REPORT OF WEBINAR

Breaking Stigma: Community Voices on Tuberculosis, Mental Health, and Human Dignity

Date: 16 April 2026
Time: 4:00 PM - 5:30 PM (WAT)
Platform: Zoom (Virtual Meeting)

Organized by:
Centre for Positive Health Organization (CEPHO)

In Collaboration with:
Equitable Health Access Initiative (EHAI)

1. Background

Tuberculosis (TB) remains one of the major public health challenges globally and in Nigeria. Beyond the medical burden, individuals affected by TB often face **stigma, discrimination, social isolation, and mental health challenges,** which can negatively affect treatment adherence, recovery, and overall quality of life.

Recognizing the need to address the **intersection between tuberculosis, mental health, and human dignity**, the Centre for Positive Health Organization (CEPHO), in collaboration with Equitable Health Access Initiative (EHAI), organized a virtual dialogue titled:

"Breaking Stigma: Community Voices on Tuberculosis, Mental Health, and Human Dignity."

The webinar aimed to create a safe platform for **community members, TB survivors, health professionals, civil society organizations, and human rights advocates** to share experiences, raise awareness, and discuss strategies to reduce stigma and promote dignity for TB-affected populations.

2. Objectives of the Webinar

The webinar aimed to:

- Raise awareness about **tuberculosis-related stigma and discrimination**.
- Highlight the **mental health implications** associated with TB diagnosis and treatment.
- Provide a platform for **TB survivors to share lived experiences**.
- Discuss the **role of healthcare systems and government interventions** in supporting TB patients.
- Promote understanding of **human rights protections for TB-affected communities**.
- Encourage community dialogue and advocacy for **dignity, inclusion, and health equity**.

3. Opening Session

The webinar commenced at **4:10 PM**, following a brief waiting period to allow more participants to join the meeting.

Welcome Address and Introduction

The Executive Director of CEPHO, **Ms. Kadiri Oluseyi**, welcomed participants and expressed appreciation for their presence at the important dialogue.

He provided an overview of the organizing organizations, highlighting:

- The work of **CEPHO** in community health advocacy.
- The collaborative efforts with **Equitable Health Access Initiative (EHAI)**.

She emphasized the importance of addressing **stigma, mental health, and human dignity** within TB programming and advocacy.

Participants were also introduced to the **guest speakers and facilitators** for the session.

4. Opening Remarks

The opening remarks were delivered by **Mr. Ganiyu Agboola**, Head of Community Programs at Equitable Health Access Initiative (EHAI) and Co-Host of the webinar.

He emphasized the importance of open dialogue in addressing the challenges faced by people affected by tuberculosis, particularly stigma, discrimination, and psychosocial burdens.

He noted that conversations like this help:

- Increase public understanding of TB
- Encourage compassion and support for affected individuals
- Strengthening collaboration between communities, health professionals, and human rights institutions

He encouraged participants to actively engage in the session and learn from the experiences shared.

5. Objectives of the Meeting

Objective	Key Result Achieved

Increase awareness of TB-related stigma and discrimination	Participants demonstrated improved understanding of stigma types and impact pathways
Highlight the mental health implications of TB	Increased awareness of TB-mental health linkages and psychosocial needs
Amplify voices of TB survivors	Lived experiences shared, enhancing empathy and contextual understanding
Promote human rights awareness	Participants gained knowledge of legal protections and reporting mechanisms
Strengthen multi-sector collaboration	Engagement of CSOs, health professionals, and NHRC representatives

6.1 Lived Experience: Tuberculosis Stigma and Its Impact on Treatment

Speaker: Mrs. Adebola Adams
National Coordinator, TB People Nigeria

Mrs. Adebola Adams delivered the first presentation of the webinar, sharing a deeply personal account of her journey as a **Drug-Resistant Tuberculosis (DR-TB) survivor** and the severe stigma she experienced during her treatment.

Her presentation highlighted how stigma within communities, workplaces, and even health facilities can significantly worsen the experiences of people affected by tuberculosis.

She began by recounting how her experience with stigma started at a **health facility in her community**, where she was first stigmatized by a health worker.

According to her:

"I was first stigmatized by a matron in the health center in my community. Because of that experience, I had to start going to another facility that was very far from my house. I had to take two buses every day just to get there because it was Directly Observed Therapy (DOT) and you had to take the drugs in front of the DOT officer."

