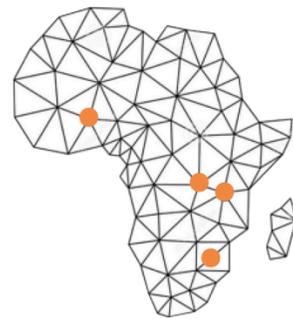


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Gender Equitable Access to Tuberculosis Prevention and Care

**LIGHT'S Research Uptake Strategy
2021-2026**

Tuberculosis and Gender

Tuberculosis (TB) remains a critical public health concern as one of the leading infectious disease killers worldwide, with an estimated 1.25 million deaths from TB in 2023 ([WHO Global TB Report 2024](#)). Despite being preventable and curable, health, social and economic determinants of TB drive geographical and gender disparities of the disease. Gender has a powerful influence on health and wellbeing, as it intersects with various individual, social, and economic factors, impacting on an individual's right to health and equitable access to quality healthcare. Of the estimated 10.8 million people who fell ill with TB in 2023, 55% of people were men, 33% were women and 12% were children and young adolescents ([WHO Global TB Report 2024](#)).

Knowing and understanding gender disparities in accessing and remaining in TB care is essential for diagnosing and treating millions of people globally. Delayed diagnosis and subsequent disease progression cause worse outcomes including treatment failure, disability or death, alongside catastrophic economic and social consequences for those with TB and their families. Data on TB prevention and care is not always disaggregated or readily available by sex. Root causes of delayed access to TB care and prevention are often complex and intersecting. For men, these causes include:

Economic Factors

where men prioritise work over health, delaying seeking medical attention.

Psychological Factors

including tendency to avoid or delay treatment due to the perceived burden of prolonged treatment regimens.

Cultural Factors

such as traditional notions of masculinity may deter men from seeking care (e.g. perceiving seeking medical attention as a sign of weakness).

