

# ICW TB Statement

## AT THE INTERSECTIONS

# WOMEN LIVING WITH HIV AND TUBERCULOSIS

*Nearly 2 billion people on the planet* are infected with latent tuberculosis (TB).<sup>1</sup> Of this group, approximately 37 million people living with HIV, representing nearly a third of all people living with HIV globally, are co-infected with latent tuberculosis.<sup>2</sup> People living with HIV are 26 times more likely than persons without HIV to develop active TB.<sup>3</sup> Active TB is the leading cause of death among people living with HIV<sup>4</sup> and has an untold social and economic impact on families and communities worldwide.

Of particular concern is the evidence pointing to an increasing number of women living with HIV, particularly younger women under the age of 24 years becoming ill with TB. Globally TB causes the death of 500,000 women each year, making it a deadly epidemic for women of reproductive age and the leading cause of death in women living with HIV.<sup>5</sup>

This situation is much more ominous in Africa, where the HIV epidemic has a feminized nuance, women are mostly affected by HIV/TB co-infections and continue to be vulnerable to new infections of HIV and TB. Evidently more than 1 million women in Africa develop TB every year.<sup>6</sup>

### **Urgent action is required to save women's lives.**

TB disproportionately impacts the poorest and most marginalized women (and their families) in the world. Women in prisons, migrant women, refugee and displaced women face higher risks related to TB as they have both increased vulnerability to TB and are frequently limited in their access to TB interventions including care and treatment.<sup>7</sup> Furthermore TB infections during pregnancy more than doubles the risk of vertical transmission of HIV from mother to child.<sup>8</sup> In places where TB and HIV are prevalent, children living with HIV are highly vulnerable to becoming ill with and dying from TB.

Just like HIV, TB is a highly stigmatized disease and women in particular, face the high burden of discrimination and social exclusion.<sup>9</sup> A punitive legal environment that seeks to punish rather than support TB patients continues to negatively impact the enabling environment needed for uptake, adherence and retention in TB care especially for women and girls.

A poor enabling environment exacerbated by negative attitudes and stigma from health care workers and community members further adversely impacts how women, particularly women living with HIV, seek and remain in TB care.

Despite the fact that HIV and TB are highly feminized epidemics, particularly in Africa,<sup>10</sup> the engagement of women-led organizations in TB policy and program design, implementation, and evaluation remains unacceptably low. This is especially true for engagement with networks of women living with HIV.

1 The Twin Epidemics: HIV and TB Coinfection, USAID, available at <https://www.usaid.gov/news-information/fact-sheets/twin-epidemics-hiv-and-tb-co-infection>

2 WHO TB/HIV Fact Sheet 2015 available at [http://www.who.int/tb/challenges/hiv/tbhiv\\_factsheet\\_2015.pdf](http://www.who.int/tb/challenges/hiv/tbhiv_factsheet_2015.pdf)

3 The Twin Epidemics: HIV and TB Coinfection, USAID, available at <https://www.usaid.gov/news-information/fact-sheets/twin-epidemics-hiv-and-tb-co-infection>

4 WHO TB/HIV Fact Sheet "TB is the leading cause of death among people living with HIV, accounting for some 390,000 people who died of HIV-associated TB in 2014 (a 32% reduction since 2004)."

5 *Ibid.*

6 Time to act Save a million lives by 2015 Prevent and treat tuberculosis among people living with HIV, Stop TB available at [http://www.stoptb.org/assets/documents/resources/publications/acsm/tb\\_hiv\\_brochure\\_singles.pdf](http://www.stoptb.org/assets/documents/resources/publications/acsm/tb_hiv_brochure_singles.pdf)

7 A human rights approach to Tuberculosis, WHO available at <http://www.who.int/hhr/information/A%20Human%20Rights%20Approach%20to%20Tuberculosis.pdf>

8 *Ibid.* Time to Act, Stop TB [http://www.stoptb.org/assets/documents/resources/publications/acsm/tb\\_hiv\\_brochure\\_singles.pdf](http://www.stoptb.org/assets/documents/resources/publications/acsm/tb_hiv_brochure_singles.pdf)

9 A human rights approach to Tuberculosis, WHO available at <http://www.who.int/hhr/information/A%20Human%20Rights%20Approach%20to%20Tuberculosis.pdf>

10 Involving the Community in Responding to TB/HIV: Outcomes of Community-Led Monitoring and Advocacy, Open Society Foundations available at [https://www.opensocietyfoundations.org/sites/default/files/TBHIV\\_Community\\_Involvement.pdf](https://www.opensocietyfoundations.org/sites/default/files/TBHIV_Community_Involvement.pdf)

## ICW Recommends

ICW calls on the global TB response including governments to honor the Barcelona Declaration on TB and to provide effective leadership in collaboration with Ministries of Health, Civil Society Organizations, health care providers, medical professionals and communities affected by HIV and TB, to:

- Recognize the intersectionality of TB and HIV for women: Analyzing the gender dimensions of TB is key to overcoming barriers to effective prevention and treatment of TB;
- Build the capacity of women living with HIV to understand basic TB science including:
  - Modes of transmission, testing, care and support interventions,
  - Policy and programmatic processes and opportunities for community engagement including accountability mechanisms for ensuring policy and programs are responsive to the needs of women living with HIV;
- Set and actively pursue targets for rights-based prevention, screening, diagnosis and treatment of TB including implementing child-friendly TB diagnostic methods and treatment regimens especially for extra pulmonary TB which mostly affects women living with HIV;
- Fund and support research on impact of TB on women. Particularly, implement data disaggregation and utilize data evidence for policy and program development implementation and evaluation;
- Promote integration of TB services into Maternal and Child health and in particular respond to the needs of women living with HIV holistically, by addressing sexual and reproductive health, care, and support needs of women living with HIV, including at the intersections of HIV and tuberculosis (TB), hepatitis, sexually transmitted infections (STIs), contraception, stigma and discrimination, access to care, and food security. This includes provision of preventive treatment to all women living with HIV who are at risk of TB exposure;
- Identify and implement responsive programs for addressing TB among marginalized women including but not limited to women in prison settings, migrant women, displaced and refugee women;
- Eradicate all legal, policy and social cultural barriers that impact access to and retention in TB interventions including care and treatment. In particular repeal punitive laws that support arrest of TB patients and address community level stigma and discrimination for people infected with TB and their families;
- Increase knowledge of HIV status and ART treatment options among TB patients living with HIV by supporting peer led interventions by networks of women living with HIV in their efforts to educate other women about TB in order to increase awareness and knowledge; and
- Fully finance the implementation of gender equality and health commitments under Goal 3 and 5 of the Sustainable Development Goals using the Global Fund and the Robert Carr Civil Society Networks Fund.

For more information please visit [www.iamicw.org](http://www.iamicw.org)  
or email our advocacy team [advocacy@iamicw.org](mailto:advocacy@iamicw.org)

The International Community of Women Living with HIV, the first and only global network by and for women and girls living with HIV, has worked for over 20 years to address and support the challenges of, as well as collectively celebrate, all self-identifying women and girls living with HIV throughout the world.



[iamicw.org](http://iamicw.org)