



# LIGHT's Impact and Legacy in Uganda



*Engagement with boda boda (motorcycle taxi) riders in Nakasongola district on their knowledge and experiences in accessing TB services.*

## TB and Gender in Uganda

Uganda remains one of the 30 high TB burden countries identified by the World Health Organization (WHO) reporting approximately 99,000 people developing TB in 2024. Consistent with global trends, men account for the majority of TB cases in Uganda (65%), followed by women (22%) and children (13%) ([Global tuberculosis report 2025](#)).

The country has made tremendous progress, achieving 91% treatment coverage and 91% treatment success rates countrywide, as a result of novel systematic screening strategies like the country-wide, community-based, active case finding campaign Community Awareness, Screening, Testing, and Treatment for TB (CAST TB) ([Turyahabwe et al., 2024](#)). However, success rates vary across locations and genders. Men are more likely to be missed by existing services along the care cascade. Social norms around masculinity, like show of physical strength and economic productivity, can discourage men from seeking timely healthcare. Additionally, health system weaknesses, like fragmented services, inconvenient clinic hours, long waiting times, and inflexible treatment plans, can further deter men who prioritise work and family responsibilities over their health.

## Key messages

- TB remains common in Uganda, with men disproportionately affected and more likely to delay care due to social and structural barriers.
- LIGHT-generated evidence shows that systematic screening and male-friendly services can increase TB notifications among men by around 51% without reducing notifications among women.
- LIGHT supported gender-sensitive TB programming through meaningful engagement and partnerships with key TB stakeholders, strengthening capacity to understand, communicate and use evidence in decision-making and ensuring TB survivors and affected communities are heard as partners in the national response.
- Sustained progress will require institutionalising evidence-informed decision-making, scaling gender-sensitive service delivery including male-friendly services, and developing a national strategy for the management of Post-TB Lung Disease and challenges of TB survivors.
- LIGHT research demonstrated the strengths of TB survivors and the benefits of integrating them in the national TB response.

Delayed diagnosis and treatment contribute to continued transmission of TB as well as poor health and economic outcomes, including treatment failure, disability, or death, alongside catastrophic economic and social consequences for those with TB and their families.

## The Policy Landscape

The Uganda National Strategic Plan for Tuberculosis and Leprosy Control, guiding the national TB response, is reviewed and updated every five years. In line with global commitments such as the UN Political Declaration on the fight against TB and the Sustainable Development Goals, the plan is focused on a people-centred approach to TB prevention, diagnosis, and treatment. However, gender-sensitive strategies to address men's unique barriers to care remain absent in Uganda's TB guidelines and practice at public and private healthcare facilities.

Furthermore, tens of thousands of people complete treatment and are declared cured every year. Despite global recommendations on the meaningful engagement of TB-affected communities, Uganda's TB programmes do not routinely involve TB survivors. National TB policies lack strategies on how to address issues TB survivors face and the opportunities they present to the national TB response.

## What LIGHT did about it

Makerere University Lung Institute (MLI), the LIGHT partner in Uganda, used collaborative research approaches combining meaningful stakeholder engagement, capacity strengthening and research to generate actionable, gender-sensitive evidence.

### Meaningfully engaged TB stakeholders, survivors and affected communities

Throughout the lifetime of the research programme, LIGHT Uganda engaged with a wide range of stakeholders at national and sub-national levels.

- Established the **Uganda Country Advisory Group (UCAG)** with representation from the National TB and Leprosy Programme (NTLP), WHO, civil society, TB survivors and academia to guide relevance and uptake
- Partnered with **TB survivors** for a ground-breaking study using photovoice methodology
- Engaged **parliamentarians on the Parliamentary TB Caucus**, on TB policy and funding issues
- Consulted representatives of **male populations considered at risk of TB** on access to care



Senior NTLP managers during the Evidence-Informed Decision-Making (EDIM) cascade training by NTLP's EIDM trainers, Dr. Rose Kengozi and Dr. Aldo Burua, who conducted the training.

### Strengthened capacity to understand, communicate and use evidence in decision making

LIGHT embedded capacity strengthening throughout the programme to ensure evidence is understood, communicated and used in decision-making.

