

Editorial

Reframing Tuberculosis Control Through Spectrum-Based Care and Global Public Health Action

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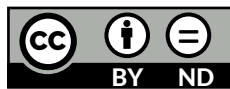
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Tuberculosis (TB) remains one of the world's most persistent public health challenges despite decades of global control efforts, advances in diagnostics, and expanding therapeutic options. The continuing burden of disease reflects not only biomedical complexity but also the broader social, economic, and structural conditions that sustain transmission and delay diagnosis.⁽¹⁾ Recent evidence further demonstrates that TB should no longer be viewed through a simplistic dichotomy of latent and active disease, but rather as a dynamic spectrum influenced by biological, environmental, and health-system factors. The evolving understanding of TB disease progression has been highlighted by Larsson et al. (2026), who applied multistate modelling within the International Consensus for Early TB (ICE-TB) framework.⁽²⁾ Their findings support the concept that individuals move across different states of infection and disease, including asymptomatic and non-infectious phases, with possibilities for both progression and regression over time. This spectrum-based perspective challenges traditional approaches to TB management that primarily focus on clinically apparent disease. Recognising early and subclinical stages may create opportunities for earlier intervention, improved surveillance, and more effective prevention strategies.

At the same time, TB continues to disproportionately affect vulnerable populations, including pregnant and postpartum women. Peter and Aldila (2026) emphasised that maternal TB has historically received insufficient attention within both TB control programmes and maternal health systems.⁽³⁾ Recent global estimates by Mafirakureva et al. (2026) indicate a considerable burden of TB during pregnancy and the postpartum period, particularly among women living with HIV.⁽⁴⁾ These findings reinforce the need to integrate TB screening and care into routine maternal and reproductive health services, especially in high-burden settings. Fragmented health services, limited diagnostic access, and concerns regarding implementation continue to hinder effective case detection among women during these critical periods. The persistence of TB also cannot be separated from the broader context in which people live and work. Coleman et al. (2026) introduced the concept of the "tuberculogenic environment," describing how poverty, overcrowded housing, food insecurity, harmful commercial exposures, and inequitable access to health services collectively sustain the global TB epidemic.⁽⁵⁾ This perspective expands responsibility for TB prevention beyond health sectors alone. Policies related to housing, labour, education, social protection, and economic development all contribute to shaping vulnerability to TB exposure, disease progression, and treatment outcomes. Consequently, achieving meaningful reductions in TB incidence

requires multisectoral collaboration and sustained political commitment. A comprehensive public health response should recognise the spectrum of TB disease, strengthen integrated care for vulnerable populations, and address the structural determinants that perpetuate transmission. Such an approach aligns with global efforts to end TB while acknowledging that sustainable progress depends not only on medical innovation, but also on social and policy transformation.

Competing Interests

The authors declare no conflict of interest.

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