

# Towards Gender-Responsive Approaches to Ending TB in Malawi

Parliamentary briefing | March 2025

## Tuberculosis in Malawi

Tuberculosis (TB) remains a significant public health challenge both globally and in Malawi. In 2023 alone, TB killed 1.25 million people, while 10.8 million people globally, fell ill from TB. Consequently, TB has reclaimed its position as the leading single infectious killer.

Malawi is one of the 30 countries with a high burden of TB. In 2023, the country reported approximately 25,000 new TB infections and 1,700 TB-related deaths. Additionally, Malawi has one of the highest rates of TB-HIV co-infection in the world, with nearly 50% of all people with TB also being HIV-positive.

## TB and Gender in Malawi

TB disproportionately affects men. Globally, 55% of TB infections occur in men, 33% in women, and 12% in children and young adolescents. Unfortunately, men are less likely than women to seek timely diagnosis and treatment. Men with infectious TB are, therefore, more likely to remain infectious for longer periods of time, thereby transmitting TB to other men, women, and children. In Malawi, the TB trends mirror the global statistics, with men's TB burden in 2023 being 1.5 times higher than that of women.

Men's peculiar circumstances needs, and challenges increase their likelihood of exposure to TB while limiting access to and engagement with TB healthcare services. As a result, men are the primary drivers of TB transmission within communities, contributing to infections among women and children. A deep understanding of gender-related barriers to TB care, considering the historical and cultural contexts of communities, is often lacking.

## Malawi's Commitments to TB

Malawi participated in the first and second High-Level Meetings of the United Nations General Assembly on the fight against tuberculosis (TB) held in 2018 and 2023, respectively. Malawi joined with other Member States in committing to end TB by 2030.

The Malawi Parliamentary Health Committee, through the Network for African Parliamentary Committees on Health (NEAPACOH), has committed to improving the landscape of TB health from a policymaking perspective. In 2024, Malawi committed to enhancing awareness of TB-related evidence among parliamentarians. Additionally, in 2025, Malawi plans to secure increased domestic funding for TB initiatives for the fiscal year 2025/26.

\*2024 WHO Global Tuberculosis Report

## KEY STATISTICS

 IN 2023

1.25  
million

TB DEATHS  
GLOBALLY

10.8  
million

PEOPLE  
FELL ILL  
WITH TB  
GLOBALLY

57%

OF PEOPLE  
NOTIFIED  
WITH TB IN  
MALAWI  
WERE MEN

98%

OF TB FUNDS  
IN MALAWI  
ARE FROM  
EXTERNAL  
SOURCES

55% OF PEOPLE WHO  
DEVELOPED TB  
GLOBALLY WERE MEN



## The Policy Landscape

The Malawi National TB and Leprosy Control Strategic Plan for 2021 – 2025 serves as the primary framework for the country’s response to TB. This is complemented by the 2024 Malawi National Tuberculosis and Leprosy Guidelines and is aligned with the Health Sector Strategic Plan (HSSP III) for 2023–2030. While the TB Strategic Plan offers some attention to gender-related issues, both the 2024 Malawi National Tuberculosis and Leprosy Guidelines and the HSSP III take more gender aspects into account.

The Ministry of Health in Malawi, through the National Tuberculosis and Leprosy Elimination Program (NTLEP) within the Community and Promotive Health Directorate, is responsible for providing technical and policy guidance for implementing services related to the prevention, diagnosis, care, and treatment of TB throughout the country.

## Funding Challenges for the TB in Malawi

Funding for TB programmes in Malawi is heavily dependent on donor support. In 2024, the budget allocated for fighting TB was \$33 million, but only 45% of this amount was available. More than 98% of the available funds came from external sources, while domestic funding comprised less than 2%.

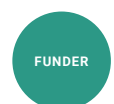
As global donor aid declines, Malawi must strengthen domestic financing for TB programmes. This is vital for sustaining current efforts and achieving global targets to fight this public health issue. By encouraging local investment and resource allocation, we can enhance our health systems and improve access to effective TB care and prevention. Through domestic financing, local ownership and stewardship of TB care programming are likely to be enhanced. Government stewardship is a key principle of the World Health Organization (WHO) End TB Strategy.

## The LIGHT Research Programme

LIGHT is a six-year cross-disciplinary global health research programme funded by UK aid, led by the Liverpool School of Tropical Medicine (LSTM) working with partners in Kenya, Malawi, Nigeria, Uganda and the UK. LIGHT’s partners include: African Institute for Development Policy (AFIDEP), Kenya & 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; and Zankli Research Centre (ZRC), Nigeria.

LIGHT is generating new evidence to inform and strengthen policy and implementation of gender-responsive TB programming to reduce TB transmission, TB morbidity and mortality and associated catastrophic costs ensuring that no one is left behind.

LIGHT in Malawi conducted studies to understand TB exposure and the experiences of individuals affected by TB. Preliminary findings indicate that TB exposure increases with age and is higher among adult men than women. The research on lived experiences offered a chance to engage more men, identify barriers to TB care, and collaboratively develop solutions tailored to the local context.



