



RAISING AWARENESS, ACCOUNTABILITY, FINANCING: PARLIAMENTARIANS AND STAKEHOLDERS ENGAGEMENT

MARCH 2026

THE CHALLENGE

Tuberculosis remains one of the world's deadliest infectious diseases. In 2024 alone, **10.7 million** people fell ill with TB and an estimated **1.23 million** died¹. Despite being preventable and curable, TB is driven by biological, social and structural factors, worsening inequity and gender disparities in access to diagnosis and care.

Men aged 15 and over are disproportionately affected as they account for **54% of TB cases** compared to women (35%) and children (11%). Yet, they are less likely to access timely diagnosis and care. Globally, **over 2 million people** are "missed" each year, undiagnosed or unreported, fuelling transmission and avoidable deaths. **The WHO African Region accounts for 24.5% of global TB cases**, and men represent **53%** of notified TB cases, highlighting why gender-responsive policy, accountability and financing are crucial to end TB in the region.

While generating evidence on TB and gender is essential, these findings are not always translated into policies, guidelines, budgets, service delivery models or accountability mechanisms. Bridging this evidence-to-policy-and-practice gap is critical to achieving more equitable and effective TB responses that could help in reducing transmission, improving TB outcomes particularly among men (reduced mortality and morbidity), and ultimately protecting women, children and entire communities.

WHAT LIGHT DID

The LIGHT Consortium generated and translated evidence on gender-responsive TB prevention and care through continuous engagement with national TB programmes, parliamentarians, civil society organisations, TB-affected communities, TB survivors, media actors, and regional and global stakeholders. Across Kenya, Malawi, Nigeria, Uganda, the UK, and wider regional and global platforms, LIGHT treated engagement not as a one-off dissemination activity, but as a deliberate strategy to influence policy, strengthen accountability and drive momentum for domestic resource mobilisation.



Parliamentary Engagement, Nigeria

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

Partners:



Funder:



TRANSLATING EVIDENCE FOR POLICY AUDIENCES

LIGHT developed and disseminated the parliamentary [briefs](#) with actionable recommendations for each country alongside slide decks and accessible materials that presented evidence in concise, clear and policy-relevant formats. This included developing [photovoice booklets](#) showcasing lived experiences and community-generated evidence to make TB-and-gender realities more visible, relatable and actionable for policymakers.

CONVENING DIALOGUES AND ENGAGING IN POLICY SPACES

Across the four countries, LIGHT facilitated dialogues between parliamentarians, ministries of health, national TB programmes, civil society organisations and international funders to drive momentum, track commitments and support evidence-informed decision making.

For example:

- LIGHT partner in **Malawi**, Malawi Liverpool Wellcome Programme (MLW), organised meetings with Technical Working Groups, Parliamentary Committee on Health, and the chairs of the Africa Health Committee on TB and Global Health and Global TB Caucus to share evidence on TB and gender disparities and explore advocacy opportunities. MLW also organised **National Evidence Days** bringing together parliamentarians, the Ministry of Health, World Health Organization, the Global Fund, the Office of the First Lady, researchers, civil society organisations and policy experts.
- LIGHT partner in **Nigeria**, Zankli Research Centre (ZRC), contributed to the agenda of the **Africa TB Summit in Abuja** – which brought together parliamentarians from 18 African countries, civil society organisations, technical experts, and development partners. Through this platform LIGHT advocated for the inclusion of gender and social determinants in TB discussions and presented evidence on gender equity in TB care.

FOLLOWING UP TO MAINTAIN MOMENTUM

LIGHT designed engagement as a sequence of pre-meetings, main meetings and follow-up meetings. This helped prepare the ground, support informed discussion, track commitments and next steps, strengthening accountability after key events.

For example:

- LIGHT partner in **Uganda**, Makerere University Lung Institute (MLI), organised pre- and post-engagements with Ugandan parliamentarians involved in NEAPACOH, including a TB Parliamentary Breakfast with eight MPs ahead of the 16th NEAPACOH meeting to share findings on TB and gender and get their input.
- In **Nigeria**, ZRC's parliamentary engagements with the Parliamentary Committee on HIV/AIDS, TB and Malaria throughout the lifetime of the project, and their follow-up meetings after the **Africa TB Summit**, supported stronger parliamentary readiness to push for reforms and improvements in the TB response, including unified cross-ministerial coordination to strengthen social protection measures, improve

LINKING NATIONAL EVIDENCE TO REGIONAL COMMITMENTS AND ACCOUNTABILITY MECHANISMS

LIGHT also connected national evidence to regional and global accountability and policy spaces. LIGHT partners brought country-level evidence into the wider regional and global forums, including **Network of African Parliamentary Committees of Health (NEAPACOH)**, **Southern African Development Community (SADC)**, the **Global TB Caucus** and other multi-stakeholder platforms. This helped position TB and gender within broader debates on equity, domestic financing, political leadership and accountability. Below are some examples:



- Across partner countries, LIGHT contributed to a series of **NEAPACOH engagements**, including pre-meetings, presentations during the main conferences, and post-engagements. These activities were used to share evidence on gender and TB, distribute policy-facing materials, and position gender-responsive TB as a national and regional priority. These engagements included:
 - a. A pre- 15th NEAPACOH meeting, organised by LIGHT partner, the African Institute for Development Policy (AFIDEF), in collaboration with NEAPACOH and the National Assembly of Lesotho. The pre-meeting brought together parliamentarians and key stakeholders from 10 African countries to discuss actionable implications of LIGHT's shared evidence. During the main **15th NEAPACOH conference**, LIGHT partners participated in a high-level panel discussion on health financing and gender disparities in TB.
 - b. **Ahead of the 16th NEAPACOH meeting**, LIGHT presented findings from Kenya, Malawi, Uganda and the UK and distributed parliamentary briefs, photovoice booklets, and accessible materials tailored to policymakers, reinforcing calls for gender-responsive TB interventions. Presentations underscored the economic and health rationale for prioritising gender equity in TB programming. LIGHT partner AFIDEF participated in the main event, where attending parliamentarians adopted the Dar es Salaam Call to Action.
 - c. LIGHT also contributed to and participated in the **17th NEAPACOH meeting** in Lusaka, Zambia. AFIDEF presented evidence and learning from across the LIGHT Consortium demonstrating why addressing gendered pathways to health is central to accelerating progress toward ending TB in Africa. LIGHT called upon MPs to elevate TB as a national development and economic priority, secure and protect TB funding, and hold governments accountable for reaching the END TB targets.
- **SADC engagement:** LIGHT co-hosted the 2025 SADC TB Managers' Meeting and contributed to the report's focus on TB and gender, reinforcing the importance of sex-disaggregated data and tailored models of care, including male-friendly approaches.

GLOBAL ADVOCACY AND ENGAGEMENT

LIGHT played an active role in shaping global TB advocacy and policy discussions so that evidence on TB and gender informed high-level commitments and priorities. It contributed evidence and recommendations to major global policy processes, including the **annotated zero draft of the UN Political Declaration on TB**, through its leadership role in the UK Academics and Professionals to End TB network, policy windows mapping, briefings, networking sessions, and direct engagement with the UK Foreign, Commonwealth & Development Office (FCDO) and the UK Mission to the UN. LIGHT also engaged with global-facing parliamentary and multi-stakeholder platforms, including the **Global TB Caucus and the Stop TB Partnership**, bringing evidence on TB, gender, and male-targeted TB interventions into discussions on political leadership, accountability, resource mobilisation, and progress tracking, alongside LIGHT evidence on. Through a secondment, LIGHT also supported the development and publication of a Global TB Caucus Library Briefing on Reaching All People (Millington et al. Global TB Caucus briefing, 2026 in preparation). The briefing was informed by an advisory panel convening scientists, healthcare workers, programme managers, technical experts, and affected communities from around the world, and included contributions from a LIGHT member and colleagues. This connects evidence to the political processes that shape TB financing as they can often influence budget shifts.

Pictured: **Dr Kerry Millington** (LIGHT Consortium) with **Ms Janika Hauser** (Trustee on the Board of the Institute of Public Policy and sits on the Executive Committee of the Global TB Caucus) and **Lord Nick Herbert** (Co-founder and Global Chair of the Global TB Caucus & a member of the UK House of Lords) and formerly the co-chair of the All-Party Parliamentary Group (APPG) on Global Tuberculosis.



LIGHT IMPACT

Recognising that parliamentary and stakeholder engagement is essential for real-world change, the LIGHT Consortium partners in **Kenya, Malawi, Uganda and the UK** seized every opportunity to engage policymakers through national, regional and global platforms and move TB and gender from evidence to action.

CONCEPTUAL IMPACT: SHIFTING UNDERSTANDING AND POLITICAL ATTENTION

LIGHT helped shift how parliamentarians, policymakers and other key stakeholders understood TB and gender. Across national, regional and global platforms, LIGHT's continuous engagements **increased awareness on gender disparities in TB**, particularly the distinct barriers men face in accessing diagnosis, treatment and care. They also highlighted how TB is shaped by social norms, livelihoods, access barriers and structural inequities, raising the visibility of TB as a critical public health issue requiring urgent political attention, stronger resource mobilisation, and the integration of evidence-informed, gender-responsive approaches into national policies, programmes and funding priorities.



"You can see that on my picture there are pots. These are the sets of pots I was able to make before I got sick. But falling sick, I can't even make two sets of pots. I can only make one set. But I cannot manage because of my sickness. So, when I see these pots, I feel sorry that back then I was able to make them, but now I cannot. As a result, I am sad and depressed a lot."

