The Expert Committee noted that tuberculosis (TB) is a major cause of ill health and one of the top 10 causes of death worldwide. About a quarter of the world's population is infected with M. tuberculosis, with the lifetime risk of developing TB disease about 5–10% among those infected. The Committee considered that TB preventive treatment (TPT) reduces the risk of progression from TB infection to TB disease by about 60% but can be as high as 90% among certain high-risk groups. Systematic TPT is currently recommended by WHO among target populations at high risk. Further, along with the commitments from Governments and donors, the availability of shorter TPT regimens is expected to facilitate uptake TPT. The Committee noted that rifapentine 150 mg has been on the core list of the EML for TPT since 2015, as part of the preferred shorter TPT regimens of rifapentine in combination with isoniazid as a weekly dosage for three months (3HP) or a daily regimen for one month (1HP). The 300mg strength formulation of rifapentine would reduce the pill burden by half, thus significantly improving the likelihood of treatment adherence. In addition, individuals on shorter regimens were shown to be 1.5-3 times more likely to complete the treatment course, which is a significant determinant of the regimen's effectiveness in preventing active tuberculosis. The Committee considered that the overall benefit to risk ratio of the rifapentine 300mg formulation is greatly favourable for the TPT regimen. The market availability of rifapentine 300 mg is expected in late 2021. Additional suppliers of this formulation will increase supply security and competition, leading to lower prices and affordability. The Expert Committee therefore recommended the inclusion of rifapentine 300mg scored tablet formulation for the indication of TB preventive treatment on the core list of the EML and EMLc.