



Ethical Access To Care in TB

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February 20, 2025
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“TB Physician, City of Austin”



Objectives

- Discuss tuberculosis as a disease with global impact.
- Recognize that there is stigma associated with TB.
- Discuss tuberculosis access to care and funding.
- Identify ethical issues in tuberculosis prevention, care and control.

Ethics

And

Morals

Define Ethics

And

Are ethics and morals the same thing?

- **AMA Principles of Medical Ethics**

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility to patients first and foremost, as well as to society, to other health professionals, and to self. The following *Principles* adopted by the American Medical Association are not laws, but **standards of conduct that define the essentials of honorable behavior for the physician**

Medical Ethics 101

- What is the moral &/or ethical responsibility of a government to provide healthcare for its population?
- How are the limits determined?
- Who gets counted as part of the population? Does that change by the nature of the disease, such as an infectious vs non-infectious disease?

AMA Principles of Medical Ethics

A physician shall

- I. be dedicated to providing competent medical care, **with compassion and respect for human dignity and rights.**
 - II. uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.
 - III. **respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.**
 - IV. **respect the rights of patients,** colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.
 - V. continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.
 - VI. in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.
 - VII. **recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.**
 - VIII. while caring for a patient, regard responsibility to the patient as paramount.
 - IX. **support access to medical care for all people.**
- Adopted June 1957; revised June 1980; revised June 2001.

AMA Principles of Medical Ethics

A physician shall

provide competent medical care, **with compassion and respect for human dignity and rights.**

respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.

respect the rights of patients

responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.

support access to medical care for all people.

- Adopted June 1957; revised June 1980; revised June 2001.

ANA 2025 *Code of Ethics for Nurses*

Provisions 1-5

- The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person
- A nurse's primary commitment is to the recipient(s) of nursing care, whether an individual, family, group, community, or population
- The nurse establishes a trusting relationship and **advocates for the rights, health, and safety of recipient(s) of nursing care**
- Nurses have authority over nursing practice and are responsible and accountable for their practice consistent with their obligations to promote health, prevent illness, and provide optimal care
- The nurse has moral duties to self as a person of inherent dignity and worth including an expectation of a safe place to work that fosters flourishing, authenticity of self at work, and self-respect through integrity and professional competence

ANA 2025 *Code of Ethics for Nurses*

Provisions 6-9

- Nurses, through individual and collective effort, establish, maintain, and improve the ethical environment of the work setting that affects nursing care and the well-being of nurses.
- Nurses advance the profession through multiple approaches to knowledge development, professional standards, and the generation of policies for nursing, health, and social concerns
- Nurses build collaborative relationships and networks with nurses, other healthcare and non-healthcare disciplines, and the public to achieve greater ends
- Nurses and their professional organizations work to enact and resource practices, policies, and legislation to **promote social justice, eliminate health inequities, and facilitate human flourishing**

ANA 2025 Code of Ethics: more about the 3 parts of Provision 9

- 9.1 Professional nursing organizations ought to exemplify the values of nursing and respect the inherent dignity, worth, unique attributes, and human rights of all individuals. **The need for and right to health is universal, transcending all individual differences.** It is the shared responsibility of professional nursing organizations to speak for nurses collectively in **shaping healthcare and to promulgate change for the improvement of health and healthcare rooted in humanistic and social justice principles.**
- Nurses and professional nursing organizations **condemn dehumanization in all its forms** while simultaneously **affirming the intrinsic dignity of all people** through advocacy and allyship. **Nurses recognize this as an ethical duty,** enacted through intentional interventions and support to **eliminate harmful acts, words, and deeds.** **Nurses create spaces that amplify voices not traditionally heard, recognized, or welcomed,** in order to **create a culture that respects all persons.** Nursing values instill a sense of duty beyond individual careers, emphasizing the collective impact the profession can have on societal well-being. Professional organizations **acting in solidarity is a formidable force and strengthens the ability of the profession to influence social justice and global health.**

ANA 2025 Code of Ethics for Nurses *a little more about the 3 parts of Provision 9*

- 9.2 (in part) states:

Nursing curricula and formation, research and healthcare policy education, and professional development should prepare nurses to

address unjust systems. The nursing profession upholds the public's trust, in part, by its deliberate and intentional education in advocacy and allyship to create just systems.

ANA 2025 Code of Ethics for Nurses *a little more about the 3 parts of Provision 9*

And part of of 9.3:

- **Advancing the vision of a good and healthy society** can occur through professional organizations that support nurses to **influence and transform social and structural determinants of health and policy that impact communities and society.** More specific examples include addressing: ...the increasing complexity of healthcare; the failure to employ less costly community health models of care; that healthcare is driven more by profit than by ethics; the realities of food insecurity;... disinformation and misinformation; discrimination in all forms...

ANA 2025 Code of Ethics for Nurses

Provision 10

- **Nursing, through organizations and associations, participates in the global nursing and health community to promote human and environmental health, well-being, and flourishing.**

ANA 2025 *Code of Ethics for Nurses*

a little more about the parts of Provision 10

10.3 ...

- Nurses and nursing **organizations work toward the realization of the *Sustainable Development Goals (SDGs) of the United Nations (UN)*** and other global-based benchmarks as they affect health and well-being. The United Nations SDGs include:
 - **The eradication of poverty, hunger, and malnutrition, and the diseases they foster**; a positive agenda toward the realization of health and well-being including the **reduction of maternal and child morbidity and mortality; universal literacy and education; and universal gender equality.** Nursing and nurses also work to bring about access to clean water, safe food and milk supplies, sanitation, affordable clean energy; healthy cities and communities; ecological protection through responsible consumption, production, and shared natural resources; climate-related advocacy; conservation of oceanic and terrestrial life, waters, and lands; **peace, justice, human rights, and strong institutions; and global partnerships to further these goals.**

ANA 2025 Code of Ethics for Nurses *a little more about the parts of Provision 10*

10.5...

Local concerns are now global concerns. Global security is perpetually jeopardized by pandemics, terrorism, natural disasters, and human exploitation including trafficking. **Beyond security, health is a major element in economic welfare, human rights, social justice, foreign policy, and geopolitical decisions.** Health can no longer be subservient to other values, specifically profit. **Successful health outcomes are achieved when foreign policy is aligned with identified health needs.**

“Of all the forms of inequality, injustice in health is the most shocking and inhuman.”

Dr. Martin Luther King, Jr.,
Chicago, IL,
March 25, 1966
Statement to the second
convention of the Medical
Committee for Human Rights

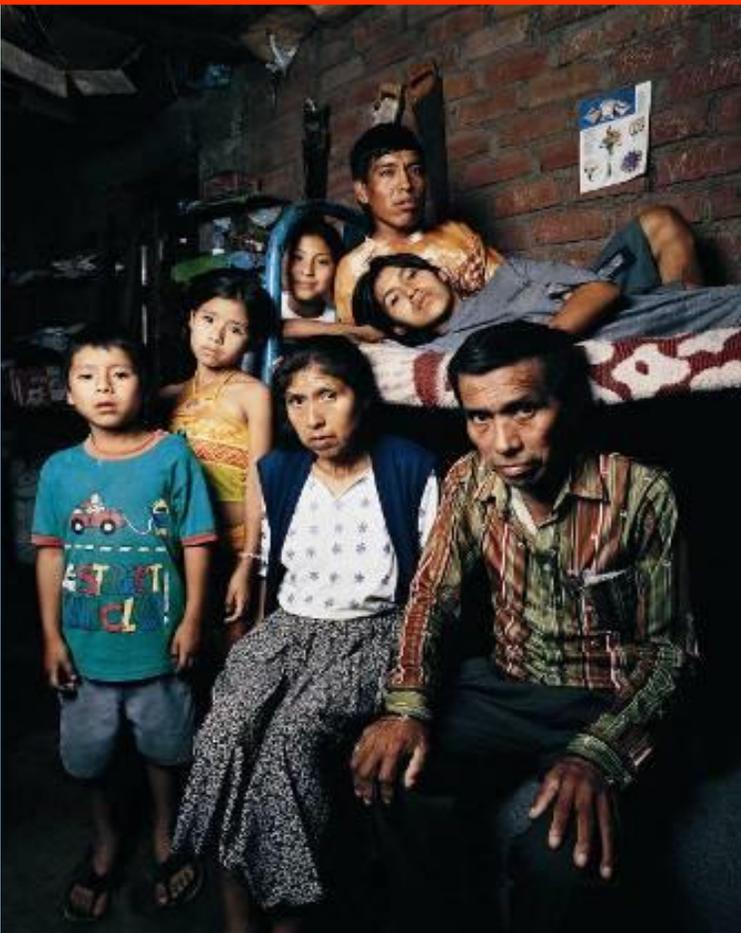
The Burden of TB in the US & Globally

- USA: 13m TBI 8300 to 9600 TB disease 600 deaths
- Global: 2billion TBI 10 million TB disease 1.25m deaths



Who carries the burden of tuberculosis? ...the most vulnerable

TB spreads in poor, crowded & poorly ventilated settings



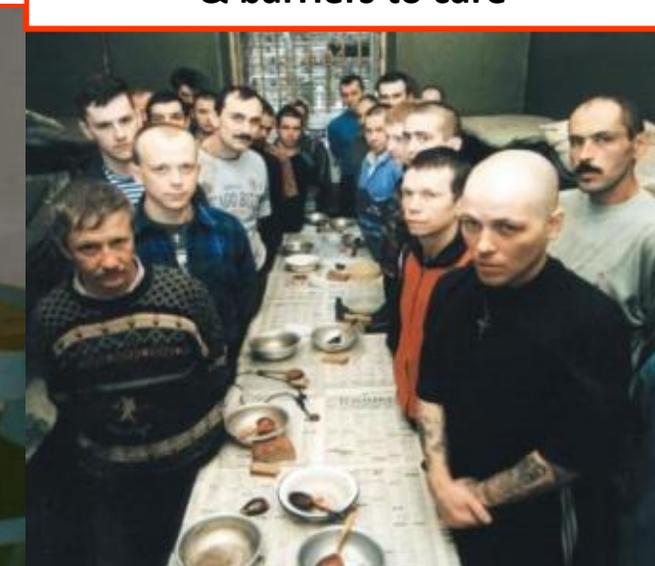
TB linked to HIV infection, malnutrition, alcohol, drug and tobacco use, diabetes



1.25 million people died from TB in 2023
161,000 PLWHIV died of TB



Migrants, prisoners, minorities, refugees face risks, discrimination & barriers to care



Social Justice:

- In terms of Health:
 - concerned with inequalities and with the fair distribution of advantages and burdens among people
- Especially important in caring for persons with TB:
 - Social inequalities drive TB, and TB drives many people deeper into poverty. Ending TB and addressing social determinants of health are interdependent.



