



RePORT International Newsletter

March 2026

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YES WE CAN END TB

World TB Day 2026: Leadership Perspectives on Global Collaboration

Director's Outlook

World TB Day 2026 carries particular significance as we recognize the expanding armamentarium of tools generated by global TB research in support of the goal to end tuberculosis. Within this landscape, RePORT International has tackled some of the most consequential and complex remaining challenges: developing innovative strategies to identify individuals with tuberculosis who are at heightened risk of poor treatment outcomes—including long-term pulmonary impairment—and to detect those infected with *Mycobacterium tuberculosis* who harbor early, subclinical, or asymptomatic disease and remain at risk of progression to overt TB. Developing precise tools to identify and intervene in these groups is not optional—it is central to interrupting transmission, reducing disability, and preventing post-TB sequelae. The vision, focus and commitment of RePORT International is to generate, validate, and help to implement them.

— Jerrold Ellner, Chair, RICC

We spoke with leading researchers from the RePORT International network about what gives them hope and what action is critical right now.

Vision for the Future: The Tools are Here

Hope for ending TB stems from a simple fact: we now have the capability to diagnose tuberculosis earlier, treat it more effectively, and use data strategically to direct resources where they matter most. The challenge is not scientific—it is one of will and implementation.

Dr. Bruno Andrade of RePORT Brazil, captures this reality:

"I'm hopeful because we now have the tools to find TB earlier, treat it more effectively, and use data to target resources where transmission and mortality are highest—if we choose to deploy them at scale. The most critical action now is sustained, country-led investment in integrated "test–treat–prevent" programs (including active case finding and preventive therapy) with strong accountability and real-time measurement of impact."

Dr. Amita Gupta of RePORT India, grounds this optimism in an immediate imperative: making the most of what we already have, while investing in what comes next.

"We need to use the tools we already have and optimize their use in a cost-effective manner. We need to scale up TB preventive therapy in a big way and invest in active case finding. At the same time, we need biomedical discovery to develop new, sensitive, and inexpensive diagnostics and new vaccines."

Dr. Gerhard Walzl of RePORT South Africa, echoes this emphasis on concrete advances, identifying the specific gaps that must be closed:

"Actions needed include significant advances in three main tools to combat TB: effective vaccines, shorter treatment regimens effective against both drug-sensitive and drug-resistant TB, and better diagnostics. In addition, improved political will from governments and TB control programs across the TB prevalence and resource availability spectrum are needed."

Dr. Valeria Rolla of RePORT Brazil, adds an important dimension often underweighted in TB strategy: addressing latent TB infection (LTBI) and simplifying treatment for patients.

"Better and cheaper diagnosis of latent TB infection is essential to control transmission. And regimens with fixed-dose combinations make treatments easier for patients—these matter enormously for adherence and outcomes."

Together, these perspectives show us what ending TB requires: scientific breakthroughs in vaccines, diagnostics, and treatment; a renewed commitment to tackling LTBI before it progresses to active disease; and the political will to deploy these advances equitably at scale. The vision is not just a scientific breakthrough, but equitable, accountable implementation—with tools that are accessible to every patient who needs them.

Power of Partnerships: From Data to Impact

Cross-network collaboration amplifies the impact of individual researchers and institutions. But not all partnerships are equally effective. The most impactful partnerships share trust grounded in clear governance, alignment on shared scientific goals, and a commitment to harmonizing data, samples, and methods so that findings can move swiftly from research settings into policy and practice.

Dr. Andrade emphasizes this link between rigorous science and real-world impact:

"Cross-network partnerships work best when they are anchored in trust, clear governance, and a shared scientific agenda—so data, samples, and methods are harmonized and decisions are transparent. The highest-impact collaborations align rigorous science with implementation realities, enabling findings to move quickly from cohorts and labs into policy and practice."

Dr. Rajita Bhavaraju, Director of Global Operations, RePORT International Coordinating Center, underscores the power of diversity in these networks:

"We can only accomplish better scientific breakthroughs by combining data, brainpower, and resources. Consortia like RePORT International have the power of global diversity, which can only bring more and better ideas to the table with ways to bring them to fruition."

Dr. Gupta identifies two elements she has found essential in partnerships:

“What makes cross-network partnerships effective is real, substantive collaboration between countries is when there are suitable partnerships between countries and engagement of young investigators.”

