THE LIGHT CONSORTIUM

Leaving no-one behInd: transforming Gendered pathways to Health for TB

LIGHT PEA Evidence Brief

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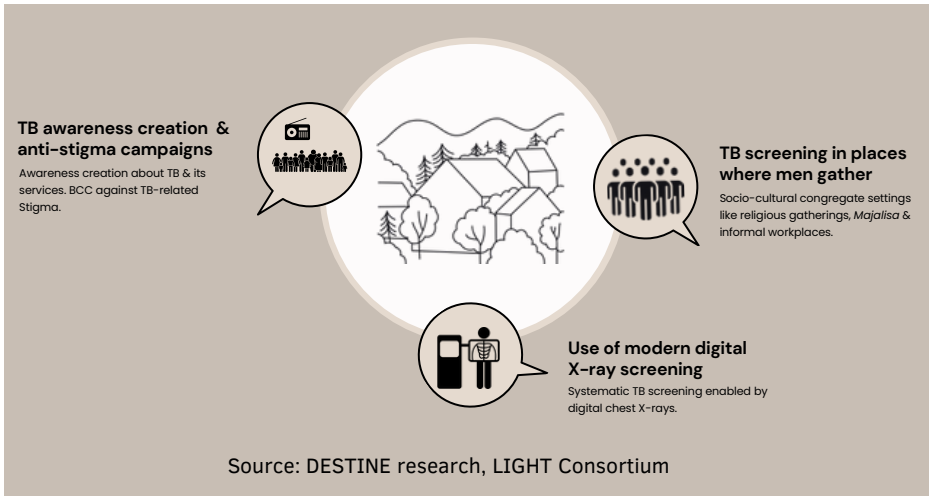
Gender Equitable Access to Tuberculosis Care and Prevention in Nigeria: A Political Economy Analysis



Source: DESTINE research, LIGHT Consortium

RESEARCH PROBLEM & RATIONALE

Nigeria ranks sixth globally and first in Africa for tuberculosis (TB) burden, with an estimated 499,000 new TB cases and 71,700 deaths recorded in 2023 (WHO 2024 Global TB Report). This situation is exacerbated by the triple burden of TB, HIV, and drug-resistant TB. In 2023, 52% of all notified TB cases were adult men (≥15 years), compared to 38% adult women - a gap that mirrors global patterns but is particularly significant in Nigeria.

Gender disparities in TB burden are shaped by a combination of structural, economic and socio-cultural factors that influence health-seeking behaviours and access to care. For example, notions of masculinity, stigma, and poverty often lead men to delay seeking diagnosis and treatment. While women may be more inclined to seek early care, financial constraints and the need for spousal consent can significantly hinder their timely access to services.

Despite prioritisation and the adoption of strategic plans aligned with the WHO End TB Strategy, substantial progress in reducing TB incidence is still required. In 2023, it was estimated that 26% of all people with TB were never diagnosed, linked to care, or notified to the National Tuberculosis Control Programme. Those missing out on the needed care pose a major challenge to reducing TB transmission and ensuring timely diagnosis and treatment, increasing the risk of continued spread within communities.

The Federal Ministry of Health's National TB Strategic Plan (2021–2025) seeks to deliver inclusive, patient-centred TB care, with a key objective of applying a human rights and gender lens to TB services.

To better understand the political, institutional, economic, and socio-cultural factors shaping Nigeria's TB response, the LIGHT Consortium, in collaboration with Zankli Research Centre (ZRC), conducted a Political Economy Analysis (PEA) with a focus on opportunities to enhance gender-responsive TB care and prevention. This evidence brief summarises key findings from the PEA and outlines recommendations and priority actions to include gender-responsive strategies that can enhance Nigeria's national TB response.