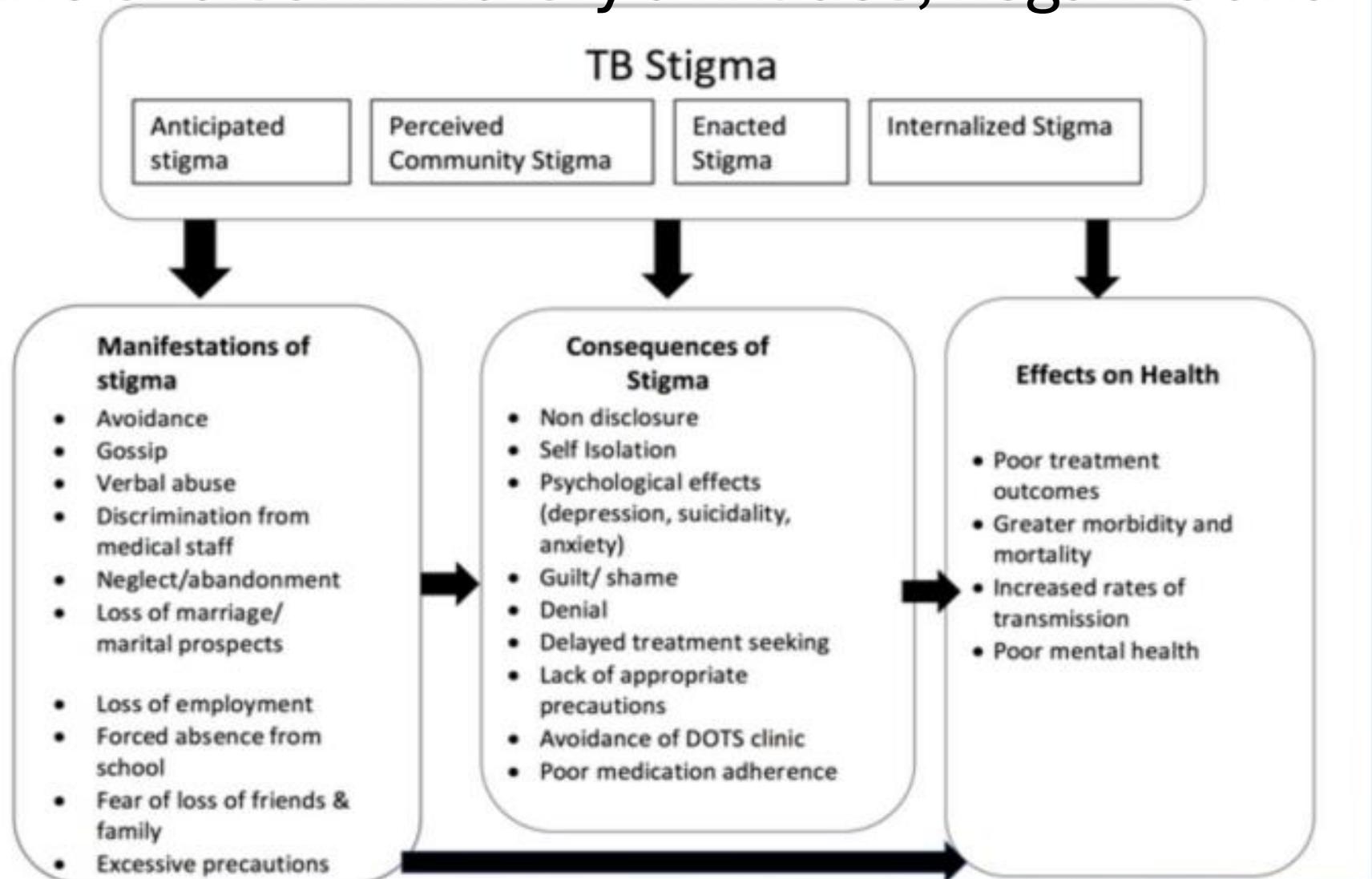
**SOCIAL JUSTICE
IN PUBLIC HEALTH
AND HEALTHCARE**

Gostin LO, Powers M. What does social justice require for the public's health? *Public Health Ethics and Policy Imperatives*. *Health Aff (Millwood)* 2006; 25(4):1053–60.

Slide from presentation given by Erin Corriveau, MD, MPH in July 2024 at a TB Intensive, *A Discussion of Ethics in TB Care*

stigma:

defined as negative or discriminatory attitudes; negative and unfair beliefs



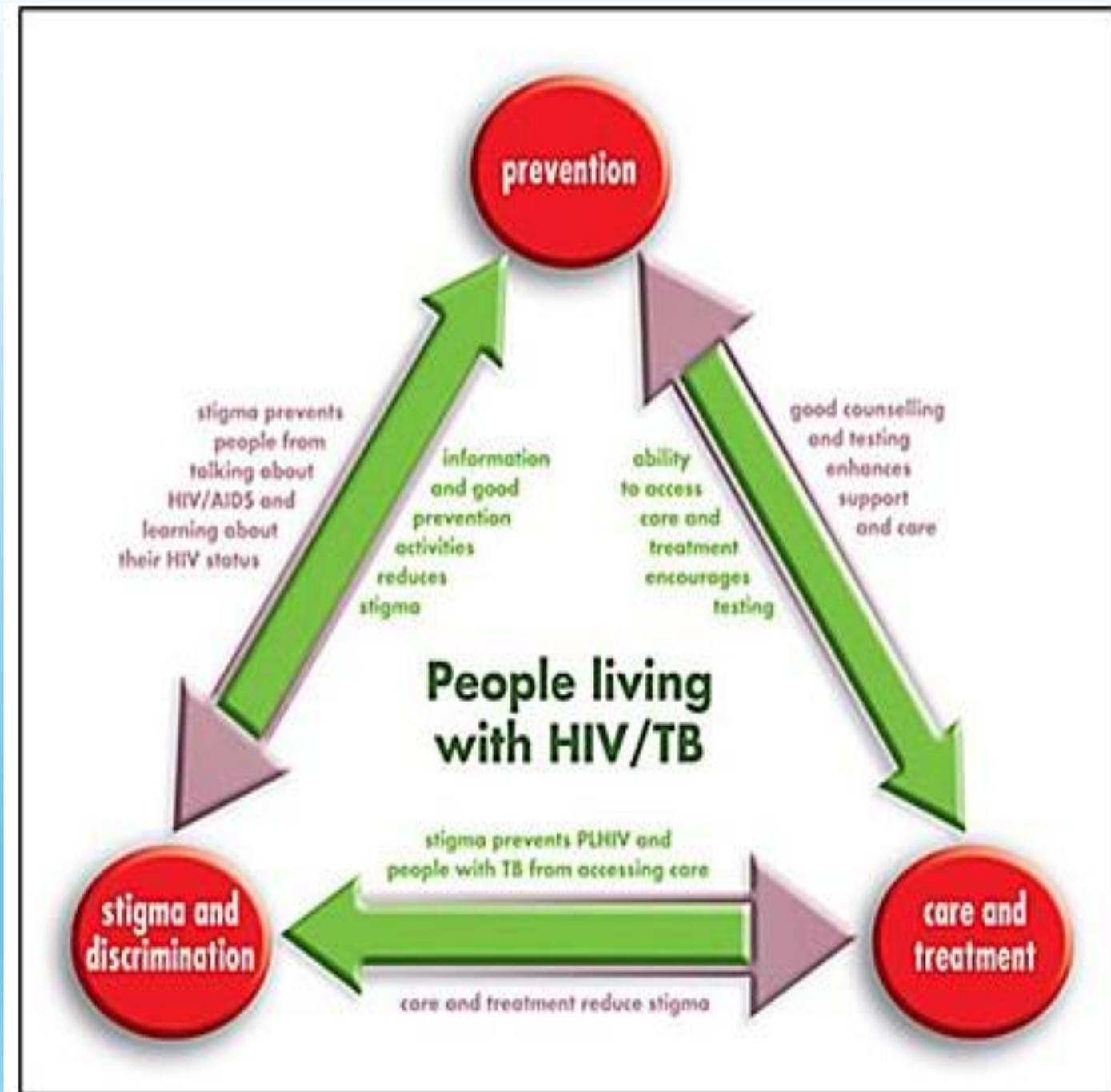
Borrowed from presentation given by Erin Corriveau, MD, MPH in July 2024 at a TB Intensive, *A Discussion of Ethics in TB Care*

“I don’t have that. I’m not unclean.”

- 63yo female at her 1 month f/u appt for extensive cavitory pulmonary TB
 - repeated 2-3 more time over the next several weeks
 - turned away from me when she said it
-
- Another pt, a man from SE Asia originally, in his mid-60s now who comes every day to our clinic so that we aren’t seen at his house.

Stigma

- Prevents people with HIV and TB from
 - accessing care
 - talking and learning about HIV and TB status
- Good counseling enhances support
- Ability to access care and treatment encourages testing
- Information and good prevention activities reduces stigma
- Using non-stigmatizing language



Ending TB-related stigma and discrimination



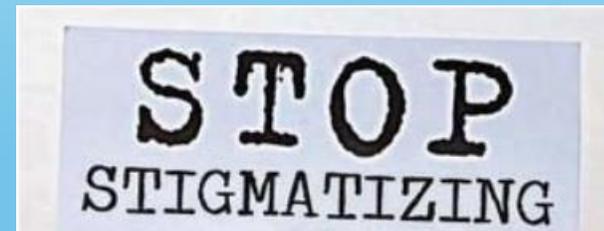
- Reduction of stigma is **essential** to End TB
- Stigma needs to be addressed to achieve zero TB suffering
- Stigma interferes with care seeking, contact investigation, treatment initiation, adherence and quality of care
- Judgmental terms and negative connotation of words place blame for the disease and responsibility for adverse treatment outcomes on the patient.

How Can Stigma Affect TB Care?

- ❖ Contributes to a delay in diagnosis
- ❖ “At-risk individuals report that fear of TB stigma and the social and economic impact of stigma affects their willingness to undergo TB screening and to seek medical care after the onset of symptoms associated with TB.”
- ❖ “Individuals with TB and their health-care providers also identify TB stigma as a cause of non-completion of treatment.”

Courtwright, A., & Turner, A. N. (2010). Tuberculosis and Stigmatization: Pathways and Interventions. *Public Health Reports*, 125(Suppl 4), 34–42.

STIGMA is linked to poor health and is associated with greater social isolation, and Social isolation increases risk for poor health outcomes.



Suspect

- ❖ Suspect (verb)
 - ❖ To believe or feel that (someone) is guilty of an illegal, dishonest or unpleasant act, without certain proof
- ❖ Suspect (noun)
 - ❖ Person thought to be guilty of a crime or offense
- ❖ Why did the TB community decide to transfer the 'suspicion' of the disease to the patient?

Default/a defaulter

- ❖ Oxford English dictionary
 - ❖ A person who fails to fulfill a duty, obligation or undertaking
- ❖ Banking context
 - ❖ To fail to repay a loan
- ❖ Legal context
 - ❖ Failure to appear in court when summoned by a judge
- ❖ Context of competition
 - ❖ Failure to take part in or complete a scheduled contest
- ❖ Common feature:
 - ❖ blame is designated by someone in a decision-making position upon another in the community

Control

- ❖ National TB 'Control' Programs
- ❖ Control
 - ❖ To limit, regulate or restrict an activity or a process
 - ❖ To maintain influence and authority over behavior
 - ❖ Synonymous terms:
 - ❖ power, to dominate, and be in charge of

STOP
STIGMATIZING

“Stop the stigma, discrimination and negligence”



Brenda, a TB Photovoice participant: “We need to put an end to stigma, discrimination, negligence and indifference. We have the science, the medication and everything it takes to STOP TB. What is keeping us from doing this?”

Voices and Images

Tuberculosis Photovoice in a Binational Setting

Isolation

One of the most Difficult Aspects of the Disease

- Feeling lonely, confined, abandoned
- Shame of needing to wear a mask
- Feeling dirty “like a leper”
- Isolation from family



Chang B. Quality of life in TB: A review of English literature



Financial Aspects of TB Disease

While APH TB Clinic does not charge for our services....

We also offer no financial support for the mandatory isolation we impose.