Dr. Walzl highlights a structural reason why cross-network approaches are indispensable in TB research: the rarity of the outcomes that matter most.

“Cross-network partnerships allow complementary skill sets, research infrastructure, epidemiological settings, and resources to be applied to TB research in ways that would not be possible for single-platform operations. Despite the significant impact of progression to TB disease after exposure and of poor treatment outcomes on the chronic TB epidemic, these outcomes are rare enough to warrant large and operationally challenging studies that are best achieved through cross-network approaches.”

Dr. Rolla emphasizes that partnerships are also a powerful vehicle for building the next generation of TB researchers:

“Partnerships will allow sharing knowledge and investment in young investigators, increasing the skills of those who will lead TB research in the future.”

Collective Action: Centering Communities and Country Leadership

Ultimately, ending TB requires more than research excellence and cross-network coordination. It demands collective action in which communities, governments, researchers, and other stakeholders work as true partners—each with a voice, each contributing essential knowledge.

Dr. Andrade outlines the mechanisms that can transform collaboration into measurable progress:

“We strengthen country-level TB responses when communities co-design solutions, governments secure financing and remove access barriers, and researchers generate actionable evidence that directly informs program decisions. Mechanisms that link these groups—routine data sharing, joint priority-setting, and rapid evaluation cycles turn collaboration into measurable reductions in missed cases, deaths, and catastrophic costs.”

Dr. Bhavaraju stresses that effectiveness requires moving beyond top-down approaches:

“Community-members, TB survivors, caregivers, policymakers, and health personnel need to be heard when designing studies and implementing study results and funding research and medical care. Untailored interventions that don't meet in-country needs can be meaningless and wasteful. Collaborative action is key to eliminating TB.”

Dr. Gupta frames the challenge of collective action with a principle that captures its essential logic:

“The sum of the whole is greater than the sum of the parts. We need effective coordination, communication, and collaboration with governments, communities, and researchers.”

Dr. Walzl stresses that this collective vision must acknowledge the interdependence of many different fields—and resist the temptation to treat them as competitors:

“Common focus areas need to be recognized, but it should be appreciated that reaching the end goals depends on interlinked advances in multiple fields, ranging across biomedical and social domains. These should be seen as complementary to each other, rather than competing.”

Dr. Rolla draws attention to a concrete and urgent need: dedicated funding mechanisms that sustain multi-country partnerships and empower local governments to maintain their participation.

“We also need money to keep working together and designing studies that include multiple partners. In this sense, calls for proposals like those CRDF was offering were important to keep these partnerships active. It is also important that local governments understand the value of these partnerships and keep investing in RePORT.”

Implementing TB solutions is not only ethical but also practical. Interventions developed in isolation from the communities they aim to serve often fail. When TB survivors, caregivers, and frontline health workers are partners in the process, solutions are more responsive, more feasible, and more likely to succeed. And when funding mechanisms support sustained, multi-partner collaboration, that partnership can endure across the years it takes to translate science into lives saved.

As we observe World TB Day 2026, the message from leading researchers is clear: ending tuberculosis is within reach. We have the scientific knowledge, the tools, and the collaborative networks to make it happen. What is required now is sustained commitment to country-led partnerships, genuine investment in communities and health systems, and unwavering focus on measurable impact. When people come first, countries lead their own responses, and diverse partners trust and support one another, the vision of a TB-free world is not just possible, it is inevitable.

LIFETIME SERVICE AWARD



Celebrating Dr. Rajita Bhavaraju

Dr. Rajita R. Bhavaraju, Director of Global Operations for the TB-RePORT International Coordinating Center at Rutgers University, has been honored with the Lifetime Service Award from the International Union Against Tuberculosis and Lung Disease (North America Region). With nearly 30 years of leadership spanning global TB research, policy, and workforce development, her impact continues to shape the field at every level.

