



International Community of Women Living with HIV & AIDS Eastern Africa

Increase funding, invest in research and innovation to find the “missing” TB cases and End TB epidemic by 2030

24th March 2018 The International Community of Women living with HIV Eastern Africa joined the rest of world to commemorate the World TB day under the theme - “**Wanted: Leaders for a TB-free world**” with a call for our leaders to dedicate more resources to TB treatment and research for more efficient approaches for finding, diagnosing and treating Tuberculosis.

Women living with HIV in East Africa continue to bear the burden of HIV as well as Tuberculosis (TB). Target 3.3 of the Sustainable Development Goals clearly mentions TB as one of those epidemics that we need to work towards ending by 2030. Statistics show that People who are infected with HIV are 20 to 30 times more likely to develop active TB. The World Health Organisation clearly states that HIV and TB form a lethal combination, each speeding the other's progress. This naturally worries women living with HIV because in 2016, there were an estimated 115 000 TB deaths among HIV-positive women as stated by the World TB report.

In Kenya 40 percent of people living with TB remain undetected and untreated. Kenya is ranked among the high burden countries when it comes to TB, Multi Drug resistant TB as well as the TB/HIV. About 50% of TB patients in Tanzania are co-infected with HIV, accounting for 60-70% of the increase in the number of TB patients in the country.

Rwanda whose response has showed positive results still has a significant number of TB cases that are not diagnosed with the current TB screening (mainly cough of more than 2 weeks) and a diagnosis strategy that is not effective to find cases among high risk groups (HRG) and key affected populations.

Reliable diagnosis of TB in HIV-infected populations is difficult with use of conventional diagnostics (i.e, sputum conversion) [65–67]. Novel diagnostic technologies may be used, but the applicability in resource-limited settings, where there is a high burden of HIV disease, must be immediately addressed.

That set a side, our health care systems are characterized by limited human resources, inadequate clinical and laboratory infrastructure, and the lack of or very few training programmes for combined tuberculosis and HIV/AIDS care.

Stigma is a major problem for patients with tuberculosis, especially women, as fear for being shunned by family and community discourages them from seeking treatment and complicates their recovery.

- The tuberculosis control programmes in the region remain poor in resources; Take for example the National TB budget for Kenya in 2017 was \$62 million. However only 18% of that budget was funded domestically while 41% was funded by donors. 41% was unfunded. Uganda on the other hand had a budget of \$ 54 million with only 3% of the funding coming from domestic sources, 26% international sources and 71% unfunded
- Missing TB cases and drug-resistant TB are major challenges in fighting the disease, and pose a serious threat to global health security and deaths from drug-resistant. In Uganda, Kenya, Tanzania countries have reported over 40% individuals that do not even receive care – they are “missed” by health systems after failing to be diagnosed, treated or reported. Essentially, they are missing because we have not done enough to remove the barriers they face to accessing the right services, or because they belong to vulnerable populations that are hard to reach, including people living with HIV.

As we commemorate the occasion, ICWEA would like to use the opportunity to call upon the leaders in the Eastern African region to:

- ❖ **Invest in innovative and targeted interventions, expanding the most successful approaches, and research that is aimed at improving approaches that will lead to efficient case detection and treatment approaches especially for children, refugees, and people living with HIV including expanding programs that support integrated community and family-based approaches to TB and drug-resistant TB care.**
- ❖ **Make available adequate resources for implementing collaborative TB/HIV activities such as TB prevention and care programmes that include HIV/AIDS prevention, care, and support activities in their services.**
- ❖ **Empower Communities to call on governments to demand their right to health – improving living standards to reduce the burden of TB and HIV. Involve communities and especially those with co infection of TB and HIV in the design, implementation, and evaluation of the collaborative TB/HIV activities so as the continuum of care and linkage to other supportive services are realized.**