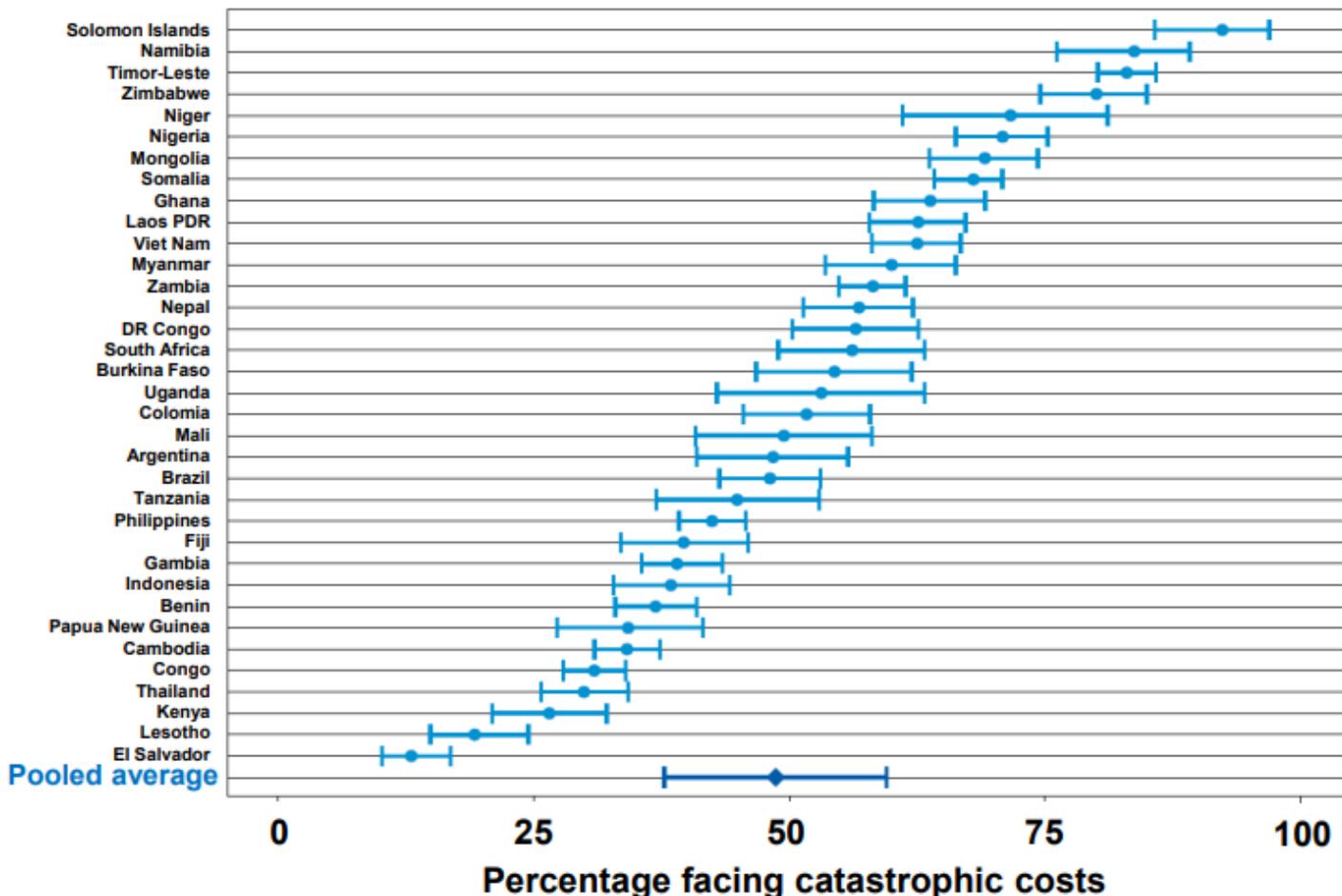


Note that each county in Texas can choose whether or not to charge for services. Typically, counties are responsible for patients that live/work in that county.

About half of people with TB and their households face catastrophic costs

pooled average = 49%; far above End TB Strategy target of zero

35
countries
including
18 high TB
burden
countries
and **1**
global TB
watchlist
country



Even higher for
people with drug-
resistant TB: pooled
average **82%**

Financial Aspects of TB Disease

- Adhere to isolation orders
- Stay at home
- Do not work, for undetermined time period

OR

- Eat
- Pay rent or mortgage
- Buy medicines
- Increase financial security

Financial Issues

(+) (or)
Stigma

Can lead to delayed care

- Sicker at diagnosis
- More costly to treat
- May be more difficult to cure
- Patients sometimes chose immediate needs (working/making money) over continuing treatment

- 31-50% of patients have financial difficulties
- 11% of children with TB affected parents abandoned schooling and 8% took up work

Financial Aspects of TB Disease

Substantial Long-term Economic Impacts

-often leading to catastrophic costs, income loss, and asset depletion. These impacts can perpetuate a cycle of poverty and worsen health outcomes.

- **Catastrophic Costs and Income Loss:** TB-affected households frequently face catastrophic costs, defined as expenses exceeding 20% of their annual income. In Tanzania, 44.9% of TB-affected households experienced catastrophic costs, driven by income loss and medical expenses. Similarly, in the Philippines, 42.4% of households faced catastrophic costs, with a higher burden among drug-resistant TB patients.^[1-2]
- **Asset Depletion:** Many households resort to dissaving practices, such as borrowing money or selling assets, to cope with TB-related expenses. In the Philippines, over 40% of households engaged in such practices. In Tanzania, 53% of households borrowed money or sold assets to finance

Financial Aspects of TB Disease

- What can we do?



+Release pts from isolation as soon as possible

+make them aware of community services potentially available (ideally, assign a SW)

Easing the Financial Burden: Effective Approaches



- implementation of **cash transfer programs**. These can be either TB-specific, targeting households with a confirmed TB diagnosis, or TB-sensitive, aimed at increasing the income of households at high risk of TB to enhance their economic resilience. A study comparing these strategies in low- and middle-income countries found that TB-specific cash transfers were more effective and affordable in preventing catastrophic costs than TB-sensitive approaches.^[1]
- Provision of **socioeconomic support**. In Peru, a TB-specific socioeconomic intervention, which included cash transfers conditional upon TB screening and treatment adherence, significantly reduced the likelihood of households incurring catastrophic costs. This intervention highlights **the importance of integrating economic support with health interventions** to mitigate financial burdens.^[2]
- **Nutritional support programs** can also play a crucial role. An example is the Indian government's 'Nikshay Poshan Yojana' scheme provides nutritional support to TB patients, which has been shown to help reduce catastrophic costs.^[3]
- **Active case finding** and **community-based treatment** can reduce pre-diagnosis costs and overall financial burden. In Cambodia, active case finding significantly lowered the costs incurred before treatment compared to passive case finding.^[4]
- **Intersectoral collaboration** between health and social support sectors is essential. Policymakers in Mozambique emphasized the need for shared goals, trust, and resource allocation to design and implement effective social support programs for TB patients.^[5]

Financial Aspects of TB Disease

- What can we do?

Easing the financial burden of TB requires a multifaceted approach, including targeted cash transfers, socioeconomic support, nutritional programs, active case finding, and strong intersectoral collaboration.

Funding TB Care

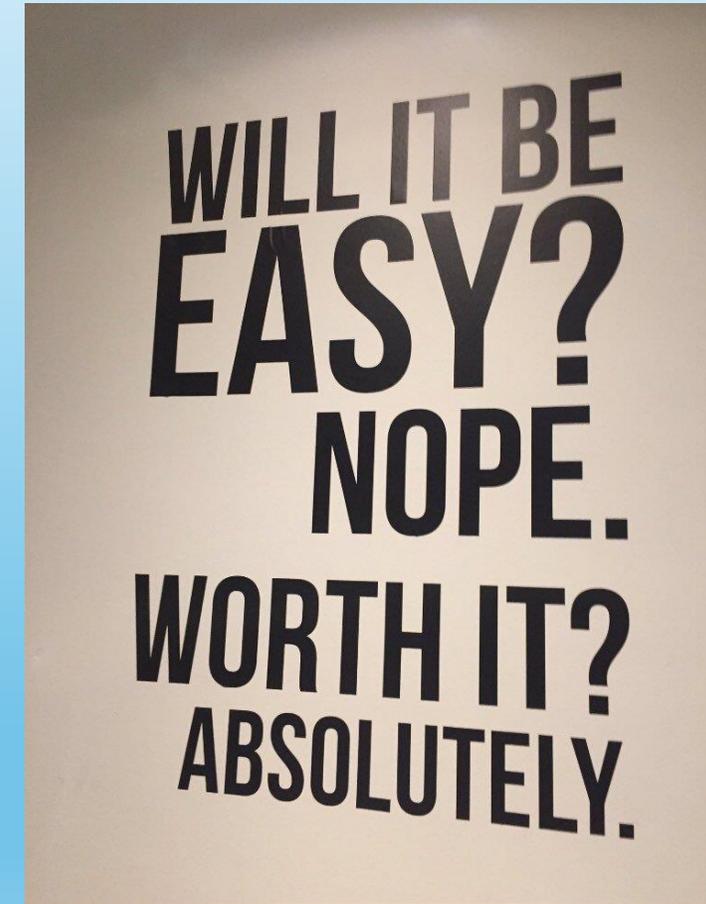
- US\$ 22 billion is needed annually for TB prevention, diagnosis, treatment and care to achieve the global target by 2027 agreed at the 2023 UN high level-meeting on TB.
- Ending the TB epidemic by 2030 is among the health targets of the United Nations Sustainable Development Goals

\$Money \$Money\$ Money\$

- As in the past decade, 80% of the spending on TB services in 2023 was from domestic sources.
- In low- and middle-income countries, international donor funding remains crucial.
- From 2019 to 2023, there was a decline (of US\$ 1.2 billion) in available funding from domestic sources and a very slight increase (of US\$ 0.1 billion) in funding provided by international donors.
- Most of the reduction in domestic funding is largely explained by reductions in domestic funding trends in Brazil, the Russian Federation, India, China and South Africa (BRICS).
- Financing for TB research and innovation at US\$ 1.0 billion in 2022 also continues to fall far short of the global target of US\$ 5 billion per year, constrained by the overall level of investment.

Why to Invest In Missed TB Patients

- TB is Curable with a \$30 USD six-month treatment course
- TB Respects No Borders
- For every dollar invested in TB the return is \$43 dollars
- 1 Person with TB can infect up to 10 people a year



Why Are TB Patients Missed

- **No Access:** Distance to care, poverty, stigma, limited facilities, financial barriers, conflict
- **No Diagnosis:** Lack of molecular testing, culture, susceptibility
- **No Documentation:** Weak reporting, lack of notification
- **No Treatment:** Lack of meds and poor links between services



The most common reasons I see are

- Pt did not seek care early; often have no sick leave & feel they could lose their job if they took time off to seek medical care
- No insurance & concerned about cost of medical care *
- Care team did not consider TB as a potential cause of sx
- They thought of TB and ordered an IGRA; the test came back negative so they ruled out TB based solely on that test*

“O” our 18yo pt from Central America who spent 6w dying in the hospital before a culture finally grew MTB & he got treatment. Used his 14yo nephew’s ID on admission due to fear of medical bills. By that time TB had eaten holes in his esophagus, requiring G-tube placement. 7 days on treatment he already had profound improvement. Now completed treatment and is healthy as a horse. But lack of insurance keeps many from seeking care... and sometimes being d/c before a dx is made...

Failure to Address Psychosocial Needs Leads to

- Decrease adherence to treatment
- Ongoing transmission
- Higher mortality rates

• Addressing psychosocial factors and mental health needs is necessary to ensure positive treatment outcomes

- Do we have an ethical or moral duty to provide these services? To help out financially? To address all the problems?

