

GLOBAL TB CAUCUS LIBRARY

TB PREVENTION

PRIMER



Tuberculosis (TB) is the world's leading infectious disease killer and causes long term health problems for millions of TB survivors. Diagnosing and treating people with TB disease saves lives, but to alter the trajectory of the TB epidemic prevention is also needed. Progress towards expanding access to TB prevention has been lagging behind the broader TB response, putting millions of people at risk and contributing to significant, long-term healthcare costs.

WHAT SHOULD TB PREVENTION LOOK LIKE IN YOUR CONSTITUENCY?

Preventing TB is possible and cost effective through a package of interventions that protect people from the devastating consequences of TB disease and stop chains of transmission. This relies on two components – preventing exposure and identifying and treating those who have been exposed before they develop TB disease.

Preventing exposure involves diagnosing and treating people with TB disease quickly and minimising the risk of transmission in healthcare facilities, workplaces and other spaces where people spend a lot of time in close confinement.

People who have been exposed to TB bacteria can have the infection in their body in a dormant state for many years (TB infection). It is possible to treat this infection with a short course of antibiotics before it has a chance to progress to TB disease, which is infectious and fatal unless treated with a longer, more complex and expensive treatment regimen. To do this, a national health system needs to identify and provide preventive treatment to people who are at risk of having TB infection and at increased risk of progression to TB disease.

All people in your constituency should be able to:

- Access healthcare services without social or economic barriers, including stigma and catastrophic out-of-pocket costs
- Be protected from airborne transmission in healthcare facilities and workplaces through robust infection prevention and control strategies
- Receive TB screening if they are at risk of TB infection and TB disease
- Access WHO-recommended screening and diagnostic tools, including rapid molecular tests, digital chest X-rays, and tests for TB infection
- Access WHO-recommended shorter TB preventive treatment regimens

Priority Groups for TB Screening and Preventive Treatment

Some people are at higher risk of being exposed to TB and/or having TB infection progress to TB disease rapidly. Priority groups for regular TB screening include:

- People living with HIV
- Household contacts of people with TB disease, especially children
- Health workers
- Those living or working in crowded settings (e.g. prisons, mines, factories)
- Clinical risk groups (e.g. people on dialysis, chemotherapy and other immunosuppressive treatments)
- Migrants from high TB burden contexts

ADDRESSING COMMON POLICY AND IMPLEMENTATION BARRIERS

Across high TB burden countries, there are common policy and implementation barriers that prevent people at risk of TB from accessing quality TB prevention services. To address these, parliamentarians can advocate for:

- Sufficient budgets to procure quality-assured tests and modern TB preventive treatments, integrate diagnosis and treatment of TB infection in national insurance schemes, and support implementation of TB infection prevention programmes in health facilities and congregate settings
- Prioritisation of TB prevention within national strategic plans, ensuring programmatic focus and consistent quality improvement
- Engagement with and funding (social contracting) of civil society and affected community organisations in service design and delivery to enhance reach of TB prevention to communities facing additional barriers
- Improved multi-sectoral collaboration, with proactive engagement and fund allocation from Ministries responsible for high-risk settings including prisons, workplaces and education settings
- Investment in research to enable evidence-based programme improvement and the development of better diagnostic tools

What about vaccines?

The first TB vaccine, BCG, was developed over 100 years ago. It offers some protection from severe forms of TB in children, so is recommended in high burden settings. However, this protection wanes over time and people who received BCG as children can still develop and spread pulmonary TB as adolescents and adults.

Research to develop a vaccine that protects adults from TB is advancing at pace, and efforts are underway to ensure these vaccines can be rolled out quickly if and when clinical trials demonstrate their safety, efficacy and cost-effectiveness.



SUPPORTING PARLIAMENTARY ACTION

As a Member of Parliament, you have committed to improving the lives of your constituents. The Global TB Caucus Secretariat is here to help you in your efforts to ensure they can access effective, safe and affordable TB prevention. **If you would like to receive a personalised briefing, be connected with stakeholders working on this agenda in your country, or receive other policy and logistical support, please contact the Global TB Caucus Secretariat.**



Global
Parliamentary Platform
on HIV and AIDS

This primer is an Executive Summary of a briefing on TB prevention, developed with support of an expert advisory panel. These are published in collaboration with the Global Parliamentary Platform on HIV/AIDS. Operated by a joint secretariat by Unite, the Global TB Caucus, and the Global Equality Caucus and their partners, the GPP brings together parliamentary champions working on HIV/AIDS.

To find out more, **visit: www.gpphiv.org**

To access the full briefing, visit
<https://www.globaltbcaucus.org/policy-and-research>

