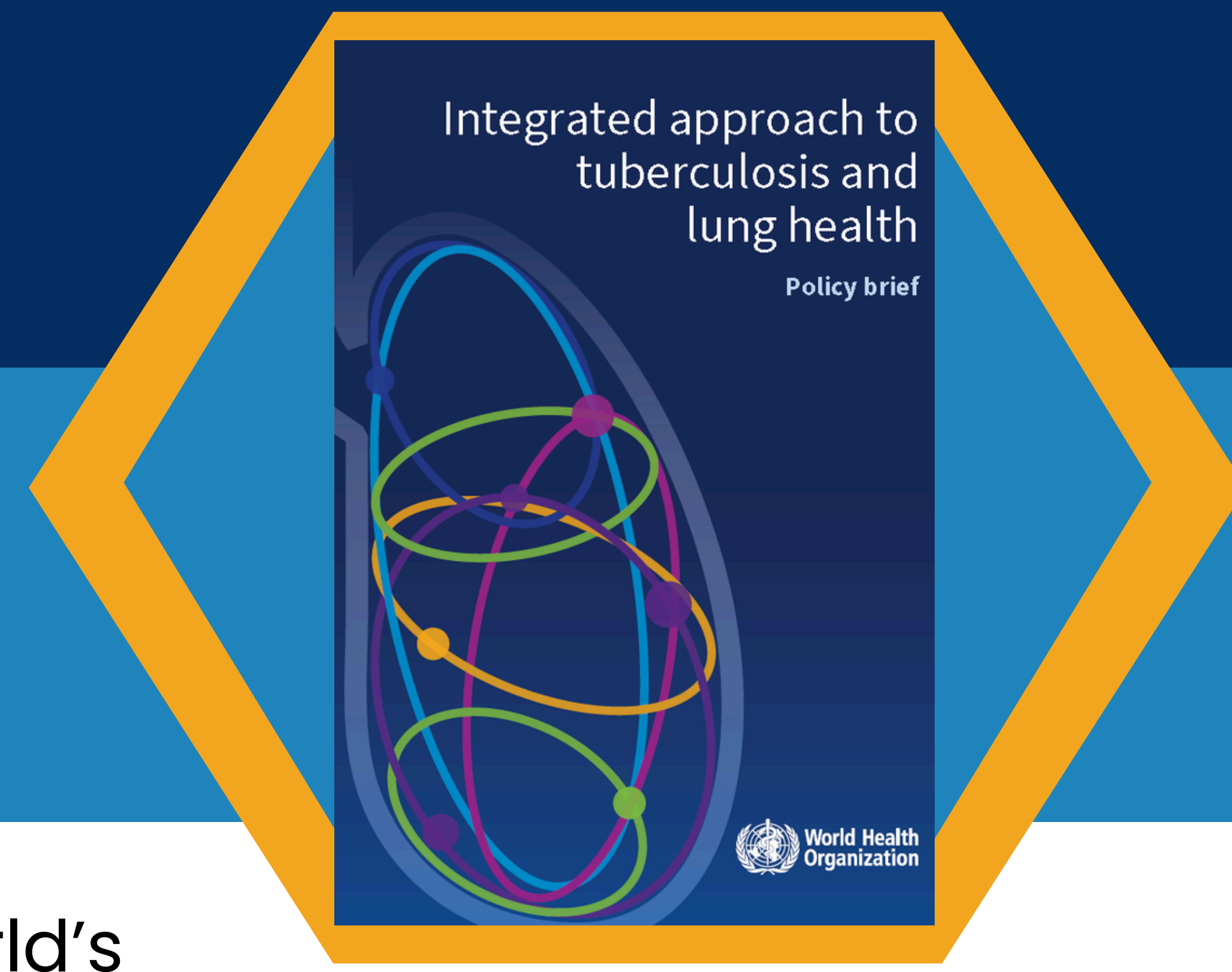


Integrated approach to TB and lung health

Building resilient, equitable health systems



The burden of tuberculosis (TB) and its threat to global health:

TB remains the world's leading infectious disease killer. With over 10 million people falling ill with TB annually, it takes a disproportionate toll on people in every country and community, particularly impacting the poorest and most vulnerable. Furthermore, the rise of drug-resistant TB fuels the global threat of antibiotic resistance, complicating treatment and posing a serious public health risk.

The convergence of TB and lung health: TB and other lung diseases are deeply interconnected, sharing common risk factors and structural drivers. Overcrowded living, undernutrition, and exposure to environmental pollutants influence progression of TB infection and worsen chronic respiratory conditions like chronic obstructive pulmonary disease, asthma, and lung cancer, among others. Additionally, lung damage caused by TB can lead to lasting impairment, often manifesting as post-TB lung disease.

