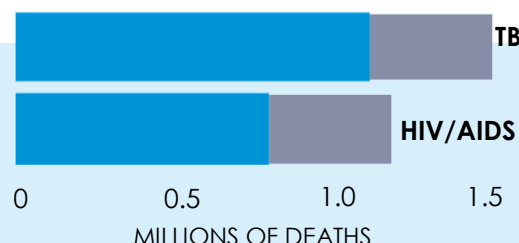
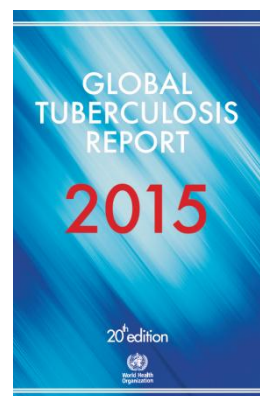


TUBERCULOSIS

WHO Global Tuberculosis Report 2015



47% drop in TB death rate

since 1990, with nearly all improvement since 2000

43 million lives saved

between 2000 and 2014 through effective diagnosis and treatment

TB ranks alongside HIV as a leading cause of death
with 1.5 million TB deaths in 2014*

TB SITUATION AND ACCESS TO CARE

Tuberculosis (TB) is **contagious** and **airborne**. It ranks alongside HIV/AIDS as a **leading cause of death worldwide**.

TB BURDEN

9.6 million people fell ill with TB in 2014, including **1.2 million** people living with HIV.

In 2014, **1.5 million** people died from TB, including **0.4 million** among people who were HIV-positive.

TB is one of the **top five killers** of women among adult women aged 20–59 years. **480 000** women died from TB in 2014, including **140 000** deaths among women who were HIV-positive.

890 000 men died from TB and 5.4 million fell ill with the disease.

An estimated **1 million** children became ill with TB and **140 000** children died of TB in 2014.

The **TB death rate** has **decreased 47%** since 1990, with nearly all of that improvement taking place since 2000, when the Millennium Development Goals (MDGs) were set.

*Graph shows estimated number of deaths from TB and HIV/AIDS. Deaths from TB among HIV-positive people are in grey. Deaths from TB among HIV-positive people are officially classified as deaths caused by HIV/AIDS in the *International classification of diseases*.

TB CARE

Between 2000 and 2014, **43 million** lives were saved through effective diagnosis and treatment.

In 2014, **6 million** newly diagnosed cases were notified to national TB programmes. This is about 63% of the 9.6 million people estimated to have fallen sick with the disease. This reflects a gap in both reporting of detected cases and access to care.

Globally, the **treatment success rate** for people newly diagnosed with TB was **86%** in 2013.

DRUG-RESISTANT TB

Globally in 2014, an estimated **480 000** people developed multidrug-resistant TB (MDR-TB) and there were an estimated **190 000** deaths from MDR-TB.

123 000 people were diagnosed with MDR-TB in 2014, about a quarter of the total 480 000 new cases of MDR-TB that occurred in 2014.

A total of **111 000** people started MDR-TB treatment in 2014, an increase of 14% compared with 2013.

43 countries reported cure rates for MDR-TB patients of $\geq 75\%$. Nevertheless, globally, data show an average **cure rate of only 50%** for treated MDR-TB patients.

Extensively drug-resistant TB (XDR-TB) has been reported by **105** countries by 2015. An estimated 9.7% of people with MDR-TB have XDR-TB.

ADDRESSING THE CO-EPIDEMICS OF TB AND HIV

In 2014, **51% of TB patients** globally had a documented HIV test result. In the **African region**, that has the highest TB/HIV burden, **79% of TB patients knew their HIV status**.

Globally, **77% of the TB patients** known to be living with HIV in 2013 were **started on antiretroviral therapy (ART)**. Nevertheless, **only a third** of the 1.2 million people living with HIV estimated to have developed TB in 2014 had been placed on antiretroviral therapy.

The number of people living with HIV who were treated with **isoniazid preventive therapy** reached **933 000** in 2014, an increase of about 60% compared with 2013. Over half of these people (59%) were in South Africa.

NEW DIAGNOSTICS ROLL OUT

The use of the **rapid test Xpert® MTB/RIF** has expanded substantially since 2010, when WHO first recommended its use. In all, **4.8 million test cartridges were procured** in 2014 by 116 low- and middle-income countries at concessional prices, up from 550 000 in 2011.

By 2015, **69% of countries recommended using Xpert® MTB/RIF as the initial diagnostic test for people at risk of drug-resistant TB**, and 60% recommended it as the initial diagnostic test for people living with HIV.

NEW DRUGS ROLL OUT

In 2013 and 2014, WHO issued interim guidance on the use of bedaquiline and delamanid. By the end of 2014, **43 countries reported having used bedaquiline** as part of treatment for MDR-TB.

RESEARCH AND DEVELOPMENT

A diagnostic platform called **the GeneXpert Omni®** is in development. It is intended for point-of-care testing for TB and rifampicin-resistant TB using Xpert MTB/RIF cartridges. WHO expects to evaluate the platform in 2016.

A next-generation cartridge called **Xpert Ultra®** is also in development. This technology could potentially replace conventional culture as the primary TB diagnostic tool.

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

Fifteen vaccine candidates are in clinical trials. Their emphasis has shifted from children to adolescents and adults.

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

TB FINANCING

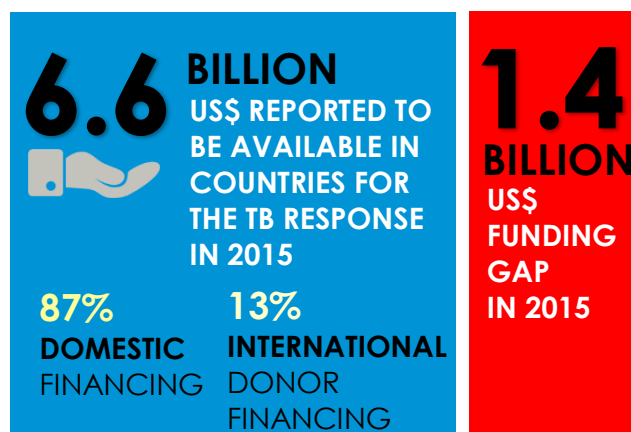
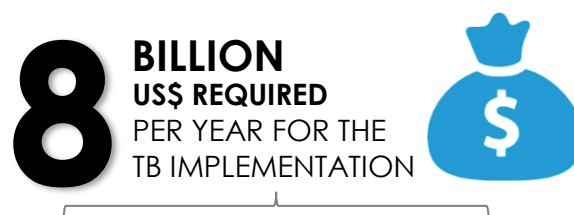
The **funding required** for a full response to the global TB epidemic in low- and middle-income countries is estimated at **US\$ 8 billion per year in 2015**, excluding research and development.

Based on reporting by countries, **US\$ 6.6 billion was available for TB** prevention, diagnosis and treatment in 2015, leaving a **funding gap of US\$ 1.4 billion**.

Overall, 87% (US\$ 5.8 billion) of the US\$ 6.6 billion available in 2015 is from **domestic sources**.

International donor funding dominates in the group of **17 high-burden countries** outside BRICS (72% of the total funding available) and in **low-income countries** (81% of the total funding available). In 2015, **US\$ 0.8 billion in international donor funding was available** to countries. Of this amount, 77% was from the Global Fund.

For **research and development**, the most recent estimate of the **annual funding gap** is at about **US\$ 1.3 billion**.



1.4 BILLION
US\$
FUNDING
GAP
IN 2015

1.3 BILLION
US\$ FUNDING GAP
FOR TB RESEARCH IN 2015

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