



## Adopting a Gender-Responsive Approach to Ending TB

### Key Messages

- 1** Tuberculosis (TB) continues to be a global health challenge affecting all people, especially in low and middle-income countries. Globally, an estimated 10.6 million people developed TB disease in 2021, of whom **more than half were men and two out of every three people who developed TB and were not diagnosed or notified were men.**
- 2** Men face key barriers when seeking and accessing TB prevention and care, often resulting in **delayed diagnosis** which can be one of many factors that **leads to worse health and socio-economic outcomes and contributes to ongoing transmission** of the disease, including to women and children.
- 3** **Gender is a key social determinant of TB** influencing susceptibility to TB disease, access to healthcare, and treatment outcomes. Addressing gender disparities in TB is essential to improve health and to reduce transmission, caregiving burden, household economic pressure, and stigma for persons of all genders and all ages.
- 4** Policy makers, funding agencies and TB programmes must **prioritise, invest in, adopt, and implement evidence-informed gender-responsive approaches throughout the TB care cascade.** Approaches should consider how gender intersects with other social determinants to address the structural complexity of this disease, reduce transmission, improve health outcomes, and promote equity and social justice.
- 5** **Partnerships and collaborations should be strengthened** among key stakeholders including TB programmes, policymakers, parliamentarians, academics, healthcare professionals, affected communities and civil society to work in solidarity to jointly develop, strengthen and implement effective gender-responsive interventions.

### The Issue: Gender Disparities in the burden of TB

Tuberculosis (TB) is the world's top infectious killer. In 2021, globally, 1.6 million people died from TB and an estimated 10.6 million people developed TB, with nearly a quarter of those in the World Health Organization (WHO) African Region. Although TB is a preventable and curable disease, it continues to be a global health challenge affecting people of all sexes and ages (Figure 1).

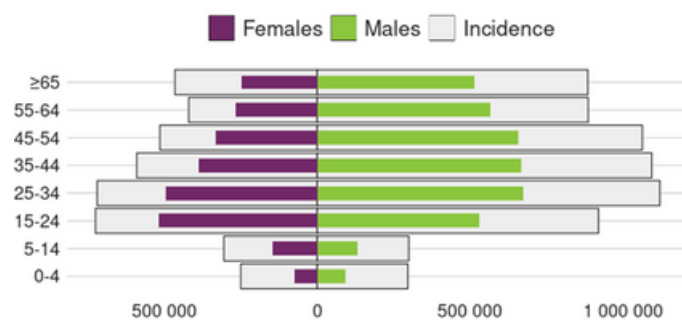
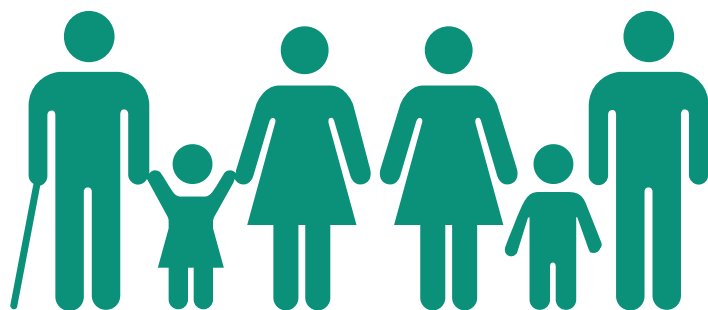


Figure 1: Global TB incidence and notifications by sex and age group (2021)  
[Source: [World Health Organization's Global Tuberculosis data 2021](#)]

In 2021, globally **more than half of people who developed TB were men** (57% men, 33% women and 11% children); and **men accounted for two-thirds of the 4.2 million people who developed TB which was not diagnosed or notified** (1). Strong evidence indicates that **men face substantial barriers when accessing TB prevention and care** across different contexts and cultural settings (2,4,8,9,10,11,12). These barriers often result in worse health and socio-economic outcomes.



## Gender as a social determinant of TB

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Gender plays a significant role in determining health, social and economic outcomes. People of different genders face different challenges, requiring equitable access to quality TB prevention and care services. Studies from various TB high-burden countries (2-8), including from sub-Saharan African countries, have identified **multiple factors that contribute to gender disparity in TB prevention and care**. While biological differences between men and women may play a role, these studies highlight social and structural factors affecting men including (2-12):

- **Social and behavioural factors:** Men are more likely to engage in behaviours (such as smoking, harmful use of alcohol, substance use, and risky sexual behaviour that exposes them to HIV) increasing their susceptibility to TB and associated complications.
- **Occupational hazards:** Men are more likely to work in occupations, such as mining or construction, which increase their risk of TB exposure due to poor ventilation, air pollution or silicosis.
- **Economic and social structures:** Men, where they are the family's primary earners or have dependents, fear financial and social consequences of seeking healthcare, including loss of income or their job if their TB status is revealed. Lack of social protection, such as sick leave and job security, heightens men's concerns about financial strain and discourages them from prioritising their health needs.
- **Health systems:** TB diagnosis and treatment services may not be sufficiently available, affordable, accessible, or tailored to the needs of men discouraging them from seeking TB care. Men may encounter barriers such as limited male-friendly services, inconvenient opening hours, long waiting times, stigma, discrimination by healthcare workers, and lack of privacy.

