



# A Gender Analysis of Policies and Guidelines on TB Diagnosis and Treatment in Kenya

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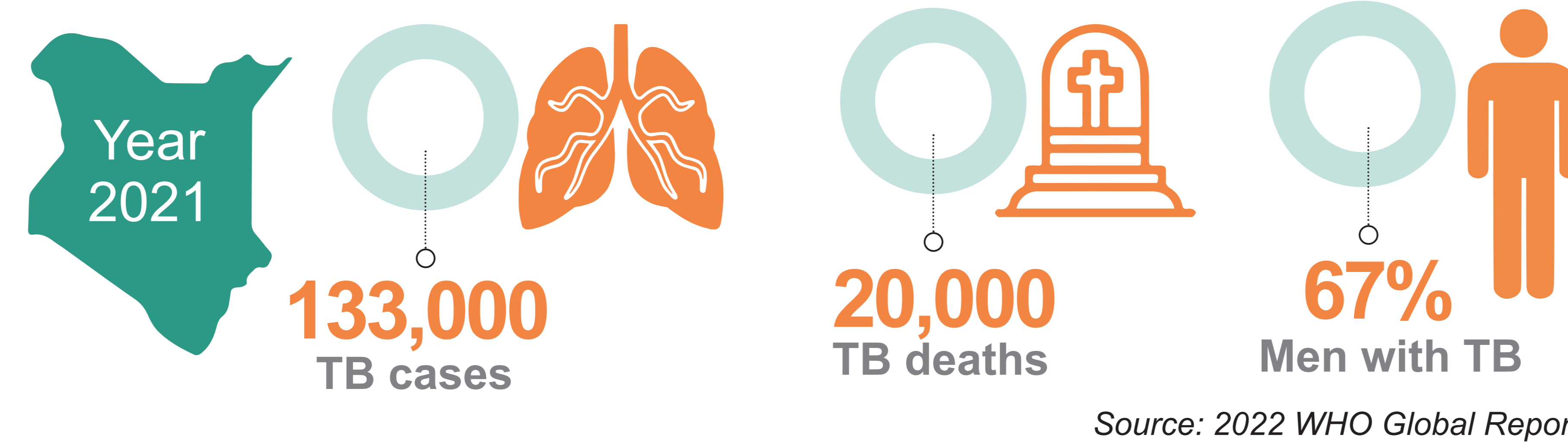
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## Background

Tuberculosis (TB) is a serious public health issue in Kenya. In 2020, the World Health Organization (WHO) estimated there were 139,000 cases of TB in Kenya and 21,000 deaths, making TB the fourth leading cause of death in the country.

While TB can affect anyone, regardless of age or sex, the highest burden is in adult men. In Kenya, 66% of all cases notified with TB in 2020 were men. Some of the reasons for this inequity in TB outcomes are the **lack of policies to address challenges to accessing healthcare services among men.**

A study conducted by researchers of the LIGHT consortium reviewed existing policies to understand how addressing the gap in policies can help reduce gendered TB impact.



## Methodology

From November 2020 to April 2021, the researchers conducted a systematic review of national policies and guidelines using published and gray resources such as PubMed and Google Scholar among others from the databases' inception to March 2021.

Additionally, the authors received approved policy documents and guidelines on TB from key stakeholders such as the Ministry of Health (MoH).

The team then extracted information from these resources using an internal framework.

## Results

The policy analysis revealed that some up-to-date policies/strategies address various components of TB. However, the policies/strategies lack a gendered approach to assess and address men's barriers to TB care.

The latest policy in Kenya on TB is the National Strategic Plan for TB and Lung Health which expires in 2023.

One fundamental policy implementation gap is the lack of resources and interventions that actively target men to ensure early diagnosis and interrupt transmission.

## Conclusion and Recommendations

Future gendered policies on TB are key to help address this gap. There's need to emphasize the high burden of TB among men and invest in male-friendly diagnostic and screening services to reduce undiagnosed TB.



