



Leaving no-one behind: Transforming Gendered pathways to Health for TB (LIGHT)

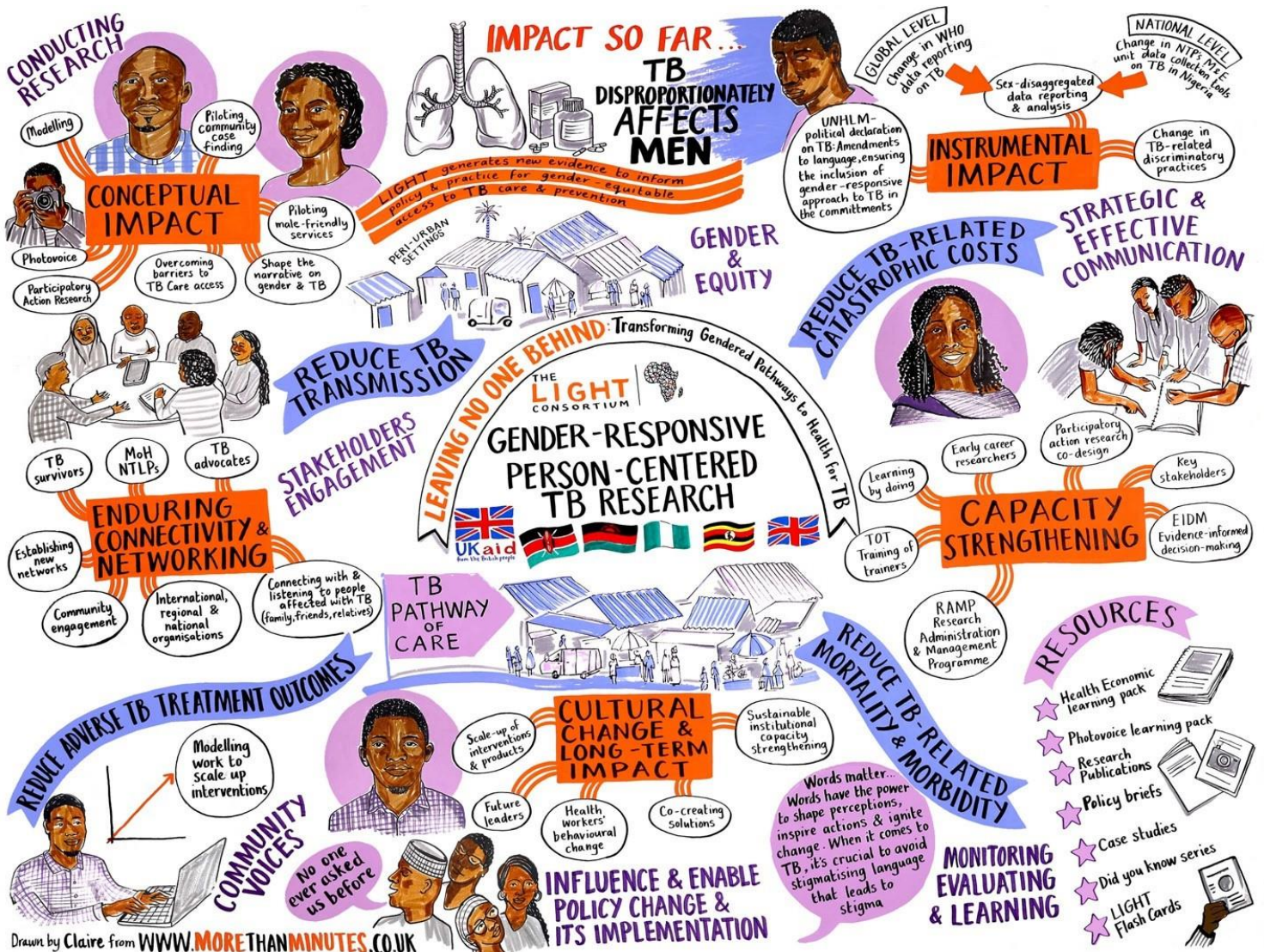
ABOUT LIGHT

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 contribute to real-world change, leaving no-one affected by tuberculosis (TB) in sub-Saharan Africa behind. The LIGHT Consortium is generating new evidence to transform gendered pathways to health for people with TB in urban settings.