She explained that stigma not only affected her physically but also had a **deep emotional and psychological impact**, particularly because of the social pressures surrounding her family.

Reflecting on her emotional state at the time, she said:

"It's an all-girl family, and already my mother had been stigmatized because she had only girl children and her husband had died. All those things were playing out in my head. I was just hanging in there to survive."

She described how the fear of societal judgment weighed heavily on her during treatment.

"I was just saying, OK God, you just need to spare my life. If anything happens to me and I die, people will say, 'See, she has killed the husband, and now she has killed the child.'"

Mrs. Adams emphasized that stigma continues to be a major barrier in the fight against tuberculosis.

In her words:

"This issue of stigma, by and large, is still very present with us."

She explained that stigma exists in multiple forms, which influence how individuals perceive themselves and how society treats them.

According to her:

"There are different forms of stigma. There is internalized stigma, which is when the person on treatment shames themselves. There is anticipated stigma, the fear of discrimination. Then there is enacted stigma, which is the actual stigmatization."

She also highlighted how stigma often leads directly to **discrimination and exclusion**.

"Stigma doesn't just work alone. It leads to discrimination… discrimination deals with exclusion. It is the unfair prejudicial treatment of people based on characteristics like sex, age, disability, or religion."

Mrs. Adams further explained that in many communities, tuberculosis is often misunderstood and associated with negative stereotypes.

She noted:

"People believe you must have offended God, or that you lived recklessly, or that you brought the disease upon yourself."

These misconceptions, she explained, lead people to prejudge individuals affected by TB.

She also discussed how stigma can delay diagnosis and treatment, recounting her own experience of visiting multiple health facilities before receiving proper care.

"What stigma leads to is a delay in seeking care. After I left the government facility, I had to go to a private facility and take strong antibiotics that were not TB drugs, yet I still was not getting better."

She explained that she visited **four different public health facilities** while seeking proper treatment.

During this period, she was subjected to repeated and intensive treatment procedures.

According to her:

*"I went through the injections again and again. I did 60 injections four times. That's **240** injections."*

She further explained that additional treatments followed after she was diagnosed with **Drug-Resistant Tuberculosis**, leading to even more injections and medication.

*"In total, I had about **600** injections and more during my treatment journey."*

She emphasized that stigma was not limited to community members but was also experienced within healthcare settings.

Recalling one painful moment, she said:

"A nurse once asked me, 'Will you come to my church? Do you think anybody would want to marry you when you have TB?'"

Such statements reinforced the belief that tuberculosis is a disease associated with shame.

According to her:

"People believe it is a thing of shame. They think maybe you are poor, dirty, or that you brought it upon yourself."

She also explained how stigma spreads socially through what she described as **propagated stigma**, where individuals share information about someone else's illness in ways that increase discrimination.

She narrated:

"There was a lady who saw my picture with a friend and said, 'Be careful with her, she has TB.'"

Mrs. Adams explained that this form of stigma can lead to serious consequences, including **loss of livelihood and missed opportunities**.

She shared how TB stigma affected her professional life.

"During this journey, there were three job opportunities I could not access: a lecturing job, a bank job, and a job at MTN."

She added that TB stigma also contributes to **poor treatment adherence**, as many people avoid revealing their diagnosis due to fear of discrimination.

According to her:

"Many people don't want to leave their house address or phone number because they fear their status will be exposed."

She concluded her presentation by outlining several strategies for addressing TB stigma.

These include:

- Community education and awareness
- Training for healthcare workers

- Legal protection for TB patients
- Psychosocial support systems

In her closing remarks, she emphasized that reducing stigma is essential to improving TB treatment outcomes and protecting the dignity of people affected by tuberculosis.

6.2 Tuberculosis and Mental Health

Speaker: Mrs. Morenikeji Balogun
Organization: Lagos State Primary Health Care Board

Mrs. Balogun Morenikeji Mautin began her presentation by appreciating the host and the convener for the opportunity to speak at the webinar. She noted that she was particularly excited when she was invited to speak on the intersection between **tuberculosis and mental health**, describing it as a timely and necessary conversation given the realities currently facing Nigeria.

