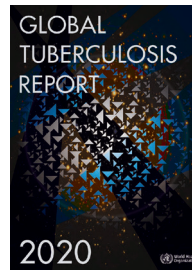


GLOBAL TUBERCULOSIS REPORT 2020



63 million lives saved since 2020

TB deaths fell by 38% in the same period



1.4 MILLION TB DEATHS

INCLUDING 208 000 TB DEATHS AMONG PEOPLE WITH HIV

TB is the top infectious killer worldwide

TB is also the leading cause of deaths among people with HIV and a major cause of antimicrobial resistance related deaths



Drug resistant TB remains a public health crisis with gaps in detection and treatment

Only about 1 in 3 needing treatment were enrolled on it



REQUIRED IN 2020 US\$ 13 BILLION FOR TB DIAGNOSIS AND CARE

US\$ 6.5 BILLION AVAILABLE IN 2020

OF WHICH 85% DOMESTIC FINANCING

AND US\$ 1 BILLION INTERNATIONAL FINANCING



US\$ 2 BILLION REQUIRED PER YEAR FOR TB RESEARCH

US\$ 1.1 BILLION FUNDING GAP

TB SITUATION AND RESPONSE

- Tuberculosis (TB) is contagious and airborne.
- TB was one of the top 10 causes of death worldwide in 2019. It was also the leading killer of people with HIV and a major cause of deaths related to antimicrobial resistance.

THE BURDEN

- In 2019, an estimated 10.0 million (range, 8.9–11.0 million) people fell ill with TB worldwide, of which 5.6 million were men, 3.2 million were women and 1.2 million were children. People living with HIV accounted for 8.2% of the total.
- Eight countries accounted for two-thirds of the global total: India, Indonesia, China, the Philippines, Pakistan, Nigeria, Bangladesh and South Africa.
- In 2019, 1.4 million people died from TB, including 208 000 (177 000–242 000) people with HIV. This is a reduction from 2.4 million in 2000.
- Globally, the TB incidence rate fell by 9% between 2015 to 2019 (from 142 to 130 new cases per 100 000 population), including a reduction of 2.3% between 2018 and 2019.

TB CARE AND PREVENTION

- TB treatment saved 63 million lives globally between 2000 and 2019.
- Globally, 7.1 million people with TB were reported to have been newly diagnosed and notified in 2019 – a small increase from 7.0 million in 2018 but a large increase from 6.4 million in 2017 and 5.7–5.8 million annually in the period 2009–2012. The combined total for 2018–2019 (14.1 million) was 35% of the way towards the 5-year target of 40 million 2018–2022.
- There is still a large global gap between the estimated number of people who fell ill with TB in 2019 and the number of people newly diagnosed (7.1 million in 2019), due to underreporting of detected cases and underdiagnosis (if people with TB cannot access health care or are not diagnosed when they do). Five countries accounted for more than half of the global gap: India, Nigeria, Indonesia, Pakistan and the Philippines

DRUG-RESISTANT TB

- Globally, 465 000 people fell ill with multidrug or rifampicin-resistant (MDR/RR-TB) in 2019.
- A global total of 206 030 people with MDR/RR-TB were detected and notified in 2019, a 10% increase from 186 883 in 2018.
- The treatment success rate for MDR/RR-TB, at 57% globally, remains low.

ADDRESSING THE CO-EPIDEMICS OF TB AND HIV

- In 2019, there were 456 426 people with diagnosed with TB who were co-infected with HIV, of whom 88% were on antiretroviral therapy.
- Most of the gaps in detection and treatment were in the WHO African Region, where the burden of HIV-associated TB is highest.

TB PREVENTIVE TREATMENT

- WHO recommends TB preventive treatment for people living with HIV, household contacts of those with bacteriologically confirmed pulmonary TB, and clinical risk groups (e.g. those receiving dialysis). Globally in 2019, TB preventive treatment was provided to 4.1 million people, up from 2.2 million in 2018.
- Most of those provided with TB preventive treatment were people living with HIV: 1.8 million in 2018 and 3.5 million in 2019. India and South Africa accounted for 25% and 18% of the combined total for 2018–2019, respectively.
- Numbers for household contacts have been much smaller: 423 607 in 2018 and 538 396 in 2019, including 349 796 in 2018 and 433 156 in 2019 for children under five; and 73 811 in 2018 and 105 240 in 2019 for people in older age groups.
- The 6.3 million people started on TB preventive treatment in 2018 and 2019 was 21% of the way towards the five-year target for 2018–2022 of 30 million.