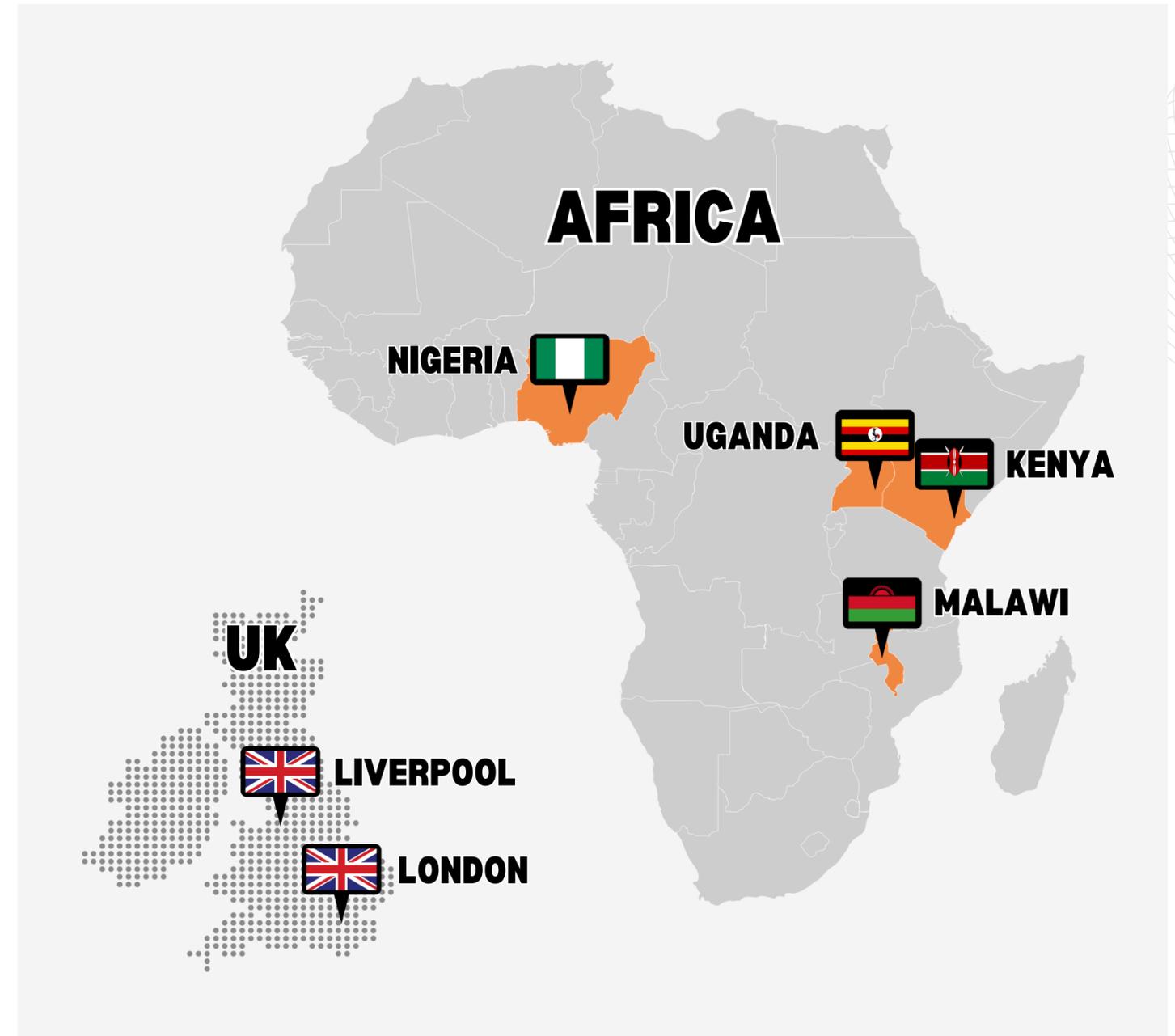
Systematic Barriers

within the healthcare systems including a lack of effective strategies for diagnosis and treatment of TB, which disproportionately affects men.

About LIGHT

The LIGHT Research Programme Consortium seeks to generate new evidence that will inform gender-responsive policy and practice. The aim is to enhance men's access to and retention in quality TB care, ultimately improving health outcomes, socioeconomic conditions, equity, and contributing to the reduction of TB transmission, morbidity, mortality, and catastrophic costs for those affected by TB in peri-urban areas of Africa. This six-year cross-disciplinary global health research programme is funded with UK aid. The consortium is led by the Liverpool School of Tropical Medicine working in collaboration with partners in Kenya, Malawi, Nigeria, Uganda and the UK.

All members of the LIGHT consortium are responsible for maximising the impact of the research generated by the programme taking the approach detailed in this strategy to achieve this. Each partner has their own budget to support research uptake and communication activities. The LIGHT Research Uptake Working Group, as defined in its terms of reference, leads and supports uptake of LIGHT's research and is composed of dedicated members across all partners and programme countries.



Overview Research Uptake Strategy Development Process

LIGHT's Research Uptake Strategy outlines a bold agenda for the five-year period, 2021 to 2026. It was developed within the context of the global health agenda and commitments to End TB and is based on the programme's results framework ([logframe](#)), the primary tool used for monitoring progress in-line with FCDO expectations, and LIGHT's theory of change (Figure 1).

The Research Uptake strategy maps a critical path outlining how LIGHT works across the consortium and with stakeholders to ensure that the local to global response is inclusive, impactful and sustainable. The development of this strategy was informed by LIGHT's landscape analysis, which consisted of three components: rapid evidence synthesis, policy analysis and stakeholder mapping and engagement.

This Research Uptake Strategy was reviewed and refined in July 2024 to be flexible and responsive to LIGHT's engagement, experience and learning throughout the programme so far and to reflect on our understanding of how change happens within the contexts we are working in. This ensures that the strategy and direction of LIGHT's research uptake continues to be context relevant and to test that assumptions still apply. The updated strategy was also informed by the political economy analyses conducted within each African partner country. This supplemented the landscape analysis to provide a clearer picture of the political context, to better understand why things work in the way that they do and to draw practical implications. This included understanding how the changing political, economic, and organisational climates affect the decision-making spaces, the policy actors involved, prevailing narratives, directions for change and windows of opportunity. This approach aims to enhance the impact of our research uptake efforts by enabling us to better identify actions and to frame our engagement and communications to be more effective.

