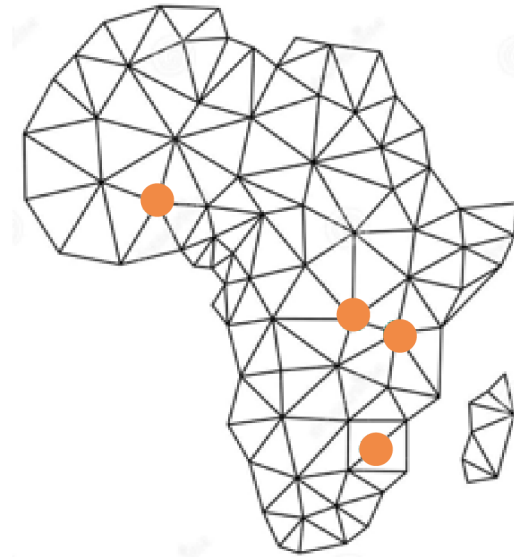


THE LIGHT CONSORTIUM



Addressing the intersection between Gender and Social Determinants to End TB

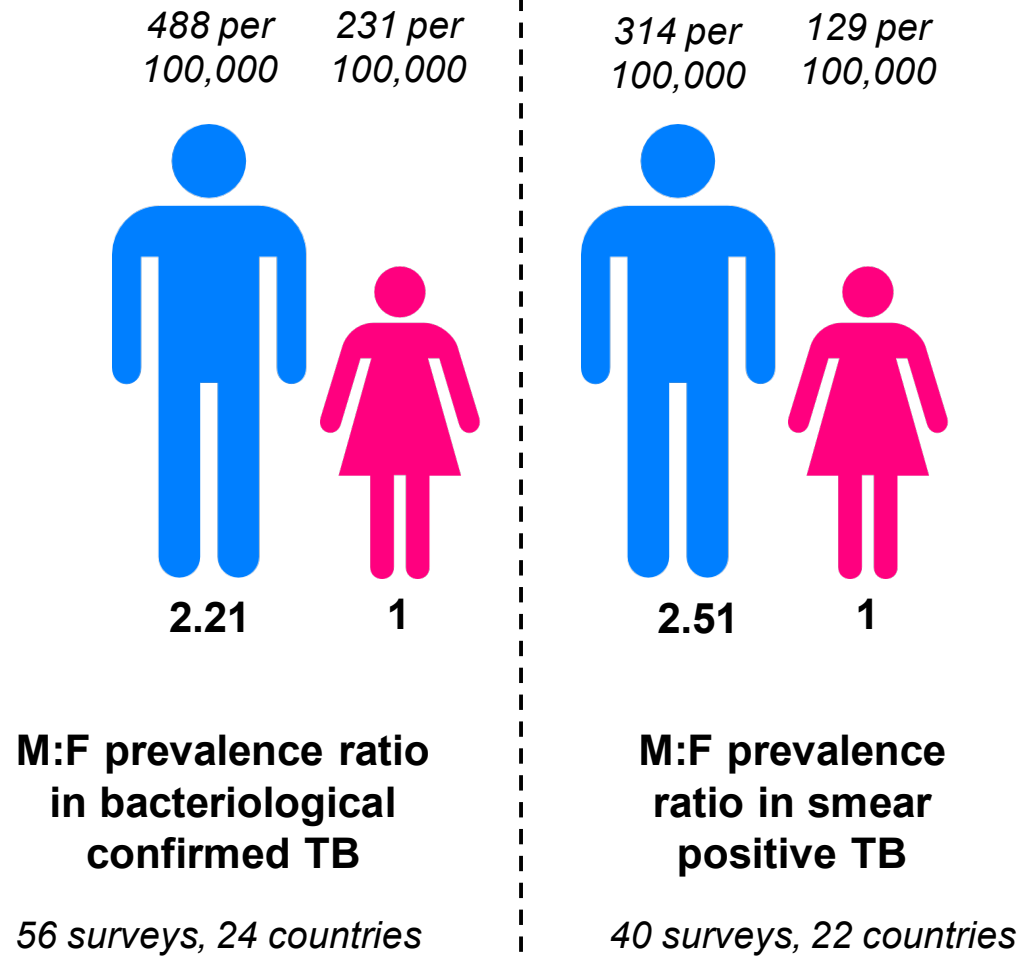
Bertie Squire & Chukwuebuka Ugwu

Partners



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

Who has active TB, and who is transmitting?

