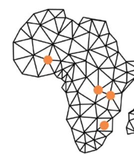
THE LIGHT CONSORTIUM



REACHING THE MISSING MEN:

LESSONS FROM GENDER-RESPONSIVE TB CARE IN UGANDA AND KENYA

MARCH 2026

THE CHALLENGE

Tuberculosis (TB) remains one of the world's leading infectious killers, with men disproportionately affected. Globally, men account for 54% of people who develop TB[1]. This gap is not merely biological. Men are often more exposed to TB through work and mobility, and many delay seeking care due to work constraints, stigma, and masculine norms around illness.

Participatory approach in hospital, Uganda

Although global and national TB policies emphasise person-centred care, delivery at frontline facilities in many low- and middle-income countries is constrained by weak health systems, including staff shortages, limited diagnostics and commodities, restricted opening hours, and unmet social needs. As a result, underserved groups are often missed or lost from care.

That is why **gender-responsive TB care tailored to men's needs** is essential for reducing overall transmission in communities and improving TB outcomes. If TB services do not flex around men's realities (time constraints, income pressures, privacy concerns, and stigma), TB programmes will continue to miss men with TB, lose people during treatment, and continued community transmission will affect everyone including women and children.

WHAT LIGHT DID

LIGHT engaged with frontline TB healthcare workers (HCWs), clinical officers, doctors, TB managers, and other stakeholders in Uganda and Kenya to understand barriers to TB care and co-create practical, context-specific solutions.

UGANDA

LIGHT partner in Uganda, Makerere Lung Institute (MLI), used a **mixed-methods, participatory approach** to co-develop and test a male-friendly intervention in two general hospitals, Mityana and Gombe. The intervention was co-created with TB survivors, HCWs, policymakers, and researchers to improve men's access to TB services in peri-urban Uganda. It included: symptom-checklist stamp to support systematic screening, TB education materials, evening male-friendly clinics, "men's corners" with male champions, and integrated TB, HIV, diabetes and hypertension screening[2].

LEAVING NO-ONE BEHIND: TRANSFORMING GENDERED PATHWAYS TO HEALTH FOR TB

Partners:

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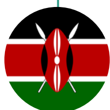
KENYA:

LIGHT partner in Kenya, the African Institute for Development Policy (AFIDEP), used **participatory action research** in informal settlements in Nairobi. Through participatory workshops with 29 frontline TB healthcare workers from public, faith-based and private facilities, alongside key TB stakeholders at county and national levels, AFIDEP documented real-world, locally developed person-centred practices, identified challenges across the TB care cascade and co-created practical solutions that were then prioritised with stakeholders and turned into sub-county action plans. AFIDEP also conducted **action dialogues** enabling healthcare workers to present challenges and propose changes to TB decision-makers and agree next steps.

LIGHT FINDINGS

IN UGANDA: A MALE-FRIENDLY MODEL INCREASED CASE FINDING

- During the six-month pilot in 2023, overall TB notifications in the two Ugandan facilities increased by 51%. The facilities that introduced the male-friendly approach identified substantially more men with TB than before, while notifications among women also increased.
- Patients reported positive and acceptable experiences including short waiting time and improved access to integrated screening services. HCWs reported that the screening stamp simplified TB assessment and strengthened documentation, while the educational materials stimulated greater interest and inquiries about TB screening.



IN KENYA: FRONTLINE WORKERS KNOW WHAT WORKS, BUT HEALTH SYSTEMS DO NOT SUPPORT IT

- Findings suggested that healthcare workers already knew how to reach men, women, children and youth more effectively, but lacked a supporting health system to back those solutions such as sufficient staff, overtime cover, and resources.
- Healthcare workers proposed gender-responsive, person-centred solutions, laying the foundation for shifts in TB care approaches and practices. These included outreach services to men in the places they work, live and gather for social events; appointing male TB champions; flexible drug pick-up for people who can't miss shifts; youth-friendly clinic days; and integrated care for people with co-morbidities.
- Findings also highlighted that person-centred care is already being practiced informally by some HCWs (including tailoring services by age, gender, occupation, and comorbidities), but these practices remain inconsistent, often unrecognised, and lack institutional support.
- Working populations are structurally disadvantaged by inflexible clinic schedules, lack of overtime support, transport costs, (critically) drug stockouts and the need for repeated visits, all of which can drive non-adherence. Other underserved groups also need joined-up support. People experiencing homelessness face practical barriers to care (e.g., lack of phones, difficulty storing medication, and discrimination at facility gates) and often prefer directly observed treatment (DOT). Schools can either enable or block access to care (supportive school nurses vs. exclusion by head teachers). Workplace collaborations (e.g. transport SACCOs) can reduce stigma and help people remain in care without losing income.