MEETING THE MOMENT



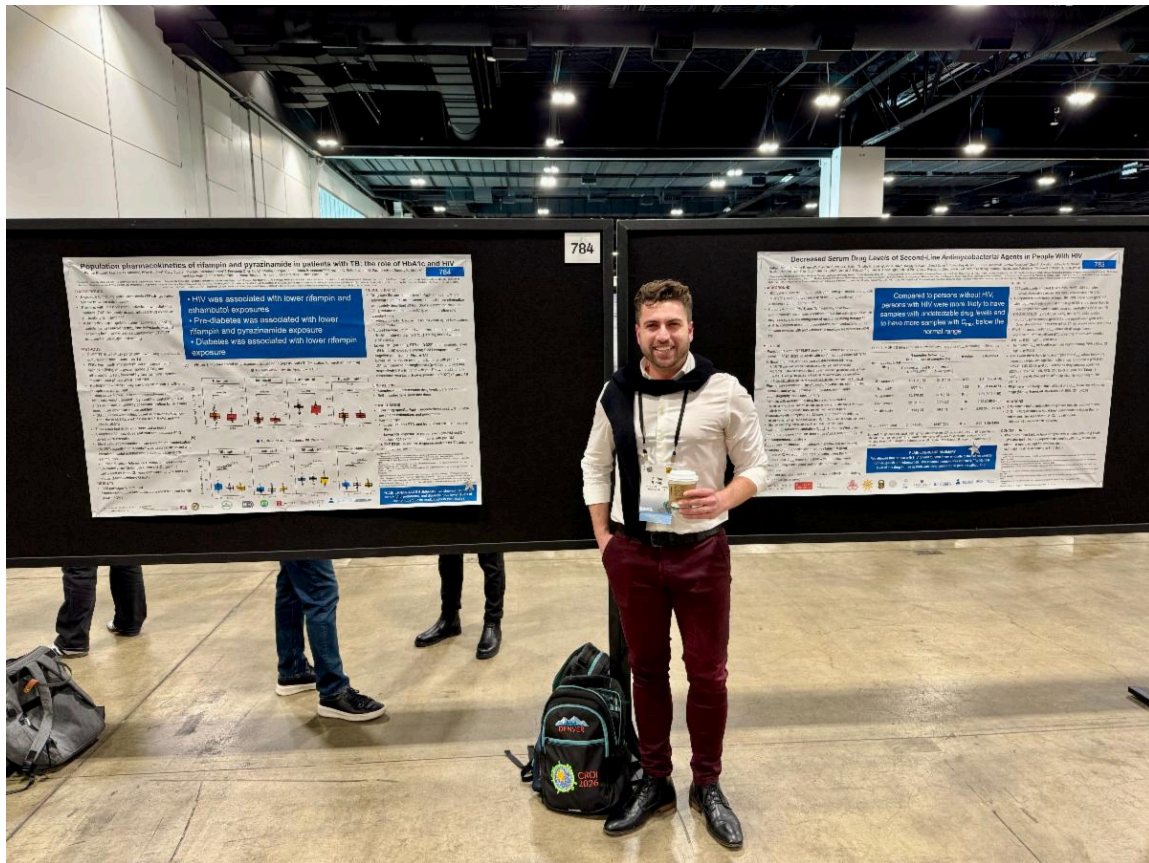
Research and Funding Advocacy for TB in 2026 and Beyond, by Erin McConnell

Erin McConnell is a Senior TB Project Associate at Treatment Action Group (TAG), based in New York. At TAG, she works with community advocates to capacitate, support, and engage communities to shape TB research, policy, and practice. Erin also focuses on health financing advocacy, with emphasis on sovereign debt as a barrier to healthy communities. Prior to joining TAG, Erin worked in drug and vaccine development for infectious diseases and served as a policy analyst focused on medicine access and justice. She holds a BA in Biochemistry and Molecular Biology from Reed College and an MPH from Boston University.

RePORT INVESTIGATORS JOIN INTERNATIONAL MEETINGS

Two important meetings for the TB research community occurred last month - the [33rd Conference on Retroviruses and Opportunistic Infections \(CROI\)](#) was held from February 22 to 25, 2026 in Denver, USA and [The Union North America Region \(NAR\) Annual TB Conference](#) was held February 25-28, 2026 in Philadelphia, USA. Both had strong showings from RePORT International investigators in various roles and topics, not just related to their work in RePORT International.

