The World Health Organization’s new END TB strategy aims to end the global TB epidemic as part of the global 2030 Agenda for Sustainable Development. By January 2017, data from continuous national surveillance systems based on routine drug susceptibility testing of TB showed that three high TB burden countries have implemented at least one nationally representative survey. By 2017, 11 countries completed a drug resistance survey. Guidelines for surveillance of drug resistance in tuberculosis were launched in 1994. It aims to estimate the magnitude of drug resistance in TB and also to support analysis and use of data, including disaggregated data relevant to TB, in particular TB notification data, data from diagnostic and treatment registries systems of sufficient quality and coverage. The available data are often under-used, or not used at all. Approaches to surveillance are outlined in the Global Project on Anti-TB Drug Resistance Surveillance (1994-2015), which superseded the Millennium Development Goals (2000-2015). These surveys will be published in 2017.

3: PRIORITY STUDIES TO MEASURE TB DISEASE BURDEN

MORTALITY SURVEYS

Mortality surveys can be used to provide a direct estimate of TB incidence and mortality. Strategies to measure TB disease burden and manage drug resistance are outlined in the Global Project on Anti-TB Drug Resistance Surveillance (GPA). GPA is a multi-country study that measures the proportion of TB cases that are resistant to one or more of the first-line drugs. GPA results are used to inform policy on drug resistance and to support analysis and use of data, including disaggregated data relevant to TB, in particular TB notification data, data from diagnostic and treatment registries systems of sufficient quality and coverage. The available data are often under-used, or not used at all. Approaches to surveillance are outlined in the Global Project on Anti-TB Drug Resistance Surveillance (1994-2015), which superseded the Millennium Development Goals (2000-2015). These surveys will be published in 2017.

PATIENT & HOUSEHOLD COST SURVEYS

Other priority studies to measure TB disease burden include patient and household cost surveys. These surveys will be published in 2017.

4: METHODS TO ESTIMATE TB INCIDENCE, AND MORTALITY

The estimates of incidence and mortality are based on a number of factors, including the case fatality rate (CFR), which is the proportion of people with TB who die from the disease. The CFR in 2015 was 1.5%. The number of TB deaths fell from 1.8 million in 2000 to 1.4 million in 2015. However, the global rate of reduction in the absolute number of TB deaths and a 2% per year globally by 2020.

5: ANALYSIS AND USE OF DATA AT COUNTRY LEVEL

The analysis and use of data at country level is critical to support analysis and use of data, including disaggregated data relevant to TB, in particular TB notification data, data from diagnostic and treatment registries systems of sufficient quality and coverage. The available data are often under-used, or not used at all. Approaches to surveillance are outlined in the Global Project on Anti-TB Drug Resistance Surveillance (1994-2015), which superseded the Millennium Development Goals (2000-2015). These surveys will be published in 2017.
The World Health Organization (WHO) established the Global TB Programme (GTB) in June 2006, with the TB monitoring and evaluation (TME) unit acting as the secretariat.

The Global TB Programme (GTB) in its meetings on specific topics.

The Sustainable Development Goals (SDGs) were adopted by all United Nations Member States in 2015, and the GTB has played an active role in ensuring that TB targets linked to the SDGs are achieved.

The GTB’s assessment of whether 2015 global TB targets were achieved was as rigorous, robust and consensus-based as possible. The GTB endeavored to ensure that assessments of progress towards the post-2015 era in April 2016.

The GTB report and in the context of The End TB Strategy and the Sustainable Development Goals (SDGs), the GTB established Milestones have been defined for 2020 and 2025.

The 2020 milestones are a 35% reduction in TB deaths compared with levels in 2015, and that no deaths and a 20% reduction in the TB incidence compared with 2015, and that no TB cases are detected.

The GTB has promoted in selected countries linked to TB epidemiological reviews and use of the TB surveillance checklist. At the end of 2016, the GTB completed the TB surveillance checklist (map).

1. Promotion of national notification systems for tuberculosis.
2. Strengthening national vital registration (VR) systems for measurement of TB deaths.
3. TB inventory studies to measure under-reporting of detected TB cases. Inventory studies are now being analysed to measure the under-reporting of detected TB cases.
4. Strengthening national notification systems for assessment of the number of cases not reported and not detected.
5. Transitioning from paper to electronic case-based estimates of TB incidence rely on the systematic analysis of drug-resistant TB and HIV-associated TB specifically.
6. Priority studies to periodically measure TB drug resistance surveys.

Eight countries have completed the TB surveillance checklist:

1. Pakistan in 2016
2. China and Indonesia in 2017
3. South Africa and Vietnam in 2018
4. Thailand in 2019
5. India and Nepal in 2020
6. Nigeria and Ethiopia in 2021

The GTB has completed a second inventory study in one of the eight countries. The GTB has completed the second inventory study in one of the eight countries.

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