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TB

Issue Brief

Since 2000, global efforts to combat tuberculosis (TB) have saved 79 million lives. However, 10.8 million people fell ill with TB in 2023, and 1.25 million people died from the disease. World TB Day, observed annually on 24 March, highlights the urgent need to eradicate the world's deadliest infectious disease. This year's theme, 'Yes! We Can End TB: Commit, Invest, Deliver', emphasises the importance of hope, commitment and accountability in addressing the severe health, social and economic impacts of TB.

Further information can be found in our TB toolbox.

Update on Tuberculosis (TB)

Tuberculosis (TB) remains a significant global health challenge, with an estimated annual death rate of approximately one per 100,000 people in countries with low TB prevalence. Rapid reductions in TB cases and deaths worldwide depend on research breakthroughs, including the development of new vaccines. There has recently been an increase in political commitment, as evidenced by two UN high-level meetings on TB in 2018 and 2023. The 2023 political declaration reaffirmed the goals set out in the UN Sustainable Development Goals and the WHO's End TB Strategy, and established new targets for the period 2023–2027.

The WHO's 2024 Global TB Report, based on data from 193 countries covering over 99% of the global population and TB cases, provides a comprehensive overview of the epidemic and progress made. Despite being preventable and curable, TB remained the leading cause of death from a single infectious agent in 2023, with over 10 million new cases and 1.25 million deaths worldwide.

However, global reductions in TB incidence and mortality since 2015 have been insufficient, falling far short of the WHO targets set for 2025: there has only been an 8.3% decrease in incidence and a 23% decrease in deaths. While diagnosis and treatment coverage has improved since the disruptions caused by the pandemic, significant gaps remain: only 48% of newly diagnosed individuals received rapid testing, treatment coverage is at 75%, and preventive treatment among high-risk groups remains low. Additionally, funding for TB prevention, diagnosis, treatment and research remains well below the required level.

Closing these gaps and meeting the 2030 goal of ending the TB epidemic requires urgent and sustained action to implement the commitments made at the 2023 UN High-Level Meeting.

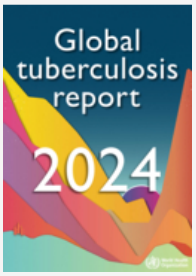
Global TB Report

Global tuberculosis report 2024
World Health Organisation (WHO) (2024)

The WHO Global tuberculosis report 2024 provides a comprehensive and up-to-date assessment of the TB epidemic, and of progress in prevention, diagnosis and treatment of the disease, at global, regional and country levels. This is done in the

context of global TB commitments, strategies and targets.

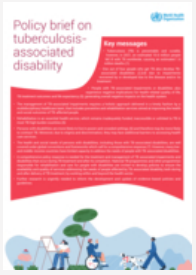
The 2024 edition of the report is based primarily on data gathered by WHO from national ministries of health in annual rounds of data collection.



https://www.medbox.org/document/global-tuberculosis-report-2024
https://iris.who.int/bitstream/handle/10665/379339/9789240101531-eng.pdf?sequence=1

Policies and Strategies

Policy brief on tuberculosis-associated disability
World Health Organization WHO (2023)



People affected by impairments and disabilities associated with TB are even more likely to belong to marginalized segments of society and are more likely to have their human rights unprotected. The challenges faced by people affected by TB include the consequences of impairment and disability associated with the disease, its treatment as well as with the stigma and discrimination applied to people affected by TB. There is now compelling evidence that the disease and its treatment affect quality of life and life expectancy even after successful treatment.The WHO Global Tuberculosis Programme has produced the first policy brief on TB-associated disability, building on the increasing evidence in recent years on the unaddressed needs of people with TB who experience impairment and disability while on TB treatment and after completing TB treatment.

https://www.medbox.org/document/policy-brief-on-tuberculosis-associated-disability
https://reliefweb.int/attachments/8accf9a1-2440-4f0f-9275-fa9c553cf314/9789240077799-eng.pdf

Tuberculosis among populations at high risk and people in vulnerable situations. Policy brief
World Health Organization WHO (2025)