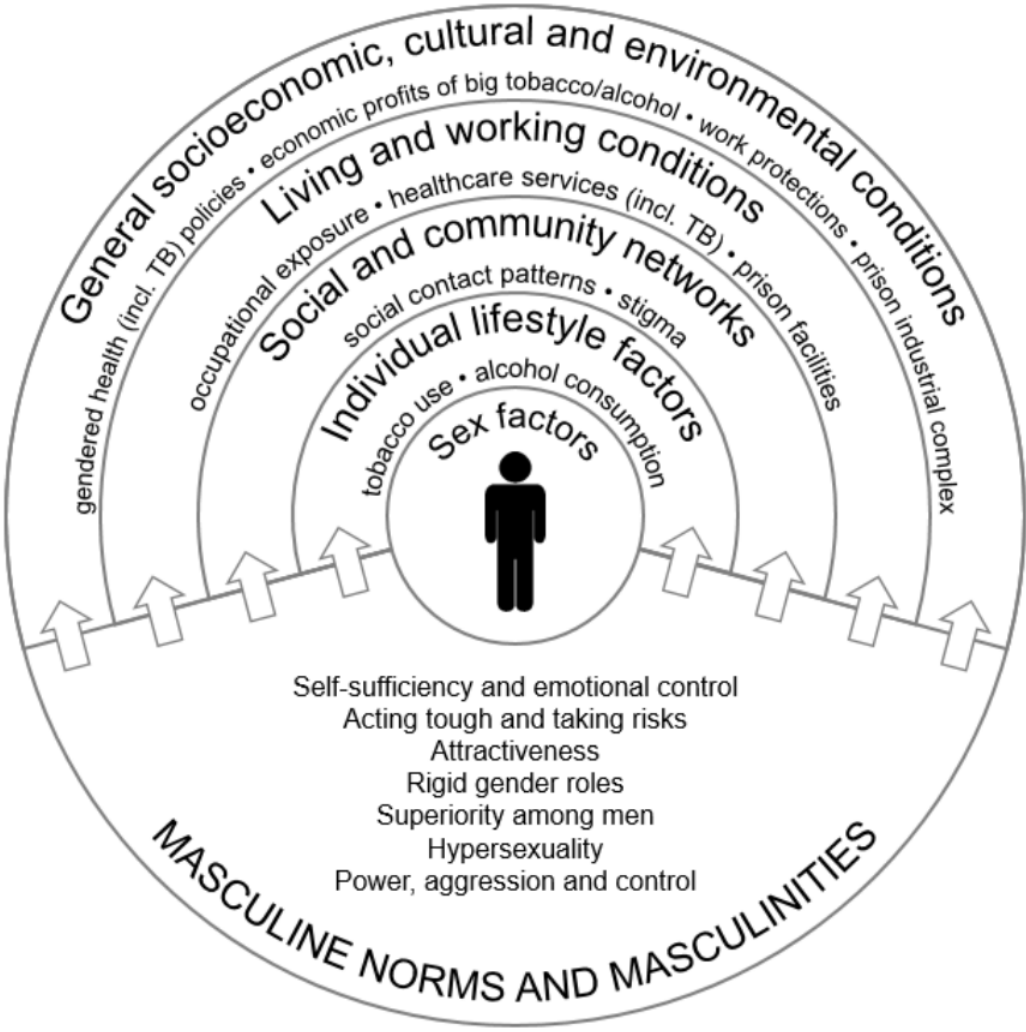


n > 3.1 million adults in low- and middle-income countries, 1993-2014

Adult men are responsible for up to 2/3rds of TB infections

Horton and MacPherson 2016
Dodd 2015

Complex intersecting axes of inequality: gender, poverty, education, urbanization and age