LIGHT's approach aspires to reduce the overall TB mortality and morbidity, and ultimately improve health,

socio-economic outcomes, equity, and contribute to the global efforts to end TB. Our partners include the African Institute for Development Policy (AFIDEP), Kenya and Malawi; Liverpool School of Tropical Medicine (LSTM) UK; 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.

Check out our [video](#) to learn more about LIGHT's work.



Drawn by Claire from WWW.MORETHANMINUTES.CO.UK

MESSAGE FROM LIGHT'S CEO



Welcome to LIGHT's annual e-newsletter. This year has seen great progress across all partners in the Consortium. The formative research phase has transitioned into implementation research, and early findings are showing very interesting results about how gender and age intersect, and how services can be effectively adapted to reach men with TB. We have also seen cross-country sharing of ideas with common methodologies being applied, including strengthening capacity through a trainer-of-trainers model, meaningfully engaging those affected by the disease using photovoice and other participatory techniques. These efforts ensure our research reflects participants' and stakeholders' perspectives. Effective research uptake at global and national levels continues to be strong with current networks being strengthened and new links and connections being made.

Dr Rachael Thomson, CEO

RESEARCH HIGHLIGHTS

Men are disproportionately impacted by TB accounting for over half of all TB cases globally. The LIGHT research teams have been focused on generating new evidence to address gender disparities in TB prevention and care while informing gender-responsive policies and programmes. By improving men's access to quality TB services, we aim to a) reduce the number of people with TB-related illness and deaths; b) reduce transmission to the wider community (including to women and children); and c) alleviate TB-associated financial burden for affected individuals and their families.

LIGHT research teams across the consortium have been working hard on their various research studies. Research projects led by early career researchers (ECRs) in Kenya, Malawi, Nigeria and Uganda have all completed their data collection and data analysis is now underway.

Preliminary findings are emerging and being shared widely at different scientific platforms at national, regional, and global levels.

Similarly, the modelling teams across the consortium have successfully completed calibration and will validate findings by engaging with national TB programmes in LIGHT partner countries. The LIGHT research team at London School of Hygiene and Tropical Medicine (LSHTM) has completed a systematic review, updating evidence on sex differences in TB prevalence with a manuscript currently being drafted on TB transmission by age and sex at national, regional, and global levels.

For detailed summaries these research studies, visit our [LIGHT website](#) as follows: [Kenya](#); [Malawi](#), [Nigeria](#), [Uganda](#), and [United Kingdom](#).

SPOTLIGHT ON LIGHT'S PARTICIPATORY ACTION RESEARCH (PAR)



To complement the quantitative and modelling research, the LIGHT Consortium used qualitative participatory action research (PAR) methods in partner countries to actively engage communities affected by TB in data collection, analysis, dissemination, and dialogue with decision-makers. Affected communities included people with lived experiences, their caregivers, family members, and healthcare workers.

This participatory approach is instrumental in co-creating solutions and shaping person-centred, gender-responsive approaches to TB prevention and care through community participation.

Kenya: The participatory research study involved 29 healthcare workers in a series of interactive workshops. Participants used “spider diagrams” to document factors affecting person-centred TB care positively and negatively. They shared their experiences and discussed perceived opportunities, challenges and needs towards implementing TB services that cater for the rights and diverse needs of different genders and social groups. Reflections were shared with 24 national TB stakeholders, instigating discussions on key recommendations and plans for action, including informing strategies to improve person-centred TB care in Kenya.

Learn more about this participatory study in Kenya through this [booklet](#) and this [video](#).



JACKLINE WANJIRU KUNG'U
Clinician, Kibera DO Health Centre

Jackline Wanjiru Kung'u, a clinician from Kibera DO Health Centre

PHOTOVOICE METHODOLOGY

Photovoice is a participatory research approach that combines photography, storytelling, and dialogue, to create platforms where decision-makers, practitioners, and researchers listen to the lived experiences of people from TB-affected communities and engage with their ideas for improved access to TB services. This participatory approach not only offers deep insights but also amplifies the voices of those directly impacted by TB, stimulating dialogue and social change within their communities.

Malawi: A photovoice project in Lilongwe engaged 12 young people (7 males and 5 females), aged between 15 to 24 years, living with, or impacted by TB. Participants documented their lived experiences, challenges and motivations through photography. They thematically analysed their photo stories and presented their findings to 12 stakeholders working in TB policy and programming during an action workshop. Their insights facilitated a dialogue on approaches for optimising TB services for young people, including integrating youth friendly services and psychosocial support, leveraging participants’ insights to inform policy and practice.