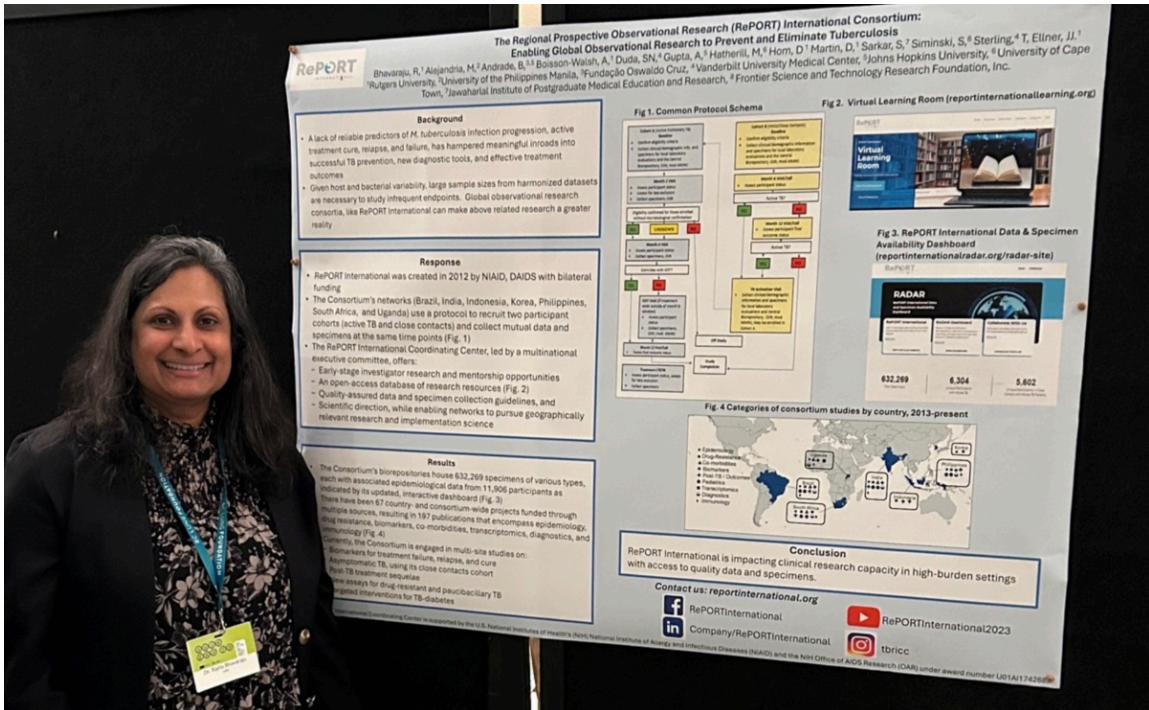
A highlight at CROI was that **Dr. Felipe Ridolfi** (Vanderbilt University Medical Center and RePORT Brazil) made 2 poster presentations: *Decreased Serum Drug Levels of Second-Line Antimycobacterial Agents in People with HIV* and *Population Pharmacokinetics of Rifampin & Pyrazinamide in Patients With TB: The Role of HbA1c & HIV*. This is the second year our RICC Post-Doctoral Fellow has been a presenter at CROI.



At the NAR Meeting, **Dr. Jonathan Golub** (Johns Hopkins University and RePORT India) played a key role as the region's President-Elect and Immediate Past Vice-President. Dr. Golub also chaired the *TB Research Advancement Centers (TRACs) and Early Career Investigator's Workshop*, a innovative way to engage junior attendees at the meeting.

There was a fascinating session on TB and nutrition in which **Dr. Pranay Sinha** (Boston University and RePORT India) presented work from India in his talk, *TB and Nutrition Roadmap*. He also acknowledged the research of **Dr. Akshay Gupte** (Boston University and RePORT India). **Dr. Samyra Cox** (Johns Hopkins University and RePORT India) presented a poster, *Estimating the prevalence to notification for TB recurrence in India*. **RePORT International** also had a poster highlighting its history, current work and future initiatives.

Finally, **Dr. Erlina Burhan** (University of Indonesia and RePORT Indonesia) represented The Union in the role as a Board Member during the NAR business meeting.



[VIEW POSTER](#)

This is small representation of the many hats RePORT investigators play outside of their institutions. We love highlighting the work you all do. Please let us know when you present, chair, or have a role at a conference or meeting by [emailing](mailto:) us.

Please remember to follow and subscribe. Don't forget to invite others, both inside and outside of RePORT International to follow our updates!



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