# A Political Economy Analysis of TB in Malawi, Uganda and Kenya: The Gender Perspective

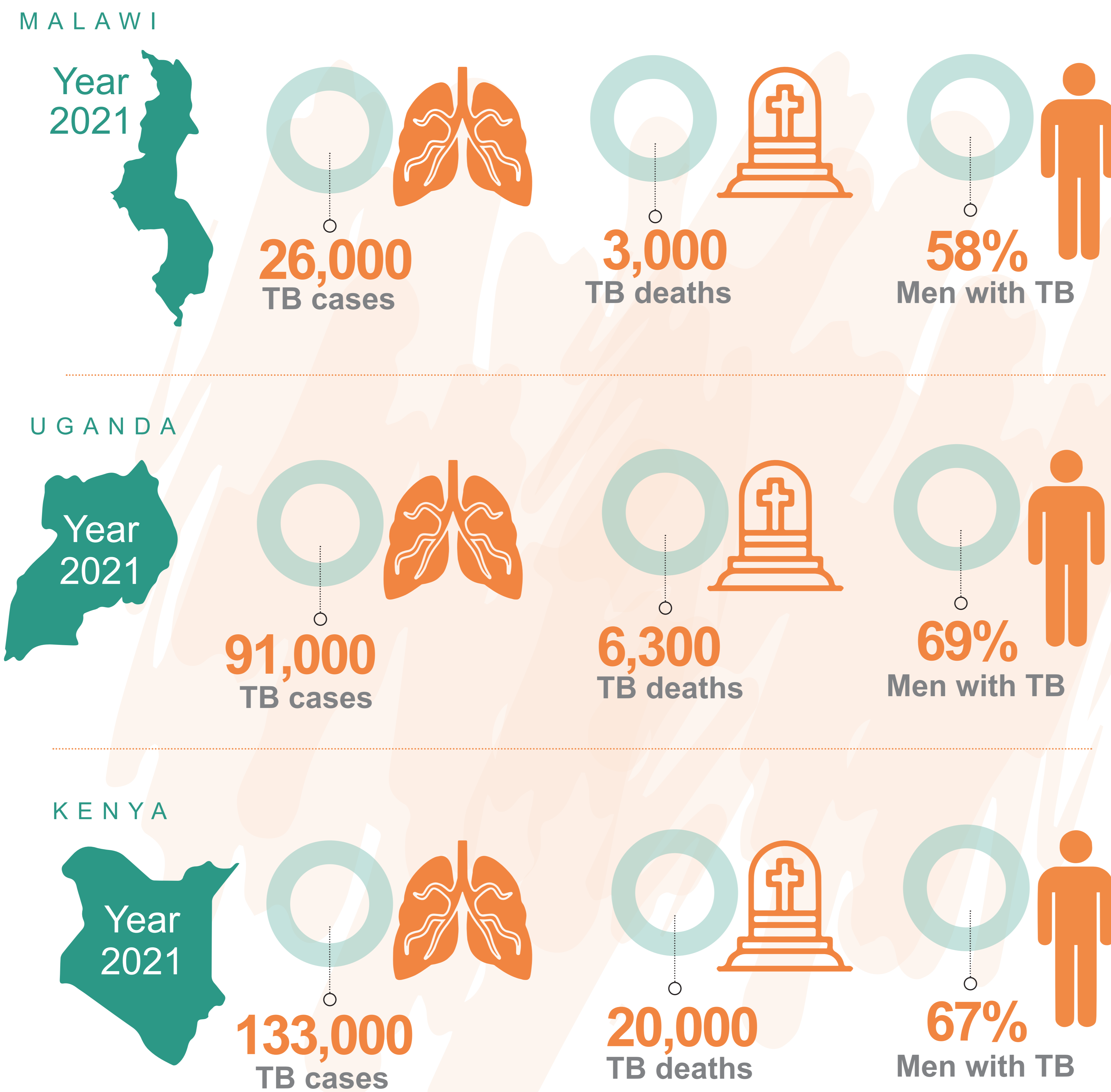
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## Introduction

Among the global estimates of 10 million people who fell ill with tuberculosis (TB) in 2020, adult men accounted for 56%, with a higher burden compared to adult women and children, who accounted for 33% and 11% respectively.

A political economy analysis (PEA) was conducted by researchers of the LIGHT consortium to improve the understanding of the deeply rooted social, political and economic factors that influence health. The study aimed to inform interventions that can best support decision-making on gendered TB services.



Source: 2022 WHO Global Report

## Methodology

To understand foundational context, political context and social-cultural terrains contributing to more men having TB compared to women and children, a desk-based PEA review was conducted for Malawi, Kenya and Uganda. The desk-based review will be followed up with a more detailed PEA to deepen our understanding of the social, political and economic factors affecting men's access to TB services.

This was a qualitative study, and the literature was purposefully sampled.

## Results

The PEA revealed the gender dynamics that have greater influence on peoples' access to health services, and generally its impact on the ability to control and eliminate TB in Malawi, Uganda, and Kenya. Stigma, poor health-seeking behaviours among men, and reliance on traditional medicine were identified as some of the inhibitors in the fight against tuberculosis in Africa.

The study also identified that gendered policies are key to reducing TB infections and achieving the EndTB Strategy, and some Sustainable Development Goal (SDG) targets (e.g. for SDG 3 and SDG 5). While there are robust health frameworks, generally TB policies are less gendered. Our PEA study informs design of effective approaches to deliver gender-sensitive TB programming in Malawi, Uganda and Kenya.

## Conclusion and Recommendations

To end TB by 2030, there is the need for gender-sensitive TB programming and innovative gendered approaches. Political, social and institutional factors should be considered in order to identify new innovative strategies and tools. While several health-related policy instruments are coming to an end in 2022, policymakers should consider gender as a key variable to ensure gender-sensitive TB programming in new instruments.