

Tuberculosis

Ending TB: A long-overdue global priority

In 1993, the World Health Organization declared tuberculosis (TB) a global public health emergency. More than 30 years and two United Nations high-level meetings (2018 and 2023) later, TB remains a global public health emergency. In 2023, TB killed more people than malaria and HIV combined, with over 95% of TB deaths occurring in low- and middle-income countries.

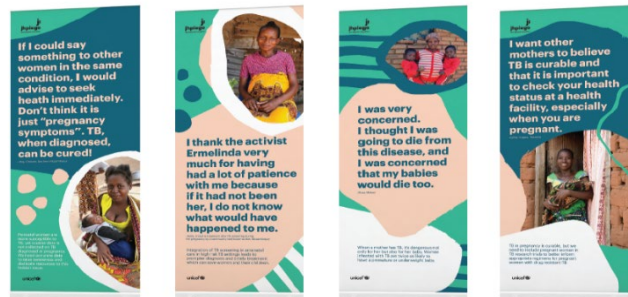
Known throughout its 4,000+-year history by many names, including Robber of Youth, King’s Evil and consumption, the disease was first called tuberculosis in 1882, when Dr. Robert Koch announced his discovery of the bacillus responsible, subsequently named *Mycobacterium tuberculosis*.

The Challenge

TB is both preventable and curable. Still, in 2023 TB was the second leading infectious disease killer globally, following COVID-19, and the leading killer of people living with HIV (PLHIV). Eight countries—India, Indonesia, China, the Philippines, Pakistan, Nigeria, Bangladesh and the Democratic Republic of the Congo—account for two-thirds of the 7.5 million people newly diagnosed with TB in 2022. If not treated properly, or if anti-TB drugs are poor quality, TB can develop into drug-resistant forms of the disease, contributing to the global antimicrobial resistance crisis.

The People and Communities Most Affected

Poverty, undernourishment, poor living and working conditions, HIV infection, smoking and diabetes are the key social and economic drivers of TB. These factors also impact access to diagnosis, treatment, prevention and support. TB typically affects the lungs and is transmitted when people with the disease expel bacteria through the air (e.g., cough or sneeze), but it can also present in different parts of the body.



Jhpiego posters at a UNICEF event at the 2018 United Nations High-Level Meeting on TB. Jhpiego also produced a [video on pregnancy in TB](#).

Jhpiego’s Work in TB: Past and Present

Working with ministries of health, national TB programs, local organizations, civil society, communities and educational institutions, Jhpiego has long been integrating TB prevention, care and treatment in HIV programs, as well as programs for primary health care (PHC) and maternal, newborn and child health. Building on our strong history and commitment to health workforce strengthening, we have reinforced the capacity of clinical mentors, instructors and nursing students in countries such as **Botswana, Ghana, Lesotho, Liberia, South Africa, Tanzania and Zambia** to ensure they can provide high-quality, person-centered integrated HIV/TB services. In partnership with the governments of **Lesotho, Malawi, Mozambique, Nigeria, Sierra Leone and Zambia**, we have supported expansion of TB and HIV services at facilities and in communities, including demand creation and health literacy. Through comprehensive HIV prevention and treatment projects, we have worked to intensify case finding among PLHIV, optimizing care and treatment of TB through “one-stop shops,” differentiated models of care and rollout of a 12-week high-dose isoniazid and rifapentine (3HP) regimen to treat latent TB infections.

Through the U.S. Agency for International Development (USAID)-funded **NISHTHA: Transforming Comprehensive Health Care in India**, Jhpiego is supporting the government of **India** to provide comprehensive PHC, including TB services.



A woman in Jharkhand, India, makes sure her father, who has TB, takes his medication and eats nutritious meals.
Photo: Karen Kasmauski/Jhpiego

This work includes: engaging TB champions and community members as TB advocates; improving TB case finding through innovative solutions such as artificial intelligence tools to screen for TB through cough sounds; and providing technical support to strengthen capacity of PHC teams to deliver drug-sensitive TB (DS-TB) and drug-resistant TB (DR-TB) services integrated in the government of India's Ayushman Bharat Health and Wellness Centers. NISHTHA's innovative service delivery approaches include the family caregiver model, which aims to improve TB treatment adherence and completion among people in treatment by engaging family members in their care. By the end of February 2024, 126,650 people had been enrolled as family caregivers of people with TB with NISHTHA support.

The Jhpiego-led **Urban Health Initiative (UHI)**, funded by USAID, is addressing DS-TB and DR-TB in **Afghanistan**, with a focus on women, children and other vulnerable populations. UHI is working with the Ministry of Public Health to improve public and private health service delivery in Herat, Jalalabad, Kabul, Kandahar and Mazar-e-Sharif provinces, including addressing access to primary and secondary health care services, public and private health service quality and the public's awareness of health care services and behaviors.

Jhpiego is leading implementation of the Community and Universal Testing for TB among Contacts (CUT-TB) study in **Lesotho**. This four-year trial, funded by the European & Developing Countries Clinical Trials Partnership and led by the Aurum Institute, is conducted in **Lesotho, South Africa and Tanzania**. CUT-TB is evaluating new contact tracing strategies with the goal of improving case detection and delivering preventive therapy in high- and medium-burden TB settings. Jhpiego's support also includes collection of data and specimens, arranging and supporting training for staff and overall capacity strengthening.

Also in **Lesotho**, Jhpiego is supporting TB and HIV treatment, support and care with funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria. Interventions include: strengthening contact tracing to identify people with TB and children eligible for TB preventive treatment and follow up on miners, ex-miners, inmates and students; and providing training on quality improvement, supportive supervision and mentorship, and support for health facility exchange meetings.

In **Zambia**, the Jhpiego-led **Global Reach II** project is using the ECHO model to provide virtual mentorship to community-based volunteers (CBVs) to improve their knowledge about TB and subsequently improve patient outcomes. The six-month curriculum includes sessions on childhood and adult TB, case finding, awareness raising and use and storage of data at the community level. In the first year of implementation, 110 CBVs in two districts were reached; in the second year, the project aims to enroll 1,100 CBVs in eight districts.



TB contact tracers in Lesotho supported through the Prevention of HIV and TB in Lesotho through Evidence-Based Interventions and Education (THEBE) project.

Supporting Country Efforts to End TB by 2030

The global TB response is at an inflection point. While the toolbox has never been so full of newly approved and near-term innovations in diagnostics, treatment and prevention, progress to achieve TB elimination targets has been slow, with some gains reversed by the COVID-19 pandemic.

Jhpiego combines a strong track record and reputation for working with ministries of health, clients, civil society, communities and other organizations with innovative, cost-effective and person-centered solutions to address intractable health challenges. Jhpiego's years of work in TB, HIV, gender, malaria and infectious diseases, and its renewed focus on PHC, immunization and global health security, as well as its experience with differentiated service delivery models, position us well to support our partners to **end TB as a global health challenge by 2030**.