KEY MESSAGES

Gender Dynamics & TB Risk: Men are disproportionately affected by TB due to mobility, occupational exposure, and social norms that discourage health-seeking. Conversely, women, especially in Northern Nigeria, face restricted access to health care due to patriarchal norms and domestic confinement. Stigma and low TB awareness compound barriers for men and women, necessitating culturally and geographically tailored interventions.

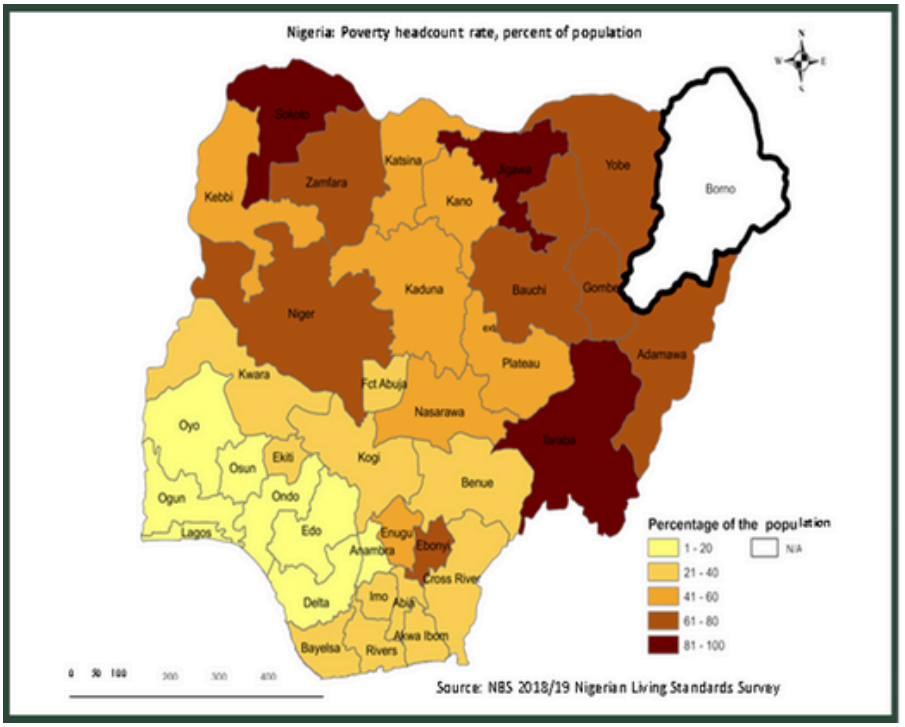
Structural Barriers: While Nigeria's decentralised health system allows for local TB service delivery, it struggles with poor coordination, overlapping mandates, and weak accountability. Limited domestic investment in health, political fragmentation, corruption, and insecurity hinder service delivery, TB detection, and continuity of care, especially in conflict-affected and impoverished regions.

Underfunding and Donor Dependence: Nigeria's TB programme remains heavily donor-dependent, with limited domestic financing and weak political ownership. TB treatment is excluded from the National Health Insurance, and public spending on health and social protection is inadequate, despite poverty being a primary driver of the epidemic.

Data Gaps & Research-Policy Disconnect: The lack of sex-disaggregated TB data at federal, state, and LGA levels hinders targeted programming. Additionally, researchers face challenges translating evidence into actionable policy products, while policymakers often lack capacity for gender-responsive policy and implementation.

RESEARCH METHODS

The LIGHT research team in Nigeria, in collaboration with Zankli Research Centre (ZRC), conducted this Political Economy Analysis to inform the Consortium's ongoing work to transform gendered pathways to TB care and prevention. The analysis aimed to deepen understanding of the social, political, and economic context influencing decision-making; identify challenges and enablers for implementing gender-responsive interventions; and explore the institutional landscape and how key stakeholders could shape TB programme implementation.



A qualitative approach was employed, combining desk review of existing literature and policy documents with a series of sixteen (16) key informant interviews - including decision makers and representatives from policymaking institutions such as Ministry of Health and National Tuberculosis, Leprosy and Buruli-ulcer Control Programme, academia, civil society, private sector and health-focused media. Data from interviews and documents were thematically coded and synthesised to explore how political and power dynamics shape the LIGHT programme's opportunities, positioning and contextual challenges.

