

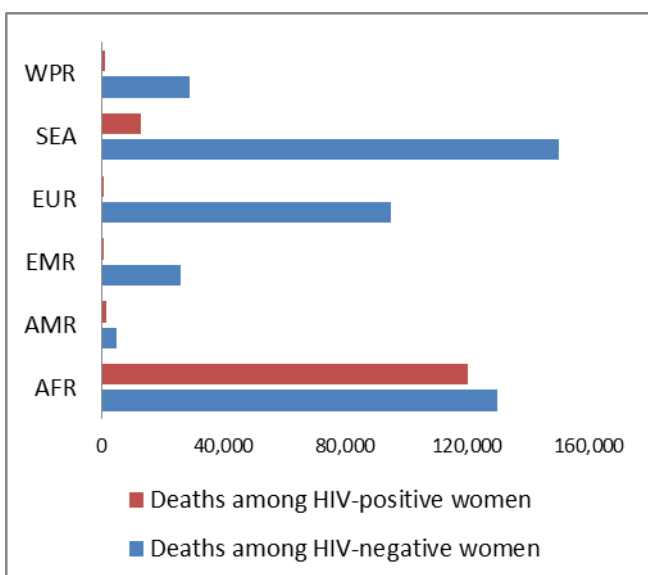
# TUBERCULOSIS IN WOMEN

Tuberculosis (TB) is a contagious airborne disease. Globally, it is the greatest cause of death of people living with HIV, and ranks alongside HIV as a top infectious disease killer. While more men than women are diagnosed with TB and die from it, TB can have particularly severe consequences for women, especially during their reproductive years.

## BURDEN OF TUBERCULOSIS IN WOMEN

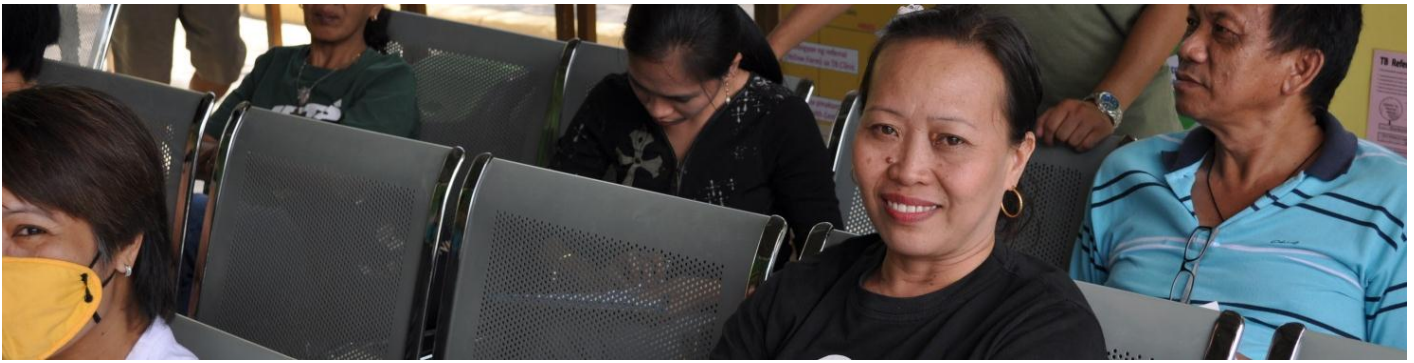
- In 2014, an estimated 3.2 million women fell ill with TB.
- TB is one of the **top five killers of women** among adult women aged 20–59 years. 480 000 women died from TB in 2014, including 140 000 deaths among women who were HIV-positive.
- Of the 330,000 HIV-related TB deaths among adults (age ≥15) globally in 2014, just over 40% were among women, accounting for about a third of all AIDS-related deaths among female adults.
- Almost 90% of these HIV-associated TB deaths among women were in Africa.

**Estimated number of TB deaths among women, disaggregated by WHO region and HIV status, 2014**



## IMPACT OF TB ON MATERNAL HEALTH

- 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.
- Genital TB, which is challenging to diagnose, has been identified as an important cause of infertility in high TB-incidence settings.
- TB in pregnant women living with HIV increases the risk of maternal and infant mortality by almost 300%.
- In Africa, TB rates are up to 10 times higher in pregnant women living with HIV than in pregnant women without HIV infection.
- Facility-based studies in a number of high HIV-burden settings found TB accounted for 15–34% of indirect causes of obstetric mortality.
- Evidence from India has found that TB among mothers living with HIV, is associated with more than double the risk of vertical transmission of HIV to the unborn child.



## SOCIO ECONOMIC FACTORS

- TB is a disease of poverty affecting vulnerable groups. The vast majority of TB deaths are in the developing world where gender inequities are all too common.
- Malnutrition and food insecurity can exacerbate the risk of TB disease; other threats such as rising tobacco use and diabetes among women also result in increased TB burden.
- Globally, more men than women fall ill with TB annually. However in some settings, such as Afghanistan, parts of Pakistan bordering Afghanistan and Iran, more women than men are detected with TB.
- Stigma and discrimination in some settings can mean women ill with TB are ostracized by their families and communities.
- Cultural and financial barriers can act as major obstacles for women seeking care resulting in delayed presentation and more severe illness.
- TB mainly affects women when they are economically and reproductively active, the impact of the disease is also strongly felt by their children and families.

### ENDING TB BY 2030

The WHO End TB Strategy, serves as a blueprint for countries to reduce TB incidence by 80% and TB deaths by 90%, and to eliminate catastrophic costs for TB-affected households by 2030. Ending the TB epidemic is also a Sustainable Development Goal target.

Protecting and promoting human rights, ethics, and equity is a key principle of the End TB Strategy.

## WHAT CAN BE DONE?

- **COMMITMENT:** Mobilize support at global and national levels to remove underlying risk factors and assure gender-equitable access, including women-friendly services for TB prevention, diagnosis, treatment, care and support.
- **COLLABORATION:** Foster strategic partnerships and synergies across the health system. TB, HIV, maternal, neonatal and child health programmes and primary care services should collaborate to maximize the entry points to TB care for women at all levels.
- **INTEGRATION:** Integrate TB screening and investigation into reproductive health services, including family planning, antenatal and postnatal care. Emphasis should be given to girls and women living with HIV in high HIV and TB prevalent settings.
- **DATA COLLECTION:** Improve the recording and reporting of TB data disaggregated by sex and age, including for TB treatment initiation and outcomes.
- **MONITORING SYSTEMS:** Promote the implementation of integrated patient monitoring systems for HIV, PMTCT and TB care to capture data and ensure successful follow-up of the patient in HIV and TB prevalent settings.
- **DIAGNOSTIC SCALE-UP:** Xpert MTB/RIF should be used as the initial test for TB diagnosis in people living with HIV or who are suspected of multidrug-resistant TB. The uptake of Xpert MTB/RIF needs to be scaled up. Xpert MTB/RIF is more effective at detecting TB than sputum microscopy with no significant difference in performance by sex or HIV status.
- **RESEARCH AND DEVELOPMENT:** Advocate for increased research for the development of new diagnostics and new drugs which also take into account the specific needs of women living with HIV as well as pregnant and lactating women, as well as relevant operational and social science research.