THE
END TB
STRATEGY



10 years ago

- “Everyone with TB should have access to the innovative tools and services they need for rapid diagnosis, treatment and care. This is a matter of social justice, fundamental to our goal of universal health coverage. Given the prevalence of drug-resistant tuberculosis, ensuring high quality and complete care will also benefit global health security. I call for intensified global solidarity and action to ensure the success of this transformative End TB Strategy.
- Margaret Chan Director General World Health Organization

STRATEGY

A WORLD FREE OF TB

ZERO deaths, disease, and suffering due to TB

END THE GLOBAL TB EPIDEMIC

Vision

A world free of TB. Zero deaths, disease and suffering due to TB.

- **Goal**

- End the global tuberculosis epidemic.

- **Indicators**

- 95% reduction by 2035 in number of **TB deaths** compared with 2015.
- 90% reduction by 2035 in **TB incidence** rate compared with 2015.
- Zero TB-affected families facing **catastrophic costs** due to TB by 2035.

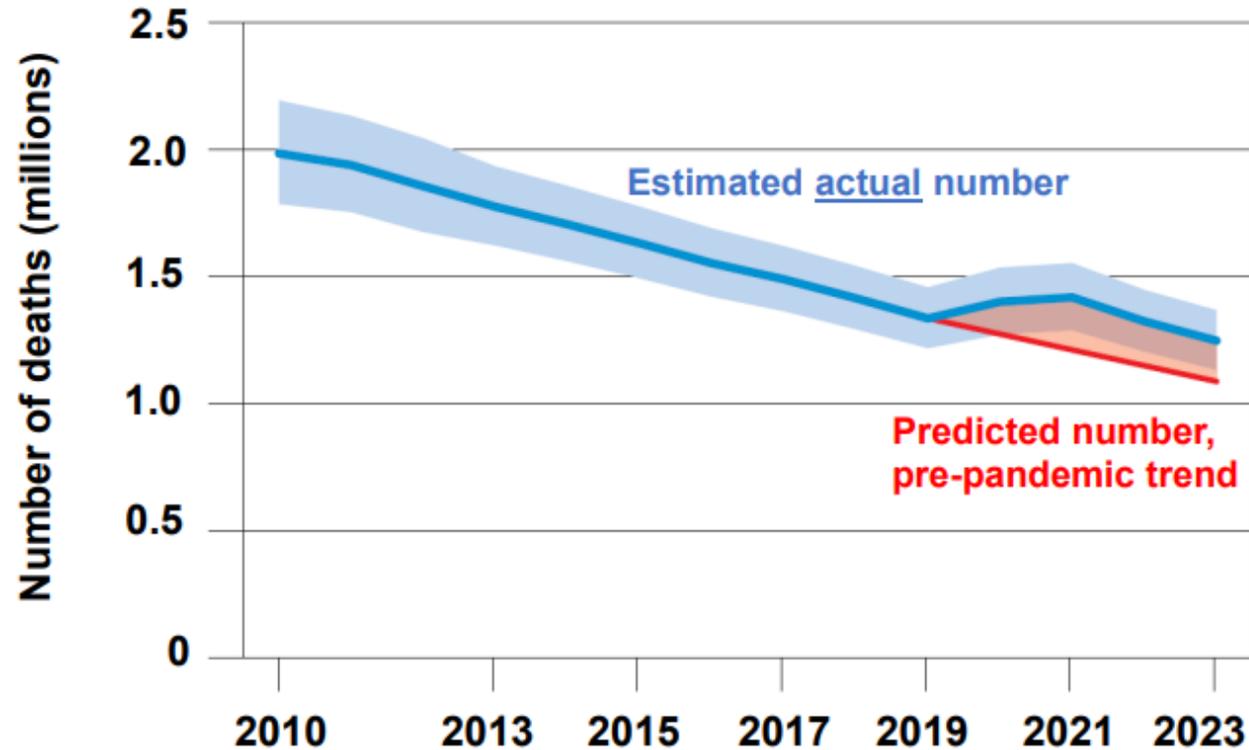
- **Principles**

- Government stewardship and accountability, with monitoring and evaluation.
- Strong coalition with civil society organizations and communities.
- Protection and promotion of human rights, ethics and equity.
- Adaptation of the strategy and targets at country level, with global collaboration.

TARGETS

	MILESTONES		SDG*	END TB
	2020	2025	2030	2035
Reduction in number of TB deaths compared with 2015 (%)	35%	75%	90%	95%
Reduction in TB incidence rate compared with 2015 (%)	20%	50%	80%	90%
TB-affected families facing catastrophic costs due to TB (%)	0%	0%	0%	0%

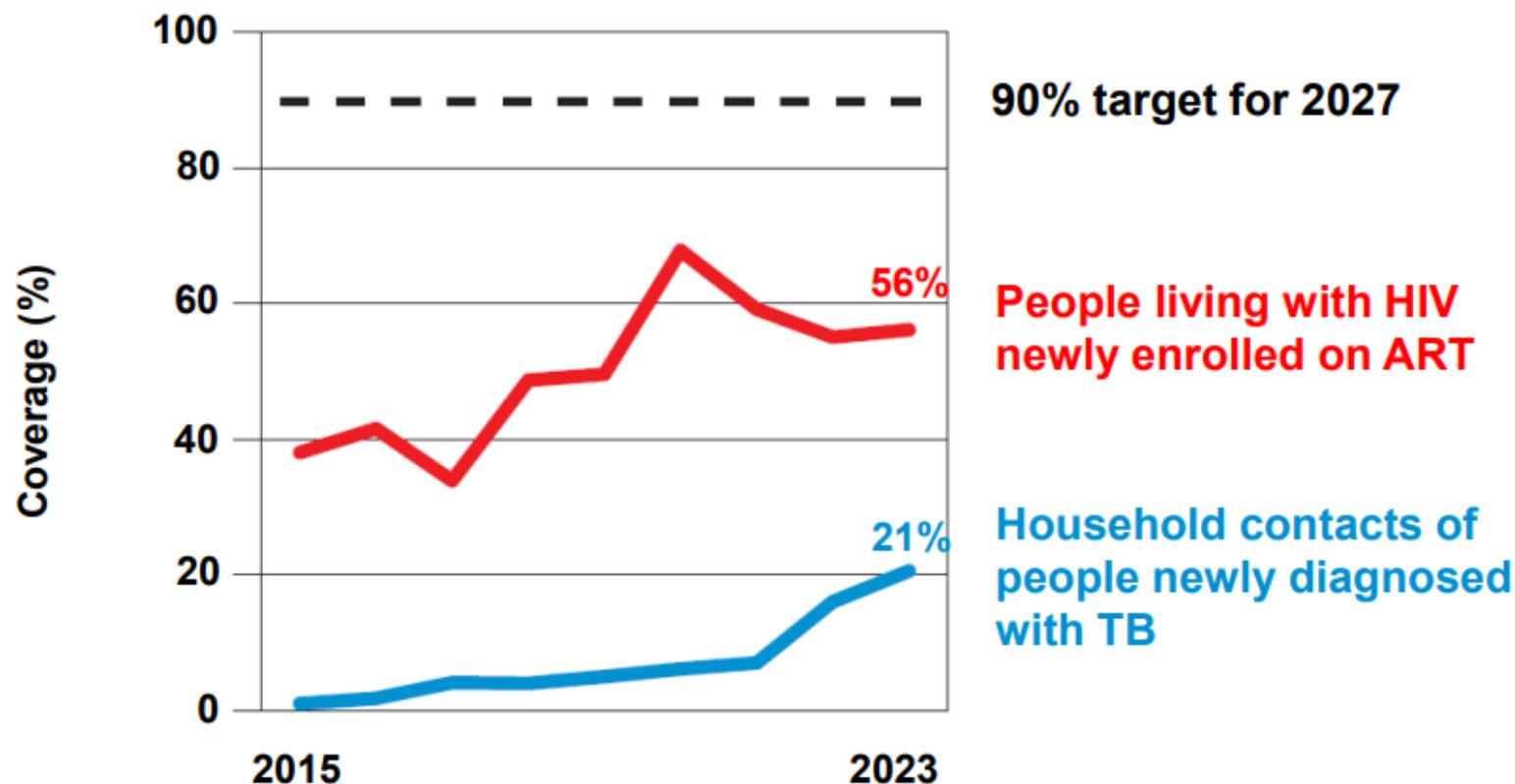
COVID-related disruptions resulted in almost **700,000** excess deaths from TB



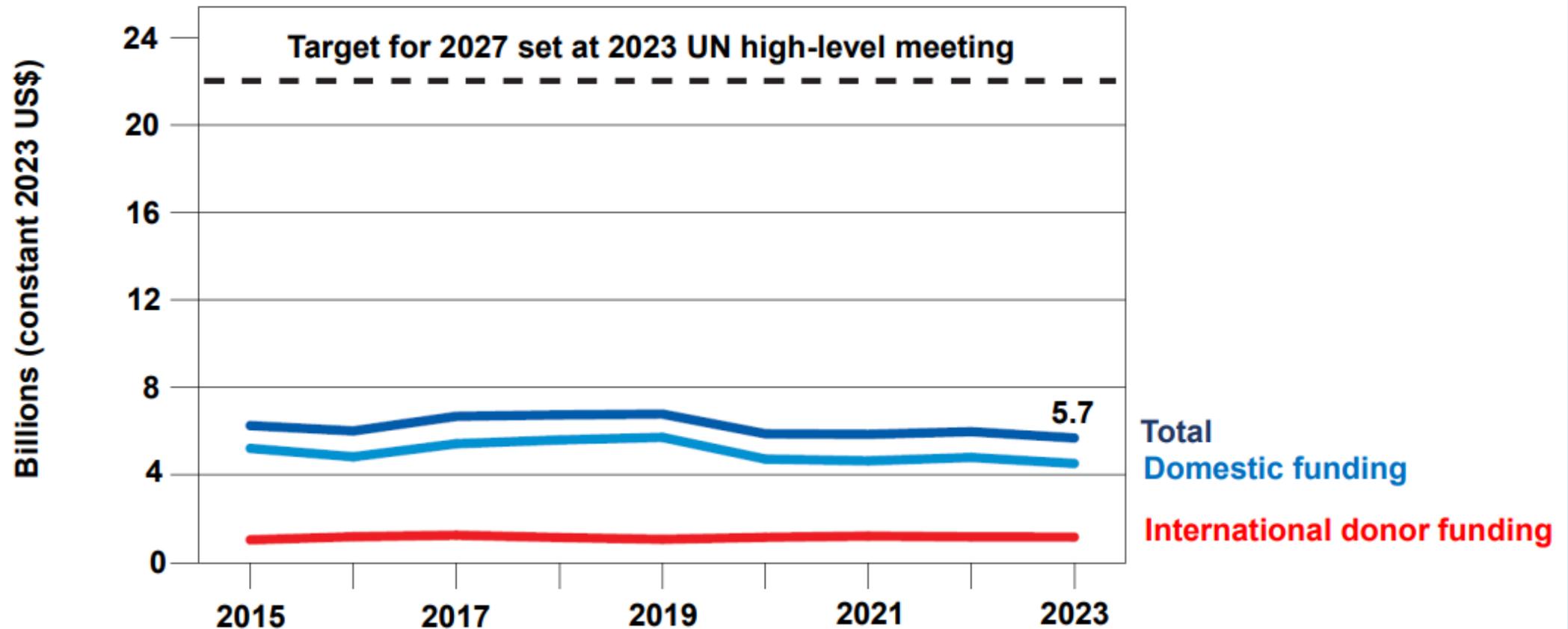
Shaded area
between **solid blue**
and **red lines**: excess
deaths in 2020, 2021,
2022, 2023

Blue shaded area shows 95% uncertainty interval

Global coverage of TB preventive treatment improving for household contacts, stable for people living with HIV, both short of 90% target