According to her, **Nigeria is currently experiencing a significant mental health crisis**, and understanding the relationship between tuberculosis and mental well-being is critical in addressing this growing challenge.

She emphasized that the country faces **two major challenges regarding mental health**.

Nigeria faces a severe mental health crisis with insufficient psychiatrists

Mrs. Balogun highlighted that available research shows that **approximately 25% of Nigerians suffer from various degrees of mental health challenges**. When translated into population figures, she explained that this represents **about 50 million people**, assuming Nigeria's population is roughly 200 million.

To put this into perspective, she noted that this means **one in every four Nigerians is likely dealing with a mental health issue**.

However, she stressed that the crisis is worsened by a severe shortage of mental health professionals.

"Nigeria faces a severe mental health crisis with insufficient psychiatrists. Approximately 25% of Nigerians, around 50 million people, suffer from mental health issues."

She further explained that Nigeria currently has **barely 250,000 registered psychiatrists**, which is grossly inadequate for the scale of mental health needs in the country.

Ideally, she noted, **one psychiatrist should attend to about 10 patients**, or at most **20 patients in demanding situations**. But given the current situation, each psychiatrist may potentially be responsible for **about 200 patients**, making it extremely difficult to provide quality mental health care.

She warned that this imbalance could lead to either burnout among mental health professionals or a decline in the quality of care provided to patients.

"*If one psychiatrist has to see about 200 patients, either the psychiatrist becomes overwhelmed or the quality of care declines*."

Because of this limited capacity to treat mental health conditions, she emphasized that **Nigeria must focus strongly on prevention**.

Tuberculosis diagnosis increases mental health risks and financial burdens:

Mrs. Balogun then shifted the discussion to the **relationship between tuberculosis and mental health**, explaining that TB is not only a physical illness but also a condition that can significantly affect emotional and psychological wellbeing.

She explained that tuberculosis patients often experience **fear, uncertainty, anxiety, and emotional distress**, especially immediately after diagnosis.

According to her, the biological impact of TB, including **chronic infection, fatigue, inflammation, and weight loss**, can affect how individuals perceive themselves and their bodies, which may lead to **low self-esteem, anxiety, and depression**.

"*Tuberculosis diagnosis increases mental health risks and financial burdens. The uncertainty and fear associated with the diagnosis can lead to anxiety and negative emotions*."

She also highlighted the **economic implications of TB**, explaining that although treatment may be provided free of charge through government and partner-supported programs, the **true cost of illness goes beyond treatment**.

Many patients may lose job opportunities, miss work, or struggle financially due to physical weakness and prolonged treatment associated with tuberculosis.

Tuberculosis leads to social isolation, stigmatization, and mental health issues:

Mrs. Balogun further discussed how **stigma and social isolation** significantly worsen the mental health challenges faced by TB patients.

She explained that tuberculosis is an **airborne disease**, and because of this, people naturally try to protect themselves by keeping their distance from individuals diagnosed with TB.

However, she clarified that **isolation in TB care must be carefully understood**.

While some temporary preventive measures are necessary, such as wearing masks, ensuring good ventilation, and limiting close contact during early treatment, this should **not translate into total social exclusion**.

"*Isolation should not become social exclusion. Isolation should not become total disconnection or discrimination.*"

She explained that once a TB patient begins treatment and adheres properly to medication, **infectiousness usually drops significantly after two to three weeks**, meaning that strict isolation measures can gradually be relaxed.

Therefore, she warned that **excessive isolation can worsen emotional distress**, creating feelings of loneliness, shame, and guilt among TB patients.

Interactive discussion with participants:

During her session, Mrs. Balogun encouraged participants to engage in the discussion by asking reflective questions.

She asked the audience:

"*If we say we are having an increase in mental health problems in Nigeria, what do you think is responsible for it outside tuberculosis?"*

Participants shared several perspectives.

One participant noted that **the state of the economy and rising inflation** contribute heavily to stress and mental health struggles.

Another participant explained that **people are dealing with multiple pressures at once**, including financial strain, work responsibilities, and health challenges.

Mrs. Balogun acknowledged these responses and clarified that while these factors are important, they are often **triggering rather than the root causes of mental health problems**.

She explained that **the way individuals interpret stressful situations plays a crucial role in shaping emotional responses**.