How does this PEA fit within LIGHT?

LIGHT is a six-year cross-disciplinary global health research programme, funded by UK aid, and led by Liverpool School of Tropical Medicine (LSTM) in collaboration with partners in Kenya, Malawi, Nigeria, Uganda, and the UK. LIGHT aims to generate new evidence to inform policy and practice in transforming gendered pathways to health for people with TB in urban settings. This will ultimately lead to enhanced overall health and well-being, improved socio-economic outcomes and equity, contributing to the global efforts of ending TB by 2030.

In Nigeria, LIGHT partners at Zankli Research Centre (ZRC) are developing and evaluating gender-responsive TB interventions that target underserved urban populations, particularly men, by improving case detection through innovative diagnostics and outreach in both formal and informal settings.

To ensure this work is contextually relevant and politically feasible, a Political Economy Analysis (PEA) was conducted. The PEA provides critical insights into the formal and informal structures, power dynamics, and incentives that shape decision-making within Nigeria's TB response. By identifying enablers and barriers to TB policy uptake and implementation, the PEA supports LIGHT's dual focus on producing high-quality research and ensuring that research findings are used to inform national policies, guidelines and practice.

Ultimately, the PEA strengthens LIGHT's ability to engage strategically with stakeholders, navigate complex policy environments, and co-create solutions that are not only effective but also sustainable and locally owned.

KEY FINDINGS

ECONOMIC & DEMOGRAPHIC CONTEXT

Nigeria's economy, despite being the largest in Africa, faces several challenges that constrain development and health investment. The country has low domestic resource mobilisation, limiting funding for public services and leaving the health sector heavily reliant on external donors whose priorities may not always align with national needs. Dependence on oil revenues, vulnerability to price fluctuations and slow economic growth have contributed to rising poverty and unemployment.
Demographic pressures/ changes, including rapid population growth, increase strain on overstretched services, and overcrowded settlements exacerbate TB transmission risks, particularly among economically vulnerable populations.

High and inequitable poverty continues to undermine health outcomes. In 2023, Nigeria's poverty rate was estimated between 37% and 40%, with roughly 84 million people living below the poverty line. Persistent inequalities in wealth, education and access to public services across ethnic groups and regions are shaped by historical factors, regional disparities and uneven government performance.

> *Nigeria has the challenge of high levels of poverty across the country. Poverty is increasing, the standard of life is going down... and people are finding it difficult to make ends meet. Businesses and jobs are crumbling, but the only space where people are doing well is in politics. I do not think anything is done to address this challenge... If something is being done, it's not trickling down to the lower level and is not having an impact on people's lives. If something is being done, then it's not being effective.*
> **012, Male, Media rep., 2022**

The North West and North East experience the highest poverty levels and carry a disproportionate share of Nigeria's TB burden. Health outcomes remain poor overall, with life expectancy nearly two decades below the global average and unemployment rising as economic growth fails to keep pace with population increases.

SOCIO-CULTURAL NORMS, GENDERED DYNAMICS & STIGMA

In this ethnically diverse and culturally complex country, deeply embedded gender norms across regions shape health-seeking behaviour and access to public services. Cultural expectations around masculinity often discourage men from seeking care, viewing illness as a sign of weakness, while women's access to health services can be restricted by patriarchal norms, such as needing permission to visit health facilities.

These gendered roles also affect behaviours linked to TB risk, such as higher rates of smoking and alcohol consumption among men and can limit treatment adherence and pursuing diagnosis. Moreover, men may delay or avoid altogether seeking care in a health facility if it interrupts their work schedule whilst seeking health care services in a health facility can be viewed as feminine practice with health initiatives in hospitals perceived to be designed for women. Such beliefs could reinforce harmful stereotypes leading to delayed diagnosis and higher risks of TB transmission within households and to the wider community.