Young man on TB treatment



"TB is not just a health issue, but a developmental and socio-economic issue, this photo clearly shows the meaning of "Every US\$1 invested in tuberculosis prevention and care yields an estimated US\$19 in economic return²". Thank you for advocating for men in this forum, normally, we only advocate for women."

Reflection from a Ghanaian MP, NEAPACOH 2026



In **Uganda**, parliamentary engagement increased MPs' understanding of TB and gender as a policy and financing issue and generated strong interest in LIGHT's findings.



In **Malawi**, LIGHT's parliamentary engagements increased awareness of gender disparities in TB among parliamentarians and other national stakeholders, and informed discussions on domestic resource mobilisation and parliamentary engagement in TB financing.



CONCEPTUAL IMPACT: SHIFTING UNDERSTANDING ON GENDER & TB, AND DRAWING POLITICAL ATTENTION



In **Nigeria**, LIGHT raised awareness and political visibility on TB and gender by engaging the House Committee on HIV/AIDS, TB and Malaria (ATM) and showcasing findings at national forums, including the National Tuberculosis, Leprosy and Buruli Ulcer Control Programme (NTBLCP) Annual Review Meeting, where the Deputy Chair highlighted the collaboration's impact and LIGHT partners disseminated key findings. These engagements helped reframe TB as an issue linked not only to health, but also to social protection, accountability and stronger government coordination.



At **regional level**, LIGHT's engagement through NEAPACOH and SADC **raised awareness** of gender disparities in TB among parliamentarians and other stakeholders and shifted understanding of what gender-responsive TB programming should include in practice and how it gets funded. LIGHT called for health systems that better reach men, stronger community engagement to address social drivers, strengthened healthcare workers' capacity, and increased political will and financing for underserved communities.



At **global level**, LIGHT contributed to wider recognition that gender-responsive TB prevention and care is essential to equitable outcomes and progress towards ending TB.

INSTRUMENTAL IMPACT: INFLUENCING POLICY DISCUSSION, ADVOCACY AND COMMITMENTS

LIGHT contributed to the **use of evidence in policy-facing processes, parliamentary discussion, advocacy and accountability mechanisms**. Its engagement helped move research beyond awareness and into the spaces where commitments, oversight and financing priorities are shaped. Some tangible examples of LIGHT's contribution include:



In **Nigeria**, parliamentary discussions explicitly linked TB prioritisation to financing, positioning a potential public declaration of TB as a national emergency to accelerate domestic resource mobilisation and enable more targeted budget allocations for TB services. Recommendations from the **Africa TB Summit** included scaling up gender-responsive interventions targeting men and vulnerable populations, integrating TB programmes into broader health and socio-economic frameworks, and strengthening partnerships with community leaders and health practitioners.



In **Uganda**, MPs requested **continued engagement and asked for timely, policy-ready evidence** within parliamentary advocacy and decision-making processes, including comparative mortality data to inform TB budgets and funding allocations. This showed not only interest in the evidence itself, but also a clear demand for it to be packaged in ways that could be used within parliamentary advocacy and processes to strengthen oversight and influence financing decisions.



INSTRUMENTAL IMPACT: INFLUENCING POLICY DISCUSSION, ADVOCACY AND COMMITMENTS

- LIGHT's sustained engagement with **NEAPACOH** has contributed to **inclusion of gender-responsive, accountable, integrated, and capable of quality service delivery** in the [final Call to Action document](#). This is significant as it raised the bar for what parliamentarians across countries should expect from national TB responses. NEAPACOH convenings also catalysed concrete political commitments, including **Malawi's** pledge to lobby for increased budgetary allocation towards TB programmes and **Nigeria's** commitment to declare TB a public health emergency, both highly relevant to financing and accountability momentum, demonstrating early traction in influencing parliamentary commitments. This reflected LIGHT's leadership role in influencing regional TB policy and facilitating continued parliamentary engagement on TB and gender.
- Through **SADC**, LIGHT contributed to regional recommendations and commitments related to TB financing, accountability, sex-disaggregated data and gender-responsive programming. These included budgeting gender-responsive interventions in donor requests (e.g., Global Fund grants), allocating a defined share of **domestic TB resources** to such programming, engaging TB caucuses and parliamentarians, and developing national TB-and-gender **scorecards** to track commitments, funding, and progress annually. The [SADC Annual TB Progress Report](#) was endorsed during the [February 2026 Ministerial meeting](#) with a commitment to integrating gender-responsive approaches in TB prevention, treatment, and policy – including male focused interventions – in 16 member states. This is regional leverage as countries gain political momentum to fund and monitor gender-responsive TB because it is framed as a shared regional direction as opposed to an optional add-on.