"It is not always the situation that causes mental health problems; it is often our interpretation of the situation."

To illustrate this, she shared a relatable scenario about a customer interacting with a shop attendant. She demonstrated how two people could experience the same situation but react differently depending on how they interpret the behavior of the other person.

Through this example, she emphasized the relationship between **thoughts, emotions, and behavior**, explaining that **negative thought patterns can lead to negative emotions, which in turn increase the risk of mental health problems**.

Supporting TB patients without increasing infection risk:

In concluding her presentation, Mrs. Balogun emphasized the role that **families, communities, and healthcare workers** must play in supporting people living with tuberculosis.

She encouraged participants to remain **emotionally present** for TB patients even when physical distancing may be necessary.

According to her, simple actions such as **sending messages, making phone calls, offering encouragement, and providing practical support** can significantly improve the emotional well-being of TB patients.

She stressed that completely isolating TB patients may actually worsen public health outcomes, because individuals who fear stigma may choose **not to disclose their condition or seek treatment**, which could increase community transmission.

"Protect yourself, take precautions, but do not socially exclude people living with tuberculosis."

She concluded by reminding participants that **addressing stigma, supporting mental health, and promoting compassionate care are essential components of effective tuberculosis control**.

6.3 Human Rights and Protection Against Discrimination

Barr. (Mrs.) Yemisi Akhile, ACIS

Deputy Director (Legal)
Head, Legal and Economic, Social & Cultural Rights Department
National Human Rights Commission (NHRC), Lagos State Office

Barrister Yemisi Akhile began her presentation by greeting participants and commending the previous speaker for delivering an insightful and impactful presentation. She noted that the earlier discussion on mental health and tuberculosis naturally leads to a deeper conversation about **human dignity and the protection of human rights**.

According to her, **the core of the conversation around stigma, discrimination, tuberculosis, and mental health ultimately centers on the human being**.

She explained that the **National Human Rights Commission (NHRC)** exists primarily to ensure the **promotion and protection of the rights of every individual in Nigeria**.

"Our work at the National Human Rights Commission is basically the promotion and the protection of the rights of persons."

She emphasized that **people living with tuberculosis must first be recognized as human beings with equal rights and dignity**, and any form of stigma or discrimination against them is a violation of those rights.

Understanding Human Rights:

Before proceeding with her main discussion, Barr. Akhile engaged participants in a brief interactive session to gauge their understanding of human rights.

She asked participants if anyone had previously interacted with the **National Human Rights Commission**. One participant shared a personal experience of approaching the Commission regarding a domestic issue, noting that the matter was professionally handled.

She then asked participants to define **human rights**, to which Mr. Ejiga Justice from TB People FCT responded:

"Human rights basically mean the basic rights and privileges that are ascribed to a person simply because they are human."

Barr. Akhile commended the response, affirming that **human rights are fundamental entitlements that every person possesses simply by being human**.

She further explained that **human rights are interdependent and interconnected**, meaning that the realization of one right often depends on the protection of others.

For example, she noted that **the right to life cannot be fully realized without the right to health, education, housing, and decent living conditions**.

Categories of Human Rights:

Barr. Akhile explained that human rights are broadly categorized into two main groups:

Civil and Political Rights

These include:

- Right to life
- Right to dignity
- Freedom from torture
- Freedom from discrimination
- Freedom of expression
- Right to fair hearing

She emphasized that **freedom from discrimination** is particularly central to discussions around tuberculosis stigma.

Economic, Social, and Cultural Rights

These rights include:

- Right to health
- Right to education
- Right to housing
- Right to work
- Right to an adequate standard of living

She explained that **without access to these rights, individuals cannot truly enjoy a meaningful quality of life**.

Government as the Primary Duty Bearer:

Barr. Akhile stressed that **the responsibility for protecting human rights primarily lies with the government**.

"The government is the primary duty bearer of human rights."

She explained that this obligation arises from **Nigeria's Constitution, national laws, and international treaties**, which legally bind the government to protect the rights of citizens.

According to her, the government's responsibilities fall into three key categories:

1. Obligation to Respect: The government must **avoid actions that violate or interfere with human rights**.

2. Obligation to Protect: The government must **prevent third parties, such as corporations or individuals, from violating the rights of citizens**.

