



International Community of Women Living with HIV & AIDS Eastern Africa

Leave No One Behind, Help Achieve Zero Deaths and Put an End to the Global TB Epidemic

24th March 2014

“Find Treat and Cure Women living with HIV needing TB care and Treatment and save 160,000 women dying of TB every year

As we commemorate the World TB Day, we recognize that Tuberculosis (TB) is the leading killer of people living by HIV but kills more women each year than any other infection.

The Global TB Report 2013 indicate that in 2012, there were 1.3 million death, including 320 000 among people who were HIV-positive. Of the overall TB deaths among HIV-positive people, 50% were among women. (410 000 women died from TB in 2012, 160 000 were women who were HIV-positive).

TB is particularly disastrous for women living with HIV who have poor access to health services, making them particularly vulnerable to poorer outcomes linked to undetected or late detected TB disease. They also face acute risks of TB/HIV co-infection and subsequent TB disease.

TB is among the top killer diseases of women of reproductive age.

We also recognize that 3 of the Eastern Africa countries (Uganda, Tanzania, and Kenya remain among the 22 TB high burden countries in the world

Case detection and treatment success are still low in East Africa. In Uganda, case detection rates is at 79%, Tanzania and Kenya - 79%, Burundi 54% and Rwanda 62% respectively.

This predicament waters down efforts to control this very highly infectious disease which mostly affects women who are the carers of the sick both in health facilities, at homes and communities. Many women living with HIV do not get the medical care and treatment that they deserve while some die undiagnosed.

There is limited information in communities. TB has been left to the laboratories and health facilities and yet it's a big public health problem.

Women living with HIV often miss health promotion programs and remain unaware of TB symptoms due to the gender-related barriers that impact women's access to TB information and services.

Where women do not control family resources, they often delay seeking medical care, they often have to seek permission and money to go to a clinic and are fearful of being seen going to a TB clinic, because of the stigma.

ICW Eastern Africa has implemented TB projects in Uganda and interviewed women living with HIV, some of whom suffered from TB and sought services at different health facilities in the districts. The results show limited information and knowledge about the signs and symptoms, infection control, prevention and treatment.

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Although the National TB and HIV Collaborative policy recommends that TB screening should be routinely done in HIV testing, counselling and treatment settings, some Health canterers do not screen people living with HIV as required by the policy and only do it when a person living with HIV reports a cough.

There is no mechanism in place by the TB program for tracing the confirmed TB case or those who have not adhered to TB treatment. As a result close contact of a TB patient including the children who are most vulnerable to TB infection have gone undiagnosed and also succumbed to TB disease needlessly.

Diagnosis of TB has also remained a challenge with majority of the Health facilities using the smear microscopy which can only identify 50%. The Gene Expert Machines are few and are not readily accessible in the point of care health facilities within the communities and the Laboratories are characterized by non-functional and absentee staff, as well as stock out of reagents.

Some reports from ICWEA members in Mubende indicate for the last 2 weeks, there are no TB drugs and patients who had been started on the first line treatment could not continue with their treatment.

It is no wonder that our Treatment success rate for new smear positive patients is still at 71% (2010 cohort), which is below the international and national target of 85%. Cure rates for TB patients remain very low with an average of 49% per year!

Multi Drug Resistant TB (MDR-TB), which has finally exploded here in Uganda – to date the country has recorded 400 MDR case but only 135 patients have been started on treatment leaving the other 200 in the community to die, and to infect others with the resistant strain

ICWEA therefore recommends that TB treatment and care for women living with HIV be elevated as a key women's health issue.

TB screening, prevention and treatment should be made a routine as part of HIV, reproductive health and maternal and child health services for women living with HIV.

Community engagement and empowerment in implementation, is critical if TB is to be eradicated

TB is treatable and curable, let's commit to diagnosing TB, effectively treat it and End the TB epidemic in our community

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