Learn more about the photovoice study in Malawi through this [booklet](#).



A caregiver in Malawi reflecting on how his brother-in-law struggled to walk after being diagnosed with TB

Nigeria: Another photovoice project in Karu involved 8 adults living with TB, eight family members/ carers, and nine healthcare workers. Participants captured their lived experiences through photography, followed by analysing and discussing the findings. Identified priority areas were then presented to 25 TB stakeholders from local, state and national levels, as well as to community members during a photovoice exhibition - collating feedback from community members and stakeholders especially policymakers. Learn more about the photovoice study in Nigeria through this [booklet](#).

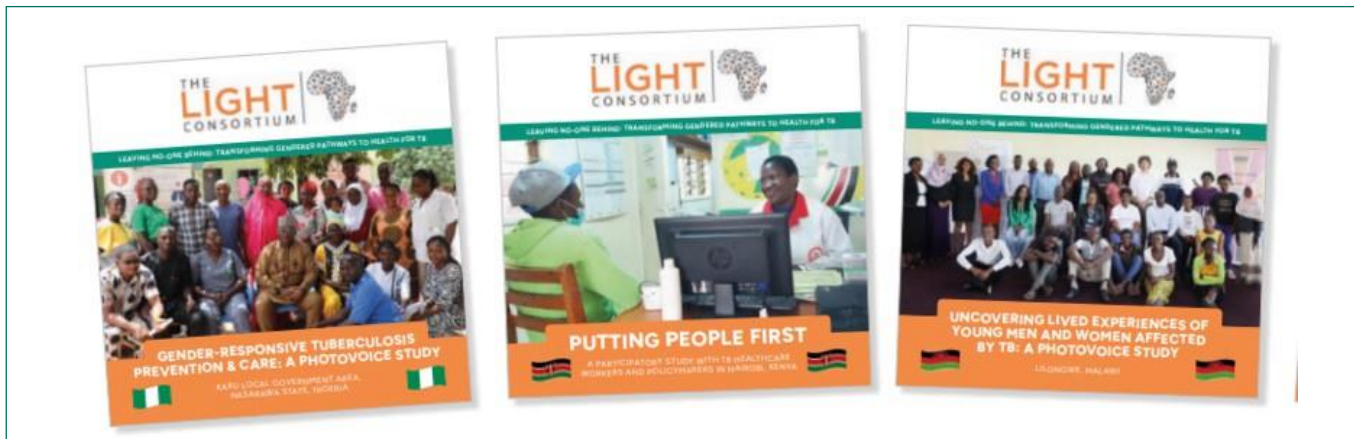


A TB survivor from the Nigeria study reflecting on how most men, like Keke Napep drivers, cannot afford to take time off work as they risk losing income or employment when they go to the health facility

Uganda: LIGHT research team at MLI worked with 70 TB stakeholders, including healthcare workers, TB survivors, policymakers and researchers, to map out men’s ideal and actual TB care seeking and identify barriers to TB care. Using a “stepping stones” approach, the research team identified targeted interventions which would help link men with TB symptoms to TB services and care. A photovoice study with TB survivors is also underway.

These efforts across the consortium underscore the value of participatory methods in understanding and addressing the complex challenges of TB care in diverse settings. By engaging TB-affected communities, LIGHT has enhanced knowledge, awareness, and attitudes towards gender disparities in TB at the national level.

The booklet series for each of the participatory action research studies conducted by LIGHT partners are published on [LIGHT's website](#).



RESEARCH UPTAKE HIGHLIGHTS



To ensure LIGHT's research is relevant, timely and impactful, we continued to strategically engage with key national, regional and global stakeholders, co-creating solutions and sharing our research findings and best practices to advance gender-responsive approaches to TB prevention and care. Our efforts informed policy discussions on improving access to TB services while emphasising the critical role of gender in shaping the TB epidemic. Our research uptake teams in Kenya, Uganda, Malawi, Nigeria and the UK conducted a range of activities, such as active engagements in technical working groups, one-on-one meetings, as well as engagements with local communities, TB survivors and advocates, researchers, funders, decision-makers, healthcare workers and the media. Highlights of our research uptake efforts include:

1

Strengthening relationships with national TB stakeholders: LIGHT continues its efforts in strengthening relationships with key stakeholders, acting as a trusted partner and a credible resource for technical expertise, guidance, contributions, and evidence on TB and gender-related issues. LIGHT utilised multiple platforms and opportunities, including the annual World Tuberculosis Day (WTBD), to accelerate these efforts, emphasising the need for integrating gender into TB research and policy for inclusive and effective TB interventions.