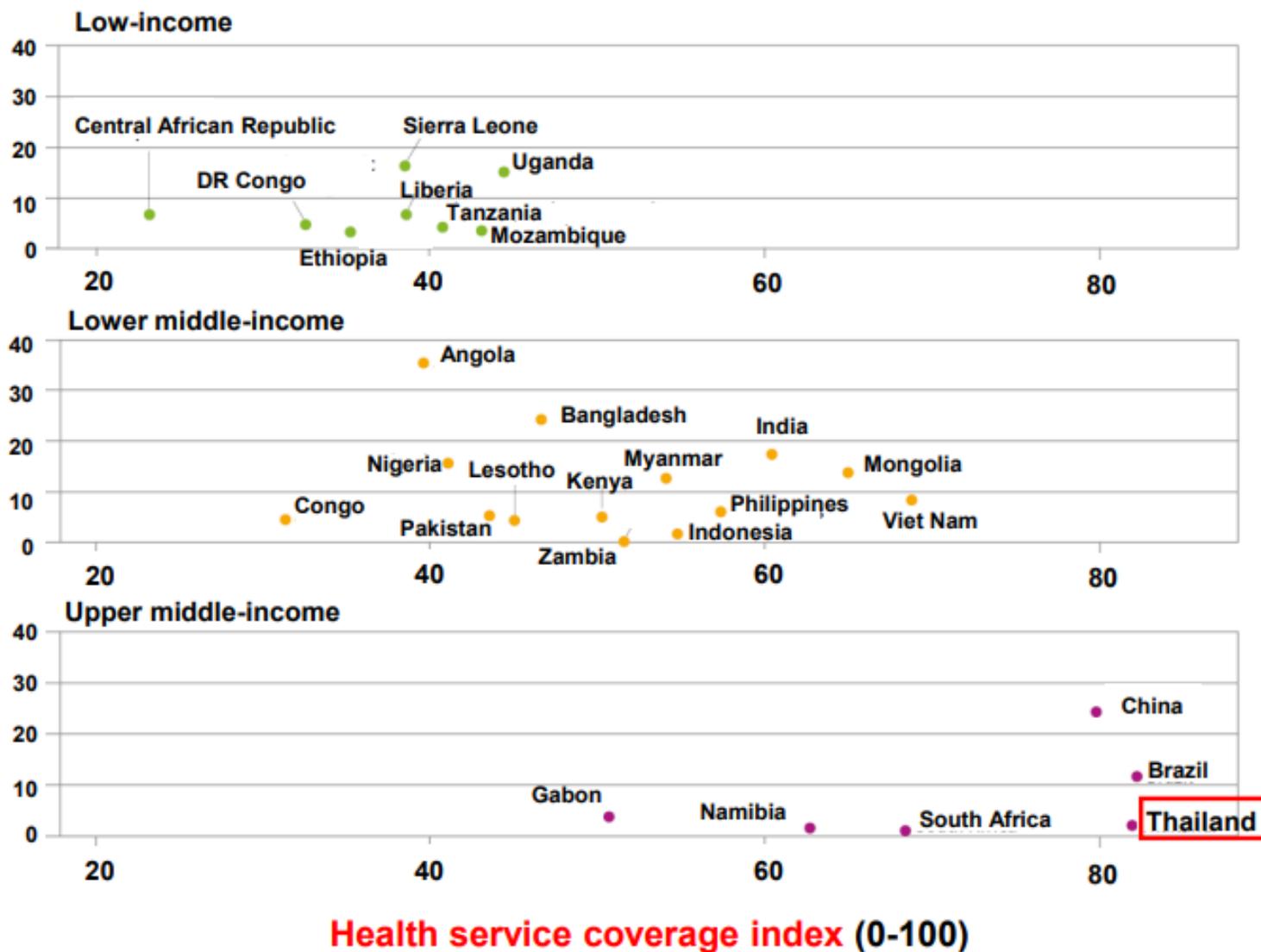
Funding for TB prevention, diagnosis and treatment down since 2019 and only **26%** of 2027 target



Almost all high TB burden countries far from UHC*, based on status of SDG UHC indicators

16
with
values
>5%

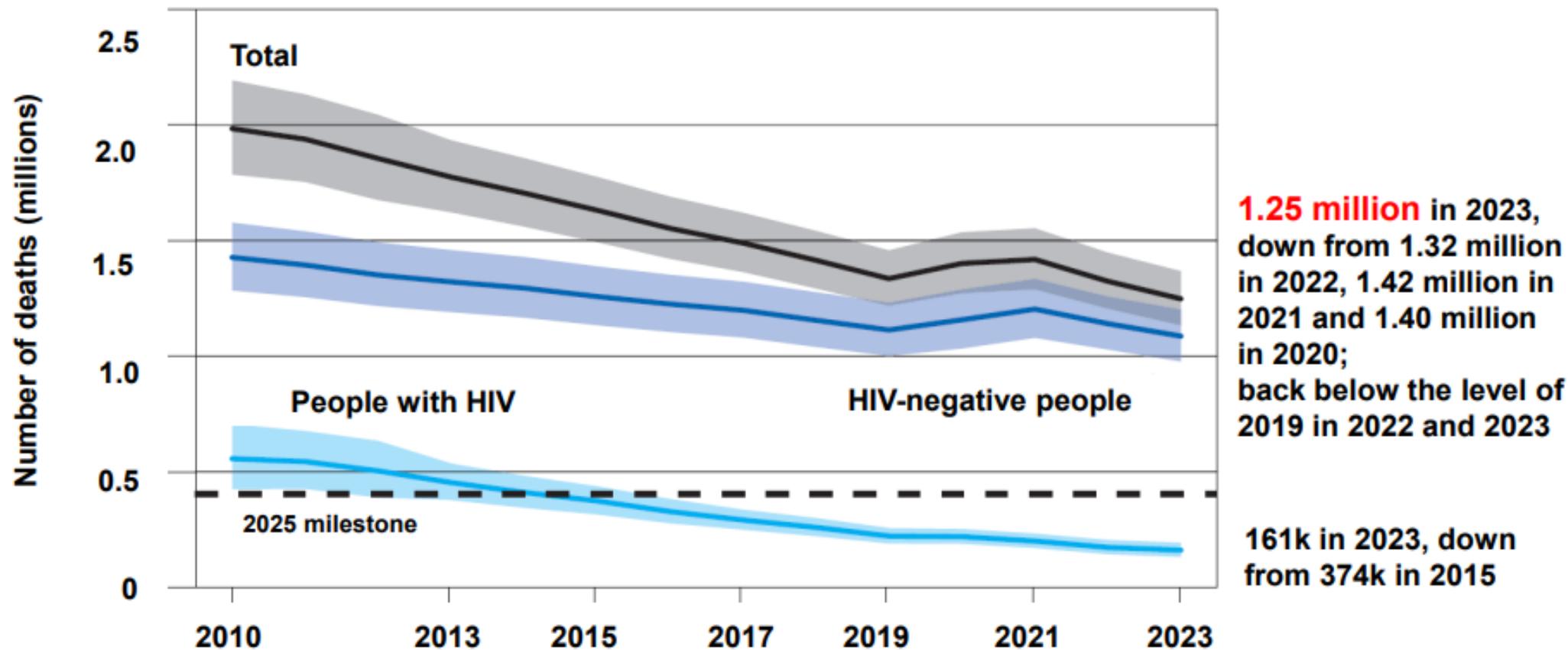
% of the general population facing catastrophic health expenditures



* **Universal health coverage**
Everyone can access the health services they need without suffering financial hardship

Thailand closest

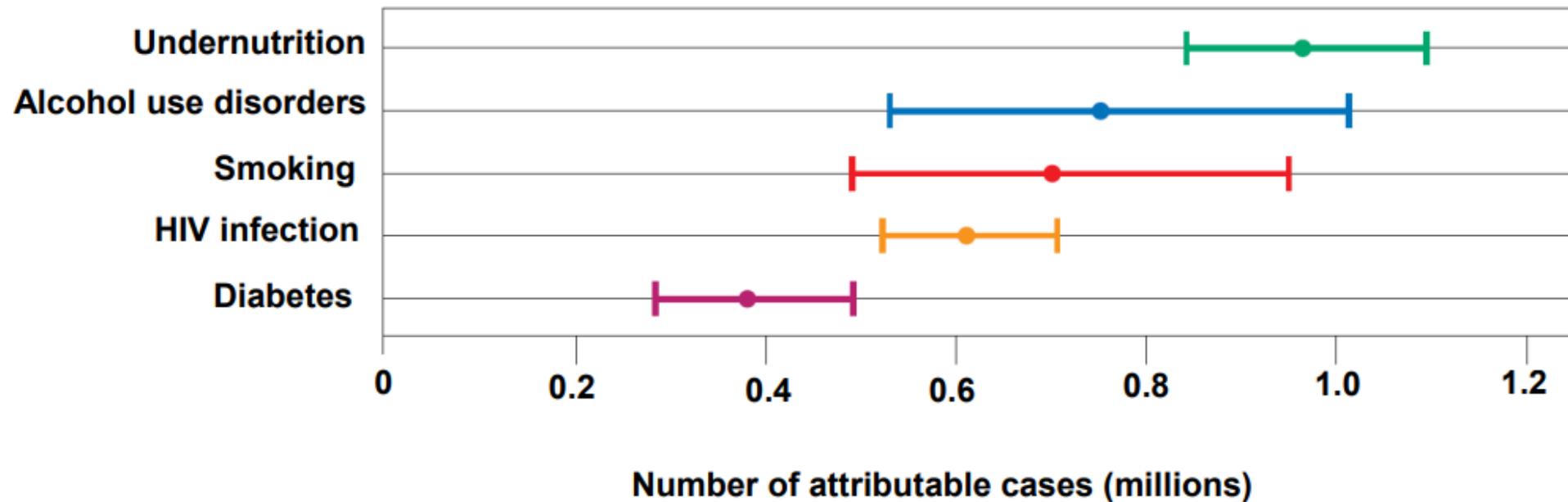
Further fall in global number of deaths from TB, continuing reversal of 2019-2021 increases



