



**International Community
of Women Living with HIV
Eastern Africa**

Kampala, 24th March 2017

ICWEA STATEMENT ON WORLD TUBERCULOSIS DAY, 2017 (WTD)

**AN END TO TB IS POSSIBLE WITH INCREASED INVESTMENT IN
COMMUNITY-LED RESPONSE TO TB!**

As we commemorate the World Tuberculosis (TB) Day 2017, under the theme, Unite to End TB, the International Community of Women Living with HIV Eastern Africa calls for increased investment in gender, human rights and community engagement to END TB, “Unite with Women, END TB in Women”. TB is preventable and curable, but it is the leading cause of illness and death among women living with HIV. In 2015, an estimated 3.5 million women fell ill with TB worldwide. Of these, half a million died including 140,000 women living with HIV. About 85% of these HIV-related TB deaths among women were in Africa.

National TB programmes across East Africa rely on donor funds due to low domestic financing. In 2016, Uganda invested 4% of the total approved Ugs 136 billion required, Kenya 20% of \$59m, Rwanda 21% of \$15m and Tanzania invested 5% of \$40m. This has led to sporadic stock outs of TB medicines, preventive therapy and laboratory reagents needed to diagnose the disease and poor adherence among TB patients.

The gender dynamics in TB enrolment and treatment receive very little attention in programming, financing and research. While two-thirds of reported TB cases in developing countries are men and only one third women, it is not known whether this is due to a higher risk of developing TB among men or under-notification of TB among women. Stigma, low socio-economic status, and lack of education cause significant delays in the diagnosis and treatment of TB in women. Power dynamics at household coupled with economic dependency by majority women, reinforce delays in seeking treatment.

Unfavorable legal and discriminatory environment continue to undermine efforts for prevention, treatment and cure of TB among women living with HIV including female key populations. Criminalization of people living with HIV including female key populations interferes with and undermines the right to services and information related to TB.

Inaccessibility of health facilities and disruption of TB treatment drug stock out, gender, geography, limited mobility, limited financial capacity, legal status, and stigma contribute to increasing cases of Multi-TB Drug Resistant (MDR) TB patients. Women with MDR TB are exposed to human rights violations and psycho-social torture when isolated from family for long. The current MDR regimen is a nightmare to women living with HIV with MDR TB co-infection. The high cost of MDR TB treatment hinders access for women living with HIV, leading to loss of lives.

Loss to follow up of the women living with HIV with TB Co-infection, reinforced by weak investment in community-based structures especially the networks of people living with and affected by TB and HIV.

Weak investment in communities living with and affected by TB – Limited budget allocation for community system strengthening and weak community-based monitoring systems contribute to inadequate engagement between the health system and the interventions at the community level which holds back effective TB response. Little has been done to strengthen our role in community-based monitoring of the TB response.

Limited investment in TB has resulted in limited community awareness which has in turn fueled stigma, isolation and seclusion of women living with HIV. As a result, many women are not accessing treatment and care. It is also common in some settings for women ill with TB to be ostracized by their families and communities.

ICWEA calls for:

1. Increased investment targeted at strengthening communities, networks of PLHIV, and populations at high risk of TB to ensure index client contact tracing and implementation of the differentiated service delivery model to reduce the challenges of clients on TB/ART and an their diverse client needs.
2. Investment in innovations that will introduce new diagnostic tools to detect early MDR TB infection more accurately, identify and track drug-resistant strains.
3. Address gender disparities and inadequacies in diagnosing and treating TB in women and research on gender sensitive treatment options.
4. Increase domestic financing to health to ensure universal access to TB diagnosis and treatment for all who require it regardless of their social status.
5. Create enabling policy and legal environment to facilitate access to information and services on TB.

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