Kenya: LIGHT partners AFIDEP and ReSoK facilitated a series of engagement events in collaboration with the Ministry of Health's National Tuberculosis, Leprosy, and Lung Disease Program (NTLD-P). These included a **Stakeholders' Sensitisation meeting**; the **Kenya TB Stakeholder Consultative meeting**; and the **WTBD Symposium 2024**, themed "YES! We can end TB". These events emphasised gender disparities in TB care, discussed related challenges and explored collaborative solutions including collective commitment to raising awareness about the health, social and economic impacts of TB, among the public, affected communities, health care workers, policymakers and relevant stakeholders.



Prof. Jeremiah Chakaya, CEO of ReSoK giving a keynote address at the World TB Day Symposium in Kenya

Malawi: The LIGHT team at MLW and AFIDEP continues to be a key partner in national TB efforts, contributing to national TB strategies and guidelines including the **National Male Engagement Strategy (MES) for Gender Equality, Gender-based violence, HIV and Sexual Reproductive Health Rights (2023-2030)** and the **National Stakeholders Engagement Meeting on TB, Community Rights, and Gender**. They are also an active member of the **National TB and Leprosy Elimination Programme (NTLEP)**'s Technical Working Group (TWG).

MLW team engaged key national stakeholders through various events to discuss challenges, co-create solutions, and support the utilisation of research evidence in decision-making. For example, LIGHT presented its research findings at the **TB Research Network Dissemination Conference (24-25 October 2023)**, which was led by the NTLEP in collaboration with **Kamuzu University of Health Sciences (KuHES)**. Their advocacy efforts extended to engagements with the Malawi Parliamentary TB Caucus to strengthen policy and legislative support.

Nigeria: LIGHT's ZRC team contributed to the review of the **National Strategic Plan (NSP) 2021-2025**; shared LIGHT's research findings at the **National Tuberculosis, Leprosy, and Buruli Ulcer Control Programme (NTBLCP) Annual Review Meeting** and provided technical guidance on TB interventions; and co-hosted a pivotal **Parliamentary Consultative Meeting**, in collaboration with the Federal House of Representatives Committee on HIV/ AIDS, Tuberculosis and Malaria, which served as a platform for informed discussions and strategic planning to address the pressing challenges of TB in Nigeria.



LIGHT members with stakeholders and honourable members of the Nigerian, House of Assembly



LIGHT members with stakeholders and honourable members of the Nigerian House of Assembly

Members of the ZRC team alongside LIGHT's CEO attended the investiture of Nigeria's First Lady, Senator Oluremi Tinubu, as a "Global and National Stop TB Champion" in Abuja, Nigeria (28 March 2024). The event was attended by over 300 distinguished guests, including representatives from 36 Nigerian states, Governors' wives, national ministers and international partners such as STOP TB Partnership and the Global Fund in Nigeria. During the event, the First Lady pledged 1 billion naira to support TB efforts, raising Nigeria's total contribution to 1% of the global funding needed to end TB.

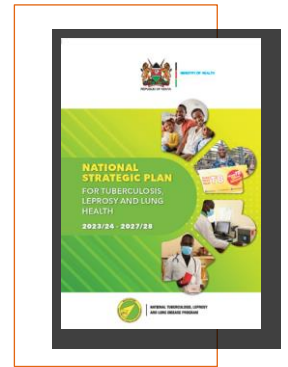
Uganda: MLI co-organised the **National TB and Leprosy Programme (NTLP) Research and Innovation** as part of the **MoH- NTLP Science Summit in Kampala (18-19 March 2024)**, where they shared LIGHT's research findings and advocated for gender-responsive TB approaches. MLI also participated in other TB events such as WTBD and TB Marathon, alongside the Ministry of Health and other partners, to foster community engagement and raise awareness.



Dr Beate Ringwald presenting her abstract that critically reflects on measures and lessons for gender-responsive TB research at the MoH-NTLP Science Summit in Kampala

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Contributing to Kenya’s Revised National Strategic Plan (NSP) for Tuberculosis, Leprosy, and Lung Health (2023/24 – 2027/28): ReSoK and AFIDEP played an influential role in shaping Kenya’s national strategy and guidelines. This was evident in the inclusion of a prominent statement, drafted by LIGHT, as one of the guiding principles in the [final NSP document](#), highlighting the need to “*Address human rights and gender-related barriers to reach the country’s goal of equitable, gender-transformative access to services especially among marginalised and vulnerable groups.*” This inclusion marks a significant milestone in Kenya’s TB strategy, highlighting the imperative need for human-rights, gender-transformative approaches to TB prevention and care for the first time.