Shaded areas show 95% uncertainty intervals

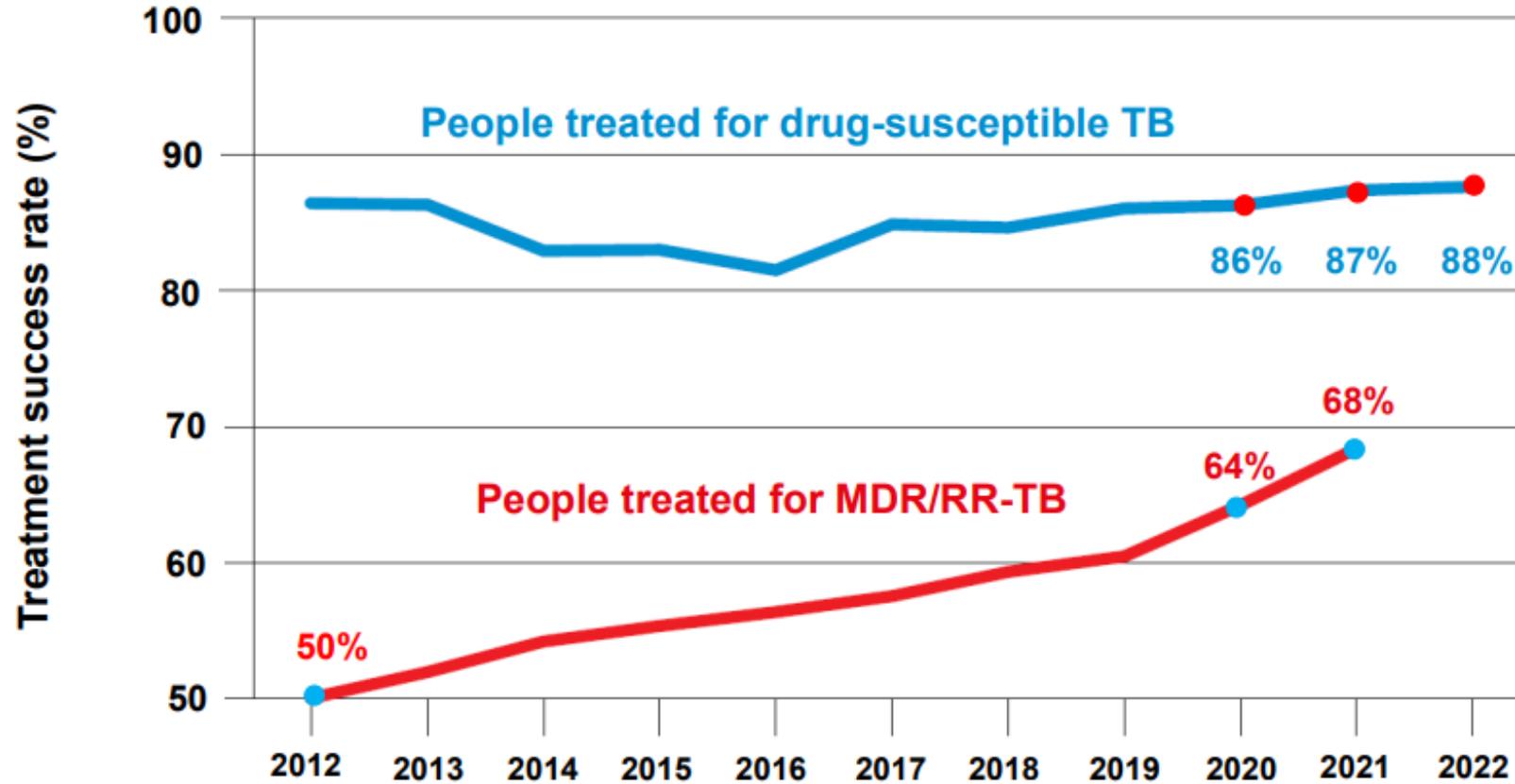
A large number of new TB cases are attributable to five risk factors:

undernutrition, alcohol use, smoking, HIV infection, diabetes



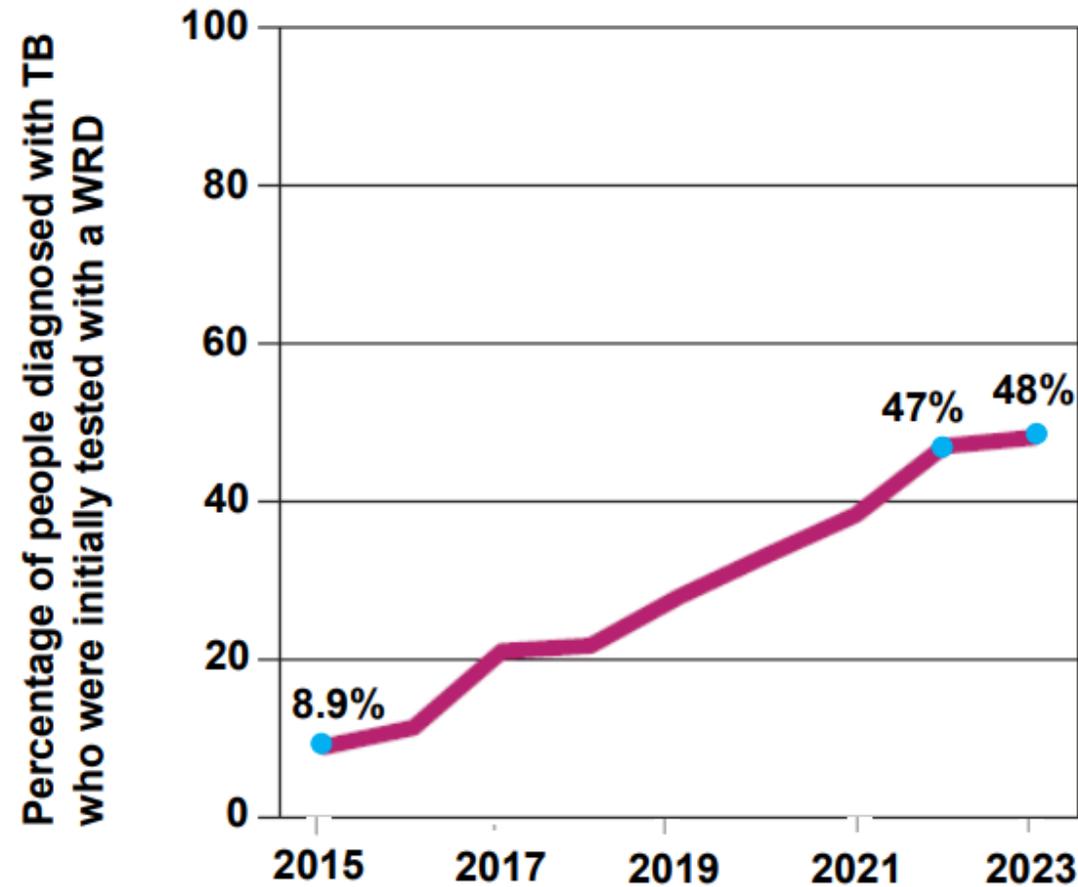
Treatment success rates

Sustained or improving



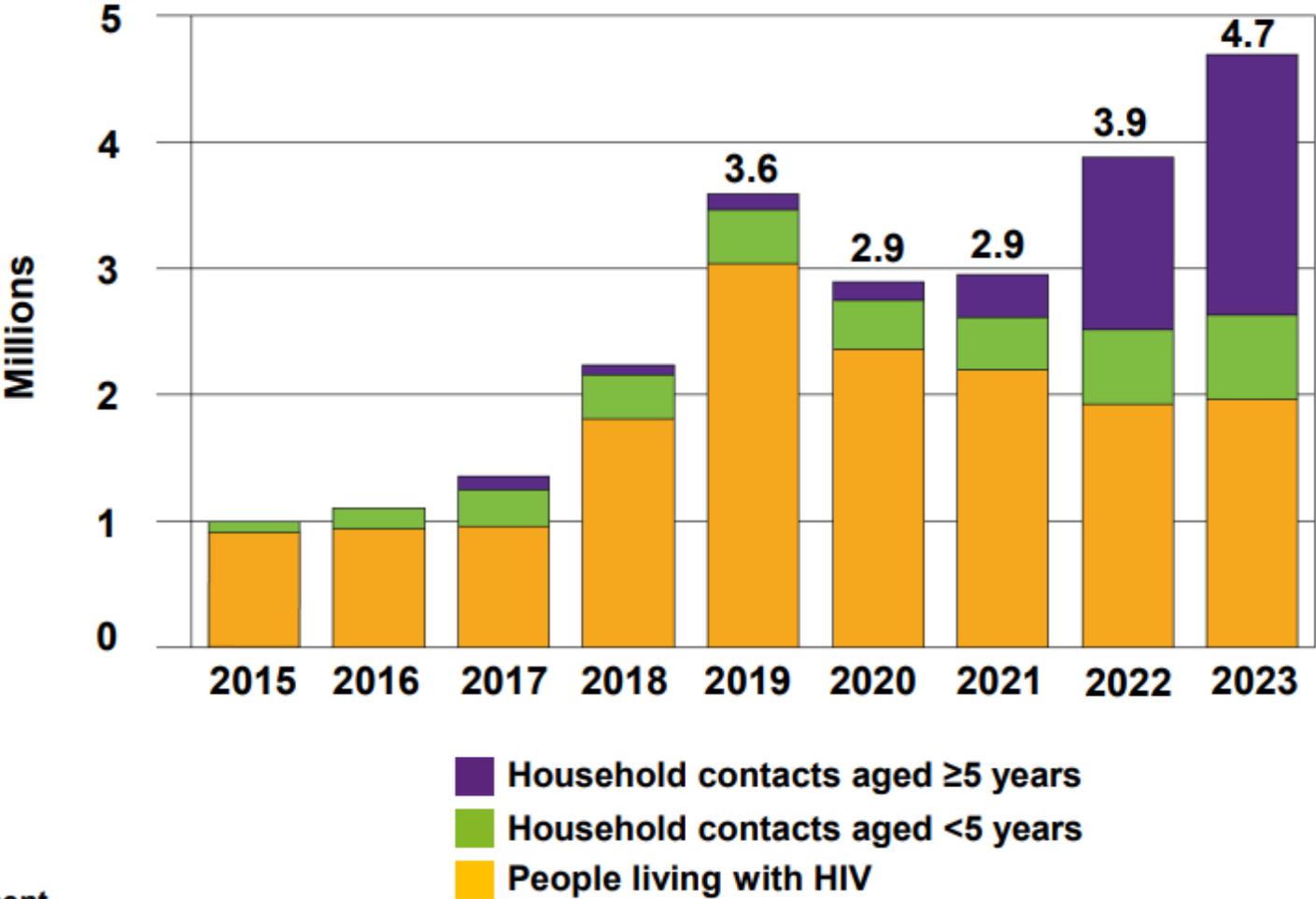
Global coverage of rapid testing

limited increase in *coverage* in 2023, but much higher *number* of people tested



WRD: WHO-recommended rapid diagnostic test

Number of people provided with TPT* increasing, due to growing provision to household contacts



*TPT;
TB preventive treatment

Requirements to reach 2030 and 2035 targets

**Technological breakthrough by 2025, to
enable acceleration of decline in TB incidence
to far beyond levels achieved historically**

e.g. a new TB vaccine

Headline global numbers

2023 unless stated

- **Incident TB cases: 10.8 million** (95% UI: 10.1-11.7 million)
 - rate, 134 per 100,000 population
- **TB deaths: 1.25 million** (95% UI: 1.13-1.37 million)
 - 1.09 million among HIV-negative people
 - 161k among people with HIV*
- **Number of people newly diagnosed with TB and reported: 8.2 million**
- **Treatment success rate, drug-susceptible TB (enrolled in 2022): 88%**
- **Incident cases of MDR/RR-TB: 400k** (95% UI: 360-440k)
- **Number of people enrolled on treatment for MDR/RR-TB: 176k**
- **Treatment success rate, MDR/RR-TB (enrolled in 2021): 68%**
- **Number of people provided with TB preventive treatment: 4.7 million**

*officially classified as deaths caused by HIV/AIDS

UN High Level Meeting

Table 1. Global targets set in 2023 at the second UN high-level meeting on TB

Indicator	Global target
TB treatment coverage (percentage of the estimated number of people who develop TB disease each year who are provided with quality-assured diagnosis and treatment)	90% by 2027 (equivalent to up to 45 million people globally in the 5-year period 2023–2027, including up to 4.5 million children and up to 1.5 million people with drug-resistant TB)
Coverage of TB preventive treatment (percentage of people at high risk of developing TB disease who are provided with TB preventive treatment)	90% by 2027 (equivalent to up to 45 million people globally in the 5-year period 2023–2027, including 30 million household contacts of people with TB and 15 million people living with HIV)
Coverage of rapid diagnostic testing for TB (percentage of those diagnosed with TB who were initially tested with a WHO-recommended rapid molecular test)	100% by 2027
Coverage of health and social benefits package for people with TB	100% by 2027
Availability of new TB vaccines that are safe and effective	Rollout initiated, preferably within 5 years
Annual funding for universal access to quality prevention, diagnosis, treatment and care for TB	US\$ 22 billion by 2027, US\$ 35 billion by 2030
Annual funding for TB research	US\$ 5 billion by 2027

Ethical guidelines for the management of latent tuberculosis infection (LTBI) emphasize balancing individual rights with public health needs. Key ethical considerations include:

1. **Informed Consent and Autonomy:** Patients should be fully informed about the risks and benefits of LTBI testing and treatment, and their consent should be obtained before proceeding. This includes discussing potential side effects of treatment and the uncertainty regarding progression to active TB.
2. **Equity and Justice:** LTBI management should be **accessible to all individuals**, regardless of socioeconomic status. This includes ensuring that vulnerable populations, such as healthcare workers and those in high-risk settings, receive appropriate screening and treatment.
3. **Minimizing Harm:** The principle of non-maleficence requires that the **least burdensome and most effective treatments be used**. This includes considering shorter, less toxic treatment regimens when possible.
4. **Confidentiality:** Patient confidentiality must be maintained throughout the diagnosis and treatment process. This is particularly important in settings where stigma associated with TB can lead to discrimination.
5. **Community Engagement:** Engaging communities in the design and implementation of LTBI programs helps ensure that interventions are culturally appropriate and ethically sound. This can improve adherence and outcomes.
6. **Legal and Policy Frameworks:** Ethical guidelines should be supported by clear legal and policy frameworks that protect individual rights while enabling effective public health interventions. This includes guidelines from the United States Centers for Disease Control and Prevention (CDC) and the National Tuberculosis Controllers Association, which recommend annual TB education and symptom screening for healthcare personnel with untreated LTBI.

