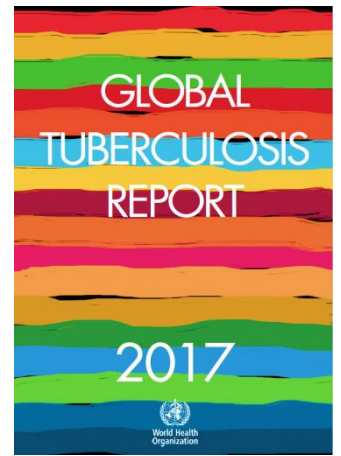


TUBERCULOSIS

Global Tuberculosis Report 2017



53 million lives saved between 2000-2016

TB deaths fell by 22% in the same period



1.7 MILLION TB DEATHS
INCLUDING 0.4 MILLION TB DEATHS AMONG PEOPLE WITH HIV*

TB is the top infectious killer worldwide

TB is also the leading cause of deaths due to antimicrobial resistance and 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\$ 2.3 BILLION GAP

Funding shortfall for TB implementation

Gap of over US\$1.2 billion per year for TB research

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 is one of the **top 10 causes of death** worldwide. It is also the main cause of deaths related to **antimicrobial resistance** and the **leading killer of people with HIV**.

THE BURDEN

In 2016, there were an estimated **10.4 million** new (incident) **TB cases** worldwide, of which 6.2 million were men, 3.2 million were women and 1 million were children. People living with HIV accounted for 10% of the total.

Seven countries accounted for 64% of the new cases: India, Indonesia, China, Philippines, Pakistan, Nigeria, and South Africa.

In 2016, **1.7 million people died from TB***, including 0.4 million among people with HIV.

Globally, the **TB mortality rate fell by 37%** between 2000 and 2016.

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.

*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.

TB CARE AND PREVENTION

TB treatment **saved 53 million lives** globally between 2000 and 2016.

In 2016, **6.3 million** new **TB cases** were notified to national authorities and reported to WHO. This reflects a **4.1 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 2015.

DRUG-RESISTANT TB

WHO estimates that there were **600 000** new cases with **resistance to rifampicin** - the most effective first-line drug, of which **490 000** had **MDR-TB**. Almost half of these cases were in India, China and the Russian Federation.

A total of **129 689** patients (22% of those newly eligible for treatment) were **enrolled** and started on **MDR-TB treatment**.

Globally, data show an average **cure rate of only 54%** for treated **MDR-TB patients**.

In 2016, an estimated **6.2%** of people with **MDR-TB** had **extensively drug resistant TB (XDR-TB)**. XDR-TB patients had a **treatment success rate of 30%** in 2014.

ADDRESSING THE CO-EPIDEMICS OF TB AND HIV

In 2016, **57%** of TB patients globally had a documented **HIV test result**. In the African region, that has the highest TB/HIV burden, **82%** of TB patients **knew their HIV status**.

Globally, **85% of reported HIV-positive TB patients** in 2016 were **started on antiretroviral therapy**. Nevertheless, only 39% of the total number of people living with HIV estimated to have developed TB in 2016 had been placed on antiretroviral therapy.

TB PREVENTIVE TREATMENT

A total of **940 269 people** who were newly enrolled in HIV care were **started on TB preventive treatment** in 2016. In addition, **161 740 children** under five (13% of the 1.3 million children eligible) were known to be provided with it.

UPTAKE OF DIAGNOSTICS, NEW DRUGS AND REGIMENS

By the end of 2016, at least **28 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 **35 countries** have **introduced shorter MDR-TB regimens**.

As part of efforts to improve outcomes for MDR/XDR-TB, **89 countries and territories** had started using **bedaquiline** and **54** had used **delamanid** by June 2017.

RESEARCH AND DEVELOPMENT

Few diagnostic technologies emerged in 2017 and the evaluation of **GeneXpert Omni®**, which is intended as a close-to-care platform for rapid molecular testing, has been delayed.

There are **17 drugs** in **Phase I, II or III trials**, including eight new compounds, two drugs that have received accelerated or conditional regulatory approval based on Phase IIb results, and seven repurposed drugs. Various **new combination regimens** are in **Phase II or Phase III trials**.

There are **12 vaccine candidates** in clinical trials: three in Phase I, and nine in Phase II or Phase III.

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

UNIVERSAL HEALTH COVERAGE AND SOCIAL PROTECTION

Surveys of costs faced by TB patients and their households have been completed in seven countries: Ghana, Kenya, Myanmar, the Philippines, Republic of Moldova, Timor Leste and Viet Nam. Results from surveys of costs faced by TB patients and their households reveal a **high economic and financial burden due to TB disease**.

Of the 10.4 million incident cases of TB globally in 2016, an estimated **1.9 million** were **attributable to undernourishment**, **1 million** to **HIV infection**, **0.8 million** to **smoking** and **0.8 million** to **diabetes**.

TB FINANCING

The funding required for a full response to the global TB epidemic in low- and middle-income countries is estimated at **US\$ 9.2 billion** in 2017, excluding research and development.

Based on reporting by countries, **US\$ 6.9 billion** was **available** for TB prevention, diagnosis and treatment in 2017, leaving a **funding gap** of almost **US\$ 2.3 billion**.

Overall, **84%** of the US\$ 6.9 billion available in 2017 is from **domestic sources**. However, this aggregate figure is strongly influenced by the BRICS group of countries (Brazil, the Russian Federation, India, China and South Africa). BRICS accounted for 46% of the available funding for TB in 2017, with 95% of their funding coming from domestic sources.

In other countries with a high TB burden, **international donor funding remains crucial**, accounting for **48%** of the funding available in the **25 high TB burden countries outside BRICS** and for **56%** of funding in **low-income countries**.

For **research and development**, at least an **extra US\$ 1.2 billion** per year is needed to accelerate the development of new tools.~

