**Global Tuberculosis Report 2016**

*49 million lives saved between 2000-2015*

**TB was one of the top ten causes of death worldwide**

**TB was responsible for more deaths than HIV and malaria**

**1.8 MILLION TB DEATHS**

Including 0.4 million TB deaths among people with HIV*

**MDR-TB crisis with gaps in detection and treatment**

Only 1 in 5 needing MDR-TB treatment were enrolled on it

**US$ 2 BILLION GAP**

Funding shortfall for TB implementation

Gap of over US$1 billion per year for TB research

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**DESPITE PROGRESS AND MILLIONS OF LIVES SAVED, GLOBAL ACTIONS AND INVESTMENTS FALL FAR SHORT OF THOSE NEEDED.**

**TB SITUATION AND RESPONSE**

Tuberculosis (TB) is contagious and airborne. TB was one of the top 10 causes of death worldwide in 2015, and was responsible for more deaths than HIV and malaria.

**THE BURDEN**

In 2015, there were an estimated 10.4 million new (incident) TB cases worldwide, of which 5.9 million were men, 3.5 million were women and 1 million were children. People living with HIV accounted for 11% of the total.

Six countries accounted for 60% of the new cases: India, Indonesia, China, Nigeria, Pakistan and South Africa.

In 2015, 1.8 million people died from TB*, including 0.4 million among people with HIV. The total includes 1.1 million men, 0.5 million women and 0.2 million children.

Globally, the number of TB deaths fell by 22% between 2000 and 2015.

The case fatality ratio (the global proportion of people with TB who die from the disease) varied from under 5% in a few countries to more than 20% in most countries in the WHO African Region. This shows considerable inequalities among countries in access to TB diagnosis and treatment that need to be addressed.

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**TB CARE AND PREVENTION**

TB treatment saved 49 million lives globally between 2000 and 2015.

In 2015, 6.1 million new TB cases were notified to national authorities and reported to WHO. This reflects a 4.3 million gap between incident and notified cases, with India, Indonesia and Nigeria accounting for almost half of this gap.

Globally, the treatment success rate for people newly diagnosed with TB was 83% in 2014.

**DRUG-RESISTANT TB**

Globally in 2015, there were an estimated 480 000 new cases of multidrug-resistant TB (MDR-TB) and an additional 100 000 people with rifampicin-resistant TB (RR-TB) who were also newly eligible for MDR-TB treatment.*

A total of 125 000 patients (20% of those newly eligible for treatment) were enrolled and started on MDR-TB treatment, an increase of 13% compared to 2015.

Globally, data show an average cure rate of only 52% for treated MDR-TB patients.

In 2015, an estimated 9.5% of people with MDR-TB had extensively drug resistant TB (XDR-TB). XDR-TB patients had a treatment success rate of 28% in 2013.

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*When an HIV-positive person dies from TB disease, the underlying cause is classified as HIV in the International Classification of Diseases system (ICD-10).

MDR-TB is defined as resistance to rifampicin and isoniazid. WHO recommends that all patients with rifampicin-resistant TB (RR-TB) are treated with a second-line MDR-TB regimen.

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ADDRESSING THE CO-EPIDEMICS OF TB AND HIV
In 2015, 55% of TB patients globally had a documented HIV test result. In the African region, that has the highest TB/HIV burden, 81% of TB patients knew their HIV status.

Globally, 78% of HIV-positive TB patients in 2015 were started on antiretroviral therapy. Nevertheless, only a third of the 1.2 million people living with HIV estimated to have developed TB in 2015 had been placed on antiretroviral therapy.

TB PREVENTIVE TREATMENT
A total of 910 000 people who were newly enrolled in HIV care were started on TB preventive treatment in 2015. In addition, 87 000 children under five (7% of the 1.2 million children eligible) were known to be provided with it.

UPDATE OF DIAGNOSTICS, NEW DRUGS AND REGIMENS
By the end of 2015, at least 15 countries with a high burden of TB, MDR-TB and TB/HIV had adopted national algorithms positioning Xpert MTB/RIF as the initial diagnostic test for all people with signs and symptoms of pulmonary TB.

At least 23 countries in Africa and Asia have introduced shorter MDR-TB regimens, which have achieved high treatment success rates (87–90%) under operational research conditions.

At least 70 countries had imported or started using bedaquiline and 39 countries had used delamanid by the end of 2015 for the treatment of M/XDR-TB patients.

RESEARCH AND DEVELOPMENT

In 2016, four new diagnostic tests were reviewed and recommended by WHO: one for TB and three for MDR-TB. A next-generation cartridge called Xpert Ultra and a new diagnostic platform called GeneXpert Omni are in development. Assessment of both by WHO is expected in 2017.

Nine new or repurposed anti-TB drugs are in advanced phases of clinical development.

Thirteen vaccine candidates are in clinical trials, including candidates for prevention of TB infection and candidates for prevention of TB disease in people with latent TB infection.

New diagnostics, drugs and vaccines are necessary to achieve the ambitious targets set in the End TB Strategy.

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

UNIVERSAL HEALTH COVERAGE AND SOCIAL PROTECTION

Government expenditures on health in 2014 were less than the WHO benchmark of at least 6% of gross domestic product (GDP) in 150 countries. Out-of-pocket expenditures exceeded 45% of total health expenditures in 46 countries, including 11 of the 30 high TB burden countries.

In some of the highest TB burden countries, emerging national health insurance and social protection schemes need to be scaled-up to reduce medical and other costs for patients.

TB FINANCING

The funding required for a full response to the global TB epidemic in low- and middle-income countries is estimated at US$ 8.3 billion in 2016, excluding research and development.

Based on reporting by countries, US$ 6.6 billion was available for TB prevention, diagnosis and treatment in 2016, leaving a funding gap of almost US$ 2 billion.

Overall, 84% of the US$ 6.6 billion available in 2016 is from domestic sources.

International donor funding dominates in the group of 25 high-burden countries outside the BRICS countries, accounting for 85% of total funding. Low-income countries continue to rely on international donors for more than 90% of their financing.

For research and development, at least an extra US$ 1 billion per year is needed to accelerate the development of new tools.-