World Health Organization

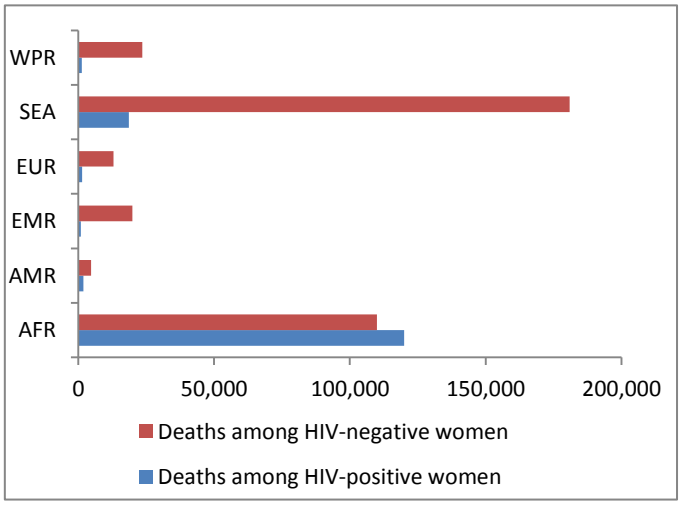
TUBERCULOSIS IN WOMEN

Tuberculosis (TB) is a contagious airborne disease. Globally, it is the greatest cause of death among people living with HIV, and is a top infectious disease killer responsible for more deaths than HIV. While significantly more men than women contract TB and die from it, TB can have particularly severe consequences for women, especially during their reproductive years and during pregnancy. Maternal and child health services present a strategic entry point for increasing access to TB services, for both women and their families.

BURDEN OF TUBERCULOSIS IN WOMEN

- In 2015, an estimated 3.5 million women fell ill with TB.
- TB is one of the **top five killers of women** among adult women aged 20–59 years. Almost half a million women died from TB in 2015, including some 140 000 deaths among women who were HIV-positive.
- Of the 350 000 HIV-related TB deaths among adults (age ≥15) globally in 2015, just over 40% were among women.
- Around 85% of these HIV-associated TB deaths among women were in Africa.

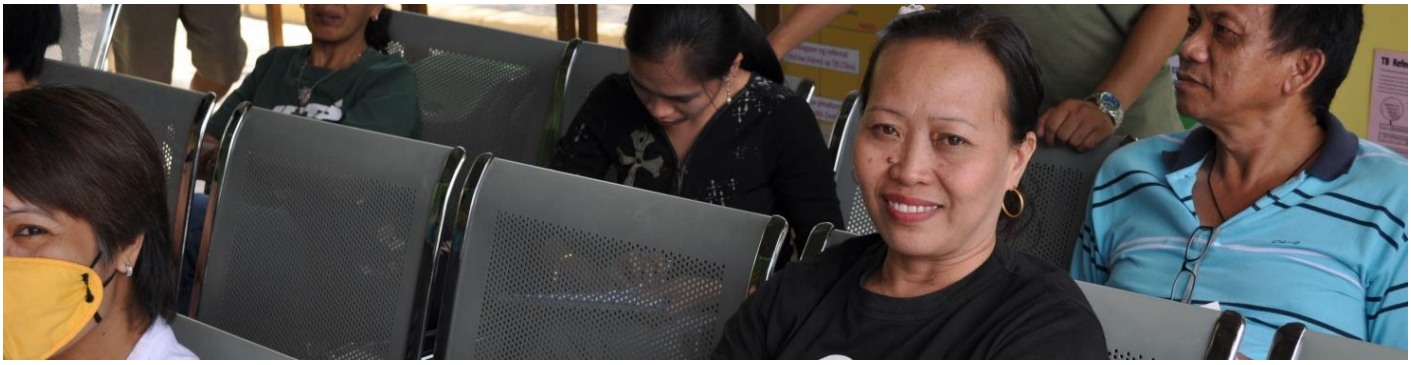
Estimated number of TB deaths among women, disaggregated by WHO region and HIV status, 2015



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.

The **WHO Global TB Programme** 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.



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, significantly more men than women fall ill and die from 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 gender-sensitive 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 and their families at all levels.
- **INTEGRATION:** Integrate TB screening and investigation into reproductive health services, including family planning, antenatal and postnatal care.
- **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.
- **RESEARCH AND DEVELOPMENT:** Advocate for increased research for the 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.

For more information please access www.who.int/tb