3

Revising data collection tools in Nigeria for improved sex-disaggregated data reporting: LIGHT’s partnership with Nigeria’s National Tuberculosis and Leprosy Control Programme (NTBLCP) positioned ZRC as a trusted partner, providing key technical guidance and support. The ZRC team collaborated closely with NTBLCP’s Monitoring and Evaluation Unit to re-design their TB data collection tools, ensuring that data is sex-disaggregated across the TB care cascade. These modifications are now enabling more accurate data collection, improving decision-making and allowing for better targeted interventions at the national level, particularly in addressing gender disparities in TB care.

4

Media engagements: LIGHT partners in Kenya and Malawi organised Media Science Cafés in partnership with media networks: Media for Environment, Science, Health and Agriculture (MESHA) in Kenya, and Journalists Against Aids (JournAIDS) in Malawi, to raise journalists’ awareness and advocate for gender-responsive reporting on TB. This has led to widespread coverage on local TV and in the press e.g. production of [Sayansi Magazine Issue No. 35](#) featuring the outcomes from the event. Learn more about the key highlights through this [video](#). In Uganda, MLI organised a media breakfast for 16 journalists and 2 TB survivors, triggering regular media engagements (news articles, talk shows and social media) and discussions on gender and TB.

5

The 15th meeting of the Network of African Parliamentary Committees of Health (NEAPACOH) in Maseru, Lesotho, 28-29 February-2024: AFIDEP participated in this significant meeting and organised a pre-conference event on “Adopting a Gender-Responsive TB Programming to Ending TB in Africa and Beyond” outlining challenges men face in accessing TB care and outlining opportunities to address gender disparities. This event offered a unique opportunity for engaging with high-level policymakers from various African countries (*Côte d’Ivoire, Kenya, Lesotho, Malawi, Nigeria, Tanzania, The Gambia, Uganda, and Zambia*) who expressed



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

interest in LIGHT’s research and shared their insights into developing and implementing gender-responsive TB policies. This reflected the importance of early engagement, sensitisation and establishing rapport with relevant stakeholders, paving the way for the uptake of LIGHT research. During the main NEAPACOH meeting, Malawi committed to lobby more funding for TB with the support of LIGHT.

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Global advocacy and engagement with wider TB community: Following LIGHT's engagement at the UN multistakeholder hearings for the High-Level Meeting on the Fight Against TB (May 2023, New York), the UK Academics and Professionals to End TB (UKAPT) network, including members of the LIGHT Consortium, collaborated with academics and health care professionals from around the world, to develop an annotated version of the zero draft of the political declaration, proposing amendments to ensure a robust and ambitious version. The draft was submitted to the respective country Missions to the United Nations. The political adoption of commitments was evident in the United Nations Members States collectively recognising and affirming the necessity for a gender-responsive approach to TB (Political Declaration paragraph 9). LIGHT members, along with the global academic and professional community shared reflections and a renewal of hope, momentum and commitment to ending TB, as highlighted in [the Lancet Respiratory Medicine commentary](#).

Following the adoption of the Political Declaration by the General Assembly, efforts shifted to ensuring the uptake of these commitments at country level. In the UK, the LIGHT Consortium was instrumental in supporting the establishment of LSTM's Centre for TB Research, led by LIGHT's RU Manager as Director. The Centre hosted the first in-person [UK Academics and Professionals to end TB \(UKAPT\) Network Event](#) in Liverpool on 26 January, 2024. This meeting aimed to foster partnerships and seek collaborative opportunities in the UK and globally to accelerate efforts and progress towards ending TB, including integrating TB into the antimicrobial resistance (AMR) agenda for the 2024 UNHLM.

Through an informal, interactive environment, representatives from NHS England, the UK Health Security Agency (UKHSA), local public health, affected communities, civil society,



parliamentarians, university-based researchers, health workers and funders, shared their stories, thoughts, inspirations and latest TB research findings.

LIGHT's engagement with the wider TB community continued to strengthen trust, frequency and opportunity through participation in key events such as the [APPG on Global TB](#) (20 March 2024, London) to network with UK MPs and key TB stakeholders; as well as chairing sessions and presenting LIGHT's research findings at the [World TB Day Symposium](#) organised by University College London (UCL) and LSHTM (25 March 2024, London).