- Trained **29 MLI researchers** in gender-mainstreaming and communicating research to different audiences, translating their findings to actionable recommendations.
- Trained **43 research administrators, managers and finance officers** across 9 institutions, on the Research Administration and Management training Programme (RAMP).
- Taught **12 senior and mid-level managers of the NTLP** on Evidence-Informed Decision-making (EIDM), enabling them to access, appraise, synthesise and use the best available evidence for policies and programmes.
- Trained **32 health journalists** in gender-sensitive and transformative reporting on TB disease and care.

### Generated Evidence through participatory, mixed-methods research :

Improving TB case detection using a GeNder sensitive TB screening INTErvention in urban public health facilities in Uganda - **IGNITE**:

- Used participatory and mixed methods approaches to co-create and evaluate a male-specific TB screening strategy.
- Conducted participatory workshops with affected communities, TB survivors, decision makers and healthcare workers in Kawolo, Gombe, Mityana and Nakaseke hospitals to assess men's health seeking pathways and agree on a person-centred TB screening intervention tailored to men's unique needs and challenges.
- Piloted the TB screening intervention in Gombe and Mityana hospitals for 6 months, encompassing systematic TB screening across all health facility departments using symptom-based checklist stamps, distributing educational material and male-friendly services that incorporated integrated TB, HIV, diabetes, and hypertension screening in "men's corners" with evening opening hours and health education by "male champions."



*Mityana Hospital healthcare workers and partners engage in a group activity during the IGNITE mid-point workshop for process evaluation.*

- Assessed acceptability and feasibility through participatory workshops with healthcare workers and interviews with patients and key stakeholders.
- Evaluated the effectiveness and cost-effectiveness using a quasi-experimental before-and-after study design with 2 intervention and 2 control health facilities.

### Photovoice study with TB survivors:

- Used photovoice, an arts-based, participatory research method inviting TB-affected communities to capture their lived experiences through photography and storytelling.
- Trained 15 survivors of pulmonary TB in ethical photography and gave them small digital cameras for individual photography.
- Reflected with participants on their photo stories and designed a photovoice exhibition and booklet with participants' most important photos
- Engaged TB policymakers at district and national level with whom participants discussed their photo stories and recommendations for TB survivor engagement and support.



*A photovoice study participant learns to use a simple camera, while a facilitator takes her photo from the back to protect her identity.*

### Mathematical modelling of CAST impact:

- Developed a deterministic TB transmission model, in collaboration with the London School of Hygiene and Tropical Medicine, and calibrated to TB prevalence, incidence, mortality, and notifications in Uganda prior to CAST implementation.
- Predicted TB incidence and mortality in 2025 and 2030 comparing different **scenarios**: no-intervention, continuation of the CAST approach and **replacement of symptom screening with digital chest X-ray screening from 2026**.

## LIGHT Results

LIGHT research and activities in Uganda generated knowledge and evidence for policy and practice:

### IGNITE study

- A combination of health system, community, health worker and individual-level factors affect **men's access to TB care**, such as delayed health seeking, unfavourable facility operating hours and long waiting times that conflicted with men's work schedules.
- Co-creation of a gender-specific TB screening strategy for men leads to the development of a **contextually appropriate intervention**.
- Implementers' buy-in early in the project cycle improves acceptability.
- IGNITE's male-specific TB screening strategy **resulted in a 51% overall increase in TB notifications, with a greater rise observed among men**.
- The **intervention was considered acceptable**, largely due to improved access to integrated screening services and reduced waiting times; the screening stamp was viewed as simplifying TB assessment and strengthening documentation, while the educational materials stimulated greater interest and inquiries about TB screening.

### Photovoice

- TB survivors feel compelled by their own experiences and **want to play an active role** in preventing the spread of TB.
- Many TB survivors are '**unofficial TB advocates**', raising awareness and helping people with persistent cough to access TB testing and care and improve their recovery journey. However, TB-related challenges, fear of

stigma and unhealthy environments undermine their effectiveness.

