

OVERVIEW

- Tuberculosis (TB) is the third leading cause of death worldwide among women aged 15-44, following only HIV/AIDS and maternal conditions
- Gender and culture barriers inhibit women from seeking care, leading to poor diagnosis rates, yet higher susceptibility to TB and greater mortality rates
- Women's reproductive health, especially among those with HIV, is negatively impacted by TB, which can cause infertility
- Addressing TB in women generates positive health impacts, which is good for businesses and economies
- Businesses can address TB through workplace or community programs, often in combination with existing HIV programs

TB & WOMEN: THE PROBLEM

A growing body of evidence shows that women's health is a good indicator of economic development in a country: when women are healthy, economies tend to be healthy. If businesses want the economy around them to thrive, they should invest in women's health and support prevention and treatment programs for diseases and conditions that impact women adversely.

Important among these diseases is tuberculosis (TB), a leading infectious killer of women worldwide. TB is the third leading cause of death worldwide among women aged 15-44, following only HIV/AIDS and maternal conditions. In 2008, one in five women with TB disease died. This accounts for about 17 million Disability Adjusted Life Years (DALYs) in women every year.

Of the 700,000 women who died from TB in 2008, 200,000 had HIV. HIV and TB co-infection is the highest in Southern Africa. The feminization of the HIV/AIDS epidemic is also increasing the burden of TB in women. In sub-Saharan Africa, 60% of new HIV infections occur in women. HIV-positive women have compromised immune systems, putting them at greater risk for developing active TB disease.

THE STORY BEHIND THE STATISTICS

In most parts of the world, significantly more men than women are diagnosed with TB. However, women of reproductive age are more susceptible than men of the same age to developing active TB disease once they are infected with latent TB. Additionally, they are more likely to die from TB than men of the same age and condition. Further investigation is needed to understand the unique ways TB biologically impacts women.

Gender-related differences in accessing TB treatment can shed some light on the differing health outcomes for men and women. Factors including poverty, low socio-economic status, lack of education, and poor health care access disproportionately affect women compared to men. In many cases, higher TB death rates in women are a result of women's poor access to effective treatment. In some communities, women are not free to travel to health centers on their own and must be accompanied. Such cultural sanctions lead to delays in seeking care, later diagnosis and poorer prognosis for survival. Evidence further suggests that women may find it more difficult to continue with treatment once symptoms subside. Difficulty adhering to DOTS treatment schedules when family needs take precedence and a tendency to give TB medicines to ill children are just two of the reasons.

Cultural factors can also affect TB disease prevention, diagnosis and management efforts. A 2007 study showed that in Rawalpindi, Pakistan, cultural inhibitions discourage women from coughing to produce the deep sputum that is used to test for TB disease. Women attending TB diagnostic centers are therefore less likely to test smear positive than men. Lower case-finding rates might also be explained by the lack of knowledge regarding TB.

COSTS OF HAVING TB AS A WOMAN

It is important to note that mortality, incidence, and DALY statistics do not convey the damaging social impact of TB on women. Fear and stigma surrounding the disease are especially problematic for women because TB is seen as a "man's disease." Not only does this fear delay a woman from seeking medical care; but she also faces the risk of ostracism, abandonment by her husband and/or his family, divorce, or a reduced

chance of marriage at all, if she is found to be infected. Women also worry about being dismissed from work should their TB status become known.

Whole families suffer when a mother/wife becomes sick or—worse—dies from TB. Females with genital tuberculosis may suffer from infertility, menstrual disorders and chronic pain. A mother's well-being is intimately linked to that of her children. TB may spread from mother to child during the child's development. Children may have to stay home from school to care for their sick mother while the father (if present) earns income for the family.

HOW DOES TB & WOMEN AFFECT BUSINESS?

Female employees are a large percentage of the workforce, particularly in certain industries. In China, a country with one of the highest TB burdens, these industries include apparel, in which 80% of employees are women, and tourism, in which 70% are women. If TB remains unaddressed, these industries and others could suffer from absenteeism, high medical costs, lost productivity, and other negative consequences of sick employees.

WHAT CAN BUSINESS DO?

Companies can demonstrate leadership on the issue of TB in women by designing and supporting gender-sensitive workplace and community TB programs. In addition, businesses can tap core competencies and advocate on any number of topics related to TB.

Refer to GBHealth's Issue Brief "Business and TB: Why it Matters," for further guidance.

WORKPLACE

To reduce delays in care-seeking among women, workplace programs should emphasize education on TB symptoms and facilitate access to diagnostic services as soon as symptoms manifest. This should be paired with anti-stigma campaigns which encourage open dialogue and promote innovative prevention approaches.

Workplace policies guaranteeing that employees diagnosed with TB won't be dismissed are an essential protection. With such policies in place, female employees may be less likely to avoid accessing treatment out of fear of losing their job.

Companies should also facilitate access to TB treatment, either by offering services on-site or by subsidizing transportation to off-site clinics. Treatment access should be supplemented by paid time off during the period of

infectiousness, and ideally workers should be permitted to obtain their directly observed treatment during working hours.

COMMUNITY

Many of the reasons associated with later diagnosis and treatment among women reflect the cultural and social inhibitions that prevent them from seeking care. By addressing TB among women in conjunction with the community, companies will find greater success in achieving program goals.