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Participation in scientific conferences and events: LIGHT Consortium participated in various international, regional and national conferences, demonstrating our commitment to advancing TB research and strengthening our strategic engagements with the wider TB community and key stakeholders. These included:

Bridging the Gaps in Gender Transformative TB Care and Services in Nigeria, Symposium (26 March 2024): The ZRC team organised a one-day symposium to highlight the impact of harmful gender norms and practices on TB susceptibility and to emphasise the need for implementing gender-transformative TB care and services to effectively address TB disease.

The Ministry of Health National TB and Leprosy Science Summit in Kampala, Uganda, 18-19 March 2024: MLI co-organised a symposium on "National TB and Leprosy Programme (NTLP) Research and Innovation," in collaboration with the WHO, PEPFAR, the Global Fund, Stop TB Partnership and NTLP Uganda. The LIGHT Consortium's contributions included presenting research findings and conducting capacity-strengthening workshop on the integration of impact evaluation into routine programming.



LIGHT consortium members at the NTLP Summit in Uganda

The 6th Annual National Tuberculosis and Leprosy Stakeholder’s Conference in Uganda (7-8 December 2023): LIGHT ECR at MLI Dr Jasper Nidoi presented on designing TB case-finding interventions for men using participatory health-seeking pathways analysis.

The British Thoracic Conference (22 November 2023): ReSoK Partner Lead presented during the symposium titled “What must be done to end TB?” which was chaired by the LIGHT Research Uptake Manager.

The Union World Conference on Lung Health - Transforming Evidence into Practice in Paris (15-18 November 2023): The LIGHT Consortium’s participation was significant through five scientific sessions to share LIGHT research findings; one symposium; one community connect session; and one workshop on Photovoice methodology for researchers and practitioners.

The Africa Evidence Network (AEN) biennial meeting in Entebbe, Uganda (13-15 September 2023): LIGHT partner in Kenya, AFIDEP presented on the Gender Perspective of Health Services on stakeholder engagement for TB.

Pan African Thoracic Congress (7-10 June, 2023): ReSoK and AFIDEP participated as speakers and panelists in some of the sessions at the PATS Congress held in Kenya. Read [blog](#) for further details on our engagement.

CAPACITY STRENGTHENING HIGHLIGHTS



Strengthening the individual and institutional capacity within and outside the LIGHT Consortium, is central to LIGHT’s strategic approach. By strengthening capacity across various areas, the consortium not only supports the production of high-quality research outputs, but also enhances evidence-informed decision-making through equipping key stakeholders with the necessary tools and skills to translate evidence into impactful TB policies and practices.

Evidence Informed Decision-Making (EIDM) Training of Trainers (ToT)

AFIDEP enhanced the technical capacity of 28 mid-level policymakers, including NTP representatives and technical staff from Kenya, Malawi, Nigeria, and Uganda to integrate research evidence into public health decision-making, through online sessions and a five-day in-person workshop (October 2023). Participants were further supported by a nine-month mentorship programme, ensuring the application of EIDM principles. The ToT programme led to impactful outcomes, including the development of country-specific policy briefs disseminated through national and international platforms, and utilising various strategies to embed an evidence-use culture at the institutional level, such as EIDM sensitisation meetings.



The LIGHT consortium members and NTLEP technical officers from Uganda, Kenya, Malawi and Nigeria during the EIDM ToT Training where they shared cross learnings

Research Administration and Management Training Programme (RAMP)



RAMP training aims at equipping research support staff with knowledge and tools to better manage externally funded grants covering topics on: Administration, including diary management, minute taking, and travel logistics; Project Management, including risk management, safeguarding, M&E, and the use of tools such as logframes and Gantt charts; and Financial Management, including budgeting, forecasting, and reporting.

Following a successful round of RAMP trainings last year in Liverpool, Kenya and Malawi, the LIGHT team in collaboration with LSTM conducted RAMP Training of Trainers (ToT) in Harare, Zimbabwe (25-27 October 2023) equipping 23 participants with the necessary skills to become RAMP trainers, including two LIGHT staff. Check out [Lessons Learned](#) from RAMP ToT.

