

Gender Equitable Solutions To Help End Tuberculosis

NEAPACOH Parliamentary briefing | March 2025

Gender and Tuberculosis (TB) in Africa

Tuberculosis (TB) remains a major public health concern, ranking as the world's leading infectious disease killer despite being both preventable and curable. In 2023 alone, TB caused an estimated 1.25 million deaths. Africa accounts for 24% of the global TB cases, and has the second highest TB mortality rate among all WHO regions, with 33 deaths per 100,000 population. However, persistent funding gaps for TB in Africa exacerbate existing social, economic, and health inequalities, hindering progress and effective response to end TB.

Globally, and in Africa, TB disproportionately affects men, and they are less likely than women to seek timely diagnosis and treatment. Of the estimated 10.8 million people who developed TB in 2023, 55% were men, 33% were women and 12% were children and young adolescents. Social behaviours and norms around masculinity increase the likelihood of exposure to TB and discourage men from seeking timely healthcare. This not only increases TB transmission within communities- including to women and children- but also lead to worse health and economic outcomes (such as treatment failure, disability, or death) alongside catastrophic costs and social consequences for those with TB and their families. An in-depth understanding of gender-related barriers to TB care, is often lacking.

KEY STATISTICS

 IN 2023

1.25
million
TB DEATHS
GLOBALLY

10.8
million
PEOPLE
FELL ILL
WITH TB
GLOBALLY

AFRICA ACCOUNTED FOR

24%

OF GLOBAL TB CASES
SECOND HIGHEST WITH

33

DEATHS PER 100,000
POPULATION

55%

OF PEOPLE WHO
DEVELOPED TB
GLOBALLY WERE MEN

Country commitments for a global challenge

In October 2023, the United Nations General Assembly adopted the political declaration of the second High-Level meeting on the fight against tuberculosis, under the theme of "Advancing science, finance and innovation, and their benefits, to urgently end the global tuberculosis epidemic, in particular by ensuring equitable access to prevention, testing, treatment and care". Heads of Government are expected to follow through on global commitments which cannot be achieved unless each country meets its share of targets by working across multiple sectors.

The LIGHT research programme

LIGHT is a six-year cross-disciplinary global health research programme funded by UK aid, led by the Liverpool School of Tropical Medicine (LSTM) working with partners in Kenya, Malawi, Nigeria, Uganda and the UK. LIGHT's partners include: African Institute for Development Policy (AFIDEP), Kenya & Malawi; London School of Hygiene and Tropical Medicine (LSHTM), UK; Makerere University Lung Institute (MLI), Uganda; Malawi-Liverpool-Wellcome Programme (MLW), Malawi; Respiratory Society of Kenya (ReSoK) Kenya; and Zankli Research Centre (ZRC), Nigeria.

LIGHT is generating new evidence to inform and strengthen policy and implementation of gender-responsive TB programming to reduce TB transmission, TB morbidity and mortality and associated catastrophic costs ensuring that no one is left behind.

This brief outlines LIGHT's recommendations for action for national governments to take leadership in integrating gender-responsive approaches in TB policies, guidelines, programmes and service delivery, in alignment with their commitments to the 2023 UN political declaration on TB. This will ensure equitable access to TB prevention, detection, treatment and care for all.



Recommendations for action

In 2025, Africa can show leadership in the TB response. This includes leading on gender-responsive approaches through enhanced awareness, strengthened partnerships and increased funding for positive impact across the population. This could be attained by increasing men's access to TB prevention and care, increasing treatment coverage among men, and reducing risks among men that are caused or exacerbated by social and structural determinants of TB.

AWARENESS

Community to high level-led advocacy is needed for increased local to national awareness of the gender aspects of the TB burden while ensuring that TB is a priority on the national health agendas.

PARTNERSHIP

Strengthened sustainable collaborations across all partners, including Parliamentary members in Africa like the Network of African Parliamentary Committees of Health (NEAPACOH) and Global TB Caucuses, National Tuberculosis Programmes and academia, are crucial for ending TB in Africa. Effective and timely exchange of knowledge enables informed decision-making, action and accountability.

FUNDING

Development of a new legal framework for domestic resource mobilisation and allocation is required to complement external financing for gender-responsive TB prevention and care.

References

World Health Organization, Global TB Report, 2024

<https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2024>

2023 Political Declaration of the High-Level Meeting on the Fight Against Tuberculosis

<https://documents.un.org/doc/undoc/gen/n23/306/91/pdf/n2330691.pdf>

Stop TB Partnership UNHLM 2023 Country Targets

https://www.stoptb.org/sites/default/files/imported/document/country_targets-combined.pdf



A section of participants at the NEAPACOH meeting on February 28, 2024 in Maseru, Lesotho.