- TB left **lasting scars on survivors' lungs and lives**. Many struggle with physical, emotional, and work challenges long after cure such as breathlessness, physical weakness and fatigue making survivors feel “crippled” and impacting domestic chores and livelihoods.
- As **TB stigma and discrimination** is widespread - in homes, health centres, and communities – TB survivors need to be supported to confront their fears and overcome tendencies to keep illness private in order to become TB champions.

## Mathematical modelling

- Results suggest that twice-yearly mass TB screening through **CAST led to substantial reductions in incidence and mortality in Uganda** over the past three years: The estimated national incidence of TB in 2025 was 4.8% [95% uncertainty interval (UI) 3.3 - 6.6%] lower than if CAST had not been introduced, saving 1,700 [UI 1,400 - 2,000] lives.
- Even **greater impact could be achieved by shifting from symptom screening to digital chest X-ray screening**: Continuing CAST TB through to 2030 could achieve a 9.9% [UI 6.7 - 13.8%] incidence reduction relative to no-intervention, saving a further 6,000 [UI 4,700 - 7,700] lives. If CAST shifted from symptom screening to digital chest X-ray screening, incidence in 2030 could be 24.2% [UI 20.4 - 28.6%] lower relative to no intervention, saving an additional 1,600 [UI 1,100 - 2,200] lives compared to symptom screening alone.

## Community barazas

- Identified TB knowledge gaps among cattle keepers, male secondary school students, motor cyclists (boda bodas), fishermen, prison officers and inmates.
- Enablers and barriers to TB care vary across different social groups of men, with notably cattle keepers prioritising animal health over their own health, offering a valuable entry point for human health engagement. TB is also absent from the schools ‘talking compounds’ despite their popularity in schools.
- Co-created recommendations for people-centred strategies with 163 male participants, including

to engage motorcyclists as information carriers, integrate TB services for humans in animal health programs, and incorporate TB in the school ‘talking compounds’ and curriculum.

## LIGHT Impact and Legacy

Overall, LIGHT created significant changes in attitudes towards gender in TB and the vulnerability of men and demonstrated that gender-sensitive interventions can increase TB notifications among men, without decreasing those among women.

### *Boosted capacity for designing, conducting, and managing gender-sensitive research and using evidence generated (Capacity Strengthening):*

- Research managers and administrators at MLI and partner institutions use RAMP knowledge and skills to manage research grants and partnerships better.
 

“It (RAMP) deepened my understanding of research administration, strengthened my capacity to support teams, and exposed me to best practices... that enhanced both my confidence and competence in my role,” **RAMP Participant 2024**.
- Researchers and **managers of the NTLP** have enhanced understanding of key gender concepts and skills for gender mainstreaming in TB research and programming.
 

“I ensure that research tools (questionnaires, interview guides, and data collection frameworks) capture sex- and gender-disaggregated data to allow for meaningful analysis of disparities,” **Mr. Sulaiman Kato, NTLP**.
- NTLP staff report improved capacity to search, synthesise and use evidence for policy and programming.
 

“When we were working on our National Strategic Plan for TB/Leprosy, we used knowledge from that particular training [EIDM] to consider the evidence that we needed and the interventions that we thought would work,” **Dr. Henry Luzze, NTLP Manager**.

- Journalists consider gender and social determinants of health when reporting about TB in TV and radio programmes and news articles.

“As a talk show host, the TB and Gender Training has greatly enriched how I moderate health discussions on radio and television. It equipped me with the knowledge to guide conversations beyond symptoms and treatment, into the social and gender factors that influence TB outcomes. I now frame my talk shows with a gender lens asking panellists about barriers faced by men and women”, **Ms. Anitah Masiko, TV West.**

### **Raised awareness and changed narratives on TB and gender (Conceptual impact)**

- Shaped views of TB healthcare workers and policymakers acknowledging the role of gender, particularly men, in the TB care journey from transmission to detection and treatment.
- Influenced understanding of gender and vulnerability expanding narrow focus on women and girls’ vulnerability to also consider gendered vulnerability among different social groups of men.
- Members of Parliament gained new perspectives on TB, as men were originally not considered vulnerable in the political gender narrative.
- TB survivors’ issues were spotlighted and brought to the fore, providing momentum for the discussion on the challenges and strengths of TB survivors and how they can effectively be integrated in the TB response.