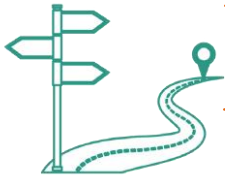
RAMP ToT was followed by further RAMP training sessions:

- **RAMP Malawi** (27-29 February 2024) - 21 attendees from MLW, KuHES, AFIDEP, NTP and Ministry of Gender. This training was run by one of the newly trained LIGHT RU Manager in Malawi.
- **RAMP Uganda** (13-15 March 2024) - 21 attendees from MLI, Walimu, NTP and other university collaborations. The training was run by one of the newly trained LIGHT Administrative Lead in Uganda.
- **RAMP Rwanda** (21-23 March 2024) - 9 stakeholders from the Snakebite Alliance (Wellcome Trust funded).

The value of Training of Trainers (ToT) programmes such as EIDM and RAMP lies in their ability to be scalable and sustainable through its ripple effect, enhancing the individual and institutional capacity within and outside LIGHT. The multiplier effect can already be seen as the newly trained trainers already implemented their knowledge by creating policy briefs and by delivering the RAMP training in Malawi and Uganda reaching more than 40 external stakeholders (including ministries, NTP and NGOs).

Other capacity strengthening activities:

LIGHT organised a series of capacity strengthening and learning events to improve the technical and generic skills of LIGHT staff, local communities and key stakeholders. For example, workshops on Participatory Action Research (PAR) including photovoice strengthened research skills and enhanced self-awareness and self-confidence among participants, including people affected by TB and co-researchers, in Nairobi, Lilongwe, and Karu LGA. The workshops also increased professional knowledge of person-centred care among healthcare workers in Nairobi; generated interest in participatory research methods like photovoice among policymakers and researchers in LIGHT countries.



KEY ASPIRATIONS AND WAY FORWARD

In its final year, the LIGHT Consortium is focusing on maximising its real-life impact in 5 key areas:

- Conceptual Impact:** LIGHT has already contributed to substantial change to knowledge and awareness on TB and gender among all those involved in the programme within and outside LIGHT, including national, regional and global stakeholders, local communities affected by TB, healthcare workers, policymakers, media representatives and researchers. We have done so through diverse platforms including conferences and meetings; webinars; podcasts; social media posts; flashcards and infographics; workshops; community and stakeholders' engagement and global advocacy. LIGHT will continue to do so to ensure wider reach and impact.
- Instrumental Impact:** LIGHT is influencing policies and guidelines, with successful examples such as Kenya's NSP revisions and improved sex-disaggregated data in Nigeria and WHO global reports. LIGHT is currently documenting how its research interventions are positively impacting TB services and care. For example, in Uganda, the gender-responsive TB screening intervention (IGNITE study) led to increased TB case notifications in participating healthcare facilities. We will see more of these examples in the next issue of the LIGHT newsletter.
- Capacity Strengthening:** LIGHT's capacity strengthening activities are already demonstrating their potential of being sustainable and scalable, impacting individual and institutional capacity through examples provided in this newsletter. LIGHT is developing a library of open-access resources useful for researchers, programme managers, policymakers including NTPs, healthcare workers and communities affected by TB, providing sustainable knowledge and guidance beyond the lifetime of the programme.
- Enduring Connectivity:** LIGHT has established strong and valuable partnerships at national, regional, and global levels, which have been instrumental in shaping gender-responsive TB policies and guidelines. Through continued strategic and meaningful engagement and collaboration, these relationships will support not only the programme but also future innovations and initiatives.
- Cultural Change and Long-term Impact:** LIGHT aims to achieve long-term impact through sustained partnerships that champion equitable and inclusive healthcare solutions, ensuring long-term progress toward gender-responsive TB care; scalable and lasting solutions co-created by people affected by TB and tailored towards their needs to improve TB outcomes; and triggering a cultural shift towards person-centered and gender-responsive approaches in TB care among healthcare workers and policymakers.

SPOTLIGHT ON A TB SURVIVOR

At the LIGHT Media Science Café held in Nairobi in November 2023, Walter Akhura, a TB survivor, shared his powerful story with attendees and key TB stakeholders. Walter, once a janitor in Nairobi, initially dismissed his persistent illness as mere exhaustion from work. His evenings were spent with alcohol-fueled camaraderie, offering temporary relief. For weeks, the 32-year-old endured a consistent cough and worsening symptoms until he was bedridden. Two concerned neighbours urged him to seek medical help, suspecting TB.