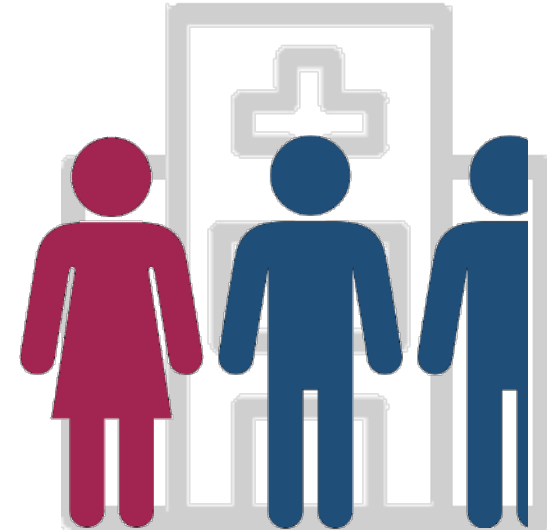
Distribution of TB cases notified in 2021*



57% Men \geq 15 years

33% Women \geq 15 years

11% Children $<$ 15 years



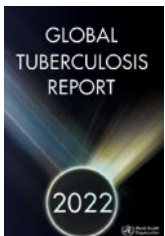
TB case notifications
Male-to-female ratio = 1.6

*Rounded percentages are shown.

Distribution of TB outcomes in 2021*



- **Treatment success** worse for males in 55% of countries; worse for females in 7% of countries
- **Treatment failure** higher for males in 27% of countries; higher for females in 3% of countries
- **Death** higher for males in 47% of countries; higher for females in 7% of countries
- **Loss to follow up** higher for males in 53% of countries; higher for females in 0% of countries

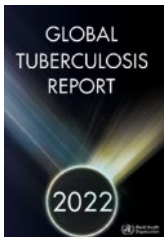
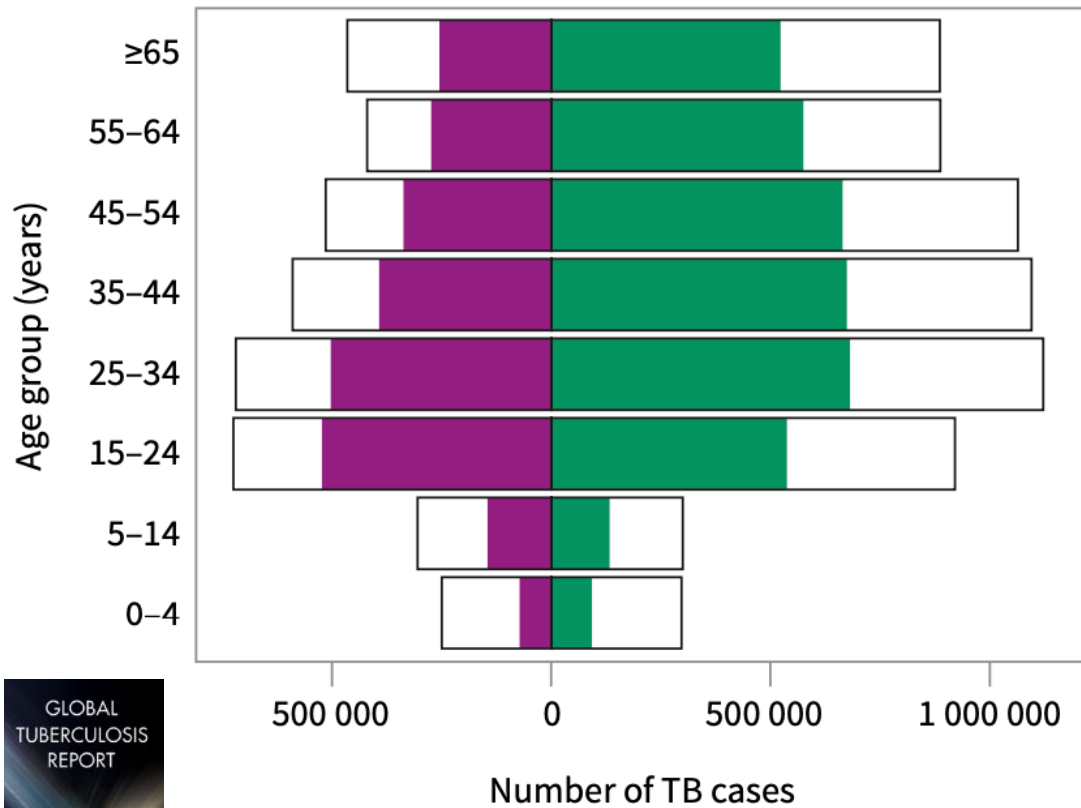


*Data available for the 30 high TB burden countries. Percentages based on LIGHT's calculations.