- **Cultural and gendered norms**, including notions of masculinity, stigma and misconceptions can prevent men from disclosing their symptoms, and seeking timely healthcare through fear of showing signs of weakness and seeking help. This can result in delayed diagnosis, treatment initiation and completion.

Ending Tuberculosis (TB) requires innovative, comprehensive, evidence-informed approaches that are responsive to gender needs and are person-centred and rights-based. In the sub-Saharan African context, this includes meaningful engagement of African men to reflect the complex realities, diversity, and capacities of TB-affected communities and empower them as partners in the TB response.

## Global commitments to ending TB

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World leaders collectively committed to ending TB in the 2030 Agenda for [Sustainable Development Goals](#) (specifically in [SDG 3.3](#)), the [Addis Ababa Action Agenda of the Third International Conference on Financing for Development](#), and the [World Health Organization's End TB Strategy](#). This was reaffirmed in the [political declaration of the first-ever United Nations General Assembly High-Level Meeting \(UNHLM\) on Ending TB in 2018](#), which recognised the **higher prevalence of TB among men and that reaching undetected and untreated men is a critical part of the solution**. World leaders must continue to strengthen global and national commitments for gender-responsive approaches to TB to help accelerate efforts in ending this disease by 2030.

## The LIGHT research programme: contributing to a gender-responsive approach to ending TB

Efforts to meet global commitments must be accelerated through exploring and evaluating transformative approaches to ending TB. The LIGHT research programme, funded by UK aid for six years, aims at transforming gendered pathways to health for people with TB in urban settings in sub-Saharan Africa. Partners within the programme from Kenya, Malawi, Nigeria, Uganda, and the UK will generate new evidence to inform gender-responsive policies and practice which improve men's access to quality TB care to ultimately improve health, socio-economic outcomes, equity, and contribute to global efforts in ending TB.

Research conducted by LIGHT focuses on understanding the TB burden among young people and identifying solutions to barriers hindering screening, diagnosis, and treatment (Kenya); screening for active TB in young men outside of health facilities (Malawi); evaluating the acceptability, convenience, and effectiveness of identifying and linking men with TB to care in densely populated communities (Nigeria); and piloting male-friendly services in healthcare facilities (Uganda). LIGHT facilitates cross-country research and learning to support the scale-up of effective TB interventions. This includes modelling studies, health economic analyses, and working in partnership with TB-affected communities to co-create solutions.

LIGHT is also working within national, regional and global policy environments to maximise uptake and impact of research findings, and strengthen capacity for research, evidence-informed decision making and research programme management.

## Recommendations for gender-responsive approaches to ending gender disparities in TB

- 1 Collect sex disaggregated data and conduct sex-and/or gender-based analyses** to inform programmes on how to reduce gender gaps and improve outcomes.
- 2 Generate new evidence to inform gender-responsive policies and programmes:** When effectively actioned, these would improve men's access to quality TB prevention and care, leading to reduced TB-related morbidity and mortality, reduced transmission to the wider community (including to other men, women and children); and alleviated TB-associated financial burden for affected individuals and their families.
- 3 Strengthen partnerships, collaborations, and capacity of national, regional, and global stakeholders** - including TB programmes, policymakers, parliamentarians, academics, healthcare professionals, affected communities and civil society, to work together to develop and implement comprehensive, evidence-informed, person-centred, gender-responsive TB approaches. Perspectives from multiple different stakeholders are essential to address the structural complexity of this disease by considering the ways gender intersects with other social determinants and the unique needs and perspectives of different genders in different contexts.

## Implications

- **Enhanced access to equitable TB services:** Addressing the unique challenges faced by different genders through gender-responsive prevention, diagnosis, treatment, and care improves health by reducing morbidity and mortality.
- **Reduced onward transmission:** Improving early diagnosis by addressing gender-specific barriers to accessing TB prevention and care reduces onward transmission to the wider community including to women and girls.
- **Reduced caregiving burden:** TB affects not only the individuals with the disease but also their families and caregivers. Caregiving responsibilities often disproportionately affect women, who frequently take on the role of caring for ill family members. Reducing transmission and severity of illness through early diagnosis and access to care could help elevate the caregiving burden.
- **Reduced financial burden and catastrophic costs:** Direct and indirect costs of TB care, including seeking diagnosis, nutritional support, travel, as well as the potential cost of lost working opportunities and employment can push affected individuals and their families into poverty. Gender-responsive approaches which include socio-economic support can help prevent catastrophic costs and reduce financial hardship associated with TB care.
- **Reduced TB-related stigma and discrimination:** gender-responsive approaches also recognise the gender-related social impact of TB on individuals, families and communities. Addressing negative gender norms can improve access to TB prevention and care by creating more inclusive and supportive environments, which in turn reduces the number of families facing social stigma or discrimination.

Adopting a gender-responsive approach to ending TB can improve health, socio-economic outcomes and equity. It is time to act and transform our national to global response to TB to ensure that gender disparities in the TB burden are effectively addressed throughout the TB cascade of care to achieve successful outcomes.

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