Harnessing opportunities: Despite clear and well-documented connections, health systems frequently treat TB and other lung conditions in isolation, resulting in critical missed opportunities for integrated care, early diagnosis, and comprehensive rehabilitation. A fully integrated approach is essential to closing these gaps, optimizing patient outcomes, and strengthening overall public health efforts.

Importance of an integrated approach to address TB and lung health

By implementing integrated, people-centred approaches to TB and lung health, health systems can enhance early disease detection, and improve management and care of TB and other lung diseases. Maximizing the potential of existing TB programme infrastructure and expertise can fortify lung health services, ensuring timely diagnosis and improved management of a broader range of respiratory diseases. Outlined below are the positive impacts of an integrated approach to TB and lung health:

01 Epidemiological synergy

By addressing TB and chronic lung diseases together, health services can more effectively detect overlapping risk factors and symptoms, reducing missed diagnoses and delayed treatment.

02 Economic and operational efficiency

Fragmented care models result in duplicated efforts, increased costs, and inefficiencies in service delivery. An integrated response to TB and lung disease maximizes resources, reduces costs, and improves access to comprehensive, integrated, people-centred care.

03 Health equity and social justice

Inequities in access to care and socioeconomic barriers compound the burden of TB and lung disease, further fragmenting care pathways. An integrated, people-centred approach ensures equitable care delivery, addressing both clinical and social determinants of health.

04 Addressing antimicrobial resistance

TB programmes play a key role in combating antibiotic resistance through effective stewardship, rapid diagnosis and detection, and surveillance. By optimizing integrated approaches to TB and lung health, health systems can reduce inappropriate antibiotic prescription and help limit the spread of drug-resistant infections.

05 Preparedness and response for emerging threats

Coordination mechanisms and governance structures established through TB programmes, such as access to diagnostics, sample transportation mechanisms, contact tracing, referral pathways, proved vital in supporting the COVID-19 pandemic response. Strengthening TB services to address lung health holistically not only builds on these assets but also enhances global preparedness and the ability to respond to future respiratory disease outbreaks.

Strategic actions for implementing and strengthening an integrated response to TB and lung health

Delivering an integrated response to TB and lung health is both urgent and essential. This demands not only technical solutions but also strong political commitment, concrete policy action, and sustained financing. A truly effective response requires coordinated efforts at all levels—global, national, and local—tailored to the specific needs of health systems and communities. Learning from successful integrated models and adapting them to country-specific contexts is critical. The World Health Organization (WHO), in this special policy brief, has outlined the following key actions that deserve immediate focus:



Prioritize an integrated, people-centred care agenda

Countries must create comprehensive, evidence-based national policies integrating strategies for both communicable and non-communicable lung diseases, using existing evidence-based tools to implement a comprehensive package of integrated lung health care interventions.



Leverage referral networks

An integrated, people-centred approach requires strengthening secondary and tertiary care, with strong referral systems and clear protocols to ensure timely access to specialized care while maintaining a seamless continuum of care. Strengthened coordination and communication across all levels of the health system are essential to ensuring that patients receive ongoing support and are not lost to follow-up.



Address shared risk factors

Mitigating shared risk factors for TB and lung diseases is critical for an integrated response to lung health. Global advocacy, regional collaboration, and national policies targeting risks can reduce harmful exposures, with partnerships amplifying these efforts.



Enhance surveillance and data systems

Effective integrated responses depend on robust data systems for real-time monitoring of TB and lung diseases. Standardized frameworks and technical support ensure harmonized data collection, while bilateral support can help to strengthen surveillance in low-capacity countries.



Strengthen primary care services

A well-functioning primary care system is fundamental to meeting community needs. Investments in infrastructure, screening, and workforce capacity at the primary care level, along with global guidance, will enable integrated, people-centred care for TB and lung health.



Facilitate cross-programmatic action

Integrated, person-centred care requires coordination across health programmes to rapidly identify and manage common respiratory syndromes, particularly in individuals with persistent cough or other chronic symptoms. National coordination, supported by governance frameworks and strong political commitment, is vital to ensure continuity of care.



Foster collaboration across sectors

Integrated care requires collaboration to address a wide range of determinants influence people's health and their outcomes, with frameworks such as WHO's Multisectoral Framework to End TB (MAF-TB) guiding action. Governments must adapt these frameworks to local contexts, ensuring coordination across sectors, public-private collaboration, and community engagement.



Engage communities

Community engagement is key to effective TB and lung health responses, requiring collaboration with civil society and marginalized groups. Local authorities must empower communities through resources, training, and active participation in decision-making.



Invest in human resources and training

Building a skilled health workforce is essential. Ongoing, well-funded training initiatives and cross-sector collaborations are crucial for addressing staff shortages and ensure consistent care standards.



Bolster health governance

Countries must advance global health governance through the exchange of best practices, adopting proven models, and securing essential resources for integrated health responses to address TB and lung health. The establishment of governance mechanisms at local and national levels is vital for translating high-level commitments into practical, sustainable solutions.