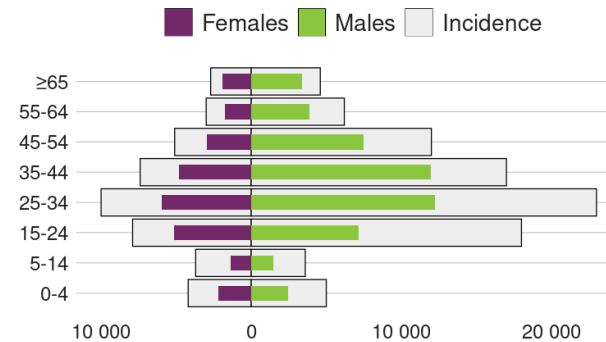
2021 Global estimates of TB incidence (black outline) and case notifications of people newly diagnosed with TB by age & sex



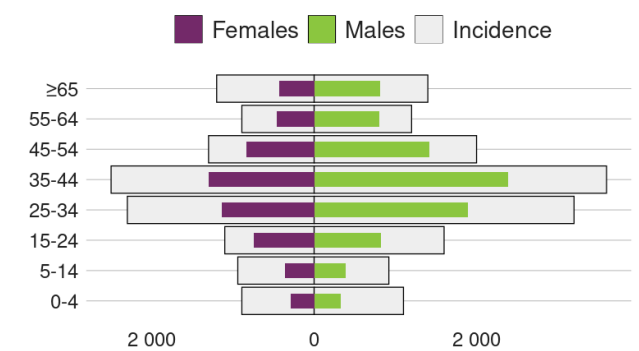
Global



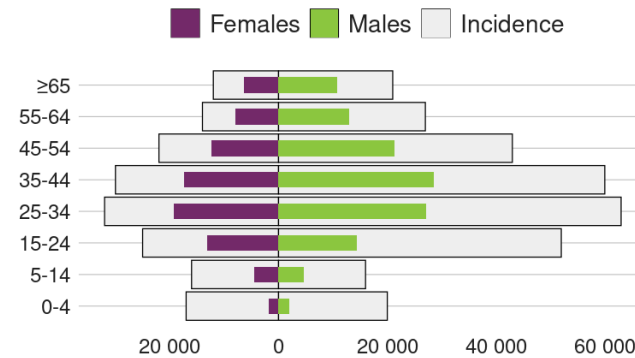
Kenya



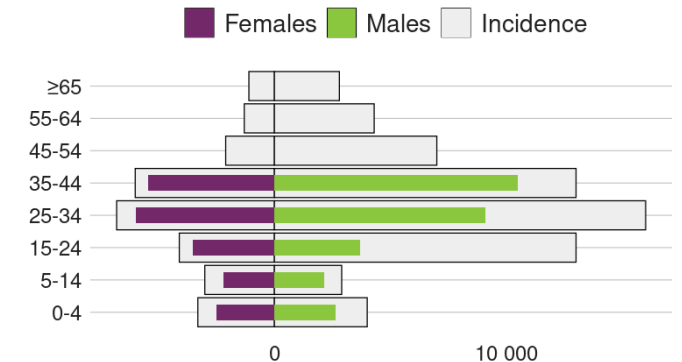
Malawi



Nigeria



Uganda



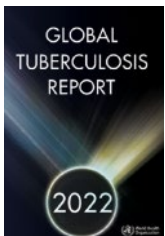