> *In Northern parts of Nigeria, women mostly stay indoors as housewives while men travel a lot since they have a lot of responsibilities. Most of the communicable infections are brought home by men and children given their high mobility patterns. In far Northern part of the country, women and girls have fewer opportunities as compared to men. For instance, some do not take girls to school. However, in some states, education has been made mandatory so as to help close the gender gap in access to education.*
> **005, Male, Government-State Level, 2022**

TB-associated stigma - influenced by beliefs that it is incurable, hereditary, or caused by traditional magic - further complicates effective care-seeking across different regions. Local language terms for TB often evoke fear and reinforce misconceptions, underscoring the need for gender-responsive programming that addresses diverse cultural nuances across the country. The lack of TB awareness from the community to Ministry of Health workforce, coupled with minimal advocacy at the local government level, enables stigma to persist, deterring people from seeking diagnosis and treatment and leading to social isolation. Although community and religious leaders are trusted sources of information, their potential to challenge stigma and promote awareness remains limited.

> *We cannot think of gender & TB without working on the issue of stigma. We need to put in place a good workplace policy for TB. We need to ensure supportive programmes. For instance, in case of men, can we think of providing an opportunity for upkeep support as they undergo treatment?*
> **010, female, Academic & TB researcher, 2022**

> *We need to think of geographical variations across Nigeria and the varied cultures. In the Eastern part of the country, more women and children seek health care, a man going to hospital, it's taken as a sign of weakness. In the Northern part of the country, women have to seek permission from the men in order to visit a health facility. Thus, in some parts of Nigeria, it's about men not having access, while in other parts it's about women.*
> **013, Female, Government rep. 2022**

There is a need for geographically and culturally tailored TB programming. Patterns of male mobility, female subordination, and divergent social expectations around illness and gender roles reveal the importance of integrating gender analysis into all aspects of TB screening, diagnosis, and treatment. Addressing these nuanced dynamics is essential to designing equitable, effective and gender-responsive TB interventions.

GOVERNANCE, DECENTRALISATION & POLITICAL COMMITMENT

Nigeria's fragmented political and institutional landscape presents significant barriers to delivering effective TB services. Nigeria operates under a federal system, that includes thirty-six autonomous States and the Federal Capital Territory and 774 Local Government Areas. While decentralisation was intended to foster local adaptation and tailored solutions, it has instead resulted in weak coordination and overlapping mandates between federal, state, and local authorities (LGA).

Long-standing underfunding, siloed interventions and limited political commitment have hampered the implementation of gender-responsive TB programming. Corruption and patronage politics are pervasive, weakening public institutions, distorting priorities, undermining accountability and decreasing productivity. Ultimately, this has led social exclusion and lack of trust in the government's ability to deliver essential public goods, including health care, and weakened the state's capacity to respond effectively to public health challenges including TB.

> *Our public service is dominated by those in power. For the State, the Governor determines many things. It's one person's show. On paper, everything is fantastic, but in practice those occupying public offices at senior level, they have no power to execute independent decisions but operate as "boys".*
> **005, Male, Government rep. 2022**

> *Political will is very important. The attention that was given to Covid-19 was quite visible and effective. For TB, if we can get even 20 percent of the attention that was given to Covid-19 in this country (e.g. financial support), then we can achieve much.*
> **011, Male, Political Scientist 2022**

Political leaders at sub-national levels wield significant power over health policy implementation but often deprioritise TB. While the COVID-19 response demonstrated how strong political will, public mobilisation and visible investment can drive rapid progress, similar urgency and transparency have not been applied to TB. COVID-19 funding flows were highly visible and coordinated, whereas TB financing and oversight often remain opaque, reinforcing perceptions that resources intended for TB are vulnerable to mismanagement and corruption, and leaving public awareness and prioritisation of TB low.

