



To stop TB, We Must Adopt a Gendered-Approach in Accessing TB Care and Prevention: A policy Analysis in Kenya

Background

There are clear indications that TB affects different genders and population groups in unique ways. Globally, men and boys account for 64% of Tuberculosis (TB) cases¹. Men are less likely to have their TB detected and reported than women, and men account for 63% of TB deaths among HIV-negative people. The escalating trend is due to gender-related risks and barriers to TB services.

A growing body of literature highlights how notions of masculinity can negatively impact health seeking behavior of men, which may be manifested as late or missing TB diagnoses and lower rates of TB treatment access and completion².

In many cases, for example, men more than women are more likely to have employment, such as mining or blasting, that is associated with increased risk of TB. Men are also more likely to engage in behavior with increased risk of TB, including smoking, alcohol consumption, and drug use.

This compelling evidence necessitates development of policies that guide a gendered-approach to resources and interventions to end TB.

To determine gaps and opportunities for a gendered-approach in existing policies, a systematic policy analysis was conducted between January and March 2021 by Leaving no-one behind; transforming Gendered pathways to Health for TB (LIGHT) Consortium.

Methodology

A systematic document review was conducted from Pubmed and Google Scholar databases from inception of the database to March 2021 to understand the extent gender and TB are prioritised in health,

¹Global tuberculosis report 2020. Geneva: World Health Organization; 2020. <https://www.who.int/publications/i/item/9789240013131>

²Chikovore et.al. (2017). TB and HIV stigma compounded by threatened masculinity: implications for TB health-care seeking in Malawi, International Journal of Tuberculosis and Lung Disease 21(11):S26–S33.

Key messages

1. In 2019, an estimated 10 million people fell ill with TB globally.
2. Although TB affects people of both sexes and all age groups, the highest burden is in adult men, who accounted for 56% of all global TB cases in 2019. In Kenya, 66% of all cases notified with TB in 2020 were men.
3. Men face limited access to timely TB diagnosis and treatment. Being a highly infectious disease, most new infections among men, women and children are likely attributable to transmission from men.
4. Policies on gender and TB should place greater emphasis on the high burden of TB among men and the need to invest in male-friendly diagnostic and screening services, with the aim of reducing undiagnosed TB.
5. Kenya's National Strategic Plan for TB and Lung Health 2019-2023 lacks a gendered approach with strategies to assess and address men's barriers to TB care. Policies, resources and interventions should actively target men with systematic TB screening and diagnostic services to ensure early diagnosis and interrupt transmission. This is important if we are to reduce the burden of TB and achieve the end TB targets.

development and socio-economic public policies. Additionally, google scholar was reviewed as a grey resource. Citations and references evolving from the identified documents were also explored. The study included policies, guidelines, strategies and legislation on health and development.

The study authors looked at medium- and long-term development strategies, health sector strategic plans, public health acts, gender and child welfare policies, national TB and HIV guidelines, and education policies in Kenya. We reviewed both published and grey resources using key search terms like (TB OR tuberculosis OR mycobacterium tuberculosis) AND (gender OR sex OR boys OR girls OR men OR women OR male OR female) AND ('polic*' OR 'guideline*' OR 'strateg*' OR 'intervention*' OR 'develop*' OR 'law*' OR 'legislation') AND Kenya.

In addition to the databases, the national Ministry of Health (MoH) was consulted to guide on the related website/archives with the approved policy documents and guidelines on TB. The team reviewed the policies and extracted information using a piloted data extraction template to mine information from the national policies and guidelines, including the status of the policies and guidelines; whether it is in the process of being updated or if new versions had been drafted.



TB prevalence is significantly higher among men than women

Findings

According to the 2016 Kenya Tuberculosis Prevalence Survey Report; males had a high prevalence rate of 809 per 100,000 compared to female prevalence of 359 per 100,000. Further, the gap between prevalence and notification rates is higher among males, age groups 25-34, and the older age group of 65 years and above.

In Kenya, 66% of all cases notified with TB in 2020 were men, hence they remain the most affected population.³

Figure 1: Pulmonary TB prevalence among adults aged 15 years and above per 100,000 population in Kenya

	Smear positive only (n = 123); Rate per 100,000 (95% CI)	Xpert MTB/RIF only (n = 237) Rate per 100,000 (95% CI)	Bacteriological Confirmed (N = 305) Rate per 100,000 (95% CI)
1 National	230 (174,286)	431 (353,509)	558 (455,662)
2 Sex			
Male	346 (260,431)	614 (498,729)	809 (656,962)
Female	138 (79,196)	286 (202,370)	359 (258,460)
3 Age			
15-24	218 (133,303)	311 (206,416)	360 (242,478)
25-34	259 (164,353)	530 (381,679)	716 (526,906)
35-44	297 (164,430)	484 (319,649)	602 (422,782)
45-54	234 (101,367)	492 (327,656)	607 (432,781)
55-64	118 (24,211)	313 (159,467)	587 (372,803)
65+	125 (24,226)	449 (264,634)	576 (368,783)
4 Setting			
Urban	335 (213,456)	603 (439,767)	760 (539,981)
Rural	175 (126,224)	341 (268,414)	453 (357,549)