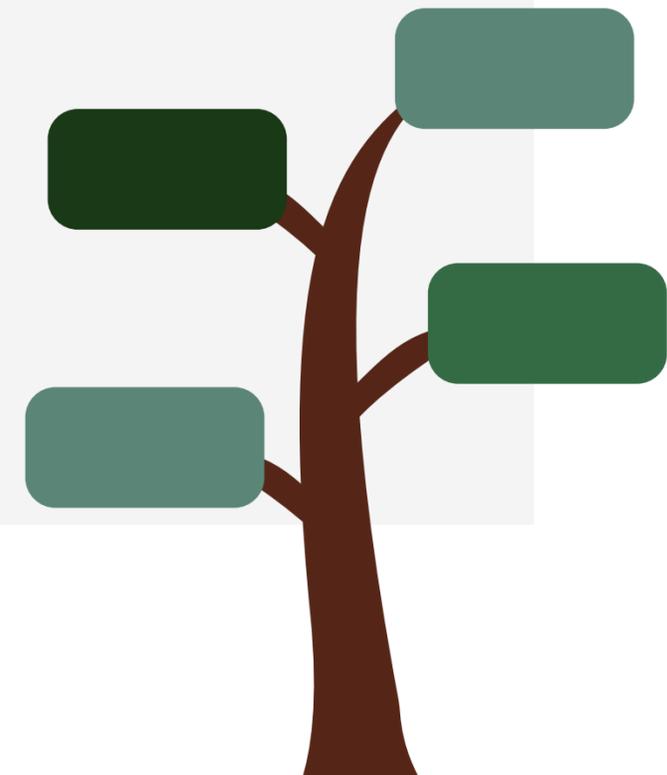


Figure 1. LIGHT's Theory of Change