At the **global level**, LIGHT contributed evidence and insights to major policy discussions and reporting spaces that shape priorities, legitimacy and funding conversations around TB and gender. This included contribution to:

- The **annotated zero draft of the UN Political Declaration on TB**, where the UN Member States collectively recognised and affirmed the necessity of a **gender-responsive approach** to ending TB. The implication of this declaration goes beyond raising awareness on the importance of gender-responsive TB approaches but also ensures accountability as governments could be questioned about whether they have endorsed this approach and what action plans and budget were allocated to ensure its implementation. Moreover, such global declarations shape what donors/development partners, technical agencies, and governments consider fundable and legitimate.
- A [feature on TB and gender](#) in the **WHO Global TB Report 2025** for the first time, emphasising that gender-responsive TB prevention and care (including sex-disaggregated data, male-friendly services, workplace screening) is essential to equitable outcomes and ending TB for all. The significance of this feature lies in the fact that the WHO global report is a reference point for programme design, performance, and monitoring. Once gender-responsive TB approaches (including men's access barriers) are acknowledged and embedded in the report, it becomes harder for countries and funders to exclude these approaches from their programme planning, activities and resourcing.

Together, these contributions helped strengthen recognition of gender-responsive TB as a legitimate and necessary priority for policy, planning, monitoring and resourcing.



ENDURING CONNECTIVITY AND LONG-TERM IMPACT

One of LIGHT's most important contributions was the strengthening of relationships between researchers, parliamentarians, decision-makers and other key TB stakeholders. Through repeated engagement, LIGHT created opportunities for dialogue beyond one-off dissemination events, helping establish channels through which evidence could continue to be shared, discussed and used beyond the lifetime of the programme.



In **Kenya**, LIGHT partners, AFIDEP and ReSoK (Respiratory Society of Kenya), sustained engagement with National TB Programme and Technical Working Groups, including those on drug-sensitive TB, DR-TB and childhood TB, alongside other decision-makers and key stakeholders. This reinforced a collaborative culture and continuous interaction between researchers, implementers and decision makers, while strengthening cross-institutional partnerships with the Ministry of Health, research institutions, funders, NGOs, Stop TB partners and TB caucuses, ensuring that gender-responsive TB evidence is discussed where operational decisions are made and implemented.



In **Nigeria**, LIGHT strengthened engagement with parliamentary leadership and connected legislators more closely to TB programme review processes. By embedding parliamentarians in evidence-to-policy dialogue, LIGHT secured **ongoing parliamentary partnership** and continued engagement beyond one-off meetings.



In **Malawi**, parliamentary meetings and National Evidence Days strengthened multi-sectoral collaboration between parliamentarians, government, researchers, WHO, the Global Fund and civil society for TB response. They created a credible national platform where research evidence directly informed policy debate and prompted discussions on commitments for domestic TB financing at a time of declining external resources. These engagements also supported the institutionalisation of annual parliamentary engagements under the National Tuberculosis and Leprosy Elimination Programme (NTLEP) as a sustainable, long-term impact beyond the LIGHT programme.



In **Uganda**, MPs requested continued engagement after the TB Parliamentary Breakfast, showing that the dialogue had not ended with the event itself.



At **regional level**, LIGHT strengthened relationships with African parliamentary networks through NEAPACOH and with TB policy actors through SADC.



At **global level**, LIGHT positioned itself and its partners within wider TB policy and advocacy networks, increasing opportunities for continued uptake beyond the programme.



NTLP Uganda Science Summit

RECOMMENDATIONS

2026 presents an opportunity to strengthen gender-responsive TB approaches through regional and national strategic plans, programme reviews, and the development of new plans for 2026/27–2030/32.

National and regional teams should continue to advocate and budget for gender-responsive interventions through Global Fund Grant Cycle 8, United States Government bilateral funding and domestic resources, using LIGHT evidence to support efforts to end TB.

LIGHT will organise webinars for other regional blocs through the East, Central and Southern Africa Health Community and West African Health Organization.

CONCLUSION

LIGHT's engagement helped raise awareness on TB and gender including - highlighting the importance, effectiveness and feasibility of gender-responsive approaches to end TB; strengthened accountability through follow-ups with parliamentarians and stakeholders; and advocated for having domestic funding for gender-responsive TB on national agendas. Across national, regional and global platforms, LIGHT helped connect evidence to policy dialogue, political commitments and financing discussions.



REFERENCES

1. Southern African Development Community (SADC) (2025) [SADC Tuberculosis Annual Progress Report 2025](#). Gaborone: SADC Secretariat.
2. The Global Fund to Fight AIDS, Tuberculosis and Malaria (2025) Investment Case 2025: Eighth Replenishment – Executive Summary. Geneva: The Global Fund.



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