Source: <https://doi.org/10.1371/journal.pone.0209098>³

³Enos M, Sitienei J, Ong'ang'o J, Mungai B, Kamene M, Wambugu J, et al. (2018) Kenya tuberculosis prevalence survey 2016: Challenges and opportunities of ending TB in Kenya. PLoS ONE 13(12): e0209098. <https://doi.org/10.1371/journal.pone.0209098>

Despite this data, national policies lack a gendered approach to ending TB. Out of eight policies, guidelines and strategies reviewed, one policy (National Strategic Plan 2019 – 2023) mentioned gender but not from a perspective of addressing their unique needs when it comes to accessing diagnosis, treatment and management of TB in Kenya.

All the eight policy identified policy gaps in guidelines, strategies and commitments on gender and TB (Table 1). Policy analysis acknowledges that the current gaps in policy and strategy may be as a result of poor communication in the current set-up of information sharing across government and its development partners particularly in relation to policy and strategy development.

Table 1: List of TB policies in Kenya

Policies document	Aim /objectives	Date effective
Guideline for Integrated Tuberculosis, Leprosy and Lung Disease in Kenya	The guideline is a revision of the earlier version produced in 2013 and has integrated all the individual guidelines from the different thematic areas.	2017
Kenya AIDS Strategic Framework	The Kenya AIDS Strategic Framework (KASF) has been developed to guide the delivery of HIV services for the period 2015-2019. This framework succeeds the Kenya AIDS Strategic Plan 2009-2014.	2019
Guidelines on Use of Antiretroviral Drugs for Treating and Preventing HIV Infection in Kenya	To optimize HIV prevention and treatment services through introduction of better medicines, diagnostics and patient centered approaches in service delivery.	2018
Kenya Latent Tuberculosis Infection Policy	To provide guidance on the implementation of management of latent TB infection prevention control.	2020
Tuberculosis Isolation Policy	The guideline provides the standards required for isolation care of TB patients who interrupt their anti-TB medicine.	2018
Kenya Health Policy	The policy gives directions to ensure significant improvement in overall status of health in Kenya in line with the 2010 Constitution of Kenya, the country's long-term development agenda - Vision 2030 and global commitments.	2014–2030
Guidelines on the Management of Tuberculosis in the Context of COVID-19 Pandemic	The guideline helps health care workers to implement proper infection prevention and control measures based on the current evidence to prevent transmission for both TB and COVID-19 patients.	2020
Treatment of Drug Resistant (DR) Tuberculosis in Kenya: Introduction of the Injectable Free Regimens	To guide the implementation of the new injectable free regimens for the treatment of DR TB in Kenya. The policy describes treatment of DR TB, quality of care improvement in a patient centered approach as per the End TB Strategy and the WHO consolidated guidelines on drug resistant tuberculosis treatment, 2019.	2020

Discussion

Following the paucity of gendered TB policies, strategies and guidelines, the Ministry of Health and partners' advocate for the team to develop and implement a gendered TB guidelines. Policies on gender and TB should place greater emphasis on the high burden of disease in men and the need to invest in male-friendly diagnostic and screening services, with the aim of reducing undiagnosed TB.

Men should be considered a high-risk group for TB considering TB prevalence is higher among men than women. The National TB programme (NTP) should actively target men with systematic TB screening and diagnostic services to ensure early diagnosis and interrupt transmission. This is important if we are to reduce the burden of TB and achieve the End TB targets.

If we do not address the TB gender burden among men, we run the risk of continued high transmissions to populations of all gender and ages. It will not be possible to meet our targets to end TB.

Recommendations

To have an overall goal of ensuring the stakeholders develop and adopt gendered TB policies, strategies and guidelines, we recommend to have

1. A gender inclusive national TB strategic plan (2024 and beyond).
2. Influencing funding and budget allocation for TB gendered interventions.

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

LIGHT is a six-year cross-disciplinary global health research programme funded by UK aid, led by LSTM working with partners in Kenya, Malawi, Nigeria, Uganda and the UK. LIGHT aims to provide new evidence on the effectiveness of different gender-sensitive pathways and approaches to health for those with TB in urban, HIV-prevalent settings. The initiative will contribute to improved health, socio-economic and equity outcomes and efforts to stop the spread of TB.