



International Community of Women Living with HIV Eastern Africa

FOR IMMEDIATE RELEASE: Kampala, Uganda, 24th March 2020

It's time to End TB! End COVID-19 Epidemics

ICWEA joins the rest of the world to commemorate World Tuberculosis (TB) Day to raise public awareness about the devastating health, social and economic consequences of TB, and to step up efforts to end the global TB epidemic. We stand together in solidarity with all our people across the World affected by COVID-19 to support the fight against the new pandemic.

This year, the theme is, “It’s time to end TB in an effort to continue combating the spread of TB. The spotlight this year is on urgently accelerating the TB response to save lives and end suffering, building on high level commitments by Heads of State at the 2018 UN High-Level Meeting on TB.

Even with COVID 19 virus, which is claiming thousands of people across the globe, TB remains the world’s deadliest infectious killer, one of the top 10 causes of death worldwide and the leading cause of death from a single infectious agent (ranking above HIV/AIDS). According to the Global TB report 2019, globally, an estimated 10.0 million (range, 9.0–11.1 million) 2 people fell ill with TB in 2018, The disease can affect anyone anywhere, but most people who develop TB (about 90%) are adults, the male: female ratio is 2:1, Globally, an estimated 1.7 billion people are infected with tuberculosis and are thus at risk of developing the disease. In addition there were 1.2 million (range, 1.1–1.3 million) TB deaths among HIV-negative people in 2018 and an additional 251 000 deaths among HIV-positive people TB has been the leading cause of death from a single infectious agent, ranking above HIV/ AIDS¹

TB affects people of both sexes in all age groups but the highest burden is in adult men, who accounted for 57% of all TB cases in 2018. By comparison, adult women accounted for 32% and children for 11%. Among all TB cases, 8.6% were people living with HIV.

In addition the Global TB report (2019) states that in 2018, an estimated 3.2 million women fell ill with TB. TB is within the top six killers of adult women aged 15–49 years. Close to half a million women died from TB in 2018 including some 95 000 deaths among women with HIV. Of the 219 000 HIV-related TB deaths among adults (age ≥15) globally in 2018, 43% were among women. About 90% of these HIV-associated TB deaths among women were in Africa.

TB is the greatest cause of death of women living with HIV globally specifically in the Eastern Africa region severe consequences for women, especially during their reproductive years.

Global efforts to combat TB have saved an estimated 58 million lives since the year 2000.

To accelerate the TB response in countries to reach targets – Heads of State came together and made strong commitments to end TB at the first-ever UN High Level Meeting in September 2018.

¹ https://www.who.int/tb/publications/global_report/en/ WHO Global Tuberculosis Report

Uganda, Kenya and Tanzania are rated to be among the 20 countries with the highest estimated numbers of incident TB cases among people living with HIV, in the world with a threshold, >1000 estimated incident TB/HIV cases per year).

TB mainly affects women when they are economically and reproductively active, women are always considered first as care givers in the health facilities, and yet a greater percentage are the sole bread winners of their families, additionally TB among mothers is associated with a six-fold increase in perinatal deaths and a two-fold risk of premature birth and low birth-weight. This has negative impact of the disease is also strongly felt by their children and families.

Genital TB in women living with HIV in the East African has been identified as an important cause of infertility in high TB-incidence settings and also increases the risk of maternal and infant mortality by almost 300%.

Stigma and discrimination associated with TB and HIV is double stigma and means women ill with TB and HIV have been ostracized by their families and communities. In addition the gender-related barriers can impact women's access to TB information and services, which contribute to late or missed case detection in women. Where women do not control family resources, they often delay seeking medical care for themselves.

CALL TO ACTION

- Our Policy makers and our national government should remove underlying risk factors and assure gender-equitable access, including gender sensitive services for TB prevention, diagnosis, treatment, care and support. TB preventive treatment should follow sound clinical judgment and assessment of risk and benefits.
- Our countries and the decision makers should ensure faster progress towards ending TB by ensuring that TB services are designed and delivered as part of an overall commitment to universal health coverage, built on the foundation of strong primary health care. It should be in the same faith that the decision makers should address the COVID -19 for all populations including the vulnerable populations like the Women, the elderly, adolescents, youth, and children, persons with disabilities, indigenous populations, refugees, migrants, and minorities experience the highest degree of socio-economic marginalization
- With COVID 2019, we have learnt from our TB intervention, that there is need to scale up and foster strategic partnerships and synergies across with networks and civil society organizations of women and women living with HIV and the health system. The Country Ministry of Health when addressing the 2 epidemics, TB and COVID, -2019 should partner with Civil society Organizations and women networks in order to maximize the entry points to TB and COVID-19 care for all people, the women and their families at all levels.
- We recognize that our countries are among the UN Member States that reaffirmed their commitment to the Sustainable Development Goals (SDGs) and WHO's End TB Strategy which existing commitments to the As leaders of all our Countries in Eastern Africa have committed to "ending the global TB epidemic" by 2030 and for reductions in TB cases and deaths. We at ICWEA therefore want to remind global leaders the urgency to invest in better and more resilient health systems, today more than ever we realize the need to end epidemics like TB and COVID-19."
- Governments scaled up the Diagnostics for TB for especially People living with HIV. The Gene Expert MTB/RIF is now being used as one of the initial test for TB diagnosis in people living with HIV or who are suspected of multidrug- resistant TB as it is more

effective at detecting TB than sputum Microscopy. Similarly for COVID 19, more quick diagnostics is essential to save the lives people in the communities.

— Just as we need research and development of new diagnostics and new drugs which take into account the specific needs of women, those living with HIV and those who are pregnant and lactating, as well as relevant operational and social science research, we equally very quick research on COVID 19 for a vaccine to prevent further spread, but in addition research in the Drugs that cure COVID-19 to avoid the alarming deaths of our people

Governments should make a commitment to end TB and COVID-19 by providing reliable response including information, diagnostics, Treatment, Prevention and care women and girls living with HIV.

“We share our lessons, experiences and tools so that united we can defeat both epidemics”

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