



Call for Symposium Proposals

Theme:

Person-centred TB care: Integrated primary health care approaches for better outcomes

The Union World Conference on Lung Health 2026 calls for symposium proposals that advance genuinely person-centred TB care within primary health care (PHC) systems. We seek models that confront TB risk determinants, address multimorbidity, strengthen rehabilitation and long-term outcomes, and place the lived experience of people affected by TB at the centre of service delivery.

Background

As countries push toward TB elimination while working with tighter budgets, bringing TB carefully into PHC has become essential – not optional. Many people affected by TB also face HIV, diabetes, undernutrition, smoking, alcohol use, and other conditions that shape their risk and recovery. Evidence is growing that integrated, person-centred models such as combining TB screening with care for chronic conditions, offering person-centred communication, decentralised mental health support, and community- or peer-led psychosocial interventions can improve access, continuity, treatment success, and quality of life.

Embedding these services within PHC systems – creating genuinely TB-sensitive PHC - offers a pathway to more equitable, sustainable, and scalable care. In many settings, TB services are delivered through dedicated public structures that have played a critical role in achieving coverage and quality of care. However, these services often operate with limited functional integration with routine primary health care, which can constrain continuity of care and the ability to address people's broader and longer-term health needs.

This year, the conference aims to spotlight the work that is breaking that pattern. We seek implementation research, practical innovations, and scalable solutions that show how integrated PHC-based models can better meet the needs of people affected by TB, particularly in underserved or resource-limited settings.



Why person-centred TB care at the Union Conference 2026?

Building on the conference's commitment to person-centred care, community partnership, and integrated approaches, this call seeks to:

1. Bring together leaders from TB, non-communicable diseases (NCDs), mental health, rehabilitation, nutrition, community health, and implementation science.
2. Showcase PHC-based models that can realistically be scaled and address multimorbidity and long-term recovery.
3. Advance conversations on how TB services can be fully integrated into national PHC and UHC strategies.
4. Centre the voices and lived experiences of people affected by TB, including survivors, in shaping the next generation of TB care.

Symposium focus areas

We welcome proposals addressing (but not limited to):

- **Integrated care that meets people's full needs:** Models that bring TB care into PHC platforms – linking screening and treatment with HIV, NCDs, undernutrition, mental health, risk behaviours, and post-TB care. We encourage presentations that examine feasibility, acceptability, fidelity, and scalability in real-world settings.
- **Lived experience, autonomy, and equity:** Approaches that reduce stigma; strengthen dignity, shared decision-making, and survivor leadership; and address gender, age, disability, and social determinants that shape access and outcomes.
- **Systems, financing, and policy integration:** Innovations that embed person-centred TB services within PHC, NCD, and UHC strategies – including sustainable financing models, multisectoral collaboration, and health system strengthening efforts that support scale-up.

Proposal guidelines

Each symposium will run for 90 minutes, comprising 3–4 presentations (15 minutes each) plus discussion time, consistent with the standard conference format.



Proposals may focus on early-stage initiatives, pilots, partial integration models and implementation science provided they offer clear lessons for scale-up. Proposals must include:

1. **Symposium title:** A clear, compelling title that conveys the core idea or innovation.
2. **Rationale and objectives:** A brief description of the problem being addressed, why it matters now, and what the session aims to add to the field. Specify how your symposium advances integrated, person-centred TB care within PHC settings.
3. **Suggested speakers and affiliations:** List proposed speakers, ensuring diversity across gender, geography, discipline, sector, and career stage. Inclusion of civil society and at least one survivor voice is strongly encouraged. Indicate each speaker's contribution to the overall narrative of the symposium.
4. **Format and flow:** Describe how the presentations connect to one another (e.g. complementary perspectives, sequential stages of implementation, contrasting models), and how discussion time will be used to draw out practical insights.
5. **Expected outcomes:** Clarify what participants will take away - such as, new implementation strategies, lessons for improving patient experience, approaches for managing multimorbidity, or insights that can shape policy or programme design.

What this call aims to achieve

This call aims to:

1. Put person-centred care at the heart of TB service delivery and PHC strengthening, highlighting approaches that prioritise dignity, autonomy, and long-term wellbeing.
2. Showcase evidence-based models that meaningfully integrate TB care within PHC systems, including sustainable financing approaches that support real-world scale-up.
3. Spark cross-disciplinary collaboration - bringing together expertise from TB, NCDs, mental health, nutrition, rehabilitation, community health, and implementation science.
4. Catalyse policy action and investment in holistic, context-appropriate, TB-sensitive PHC services that can be sustained in diverse settings.