POLITICAL & SECURITY CONTEXT

Conflict and insecurity have disrupted health systems, undermined livelihoods, and displaced communities, especially in the North East. The Boko Haram insurgency, persistent banditry in the northwest, and separatist tensions in the southeast have collectively contributed to declining TB notifications, as populations are displaced and health services interrupted. These conditions have also shifted gender patterns of TB detection in some areas, with women becoming more likely to be diagnosed as men are displaced or less able to access care.

> *Nigeria looks different from the Nigeria we know. One cannot walk around like before. People are being killed and kidnapped in different parts of the country.*
> **006, Male, Government rep. 2022**

POLICY, FINANCING, AND INSTITUTIONAL FRAMEWORKS

Nigeria has adopted several policies relevant to TB, including the National TB Strategic Plan (2021–2025), the National Gender Policy, and the Human Rights and Gender Action Plan. However, the implementation of these frameworks remains uneven due to funding constraints, lack of political will, and insufficient institutional capacity.

A critical gap is the absence of a comprehensive TB-specific legal framework that formally integrates gender and human rights provisions. While Nigeria's current action plans are important foundations, without accompanying legal reforms and sustained funding, their impact will be limited.

> *Nigeria's TB programme is heavily reliant on donor funding. If the Global Fund withdraws, the gains will be lost. The government has failed to demonstrate ownership.*
> **008, Male, Private sector, 2022**

Nigeria's health system includes both public and private sectors, with private sector playing a significant role in service delivery, often filling gaps left by the under-resourced public system. However, key challenges remain around effective coordination, regulation and ensuring equitable access to quality services across regions and populations. Public spending on health and social protection remains low, despite the clear evidence linking TB to poverty and deprivation.

> *Community gatekeepers are trusted as long as their messages don't contradict beliefs. We need to strengthen community structures to sustain gains.*
> **002, Male, Government rep. 2022**

The National Tuberculosis and Leprosy Control Programme (NTBLCP) plays a coordinating role, but implementation decisions often rest with states and local governments. Community and religious leaders are highly trusted but underutilised partners for TB advocacy and case-finding.

DATA, EVIDENCE, AND RESEARCH-TO-POLICY GAPS

Robust, disaggregated data is essential for effective TB programming, yet Nigeria's surveillance systems remained incomplete. Sex and age disaggregated data was often lacking, obscuring a full understanding of who is missing from diagnosis and care and hindering efforts to design effective targeted interventions. A gender assessment study on TB in Nigeria called for TB data to be disaggregated by sex at the Federal, State and LGAs levels to better inform programming.

> *I like thinking about what things we can do without money e.g. we need disaggregated data by age and gender. With interrogation of data, we get a clear picture. What we see is more TB cases in men. When we compare incidence, we get to see the real picture. We also need to ask which men, which age group of men is missing from TB data or discontinuing TB care? I believe that your data is your decision. Data is everything you need to inform interventions. With data you ask questions on possibilities. Data mining and cleaning opens spaces for engagement.*
> **013, Female, Government rep., 2022**

The capacity of researchers to package findings for policymakers can be improved along with the strengthening capacity of implementers of the TB programme, at all levels, on gender transformative policies, tools and innovations. Bridging this gap is essential to support gender-equitable programming. Limited government funding for health research in Nigeria (just 0.08% of federal health expenditure) with little funding for research at the sub-national level, weakens the link between evidence generation and policy adoption. Along with budget shortfalls, limited access to hard-to-reach areas, underreporting of TB cases, and insufficient technical capacity, undermines the effectiveness of TB programmes.

