THE LIGHT CONSORTIUM

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

Evidence Brief

February 2024

Gender Equitable Access to TB Prevention and Care in Malawi: A Political Economy Analysis

Photo by AMISOM via Iwaria

Background

Tuberculosis (TB) continues to be a public health concern worldwide, being consistently ranked among the top leading causes of death globally. According to the World Health Organization (WHO)[1], in 2021 alone, nearly 10.6 million people developed TB worldwide, with approximately 1.6 million people dying from the disease. Africa is estimated to account for about 25% of all TB cases globally[2], with TB prevalence estimated to be twice among men as compared to women[3]. This trend is also observed in countries like Malawi, where though recent gender-disaggregated data was not found, TB is similarly reported to be higher among males, who are estimated to account for 57% of all TB cases in the country[4]. With Malawi remaining a high-burdened TB country, having registered 15,000 new cases (181 cases per 100,000 population) in 2018 alone[5], addressing the gender disparities in TB becomes a critical imperative in the nation's ongoing efforts to achieve the end TB global goals[6].

Multiple factors have been reported to drive the burden of TB among men globally, including behavioural factors such as tobacco smoking and alcohol consumption[7], social mixing[8], risky occupational exposures such as mining[9],[10]and poor access to health services[11]. These existing disparities pose a challenge to achieving the broader progress towards global TB elimination, necessitating the identification of high-risk groups as the first step toward developing equitable policies and targeted interventions.

The Leaving no-one behInd; transforming Gendered pathways to Health for TB (LIGHT) consortium aims to reduce the TB burden among men, women and children through advancing a gendered approach to TB programming in four countries – Kenya, Malawi, Uganda and Nigeria.

Key messages

1. **Cross-sectoral collaboration among government agencies is essential to ensure synergy and complementarity in policies and strategies that are aimed at engaging men in TB programming.**
2. **There is a need for a dual system of top–down and bottom–up approaches, in which donors and the government will deliberately apportion funds and establish community structures that will create demand for more gendered TB interventions.**
3. **The inadequate engagement and capacity development for grassroot structures in TB programming is a missed opportunity in reaching men with TB diagnostic and treatment services.**
4. **Researchers and research institutions need to be proactive in sharing evidence on gender disparities in TB prevention and care with policymakers. This will advance evidence uptake in policymaking.**

FIFTY-SEVEN PERCENT

Men with TB cases in Malawi

Partners: AFIDEP African Institute for Development Policy; MAKERERE UNIVERSITY LUNG INSTITUTE; ReSOK RESPIRATORY SOCIETY OF KENYA; Zankli Research Center; LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE; LSTM LIVERPOOL SCHOOL OF TROPICAL MEDICINE

Funded by UKaid from the British people

In recognising the intricacies of TB and gender and the dearth in knowledge on the factors that influence gendered TB policy and programme implementation in Malawi, LIGHT, through the African Institute for Development Policy (AFIDEP), conducted a Political Economy Analysis (PEA) on gendered approaches to TB programming in Malawi, with the aim of exploring sociopolitical and economic dynamics that influence gender-equitable access to TB care and prevention, and identifying effective pathways for policy and programmatic intervention.

Methodology

This was a qualitative research conducted in 2022 and involved narrative review of literature, policy analysis, and interviews with key participants who possess in-depth knowledge and insights into TB programming in Malawi. The interviewed stakeholders are summarised in table 1 below:

Participant Category	Number
TB coordinators	2
Academicians	2
Health professionals	3
Policymakers	4
Health journalists	2
Development partners	1
Total participants	**14**

Table 1. Study population

Results

Contextual Analysis

The findings of this PEA have shown that Malawi is undergoing a complex economic crisis which has worsened reliance on foreign borrowing and donor aid. This situation has severely limited the government's ability to provide adequate healthcare services and the citizens' capacity to afford essential health and sanitary products and services. The health sector further faces a significant challenge due to the resource burden imposed by various resource-demanding conditions such as the HIV/AIDS epidemic and the COVID-19 pandemic. Because of the resource constraints, there is a lack of sufficient healthcare workers, and the few available are unevenly distributed between urban and rural settings. Sociopolitically, the context is marked by incomplete decentralisation, leading to significant challenges in governance and public service delivery.