Fearing the stigma often associated with TB and HIV, Akhura hesitated to visit a clinic, and instead turned to a herbalist whose treatment failed. Two weeks later, he was diagnosed with TB, a bacterial infection primarily affecting the lungs. Seeking treatment was difficult for Akhura, as the clinic had only female healthcare professionals. "I often kept quiet when asked how I felt," he shared, explaining his discomfort discussing personal health issues with women. However, a turning point came when an NGO at the clinic engaged him offering mentorship and support which

helped him, accept his condition and build resilience. Over time, Akhura transformed from a patient to a survivor, and now works as a Human Rights Advocate with Stop TB Partnership Kenya.



Living in Kibra, one of Nairobi's largest informal settlements, Akhura's experience highlights the heightened risk of TB transmission in densely populated environments and the barriers men face in seeking care. His journey, marked by a delayed diagnosis and the absence of male healthcare providers, emphasising the urgent need for a more inclusive and equitable approach to TB care and treatment. "My work will not stop until the healthcare system becomes more inclusive," Akhura declared.

Today, Walter conducts community sensitisation, awareness and advocacy, contact tracing and as part of the Network of TB champions in Kenya.



LIGHT PUBLICATIONS

To explore LIGHT's research work, check out the [full list of our research publications on our website](#) and see the latest publications below:

- Nidoi, J., Pulford, J., Wingfield, T., Thomson, R., Ringwald, B., Katagira, W., Muttamba, W., Nattimba, M., Namuli, Z. and Kirenga, B., 2024. [Finding the Missing Men with Tuberculosis: A Participatory Approach to Identify Priority Interventions in Uganda](#). *Health Policy and Planning*, p.czae087.
- Abdullahi, L.H., Oketch, S., Komen, H., Mbithi, I., Millington, K., Mulupi, S., Chakaya, J. and Zulu, E.M., 2024. [Gendered gaps to tuberculosis prevention and care in Kenya: a political economy analysis study](#). *BMJ open*, 14(4), p.e077989.
- Rickman, H.M., Phiri, M.D., Feasey, H.R., Mbale, H., Nliwasa, M., Semphere, R., Chagaluka, G., Fielding, K., Mwandumba, H.C., Horton, K.C. and Nightingale, E.S., 2024. [Tuberculosis Immunoreactivity Surveillance in Malawi \(Timasamala\)—A protocol for a cross-sectional Mycobacterium tuberculosis immunoreactivity survey in Blantyre, Malawi](#). *Plos one*, 19(5), p.e0291215.
- Millington, K.A., White, R.G., Lipman, M., McQuaid, C.F., Hauser, J., Wooding, V., Potter, J., Abubakar, I. and Wingfield, T., 2024. [The 2023 UN high-level meeting on tuberculosis: renewing hope, momentum, and commitment to end tuberculosis](#). *The Lancet Respiratory Medicine*, 12(1), pp.10-13.
- MacPherson, P., Shaunabe, K., Phiri, M.D., Rickman, H.M., Horton, K.C., Feasey, H.R., Corbett, E.L., Burke, R.M. and Rangaka, M.X., 2024. [Community-based active-case finding for tuberculosis: navigating a complex minefield](#). *BMC Global and Public Health*, 2(1), pp.1-14.
- Bimba, J.S., Adekeye, O.A., Iem, V., Eliya, T.T., Osagie, I., Kontogianni, K., Edwards, T., Dodd, J., Squire, S.B., Creswell, J. and Cuevas, L.E., 2023. [Pooling sputum samples for Xpert® MTB/RIF and Xpert® Ultra testing for TB diagnosis](#). *Public Health Action*, 13(1), pp.12-16
- Savage, H.R., Rickman, H.M., Burke, R.M., Odland, M.L., Savio, M., Ringwald, B., Cuevas, L.E. and MacPherson, P., 2023. [Accuracy of upper respiratory tract samples to diagnose Mycobacterium tuberculosis: a systematic review and meta-analysis](#). *The Lancet Microbe*.
- Ringwald, B., Mwiine, A.A., Chikovore, J., Makanda, G., Amoah-Larbi, J., Millington, K.A. and Horton, K.C., 2023. [Ending TB means responding to socially produced vulnerabilities of all genders](#). *BMJ Global Health*, 8(12), p.e014151.

Stay tuned and check out our latest news, blogs, podcasts, policy briefs and other publications by visiting our website <https://light.lstmed.ac.uk/> and following us on social media.



@LIGHTonTB



The LIGHT Consortium



LIGHT CONSORTIUM