She illustrated this with an example of workers being transported in poorly ventilated containers by a company, describing such treatment as **dehumanizing**. In such situations, the Commission intervenes by reporting and addressing these violations through appropriate authorities.

3. Obligation to Fulfil: The government must **take proactive steps to ensure citizens can fully enjoy their rights**, including creating policies, allocating resources, and establishing institutions such as the **National Human Rights Commission**.

International Legal Frameworks Protecting Human Rights:

Barr. Akhile highlighted several international legal instruments that protect individuals from discrimination and uphold human dignity.

These include:

- **Article 7 of the Universal Declaration of Human Rights (UDHR) -** which affirms that all persons are equal before the law and entitled to equal protection without discrimination.
- **Article 26 of the International Covenant on Civil and Political Rights (ICCPR) -** which guarantees equality before the law.
- **Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) -** which seeks to eliminate discrimination against women in political, economic, social, and cultural spheres.
- **African Charter on Human and Peoples' Rights -** which affirms that every individual is entitled to rights and freedoms without discrimination based on race, ethnicity, sex, religion, or other status.

Legal Protection Against Discrimination in Nigeria:

Bringing the discussion closer to the Nigerian context, Barr. Akhile highlighted provisions within the **1999 Constitution of the Federal Republic of Nigeria** that protect citizens from discrimination.

She specifically referenced:

Section 42 - Freedom from Discrimination

This section states that **no Nigerian citizen should be discriminated against based on ethnicity, sex, religion, political opinion, or other status**.

Section 34 - Right to the Dignity of the Human Person

This provision guarantees that **no individual should be subjected to torture, inhuman, or degrading treatment**.

She explained that **stigmatizing or denying opportunities to individuals because they have or once had tuberculosis is a clear violation of these constitutional protections**.

Stigma as a Violation of Human Dignity:

Barr. Akhile described stigma as **a social mark placed on individuals that reduces them to a lower status**, often causing them to be treated as inferior or less worthy.

She explained that this form of treatment is not only socially harmful but also **legally unacceptable because it violates the dignity and equality guaranteed under human rights law**.

"You must always put the person before the disease."

She stressed that individuals must be seen and respected **first as human beings**, regardless of their health condition or social situation.

NHRC Community Interventions and Advocacy:

Barr. Akhile revealed that the National Human Rights Commission has been actively working to address stigma and discrimination against vulnerable populations.

She shared that **between late February and throughout March**, the Commission organized **nationwide training across the 36 states of Nigeria**.

These trainings targeted:

- Law enforcement officers
- Community leaders
- Religious leaders
- Traditional rulers
- Civil society organizations
- Community members

The trainings focused on **protecting the rights of vulnerable groups**, including:

- Persons living with tuberculosis
- Persons living with HIV/AIDS
- Key populations

Community Rights Advocates Initiative

She further explained that the Commission has trained individuals known as **Community Rights Advocates**.

These advocates are equipped to:

- Identify human rights violations within communities

- Educate community members on human rights principles
- Refer cases of discrimination or abuse to appropriate institutions

The goal of this initiative is to **detect and address human rights violations at the grassroots level**, where stigma and discrimination often begin.

Addressing Ignorance and Promoting Awareness:

Barr. Akhile emphasized that many acts of discrimination arise from **ignorance rather than deliberate malice**.

"Fear and ignorance can be more dangerous than the disease itself."

Because of this, the Commission regularly conducts **public sensitization programs** in:

- Markets
- Schools
- Religious institutions
- Community gatherings

These programs aim to instill respect for human rights from an early age and encourage a culture of dignity and inclusion.

NHRC Success Story: Justice for a TB Survivor

Barr. Akhile also shared a practical example of how the Commission has supported individuals affected by tuberculosis-related discrimination.

She recounted the case of a bank employee who believed he contracted tuberculosis while working in the bank's vault area. Although he eventually left the job due to health concerns, his employer initially refused to pay his full entitlements.

After the case was brought before the Commission and medical reports confirmed that his illness was linked to his work environment, the Commission intervened.

As a result, the employer was compelled to **pay all the benefits and entitlements owed to the worker**, demonstrating the Commission's commitment to protecting the rights of vulnerable individuals.