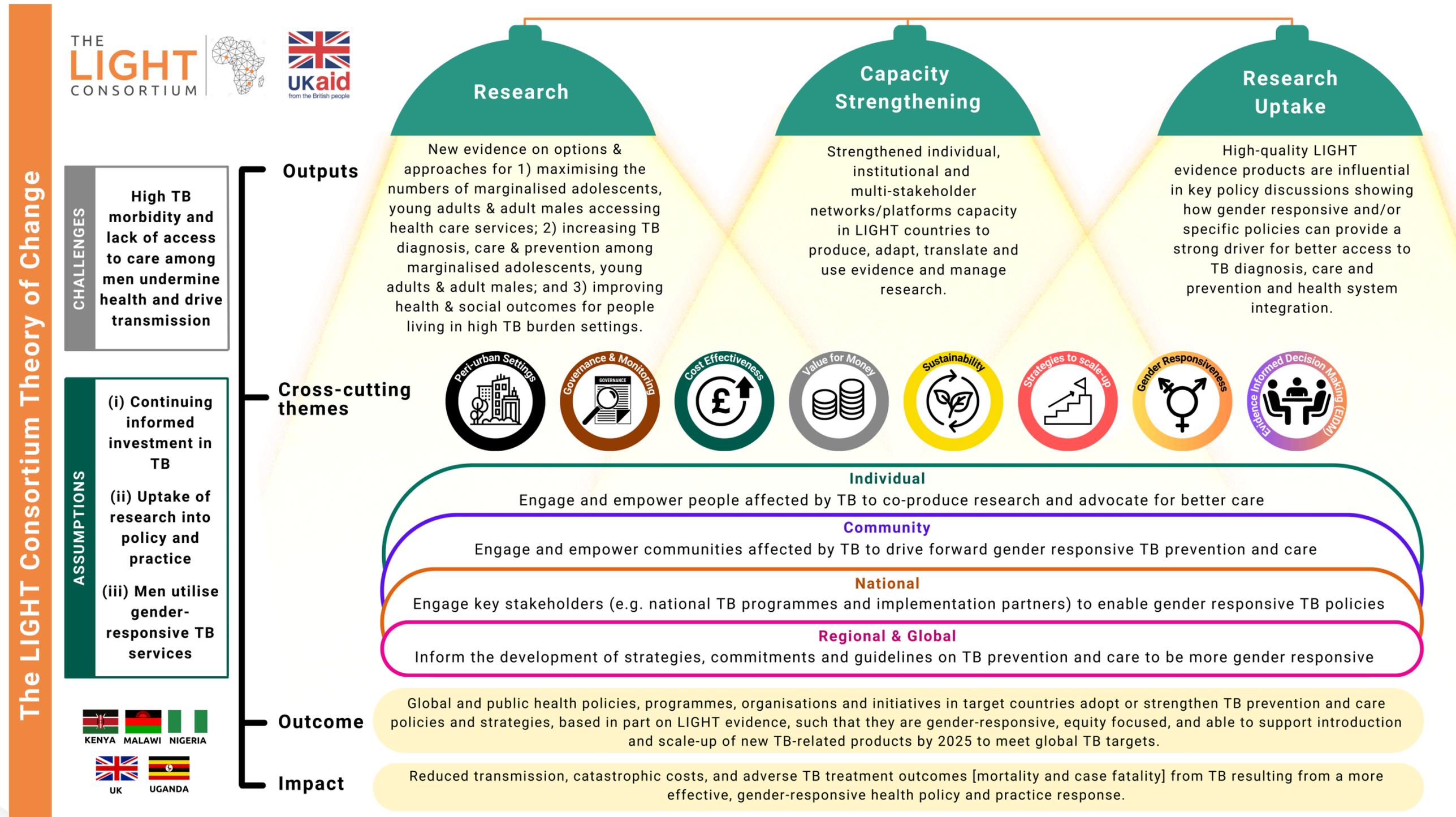
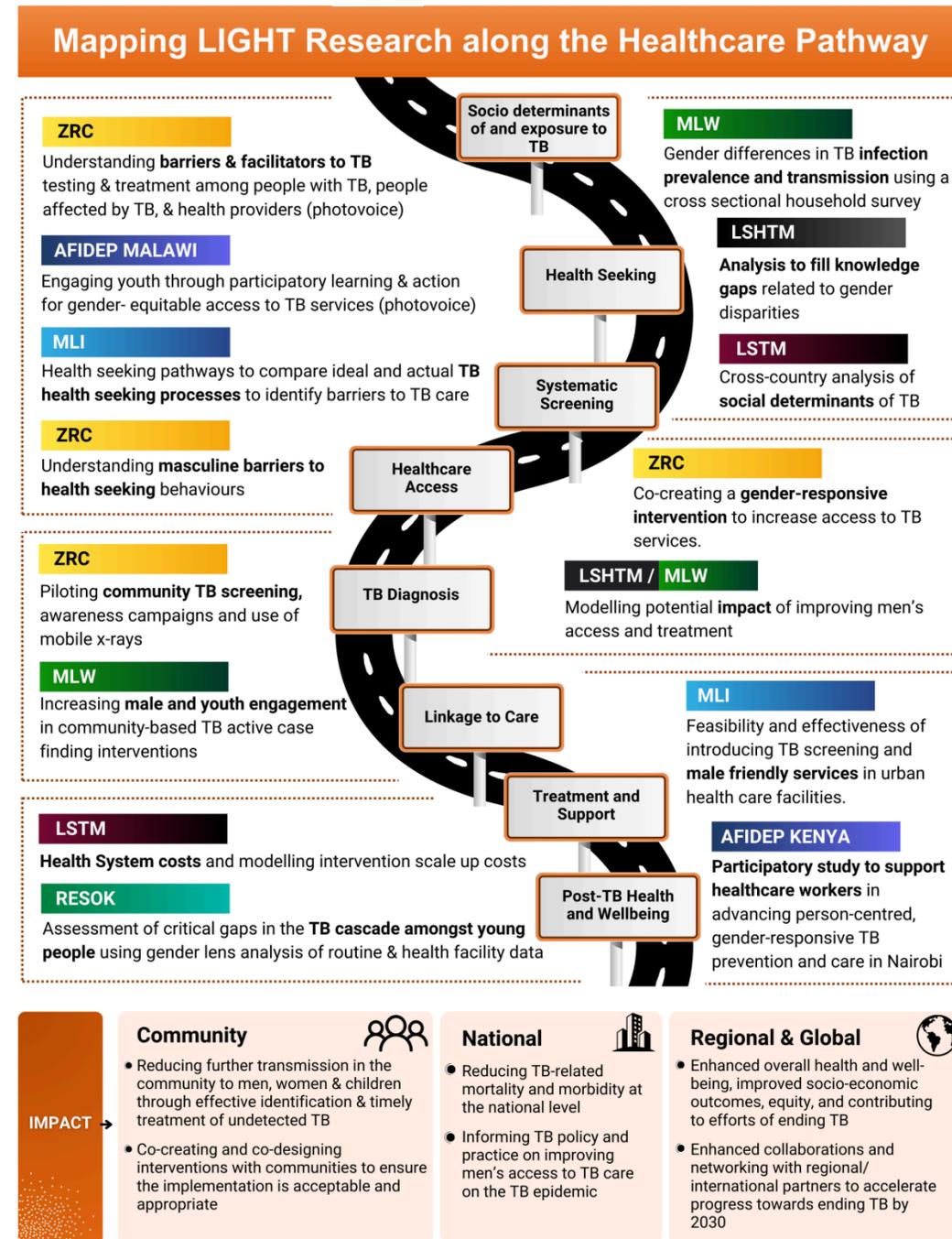


