



# SHAPING MORE GENDER-RESPONSIVE TB POLICIES AND GUIDELINES ACROSS LIGHT PARTNER COUNTRIES

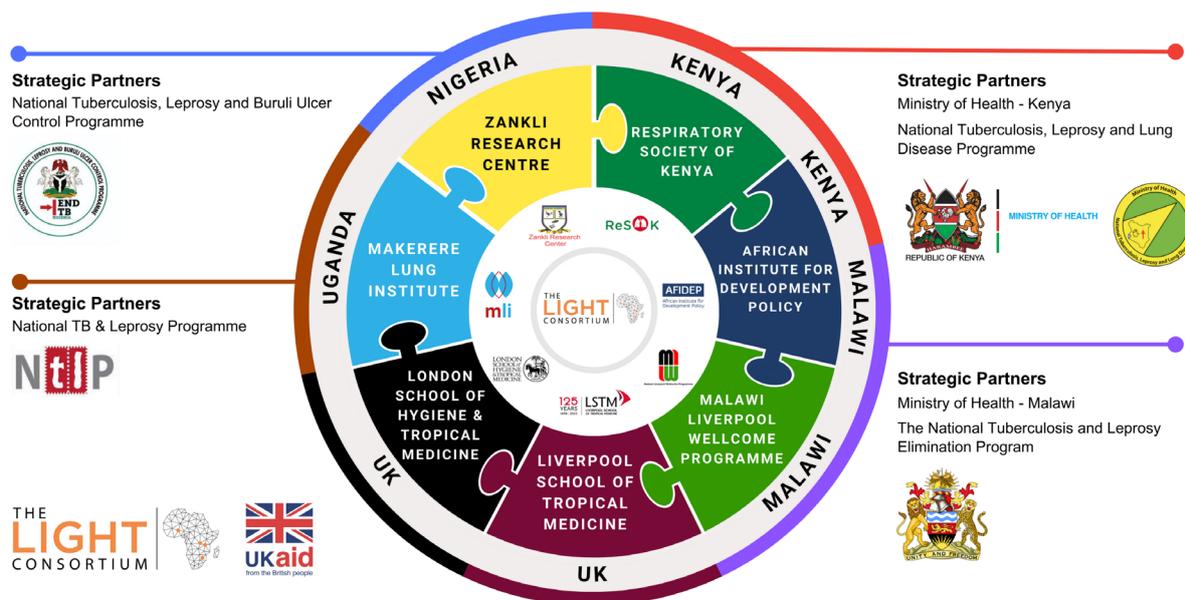
MARCH 2026

## THE CHALLENGE

Tuberculosis (TB) remains a major health burden across WHO African Region, which accounted for 25% of estimated global incident TB cases in 2024<sup>1</sup>. Despite progress in TB prevention, diagnosis and care, gender-related disparities in TB services remain a critical challenge, particularly for men, young people, and other marginalised and vulnerable groups. Men continue to bear a disproportionate share of the global TB burden, and gender norms can delay care-seeking, reduce engagement with services, and contribute to poorer outcomes.

One of the strategic objectives for accelerating progress towards ending HIV, TB and malaria has been to promote and protect human rights and gender equality<sup>2</sup>. However, gender has often been addressed mainly in relation to women and girls, with less attention to the ways gender norms and masculinities shape men's vulnerability to TB, delayed care-seeking and poorer engagement with services.

Across LIGHT partner countries, national strategic plans increasingly recognised communities, human rights and gender, but these commitments were not always translated into operational guidance, measurable indicators, or targeted strategies that addressed the realities faced by men, young people and other underserved groups. Addressing this gap is important because delayed diagnosis and delayed care-seeking among men can contribute to ongoing transmission, worse treatment outcomes, and avoidable illness and death.



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

Partners:



Funder:



## WHAT LIGHT DID

To address gender disparities in TB care and improve outcomes, LIGHT Consortium partners' efforts focused on ensuring that gender-responsive approaches were better integrated into TB programming, policy and planning in Kenya, Malawi, Uganda and Nigeria. Through continuous and proactive **engagement with National TB Programmes (NTPs) and other key stakeholders**, LIGHT partners played a pivotal role in **informing mid-term and end-term reviews of national strategic plans (NSPs), as well as shaping national strategic plans, policies and guidelines**, using LIGHT generated evidence on gender and TB.



Stakeholders Engagement Meeting, Nigeria

LIGHT generated evidence through mixed-methods approaches, including quantitative, qualitative and participatory action research approaches, where LIGHT research teams worked closely with TB-affected communities, healthcare workers and policymakers. This helped identify how age, gender norms and social context shape access to TB services, while also supporting the co-creation of practical, people-centred solutions to improve gender-responsive TB services for all.