> *On the rating of the ability of researchers to package their research work to policy products, I would rate our researchers as still low. As researchers we should make every effort to communicate our findings to end users. We need to look for spaces to communicate our research. We should not operate in isolation. We need skills in using social media platforms to communicate our research.*
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> **003, Female, Community-based Organisation, 2022**

OPPORTUNITIES AND ENTRY POINTS FOR CHANGE

Despite these challenges, Nigeria's TB response has achieved important milestones. The 2023 epidemiological review highlighted substantial improvements in TB case detection and reporting. The total number of notified cases rose markedly from 103,018 in 2018 to 285,561 in 2022, nearly tripling the estimated treatment coverage from 24% to 59% over the same period; and integrated HIV-TB services have expanded access for women.

Nigeria has shown commitment to combating TB through policy frameworks like the Second National Strategic Health Plan (2018–2022), which prioritises communicable diseases, emphasises equity and gender, and focuses on identifying and treating those with TB missing out on the diagnosis and care they need, despite ongoing gaps in implementation.

These achievements show that with consistent investment, political will, and community engagement, progress is both possible and scalable.

KEY SUCCESSES IN NIGERIA'S TB CARE AND PREVENTION

- Coordinated efforts by the National TB and Leprosy Programme
- A well-articulated TB programme across the three levels of government in Nigeria (Federal, state, and LGA),
- Increase in the number of notified cases from 30% in 2018 to between 50 – 60% in 2020
- Sustained donor support for the TB programme
- Effort to reach out to more children with TB
- Existence of various policy instruments targeting TB are and prevention in the country
- Donor support for the TB programme creates continuity of service even when there are disruptions due to labour disputes

KEY GAPS IN NIGERIA'S TB CARE AND PREVENTION

- Low level of knowledge among the people on TB
- High levels of stigma at all levels targeting people diagnosed with TB (e.g. health facility, community and workplace)
- Lack of gender focus on TB care and prevention
- Low level of local funding for TB programmes in the country
- Weak implementation of health policies across the country
- TB programme is heavily dependent on donors
- Low level of advocacy on TB by LGA

OPPORTUNITIES FOR CHANGE

Human rights and gender-responsive policy

LIGHT partner, ZRC, played a pivotal role in informing the Mid-Term Review (MTR) of the NSP (2021-2025) by providing technical input using evidence from LIGHT and advocated for the inclusion of a new objective on **"Human rights and gender considerations in provision of quality TB services"**, with key fundable activities and a workplan, marking a shift in the NSP's priorities. Previously overlooked, human rights and gender dimensions are now recognised as integral to quality TB services and care. The **NTBLCP's unprecedented commitment** to conducting human rights and gender analysis to identify implementation gaps, developing responsive policies, implementing gender-specific activities, and engaging affected communities **mark a pivotal step toward advancing gender equity in Nigeria's TB response.**

Community-centred engagement

Religious and traditional leaders, alongside community health influencers and promoters of services (CHIPS) agents, can serve as trusted advocates for TB care, helping to reduce stigma, enhance awareness and address misinformation, and encourage timely care-seeking within their communities.

Political engagement and advocacy

Political transition following the 2023 elections offered an opportunity to reframe TB as both a health and economic issue, driving stronger political will and domestic financing.

Strengthen evidence and capacity

The LIGHT Consortium has led by producing actionable gender-focused research, strengthening research-to-policy pipelines, and building technical capacity at all levels of the TB response.

HOW THE COUNTRY CAN ENHANCE GENDER EQUITY IN TB CARE AND PREVENTION

- Need to be very specific in targeting men, e.g. having interventions that appeal to men
- Have the political will and commitment to gender equity in TB care and prevention at all levels of government
- Under universal health coverage, the government should put aside some funds for TB care and prevention
- More community awareness on TB to address misconceptions
- Research on more innovations in TB case detection, new strategies for finding missing TB cases
- Involve both men and women's associations
- Need more evidence on the profile of men missing in TB notification
- Embrace a rights-based approach to TB care and prevention

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Partners: AFIDEP African Institute for Development Policy; LSTM Liverpool School of Tropical Medicine; London School of Hygiene & Tropical Medicine; mli Makerere University Lung Institute; ReSOK Respiratory Society of Kenya; Zankli Research Center

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