Continuing the Conversation:

In her closing remarks, Barr. Akhile emphasized that addressing stigma, discrimination, and human rights violations is **not a one-time conversation**.

She stressed that continuous advocacy, education, and community engagement are necessary to ensure that **people living with tuberculosis and other vulnerable populations are treated with dignity and respect**.

She concluded by encouraging participants to remain active in promoting human rights within their communities and to report any violations to the National Human Rights Commission.

7. Panel Discussion/Question & Answer Session

The session concluded with an engaging and reflective panel discussion moderated by **Kadiri Oluseyi**, who reiterated the importance of sustained advocacy, collaboration, and community engagement in addressing TB stigma, mental health, and human rights concerns.

"Understanding human rights and knowing how to respect it and not be violated is actually a win-win… and this conversation will not end here."

Participants actively contributed, raising practical questions and sharing lived experiences that deepened the discussion.

Question 1: Legal Protection Against Health-Related Discrimination

Asked by: Abdulsalam Abdulquadri (TB Survivor and Advocate)
Question:

"What legal protection exists for people facing health-related discrimination?"

Response by Barr. Yemisi Akhile:

Barr. Yemisi emphasized that Nigeria's legal framework clearly prohibits discrimination and protects the dignity of every individual:

"We have the Constitution that has specifically said you shouldn't be discriminated against on any grounds… everybody must be treated with respect and dignity."

She further explained the reporting process:

"If you experience such, you can come to the National Human Rights Commission… you lodge a complaint, either physically or through our email, and we take it up from there."

Question 2: Reporting Discrimination in Healthcare & Public Awareness

Asked by: Ganiyu Agboola
Questions:

- *"What are the redress mechanisms for discrimination at primary healthcare centers?"*

- *"What is the Commission doing to ensure people are aware of their rights?"*

Response by Barr. Yemisi Akhile:

Barr. Yemisi outlined the Commission's nationwide efforts:

"We have been organizing training across the 36 states… targeting law enforcement, traditional leaders, religious leaders, and community stakeholders."

She emphasized that sensitization is continuous and community-focused:

"We go to schools, markets, and motor parks… it is not a one-off activity; it is continuous."

Question 3: Accessibility of Legal Frameworks at the Community Level

Asked by: Michael Oluwasegun Idowu (Ojo Local Government Representative)
Question:

"Can these laws be made available in simple formats, such as handbooks, for community workers and organizations to easily reference and apply?"

He further stressed the importance of accessibility:

"If we have these laws handy… we can interpret them at the community level before referring cases… it will make our work faster and more effective."

Response by Barr. Yemisi Akhile:

Barr. Yemisi responded by highlighting ongoing efforts by the Commission to bridge this gap:

"We are already working on a Community Advocate Handbook… This will help the community rights advocates that have been trained to relate properly with people in their communities and know the right community leaders to approach when there is a violation or discrimination."

She also addressed the request for specific local engagement details:

"You can ask for my number from the organizer, as I can't really mention the names now because I was in Abeokuta during the training in Lagos."

This response underscored the Commission's commitment to strengthening grassroots legal awareness and providing practical tools for community-based actors.

Additional Contribution from Participants

Mr. Victor Reflection

During the session, **Victor Onyema** provided a powerful and emotional perspective, drawing from personal experience:

He shared that his sister-in-law died from tuberculosis, a disease that is both treatable and curable, with free medication available.

He explained that her case was influenced by religious beliefs and delayed acceptance of medical treatment:

"Her own case was a case of religion and self-belief... She was later admitted for treatment at a very late stage, which eventually led to her death."

Mr. Onyema emphasized collective responsibility:

"Community leaders are not to be blamed... Everyone has a role to play. We must seek information and pass it to our families."

He concluded by stressing the importance of personal and societal accountability:

"We should not put the blame on any agency alone."

Key Insights from the Panel Discussion

- Legal protections against discrimination exist, but require stronger community-level awareness.
- The **National Human Rights Commission (NHRC)** is actively expanding sensitization and training efforts nationwide.
- The development of a **Community Advocate Handbook** is a critical step toward empowering grassroots actors.
- Timely access to accurate health information can save lives, as highlighted by lived experiences.
- Combating stigma and misinformation requires **shared responsibility** across individuals, families, and communities.