These ethical principles guide the development and implementation of LTBI management policies to ensure they are fair, effective, and respectful of individual rights.

Risks and Benefits in Promoting Diagnosis

Risks:

- Stigma
- Discrimination
- Anxiety
- Isolation

Benefits:

- Knowledge of condition
- Make life plans
- Prevent transmission
- Treatment?

Goal: Maximize benefits, minimize risks

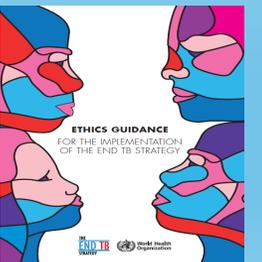
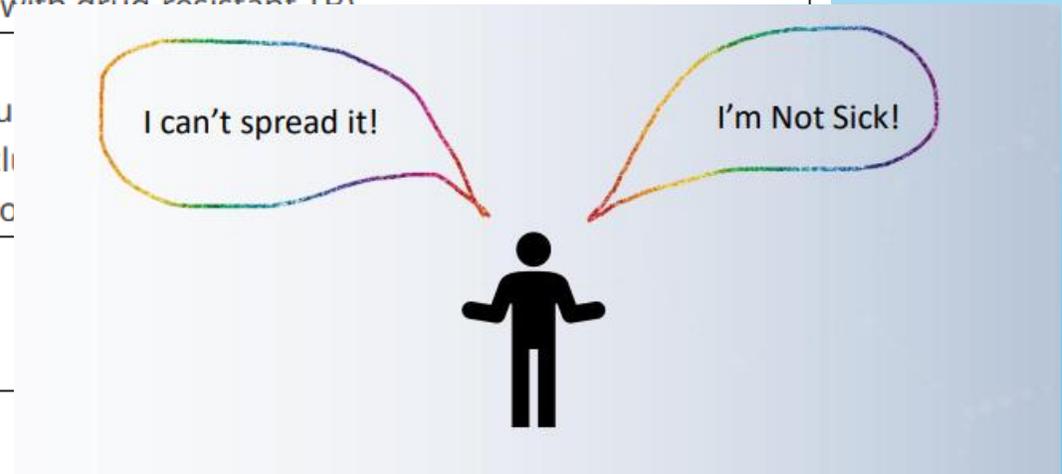


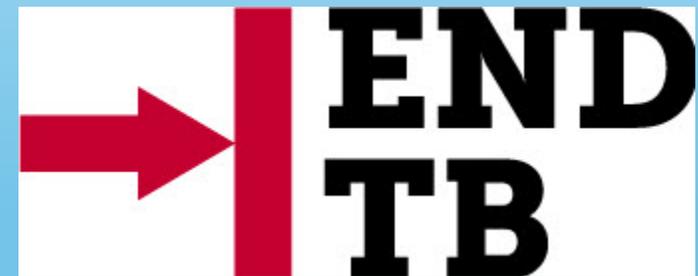
Table 1. Global targets set in 2023 at the second UN high-level meeting on TB

Indicator	Global target
TB treatment coverage (percentage of the estimated number of people who develop TB disease each year who are provided with quality-assured diagnosis and treatment)	90% by 2027 (equivalent to up to 45 million people globally in the 5-year period 2023–2027, including up to 4.5 million children and up to 1.5 million people with drug-resistant TB)
Coverage of TB preventive treatment (percentage of people at high risk of developing TB disease who are provided with TB preventive treatment)	90% by 2027 (equivalent to up to 15 million people globally in the 5-year period 2023–2027, including up to 1.5 million children and up to 1.5 million people with drug-resistant TB)
Coverage of rapid diagnostic testing for TB (percentage of those diagnosed with TB who were initially tested with a WHO-recommended rapid molecular test)	100% by 2027
Coverage of health and social benefits package for people with TB	100% by 2027
Availability of new TB vaccines that are safe and effective	Rollout initiated, preferably within 5 years
Annual funding for universal access to quality prevention, diagnosis, treatment and care for TB	US\$ 22 billion by 2027, US\$ 35 billion by 2030
Annual funding for TB research	US\$ 5 billion by 2027



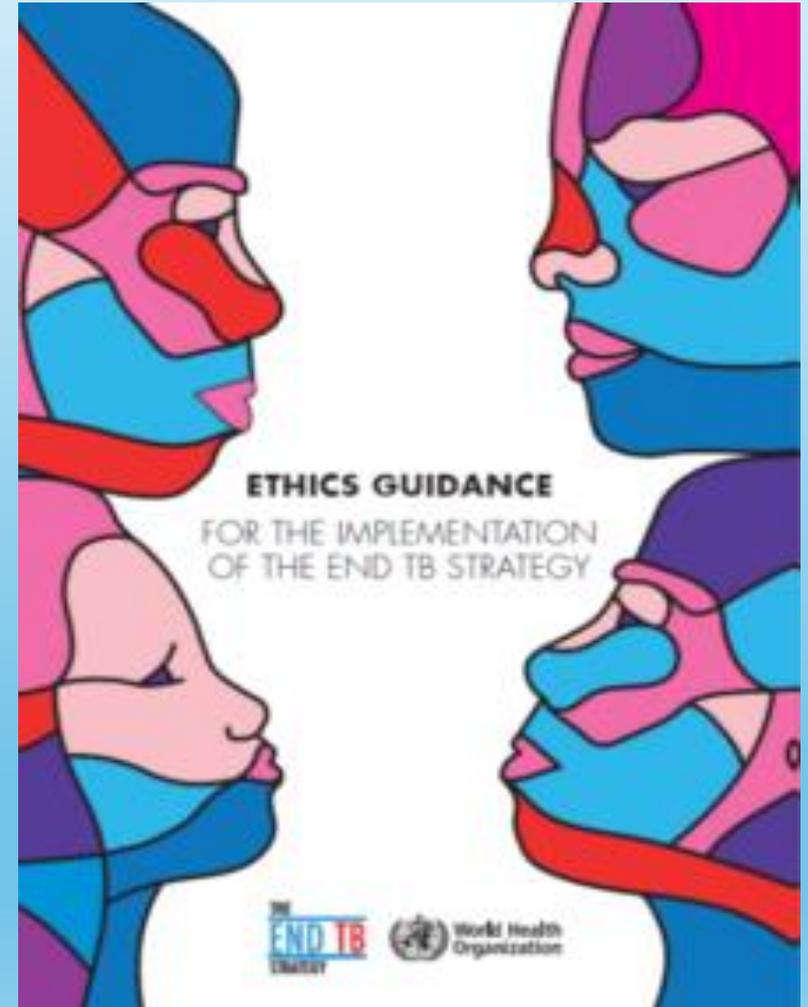
Distribution of Health Care Resources

- Unlike TB, AIDS requires lifelong treatment, and no cure exists
 - Full course of TB medication cost **\$20 dollars vs. \$100 per year** for HIV medications in developing countries
 - **20 million** clinical trials for **TB drugs** vs. **300 million** clinical trials for **HIV drugs**(2007)
- Advocacy for HIV/AIDS is greater than TB



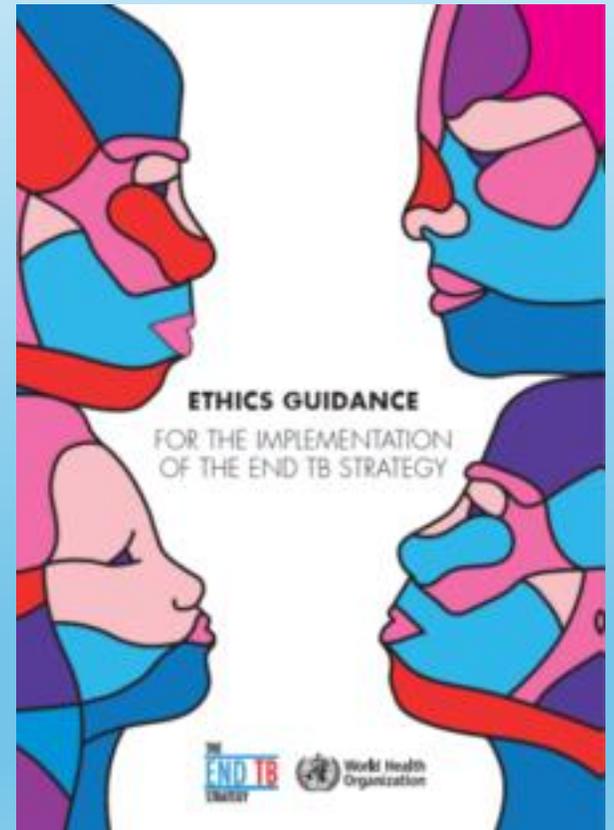
Ending TB as Matter of Social Justice

- Social inequalities drive TB
- TB drives many people deeper into poverty
- The right to health is a fundamental right of every human being



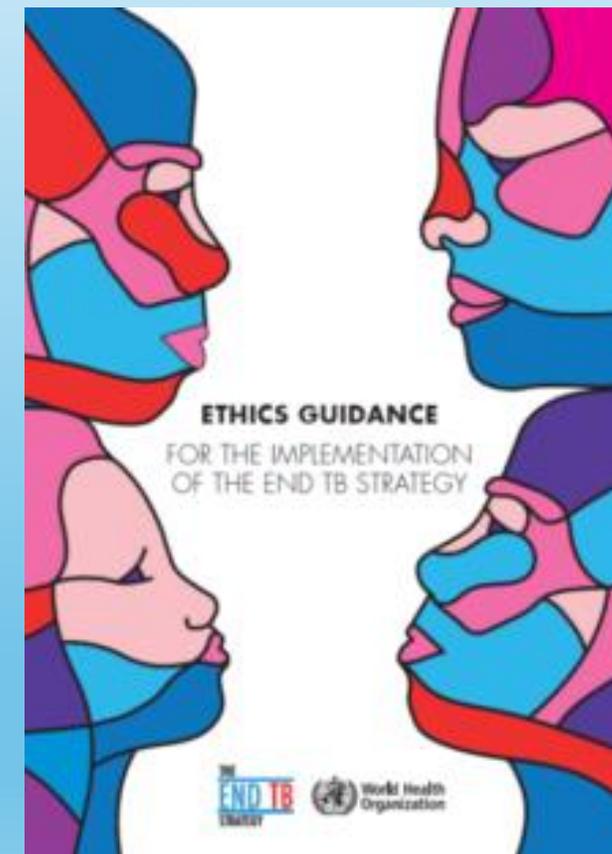
Governments Should Promote Better Access to Care

