

# Towards Gender-Responsive Approaches to Ending TB in Uganda

Parliamentary briefing | February 2025

## Tuberculosis in Uganda

Tuberculosis (TB) remains a significant public health challenge globally and in Uganda. It is an airborne disease, meaning it can affect anyone. In 2023, Uganda reported approximately 96,000 new TB cases. Although Uganda's share of the global TB burden is less than 1%, it remains one of the 30 high TB burden countries identified by the World Health Organization (WHO). This underscores the critical need for ongoing efforts and targeted interventions.

Uganda has made tremendous progress, achieving 91% treatment coverage and 91% treatment success rate countrywide. Initiatives like the novel CAST+ campaign contributed to this progress.

However, success varies within the country and more effort is needed to sustain these achievements within a fragile funding landscape.

## KEY STATISTICS



IN 2023

1.25  
million

TB DEATHS  
GLOBALLY

10.8  
million

PEOPLE  
FELL ILL  
WITH TB  
GLOBALLY

0.79%

OF PEOPLE  
WHO DIED  
OF TB  
WERE IN  
UGANDA

0.89%

OF PEOPLE  
WHO  
DEVELOPED  
TB WERE IN  
UGANDA

55%

OF PEOPLE WHO  
DEVELOPED TB  
GLOBALLY WERE MEN

## Gender and TB in Uganda

Mirroring the global figures, **TB in Uganda disproportionately affects men**, with TB incidence being four times higher among men than among women (Uganda Ministry of Health, 2015).

Social norms around masculinity discourage men from seeking timely healthcare, resulting in delayed diagnosis and treatment, increased transmission and worse health and economic outcomes—including treatment failure, disability, or death, alongside catastrophic economic and social consequences for those with TB and their families. Many men often prioritise work and family responsibilities over their health, ignoring TB symptoms or perceiving them as insignificant. As a result, most new infections in men, women and children are attributable to transmission from men.

Gender plays a critical role in shaping health behaviour and outcomes, yet an in-depth understanding of the gendered barriers to TB care is often lacking.

## 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 Policy Landscape

The Uganda National Strategic Plan for Tuberculosis and Leprosy Control 2020/21-2024/25 is the country's key instrument guiding Uganda's TB response. This strategic plan aligns with global commitments such as the UN High-Level Meeting (UNHLM) Political Declaration and the Sustainable Development Goals (SDG 3), focusing on a people-centred approach to TB prevention, diagnosis, and treatment.

However, gender-specific TB interventions for men remain absent in Uganda's TB guidelines. Men continue to be lost along the TB care cascade, as public and private healthcare facilities lack structured approaches to address men's unique barriers to care.

## Funding Challenges for the TB Sector

Uganda's government funding of the health sector has consistently remained below the 15% set target by the 2001 Abuja Declaration. In the National Budget Framework 2024/2025, the health sector was only allocated 4.1% of the total National Budget, down from 6.5% in 2023/2024.

The funding landscape is even more challenging for TB and Leprosy prevention and control. Over 55% of the available TB funding comes from external donors, while government's support stands at just 5%. This leaves a big funding gap, considering that donor funding is characteristically unstable. There is a heavy reliance on direct out-of-pocket expenses, standing at 40%, exacerbating the economic burden on TB-affected households. The awareness and advocacy budget for the National TB and Leprosy Programme is only 0.5% of the total annual TB budget, limiting behaviour change programmes and activities. 53% of TB-affected households in Uganda face catastrophic health expenditures, leaving them in economic hardship.

## The LIGHT Research Programme

Makerere University Lung Institute (MLI) is a centre of excellence in lung health research in Uganda. The centre, soon celebrating its 10th anniversary, works with national and global partners to generate cutting edge evidence on lung-related conditions, including TB and post-TB lung disease. MLI partners with organisations from Kenya, Malawi, Uganda and the UK on the LIGHT Consortium; a six-year cross-disciplinary global health research programme funded by UK aid, led by the Liverpool School of Tropical Medicine. LIGHT focuses on generating new evidence to inform policy and practice for transforming gendered pathways to health for people affected by TB in peri-urban settings. Ultimately, LIGHT aims to improve overall health and wellbeing, socio-economic outcomes and equity, leaving no-one affected by TB in sub-Saharan Africa, behind. The research programme does this by enabling and supporting global and national policy environments and health systems to improve sustainable and equitable access to quality TB services and medical products, reducing TB mortality and morbidity among men, women, and children.

LIGHT in Uganda conducted a research study that aimed at improving TB case detection using a gender-specific TB screening intervention, targeting men attending in public health facilities in Gombe and Mityana hospitals. Preliminary findings show that systematic TB screening across all health facility departments, combined with male-friendly services, increases TB notifications among men without compromising care for women.

## Key Asks for the Uganda Parliamentary TB Caucus

To ensure sustainable progress in TB control, the Uganda Parliamentary TB Caucus should urgently address the following areas:

### 1 | Support the integration of gender National Tuberculosis and Leprosy Strategic Plan

As the country is in the process of reviewing the current National Strategic Plan, this presents a critical opportunity to integrate gender-responsive TB policies and guidelines, addressing barriers affecting men's access to TB care. We call upon the Uganda Parliamentary TB Caucus to rally other stakeholders to ensure that gender disparities in TB are more adequately addressed in the new NSP.

### 2 | Lobby for increased domestic TB funding

The TB sector's heavy reliance on unstable external donor funding is no longer sustainable. The sector should benefit from increased domestic funding by the government and the business sector, specifically from the oil revenue and tax on tobacco products. Given the current turbulence in donor funding, we urge the Parliamentary TB Caucus to advocate for increased financial support from the national treasury to strengthen TB service delivery. A 10% funding increase for the year 2025/2026 year would be a crucial first step toward more sustainable financing.

### 3 | Rally community structures for TB awareness

Stigma and discrimination of people with TB is rampant in Uganda, particularly among men, exacerbating delayed diagnosis and treatment. The members of parliament can utilise community events and activities to lead TB awareness campaigns, address TB-related stigma, challenge harmful gender norms and promote positive masculinities, encourage men to visit health facilities for health check-ups and TB screening.

### 4 | Lobby for wider engagement of TB survivors in the national TB response

TB survivors with first-hand experiences can offer valuable insights into the challenges across Uganda's TB care cascade from screening, diagnosis to recovery. Their experiences should inform policy discussions, programme designs and advocacy campaigns to co-creating effective people-centred solutions that works for people with TB particularly men.