8. Closing Remarks and Conclusion

The webinar was formally brought to a close by **Kadiri Oluseyi**, who delivered the closing address, expressing appreciation to all speakers, participants, and partners for their time, insights, and active engagement throughout the session.

In her remarks, she emphasized that the discussions held were not a one-time effort but part of a broader, ongoing commitment to advocacy and community engagement:

"This dialogue does not end here; it will continue from time to time."

She encouraged participants to carry forward the knowledge gained, apply it within their communities, and remain actively involved in promoting awareness, reducing stigma, and protecting the rights of individuals affected by tuberculosis.

The session ended on a strong and collaborative note, reflecting a shared commitment to sustained action and continuous learning.

A **group photograph** was taken to commemorate the event, symbolizing unity and collective dedication toward advancing tuberculosis response, mental health awareness, and human rights protection.

9. Key Outcomes (KPIs)

Indicator	Achievement
Number of participants reached	50+
Number of organizations represented	23
Number of expert speakers engaged	3
Number of TB survivor testimonies shared	1
Participant engagement level (Q&A contributions)	High
Percentage of participants reporting increased knowledge	70%
Number of actionable recommendations generated	5+

10. Key Insights

- Stigma remains a major barrier to effective TB response
- Mental health is a critical but under-integrated component of TB care
- Legal protections exist but require wider community awareness
- Healthcare settings can contribute to stigma if not properly addressed
- Community engagement is essential for sustainable change

11. Lessons Learned

The webinar generated several important lessons that will inform future programming and stakeholder engagement efforts:

- Lived experiences create stronger engagement and empathy: Personal testimonies from TB survivors significantly increased participant understanding of the realities of stigma, discrimination, and treatment challenges.
- Mental health discussions are highly relevant within TB programming: Participants showed strong interest in understanding the psychological and emotional impact of TB, highlighting the need for greater integration of mental health support into TB interventions.
- There is strong demand for longer and more interactive sessions: The time allocated for the webinar limited deeper exploration of some issues and reduced opportunities for broader participant contributions. Future sessions will therefore be extended to allow more detailed discussions and engagement.
- Early publicity improves participation and preparedness: Releasing advertisements and flyers earlier will support wider outreach, improved attendance, and better stakeholder mobilization.
- Healthcare worker engagement is essential: Discussions revealed the important role healthcare providers play in either reducing or reinforcing stigma. Future engagements will intentionally include more healthcare workers to strengthen patient-centered and stigma-free care approaches.
- Community-level awareness of human rights remains limited: Many participants were unaware of available legal protections and reporting mechanisms, demonstrating the need for continued sensitization and simplified educational materials.
- Multi-sector collaboration strengthens impact: Bringing together survivors, legal experts, mental health professionals, advocates, and community actors created a more holistic and impactful discussion on TB response.

12. Recommendations

12a. Programmatic

- Integrate mental health services into TB care
- Strengthen stigma reduction training for healthcare workers
- Expand community awareness initiatives

12b. Policy and Systems

- Develop simplified legal resources for community use
- Strengthen collaboration between health and legal institutions
- Scale community rights advocacy programs

12c. Advocacy

- Promote survivor-led storytelling and advocacy
- Engage community, religious, and traditional leaders
- Increase public education on TB and human rights

13. Next Steps

Following the success of the webinar, CEPHO and its partner plan to organize a second edition of the dialogue in June 2026. Publicity materials and event flyers will be released by mid-May 2026 to support wider awareness and stakeholder mobilization.

The next session is expected to run for approximately three hours to allow deeper engagement, broader participation, and more extensive discussions around tuberculosis, mental health, stigma, and human rights.

Future engagements will also intentionally include more healthcare workers to strengthen patient-centered care, improve provider-community relationships, and address stigma within healthcare settings.

14. Conclusion

The webinar reinforced the urgent need for a holistic and rights-based approach to tuberculosis response. By integrating lived experiences, mental health discussions, and legal perspectives, the session created an inclusive platform for dialogue, learning, and advocacy.

Sustained collaboration among communities, healthcare providers, civil society organizations, and human rights institutions will remain essential in advancing dignity, reducing stigma, and improving outcomes for people affected by tuberculosis.

CEPHO Centre for Positive Health Organisation

PICTURES