This policy brief presents a summary of current evidence on vulnerability to TB and proposes interventions for equitable, person-centred, and human rights-based TB prevention and care. It aligns with WHO policies and guidance on TB prevention and screening, management of TB and comorbidities, access to health care, universal health coverage, determinants of TB, TB-associated impairment and disability, social protection, as well as ethics, equity and human rights.

https://www.medbox.org/document/tuberculosis-among-populations-at-high-risk-and-people-in-vulnerable-situations-policy-brief
https://iris.who.int/bitstream/handle/10665/381848/B09350-eng.pdf?sequence=1

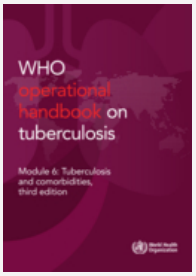
Global Plan to End TB 2023-2030
Stop TB Partnership; UNOPS; END TB (2022)

The Global Plan to End TB 2023–2030 aims to eliminate tuberculosis by 2030, addressing the setbacks caused by the pandemic that reversed previous progress. Focusing on a people-centred, rights-based approach, the plan prioritises prevention, universal access to care, accelerated R&D (including new vaccines) and strong partnerships. The plan sets out targets to diagnose 95% of cases, treat 50

million people and introduce a new vaccine by 2026. Implementing the plan will require approximately US$250 billion, but this investment is expected to generate a return of US$40 for every US$1 invested. Urgent global commitment and investment are essential to achieving this goal.

https://www.medbox.org/document/global-plan-to-end-tb-2023-2030
https://omnibook.com/export/dc664b3a-14b4-4cc0-8042-ea8f27e902a6/-1/0/pdf

Operational handbook on tuberculosis: module 6: tuberculosis and co-morbidities, 3rd ed
World Health Organization WHO (2025)



The WHO's End TB Strategy emphasises addressing TB comorbidities and risk factors. Module 6 of the operational handbook supports countries in scaling up people-centred care based on the latest WHO recommendations for TB and key comorbidities such as HIV, diabetes and mental health conditions. Designed for health ministries and TB programmes, this living document provides guidance on the early detection, assessment and management of TB patients with comorbidities. The third edition focuses on TB associated with HIV, mental health conditions, and diabetes, with the aim of improving treatment outcomes and quality of life.

https://www.medbox.org/document/operational-handbook-on-tuberculosis-module-6-tuberculosis-and-co-morbidities-3rd-ed
https://reliefweb.int/attachments/ad54d986-d7ce-4f8f-b207-ab6e79a0ba67/9789240103276-eng.pdf

Tuberculosis action plan for the WHO Eastern Mediterranean Region 2023-2030
World Health Organization WHO (2023)

The WHO Global Tuberculosis Report 2021 estimated that, in 2020, TB)was the second most common infectious disease killer after coronavirus disease (COVID-19) and the 13th leading cause of death. Twenty-five per cent of the world's population has latent TB infection, which can develop into disease. In 2020, WHO estimated that 9.9 million people fell ill with TB, but only about 5.8 million (60%) were diagnosed, reported and treated, an 18% fall from 7.1 million in 2019. WHO also estimates that, between 2019 and 2020, global TB mortality increased from 1.2 to 1.5 million, a 5.6% increase

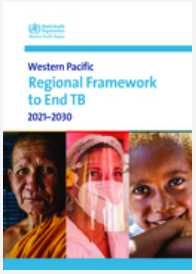
https://www.medbox.org/document/tuberculosis-action-plan-for-the-who-eastern-mediterranean-region-2023-2030
https://applications.emro.who.int/docs/9789292741402-eng.pdf

Tuberculosis action plan for the WHO European Region, 2023–2030
World Health Organisation (WHO) (2023)

 TBand particularly drug-resistant TB continue to represent major public health threats in the WHO European Region. This document details the Tuberculosis action plan for the WHO European Region 2023–2030 as well as its monitoring and evaluation framework and outlines the vision and strategic actions for the TB response in the Region for this period. Developed through a Region-wide participatory consultation process, the TB action plan aims to support Member States to implement their national responses to the TB epidemic and provides strategies to enable the Region to reach the global End TB Strategy targets as well as aligning to the priorities of the European Programme of Work, 2020–2025 – "United Action for Better Health in Europe".

