

LIGHT Consortium

The Leaving no-one behind: transforming Gendered pathways to Health for TB (LIGHT) consortium is a cross-disciplinary global health research programme funded with aid from the UK government, led by the Liverpool School of Tropical Medicine (LSTM), working with partners in Kenya, Malawi, Nigeria, Uganda and the UK.

The partners are:

- Liverpool School of Tropical Medicine (LSTM) – UK (Lead)
- African Institute for Development Policy (AFIDEP) – Kenya and Malawi
- 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
- Zankli Research Centre (ZRC) – Nigeria

The partners have extensive research and implementation expertise, and broad intersectoral reach in sub-Saharan Africa.



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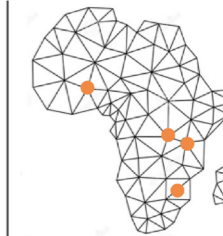


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Leaving no-one behind: transforming Gendered pathways to Health for TB



About LIGHT

Tuberculosis (TB) is a primary threat to current and future global health, generating a huge and unequal disease burden. TB is the second leading infectious disease after COVID-19, with a reported 1.6 million deaths globally (including 187,000 people with HIV) from 10.6 million infections in 2021.

It is also the source of one-third of global antimicrobial resistance deaths, and is a leading cause of death for people with HIV – accounting for around a third of HIV-related deaths. Global leaders have committed to ending the TB epidemic by 2030, through unanimous endorsement of the *End TB Strategy* at the World Health Assembly in 2014; adoption of the UN Sustainable Development Goals (SDGs) in 2015; and the UN Political Declaration “United to End Tuberculosis” in 2018.

Leaving no-one behind: transforming Gendered pathways to Health for TB (LIGHT) is a research programme that aims to address and shape the TB prevention, detection, and treatment agenda. LIGHT’s work targets vulnerable and marginalised populations, particularly in densely populated urban areas. LIGHT focuses on the male population, drawn from findings that men account for two-thirds of TB disease in low- and middle-income countries. Findings reveal that of the number of people estimated to have undiagnosed TB, the majority are men.

LIGHT aims to address this challenge by producing world-leading, cross-disciplinary evidence for equitable, gender-responsive interventions to help reduce TB mortality, social determinants of TB and associated inequalities by 50% by 2025.

Funding and Implementation

The LIGHT programme is implemented in four African countries – Kenya, Malawi, Nigeria and Uganda – by a consortium comprising leading organisations working in global health. It is funded by UK aid from the UK government.



A particular challenge ending TB is that men account for more than half of the total estimated TB cases annually. This has an impact on the success of public health responses with tremendous personal, familial, social, and economic consequences for their families and the wider community.

The evidence base argues for including, not replacing, men in the gender and health agenda, discourse, policies, and programmes. LIGHT aims to contribute to real-world change by conducting research; strengthening capacity for research; research management and research uptake; ensuring uptake of evidence generated by the programme into policy discussions; and monitoring, evaluating and apply learning from our work.

We support key stakeholders to ensure that global and public health policies, programmes, organisations and initiatives are gender-responsive, pro-poor and ready to support the introduction and scale-up of new TB-related products by 2030 to meet global TB targets.

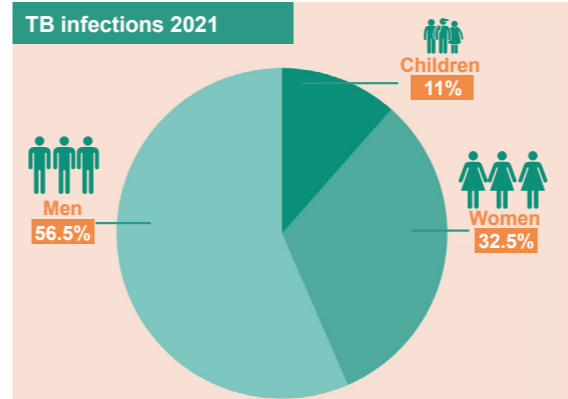


Figure 1: Men contribute to two-thirds of TB infections

“ LIGHT aims to address and shape the TB prevention, detection, and treatment agenda ”



Nation Media Group (Kenya)



For LIGHT, success will be reflected by:

- New research evidence on how to increase the detection and cure of males (adults and adolescents) with TB that take into account the needs of women and girls, the COVID-19 context, and the urban contexts.
- Policy and practice on TB treatment and care that has been informed by the new research evidence.
- Increased individual, institutional and stakeholder capacity to conduct, manage and use multidisciplinary, policy-relevant research.