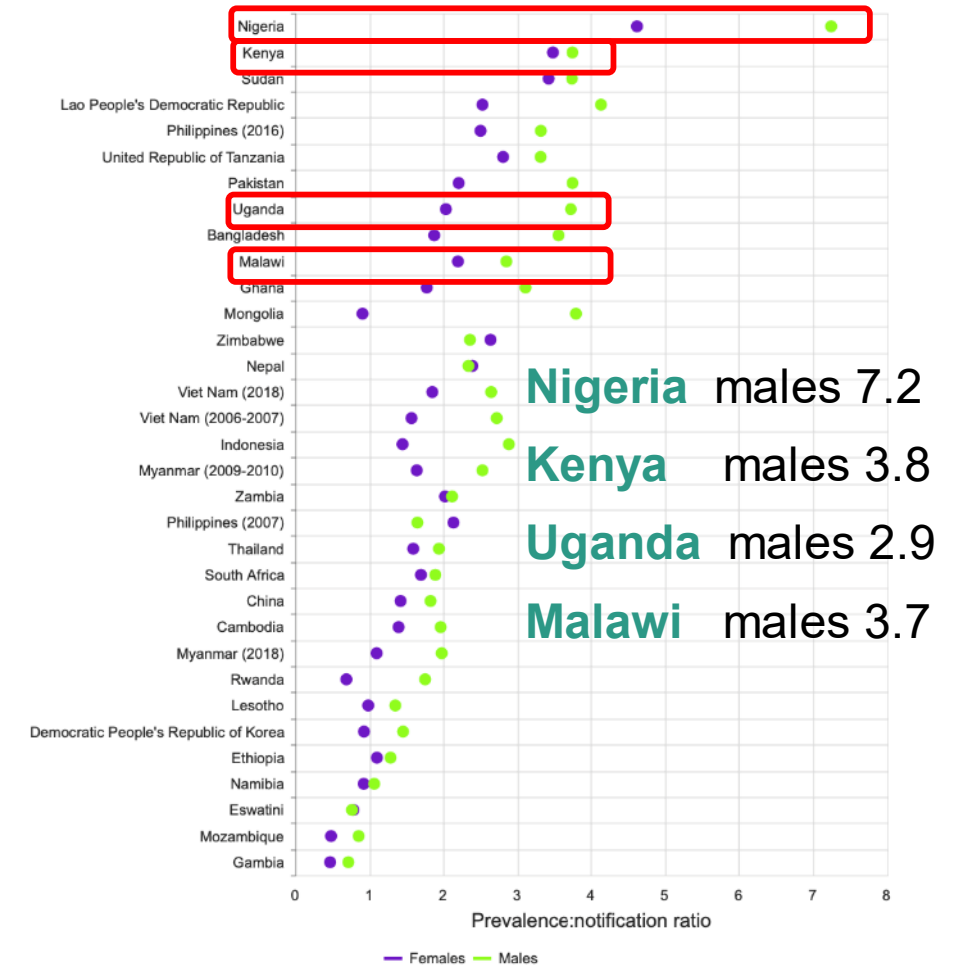
female in purple; male in green

Prevalence vs notifications



The combination of a higher disease burden in men and larger gaps in detection and reporting indicates a need for strategies to improve access to and use of health services among men.

Fig. 2.4.8 The prevalence to notification (P:N) ratio by sex for adult TB cases in prevalence surveys implemented 2007–2021 ^a