THE LIGHT CONSORTIUM

LIGHT IMPACT

CONCEPTUAL IMPACT

LIGHT research led to **changes in knowledge, awareness and attitudes around TB and gender** across a diverse range of stakeholders including partners, healthcare workers and decision-makers. It also enhanced recognition that certain groups, particularly men, adolescents and young adults require tailored approaches that respond to their unique needs and lived realities.

INSTRUMENTAL IMPACT

- In Kenya, the participatory action research (PAR) resulted in a shared agenda between providers, managers, and policymakers. Stakeholder workshops led to agreed action plans and concrete proposals, including: expanding digital chest X-ray access to Level 3 facilities; strengthening systematic paediatric screening and referral; introducing youth-friendly clinic days; conducting targeted men outreach; incentives and fast-tracking; integrating psychosocial support; establishing quality improvement teams for paediatric TB; developing standard operating procedures (SOPs) for multi-morbidity care (see details in LIGHT Kenya PAR Booklet).
- A year after the PAR engagement, HCWs reported introducing practical changes in their own facilities and community settings, including:
  - **Improving access to TB treatment re-fills**
    - Flexible clinic hours, including earlier opening for medication pick-ups - (6.30am) or later closing (6.30pm)
    - Alternative medication pick-up points, such as 24-hour maternity units
    - Home delivery of TB medication through community health providers
  - **Improving person-centred care responsive to age and gender**
    - Additional clinic days to improve attendance
    - Fast-tracking men through dedicated service pathways
    - Differentiated care for young people and children
  - **Improving adherence to TB care and treatment**
    - Individualised follow-up and communication via direct phone calls
    - Linkage to social workers and psychologists, especially for vulnerable patients
  - **Improving finding people with TB**
    - Targeted community screening (children, contacts)
    - Sustained active case-finding outreach using AI-enabled digital X-rays in workplaces and social spaces where men gather
- The county health management team took up the findings and implementation lessons from the PAR study and committed to prioritising differentiated and person-centred TB care.
- In **Uganda**, findings from the male-friendly TB screening research study are feeding into **Uganda's National Strategic Plan**, informing gender-responsive and cost-effective interventions.
- LIGHT researchers in Uganda are also co-investigators on an NTLP-led research study on male engagement: **Enhancing Male Engagement in TB Care Strategies to Improve Uptake and Retention in Uganda**.

RECOMMENDATIONS

- Integrate gender-responsive approaches into national TB policies and routine service delivery frameworks, including male-friendly service adaptations, such as extended clinic hours and formalised roles for male champions within existing community health structures, with clear guidance and supervision mechanisms.
- Develop practical guidance on person-centred TB care, with context specific innovative approaches, that facilities can adopt; and prioritise training and scale-up of differentiated models of TB care.
  - Develop a concrete care-coordination model that TB programmes can plug into existing TB programme reforms.
  - Define a "minimum package" of health-system requirements for person-centred TB care, including workforce, diagnostics, supplies, and compensation, to guide budgeting and accountability.
  - Incorporate sex-disaggregated indicators into national TB monitoring and evaluation systems.
- Institutionalise person-centred integrated wellness screening for TB, HIV, hypertension and diabetes across all outpatient and primary care entry points.
- Support phased scale-up and implementation research in Uganda to refine and adapt the male-friendly intervention in different settings.
- In Kenya, move from strategy development to evaluation by testing whether proposed changes improve diagnosis, retention, and equity.
- Future research in Kenya should focus on testing and measuring improvements in diagnosis, retention, and equity through proposed changes and action plans.
- In the changing funding landscape, integrating tuberculosis care within primary health care and universal health coverage is integral in ensuring person-centred care.

CONCLUSION

This case study shows that reaching the "missing men" requires more than recognising the problem. It requires bringing TB services closer to communities and designing them around people's everyday realities. LIGHT's work in Uganda and Kenya demonstrates that gender-responsive, person-centred approaches can improve access to care and enhance case finding, while also introducing practical changes in service delivery. It also highlights that sustainable progress depends on health systems that support frontline innovation through adequate staffing, resources, flexibility and policy commitment. Embedding these lessons into national TB strategies and routine service delivery is crucial for reaching underserved groups, including men and young adults, and improving TB outcomes more equitably.

REFERENCES

1. World Health Organization. Global tuberculosis report 2025. Geneva: World Health Organization; 2025.
2. Nidoi, J., Pulford, J., Wingfield, T., Rachael, T., Ringwald, B., Katagira, W., Muttamba, W., Nattimba, M., Namuli, Z., & Kirenga, B. (2025). Finding the missing men with tuberculosis: a participatory approach to identify priority interventions in Uganda. Health policy and planning, 40(1), 1–12. https://doi.org/10.1093/heapol/czae087

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