



# It's time to scale up access for TB preventive treatment



A quarter of the world's population is estimated to be infected with tuberculosis (TB) bacilli, most of whom are not sick or infectious. Although they are well people who are infected with TB bacilli may develop disease in the future. Each year about 10 million people develop TB disease globally and 1.5 million die from it.



The End TB Strategy of WHO seeks to address the challenge of TB in the world. Apart from finding people with TB disease and treating them, the Strategy also includes preventive action. These range from infection control, screening and active case finding, provision of TB preventive treatment (TPT), prevention and care of HIV and other co-morbidities and health risks, access to universal health care, social protection and poverty alleviation.



Offering TB preventive treatment (TPT) to people at highest risk of developing TB disease or most vulnerable to unfavourable effects will not only protect them from becoming sick but also cut down on the risk of transmission in the community. This is critical to end TB locally and worldwide.



Delivering treatment effectively and safely requires a programmatic approach to implement a comprehensive package of interventions: identifying individuals at highest risk, testing for infection, excluding active TB, choosing the treatment option that is best suited to an individual, managing adverse events, supporting medication adherence and monitoring programmatic performance.



In the UN High Level Meeting on TB in 2018 Members States committed to starting at least 24 million contacts of people with active TB and 6 million people living with HIV on TPT by 2022. Countries reported putting less than 430,000 contacts and 1.8 million PLHIV on TPT in 2018. Reinvigorated efforts by governments, health services and donors will be needed to scale up TPT to the numbers envisaged by the UN High Level Meeting in 2018.



In 2020, WHO updated its recommendations for the programmatic management of TPT by releasing new guidelines based on the latest evidence accompanied by an operational handbook, as part of a comprehensive, consolidated WHO guidance for TB. These guidelines are intended primarily for ministries and national authorities responsible for TB and HIV prevention and care, and for other policy-makers working on TB and HIV and infectious diseases in public and private sectors and in the community. They support the global scale-up of TPT to the level needed to make an impact of TB incidence.



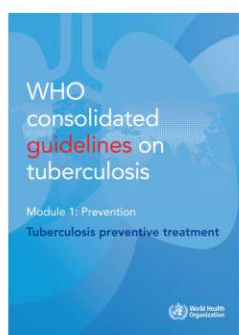


### 3 INDICATORS TO MONITOR THE PROGRAMMATIC MANAGEMENT OF TPT

As a minimum, programmes need to monitor three priority indicators :

1. **Contact investigation coverage:** percentage of contacts of bacteriologically confirmed TB patients who were evaluated for TB disease and TB infection out of those eligible
2. **TPT coverage:** percentage of individuals initiated on TPT out of those eligible
3. **TPT completion:** percentage of individuals completing TPT out of those initiating treatment.  
(more information in the operational handbook on TPT)

#### GUIDELINES



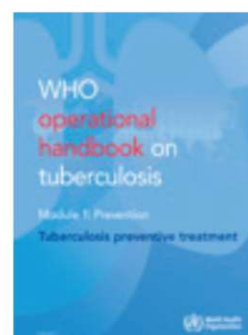
The 18 recommendations on TPT in the 2020 update cover critical steps in programmatic management that follow the cascade of preventive care. Key changes include

- updated TPT options for people of all ages and HIV status, including a new regimen of 1-month daily rifapentine and isoniazid;
- commentary on how different regimens can be used in different TB burden settings with due attention to the exclusion of active TB, confirmation of infection, protection from re-infection and prevention of health inequities;
- conclusions, from the latest evidence, that pregnancy does not disqualify women living with HIV from receiving TPT and that a systematic deferral of isoniazid preventive treatment till after delivery would deprive them of significant protection when they are highly vulnerable to TB. A need for more research in this area is underlined;
- a single algorithm harmonizing key decision points on testing for TB infection, screening, chest radiography and TPT in the main populations at risk;

Operational limitations that need to be overcome by countries to achieve global targets are highlighted and discussed in greater detail in the **operational handbook** of TPT that is being released concurrently.

WHO has developed *Prevent TB*, an application to facilitate the monitoring and evaluation of TPT using smartphones, tablets and other devices. The app helps healthcare workers collect data about contacts of TB patients and other people at-risk and automate the generation of indicators from these data. Since its first launch in 2017, WHO has field-tested this application in two high TB burden countries, studying its interaction with existing electronic registers for TB patients. Based on this experience new features have been added, including dashboards and drop-down menus. Anyone can download and use this app freely, but users need to mobilize resources to customize the tool to their needs, decide where and how to host country data and train and build the capacity of staff to use it.

#### HANDBOOK



<https://www.who.int/tb/en/>