People affected by TB



Expanded access to services

Active case finding in peri urban settings

Improved care and support services

Targeted TB services to reach young men and adolescents

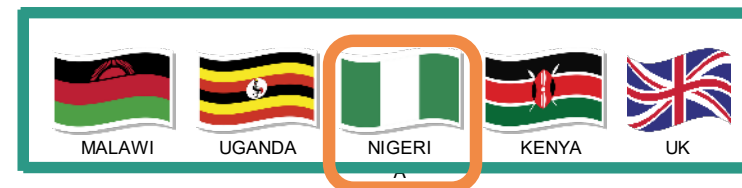
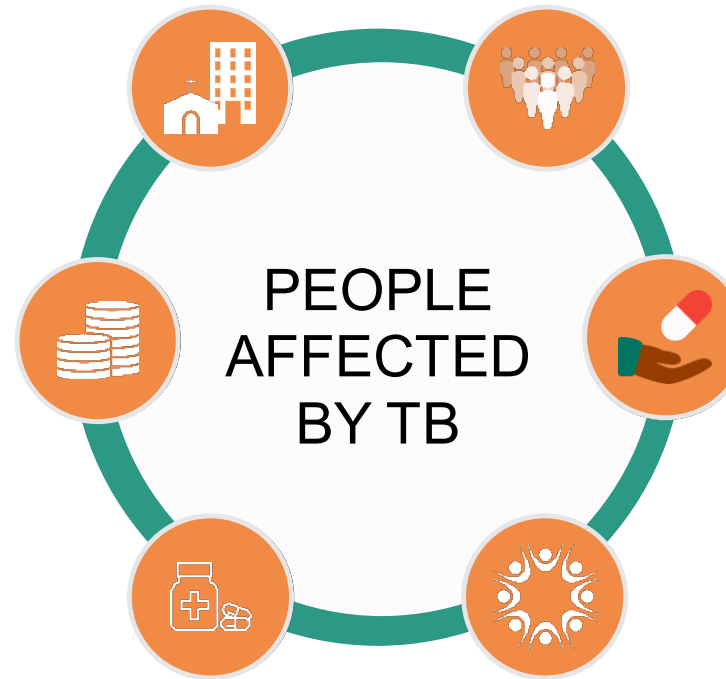
Health System costs and modelling intervention scale up costs

Epidemiological modelling

of potential population-wide impact of strategies to reduce gender inequities in TB care

Multidisciplinary programme

health care providers, policy makers, laboratory scientists, research uptake specialists, Ministries of Health, and Non-Government Development Organisations (NGOs)



Building trust in communities

Community engagement and participation, collaborative design and implementation

Modelling impact of community active case finding strategies

Evidence-based innovations into routine services to support strengthening of health systems

Primary care centre interventions to increase access to TB services

Individual, institutional and stakeholder capacity strengthening

building partnership, trust and ownership

Strategies to support research impact

supporting incorporation of evidence to improve policy

Development and evaluation of gender sensitive TB interventions for communities in Nigeria



Qualitative research	Scoping Review	Consensus building approach	Field Implementation
<ul style="list-style-type: none">• Exploring gender related factors that affect access to care• In-depth interviews, key informant interviews, and focus group discussions	<ul style="list-style-type: none">• Gender considerations in interventions along the cascade of care in LMICs + HBCs• Reviewing literature from the past ten years	<ul style="list-style-type: none">• Co-creation of contextual gender responsive intervention• Delphi method + co-creation workshop	<ul style="list-style-type: none">• Implementation and effect of the intervention• Quasi experimental design

Being implemented in North-central Nigeria through the Zankli Research Centre Bingham University

In partnership with NTP, local stakeholders and communities affected by TB

Destine qualitative research – key findings



Beliefs
diagnosis
Unaware Distance
Job Busy Money
Work Time Cost
Information Myths
Stigma Interest
Forget Services

- We found a gendered pattern in **illness experience**
 - Symptoms/Stigma/triggers to seek care
- There was gendered pattern to **access to information** and awareness of TB services
- Gender variations in factors affecting **retention in care**
 - Resources for adherence/pre-treatment education
- **Health system's capacity** for gender-sensitive care
- **Intersection** of gender and employment especially for men in informal work & migrant labourers
- **Delay** in seeking care was complex and gendered