CORE COMPETENCE

A company's unique skills or products can be utilized to address TB among women. For example, businesses that cater to a female market can use this channel to communicate TB education and raise awareness. Companies can also leverage and build on existing health programs targeted towards women. For example, many companies offer worksite clinics for reproductive health care; these companies should make sure that these clinics include TB treatment as well as TB screening. Similarly, companies can integrate TB into existing workplace HIV/AIDS programs, taking special note of TB's impact on women with HIV.

See GBHealth's Issue brief "HIV and TB: How to Respond."

ADVOCACY & LEADERSHIP

Though there a number of ways businesses can contribute to tackling TB in women, private sector action in this area remains relatively limited. Companies choosing to focus advocacy efforts on this important challenge would be seen as real leaders and champions not only of public health but also of human rights and gender equity.

BENEFITS TO BUSINESS

Community-Building

Investing in women's health has far-reaching benefits. A woman's income typically goes to food, medicine, education and other family needs. Sustaining women's livelihoods through targeted healthcare investments will help whole families and, by extension, entire communities. These very same communities are vital for businesses.

Cost-Effectiveness

TB can be affordably controlled. In the 22 high burden countries, the cost of first-line TB drugs ranges from US\$13-61. Preventive measures are even cheaper. Gender-sensitive education, for example, is an effective way to improve the detection rate among women and reduce the disparity between the sexes.

BEST PRACTICE EXAMPLES

AstraZeneca

In Uganda, AstraZeneca has piloted a community-based integrated program to raise awareness about HIV/AIDS, TB, and malaria. The program focuses on women of reproductive age, the group most at risk for TB. Through community awareness sessions, trainers educate participants on the three diseases, share key preventive measures and encourage testing at the site and reduce stigma. These messages are often disseminated through drama, music and dance, and other entertaining media.

BD

BD (Becton, Dickinson and Company), a leading global medical technology company, developed an alternative method of TB testing which produces more accurate results in a shortened period of time of only 10-14 days. Improved diagnostic accuracy becomes especially important among vulnerable groups including women, children and people who are HIV-positive, all of whom are harder to diagnose using the most common diagnostic test, the acid-fast bacillus (AFB) sputum smear. BD has integrated its BACTEC™ MGIT™ 960 System into a lab strengthening and health worker training programs, which the company pursues in collaboration with the Foundation for Innovative New Diagnostics (FIND). The program also features advocacy designed to draw attention to the global TB epidemic.

GBCHealth's Healthy Women, Healthy Economies

Healthy Women, Healthy Economies is a GBCHealth initiative that is supporting corporations that are currently investing or are interested in investing in women's and girls' health and opportunity. This support includes connecting companies with one another, technical organizations and governments to pool resources, find new efficiencies and accelerate impact. Companies interested in learning about 'best practice' programs or connecting with potential partners to better address the disparities impacting women's and girls' health are invited to contact healthywomen@gbchealth.org.

RECAP: ENTRY POINTS FOR BUSINESSES TO ADDRESS TB & WOMEN

Workplace

- Develop comprehensive workplace TB programs including a corporate TB policy, education and training, case management, and monitoring and evaluation which focus on destigmatizing the disease among women.
- Engage female employees to take part in prevention and awareness efforts by holding support groups within the business community.

Community

- Allow communities to access company health facilities and expand workplace program efforts.
- Connect with existing local programs to support their development and utilize alliances to reach community members.

Core Competence

- Tap core expertise to address TB among women, whether it is products or skill sets.

Advocacy & Leadership

- Take a stand against TB in areas of operation, especially if your company advocates female employment.
- Invest in funding opportunities for research and speak-out against gender-related barriers.

REFERENCES AND RESOURCES

AIDS Epidemic Update, UNAIDS & WHO, 2009
Advocacy & Leadership Intervention: AstraZeneca International, www.gbcbimpact.org, 2008
Focus on Five, Women Deliver, 2010
LABORSTA Internet, ILO, 2000
Mother to child transmission of TB: what do we know?, Amita Gupta MD MHS, 2009
Tackling Tuberculosis: The Business Response, World Economic Forum, 2008.
Tuberculosis, WHO, 2010
Tuberculosis: An Unchecked Killer of Women, ACTION, 2009
Tuberculosis and Gender, WHO, 2009
Tuberculosis, Genitourinary Tract, emedicine, 2008.
USAID Health: Infectious Diseases, Tuberculosis, Countries, Afghanistan, USAID, 2009
Women and Health, WHO, 2010
Women and TB, WHO/Stop TB, 2009

About GBCHealth

GBCHealth is a global coalition of over 200 private sector companies and top NGOs leading the business fight for improved global health. GBCHealth supports members by developing comprehensive workplace policies; supporting community programs; leveraging core competencies; facilitating leadership and advocacy by business leaders; and brokering partnerships. GBCHealth also manages the private sector delegation to the Global Fund to Fight AIDS, Tuberculosis and Malaria, serving as an entry-point for corporate collaboration and engagement with the Fund and its recipients worldwide.

GBCHealth has offices in New York, Johannesburg, Beijing, Nairobi and Moscow. For more information on GBCHealth, please visit www.gbchealth.org.