LIGHT's engagement efforts were complemented by capacity-strengthening activities, designed to improve how evidence is understood, communicated and used in decision-making, while strengthening the understanding and utilisation of relevant research methods. Across partner countries, LIGHT teams participated in multi-sectoral consultative processes, technical working groups (TWGs), workshops, roundtable discussions and bilateral meetings with national TB stakeholders.



Stakeholders Engagement Meeting, Kenya



## LIGHT IMPACT

LIGHT partners in Kenya, Malawi, Nigeria and Uganda have informed more **equitable, inclusive, and people-centered** TB care policies and practices across the countries.

### CONCEPTUAL IMPACT

LIGHT shaped the narrative of “Gender & TB” to be inclusive of men and boys, providing evidence and interventions that can be applied to address this.

### INSTRUMENTAL IMPACT

LIGHT evidence has been used to inform national strategic plans, guidelines, develop mid-and end-term review tools, and shape practices.

**KENYA:** In Kenya, LIGHT partners, Respiratory Society of Kenya (ReSoK) and African Institute for Development Policy (AFIDEP), provided evidence and technical input to the development of the revised National Strategic Plan for Tuberculosis, Leprosy and Lung Health (2023/24–2027/28). The process drew on the end-term review of the previous NSP (2019-2023), which provided valuable insights in Human Rights and Gender (HRG) and identified critical gaps, including the lack of a TB-specific operational framework for gender-transformative response and human rights activities, lack of county-level strategic plans that address HRG issues; and insufficient knowledge on HRG at all levels of implementation. More importantly, the assessment revealed an absence of specific directives to tackle gender-specific barriers. The lack of a gendered-transformative approach in the NSP 2019-2023 resonated with the policy analysis study conducted by the LIGHT Consortium in 2021 revealing a similar gap.

Through rigorous, multi-sectoral consultative process, led by the Ministry of Health (MOH) and engaging County governments, Non-Governmental Organisations (NGOs), development partners, Civil Society Organisations (CSOs), affected communities, donors, and other key partners including ReSoK and AFIDEP, LIGHT helped shape the revised NSP’s approach to communities, human rights and gender.

A major contribution was the inclusion of a guiding principle drafted by the LIGHT team: **“Address human rights and gender-related barriers to reach the country’s goal of equitable, gender-transformative access to services especially among marginalised and vulnerable groups.”** This marked an important step in embedding gender-transformative language in Kenya’s TB strategy.

This policy influence was supported by LIGHT’s evidence on gender-responsive TB prevention and care in urban settings, including research work with young people, healthcare workers and TB-affected communities to understand barriers across the care pathway and co-create more people-centred, gender-responsive solutions. Findings were shared through stakeholder engagements, national and research forums, and scientific conferences, to increase awareness and help keep TB-and-gender on the agenda among policymakers, partners, and frontline workers.





## INSTRUMENTAL IMPACT

**UGANDA:** LIGHT partner in Uganda, Makerere University Lung Institute (MLI), played a key role in developing the new National Strategic Plan for Tuberculosis and Leprosy (2025/26–2029/30). Recognising MLI as a trusted technical partner, the National TB and Leprosy Programme asked LIGHT to lead the thematic area on “Community, Rights and Gender.” Prior to this, researchers at MLI led the Uganda Tuberculosis Gender, Key and Vulnerable Populations Assessment report (April 2023) that showed that although more people with TB notified are men, men underutilise health services and are underrepresented in TB cascade. These findings informed the current NSP review. LIGHT also participated in the End Term Review of Uganda’s NSP for Tuberculosis and Leprosy 2020/21–2024/25, assessing achievements and informing future planning. The team contributed to stakeholder consultations and indicator development, focusing on gender, key populations, and community care, and created assessment tools based on WHO guidance, conducted field data collection, and prepared reports.

This role was underpinned by a strong body of LIGHT evidence, including a gender-specific TB screening study targeting men in public health facilities, community dialogues with men at high risk of TB, a photovoice study with TB survivors, and Uganda’s first **Tuberculosis, Gender, Key and Vulnerable Populations Assessment**, conducted with the NTLP and partners. Importantly, LIGHT’s Gender and Key Populations Assessment Report was cited as a key document in the NSP review, showing a clear pathway from research to policy use.