Figure 2. LIGHT Research mapped along the healthcare pathway



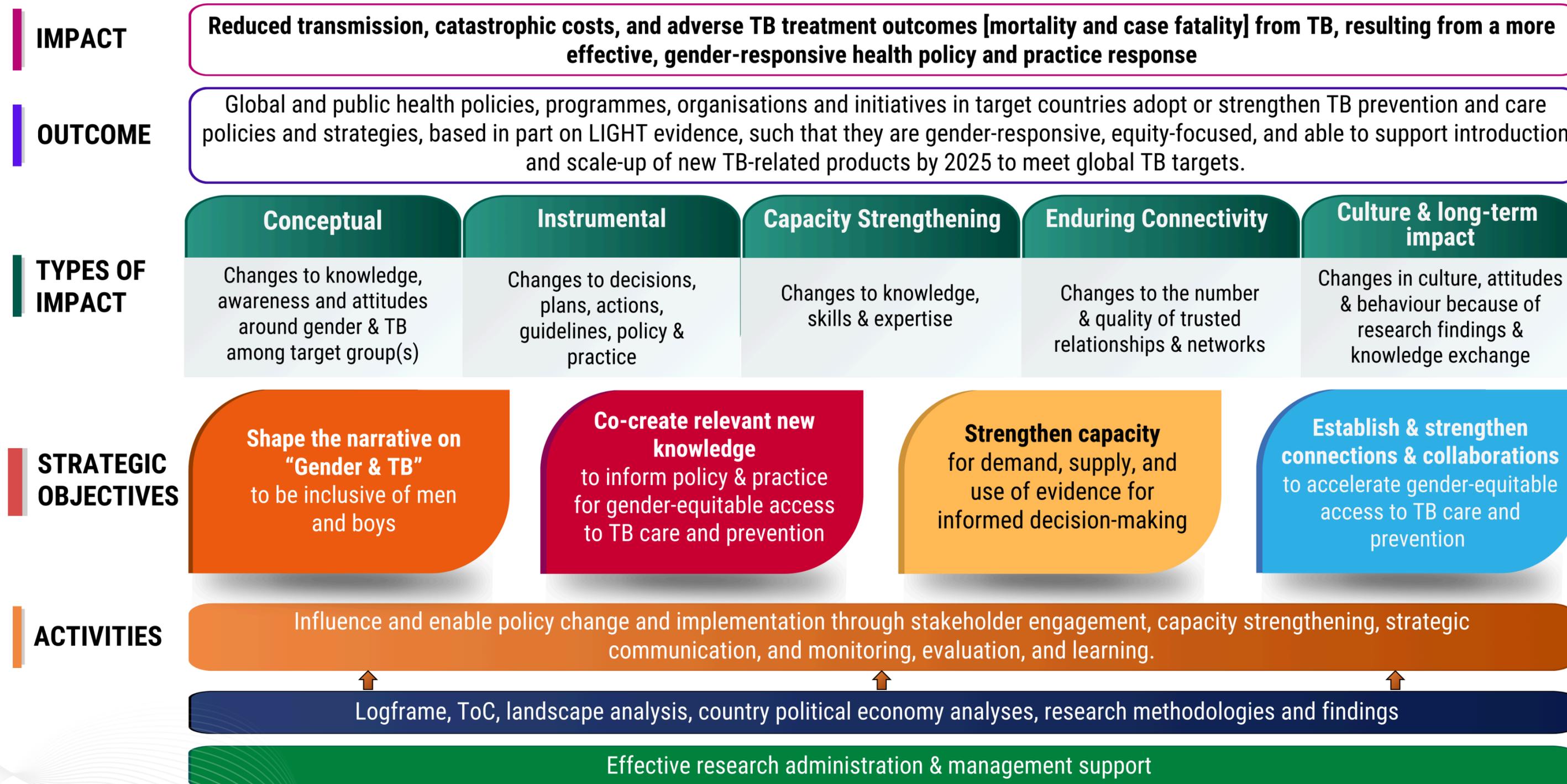
LIGHT's Research

Research conducted by LIGHT spans the healthcare seeking pathway (Figure 2). LIGHT also 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's Research Uptake Strategy

Our approach to maximising the uptake of research generated by the programme is to undertake activities that influence and enable policy change and implementation through stakeholder engagement, capacity strengthening, communications, and monitoring, evaluation and learning guided by four mutually reinforcing strategic objectives. This is outlined in our Research Uptake Strategic Framework (Figure 3). We aim for five types of impact that collectively are effective in achieving the programme's overall outcome.

Figure 3. LIGHT Research Uptake Strategic Framework



Strategic Objectives

STRATEGIC OBJECTIVE 1

Shape the narrative on gender and TB to be inclusive of men and boys

The narrative on gender and TB is predominantly focused on women and girls. Men and boys also have delayed access to quality TB care and prevention remaining infectious for longer in the community and often with more severe TB health, social and economic outcomes. This presents a risk not only to men and boys but also to women and girls in their home and community. They also have their own right to health. A TB approach that is gender-responsive (women, girls, men, boys and other genders) is imperative to accelerate and achieve health and wellbeing free of stigma and discrimination in seeking timely healthcare free of catastrophic costs and social repercussions.

STRATEGIC OBJECTIVE 3

Strengthen capacity for demand, supply and use of evidence for informed decision-making.

