

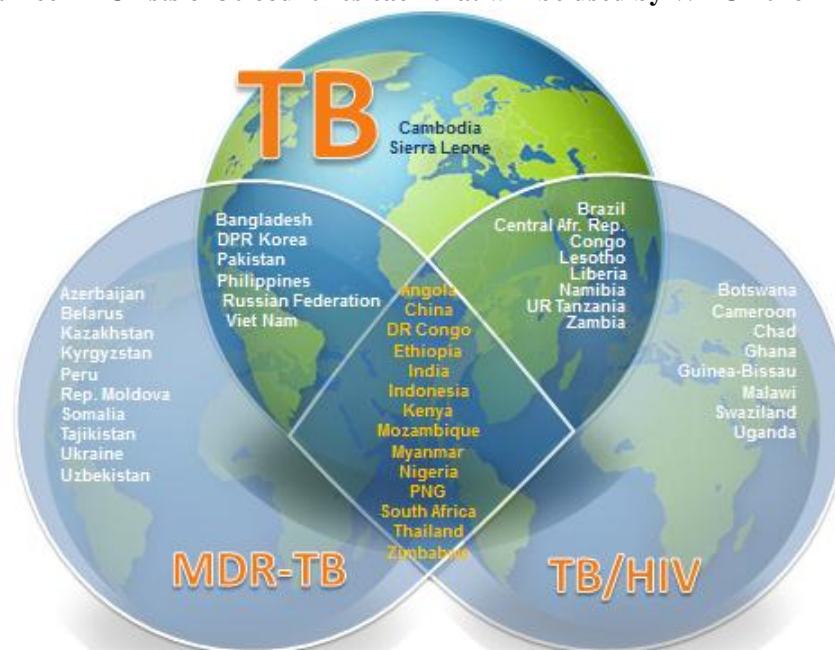
Use of high burden country lists for TB by WHO in the post-2015 era: Summary

During the period 1998 to 2015, the concept of a “high burden country” (HBC) became familiar and widely used in the context of TB. In 2015, three lists – for TB, TB/HIV and MDR-TB - were in use. The TB HBC list (22 countries) had remained unchanged since 2002, and the HBC lists for TB/HIV (41 countries) and MDR-TB (27 countries) had not been updated since 2009 and 2008, respectively. With 2015 marking the end of the Millennium Development Goal (MDG) era and its replacement with a set of Sustainable Development Goals (SDGs) for 2016–2030, as well as the last year of the Stop TB Strategy 2006–2015 and its replacement with the End TB Strategy 2016–2035, it was an ideal year to revisit the three HBC lists and consider their future.

A draft discussion document was developed in April 2015, circulated across the WHO TB network and to external partners for feedback and updated accordingly. An online survey to solicit input from a wide range of stakeholders was run for two weeks in May 2015. An updated version of the document including results from the survey was prepared for consideration at the June 2015 meeting of WHO’s Strategic and Technical Advisory Group for TB (STAG-TB), alongside a presentation at this meeting. The final version, which includes definition and explanation of the three lists to be used by WHO post-2015, was prepared in October 2015 according to the recommendations from the STAG-TB meeting and using the latest TB burden estimates published in the 2015 global TB report.

Three new HBC lists have been defined and they will be used for the period 2016–2020 (Figure 1). Each list contains 30 countries, defined as the top 20 in terms of absolute numbers of cases plus the additional 10 countries with the most severe burden in terms of case rates per capita that do not already appear in the “top 20” and that meet a minimum threshold in terms of absolute numbers of cases (10 000 per year for TB, and 1000 per year for TB/HIV and MDR-TB). Each list accounts for 85–89% of the global burden. Given overlap among the lists, there are 48 countries that are in at least one list. There are 14 countries (see central diamond in the figure and the countries highlighted in bold below) that are in all three lists.

Figure 1: The three HBC lists of 30 countries each that will be used by WHO 2016–2020



The 30 TB HBCs (those in all 3 lists in bold) are: **Angola**, Bangladesh, Brazil, Cambodia, **China**, Congo, Central African Republic, DPR Korea, **DR Congo**, **Ethiopia**, **India**, **Indonesia**, **Kenya**, Lesotho, Liberia, **Mozambique**, **Myanmar**, Namibia, **Nigeria**, Pakistan, **Papua New Guinea**, Philippines, Russian Federation, Sierra Leone, **South Africa**, **Thailand**, the United Republic of Tanzania, Viet Nam, Zambia and **Zimbabwe**.

Changes compared with the lists in use in 2015 can be summarized as follows:

- TB HBC list. Two countries are no longer in the list: Afghanistan and Uganda. Ten new countries are included: Angola, Central African Republic, Congo, DPR Korea, Lesotho, Liberia, Namibia, Papua New Guinea, Sierra Leone and Zambia.
- TB/HIV list. Fourteen countries are no longer in the list: Burkina Faso, Burundi, Cambodia, Côte d’Ivoire, Djibouti, Haiti, Mali, Russian Federation, Rwanda, Sierra Leone, Sudan, Togo, Ukraine and Viet Nam. Three new countries are included: Guinea-Bissau, Liberia and Papua New Guinea.
- MDR-TB list. Six countries are no longer in the list: Armenia, Bulgaria, Estonia, Georgia, Latvia and Lithuania. Nine new countries are included: Angola, DPR Korea, Kenya, Mozambique, Papua New Guinea, Peru, Somalia, Thailand and Zimbabwe.