Building on the insights and evidence generated by LIGHT, the following activities have been integrated into the draft NSP to improve tuberculosis (TB) and leprosy outcomes among males and key populations in Uganda:

- **Mobile Outreach and Support Services** with chest X-ray (CXR), computer-aided diagnosis (CAD), and village health teams targets high-risk workplaces and urban hotspots. Severely ill patients receive transport vouchers and escorts for better access to diagnostics and treatment.
- **Stigma Reduction for Men and Youth** - Special interventions use tailored messages and flexible service hours to reduce stigma among men and youth, encouraging care-seeking.
- **Peer Support and Survivor Engagement** - TB survivors and key population networks serve as champions and peer supporters, enhancing community support and providing relatable role models.
- **Community Influencer Training** - Influencers like religious leaders, traditional healers, male action groups, school clubs, and drama groups are trained to share accurate TB and leprosy information, amplifying health messaging.
- **Tailored Community Solutions** - Initiatives such as peer clubs, male-friendly services, refugee camp outreach, and support along nomadic routes address local needs, helping retain patients and improve outcomes.
- **Targeted Screening for Key Populations** - Digital chest X-ray (dCXR) screens vulnerable groups - including prisoners, miners, refugees, fisherfolk, and mobile populations - to identify those at higher TB risk.





## INSTRUMENTAL IMPACT

**NIGERIA:** LIGHT partner in Nigeria, Zankli Research Centre (ZRC), played an important role in informing the Mid- and End-Term Reviews of the National Strategic Plan for TB Control (2021–2026). The reviews aimed at: a) assessing progress against planned targets, through tracking what was achieved vs. what was planned, and b) proposing updates and recommendations that support achieving targets for the remainder of the current NSP, as well as informing the development of the next NSP (2027-2032).

Through meaningful and continuous engagement with the National Tuberculosis and Leprosy Control Programme (NTBLCP) and other stakeholders, ZRC provided **technical input** to the Mid-Term Review, **using evidence from LIGHT**, and advocated for the inclusion of gender and human rights considerations in provision of quality TB services into the NSP.

As a result, the NTP modified all the existing data collection tools along the care cascade (screening, presumptive, Lab, Treatment, Outcome and TB Preventive Treatment) to reflect optimal sex disaggregation following evidence from LIGHT’s multi-year retrospective desk analysis of the NTP data.

1. The recommendations from the Mid-Term Review (MTR) were incorporated into the current NSP after official approval was obtained from the Nigerian Minister of Health. The end-term review findings and recommendations are informing the 2027-2031 NSP whose development is beginning in March/April 2026.
2. The Community Rights and Gender thematic area of the End Term Review of the NSP was led by a member of LIGHT Nigeria (NCAG Member) who reflected evidence from LIGHT on the important of gender-responsive approaches in the debrief report and presentations to the Minister of Health.
3. Prioritisation of community-led male-targeted TB messaging, and case finding model in the current GF GC7 grant implementation.

Beyond policy, LIGHT’s engagement has shifted perspectives on gender and TB among key stakeholders, including government partners and implementers, increasing recognition of men’s delayed care-seeking and the influence of gender norms on TB outcomes.



End-term Review, Nigeria



## INSTRUMENTAL IMPACT

**MALAWI:** LIGHT partners in Malawi, Malawi-Liverpool-Wellcome Programme (MLW) and the African Institute for Development Policy (AFIDEP), influenced the inclusion of gender considerations into the **National TB Treatment Guidelines**, through sustained engagement with the National TB and Leprosy Elimination Programme (NTLEP) and other national stakeholders. The 2024 National Tuberculosis and Leprosy Guidelines embed gender within a broader community rights and equity framework, recognising that gender norms and inequalities shape TB risk, access to care and treatment outcomes, and calling for gender-responsive, non-discriminatory TB programming. The revised guidelines now include explicit TB and gender considerations, resulting in clearer definitions of case finding, screening, diagnosis, and related indicators to enhance equitable service delivery.

**Specifically**, the goal of including community rights and a gender perspective in a TB management manual is to promote inclusivity, equity, and effectiveness in TB prevention, treatment, and control by:

- **Addressing gender disparities:** Integrate a gender-responsive approach to understand and address the unique needs and challenges faced by men and women in relation to TB prevention, diagnosis, and treatment.
- **Enhancing access to services:** Improve access to TB services, particularly for marginalised and vulnerable populations, by addressing barriers related to gender, socioeconomic status, and geography.
- **Data collection and analysis with a gender lens:** Collect and analyse sex-disaggregated data to identify and respond to the specific challenges faced by different groups in TB prevention and control.

