



World Health
Organization

Stop TB Partnership

2009

TUBERCULOSIS WOMEN and TB

- In 2008, **3.6 million women** fell ill with TB and **700 000 women died** from TB including 200 000 women with HIV
- TB is the **third leading cause of death** worldwide among women aged 15-44
- TB is the **fifth leading cause of death** worldwide among women aged 20-59 worldwide
- TB is the **fourth leading cause of death** among girls and young women aged 10-19 in low-income countries
- Once infected, women of reproductive age are more **susceptible to developing TB** disease than men of the same age
- TB is a **disease of poverty** affecting vulnerable groups. The vast majority of TB deaths are in the developing world. More than half of all deaths occur in Asia and the greatest TB burden per population is in Africa
- The 'feminization' of the HIV epidemic has meant a **greater burden of TB among women**. A quarter of HIV deaths are linked to TB
- **TB can cause infertility** and contributes to other poor reproductive health outcomes especially for those with HIV infection
- **Malnutrition and food insecurity** can exacerbate the risk of TB disease; other threats such as rising **tobacco use and diabetes** among women, can also mean an increasing burden of TB
- In most countries men carry more of the TB burden, however more women are detected with TB in some settings such as **Afghanistan, and parts of Pakistan** and these conditions merit further investigation.
- In some settings, women who become ill with TB may be **stigmatized, discriminated against or ostracized** by their families and communities
- **Cultural and financial barriers** can act as major obstacles for women seeking care, so they may delay accessing care until illness is severe
- **Children are often forced out of school** to care and work for family members if a woman relative is unable to provide or carry out family responsibilities.
- **Multidrug resistant-TB (MDR-TB)** is far more difficult and expensive to treat. Patients may be required to undergo many months of difficult treatment which carries a heavy burden for themselves and their families
- The **Stop TB Strategy** provides one powerful platform in advancing the health and development of women

Women can play a **critical role in TB care and control** as educators, organizers and providers

Bangladesh - women community health volunteers visit households to provide TB information and care

Ethiopia - The Health Extension Programme employs mainly women as health service extension workers and is designed to provide preventive services, including the detection and referral of persons with TB symptoms

Romania - Roma women are trained as health mediators because of their voice within that community

In **Pakistan**, Lady Health Workers are effective at enabling earlier identification of those who are ill and access to needed services

Women's groups focusing on HIV/AIDS are now helping promote TB/HIV interventions and action

If the Global Plan to Stop TB 2006-2015 is fully funded and implemented 14 million lives will be saved and 50 million people treated

The **WHO Stop TB Department** together with WHO regional and country offices: develops policies, strategies and standards; supports the efforts of WHO Member States; measures progress towards TB targets and assesses national programme performance, financing and impact; promotes research; and facilitates partnerships, advocacy and communication

The **Stop TB Partnership** (with its secretariat housed by WHO) is a network of more than 1 000 stakeholders; it has a Coordinating Board and 7 working groups: DOTS Expansion; Global Laboratory Initiative; MDR-TB; TB/HIV; New Drugs; New Diagnostics; New Vaccines