LIGHT aims to strengthen individual, institutional, and multi-stakeholder networks capacity in LIGHT countries to produce, adapt, translate and use evidence in decision-making. This is to ensure that TB policies are effective, relevant and efficient in line with global guidelines, recommendations and commitments.

STRATEGIC OBJECTIVE 2

Co-create relevant new knowledge to inform policy and practice for gender-equitable access to TB care and prevention.

All people in affected communities, including their advocates, need to be engaged in efforts to demand, design, and enhance access to TB services. LIGHT will engage people with TB and their affected communities, those working in public policy and in the private sector to co-produce targeted research interventions that address gender disparities in TB, as well as advocating for equitable access to care. This will ensure that TB prevention and care approaches are effective, gender-responsive, culturally and contextually relevant/ appropriate and taken up.

STRATEGIC OBJECTIVE 4

Establish and strengthen connections and collaborations to accelerate gender-equitable access to TB care.

Establishing and strengthening connections and collaborations with key stakeholders aims to accelerate gender-equitable access to TB prevention and care. Key stakeholders include those from the TB community, networks, national governments, non-governmental organisations and funding bodies. These partnerships will facilitate the exchange of knowledge and lead to co-ordinated efforts in advocating for gender-responsive policies and implementing effective interventions. This objective emphasises the importance of fair, multidisciplinary, cross-sector and cross-country collaborative efforts.