## Key Asks for the Parliamentarians

In this brief, LIGHT provides recommendations for the Malawi Parliament to lead a gender-responsive and well-financed TB response.

### 1 | Advocate for increased domestic financing for health, including gender-responsive TB programming, in addition to other financing mechanisms

Parliament should lead in reducing reliance on changing donor funding by securing more government and local financing.

### 2 | Strengthen multisectoral approaches to TB determinants through (MAF-TB)

Parliamentarians should champion the Multisectoral Accountability Framework to End TB (MAF-TB) by engaging multiple ministries, civil society organisations, and the private sector.

### 3 | Promote integration of TB-HIV services

Parliamentary committees should advocate for collaborative TB-HIV care models to improve outcomes and service efficiency for both HIV and TB.

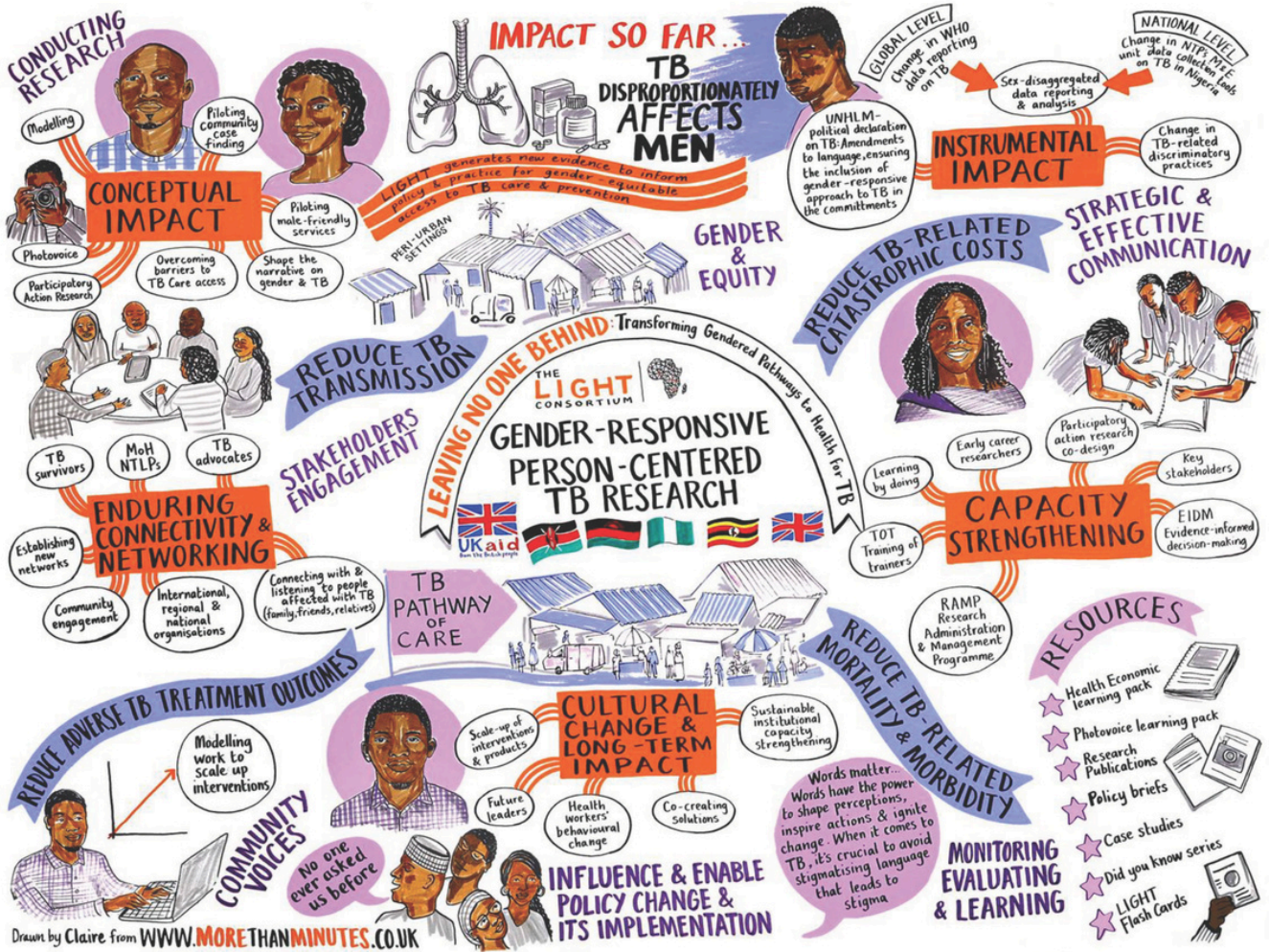
### 4 | Effectively engage affected communities for a gender-responsive national TB response

Strengthen grassroots networks and leverage survivor experiences to inform policy, programmes, and advocacy, ensuring a people-centred approach.



PARLIAMENTARIANS, RESEARCHERS AND CIVIL SOCIETY PRACTITIONERS AT THE NEAPACOH PRE-CONFERENCE EVENT, 2025





## Leaving no-one behind: Transforming gendered pathways to health for TB

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