- Patient-centered approach means treatment is
 - ✓ Accessible
 - ✓ Acceptable
 - ✓ Affordable
 - ✓ Appropriate



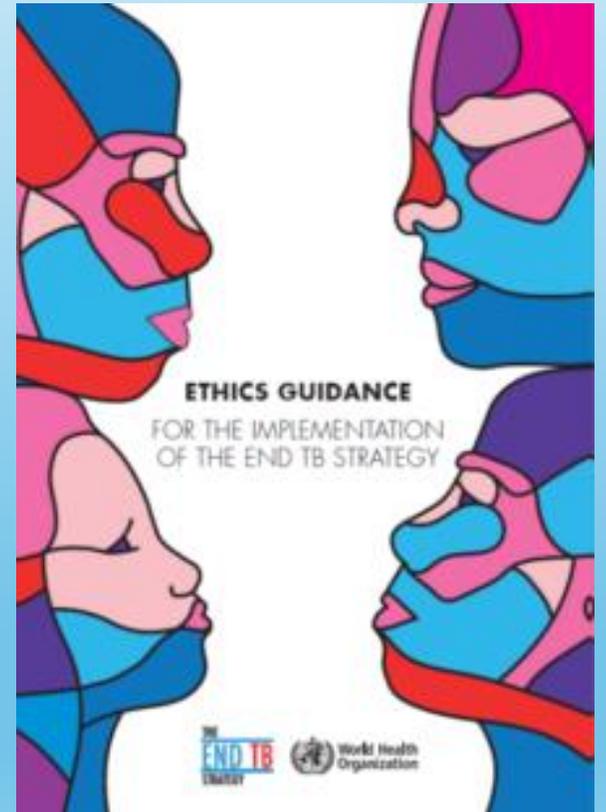
Governments Have a Responsibility to Provide Free and Universal TB Care

- Including appropriate diagnosis and treatment of MDR/XDR-TB
- Everyone with TB should have access to the innovative tools and services they need
- Treatment significantly improve the health condition of individuals and the community by
 - Stopping the spread of a highly infectious disease.



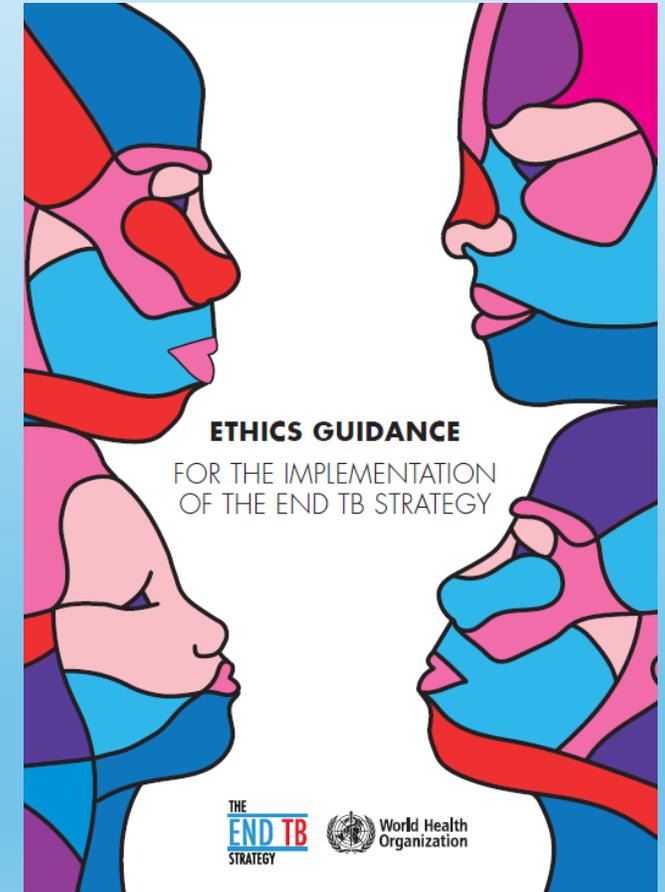
Free Access to Diagnostic for all patients with TB Drug Susceptible and Drug Resistant

- Prevents patients from receiving ineffective treatment to which they are resistant
- Prevents additional spread of infection
- Prevents further development of drug-resistance
- Ensures patients are cured



TB diagnosis in the Absence of Treatment

- Gap between number of patients diagnosed and enrolled on treatment
- Should patients be diagnosed when there is no treatment available?
- Should patients receive informed consent?



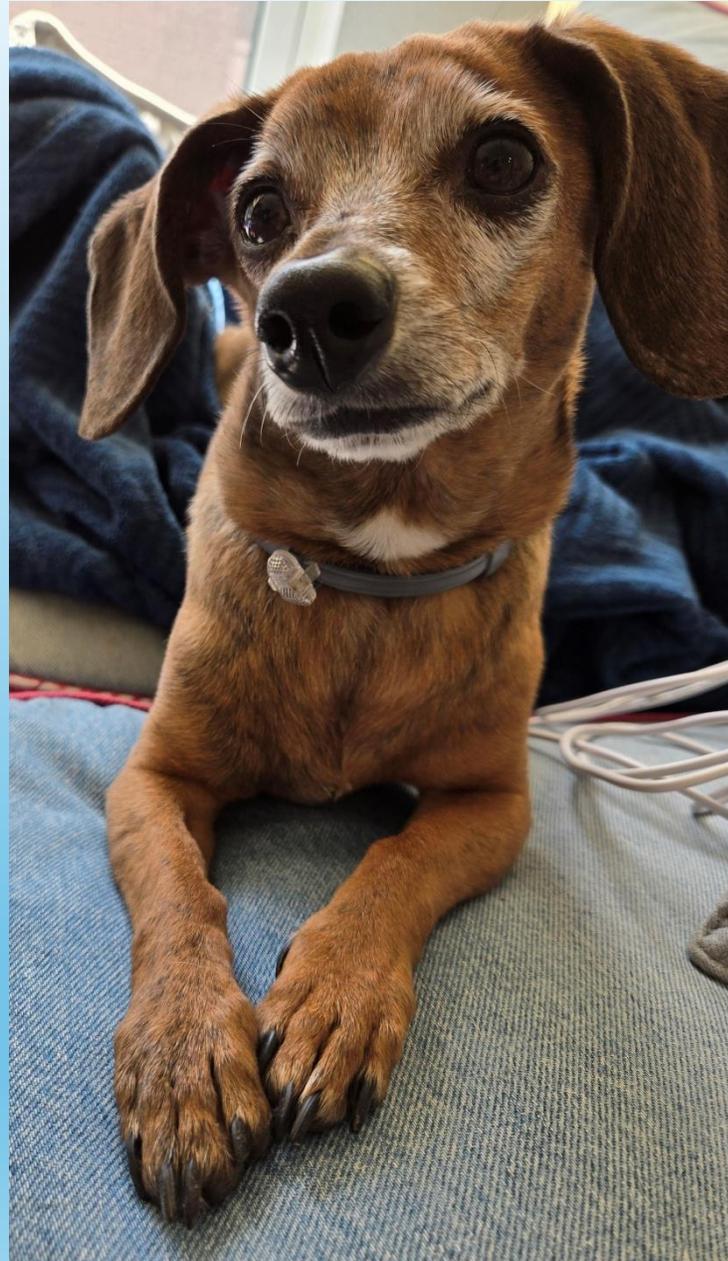
- Need to reduce the human suffering and socioeconomic burden associated with TB
 - Ensure treatment with dignity and compassion
- Numerous ethical reasons for wealthy nations to do more to help improve health care in poor countries.
- Infectious diseases fail to respect boundaries
 - Inadequate health care systems in poor countries threatens global public health
- MDR/XDR-TB is a serious global health threat
- Need to achieve universal access to diagnosis and patient centered treatment

Feel free to call or email. I love to talk about TB!

Questions?



And if you are tired of talking about TB, we can talk about Mr! Or your dog, I guess (just kidding! We can!)



Mr's human, aka

Ellen Elmore MD

Physician | Communicable Disease Unit

Austin Public Health

Office: 512-972-5459



Sources on next slides!



LINKS/RESOURCES AND SOURCES/CITATIONS

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- <https://codeofethics.ana.org/provisions>
- <https://pnhp.org/news/getting-martin-luther-kings-words-right/>
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- Ethics guidance for the implementation of the End TB strategy. Geneva: World Health Organization; 2017. License: CC BY-NC-SA 3.0 IGO
- Gostin LO, Powers M. What does social justice require for the public's health? Public Health Ethics and Policy Imperatives. Health Aff (Millwood) 2006; 25(4):1053–60.
- Mukerji R, Turan JM. Exploring Manifestations of TB-Related Stigma Experienced by Women in Kolkata, India. Ann Glob Health. 2018 Nov 5;84(4):727-735. doi: 10.9204/aogh.2383. PMID: 30779523; PMCID: PMC6748300.

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- <https://www.heartlandntbc.org/stopthestigma/>
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- Chang B, Wu AW, Hansel NN, Diette GB. Quality of life in tuberculosis: a review of the English language literature. *Qual Life Res*. 2004 Dec;13(10):1633-42. doi: 10.1007/s11136-004-0374-1. PMID: 15651535.

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- <https://www.who.int/westernpacific/activities/addressing-financial-burden-due-to-tb>
- Ghazy RM, El Saeh HM, Abdulaziz S, Hammouda EA, Elzorkany AM, Khidr H, Zarif N, Elrewany E, Abd ElHafeez S. A systematic review and meta-analysis of the catastrophic costs incurred by tuberculosis patients. Sci Rep. 2022 Jan 11;12(1):558. doi: 10.1038/s41598-021-04345-x. PMID: 35017604; PMCID: PMC8752613.
- <https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2023/financing-for-tb-prevention--diagnostic-and-treatment-services>
- WHO's STOP TB website: <http://www.who.int/tb/en/>
- WHO's Ethics and Health website: <http://www.who.int/ethics/en/>
- WHO's activities on Ethics & TB: <http://www.who.int/tb/challenges/mdr/ethics/en/>
- WHO Ethics guidance the End TB strategy 2017

LINKS/RESOURCES AND SOURCES/CITATIONS

- *** great overview of TB funding:
- <https://www.kff.org/global-health-policy/fact-sheet/the-u-s-government-and-global-tuberculosis-efforts/>
- All about the UN's Sustainable Goals (very exciting... amazing progress!)
https://sdgs.un.org/sites/default/files/2023-09/FINAL%20GSDR%202023-Digital%20-110923_1.pdf
- https://cdn.who.int/media/docs/default-source/un-high-level-meeting-on-tb/who-ucn-tb-2023.3.pdf?sfvrsn=e7c6c3b3_5&download=true
- *all* the TB things from the WHO:
- [The end TB strategy](#)
- <https://www.who.int/activities/preparing-for-the-un-high-level-meeting-on-the-fight-against-tuberculosis--2023>
- WHO's Ethics and Health website: https://www.who.int/health-topics/ethics-and-health#tab=tab_1
- [WHO Protecting human rights, ethics and equity for tuberculosis patients](#)
- [WHO issues ethics guidance to protect rights of TB patients](#)

PBS Frontline TB Silent Killer



<https://youtu.be/l5vW4mlFwuY?si=Q6f3wMljlEEzrG5d>