### **Shaped TB policy in Uganda (Instrumental impact):**

- MLI with the LIGHT Early Career Researcher (ECR) were invited to offer scientific leadership for the Gender and Key Populations Assessment. (report available [here](#))
- LIGHT evidence informed the National TB and Leprosy Strategic Plan (2025/26-2030/31) through evidence generated by IGNITE, photovoice, mathematical modelling and community barazas to consider:
  - TB and leprosy health education sessions in male-dominated spaces and existing platforms like schools, markets, and places of worship



*MLI / LIGHT staff and partners pose for a group photo after an engagement with district hospital stakeholders as part of the National TB & Leprosy Strategic Plan mid-term evaluation.*



*LIGHT team members took centre stage in the National TB and Leprosy Strategic Plan mid-term review data collection. In this photo is Dr. Jasper Nidoi (yellow floral dress), who was Team Lead on behalf of MLI/LIGHT, engaging a respondent.*

- Mobile chest x-ray using computer-aided detection software for outreach to high-TB-burden male-dominated workplaces and urban/peri-urban areas.
- TB stigma reduction interventions with messages tailored to youth and men.
- Male-friendly service hours of TB clinics at public health facilities.
- Support of TB survivors networks as champions and peer supporters.

Secured commitment to the development of a TB survivor strategy in Uganda based on the powerful photo stories from TB survivors and their recommendations on the impactful roles they can play in the national TB response.

### **Strengthened relationships, connections and partnerships for research and advocacy**

- Researchers and TB survivors are working more closely and collaboratively in making visible the experiences and strength of TB-affected communities.
- Stronger partnership between the NTLF and MLI is reflected in the institute's assignment to lead on the thematic area on 'TB prevention, Gender and Key Populations' during the review of the national strategic plan and development of the new plan as well as MLI's technical support in the CAST campaign.
- Strengthened relationship between researchers, TB survivors, journalists and policy makers for continued collaboration to end TB.

## Publications and Policy Briefs

1. Mulindwa, A., Amolo, R., Kengonzi, R., Barua A., and Turyahabwe, S. (2024) Policy brief: [Enhancing Integrated Community TB Case-Finding and Prevention Strategies to Reduce the Burden of TB in Uganda](#).
2. Nidoi, J., Pulford, J., Wingfield, T., Rachael, T., Ringwald, B., Katagira, W., Muttamba, W., Nattimba, M., Namuli, Z. and Kirenga, B. (2024) 'Finding the missing men with tuberculosis: a participatory approach to identify priority interventions in Uganda', *Health Policy and Planning*, 40(1), pp. 1-12. <https://doi.org/10.1093/heapol/czae087>
3. Nidoi, J. (2025) *Doctoral thesis: Investigating the Feasibility, Effectiveness and Implementation Processes of a Co-created Gender-Specific Intervention for Tuberculosis in Public Health Facilities in Uganda*. <https://doi.org/10.57978/r3hv-2y39>
4. The LIGHT Consortium (2025) *Challenges, Compassion and Capacity of TB Survivors: A photovoice study*. <https://light.lstmed.ac.uk/resources/light-booklets>.
5. The LIGHT Consortium (2025) *Parliamentary brief: Towards Gender-sensitive Approaches to Ending TB in Uganda*.

## Conclusion



The LIGHT programme shows that gender-responsive, people-centred TB approaches can improve TB notification, strengthen evidence-use, and influence policy and practice in Uganda. By engaging affected communities, including men, TB survivors, decision-makers, implementers, and healthcare workers, the programme generated practical evidence that can help make TB services more inclusive, effective, and equitable. Sustained progress will require institutionalising evidence-informed decision-making, scaling gender-responsive service delivery including male-friendly services and developing a national TB survivor strategy. Overall, LIGHT contributes to better health and socio-economic outcomes and supports efforts to end TB by 2030.

THE  
LIGHT  
CONSORTIUM



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

LIGHT, a six-year cross-disciplinary global health research programme, funded by UK aid, aims to support policy and practice in transforming gendered pathways to health for people with TB in urban settings in several African countries. This approach leads to enhanced health, well-being, and socio-economic outcomes and contributes to ending TB.

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