TB Situation Analysis in Malawi

According to stakeholders in TB programming in Malawi, there has been considerable progress in addressing TB in the country, evidenced by a reported decrease in the TB burden from over 400 cases per 100,000 individuals in 2011 to about 132 cases per 100,000 in 2022. This was attributed to developments such as the introduction of mobile diagnostic units and GeneXpert machines, and the involvement of community volunteers in TB diagnosis and treatment follow up. Furthermore, improved treatment outcomes were attributed to factors such as the provision of free and accessible TB medication and nutritional support. Media involvement and increased donor funding have also been significant factors in this progress.

Despite the progress, several barriers complicate efforts to encourage people to seek TB treatment in Malawi. Myths associating TB with witchcraft and/or HIV/AIDS, and that TB prevents intimate relationships continue to persist, fuelling stigma, discrimination and isolation, which further hinder effective TB programming. Cultural norms, such as men forgoing care to fend for their families, and perceptions about males being resistant to diseases further contribute to men delaying seeking medical attention. These challenges have been attributed to low awareness about TB in many communities, resulting in misconceptions and delayed diagnosis and treatment among men. It was also noted that healthcare services in the country are often designed without a gender focus, leading to a lack of tailored strategies to engage and educate men, particularly on TB. Moreover, political interference and corruption were reported to have impacted the quality of care provided to TB patients due to resource mismanagement.

Policy Landscape for TB and Gender

Malawi has a wide range of guidelines and manuals for TB management, however, some of these resources are outdated, potentially limiting their effectiveness in addressing contemporary issues. For instance, there is a notable absence of gender-specific concerns in the existing policies and guidelines related to TB in Malawi. This gap means that the unique challenges and needs of different genders are not adequately addressed within the current policy framework, potentially leaving certain segments of the population underserved in efforts to end TB. Furthermore, it was reported that there is a fragmented approach to policymaking and programming among various sectors, which is posing a challenge in integrating gender and TB.

Stakeholders in TB and Gender

Several stakeholders were identified as having various levels of interest and influence in TB programming. The most notable ones include the National Tuberculosis and Leprosy Elimination Program (NTLEP) which provides oversight for all TB programming in Malawi, donors which provide funding and some level of policy and programmatic direction, the parliamentary TB caucus which lobby for resources for TB, non-governmental organisations which implement various TB interventions, research institutions which generate evidence to inform TB policy and programming, the media which leads TB awareness, community structures which coordinate community-level TB programming, and the affected populations.

Various platforms exist for stakeholders in TB policy and programming to interact, the most notable being the TB Technical Working Group coordinated by the NTLEP. The current level of stakeholder engagement, though, faces significant challenges such as poor engagement with grassroots structures, including community-based organisations and community gatekeepers. The engagement of similar structures by other programmes like HIV/AIDS, however, has yielded positive results. This is because these community-level stakeholders often play a crucial role in raising awareness, facilitating access to healthcare, and providing support to affected individuals, thus, their limited involvement can hinder community-based initiatives that are critical for achieving better outcomes in ending TB.

Discussion

As Malawi exerts efforts to achieve the WHO End TB goal by 2030[12], targeted interventions are imperative to ensure that people at higher risk of developing and dying from TB are effectively supported. With clear gender inequalities in the burden of TB disease and access to effective care, there is a need for the TB institutional framework and stakeholder programmatic priorities to encompass a clear direction on how gender-specific risk factors will be tackled, how the most affected groups (i.e. men) will be targeted, and how health services ought to be provided so as to encourage health seeking behaviour among men. The results of this PEA, however, show that the element of a gendered approach to TB programming is lacking, which threatens to undermine the progress that the nation has made towards ending TB.

Beyond a comprehensive institutional framework for TB programming, a critical question lies in how the various identified stakeholders can collaborate effectively, bridging differences in interests and levels of influence to advance a gendered approach to TB programming in Malawi. Figure 1 identifies stakeholders from this PEA and their perceived level of influence, and possible pathways on TB policy and programming.

