obligations on States. The obligation to *respect* is an obligation of noninterference: States may not adversely interfere with the enjoyment of the human rights of people with TB. Respecting the right to health requires that States refrain from denying equal access to testing and treatment for all people with TB. The obligation to *protect* is an affirmative obligation: States must take measures to prevent third parties from adversely interfering with the enjoyment of human rights. States must ensure the rights of people with TB are not violated when they seek care in the private health sector. The obligation to *fulfill* is also an affirmative obligation: States must take concrete steps toward the full realization of the human rights of people with TB. Fulfilling the right to health requires, among other things, that States ensure TB testing and treatment is available, accessible, appropriate, and of good quality. The obligation to fulfill the rights to food, housing, and water and sanitation promotes better prevention of TB.

A human rights-based approach to TB prioritizes the dignity and autonomy of all people with TB. It fosters sustainable prevention and treatment programs through the protection of their rights. It facilitates greater access to existing diagnostics and medicines and promotes research and development of new drugs and technologies. The approach places the focus of TB prevention and treatment on the groups most vulnerable to TB and establishes legal obligations of States and non-state actors. The following activities comprise a non-exhaustive list of means by which the *Global Plan* can integrate human rights into the center of its strategy:

- Encourage and provide technical support for relevant countries to request funding for human rights-based approaches to TB in concept notes submitted to the Global Fund to Fight AIDS, TB and Malaria;
- Support human rights-based advocacy in relevant countries to remove legal barriers to TB prevention, treatment, and care services and to protect the rights of people with TB;
- Empower TB-affected communities to exercise their right to participate in decision-making processes through capacity building, treatment literacy, and training; and
- Train TB organizations and advocates in the use of human rights impact assessment tools to anticipate and respond to the potential human rights impacts of government, trade, and corporate policies related to TB.

We are happy to be a human rights resource for the Stop TB Partnership. Please direct all responses to Brian Citro at the following address: citro@uchicago.edu. We look forward to working together to achieve the most effective global strategy to combat TB.

Respectfully submitted,

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