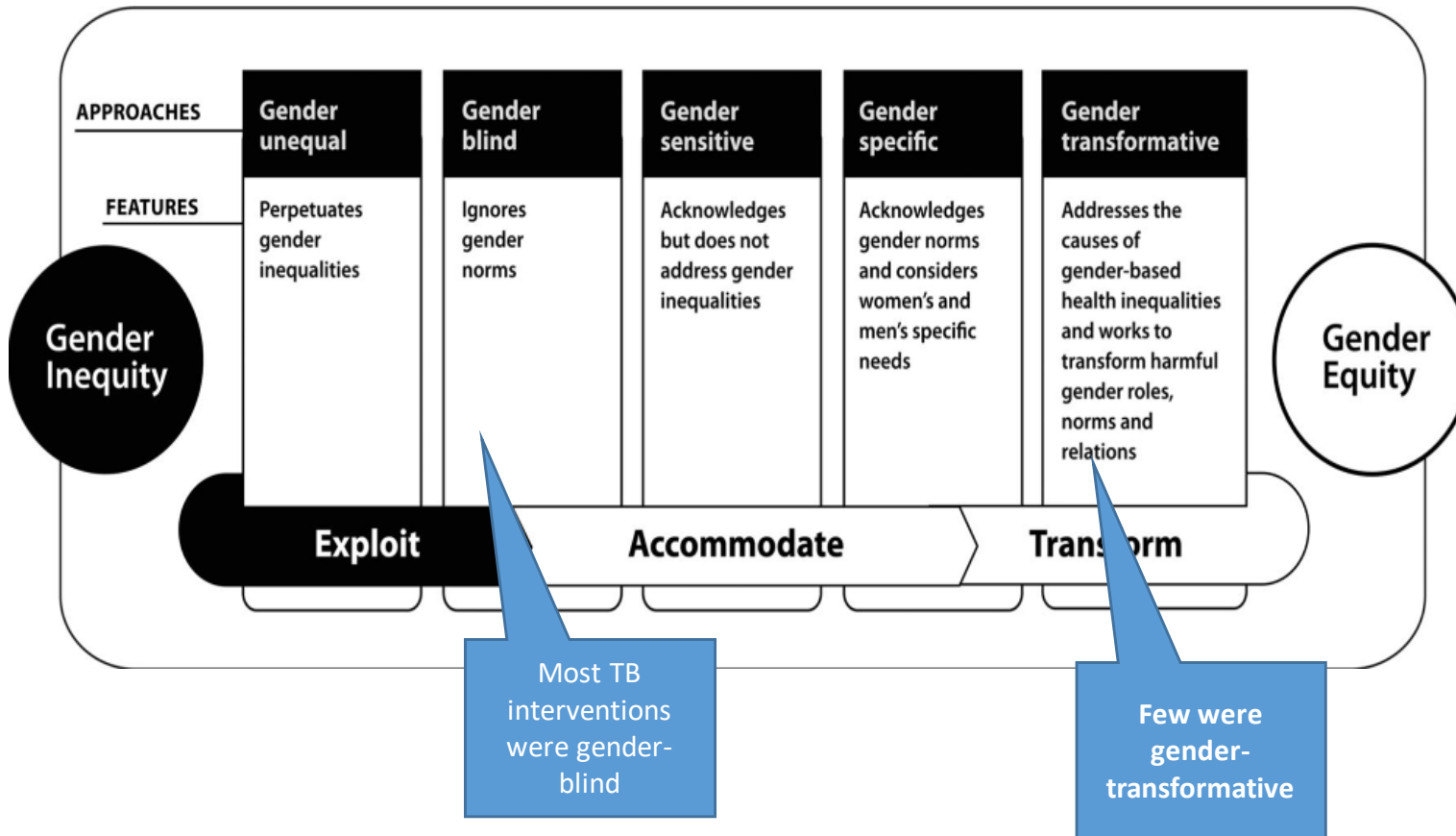
A Focus group discussion was conducted for *keke Napep* riders/drivers



"...how do you now tell your boss that you went to the hospital to treat cough that's why you didn't make your return for any day."

- *Keke napep driver (M5-FGD-001)*

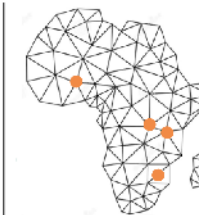
Scoping review findings



- Majority of TB interventions were gender blind, less were gender-sensitive and specific
- Very few TB interventions were designed with gender-transformative outcomes – relatively uninvestigated area

1. WHO Gender Responsive Assessment Scale
2. WHO Gender Assessment Tool

Problem logic & Change pathway for a gender-transformative TB case finding intervention in Nigeria



Problem logic

Gendered challenges

Lack of Time to seek care

Masculine health-seeking behaviour

Poor access to information on TB and available services

Financial cost of seeking care

Stigma associated with TB & illness

Tendency to ignore TB symptoms

Formative Qualitative research

Current scenario

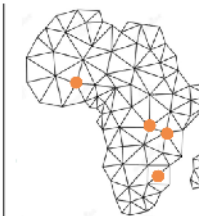
Most men with TB miss out on care

High rate of adverse outcomes of TB treatment AND Onward transmission within households and communities

