

Ensuring equitable care and prevention strategies to address the growing tuberculosis burden in England

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In 2023, commitments made at the United Nations High-Level Meeting (UNHLM) on tuberculosis (TB) offered a renewed sense of hope and purpose after the ravages of the COVID-19 pandemic.¹ Nevertheless, TB remains the leading cause of death from a single infection, killing nearly 1.3 million people per year. The global burden of TB remains grossly inequitable, with 80% of those affected by illness or death from TB residing in low- and middle-income countries. To realise the vision of a world free from TB by 2050, progress to end TB must be equitable. This requires advances in both high and low burden settings, and across and within countries.

A recent UK Health Security Agency (UKHSA) report showed a concerning 13% increase in TB notifications in England in 2024 compared to 2023.² An increase was observed across all regions with rates higher in men (58% notifications, followed by 39% women and 3% children), echoing the global gendered nature of TB. With a rate of 9.5 per 100,000 people in 2024, England is barely below the “low incidence” threshold of 10 per 100,000 people. This worrying upward trend since 2020 takes England further away from reaching WHO TB elimination targets. Increasing rates of TB in the UK are indicative of broader public health challenges, a national health service under strain, and a cost-of-living crisis intensifying entrenched socioeconomic and health inequalities.

Poverty remains inextricably linked to TB. In England, the poorest 10% of people have 5-times higher chances of developing TB than the richest 10%, with a clear trend of increased TB notification rates with increased levels of deprivation.³ Social risk factors not only increase vulnerability to TB disease but also hamper adherence to TB medicines and cure. Our response must confront this social gradient in health, prioritizing underserved populations and reaching those most vulnerable to TB. Implementation of policies must not be confined to the health sector alone and need to address the conditions in which people are born, grow, live, work and age. Preventing the socioeconomic drivers of TB requires action across government and across the whole of society.

Tackling TB not only makes sense in terms of social justice and improved health but also in terms of value for money. TB is one of the 12 best investments identified to achieve the Sustainable Development Goals.⁴ It is estimated that every US\$1 invested in TB will yield US\$46 of social benefits for the world. Investing in TB will not only reduce mortality but also avert long-term morbidity from post-TB sequelae, which contributes nearly half of the disability adjusted life years (DALYs) associated with TB globally. However, to inform future national guidelines and policies, further research is needed to understand the most cost-effective screening and care pathways that reach priority, underserved populations in the UK.

More work is needed to meet the ambitious targets of the 2021-2026 TB Action Plan for England and strategies in devolved nations are in development.⁵ Ensuring access to TB preventive therapy, prompt treatment of TB disease, and achieving high rates of treatment success are key challenges. In 2023, Of people in the UK arriving from high TB burden countries who are eligible for *Mycobacterium tuberculosis* (Mtb) infection screening, only 11.5% of eligible people arriving to the UK from high TB burden countries were screened for Mtb infection and rates of TB preventive therapy completion remain low.^{3,5} Nearly one third of people with TB in England experience a delay of more than 4 months between the symptom onset and starting their treatment. Only 71% of people notified with drug-sensitive TB completed treatment at 12 months, compared to the UKHSA's 2026 target of 90%.⁵ Delayed access to TB care and prevention and poor treatment completion rates are associated with worse health, social and economic outcomes, increased TB transmission, and development of drug-resistance.

Prioritising TB in the fight against antimicrobial resistance (AMR) is vital. In 2024, drug-resistant TB (DR-TB) was acknowledged as a key component of the global challenge at the UNHLM on AMR and TB was added to the WHO Bacterial Priority Pathogens List.^{6,7} Whilst numbers of people notified with rifampicin-resistant or multidrug-resistant TB only increased marginally in 2024 compared to 2023 in England, numbers are expected to increase further as laboratory results become available. Treatment of DR-TB is expensive, long, costly, and associated with side effects. Preventing, detecting, and treating DR-TB is an integral, critical component of our public health response both in the UK and globally.

Significant UK investment is advancing TB science and innovation and informing positive policy and practice changes worldwide. There is much that can be learnt from UK collaborative research in high TB burden low- and middle-income countries that could be applied nationally to prevent resurgence of this enduring epidemic in UK. Building trust and partnerships with affected communities and civil society to co-develop research, policy and practice across the TB care cascade – an essential goal of our interdisciplinary Centre for Tuberculosis Research here in Liverpool⁸ - will be critical in providing evidence-based, equitable, person-centred TB care and prevention.

On World TB Day 24th March 2025, we stand in solidarity with everyone working towards a TB-free world to say: Yes! We Can End TB: Commit, Invest, Deliver.

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