Activities

Stakeholder Engagement

Connecting and engaging with stakeholders is a critical component to our research uptake success. Use of evidence is shaped by the credibility of research and researchers, accessibility, perceived quality and rigour, individual capacity to produce research and use research, structures and platforms for sharing knowledge, incentives to use knowledge, ability to communicate beyond academia, trust and relationships, individual and networked connections and legitimacy through association. Key elements of our strategic approach are:



Working with stakeholders as co-researchers for uptake of shared ownership of findings;



Knowing who we want to influence, what, when, where, why and how (reaching our target audience at a moment when they can act)



Building relationships and networks and working collaboratively with other people and organisations (allies) who share our objectives; and



Engaging with those who have the power to influence but whose interest needs to be cultivated/ fostered through establishing trusted relationships and networks and enhancing knowledge.



To guide our engagement, we aimed to understand the root causes of the problem we are facing and mapped stakeholders across key groupings at national, regional and global levels to understand what drives their interest, influence and actions to help identify who to work in partnership with, who to develop interest, who to challenge or persuade and who to monitor for now. These groupings include academia, affected communities, TB champions, civil society, development partners, international organisations, media, National TB Programmes, Ministries of Health, Gender and Finance, parliamentarians, global networks, multilateral organisations, UN agencies, and the private sector. Mapping connections between the stakeholders was also useful.

Being flexible to react and adapt our plans is also key for 'strategic opportunism' where policy opportunities arise.

Capacity Strengthening

Understanding the capabilities of LIGHT members and stakeholders for the effective supply and demand of evidence, and addressing any gaps, is an important component of informing and shaping policy with evidence to achieve sustainable, equitable development.

All members of the LIGHT consortium are responsible for maximising uptake of research findings. Individual skills of LIGHT members to implement the Research Uptake Strategy will be supported and strengthened by the Research Uptake Working Group. Skills of the Research Uptake Working Group will be strengthened through training and peer-to-peer learning.

Institutional capacity strengthening, essential for improving the long-term sustainability and effectiveness of organisations, will aim to improve the abilities, structures, and resources of partners to better achieve research uptake. Key elements will include strengthening leadership and governance, organisational systems and processes, monitoring and evaluation and collaboration and partnerships.

1**Leadership and Governance:**

Strengthening the ability of future leaders to diagnose the problem, map stakeholders and set clear research uptake goals.

2**Organisational Systems and Processes:**

Improving internal systems, workflows, and processes to increase planning, efficiency in delivery, transparency, and accountability.

3**Monitoring and Evaluation:**

Establishing frameworks for assessing performance, tracking progress, and making necessary adjustments to improve outcomes.

4**Collaboration and Partnerships:**

Building relationships with other organisations, stakeholders, and communities to enhance effectiveness.

The use of evidence by policymakers depends on the interaction of capability, motivation and opportunity for change. Taking this into account, LIGHT aims to strengthen sustainable capacity on the use of evidence for informed decision-making in health and advocacy in low- and middle-income countries. This will include strengthening the technical capacity of mid-level policymakers in the health sector in low- and middle-income countries in accessing appraising, interpreting, synthesising and utilising research evidence in decision-making. This will also include supporting understanding of research methods and approaches for enhanced policy discussions. Acquiring new knowledge or refreshing existing knowledge alone will not be sufficient for sustainable capacity strengthening. Case studies will be developed to demonstrate the practical implementation of this knowledge and its uptake/ integration into organisations for sustainable learning and long-term impact.



Communications

The successful implementation of the strategy depends on effective and timely communications tailored towards key stakeholders, to achieve identified policy-influencing objectives. This is an ongoing process throughout the lifetime of the programme, focusing on building and sustaining trusted relationships. Encouraging stakeholders to shift towards gender-responsive policy requires collaborative engagement which can feature direct interactions with decision-makers, allies, and other key actors. These interactions can include participation in negotiations, direct meetings and/or informal discussions (defined as “inside-track”). Sometimes interactions can be more confrontational or assertive to raise public awareness, communicate rationale for policy change and build public support (defined as “outside track”).

