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Dear Secretary of State and Ministers

Tuberculosis Action Plan 2026-31

I am writing on behalf of TB Alert, Britain's only tuberculosis (TB) specific charity, to express our support for the English National TB Action Plan 2026-31, and our hope that it will be fully resourced. We understand that the Plan is under active discussion at ministerial level and we hope that our views may be taken into account.

Tuberculosis (TB) is an airborne infectious disease. Worldwide it causes the greatest number of deaths from any infectious disease. It was briefly overtaken by Covid but is now back to this unenviable ranking.

In Britain it had been brought down to fairly low levels but for the past 3 years numbers of new cases have been rising, by 13% from 2023 to 2024, the last year reported. The UKHSA in its latest TB report, said that as a result, by the end of 2025, Britain would no longer be within the World Health Organisation (WHO) definition of a TB low incidence country, 10 per 100 000 population or less. We would then no longer be considered as a country likely to reach the target of elimination of TB in the foreseeable future.

In these circumstances, it is crucial that the National Action Plan be fully funded and energetically supported. Cheeseparing of the proposed budgets, which have already been developed with care in an atmosphere of financial restriction, would be a major error, leading to further rises in new TB cases. It is iniquitous that an infectious disease for which there have been effective treatment options for over 50 years, continues to be such a scourge, even in developed countries such as Britain. It is political determination and resources that have been missing, both globally and at home.

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Full funding of the Action Plan will achieve concerted action to:

- Screen at-risk communities and groups. 80% of TB cases in Britain are in people born abroad. This does NOT mean 80% are recent migrants. A particular aspect of TB is that after infection, the bacteria can remain dormant for years and even decades. The individual is not unwell and is not infectious to others but does have an increased likelihood of developing active disease if anything weakens their immune system (age, HIV, other serious illness....).
- Ensure healthcare staff 'Think TB' so that early diagnosis is achieved and mis-diagnoses avoided (As happens all too often at present),
- Resolve current problems in availability of the necessary drugs, including new ones that are becoming available,
- Overcome variations in TB service across the country.

with the effect of Britain becoming once again a low-burden TB country able to envisage further reductions in TB numbers such that the WHO target of TB elimination by 2050, is achieved in this country.

We would mention a number of specific issues:

- The credibility of the Plan is enhanced by the fact that it incorporates many of the recommendations arising from the recent *Get it Right First Time (GIRFT)* review of TB services.
- There are functions within the Plan best done by ancillary staff. Such posts are very cost-effective but creation of new ones tends to be blocked by ICBs and Trusts in their efforts to restrict spending. They should be advised by government that TB related posts are seen as essential.
- Because of the issue of latent TB infection mentioned above, a key part of TB action in Britain is the national Latent TB Programme which aims to identify and where necessary offer treatment, reducing the pool of potentially active disease in the community. This programme should be universal across the country.
- Screening for latent TB infection is a particular problem with asylum seekers who are widely distributed, often to parts of the country where TB services are minimal. There should be sufficient funding to cover peripatetic staff who may be based in inner cities but could visit the seaside resorts and similar where asylum seekers are living, in order to undertake testing.
- Last July, the NHS had to take the rare initiative of issuing a warning to the whole medical system that a range of regularly used TB drugs were in short supply. This reflected a problem that because Britain and other West European countries have, happily, relatively low numbers of people with TB, pharmaceutical

companies are reluctant to maintain as good a manufacturing flow as is needed of even the standard drugs used in the current regimen. They are also reluctant to go through the time, complexity and cost of seeking registration of new drugs from MHRA in Britain or EMA in the EU.

This has led to the ridiculous situation where if you are told you have TB, you could be well advised to take a 6-month holiday in a poor country where the full panoply of TB drugs will be available for the 6 months of treatment that are necessary. The NHS needs to coordinate with other West European services, for example on procurement, to mitigate these issues.

- There is increasing awareness that even after TB treatment has been successfully completed, there can be 'post-TB' continuing health problems related to the TB experience. The Plan should be able to increase awareness of this and to advise across the NHS.

The response to Covid showed what can be achieved when there is serious government will behind a health issue. We hope that Ministers will adopt and actively support the new TB Action Plan, making clear that there is political will behind it, and authorising funding from those budgets over which they have direct control and instructing ICBs and NHS Trusts to give high priority to implementation of the Action Plan.

Yours sincerely



Paul Sommerfeld
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c.c.

The Rt Hon Baroness Chapman of Darlington, Minister of State for International Development and Africa, FCDO

Professor Susan Hopkins, Chief Executive, UKHSA