LIGHT's contribution went beyond the guideline revisions itself. MLW became an active member of the NTLEP Technical Working Group, contributed to national TB strategies and guidelines, and engaged policymakers through the National Stakeholders Engagement Meeting on TB, Community Rights and Gender, the TB Research Network Dissemination Conference, and the Malawi Parliamentary TB Caucus. LIGHT partners also contributed to the National Male Engagement Strategy, helping connect TB and gender evidence to wider national policy discussions.



## ENDURING CONNECTIVITY (ENHANCED NETWORKS & STRENGTHENED RELATIONSHIPS)

Through established trust and ongoing collaboration, the LIGHT Consortium in-country partners managed to be a key partner with an influential role in shaping national strategy and guidelines, which is demonstrated in the involvement in the development of NSP and other fora. This has encouraged stronger collaborations between researchers, policymakers, NGOs and civil societies.

## LONG-TERM CULTURAL IMPACT

LIGHT has led to changes in culture, attitudes and behaviours on TB and gender because of the research findings & knowledge exchange



Stakeholders Engagement Meeting, Uganda

## RECOMMENDATIONS

- ✔ **Inclusion of TB and Gender in Policy Documents:** LIGHT consortium research has provided core evidence on age-and-gender responsive interventions at facility and community level. While some countries have incorporated this into their strategic plans, there are policy windows to include this in upcoming NSPs- Nigeria, and Malawi. The interventions can further be included in guidelines and other country specific policy documents.
- ✔ **Monitoring and evaluation systems to support TB and Gender programming:** Countries should **Institutionalise routine sex- and age-disaggregated** data collection, analysis, and reporting across the TB prevention and care cascade. **Introduce gender-specific TB indicators** within Health Management Information Systems (HMIS) tools to enable systematic monitoring of gender disparities in TB services. These should include community-level indicators and data on key and vulnerable populations, to guide the design and implementation of targeted, evidence-based interventions.
- ✔ **Financing and Resource Mobilisation:** Implementation of these gender responsive interventions will only be possible with financial resources. Countries should therefore ensure they are budgeted for and funded. These interventions, their indicators, and budgets should be in Global Fund proposals and other donor funding requests. Advocate for increased domestic funding for TB and gender-related programming.



Prof. Kirenga Conference Presentation, Uganda



LIGHT Gender Lead, Uganda



## CONCLUSION

This case study shows how LIGHT Consortium partners in Kenya, Nigeria, Malawi and Uganda contributed evidence, technical input and sustained engagement to national TB policy processes. Across these countries, LIGHT informed and helped strengthen strategic plans, guideline revisions, review processes so that TB responses better address gender-related barriers to prevention, diagnosis, treatment and care, with greater attention to men, youth, and other marginalised and vulnerable groups.



Stakeholders Engagement Meeting, Malawi

## REFERENCES

1. World Health Organization. 1.1 TB incidence [Internet]. In: Global tuberculosis report 2025. Geneva: World Health Organization; 2025 [cited 2026 Mar 6]. Available from: <https://www.who.int/teams/global-programme-on-tuberculosis-and-lung-health/tb-reports/global-tuberculosis-report-2025/tb-disease-burden/1-1-tb-incidence>
2. The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2016). The Global Fund Strategy 2017 – 2022: Investing to End Epidemics. Geneva, Switzerland: [The Global Fund](https://www.theglobalfund.org/media/2531/archive_global-fund-strategy-2017-2022_strategy_en.pdf). [https://www.theglobalfund.org/media/2531/archive\\_global-fund-strategy-2017-2022\\_strategy\\_en.pdf](https://www.theglobalfund.org/media/2531/archive_global-fund-strategy-2017-2022_strategy_en.pdf)
3. Ministry of Health, Kenya (2024) *National Strategic Plan for Tuberculosis, Leprosy and Lung Health 2023/24–2027/28*. Nairobi: Ministry of Health. Available at: [https://nitp.co.ke/wp-content/uploads/2024/01/NSP\\_2023-24-%E2%80%932027-28\\_11\\_01\\_2024Final.pdf](https://nitp.co.ke/wp-content/uploads/2024/01/NSP_2023-24-%E2%80%932027-28_11_01_2024Final.pdf)
4. Ministry of Health (Malawi) (2024) *National Tuberculosis and Leprosy Guidelines: Ninth Edition*. Lilongwe: Ministry of Health. [https://www.kuhes.ac.mw/wp-content/uploads/2024/07/TB-and-Leprosy-Guidelines\\_Final\\_JUNE2024.pdf](https://www.kuhes.ac.mw/wp-content/uploads/2024/07/TB-and-Leprosy-Guidelines_Final_JUNE2024.pdf)



@LIGHTonTB



@LIGHTonTB



The LIGHT Consortium



<https://light.lstmed.ac.uk>

Partners:



Funder:

