

From Readiness to Action:

Bringing TB and Immunization Communities
Together for New TB Vaccine Introduction



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Executive Summary



Background and Purpose

Several tuberculosis (TB) vaccine candidates are advancing through the clinical development pipeline, which is a transformative development in global TB control. In preparation, countries need to determine how to get vaccines to people who need them. That work involves much more than product availability, procurement, and delivery. It requires policies, regulatory approvals, financing, trained health workers, functioning data and delivery systems, trusted communication, coordination between TB and immunization programs, and the involvement of communities affected by TB.

The Sabin Vaccine Institute and the Stop TB Partnership conducted the TB Vaccine Readiness Survey to explore how immunization and TB stakeholders perceive the introduction of new TB vaccines and identify what countries will need to integrate these vaccines into their health systems and reach eligible populations. The survey covered awareness, knowledge, trust, vaccine acceptance, access and expected social, economic and policy barriers, training needs, health-system readiness, and coordination between TB and immunization programs.

In what we understand to be a first in TB vaccine engagement initiatives, participants included TB survivors, people affected by TB, civil society and community-based organizations, healthcare workers, advocates, immunization professionals, researchers, program managers, and policymakers. Their responses offer an early view of where momentum is built, where country-level readiness needs immediate action, and how TB advocates and immunization professionals can focus collaborative efforts going forward.

Survey Overview

The survey was available online in English and French from May 8 - 22, 2026. It was based on an earlier survey developed by the Stop TB Partnership, with additional questions tailored to immunization professionals. Sabin and the Stop TB Partnership distributed the survey through their respective networks, including the TB Community Network, the Boost Community, civil society organizations, community partners, and immunization professional networks. Respondents worked across all levels of the health system and represented urban, rural, and peri-urban settings. Many were based in countries with a high burden of TB.

While not a representative sample, survey results show alignment among these two key community stakeholder groups and highlight areas where additional preparation work is needed in countries and communities to prepare for effective rollout of these new TB vaccines.

Five Key Insights

Figure 1 below highlights the five key insights that emerged from the survey analysis. The first is that enthusiasm about the idea of TB vaccines is high among members of both communities, but knowledge about these new vaccines is currently limited across these communities. Second, acceptance of these new TB vaccines requires recommendations from trusted sources. Third, concerns about vaccine safety and a lack of clear, transparent information about TB vaccines could slow their uptake in some countries. Fourth, the TB and immunization communities bring different, but complementary strengths to planning country rollout. Finally, overall members of both communities are keen to support rollout of new TB vaccines but are at present not fully prepared to do so.

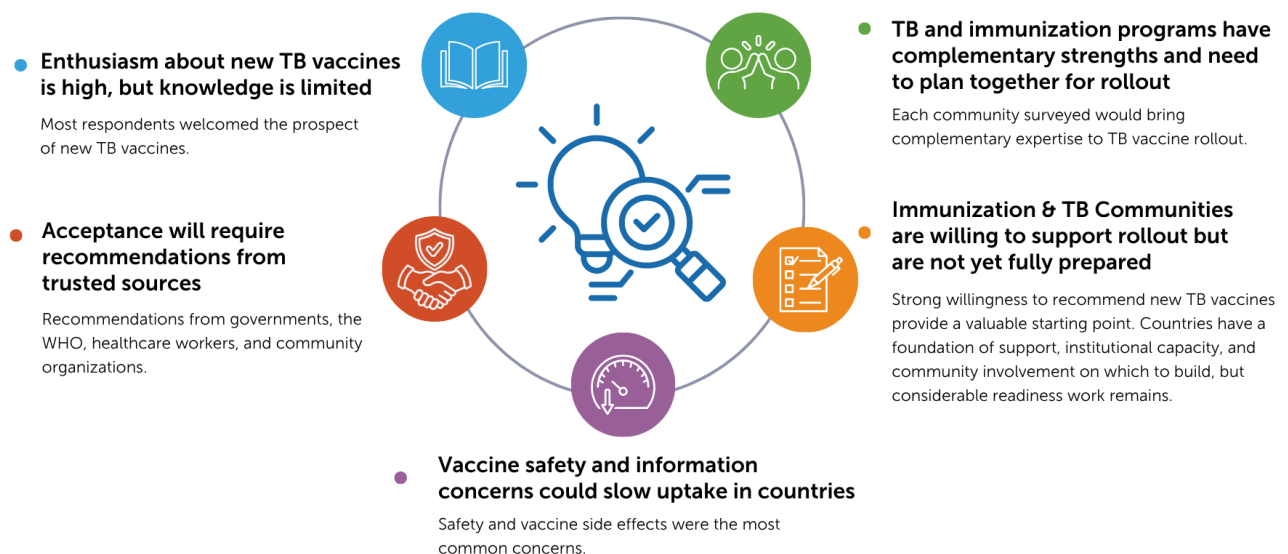


Figure 1. Key Survey Insights

1. Enthusiasm about new TB vaccines is high, but knowledge is limited

Most respondents welcomed the prospect of new TB vaccines. However, familiarity with vaccines currently in development remained limited, with 67% of respondents reporting that they had heard little or nothing about upcoming TB vaccines. Awareness needs to increase before the vaccines are approved. Individuals and groups that will be prioritized for vaccination need time to understand why new vaccines are being developed, who they may be recommended for, and how decisions about safety and use will be made. Starting these conversations early will allow immunization and tuberculosis stakeholders to be better prepared as these issues emerge.

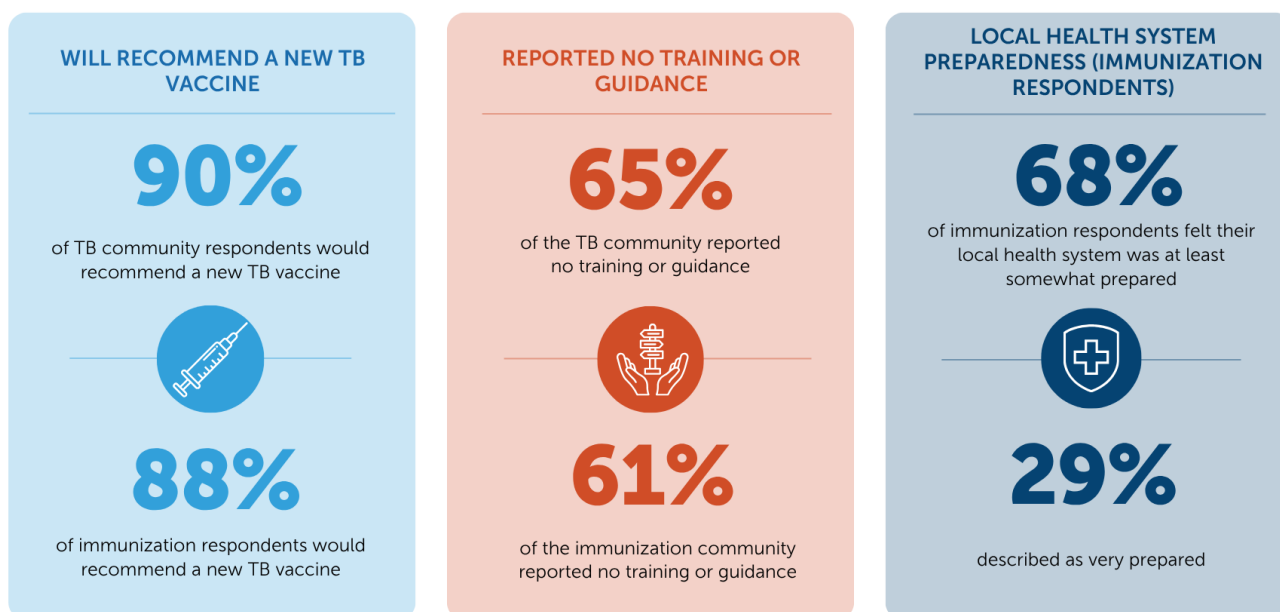
2. Acceptance will require recommendations from trusted sources

Respondents placed considerable weight on recommendations from governments, the World Health Organization, technical partners, healthcare workers, and community organizations. Immunization respondents said vaccine acceptance would be influenced by recommendations from government (47%), WHO (44%), and healthcare workers (33%). TB community respondents also cited community and nongovernmental organizations (46%). National and global institutions have an important role in providing reliable guidance, while healthcare workers and community organizations are often better placed to discuss that guidance with individuals and families. These institutions should align their messaging to ensure consistent information reaches communities.

3. Vaccine safety and information concerns could slow uptake in countries

Safety was found to be the most common concern among both immunization respondents and TB community respondents (80% and 70%, respectively). Concern about a lack of information was also similar across communities (40% of immunization respondents and 43% of TB community respondents). Cost, access, stigma, trust in the health system, and cultural or religious concerns were also identified. Countries should develop ways to monitor the information environment as it relates to TB vaccines, including any circulating mis or disinformation about TB disease or the new TB vaccines. Vaccine safety information should be straightforward, consistent, and transparent.

4. TB & immunization communities are willing to support rollout but are not yet fully prepared



Support for future vaccination was strong. About 90% of TB community respondents and 88% of immunization respondents said they would recommend a new TB vaccine to eligible populations. Training has not yet reached most respondents in these communities. Sixty-five percent of the TB community and 61% of the immunization community reported receiving no training or guidance on new TB vaccines. Among immunization respondents, 68% considered their local health system at least somewhat prepared, but only 29% described it as very prepared. Respondents pointed to the need for training, national guidance, educational materials, financing, community awareness, and stronger delivery and data systems.

5. TB and immunization programs have complementary strengths and need to plan together for rollout

TB stakeholders bring expertise in tuberculosis disease, affected communities, stigma, and community outreach. Immunization professionals contribute experience in vaccine policy, logistics, safety, service delivery, and data systems. Both groups prioritized community education, healthcare worker training, reliable information, and equitable access, but tended to favor their own program to lead delivery. Countries will need to agree on leadership and coordinate planning, combining immunization systems' delivery capacity with TB programs' expertise in reaching eligible communities.

Key Recommendations

TB vaccine preparedness should begin before licensure and be jointly led by TB and immunization programs, with support from governments, partners, professional associations, the private sector, and communities. Funded as active partners, communities can help shape introductions, address barriers, and ensure vaccines reach everyone who needs them. This report presents five key recommendations.

1. Start early with coordinated preparedness, evidence, and community engagement

Ministries of Health, national TB and immunization programs, NITAGs and research partners should begin TB vaccine readiness assessments and data gathering before vaccine approval. This should cover regulatory and policy requirements, financing and procurement options, workforce and service-delivery capacity, disease burden and priority populations, surveillance and data systems, implementation research needs, and communication and community engagement strategies. Affected communities and civil society should be involved from the outset to ensure preparedness reflects community needs and barriers.

2. Build a coordinated network of trusted messengers and locally relevant information

TB and immunization programs, governments, WHO, technical partners, professional associations, civil society, community organizations and private sector partners should jointly develop and align evidence-based information on new TB vaccines. Healthcare workers, community health workers and other trusted messengers should be trained well in advance, with shared materials co-developed with civil society and adaptable to local languages, cultures, concerns and information needs. Regular convenings of TB and immunization stakeholders should provide opportunities to share evidence, tools, lessons and country experience.

3. Put communities at the center of monitoring, accountability, and equitable access

Countries should integrate community-led monitoring, including mechanisms such as OnelImpact, into TB vaccine preparedness and introduction. Community partners should have a formal role in planning, communication, outreach, monitoring and accountability, including identifying whether key and vulnerable populations can access vaccination. Monitoring should identify and help overcome social, economic, legal and structural barriers—including stigma, discrimination, gender and cultural barriers, affordability, procurement and geographic access—with clear mechanisms for programs to respond to community feedback and track corrective action.

4. Develop and finance joint, costed readiness, and introduction plans

National TB and immunization programs should jointly develop costed, time-bound vaccine readiness and introduction plans, linked to primary healthcare systems and broader national preparedness efforts. Plans should address regulation, financing, procurement, workforce training, service delivery, cold chain, safety monitoring, surveillance and data systems, communication, community engagement and implementation research. They should include specific measures and resources to reach underserved and vulnerable populations and overcome barriers to equitable access.

5. Establish joint governance and provide early funding for communities

Ministries of Health should establish joint planning and coordination structures bringing together TB and immunization programs, primary healthcare services, NITAGs, civil society, affected communities, technical and research partners, professional associations and relevant private sector stakeholders. Governments and donors should provide early, dedicated funding for TB and immunization communities to contribute to preparedness, including community engagement, outreach, capacity building, implementation research, data systems and community-led monitoring. Existing mechanisms such as the **Challenge Facility for Civil Society** are well placed to immediately support this

work and strengthen the capacity of communities and civil society to participate meaningfully in vaccine introduction.

Why this matters now

Readiness work cannot be compressed into the period between vaccine approval and rollout. National policies may take months or years to develop. Budgets need to be negotiated and agreed upon in advance. Health workers need practical training. Communities need time to learn about the vaccines and contribute to decisions about how they will be introduced.

There is a strong foundation to build on. Respondents are interested in new TB vaccines and generally willing to support them. Community organizations are already involved in TB education, advocacy, identifying and mitigating barriers to access, adapting community monitoring platforms and outreach but have yet to include TB vaccines in their effort, and immunization programs have systems that could support delivery but that also need to be triggered into action.

The gaps are also apparent. Knowledge of these vaccines remains low, training is limited, stigma is prevalent and collaboration between TB and immunization programs is, in many countries, underdeveloped. Addressing these issues now would make it easier for countries to act when evidence and recommendations become available. Delaying this work risks slowing introduction and leaving communities to encounter new TB vaccines without the high-quality information or support they need, which could also leave space for misinformation to flourish. At the same time, there are partnerships and mechanisms that can be utilized immediately to address these gaps.

Looking Ahead: From Evidence to Shared Action

The findings provide a shared foundation for Sabin, the Stop TB Partnership, and country partners to advance TB vaccine readiness. Next steps include validating results with stakeholders, supporting coordinated country planning, developing practical readiness and advocacy resources, strengthening cross-program learning, and tracking progress as vaccine candidates and guidance evolve. Sustained, funded community participation will be essential to turning interest into coordinated plans and equitable vaccine delivery.

Background

Tuberculosis (TB) remains the world's deadliest infectious disease, causing more than 10 million illnesses and over an estimated 1.2 million deaths each year. Infants, children, and individuals with weakened immune systems are particularly vulnerable to severe disease.¹ An estimated one-quarter of the global population—approximately 2 billion people—is infected with *Mycobacterium tuberculosis* and is therefore at risk of progressing to active TB disease.² Both the World Health Organization's (WHO) End TB Strategy and the Global Plan to end TB call for an 80% reduction in TB incidence by 2030, compared with 2015 levels.^{3,4} However, existing prevention tools and service-delivery approaches are insufficient to achieve this target.

BCG, the only licensed TB vaccine recommended for infants and young children, protects against severe forms of TB. However, it provides limited and inconsistent protection against pulmonary TB in adolescents and adults, the populations which experience much of the disease burden and drive transmission.⁵ Several novel TB vaccine candidates mainly intended for adolescents and adults are now advancing through late-stage clinical development, creating a potentially transformative opportunity for TB prevention and control. The availability of an effective new vaccine, however, will not automatically translate into scaled-up, successful or equitable introduction. Novel TB vaccines intended for adolescents and adults would require countries to reach populations that are not routinely served through existing childhood immunization delivery programs. This shift will require new or adapted models, potentially using schools, workplaces, health facilities, and community-based platforms, as well as new approaches to financing, workforce preparation, demand generation, data collection and monitoring.

Preparing for introduction will also require closer collaboration between national TB and immunization programs, which have historically operated through separate structures, workforces, planning processes and financing streams. TB programs bring essential expertise in disease epidemiology, high-risk populations, community engagement and TB prevention and care, while immunization programs bring experience in vaccine policy, procurement, cold-chain management, safety monitoring and delivery at scale. Neither program can successfully prepare for and deliver new TB vaccines alone. Early, ongoing coordination—and meaningful engagement of affected communities, health workers and civil society—will therefore be critical to designing delivery strategies that are feasible, acceptable and equitable.

Against this backdrop, understanding the readiness, perspectives and support needs of the TB and immunization communities is essential. To address this need, the Stop TB Partnership ("Stop TB") and

¹ World Health Organization. *Tuberculosis*. March 24, 2026. <https://www.who.int/news-room/fact-sheets/detail/tuberculosis>.

² Centers for Disease Control and Prevention. *Clinical Overview of Tuberculosis Disease*. <https://www.cdc.gov/tb/hcp/clinical-overview/tuberculosis-disease.html>.

³ World Health Organization, *The End TB Strategy (2015)*, <https://iris.who.int/server/api/core/bitstreams/d128ca35-55c7-4ec8-b2f3-987ca112a4a2/content>.

⁴ Stop TB Partnership, *The Global Plan to End TB 2023-2030 (2022)*, <https://www.stoptb.org/what-we-do/advocate-endtb/global-plan-end-tb/global-plan-end-tb-2023-2030>.

⁵ Carlos Martín, Jesús Gonzalo-Asensio, Nacho Aguiló, and Ainhoa Arbués, "Toward tuberculosis elimination: An update on tuberculosis vaccines in clinical trials," *International Journal of Infectious Diseases* 167 (2026): 108513, <https://doi.org/10.1016/j.ijid.2026.108513>.

Sabin Vaccine Institute's ("Sabin") Boost Community collaborated to conduct a cross-sectional, online survey to explore current perceptions and levels of awareness, readiness, and preparedness; identify opportunities to strengthen collaboration and vaccine introduction; and determine how professionals across both communities can be better equipped to support the successful rollout and uptake of future TB vaccines.

About the Partnership

The [Stop TB Partnership](#) ("Stop TB") and the [Sabin Vaccine Institute](#) ("Sabin") are collaborating to strengthen country readiness for the potential introduction of new TB vaccines.

Stop TB, hosted by UNOPS, brings together more than 2,000 partners, including TB-affected communities and survivors, government programs, technical and international organizations, researchers, funding agencies, non-governmental organizations (NGOs), civil society and private sector partners. Through this network and initiatives such as [Challenge Facility for Civil Society](#) and [OnelImpact](#) national platforms, Stop TB helps shape global policy, mobilize resources, strengthen country-level action and amplify the voices of people most affected by TB.

Stop TB Partnership hosts the Working Group on New TB Vaccines⁶ and its goal is to facilitate the development of new, more effective TB vaccines by promoting collaboration and coordination among multiple stakeholders. The Working Group serves as the mechanism of exchange and dialogue between the Stop TB Partnership and the research community. It also provides a forum to discuss challenges to TB vaccine development and identify solutions and to build consensus on key issues and questions related to TB vaccine research and development. Stop TB also has the flagship community program – Challenge Facility for Civil Society⁷ – which has an unfunded mandate to support TB-affected communities and civil society to effectively engage in TB vaccine preparedness.

[Sabin's Boost Community](#) connects over 5,400 immunization professionals working at global, national, subnational and frontline levels across nearly 160 countries. Representing ministries of health, academia, nonprofits, and industry, Boost members bring practical knowledge of immunization policy, vaccine delivery and the realities of implementation within diverse health systems.

Together, Stop TB and Sabin are connecting TB-affected communities, TB programs and immunization professionals to generate actionable insights, strengthen relationships, and promote shared learning across sectors that have historically operated separately. This collaboration comes at a critical time, as countries look ahead to new vaccine candidates that could expand TB vaccination beyond infancy to adolescents and adults, who account for the majority of TB transmission. By fostering early coordination among policy makers, health workers, community leaders, and advocates, the partnership aims to help countries prepare for the successful and equitable introduction and rollout of future TB vaccines.

⁶ Working Group on New TB Vaccines, *The Working Group on New TB Vaccines*, <https://newtbvaccines.org/>.

⁷ Stop TB Partnership. *Funding people affected by TB and local communities*, <https://www.stoptb.org/what-we-do/supporting-communities-overcome-access-barriers/funding-people-affected-tb-and-local-communities>

Methods



Survey Design

The cross-sectional questionnaire was adapted from a survey developed and administered by Stop TB in early 2026. Sabin added questions tailored to immunization professionals, including their familiarity with the TB vaccine pipeline, anticipated programmatic and operational needs, and perspectives on coordination between TB and immunization programs.

The questionnaire collected information on respondents' demographic characteristics, geographic settings, professional or community roles, and levels of engagement within the health system. After completing the demographic questions, respondents selected either the TB community or the immunization/Boost Community, creating mutually exclusive respondent pools, and were directed through survey logic to questions tailored to that community which assessed ten key domains:

- Awareness and knowledge of TB vaccines in development
- Perceptions of vaccine safety and effectiveness
- Access to and sources of clear and reliable information about new TB vaccines
- Previous training or guidance on new TB vaccines
- Willingness to accept or recommend new TB vaccines
- Anticipated barriers to vaccine introduction and uptake
- Preferred vaccine delivery channels and providers
- Roles for communities and civil society
- Support needed for vaccine introduction and delivery
- Coordination between TB and immunization programs

The questionnaire included single-response, multiple-response, and open-ended questions. With the inclusion of multiple-response questions, some percentages reported may exceed 100%. The design allowed for the capture and comparison of distinct perspectives of the TB and immunization stakeholders across shared topics.

Survey Administration and Recruitment

The survey was open from May 8 - 22, 2026, and was available in English and French. It was distributed through bilingual email communications to members of the Stop TB and Sabin Boost Communities.

Participants were recruited using a non-probability, network-based sampling approach. The survey was intended for healthcare professionals, including immunization professionals; TB survivors and other people affected by TB; advocates; representatives of civil society and community-based organizations; researchers; program managers; and government and policy stakeholders. Participation was voluntary.

Data Analysis

Data were analyzed descriptively. Closed-ended responses were summarized using frequencies and percentages. Missing responses were excluded on an item-by-item basis; therefore, denominators varied

across questions. For questions allowing multiple selections, percentages were calculated using the number of respondents who answered the question and may add to more than 100%.

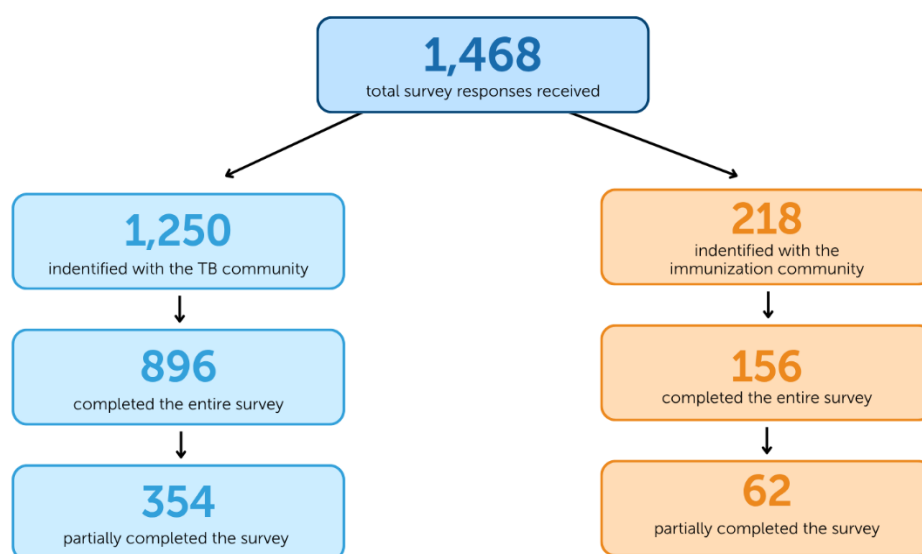
For questions asked of both communities, results were summarized overall and separately for the TB and immunization communities. Questions unique to one survey pathway were analyzed only within the relevant community.

Open-ended responses were reviewed and categorized according to recurring themes, including awareness, information needs, trust, health worker preparedness, community engagement, equitable access, and coordination between TB and immunization programs.

Survey Respondents and Analytic Sample

The survey received submissions from 1,468 respondents in 88 countries, of which 85.1% (n=1,250) identified with the broader TB community, including civil society representatives, TB advocates, and TB survivors. The remaining 14.9% (n=218) respondents identified with the immunization or Boost Community.

The analytic sample included a total of 1,424 respondents from 86 countries (85.6% TB vs 14.4% immunization). Respondents were included if they answered at least one core question presented to their community. Forty-four respondents, 31 from the TB community and 13 from the immunization community, who did not answer any core questions were excluded from further analysis (Figure 2).



Analytic sample: 1,424 respondents from 86 countries

Source: TB Vaccine Readiness Survey, 2026. Records were included if at least one core question was answered

Figure 2. Survey respondent flow diagram

Respondents represented facility, subnational, national, regional, and global levels and work in urban, rural, and peri-urban settings. Kenya, Nigeria, India, Vietnam, and Kazakhstan contributed the largest numbers of respondents. Approximately two-thirds of respondents (n=923, 64.8%) were based in high-

TB-burden countries⁸, and the largest proportion (39.8%, 567/1424) worked at the facility, clinic, or mobile-service level. Figure 3 presents the respondent profiles.

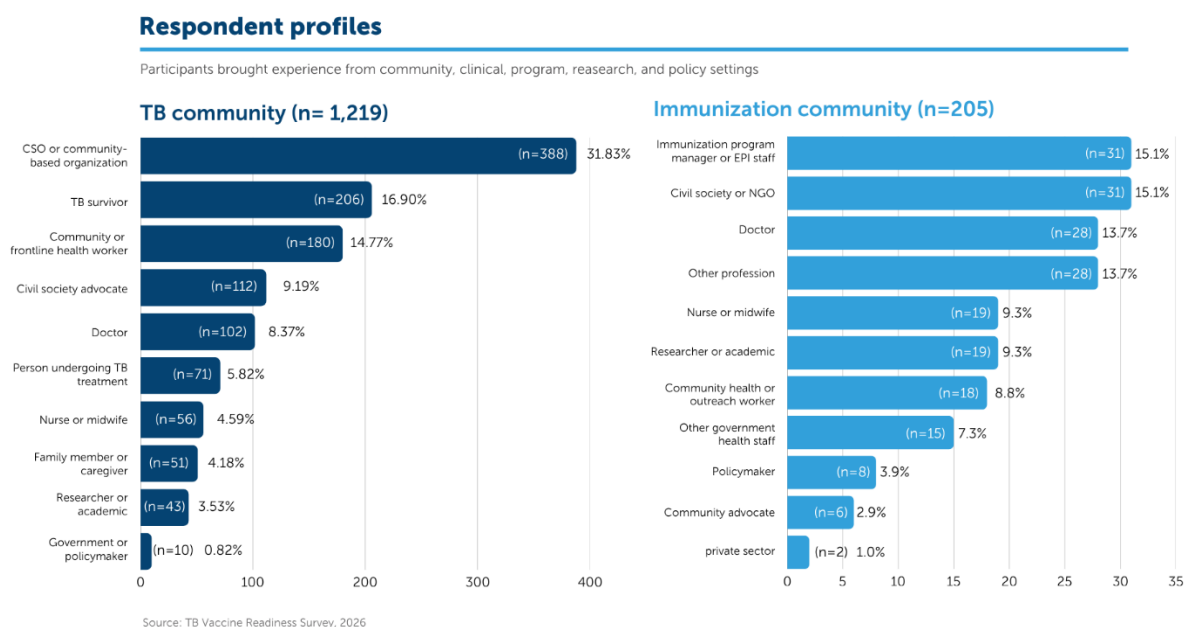


Figure 3. Survey respondent profiles

Limitations

The survey used a non-probability, network-based sampling approach and was distributed primarily through Stop TB and Sabin networks. People already engaged in TB, immunization, or community health activities were therefore more likely to receive and complete the survey. Voluntary participation may also have attracted respondents with a particular interest in new TB vaccines.

Participation was uneven across countries and stakeholder groups, and the TB community sample was substantially larger than the immunization community sample. Differences in size and composition of the two groups limit direct comparisons between them. Item-level nonresponse also resulted in varying numbers of responses across questions.

Since the survey was distributed electronically and available only in English and French, it may have underrepresented people with limited internet access or limited proficiency in either language. Responses were self-reported and may have been influenced by recall or social-desirability bias.

The findings provide a snapshot of respondents' knowledge and perceptions in May 2026 and may evolve as the TB vaccine pipeline and related guidance advance. Results reflect the views of those who participated and should not be interpreted as representative of all countries, communities or stakeholder groups. Rather, they should be considered exploratory findings that identify emerging patterns, perceived needs and priorities for further engagement and research.

⁸ World Health Organization, Global Tuberculosis Report 2025 (2025), <https://www.who.int/teams/global-programme-on-tuberculosis-and-lung-health/tb-reports/global-tuberculosis-report-2025/>

Five Key Insights

The findings below are organized around five interconnected insights. Together, they show strong optimism about and willingness to support new TB vaccines, alongside important gaps in awareness, trusted information, training, community and health-system preparedness, and coordination between TB and immunization programs. Each section combines quantitative findings and respondents' perspectives to identify implications and practical actions for strengthening country readiness.

Key Insight 1: There is strong optimism about new TB vaccines, but knowledge gaps remain

Respondents across both communities expressed optimism about the potential safety, effectiveness and value of new TB vaccines. However, despite these positive expectations, respondents reported limited awareness of the vaccines currently in development.

Among TB community respondents, 81% agreed or strongly agreed that '*new TB vaccines would be safe*', while 90% agreed that '*new TB vaccines will be effective*' and '*new TB vaccines will be important for my community*'. Similarly, 87% and 88% of immunization respondents agreed with the former and latter statements, respectively. More than two-thirds (68%) of immunization professionals indicated that they would be very likely to recommend and support uptake if a new TB vaccine were available.

However, 67% of all respondents reported they had heard little or nothing about upcoming TB vaccines. '*Low [community] awareness*' was also among the most frequently cited anticipated barriers to rollout, identified by 67% of TB community respondents and 61% of immunization respondents. (Figure 4)

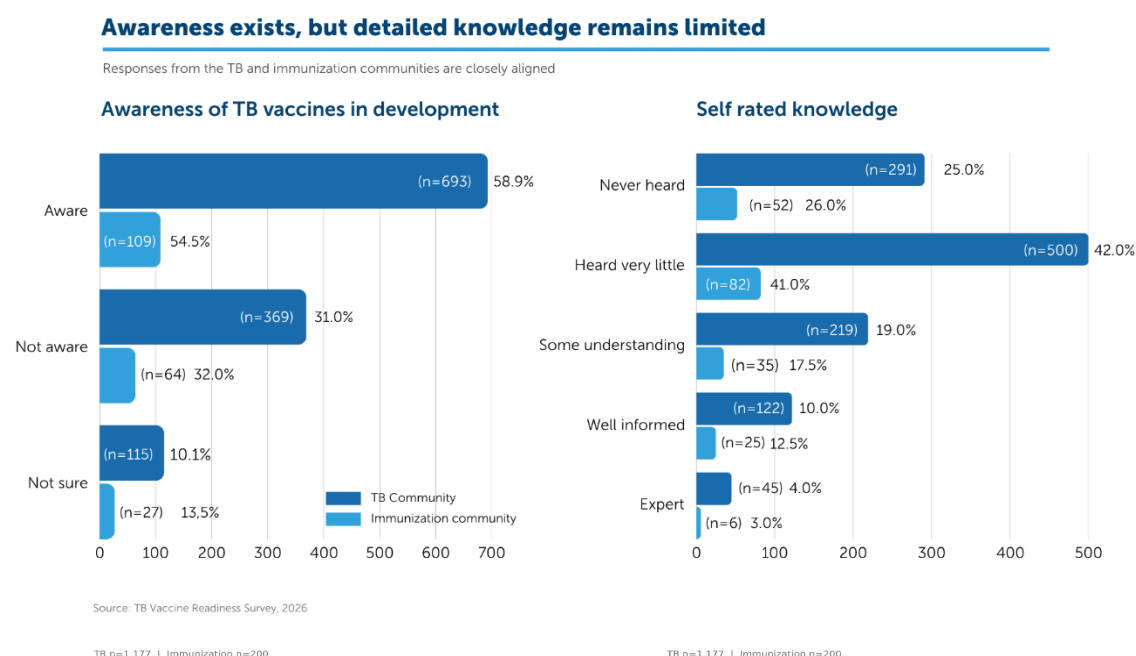


Figure 4. Level of TB vaccine awareness and knowledge

These findings suggest that optimism provides a valuable foundation for future vaccine acceptance, but it should not be mistaken for readiness. While this survey suggests that there is existing confidence in TB vaccines as a hypothetical, these key partners in country readiness require timely information, education, and training on these vaccine candidates and potential introduction scenarios to effectively support preparations for TB vaccine roll out at both the community and national level.

Strategic Actions

There are three key actions countries can take to begin to build awareness around these TB vaccines:

1. **Build awareness early.** Begin sharing clear, accessible information about TB vaccines in development with key implementing partners, health workers, and affected communities well before introduction.
2. **Equip trusted partners.** Develop adaptable educational materials and training for TB advocates, immunization professionals, community organizations and other trusted messengers so they can communicate accurately, address questions, and build awareness, confidence, and trust in these new vaccines.
3. **Enable two-way community engagement in readiness planning.** Create sustained opportunities for communities to ask questions, express concerns and inform introduction strategies. With low community awareness being among the most frequently cited anticipated barriers, engagement should begin during vaccine development and continue through introduction and rollout.

Key Insight 2: Trusted institutions and community messengers will be central to vaccine acceptance

Trust emerged as an essential consideration for building confidence in future TB vaccination and eventual vaccine acceptance. Among immunization respondents, government recommendation (46%), WHO recommendation (44%), and health worker recommendation (33%) were the factors most frequently selected as likely to influence new vaccine acceptance in their settings. Their reported trusted sources of information followed a similar pattern: WHO was the most frequently cited source (35%), followed by health facilities and health workers (28%), and governments or ministries of health (27%). In particular, immunization professionals not only identified a WHO recommendation of TB vaccines as one of the most influential factors related to acceptance of these new TB vaccines.

TB community respondents also expressed strong trust in established institutions and organizations. Sixty percent reported '*high trust*' in WHO resources, 46% in community organizations and NGOs, and 42% in government sources. Nearly half (46%) of TB community respondents reported seeing community organizations and NGOs as high trust organizations, with 40% reporting '*high trust*' in health workers/the health system.

Although the two communities were asked somewhat different questions, their responses point to complementary roles: WHO and national governments can provide authoritative guidance, while health workers, community organizations and local leaders can interpret that guidance, address concerns and build confidence within specific communities.

Trusted institutions can turn trust into acceptance

Trust patterns and leading factors that would influence vaccine acceptance

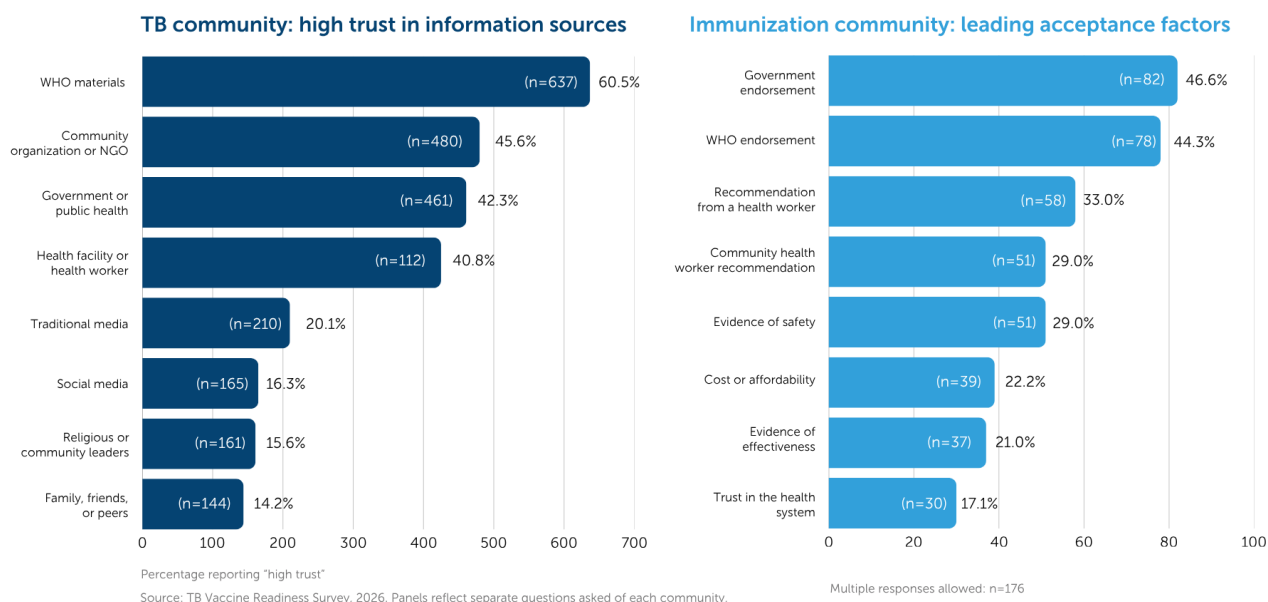


Figure 5. Leading enablers for vaccine confidence

Open-ended responses emphasized that trust must be built collaboratively and well before vaccine introduction:

"Communities needs support building trust for the safety and efficacy of the vaccine. This will need to be a concerted effort between all stakeholders, but especially with the community." [TB community respondent]

"Beyond policies and training, preparing for new TB vaccines requires early engagement with local leaders, religious figures, and influencers to address concerns and foster acceptance." [TB community respondent]

"Ensure strong community engagement and trust through clear communication and support from local health workers and trusted community leaders." [Immunization/Boost Community respondent]

Together, these findings suggest that authoritative recommendations alone will not be sufficient. Successful communication will require coordinated information from global and national institutions, delivered and discussed through locally trusted people and organizations that can listen to communities and respond to their questions.

Strategic Actions

There are three recommended actions from this key insight:

1. **Identify and engage trusted messengers early.** National immunization and TB programs should map the institutions, health workers, community organizations, advocates, local leaders

and other messengers most trusted by different populations and involve them in readiness planning.

2. **Coordinate evidence and core messages.** WHO, governments, health workers and community partners should communicate clear, consistent and transparent information about vaccine development, safety, effectiveness, eligibility and potential delivery. Messages should be updated as evidence and policy guidance evolve. This helps to build a culture of trust in these new vaccines among diverse communities.
3. **Equip messengers for two-way engagement.** National immunization and TB programs should develop adaptable communication toolkits, training, frequently asked questions and other practical resources that help trusted messengers explain new information, address concerns and misinformation, and channel community feedback into introduction planning.

Key Insight 3: Safety concerns, limited awareness, and misinformation could impede acceptance and rollout

Both Immunization professionals and TB community respondents anticipated that community concerns about vaccine safety and side effects would be the most significant challenge to community acceptance of a new TB vaccine. Seventy-nine percent of immunization professionals (Figure 6) and 69% of TB community respondents (Figure 7) selected this factor. Compared with 43% of TB community respondents and 40% of immunization community respondents selected lack of information as the second significant challenge.

When asked separately about anticipated barriers to roll out, respondents most frequently identified limited community awareness (61%) and misinformation (42%). Other anticipated barriers included cost, limited health-system capacity, TB-related stigma, policy and regulatory delays, and limited political commitment.

Open-ended responses from TB community participants provided additional context on how these challenges may intersect with broader social and structural barriers. One respondent stated, *“new TB vaccine preparation must prioritise early community engagement, especially in rural and peri-urban areas where people face stigma, poverty, transport barriers, misinformation and limited access to health information.”* Another respondent described how limited understanding of TB itself could complicate communication about vaccination within communities, *“In my region, tuberculosis is still seen as a mystical disease that is ‘cast’ upon people. As a result, there is a lack of information about what tuberculosis really is, how it manifests, and how it is treated.”* [TB community respondent, translated to English]⁹

Immunization respondents similarly emphasized the need for accessible health education. One respondent from the Philippines highlighted the importance of addressing misinformation, particularly among individuals who may not fully understand the value of vaccination. *“Proper health education (is needed) to avoid misinformation especially for those people who don’t understand the importance of the vaccine.”* [Immunization/Boost Community respondent]

⁹ This quote was machine translated from French to English

Safety concerns and limited information may hinder uptake

Recommendation intentions are high while training and system preparedness lag behind

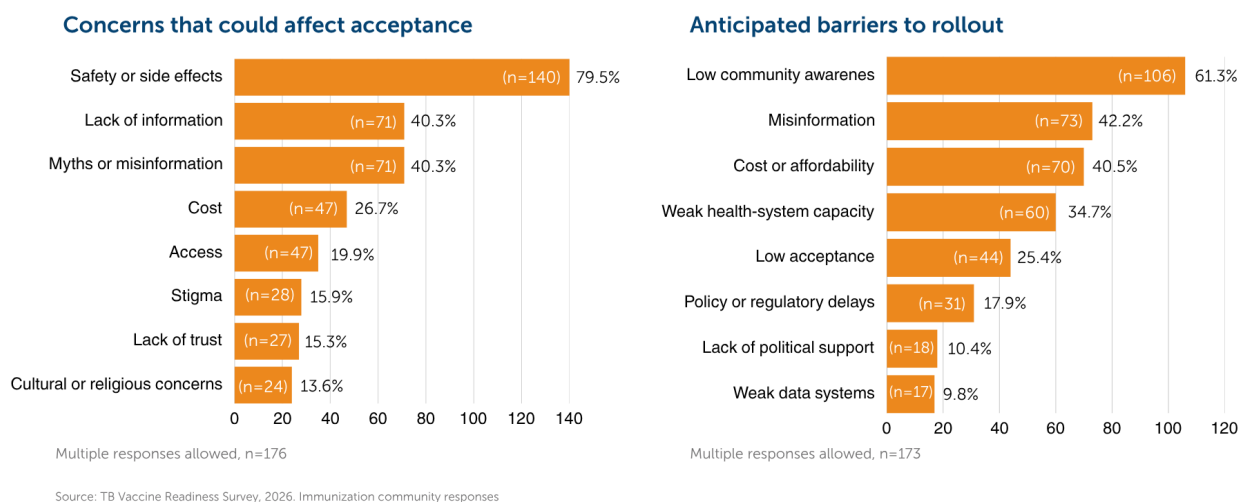


Figure 6. Immunization community identified barriers to vaccine acceptance and rollout barriers

Community-Focused New TB Vaccination Concerns (n=1058)

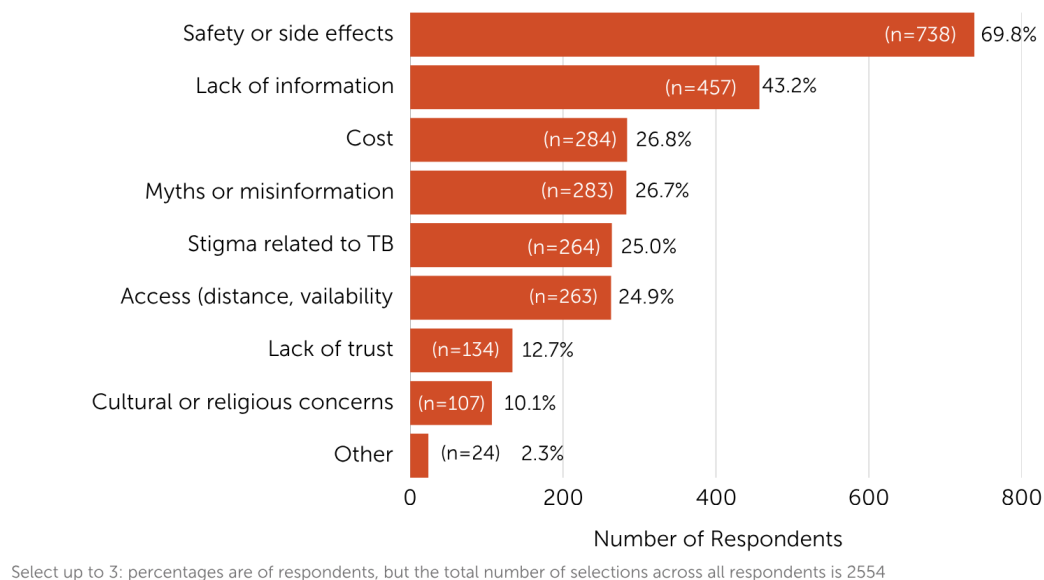


Figure 7. TB community identified barriers to vaccine acceptance

These perspectives illustrate that communication about new TB vaccines cannot always be separated from existing knowledge and beliefs about TB. In settings where understanding of TB and its prevention is limited; engagement may need to begin with foundational information about the disease and its prevention before introducing information about vaccination. This is particularly important because so far TB responses have been heavily focused on diagnosis and treatment of people who are already ill, and

existing prevention tools such as TB preventive treatment for at-risk healthy people have not achieved scale due to lack of information and concerns about safety. Readiness efforts must also account for structural barriers, including poverty, stigma, distance, transport and limited access to reliable health information, that communication alone cannot resolve.

Taken together, the findings suggest that safety concerns, limited awareness and misinformation should be addressed during vaccine development—not only shortly before introduction. TB and immunization programs should begin working with affected communities and trusted local partners to strengthen TB and vaccine literacy, develop transparent safety communication, monitor emerging information needs and prepare coordinated responses as evidence and policy guidance evolve.

Strategic Actions

Specifically, these findings point to several recommended actions that key stakeholders can begin taking now:

1. **Strengthen TB and vaccine literacy through context-specific Risk Communication and Community Engagement (RCCE).** Develop two-way engagement approaches that address understanding of TB infection and disease, vaccine development and the potential role of new TB vaccines. Efforts should prioritize communities most affected by TB and populations with limited access to reliable health information.
2. **Communicate transparently about vaccine safety and efficacy.** Equip health workers, community organizations and other trusted messengers to explain each stage of vaccine development, from clinical trials and regulatory review to country adoption, rollout and post-introduction safety monitoring. Communications should clearly distinguish what is known, what remains uncertain and how evidence and guidance may evolve.
3. **Strengthen information-environment monitoring and response.** Establish coordinated mechanisms at global and country levels to identify emerging questions, concerns and misinformation. Monitoring should be linked to clear response protocols that enable trusted messengers to provide timely, accurate and consistent information tailored to local contexts.
4. **Address communication and operational barriers together.** TB and immunization programs should jointly assess and plan for the broader barriers identified, including cost, health-system capacity, stigma, regulatory delays and limited political commitment, so that community engagement is supported by accessible and responsive vaccination services.

Key Insight 4: Communities are willing to support rollout but are not yet fully prepared

Support for new TB vaccines was high, but the findings point to conditional confidence and incomplete community and health systems readiness for rollout. Large proportions of respondents from both the TB and immunization communities said they would accept, recommend, or support vaccination. For many, however, that support depended on receiving more information about vaccine safety and effectiveness, eligibility, financing, and delivery.

Across separate survey questions, approximately nine in ten TB community respondents agreed that they would recommend a new TB vaccine to others. However, when asked about acceptance or recommendation in their own settings, 52% shared they were ‘*somewhat likely*’ to accept or recommend a vaccine, while a further 25% said they would need more information before deciding. Among immunization professionals, 88% ‘*agreed*’ or ‘*somewhat agreed*’ that they would recommend vaccination to eligible populations, and 86% said they were ‘*very likely*’ or ‘*somewhat likely*’ to recommend or support uptake if a vaccine became available (Figure 8).

Communities are willing to support rollout, but readiness is uneven

Recommendation intentions are high while training and system preparedness lag behind

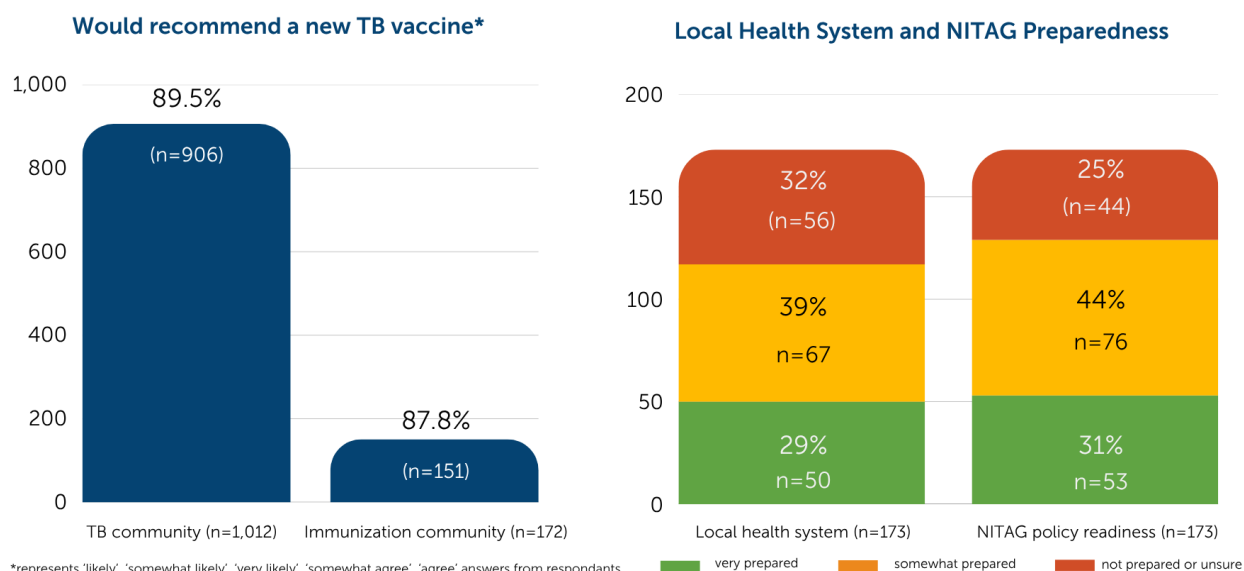


Figure 8. Willingness to recommend a new TB vaccine vs readiness

Sixty-eight percent of immunization respondents considered their local health systems ‘*very*’ or ‘*somewhat prepared*’ to deliver a new TB vaccine, although only 29% described them as ‘*very prepared*’. Seventy-five percent viewed their National Immunization Technical Advisory Groups (NITAGs) as ‘*very*’ or ‘*somewhat prepared*’ to make policy decisions, while 19% were ‘*unsure*’ (Figure 8). Additionally, nearly three-quarters (73%) of immunization respondents described TB and immunization programs as ‘*very coordinated*’ or ‘*somewhat coordinated*’ in their settings, while about one-fifth (19%) felt coordination was ‘*poor*’ or ‘*absent*’. Eighty-eight percent of the immunization community believed that TB vaccination could feasibly be integrated into existing immunization services.

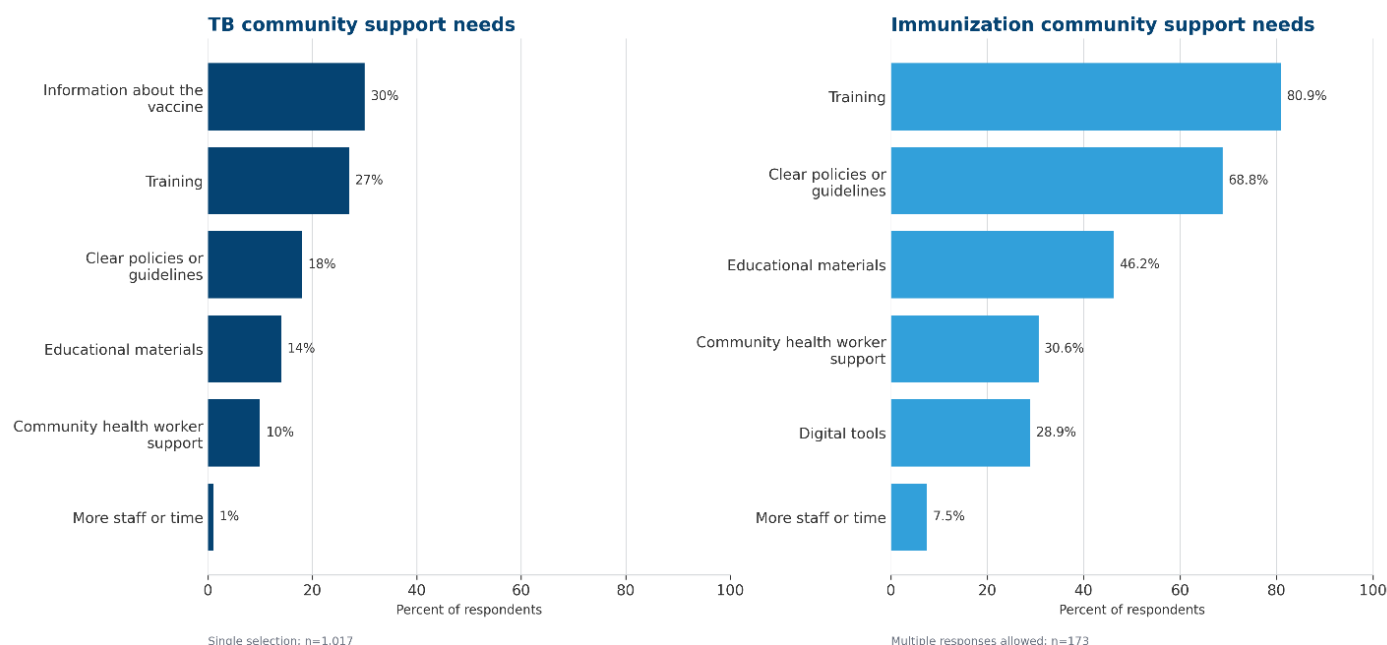
Countries will not be starting from scratch at the community level either. Nearly three-quarters of the immunization respondents said community organizations were already ‘*very*’ or ‘*somewhat*’ involved in TB-related health activities, including TB education, advocacy, outreach, and service delivery. These organizations offer an existing route for community engagement, but they will need clearly defined roles, timely information and adequate resources.

Even so, significant capacity gaps remain: 65% of TB community respondents and 61% of immunization respondents had received no training or guidance on new TB vaccines. Among immunization

professionals, 81% identified training as necessary for effective delivery and 69% selected national policies and guidelines (Figure 9).

Training and clear guidance are central readiness needs

The two communities answered related, but not identical, questions about support



Source: TB Vaccine Readiness Survey, 2026. Panels should not be interpreted as a direct statistical comparison.

Figure 9. Readiness support needs by community

Open-ended responses reinforced the importance of beginning this preparation well before a vaccine becomes available:

“Adequate time between awareness and the rollout to gain community acceptance.” [Immunization/Boost Community respondent]

“Ensuring clear national clinical guidelines and strong health worker training before launch.” [Immunization/Boost Community respondent]

“Proper planning, training of immunization staff and robust awareness campaign.” [Immunization/Boost Community respondent]

“In addition to vaccine availability, it is essential to strengthen healthcare worker training, improve cold-chain and diagnostic infrastructure, ensure sustainable financing, address stigma and misinformation around TB, and actively involve affected communities in planning and implementation of vaccine programs.” [TB community respondent]

These perspectives closely mirror the survey findings. Respondents emphasized allowing sufficient time for awareness-building, issuing clear national guidance, training health workers and immunization staff, and planning delivery before launch. Their comments suggest that readiness should not be treated as an activity that begins only after vaccine approval.

Several operational challenges could also hinder rollout. Immunization respondents most frequently identified limited community awareness (61%), misinformation (42%), affordability (40%) and limited health-system capacity, including staffing, cold-chain capacity and logistics (35%), as likely barriers.

Taken together, the findings suggest that countries have a foundation of support, institutional capacity, and community involvement on which to build, but considerable readiness work remains. Strong willingness to recommend new TB vaccines provides a valuable starting point, but that support could weaken if communities encounter unanswered questions, inconsistent messages, or health workers who lack adequate information and guidance. Beginning preparations early will be essential to build awareness and confidence, limit opportunities for misinformation, and avoid placing additional pressure on programs already balancing routine services with other priorities.

Community organizations can help reach people affected by TB, communicate new information, address concerns, and monitor equitable access. Their roles and resource needs should therefore be incorporated into national plans and budgets well before rollout rather than added shortly before vaccines become available.

Although most immunization respondents believed that TB vaccination could be integrated into existing services, successful integration will require coordinated planning rather than simply assigning responsibility to one program. TB and immunization programs, primary healthcare services, regulatory and policy bodies, and community partners will need clearly defined roles across planning and delivery. Early action on training, national guidance, access to current information, community awareness, sustainable financing, health-system capacity, and program coordination will help countries move quickly and equitably from vaccine approval to rollout.

Strategic Actions

1. **National and subnational readiness assessment and planning.** Conduct readiness assessments during late-stage vaccine development so that gaps can be addressed before approval and rollout. Preparedness plans should cover policy and regulatory processes, sustainable financing, eligible populations, delivery arrangements, supply chains, data systems, safety monitoring and surveillance, and equitable access.
2. **Funded community engagement plans.** Define how TB survivors, affected communities, civil society organizations, community health workers, and local leaders will participate in planning, communication, delivery, and monitoring. Include clearly defined roles and dedicated funding for this work in national and subnational plans.
3. **Workforce training and guidance.** Provide healthcare workers and community health workers with timely, practical guidance on vaccine safety, effectiveness, eligibility, delivery, and communication. Training should also prepare them to answer questions, address concerns, and respond to misinformation consistently and transparently.
4. **Cross-program coordination and accountability.** Establish formal working arrangements among TB programs, immunization programs, primary healthcare services, regulatory and policy bodies, and community partners. Assign responsibility for planning, financing, delivery, data sharing, communication, and community engagement before rollout begins.

Key Insight 5: TB and immunization communities are stronger together, but responsibilities for rollout must be defined

Preparing for new TB vaccines will require collaboration between communities that do not always work closely together. TB programs and community networks understand the disease, the people most affected, the role of stigma, and the barriers that can prevent people from seeking care. TB programs also have the systems to reach at-risk population. Preparing for new TB vaccines will require collaboration between communities that do not always work closely together. TB programs and community networks understand the disease, the people most affected, the role of stigma, and the barriers that can prevent people from seeking care. TB programs also have the systems to reach at-risk populations with TB services like active case finding and TB preventive treatment. Immunization programs bring experience in introducing vaccines, vaccination service strategies, developing national policy, managing cold chain and logistics, training the workforce, monitoring safety, tracking vaccine coverage, and building demand. These capabilities are complementary, and both will be needed for successful TB vaccine introduction (Table 1).

Table 1. Complementary roles between TB and immunization programs in TB vaccine delivery

The two respondent groups showed substantial alignment in their priorities (as detailed in the above sections). Approximately 90% of TB community respondents and 88% of immunization respondents agreed that they would recommend a new TB vaccine to eligible populations. Both groups emphasized the importance of early community education, healthcare worker training, reliable information, equitable access, and meaningful community participation. At the same time, 65% of TB community respondents and 61% of immunization respondents reported receiving no training or guidance on new TB vaccines, indicating a shared need for greater access to information and preparation. Furthermore, almost two thirds of immunization participants (68%) felt that their local health system was at least somewhat prepared for new TB vaccines (Figure 10). Working together would allow them to address these gaps with a shared plan rather than through separate activities.

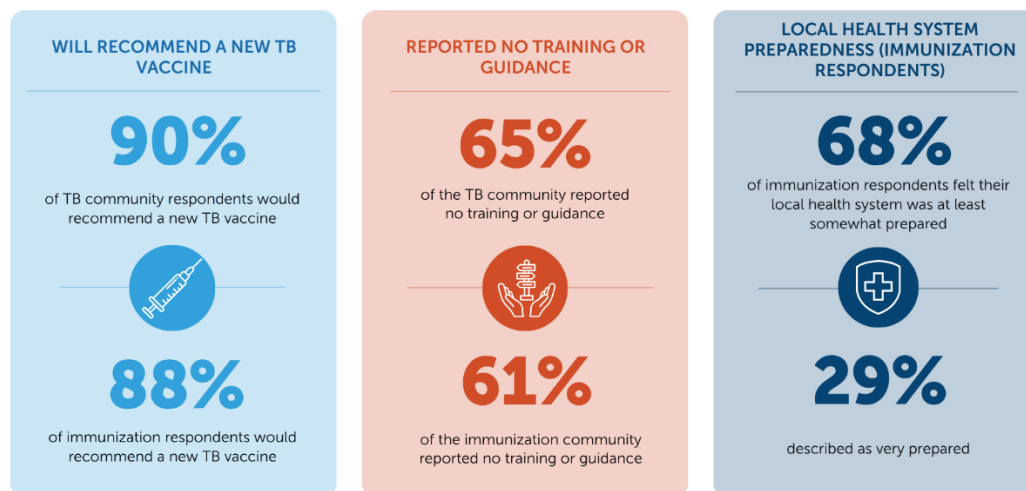


Figure 10. Survey Respondents' Priorities

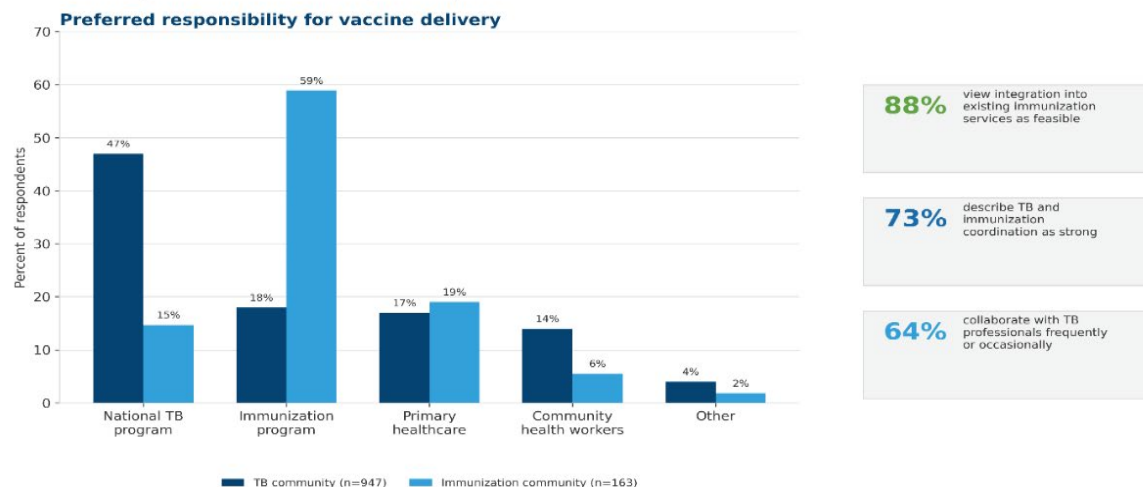
When asked how uptake could be improved, TB community respondents most frequently selected community education sessions and healthcare worker training. Additionally, TB respondents highlighted that countries should begin estimating the size of key and vulnerable populations, if not already done so, in support of TB vaccine prioritization efforts¹⁰. They also identified roles for affected communities and civil society organizations in outreach, advocacy, community-led monitoring of rollout; and addressing stigma and misinformation. Immunization respondents raised many of the same priorities: 68% selected healthcare worker training and 62% selected community education as measures that could improve uptake. They also highlighted communication campaigns, engagement of community leaders, outreach services, affordability, and trust in the health system.

The clearest difference between the groups concerned who should be responsible for delivering a new TB vaccine. Among TB community respondents, 47% identified national TB programs as the preferred provider, compared with 18% who selected immunization programs, and 17% who selected primary healthcare services. The pattern was different among immunization respondents, who favored immunization programs (59%) over TB programs (15%) or primary healthcare services (19%) (Figure 11). This is not surprising given their different roles and experience. In practice, vaccine introduction will likely require contributions from both programs, along with primary healthcare services and community organizations. Countries will need to decide how those responsibilities are divided before rollout begins.

¹⁰ Stop TB Partnership, *Tuberculosis Key and Vulnerable Populations Size Estimation Tool* (2023), https://www.stoptb.org/sites/default/files/imported/document/tb-kvp_population_size_estimation_tool-v3_002.pdf

TB and immunization communities envision different delivery leads

The difference supports a shared model with clearly defined responsibilities



Source: TB Vaccine Readiness Survey, 2026. Collaboration and feasibility measures are from immunization respondents.

Figure 11. Preferred service delivery model by community

These differences likely reflect the roles and experience of each group rather than fundamentally conflicting views. Immunization programs are equipped to manage vaccine policy, logistics, delivery, safety monitoring, and coverage tracking. TB programs and community networks are well placed to identify and reach eligible populations, support referrals and follow-up, and address questions related to TB, treatment, and stigma. Primary healthcare services and community organizations will also have important roles, particularly in reaching populations that may not routinely use existing immunization services. Indeed, 88% of immunization respondents considered integration into existing immunization services ‘very’ or ‘somewhat feasible’.

Collaboration is already taking place in many settings, although not consistently. Sixty-four percent of immunization respondents reported working with TB professionals ‘frequently’ or ‘occasionally’, while the remaining 36% collaborated ‘rarely’ or were ‘not currently engaged’. Similarly, 73% described coordination between TB and immunization programs as ‘very’ or ‘somewhat good’, while 19% considered it ‘poor’ or ‘absent’.

Comments submitted through the survey showed a preference for joint planning:

*“Ensure good preparation, strong communication, and integration with the immunization system.”*¹¹ [Immunization/Boost Community respondent, translated from French]

*“Coordinate introduction through both responsible programs.”*¹² [Immunization/Boost Community respondent, translated from French]

“Involvement of all stakeholders, including community enablers for TB treatment, to support advocacy, communication, social mobilization, and demand creation.” [Immunization/Boost Community respondent]

¹¹ This quote was machine translated from French to English

¹² This quote was machine translated from French to English

“Strong coordination between TB and immunization programs, along with community engagement and continuous monitoring, is essential to ensure equitable and effective vaccine rollout.” [TB community respondent]

TB community respondents also called for TB survivors, affected communities, and civil society organizations to be involved as partners in planning and rollout.

Future TB vaccines may target adolescents and adults who are not routinely reached through childhood immunization services. Immunization programs bring vaccine delivery experience, while TB programs and community organizations have stronger connections with people affected by TB. Neither can effectively prepare for rollout alone.

Countries should establish a shared model of responsibility while vaccines are still in development, defining the roles of TB programs, immunization programs, primary healthcare services, and community partners in financing, delivery, data management, communication, community engagement, monitoring, and follow-up. Early agreement will help prevent fragmented planning, duplicated work, and gaps in accountability.

Strategic Actions

There are six recommendations stemming from this key insight:

1. **Joint governance and planning:** Establish national and subnational working groups that include TB and immunization programs, primary healthcare services, NITAGs and regulatory bodies, civil society organizations, and affected communities. Define responsibilities and accountability for policy, financing, delivery, safety surveillance, data management, communication, and community engagement.
2. **Shared advocacy:** Develop consistent, evidence-based messages on the public health value of new TB vaccines, the need to prepare early, and the importance of equitable access. TB and immunization partners should use these messages jointly in engagement with governments, donors, and other decision makers.
3. **Country-specific coordination assessments:** Assess how TB and immunization programs currently collaborate, identify coordination gaps, and determine which existing systems and delivery platforms can be used or adapted. Resulting plans should reflect national TB burden, health-system structures, target populations, and available resources.
4. **Adapting existing community-led monitoring (CLM) platforms:** Existing CLM platforms, such as OneImpact, are already adapted to monitor TB, Drug-resistant (DR) TB, social protection and other health priorities. Such systems could be proactively integrated into planning and implementation for TB vaccine introduction to include vaccine-relevant areas such as service delivery challenges, rumors and misinformation, and AEFI (adverse events following immunization).
5. **Ongoing cross-program learning:** Provide regular opportunities for TB and immunization professionals, civil society organizations, and affected communities to review emerging evidence, exchange country experiences, and develop or adapt practical readiness tools.
6. **Joint resource mobilization and financing:** Develop coordinated financing plans and funding proposals covering policy development, workforce training, delivery systems, safety and impact

monitoring, communication, community engagement, and implementation research. Plans should identify both domestic and external funding sources and consider how ready-made activities can be sustained through existing systems.

From Findings to Action

Across the five key insights, respondents consistently identified the same readiness priorities: early planning, reliable information, a prepared workforce, meaningful community participation, equitable access, and stronger coordination between TB and immunization programs. The actions below consolidate the recommendations into a shared agenda for the stakeholders responsible for preparing countries and communities for future TB vaccine introduction.

Cross-Cutting Recommendations

TB and immunization respondents approached vaccine introduction from different professional and personal perspectives, but they agreed on many of the steps that should come first. Countries need time to plan, health workers need training, communities need a place in decision-making, and the public needs reliable information. Access and affordability must also be considered before rollout begins. Progress will depend on whether this work begins early enough. Delaying planning until a vaccine is approved could leave countries with unresolved policy questions, unprepared health workers, limited community awareness, and no agreed delivery model.

Stakeholder	Priority Actions
Global and Regional Partners: Global partners can help countries prepare as evidence on new TB vaccines develops. Guidance should be practical enough for national teams to use and flexible enough to work in different health systems.	• Develop adaptable readiness guidance, assessment tools, and planning resources • Align information about the vaccine pipeline, emerging evidence, safety, effectiveness, target populations, and potential introduction timelines • Create opportunities for countries and communities to exchange experience and practical tools • Include TB survivors, affected communities, and civil society organizations in global and country-level planning.
National governments, NITAGs, and regulatory bodies: National governments will decide how a new TB vaccine fits within existing policies, programs, and services. Starting this work before approval will give ministries and program teams more time to address policy, financing, staffing, delivery, and communication needs.	• Conduct national and subnational readiness assessments for vaccine introduction during late-stage vaccine development, including regulatory processes, financing, workforce needs, surveillance systems, supply chains, and delivery options. • Begin planning for policy and regulatory processes, sustainable financing, target populations, delivery strategies, supply chains, data systems, safety monitoring, and equitable access.

	Establish governance arrangements across TB and immunization programs, primary healthcare services, and community partners that assign responsibilities and accountability before rollout.
TB, immunization, and primary healthcare programs: These programs bring complementary expertise and delivery capabilities that will be essential for introducing new TB vaccines. TB programs understand the disease, affected populations, and barriers to care; immunization programs have experience with vaccine policy, logistics, safety monitoring, and delivery at scale; and primary healthcare services can help integrate vaccination into routine care and reach eligible populations. Their roles and responsibilities should be agreed upon during readiness planning, not after rollout decisions have been made.	- Develop joint introduction plans that draw on the complementary strengths of each program. - Define responsibilities for delivery, referrals, workforce preparation, data sharing, safety surveillance, communication, and monitoring. - Prepare healthcare workers and community health workers to discuss new TB vaccines, answer questions, and address misinformation.
TB survivors, affected communities, and civil society organizations: Community organizations already work with many of the people who may be eligible for future TB vaccines. They can help explain new information, raise concerns that may not be visible to national teams, and reach people who face barriers to care. Their involvement should begin during planning, not shortly before launch.	- Participate in vaccine readiness planning, communication, delivery, monitoring, and accountability from the outset. - Provide locally relevant information in accessible languages and formats. - Address TB-related stigma and misinformation, identify barriers to access, and communicate community concerns to national decision-makers.
Donors and research partners: Countries will need funding before vaccines become available, not only once procurement begins. Early funding can support planning, workforce preparation, community participation, and research on how delivery may work in different settings.	- Provide financing for readiness work before vaccine procurement and rollout begin. - Support workforce training, community participation, communication, delivery planning, data and surveillance systems, and coordination across programs. - Fund implementation research on delivery, uptake, affordability, access, and equity across different country contexts.

Call to Action: Begin Readiness Now

New TB vaccines in late-stage development could provide countries with an important new tool for preventing TB, including among adolescents, adults, and other populations that may not be routinely reached through childhood immunization services. However, vaccine availability alone will not translate into public health impact.

The survey findings show that willingness to support new TB vaccines is ahead of practical readiness. Knowledge remains limited, health workers and community partners lack training and guidance, misinformation and stigma could weaken confidence, and responsibilities across TB, immunization, and primary healthcare programs are not yet consistently defined. If these gaps remain

unresolved, countries could face delayed introduction and uneven access once vaccines become available.

The window for preparation is now. Governments should establish joint readiness mechanisms, assess national and subnational gaps, and begin resolving questions about policy, financing, target populations, delivery, data, and monitoring. Global partners and donors should provide coordinated guidance, practical tools, and early financing. TB survivors, affected communities, and civil society organizations should have defined and funded roles in shaping how vaccines are communicated, delivered, and monitored.

Success should be measured not only by whether a new TB vaccine becomes available, but by whether people can access it equitably, understand and trust the information surrounding it, and receive it through systems prepared to deliver it safely and effectively. That readiness cannot be built after approval; it must begin while vaccines are still in development.

Looking Ahead: From Evidence to Country Action



This report provides a shared starting point for continued collaboration among Sabin, the Stop TB Partnership, and the TB and immunization communities. The next phase should focus on translating the findings into practical country readiness, sustained community participation, and clearer coordination across programs. To support countries in their efforts, Sabin and Stop TB plan to continue collaborating to strengthen country readiness.

Priority next steps include:

- **Disseminating and validating the findings:** Share the results through the networks of Sabin, the Stop TB Partnership, and country and global partners, and at relevant global and regional forums. Country stakeholders should have opportunities to interpret the findings in relation to their own health systems and communities.
- **Supporting country-level dialogue and planning:** Convene TB programs, immunization programs, primary healthcare services, NITAGs, regulatory bodies, community organizations, and affected communities to examine readiness gaps, clarify roles, and consider appropriate delivery options. Continued peer exchange will help countries learn from emerging evidence and one another's experience.
- **Developing practical readiness and advocacy resources:** Translate the findings into adaptable assessment tools, adapting community-led monitoring (i.e. OneImpact) to include TB vaccines, policy and advocacy briefs, infographics, training resources, and communication materials for policymakers, health workers, civil society organizations, and communities. This also includes advocacy resources for demand creation, targeted to decision makers, and resources to identify and quickly address circulating misinformation.

- **Maintaining cross-program learning:** Provide regular opportunities for TB and immunization stakeholders to review emerging evidence, exchange country experience, and share approaches to planning, delivery, communication, and community engagement.
- **Building the evidence base:** Use the findings to inform implementation research and a peer-reviewed manuscript, while continuing to examine questions related to delivery, uptake, affordability, access, and equity.
- **Tracking progress:** Revisit stakeholder knowledge, perceptions, and readiness as vaccine candidates progress and global guidance evolves. This will help identify where preparation is advancing and where further support is needed.

The value of this survey will ultimately depend on whether its findings lead to action. Sustained engagement across TB and immunization communities can help countries move from interest in new TB vaccines to coordinated plans, prepared health workers, funded community participation, and equitable delivery.

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Appendix A. Supplemental Figures and Tables



Note: The survey can be made available upon request.

- Appendix B: Additional figures and tables

Appendix B: Additional Survey Results

TB Vaccine Readiness Survey: Sabin Vaccine Institute and Stop TB Partnership

This appendix presents detailed results from the immunization/Boost Community respondent. Percentages are based on respondents who answered each question, so denominators vary. For multiple-response questions, percentages may exceed 100%.

Immunization Respondents Tables & Figures A1-A14

Table A1. Characteristics of immunization/Boost Community respondents

Characteristic	Category	Number	Percent
Primary setting	Urban	155	71.10%
Primary setting	Rural	43	19.72%
Primary setting	Peri-urban	20	9.17%
System level	Facility, clinic, or mobile	69	31.65%
System level	Subnational, district, or provincial	64	29.36%
System level	National or federal	44	20.18%
System level	Regional or multi-country	8	3.67%
System level	Global	6	2.75%
System level	Not applicable	27	12.39%
Gender	Male	117	53.67%
Gender	Female	97	44.50%
Gender	Non-binary	1	0.46%
Gender	Prefer not to say	3	1.38%
Age	18-24 years	18	8.26%
Age	25-34 years	37	16.97%
Age	35-49 years	103	47.25%
Age	50+ years	60	27.52%

Source: TB Vaccine Readiness Survey, 2026. n=218.

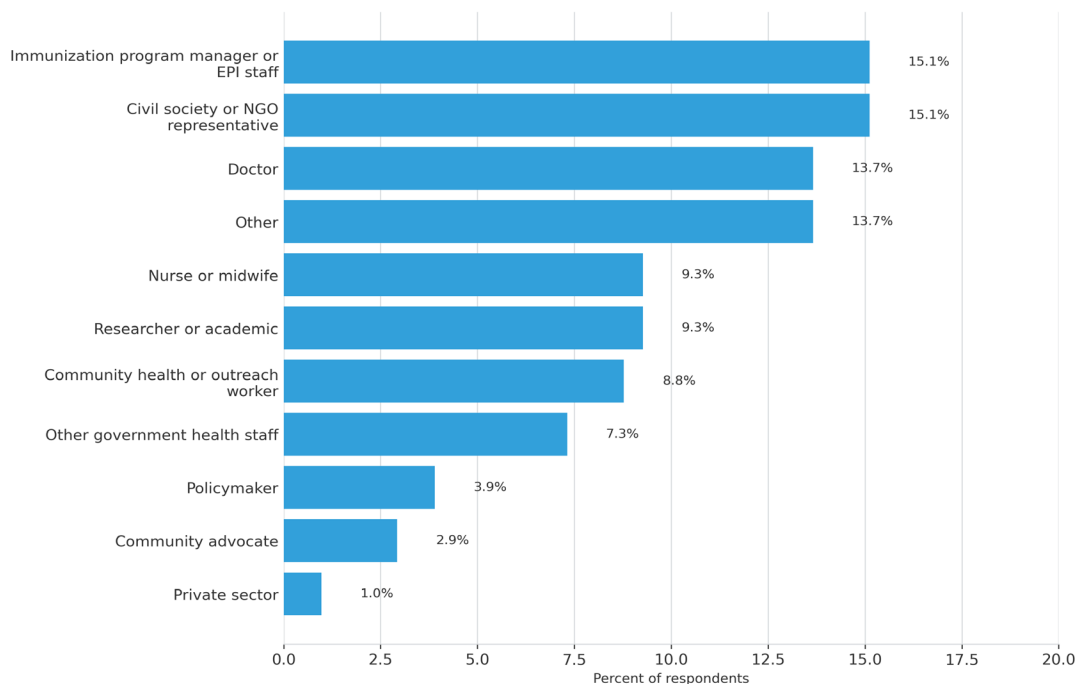
Table A2. Question-level response summary

Question	Topic	Answered	Skipped
Q31	Profession	205	13
Q32	Collaboration frequency	205	13
Q34	Awareness of vaccines in development	200	18
Q35	Knowledge of new TB vaccines	200	18
Q36	Sources of information	200	18
Q37	Access to clear information	197	21
Q38	Community understanding	197	21
Q39	Beliefs about new vaccines	176	42
Q40	Likelihood of recommending uptake	176	42
Q41	Acceptance factors	176	42
Q42	Community concerns	176	42
Q43	Local system preparedness	173	45
Q44	Preferred provider	173	45
Q45	Feasibility of integration	173	45
Q46	Rollout barriers	173	45
Q47	Vaccination tracking systems	173	45
Q48	Guidance received	173	45
Q49	Support needed for delivery	173	45
Q50	NITAG preparedness	173	45
Q51	Potential policy delays	173	45
Q52	Community organization involvement	170	48
Q53	Support communities need	170	48
Q54	Program coordination	170	48
Q55	Primary delivery responsibility	163	55
Q56	Ways to improve uptake	163	55

Source: TB Vaccine Readiness Survey, 2026.

Figure A1. Professional roles

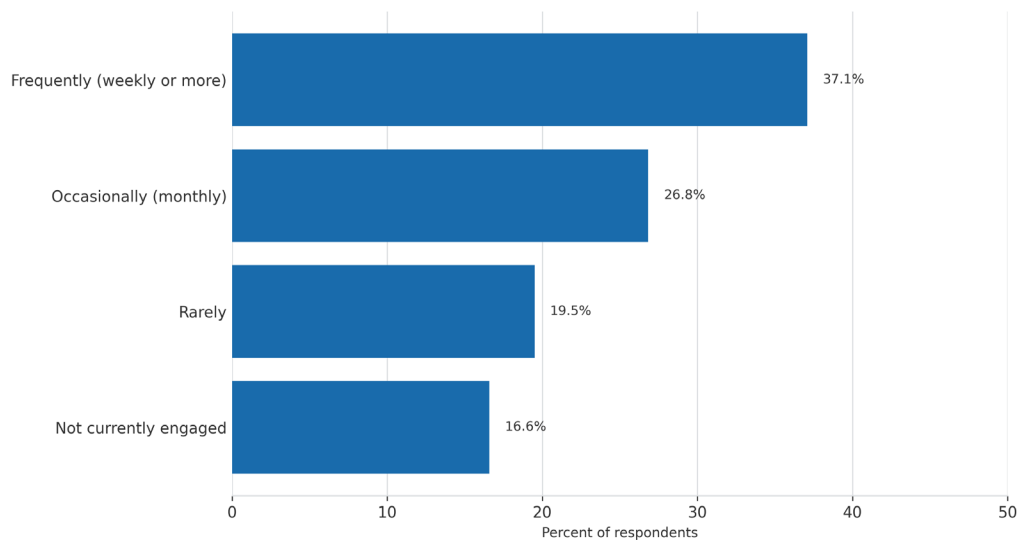
Immunization respondents represented program, clinical, research, government, and civil society roles



Source: TB Vaccine Readiness Survey, 2026. n=205.

Figure A2. Frequency of collaboration with TB professionals

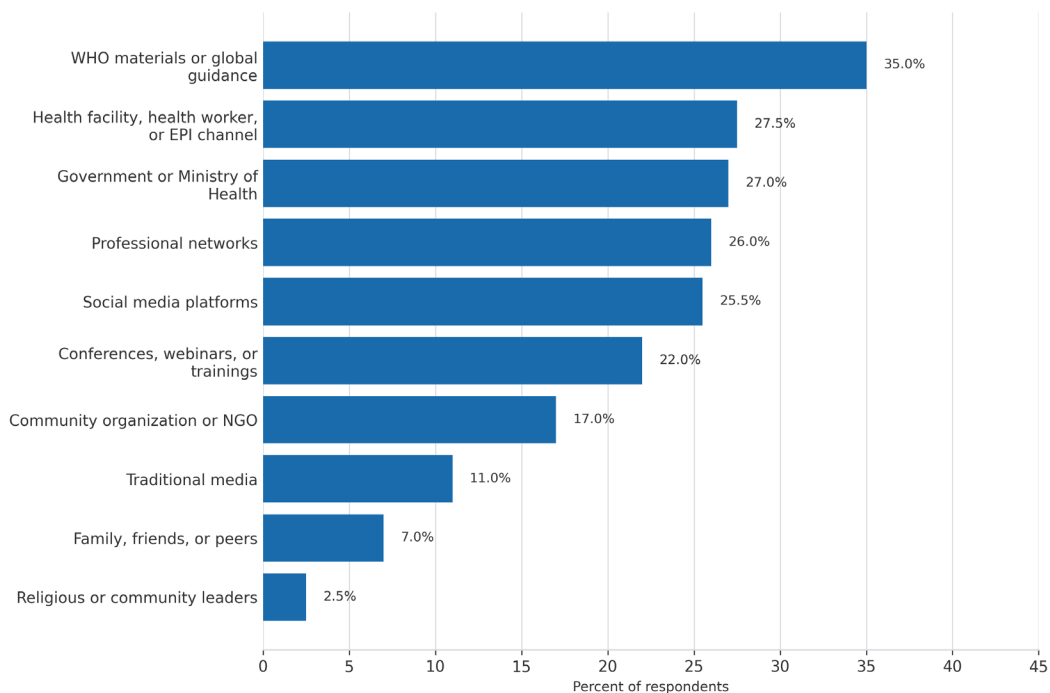
Nearly two-thirds reported collaborating frequently or occasionally



Source: TB Vaccine Readiness Survey, 2026. n=205.

Figure A3. Sources of information about new TB vaccines

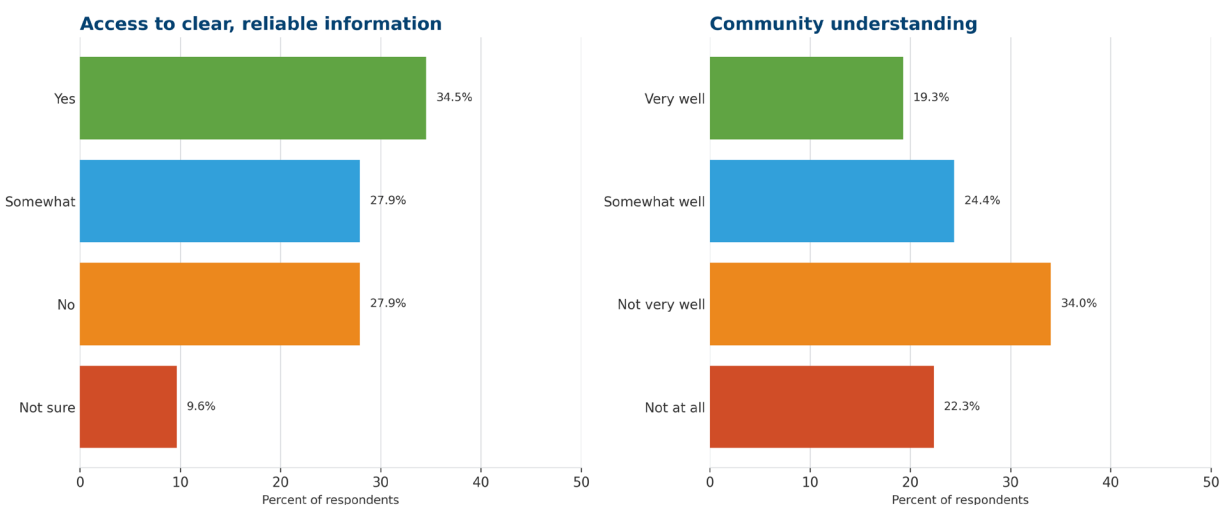
Global guidance was the most frequently selected source



Source: TB Vaccine Readiness Survey, 2026. n=200. Respondents could select more than one option; percentages may exceed 100%.

Figure A4. Access to information and community understanding

Respondents reported gaps in both personal access and community-level understanding



Source: TB Vaccine Readiness Survey, 2026. n=197 for each question.

Figure A5. Beliefs about new TB vaccines

Agreement was highest for the importance of vaccination and willingness to recommend it

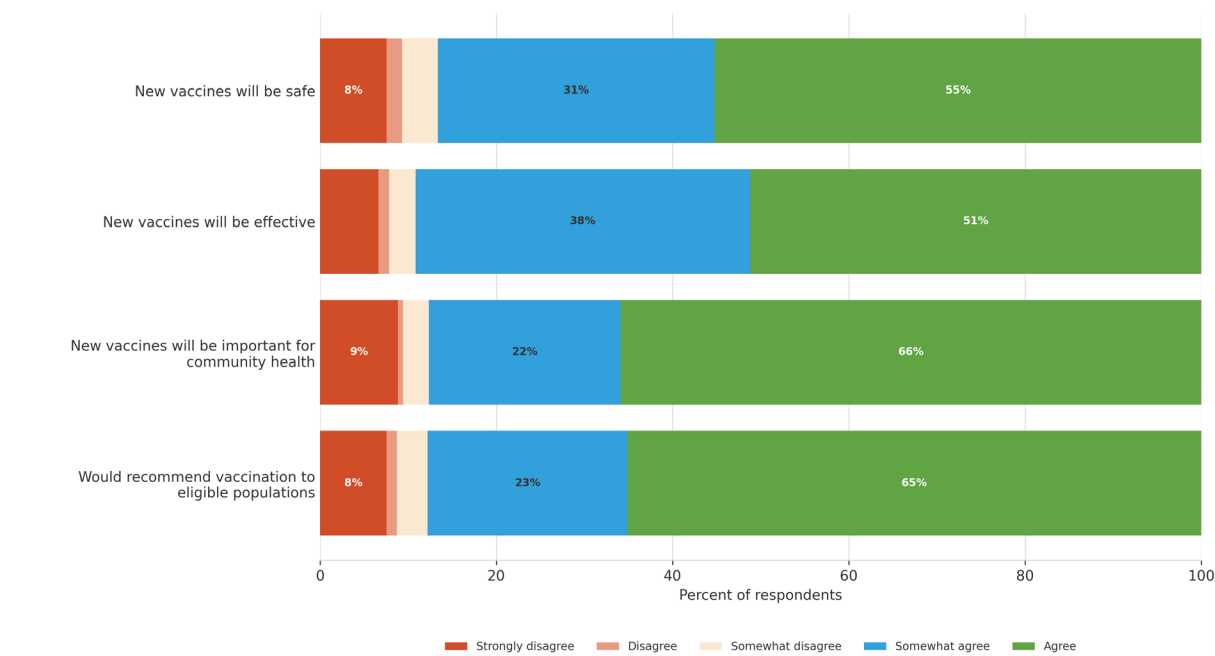


Figure A6. Likelihood of recommending or supporting uptake

More than two-thirds said they would be very likely to recommend or support uptake

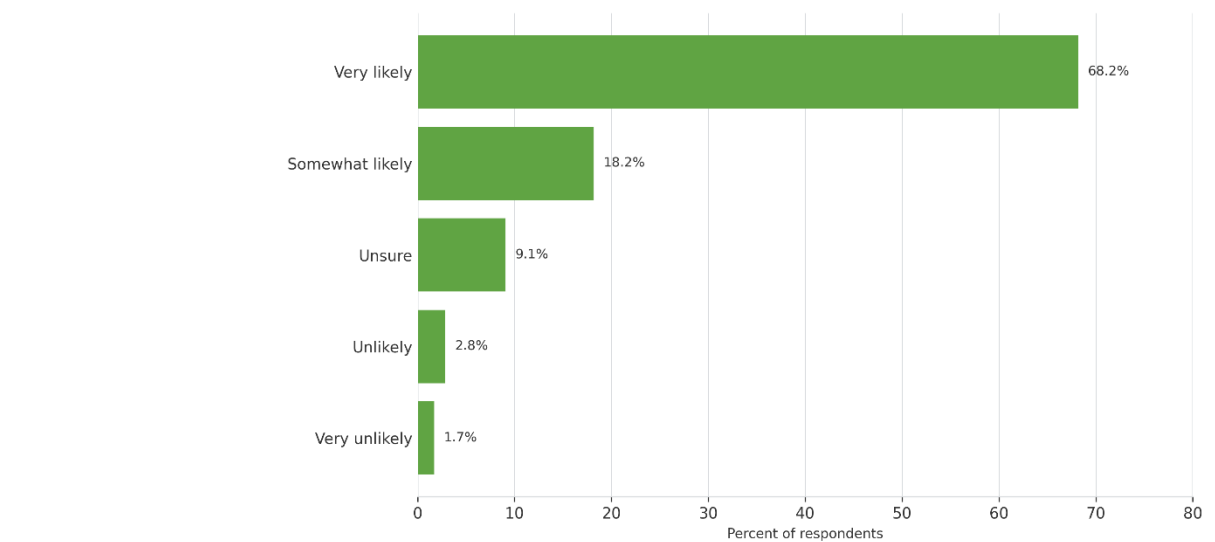
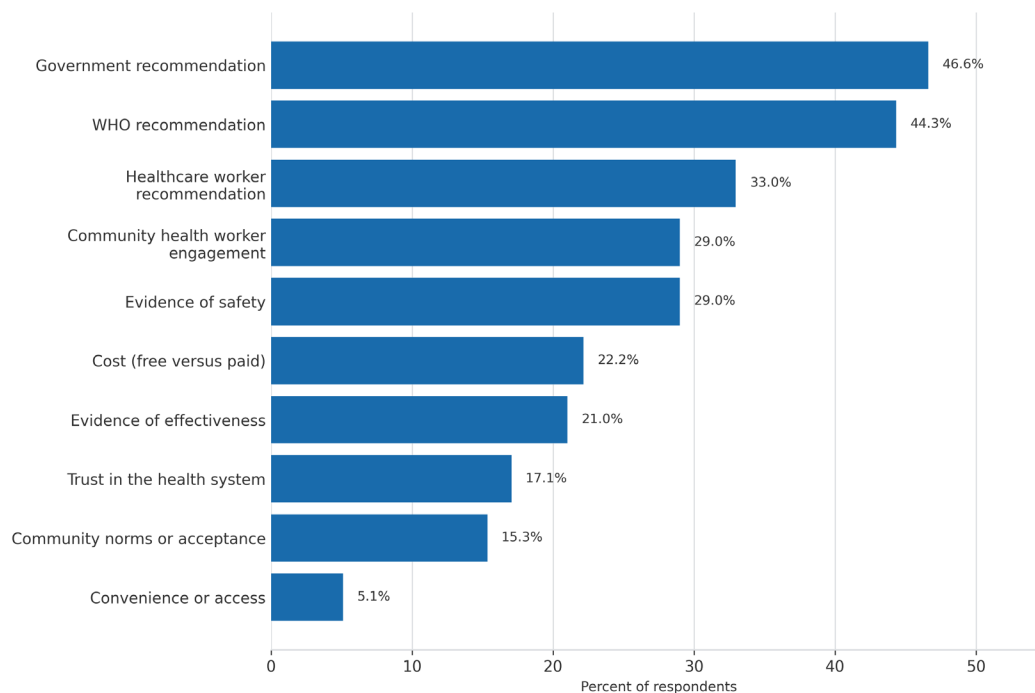


Figure A7. Factors influencing acceptance

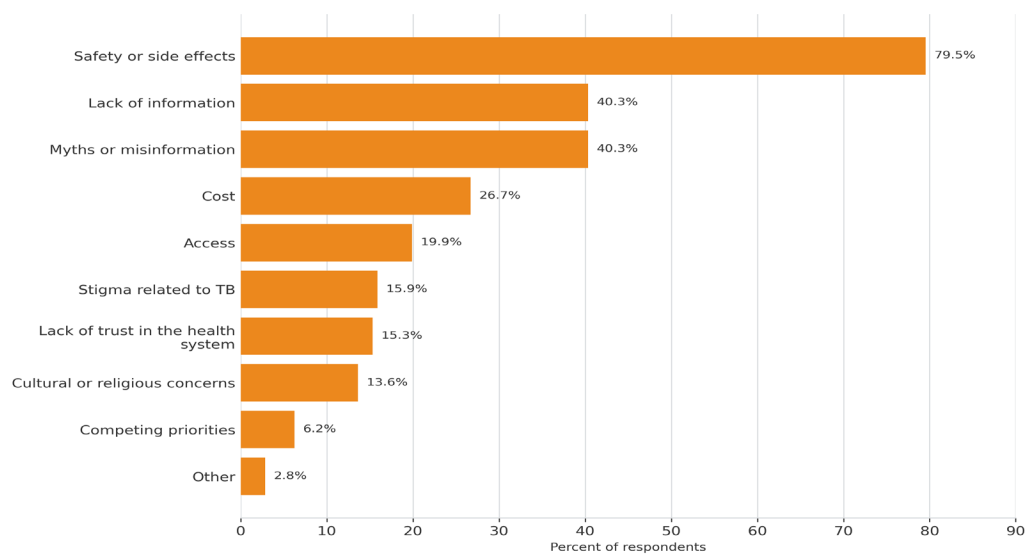
Recommendations from government, WHO, and health workers ranked highest



Source: TB Vaccine Readiness Survey, 2026. n=176. Respondents could select more than one option; percentages may exceed 100%.

Figure A8. Main community concerns

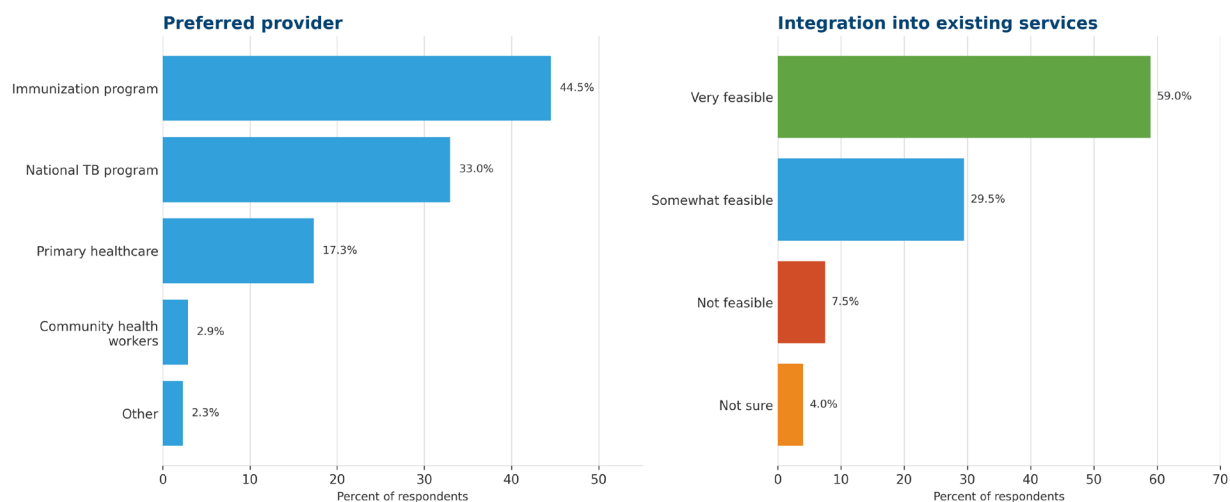
Safety and side effects were selected by four in five respondents



Source: TB Vaccine Readiness Survey, 2026. n=176. Respondents could select more than one option; percentages may exceed 100%.

Figure A9. Preferred delivery platforms and feasibility of integration

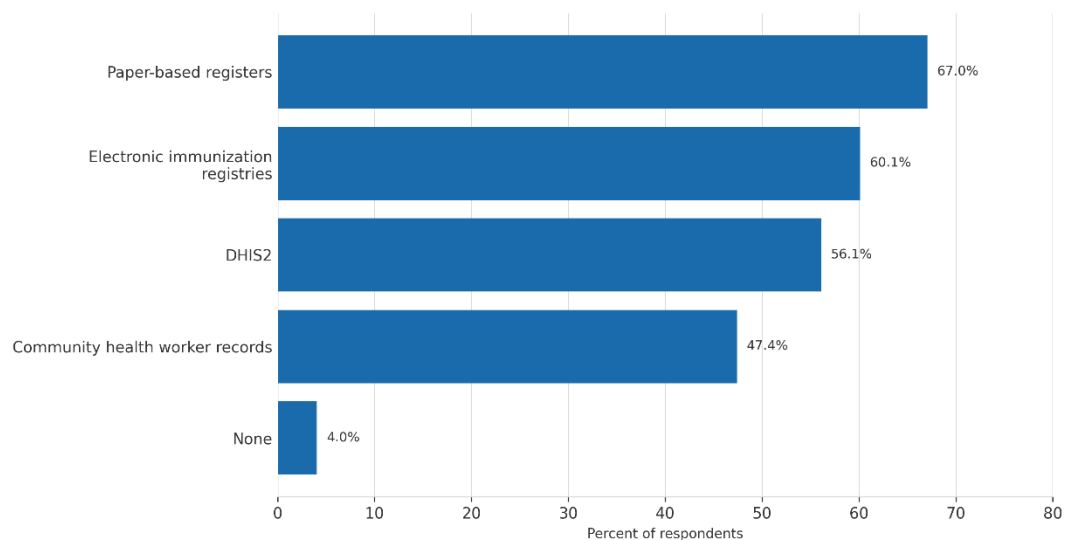
Most respondents favored immunization-led delivery and viewed integration as feasible



Source: TB Vaccine Readiness Survey, 2026. n=173 for each question.

Figure A10. Systems used to track vaccination status

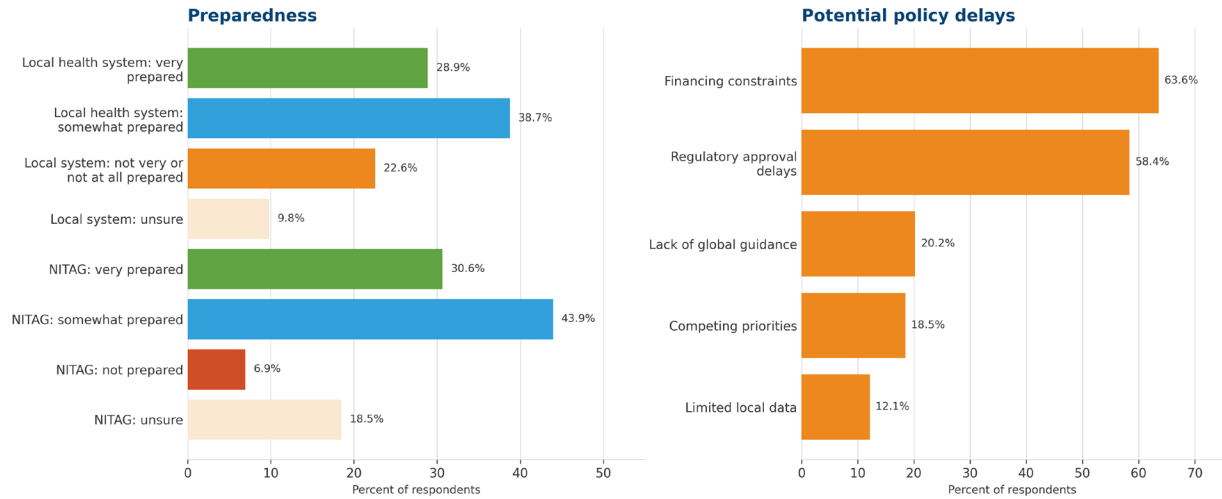
Paper registers, electronic registries, and DHIS2 often operate alongside one another



Source: TB Vaccine Readiness Survey, 2026. n=173. Respondents could select more than one option; percentages may exceed 100%.

Figure A11. Health-system and policy readiness

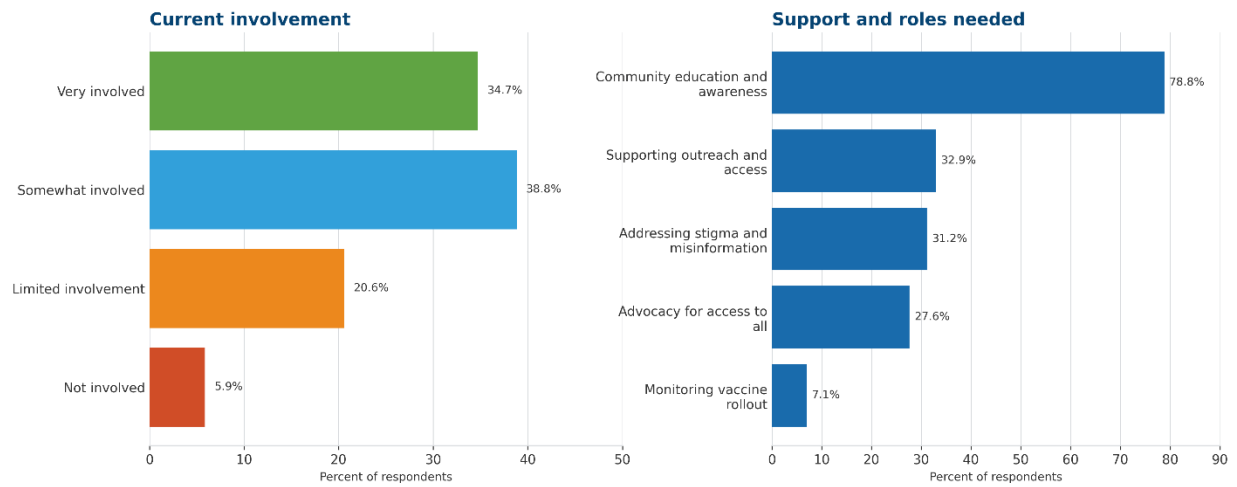
Perceived preparedness was moderate, while financing was the leading expected policy delay



Source: TB Vaccine Readiness Survey, 2026. n=173. Policy-delay question allowed up to two selections.

Figure A12. Community organization involvement and support needs

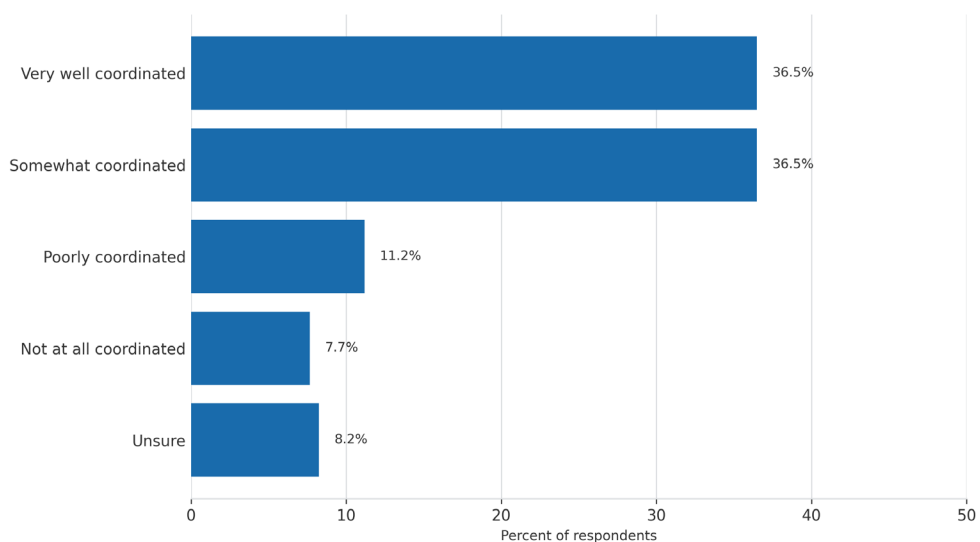
Existing involvement is substantial, with education and awareness the leading need



Source: TB Vaccine Readiness Survey, 2026. n=170. Support question allowed up to two selections.

Figure A13. Coordination between TB and immunization programs

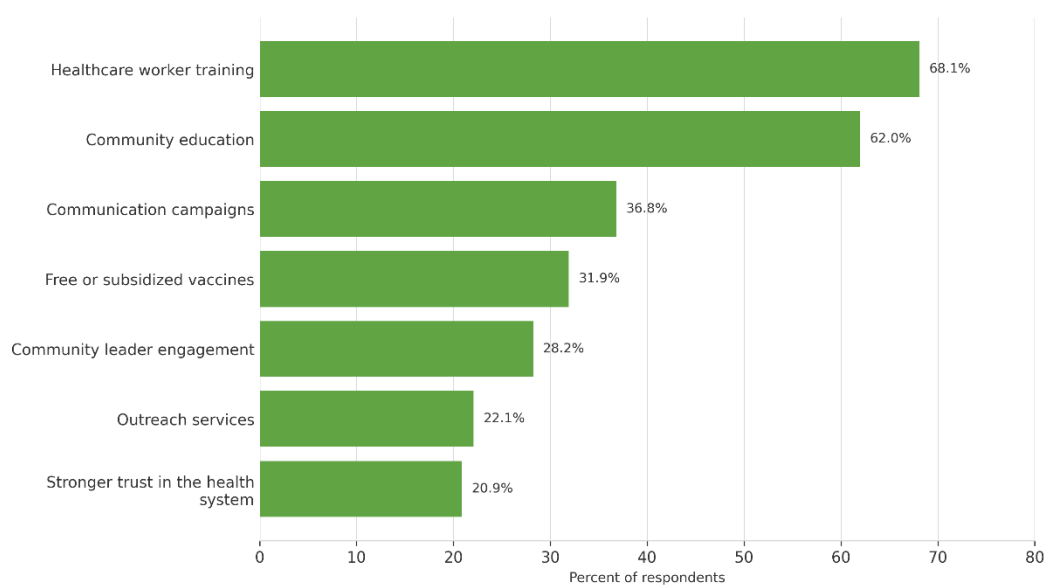
Nearly three-quarters described coordination as very good or somewhat good



Source: TB Vaccine Readiness Survey, 2026. n=170.

Figure A14. Approaches to improve TB vaccine uptake

Training and community education were the two most frequently selected approaches



Source: TB Vaccine Readiness Survey, 2026. n=163. Respondents could select more than one option; percentages may exceed 100%.

TB Community Respondents Tables & Figures B1-B15

This appendix presents detailed results from the TB community respondent module. Percentages are based on respondents who answered each question, so denominators vary. For multiple-response questions, percentages may exceed 100%.

Table B1. TB community respondent roles

Role	Number	Percent
Civil society or community-based organization representative	388	31.83%
TB survivor	206	16.90%
Community health worker or outreach worker	180	14.77%
Civil society or advocate	112	9.19%
Healthcare worker, doctor	102	8.37%
Person affected by TB, currently on treatment	71	5.82%
Healthcare worker, nurse or midwife	56	4.59%
Family member or caregiver of someone with TB	51	4.18%
Researcher or academic	43	3.53%
Government or policymaker	10	0.82%

Source: TB Vaccine Readiness Survey, 2026. n=1,219.

Table B2. Closed-ended question response summary

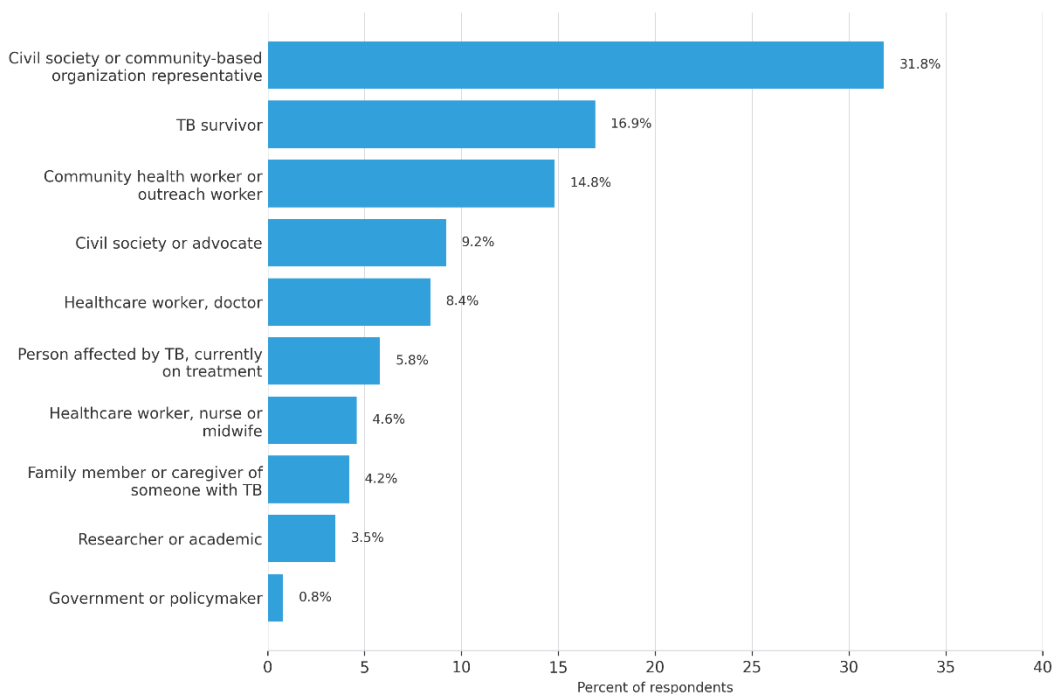
Question	Topic	Answered	Skipped
Q7	Respondent role	1,219	0
Q8	Frequency of accessing TB services	1,219	0
Q9	Awareness of vaccines in development	1,177	42
Q10	Knowledge of new TB vaccines	1,177	42
Q11	Sources of information	1,177	42
Q12	Access to clear information	1,133	86
Q13	Trust in information sources	1,133	86
Q14	Community understanding	1,133	86
Q15	Beliefs about new vaccines	992 to 1,040	179 to 227
Q16	Likelihood of accepting or recommending	1,058	161

Question	Topic	Answered	Skipped
Q17	Acceptance factors	1,058	161
Q18	Community concerns	1,058	161
Q19	Local system preparedness	1,031	188
Q20	Rollout barriers and risks	1,031	188
Q21	Training received	1,017	202
Q22	Confidence explaining new vaccines	1,017	202
Q23	Support needed for delivery	1,017	202
Q24	Community organization involvement	979	240
Q25	Role of community and civil society	979	240
Q27	Preferred vaccine provider	947	272
Q28	Factors to improve uptake	947	272

Source: TB Vaccine Readiness Survey, 2026. Open-ended questions are not included in this response summary.

Figure B1. TB community respondent roles

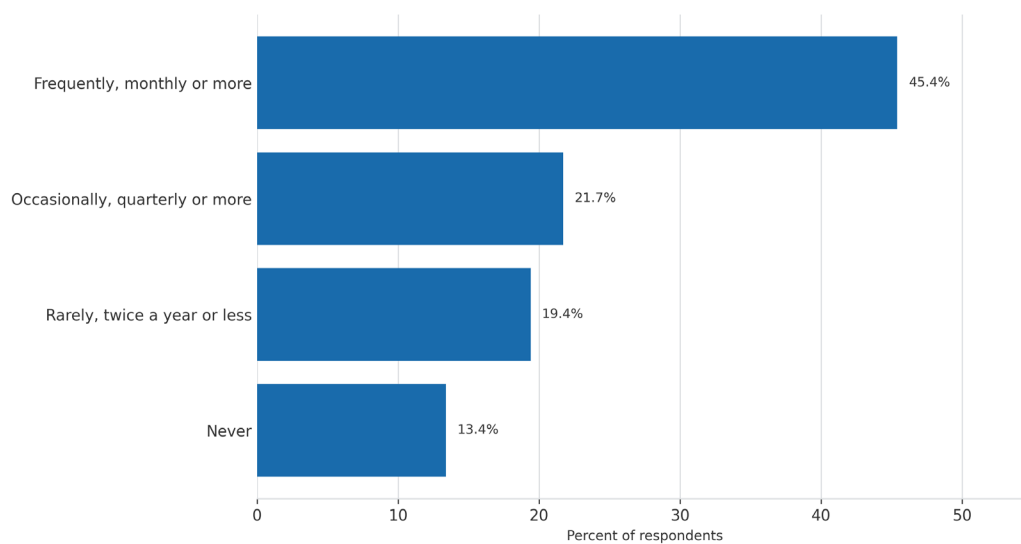
Respondents included civil society representatives, survivors, health workers, advocates, and affected people



Source: TB Vaccine Readiness Survey, 2026. n=1219.

Figure B2. Frequency of accessing TB services

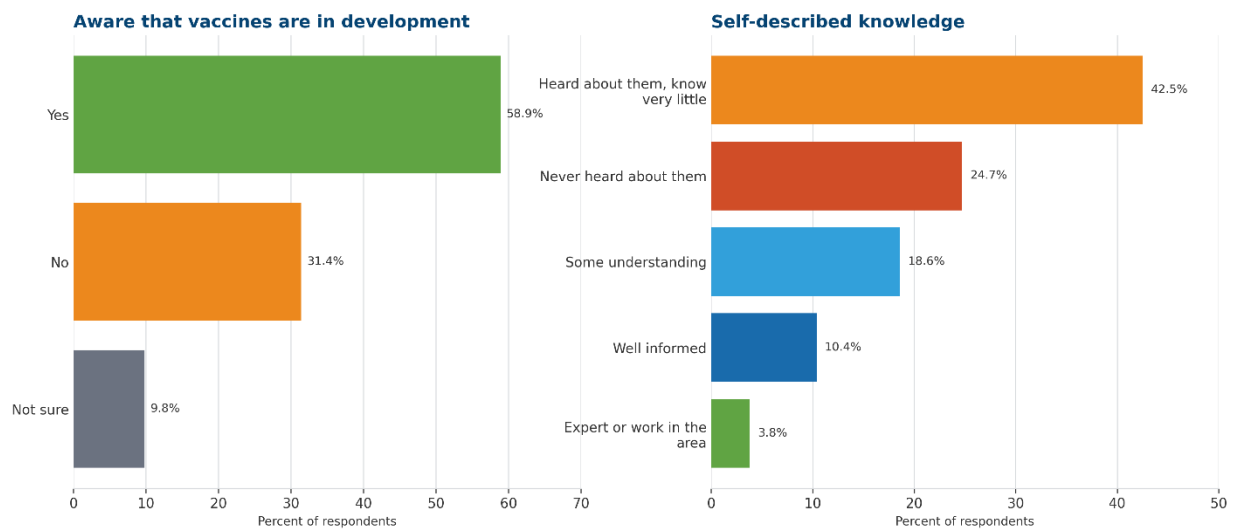
Nearly half of respondents accessed screening, prevention, or treatment services monthly or more often



Source: TB Vaccine Readiness Survey, 2026. n=1219.

Figure B3. Awareness and knowledge of new TB vaccines

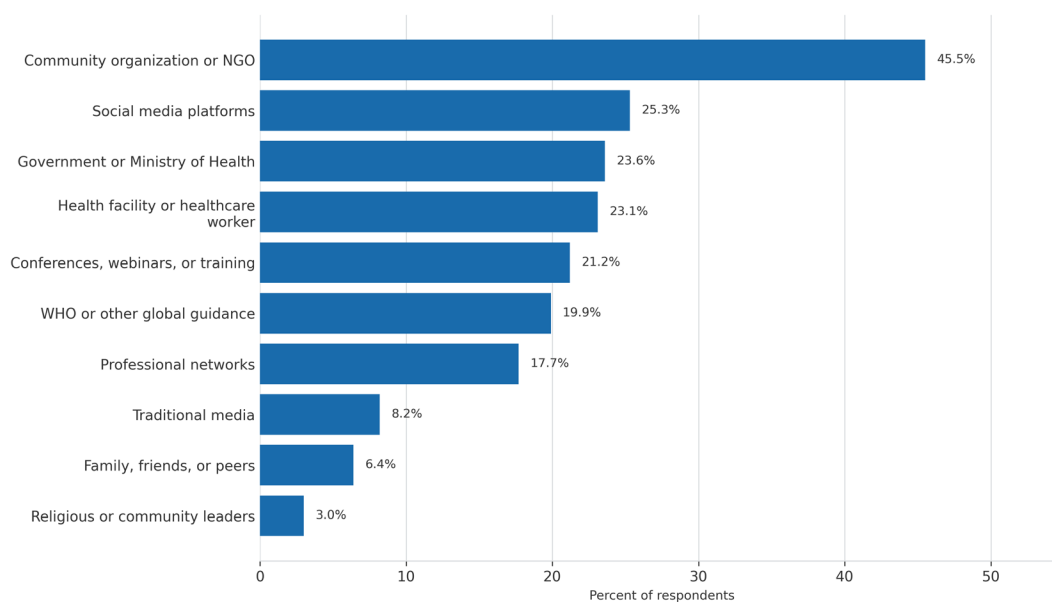
Awareness was higher than detailed knowledge



Source: TB Vaccine Readiness Survey, 2026. n=1,177 for each question.

Figure B4. Information sources about new TB vaccines

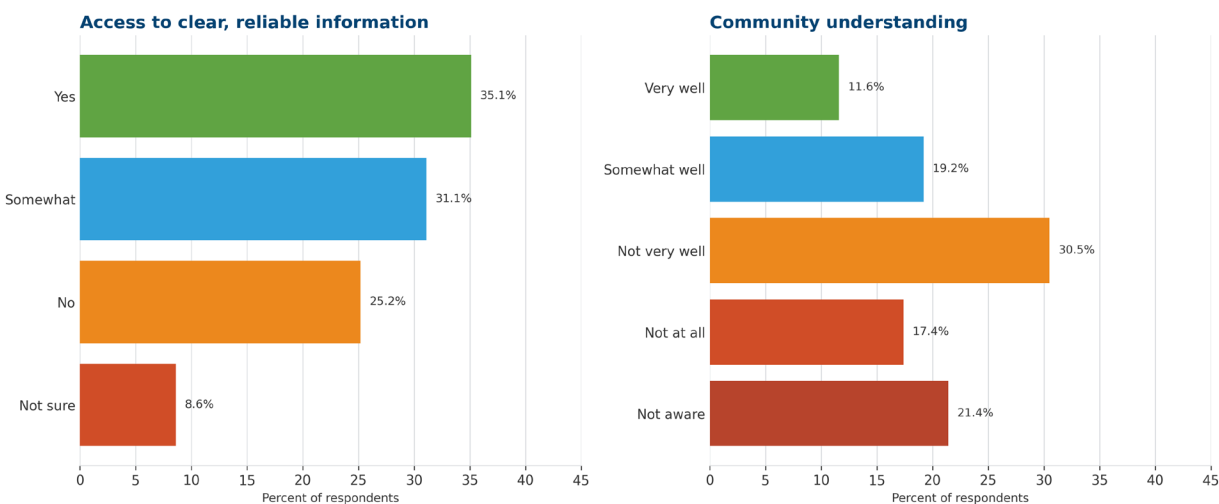
Community organizations were the most frequently selected source, while most respondents selected only one source



Source: TB Vaccine Readiness Survey, 2026. n=1,177. 62.4% selected one information source. Respondents could select more than one option; percentages may exceed 100%.

Figure B5. Access to information and community understanding

Respondents reported gaps in both personal access to information and community-level understanding



Source: TB Vaccine Readiness Survey, 2026. n=1,133 for each question.

Figure B6. Trust in sources of information

WHO materials received the highest level of trust

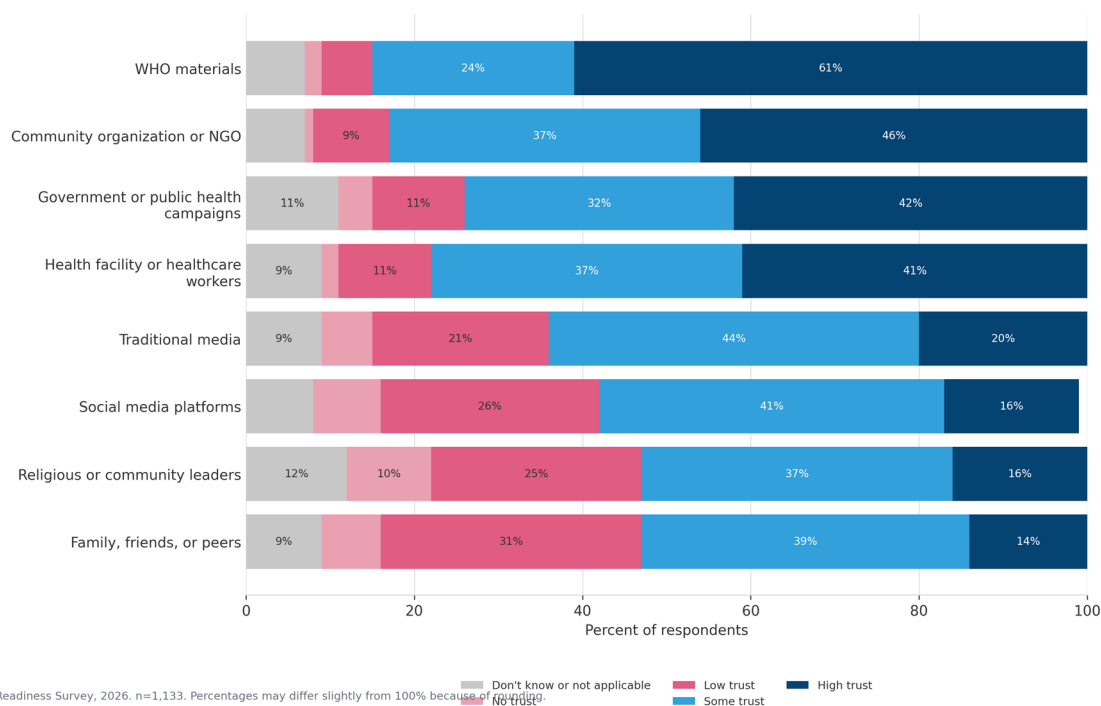


Figure B7. Beliefs about new TB vaccines

Most respondents agreed that new TB vaccines would be safe, effective, important, and worth recommending

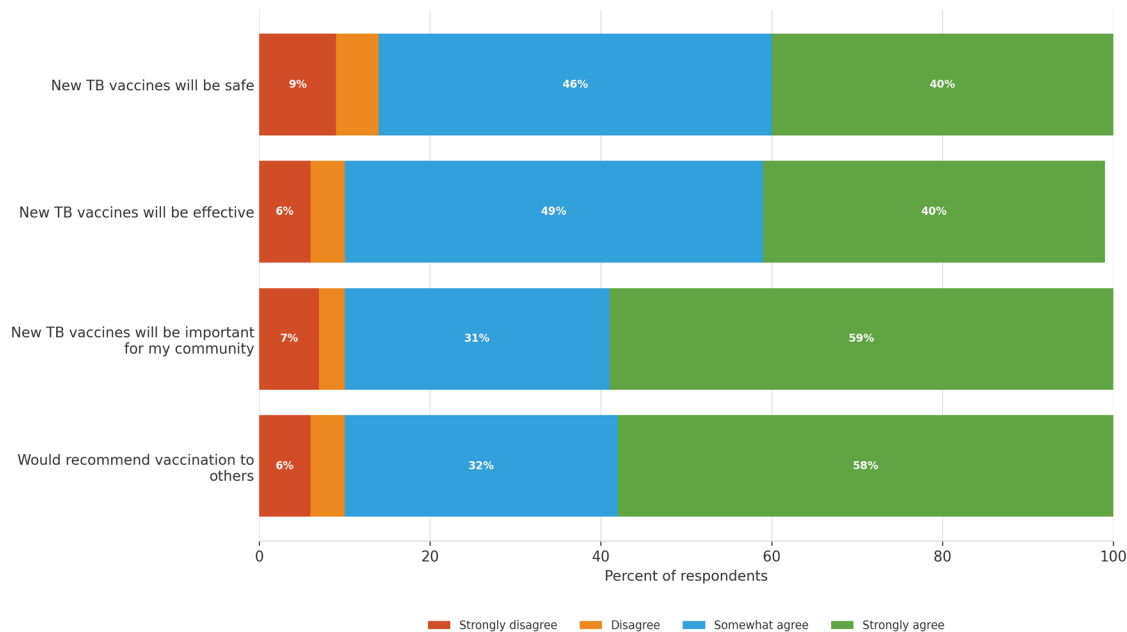
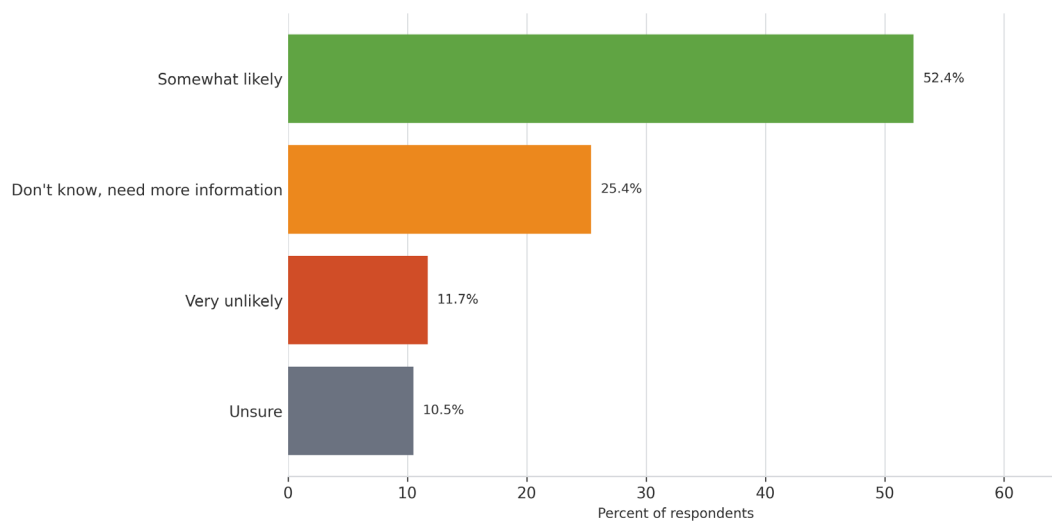


Figure B8. Likelihood of accepting or recommending a new TB vaccine

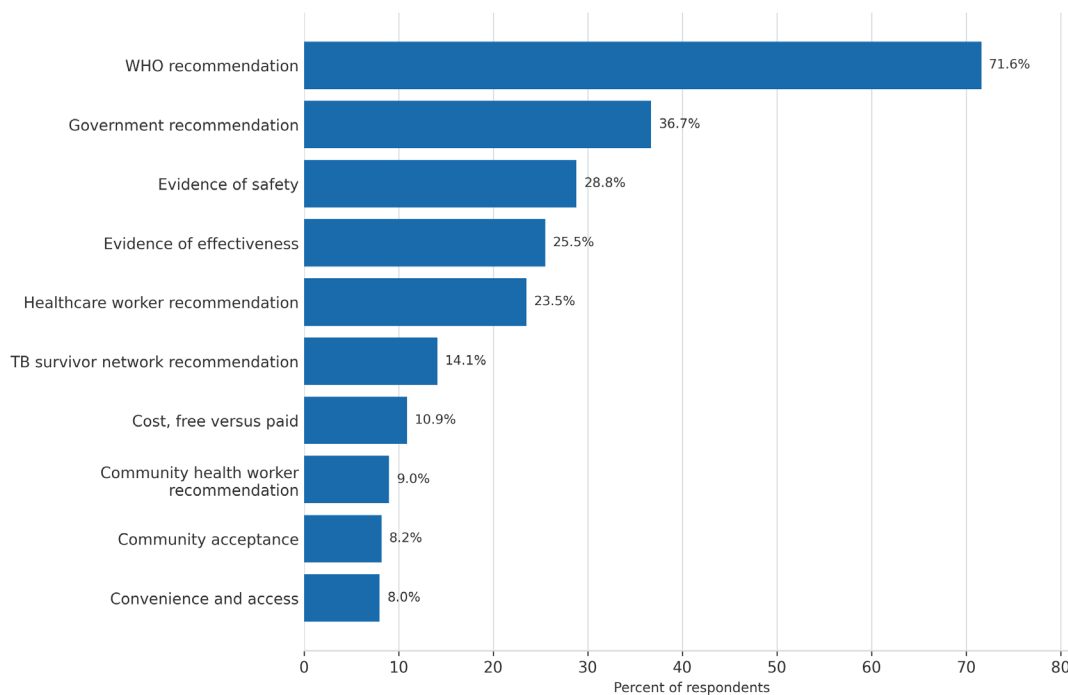
One-quarter said they could not answer without more information



Source: TB Vaccine Readiness Survey, 2026. n=1,058.

Figure B9. Factors influencing acceptance

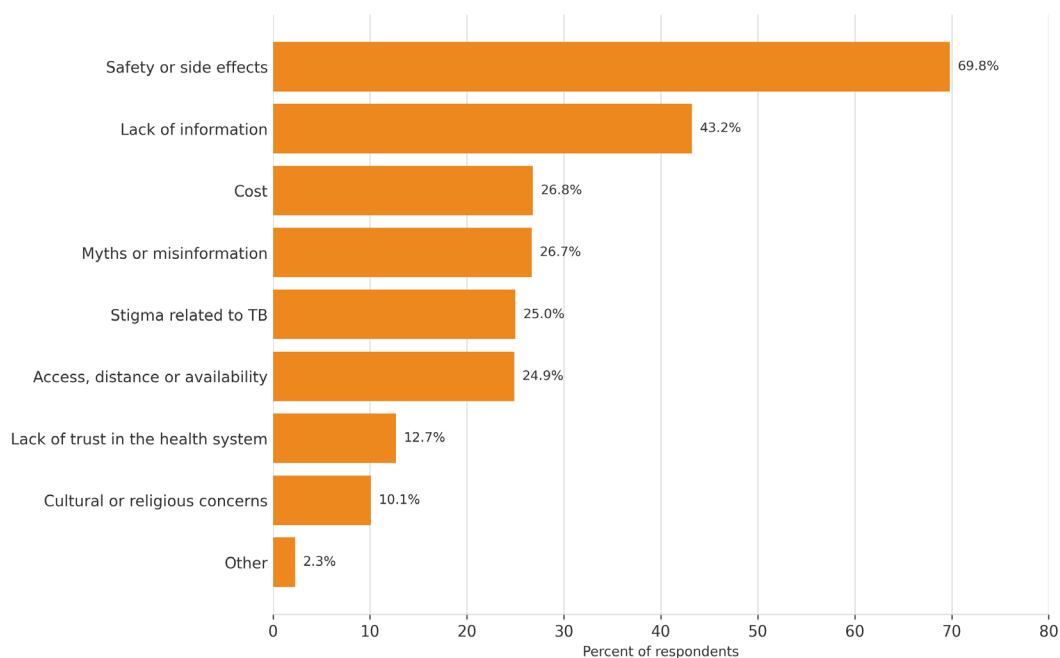
WHO recommendation was the most frequently selected influence



Source: TB Vaccine Readiness Survey, 2026. n=1058. Respondents could select more than one option; percentages may exceed 100%.

Figure B10. Main community concerns

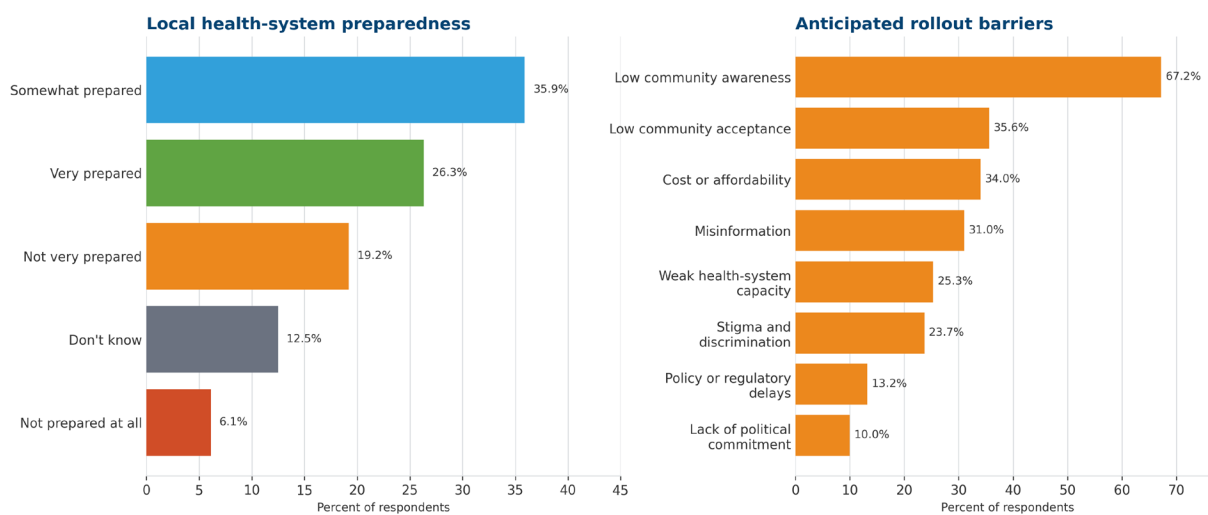
Safety, side effects, and limited information were the leading concerns



Source: TB Vaccine Readiness Survey, 2026. n=1058. Respondents could select more than one option; percentages may exceed 100%.

Figure B11. Health-system preparedness and rollout barriers

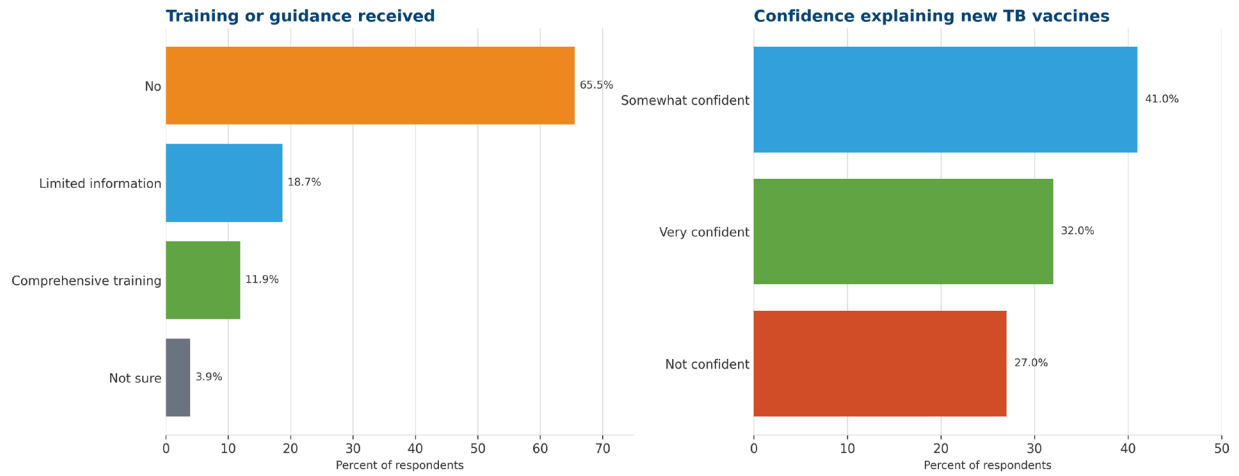
Respondents saw moderate local readiness but substantial community and affordability barriers



Source: TB Vaccine Readiness Survey, 2026. n=1,031 for each question. Barrier question allowed up to three selections.

Figure B12. Training and confidence explaining new TB vaccines

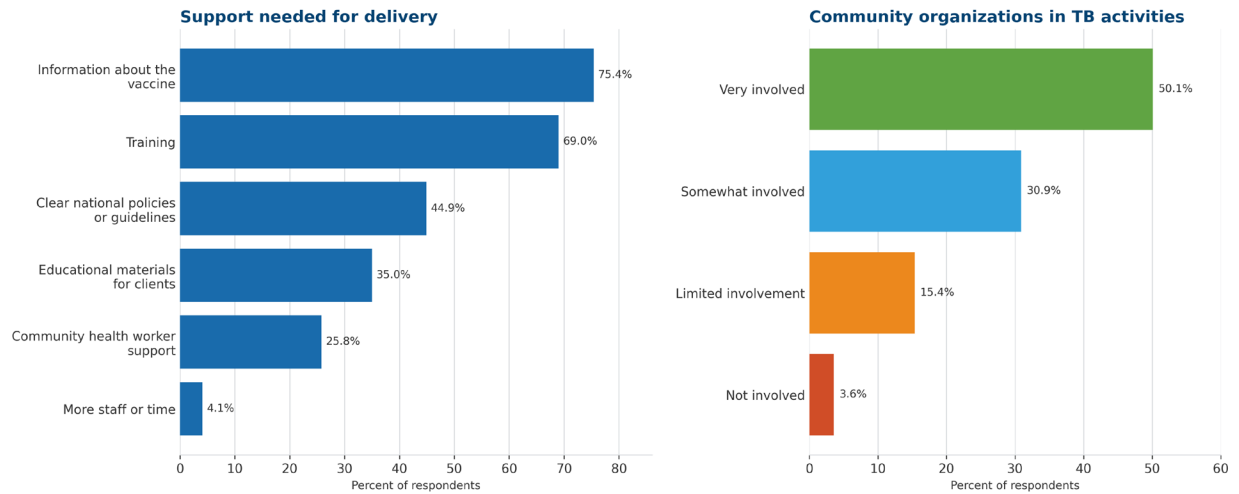
Most respondents had received no training, while nearly three-quarters felt at least somewhat confident explaining the vaccines



Source: TB Vaccine Readiness Survey, 2026. n=1,017 for each question.

Figure B13. Support needed for delivery and current community involvement

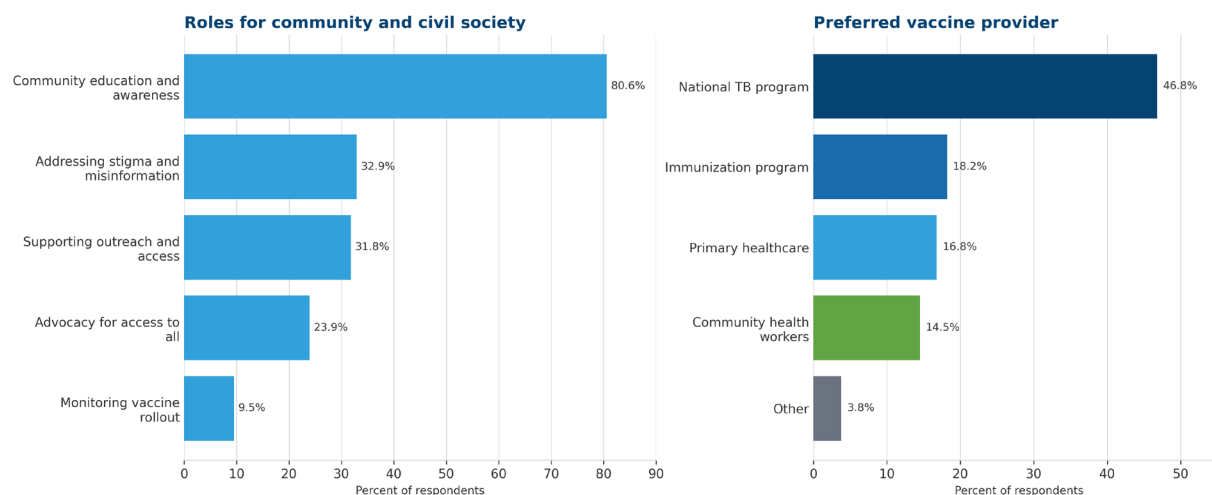
Respondents prioritized vaccine information and training, while most community organizations were already involved in TB activities



Source: TB Vaccine Readiness Survey, 2026. Support needs: n=1,017, up to three selections. Community involvement: n=979.

Figure B14. Community roles and preferred vaccine provider

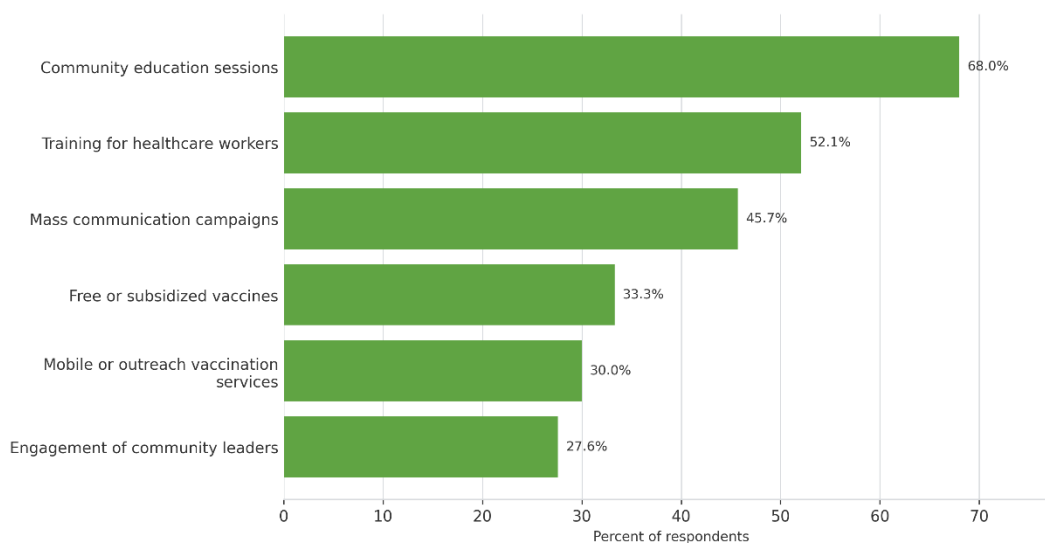
Respondents placed community education first and most often identified national TB programs as the preferred provider



Source: TB Vaccine Readiness Survey, 2026. Community roles: n=979, up to two selections. Preferred provider: n=947.

Figure B15. Approaches to improve TB vaccine uptake

Community education and healthcare worker training were the most frequently selected approaches



Source: TB Vaccine Readiness Survey, 2026. n=947. Respondents could select more than one option; percentages may exceed 100%.