https://www.medbox.org/document/tuberculosis-action-plan-for-the-who-european-region-2023-2030
https://iris.who.int/bitstream/handle/10665/373409/9789289060240-eng.pdf?sequence=1

Western Pacific regional framework to end TB: 2021-2030
World Health Organization WHO (2022)



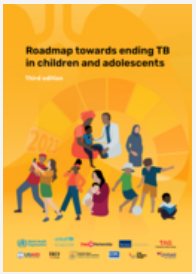
This Framework begins with a desired future scenario and considers actions and interventions necessary to get there. It advocates for holistic view to address tuberculosis. The Framework revisits challenges and actions in four layers: TB specific; challenges in health systems that influence TB care; challenges in sectors beyond health that determine TB; and overarching governance issues. Multisectoral action and accountability are embedded in the Framework. The Framework is based on the principles of people-centered care and system development.

https://www.medbox.org/document/western-pacific-regional-framework-to-end-tb-2021-2030
https://apps.who.int/iris/bitstream/handle/10665/352278/9789290619703-eng.pdf

TB in childhood

A recent report by the European Centre for Disease Prevention and Control (ECDC) and the WHO Regional Office for Europe shows that there was a 10% rise in childhood tuberculosis (TB) cases in the European Region in 2023, with children under 15 accounting for 4.3% of all cases. This marks the third consecutive year of increasing paediatric TB in the EU/EEA, indicating ongoing transmission and the urgent need for improved prevention and treatment strategies. Of particular concern is the fact that treatment completion is uncertain for one in five affected children, raising concerns about drug-resistant TB. Although the region has recovered from the impact of the pandemic, it still faces challenges in controlling TB, requiring immediate action to meet the 2030 goals.

Roadmap towards ending TB in children and adolescents, 3rd ed
World Health Organisation (WHO) (2023)

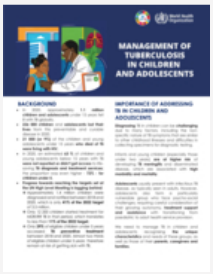


The Roadmap towards ending TB among children and adolescents, third edition builds on the 2013 and 2018 versions. The 2023 version recognizes the progress made over the past five years and outlines priorities and key actions designed to accelerate progress towards the targets elaborated during the 2023 United Nations General Assembly High-Level Meeting on the fight against TB. Implementation of these key actions at the global, regional, national and sub-national levels is expected to find and treat more children and adolescents with TB disease or TB infection, to prevent TB, to improve treatment outcomes and prevent TB-associated disability. The 2023 Roadmap retains the strong focus on TB in children, while also emphasizing the importance of addressing TB among adolescents, and for the first time, among pregnant and post-partum women.

https://www.medbox.org/document/roadmap-towards-ending-tb-in-children-and-adolescents-3rd-ed
https://iris.who.int/bitstream/handle/10665/373949/9789240084254-eng.pdf?sequence=1

Information sheet: Management of tuberculosis in children and adolescents
World Health Organization WHO (2022)

In 2020, 1.1 million children under the age of 15 contracted TB, resulting in 226,000 deaths. There are still significant gaps in diagnosis and treatment, particularly among children under five. The disruption of TB services caused by the pandemic led to a decline in case notifications. The 2022 WHO guidelines introduce improved diagnostic tools, shorter treatment regimens and oral drug-resistant TB treatments for children. Decentralised, family-centred care models are recommended to improve access. Continued global support for, and implementation of, these guidelines is essential to reducing the TB burden and moving closer to ending TB in children and adolescents.



https://www.medbox.org/document/information-sheet-management-of-tuberculosis-in-children-and-adolescents
https://cdn.who.int/media/docs/default-source/hq-tuberculosis/information-sheet_management-of-tb-in-children-and-adolescents.pdf

Child-friendly formulations for drug-resistant tuberculosis
Stop TB Partnership (2022); World Health Organization WHO

Child-friendly formulations of medicines for drug-resistant tuberculosis (DR-TB) are now widely available, making dosing and administration easier for children. This note provides TB programmes with guidance on forecasting, procuring and managing the supply of these formulations. The Global Drug Facility supports countries by consolidating demand and improving access. Clinical treatment guidance is available from the WHO.