This PEA has demonstrated that government institutions, which include the NTLEP and the Parliament, usually determine the TB agenda in Malawi. This means without government officials and political leaders having the willingness and commitment to support a gendered approach to TB prevention and care, not much can be achieved in moving towards ending TB. Political will, which Lezine and Reed[13] described as "a bridge between public health knowledge and action", is essential for translating evidence on the effectiveness of gendered TB interventions into effective policy and programmatic action.

It was not clear from this PEA, however, how much power donors have to influence policy in Malawi, although it is already established in the region that the policy agenda-setting process in donor-driven countries is usually influenced by a complex interplay of factors, with power frequently residing in the hands of external donors rather than the government[14]. The established fact that Malawi is overreliant on donor funding, therefore, would worsen the dual interest in public health outcomes and donor alignment within the Ministry of Health, which would limit the input of sub-national actors, including the affected populations, into TB policies and programmes.

This could explain why some stakeholders felt that grassroot structures are not much involved in decisions that affect their health. This, however, is a missed opportunity in TB programming, since these structures, by being close to and accepted by affected communities, understand the unique challenges of those affected and are well positioned to offer tailored solutions.

Incorporating all stakeholders into efforts to advance gender equity in TB is essential for building a comprehensive, inclusive, and effective strategy to end the epidemic. Their collective efforts, guided by effective gender-responsive guidelines, can help mitigate gender disparities in TB outcomes and contribute to the overall goal of eradicating TB by 2030.

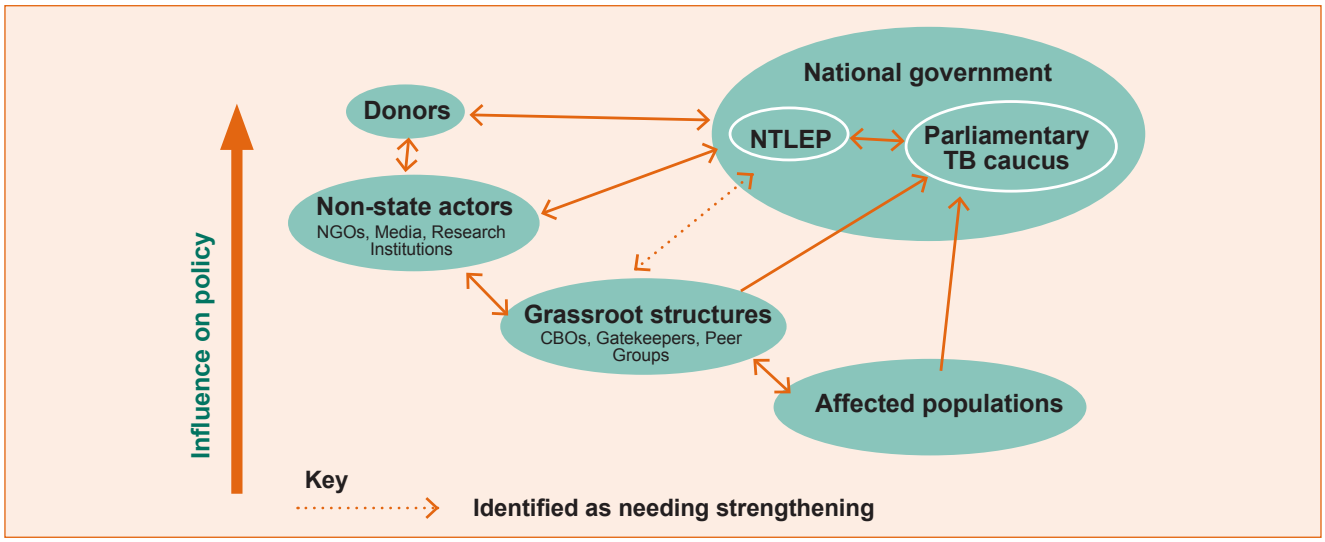

Figure 1: Influence and engagement pathways of Malawi TB stakeholders

Recommendations

In light of the evidence uncovered from this PEA, the following actions are recommended:

- NGOs and other non-state actors should consider advancing a dual system of top–down and bottom–up approaches in TB policy and programming, in which donors will be engaged to be deliberate in apportioning funds for gendered approaches, and organisations and community structures encouraged to create demand for more funding for gendered TB interventions.
- Donors, NGOs and the National Tuberculosis and Leprosy Elimination Program (NTLEP) should consider improving the engagement and capacity development for grassroot/community structures in TB programming, through deliberate funding and programming approaches that necessitate the inclusion of such structures. This approach should include setting structures for oversight and monitoring of the engagement and impact of the grassroot structures in TB programming.
- The NTLEP should promote cross-sectoral collaboration and engagement with policymakers and government agencies such as the Ministry of Gender, Community Development, and Social Welfare, to ensure that there is synergy and complementarity in policies and strategies that are aimed at engaging men.

Acknowledgements

This study was part of the LIGHT programme, which is a cross-disciplinary global health research programme funded by the UK Aid. The programme partners include: African Institute for Development Policy (AFIDEP), Kenya and Malawi; Zankli Research Center - Bingham University (ZRC), Nigeria; Malawi Liverpool Wellcome Programme (MLW), Malawi; Respiratory Society of Kenya (ReSOK), Kenya; Makerere University Lung Institute (MLI), Uganda; London School of Hygiene & Tropical Medicine (LSHTM), UK; and Liverpool School of Tropical Medicine (LSTM), UK.

References

1. WHO, 2023. Tuberculosis (TB): Key Facts
2. WHO, 2020. Global Tuberculosis Report 2020.
3. Law, I., Floyd, K., 2020. National Tuberculosis Prevalence Surveys in Africa, 2008–2016: An Overview of Results and Lessons Learned. Trop. Med. Int. Health 25, 1308–1327.
4. MLW, 2023. Celebrating the Gender and TB Partnership in Malawi.
5. WHO, 2019. Global Tuberculosis Report 2019.
6. WHO, 2023. Implementing the End TB Strategy. Available at: https://www.who.int/westernpacific/activities/implementing-the-end-tb-strategy#:~:text=Further%2C%20the%20strategy%20ambitiously%20proposes,push%20them%20further%20into%20poverty.
7. Alavi-Naini, R. et al., 2012. Association Between Tuberculosis and Smoking. Int. J. High Risk Behav. Addict. 1, 71–74.
8. Nhamoyebonde, S., Leslie, A., 2014. Biological Differences Between the Sexes and Susceptibility to Tuberculosis. J. Infect. Dis. 209, S100–S106.
9. Shaweno, D. et al., 2020. Assortative Social Mixing and Sex Disparities in Tuberculosis Burden.
10. Stuckler, D. et al., 2011. Mining and Risk of Tuberculosis in Sub-Saharan Africa. Am. J. Public Health 101, 524–530.
11. KELIN, 2018. Tuberculosis: A Gender Assessment in Kenya.
12. WHO, 2019. The End TB Strategy. Available at: https://www.who.int/teams/global-tuberculosis-programme/the-end-tb-strategy
13. Lezine, D.A., Reed, G.A., 2007. Political Will: A Bridge Between Public Health Knowledge and Action. Am. J. Public Health 97, 2010–2013. https://doi.org/10.2105/AJPH.2007.113282
14. Fischer, S.E., Strandberg-Larsen, M., 2016. Power and Agenda-Setting in Tanzanian Health Policy: An Analysis of Stakeholder Perspectives. Int. J. Health Policy Manag. 5, 355–363. https: doi:10.15171/ijhpm.2016.09

Authors

Benjamin Azariah Mosiwa[1], Leyla Abdullahi[1], Eliya Zulu[1], Kerry Millington[2], Taghreed El Hajj[2]
1African Institute for Development Policy (AFIDEP) 2Liverpool School of Tropical Medicine (LSTM)

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

The project is coordinated by a consortium of international, regional and national health research and policy organisations working in Kenya, Malawi, Nigeria, Uganda, and the UK.

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