Men suffer delayed access to TB services

NTP Reports
WHO Reports
Prev. Survey

Problem logic & Change pathway for a gender-transformative TB case finding intervention in Nigeria



Problem logic

Project Change pathway

Gendered challenges

- Lack of Time to seek care
- Masculine health-seeking behaviour
- Poor access to information on TB and available services
- Financial cost of seeking care
- Stigma associated with TB & illness
- Tendency to ignore TB symptoms

Current scenario

- Most men with TB miss out on care
- High rate of adverse outcomes of TB treatment AND Onward transmission within households and communities
- Men suffer delayed access to TB services

NTP Reports
WHO Reports
Prev. Survey

Care package - Activities

- Conduct community-based TB Screening in male-dominated congregate settings
- Set up LTAGs to conduct men-led targeted awareness creation about TB and available services
- Use of Digital Chest X-ray for screening

Co-created with Men & stakeholders

Determinants - Outputs

- Reduced cost and time to seek care
- Improved knowledge and awareness of TB and services among men
- Reduced stigma associated with TB
- Improved Men's health-seeking behaviour
- Improved early identification of men with Presumptive TB

Expected scenario - Outcomes

- Data from routine facility TB and OPD service registers + cost surveys
- Increased TB Notification among men
- Increased uptake and utilization of TB and other health services by men
- Reduced incidence of adverse socioeconomic & clinical outcomes of TB treatment among men

Impact

- TB prevalence survey, WHO Reports, & DHS
- National/international gender-transformative policy and practice change
- Reduced TB transmission, morbidity, and mortality in Nigeria
- Reduced TB incidence and prevalence, and reduced catastrophic costs

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

EVALUATION PLAN



Impact evaluation approach

Quasi-experimental design with non-randomized concurrent control group (Plausibility Design)

Primary outcome:

What is the effect of the DESTINE intervention on TB notification among men?

Secondary outcomes:

1. TB notification among **women & children** (within household of a man with TB & unrelated to confirmed man with TB)
2. **Rate** of adverse outcomes of TB treatment for men
3. Overall utilization of **TB services** and **general health services** by men
4. Community TB knowledge, TB-related Stigma, and Awareness of TB services

Process evaluation approach

Normalization Process Theory (mixed methods data collection)

Fidelity: To what extent did the DESTINE project implementation adhere to per protocol design?

Acceptability : What is the acceptability of the DESTINE intervention?

Sustainability/Scalability: What is the likelihood that the activities involved in the DESTINE project can be normalized and integrated into routine practice?

Cost: What is the cost of delivering the DESTINE intervention? What is the cost to patients of accessing the DESTINE intervention?

Research Uptake



- **Tenzin Kunar & Kerry Millington's blog:** 'Going the distance together: academics & health care professionals working with Tuberculosis survivors & advocates to end Tuberculosis'

<https://www.lstmed.ac.uk/news-events/blogs/going-the-distance-together-academics-health-care-professionals-working-with>



- **Beatrice Kirubi, Tom Wingfield & Chakaya Muhwa's blog:** 'Taking an intersectional gender approach to End Tuberculosis'

<https://www.lstmed.ac.uk/news-events/blogs/taking-an-intersectional-gender-approach-to-end-tuberculosis>

- **Podcast Series: Connecting Citizens to Science**

<https://www.lstmed.ac.uk/light>



Conclusion



1. The combination of a higher disease burden in men and larger gaps in detection and reporting indicates a need for targeted strategies to improve access to TB care and treatment among men
2. The intersection of gender and social determinants of health requires special attention for vulnerable groups such as men in informal work and migrant labourers
3. Person centred care which includes a combination of biomedical interventions and social protection is needed to End TB

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



Disclaimer and copyright

This material has been funded by UK aid from the UK government, however the views expressed are those of the individual speakers and do not necessarily reflect the UK government's official policies. LIGHT is not responsible for any errors or consequences arising from the use of information contained herein.

© UK Government Crown Copyright 2020, licensed exclusively for non-commercial use

Partners



Funded by