UPTAKE OF DIAGNOSTICS, NEW DRUGS AND REGIMENS

- Increasing access to early and accurate diagnosis using a molecular WHO-recommended rapid diagnostic test is one of the main components of TB laboratory-strengthening efforts under the End TB Strategy.
- Globally, 2 million people with TB (new and relapse) were identified by a WHO-recommended rapid diagnostic test in 2019, equivalent to 58% of all bacteriologically confirmed pulmonary cases.
- By the end of 2019, 89 countries, mostly in Africa and Asia, reported having used shorter MDR-TB regimens, and 86 countries had used all-oral longer MDR-TB regimens. By the end of 2019, 109 countries reported having imported or started using bedaquiline.

RESEARCH AND INNOVATION

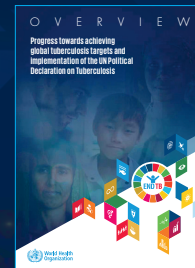
- A small number of technologies emerged in 2018–2019 but several have not demonstrated adequate performance in field evaluation studies. There is still no single rapid, accurate and robust TB diagnostic test suitable for use at the point of care.
- Fourteen vaccine candidates are in clinical trials: three in Phase I, eight in Phase II and three in Phase III. They include candidates to prevent the development of latent TB infection and TB disease, and candidates to help improve the outcomes of treatment for TB disease.
- There are 22 drugs and several combination treatment regimens in clinical trials.
- Funding for TB research and development has increased and reached a peak of US\$ 906 million in 2018. However, this falls short of the estimated requirement of US\$ 2 billion per year.

UNIVERSAL HEALTH COVERAGE, SOCIAL DETERMINANTS AND MULTISECTORAL ACTION

- Following the request to the WHO Director-General at the UN high-level meeting, a multisectoral accountability framework for TB (MAF-TB) was released by WHO in May 2019.
- In 2019 and 2020, WHO worked with high TB burden countries to ensure the inclusion of accountability mechanisms in national budget planning and pursuing assessment during high-level missions and joint TB programme reviews with engagement of civil society representatives.
- All of the 30 high TB burden countries need to increase service coverage and reduce levels of catastrophic expenditures to reach Universal Health Coverage, consistent with findings from surveys of costs faced by TB patients and their households.
- The Global TB Report features a TB-SDG monitoring framework that focuses attention on 14 indicators that are associated with TB incidence. Monitoring of these indicators can be used to identify key influences on the TB epidemic at national level and inform the multisectoral actions required to end it.
- Many new cases of TB are attributable to undernourishment, HIV infection, smoking, diabetes and alcohol use disorders.

TB FINANCING

- In 2020, funding for TB prevention, diagnosis, treatment and care reached US\$ 6.5 billion, representing only half of the US\$ 13 billion target agreed by world leaders in the UN Political Declaration on TB.
- 85% of the funding available in 2020 is from domestic sources. However, this global aggregate figure is strongly influenced by BRICS countries.
- International donor funding accounts for 44% of the funding available in the 25 high TB burden countries outside BRICS and 57% of funding available in low-income countries.
- International donor funding led by the Global Fund and US Government remains critical, especially in these countries.
- For research and development, at least an extra US\$ 1.1 billion per year is needed to accelerate the development of new tools.



In 2020, a progress report of the UN Secretary-General to the General Assembly was developed and released with the support of WHO.

THE COVID-19 PANDEMIC AND TB – IMPACT AND IMPLICATIONS

The COVID-19 pandemic threatens to reverse recent progress in reducing the burden of TB disease and improving access to care.

The impact of the pandemic on TB services has been severe. Data from several high TB burden countries for the period January–June 2020 show sharp drops in TB notifications.

WHO modelling suggests that a 50% drop in TB case detection over 3 months could result in nearly 400,000 additional TB deaths in 2020 alone.

In response, WHO is working in close coordination with partners and civil society to support countries to maintain the continuity of essential health services, including those for TB.

The **WHO GLOBAL TB PROGRAMME** together with WHO regional and country offices: develops policies, strategies and standards; supports the efforts of WHO Member States; measures progress towards TB targets and assesses national programme performance, financing and impact; promotes research; and facilitates partnerships, advocacy and communication. More information: www.who.int/tb