Nested within this overarching Research Uptake Strategy an annual Communications Strategy is developed for each partner country, as well as at the Africa regional and global levels. Eight key elements of strategic communication guide these communications strategies – identifying policy goal(s), audiences, setting clear/ SMART objectives, developing tailored messages, choosing suitable channels of communication, activities and materials, pretesting, implementing and evaluating.

Communication activities are detailed in an annual action plan. An overview of all communication activities is captured in a Communications Plan, reviewed at regular monthly Research Uptake Working Group meetings. Where required, a Communications Brief supports communication activity(s) to ensure strategic communication, risk consideration, resources identification and support required from Communications Officers. Together these ensure the timely planning, development and delivery of communication outputs.

To support all LIGHT members, a Communications Guide is included in the Consortium Management Manual to ensure that all LIGHT external communications are effective, efficient and evaluated to mitigate against reputational risks for LIGHT and our funder. The guide aims to help LIGHT members to:

- communicate strategically and effectively to deliver LIGHT’s values, principles, trust and outputs;
- use appropriate and sensitive language;
- include funder/s in LIGHT’s communications, ensuring they are portrayed positively and realistically and in accordance with their guidance with approval when required;
- signpost to relevant documents, guidelines and templates.



Monitoring, Evaluation & Learning

We monitor progress of uptake of LIGHT's high quality, relevant research through research uptake indicators embedded in LIGHT's results framework. This includes ensuring that our research findings are available and accessible and that evidence-informed discussions are facilitated, strengthening capacity where required to enable this. We take time to learn and reflect to adapt to changing contexts and to continually improve our approach to knowledge exchange throughout the programme.

To guide the evaluation of the Research Uptake Strategy implementation, including tracking the wider impact of research uptake efforts, the following types of impact will be considered:

Conceptual:

When research changes the way issues are understood, reframes debates or influences the agenda of future research or policy.

Instrumental:

When changes to plans, decisions, behaviours, practices or actions and policies occur as a result of engagement with research evidence.

Capacity strengthening:

Changes to knowledge, skills and expertise of researchers, stakeholders, programme managers and research users.

Enduring connectivity:

Increasing the quality and quantity of connections among researchers, policy makers, practitioners, and civil society actors.

Culture & long-term impact

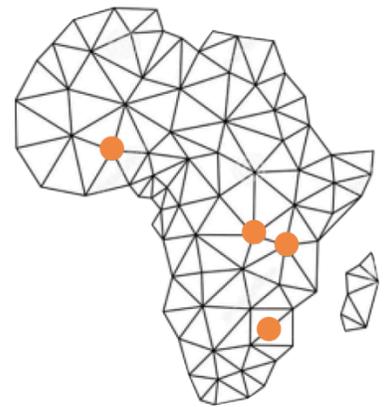
Changes in cultural/attitudes towards knowledge exchange and towards research impact itself.

There is often an inherent assumption by researchers that the availability, accessibility and use of high-quality evidence will lead to good policy decisions and that dissemination is sufficient. In reality, policy development is non-linear, varied and complex. We will use an impact assessment tool to track and evaluate impact and to assist in identifying gaps where additional work is needed to enable change. This process will involve seeking feedback from our partners and target audiences. This acknowledges the scope of influence across the pathway of change, realising that good policy is usually the result of accumulated evidence from multiple sources, and that the influence of any one source is difficult to identify. It also acknowledges that policymaking is often political, where research plays a role alongside policymaker's own values, experience and expertise.

Our principles and values

In developing and reviewing our strategy we recognise that our success will be determined not just by what we deliver but also how we deliver it. Building and maintaining respectful and trusted partnerships and collaborations working to LIGHT’s principles and values is essential. How LIGHT operates is based upon four principles – **partnership, participation, transparency, and timeliness** working to our values of **respect, inclusivity, mutability and shared purpose** – to become a credible and trusted evidence-based consortium. It is imperative that UK aid funding is invested for maximum impact in supporting gender-equitable access to quality TB care and prevention to improve health outcomes and drive development. Our processes and practices must ensure Value for Money (VfM) in everything that we do, with a distinct focus on **economies, efficiencies, effectiveness, and equity**.

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