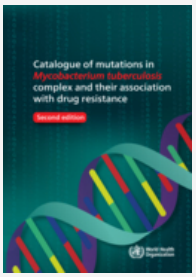
https://www.medbox.org/document/child-friendly-formulations-for-drug-resistant-tuberculosis
https://www.stoptb.org/file/10663/download

Drug-resistant TB

The World Health Organization (WHO) defines multidrug-resistant tuberculosis (MDR-TB) as TB caused by bacteria that are resistant to the drugs isoniazid and rifampicin, which is mainly due to improper treatment. MDR-TB requires treatment with more costly and toxic drugs. Extensively drug-resistant TB (XDR-TB) poses an even greater challenge in terms of treatment. In 2023, only around 40% of patients with MDR-TB received treatment, highlighting the ongoing public health threat posed by the disease.The WHO recommends the use of rapid molecular or culture-based tests for diagnosis. In 2022, the WHO introduced a shorter, six-month, all-oral regimen (BPaLM/BPaL), which has since been adopted more widely. This regimen offers a shorter, more effective and less burdensome treatment than older regimens, which can last up to 20 months.

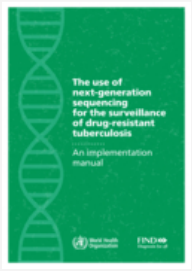
Catalogue of mutations in Mycobacterium tuberculosis complex and their association with drug resistance, 2nd ed
World Health Organisation (WHO) (2023)

Of the more than 10 million people estimated to have fallen ill with TB in 2022, just over 400 000 people developed TB resistant to rifampicin (RIF), and 1.3 million people developed TB resistant isoniazid (INH). Drug resistance must be detected rapidly and accurately to initiate appropriate and effective treatment.



https://www.medbox.org/document/catalogue-of-mutations-in-mycobacterium-tuberculosis-complex-and-their-association-with-drug-resistance-2nd-ed
https://iris.who.int/bitstream/handle/10665/374061/9789240082410-eng.pdf?sequence=1

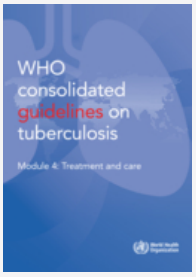
The use of next-generation sequencing for the surveillance of drug-resistant tuberculosis: an implementation manual
World Health Organisation (WHO) (2023)



This document provides practical guidance on planning and implementing next-generation sequencing (NGS) technology for characterization of Mycobacterium tuberculosis complex (MTBC) bacteria. The aim is to detect mutations associated with drug resistance in the context of a surveillance system for tB.

https://www.medbox.org/document/the-use-of-next-generation-sequencing-for-the-surveillance-of-drug-resistant-tuberculosis-an-implementation-manual
https://iris.who.int/bitstream/handle/10665/373419/9789240078079-eng.pdf?sequence=1

WHO consolidated guidelines on tuberculosis: module 4: treatment and care
World Health Organization WHO (2025)



The Global Programme on Tuberculosis & Lung Health of the World Health Organization (WHO/GTB) is now combining all current recommendations into one overall set of consolidated guidelines on TB. The guidelines contain recommendations pertaining to all areas related to the programmatic management of TB (e.g. screening, preventive treatment, diagnostics, patient support, and the treatment of drug-susceptible TB and DR-TB). The consolidated guidelines contain modules specific to each programmatic area.

https://www.medbox.org/document/who-consolidated-guidelines-on-tuberculosis-module-4-treatment-and-care
https://iris.who.int/bitstream/handle/10665/380799/9789240107243-eng.pdf?sequence=1&isAllowed=y

Clinical and Diagnostic Updates

Practical manual on tuberculosis laboratory strengthening, 2022 update
World Health Organisation (WHO) (2023)

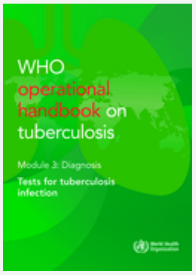
The 2022 update to the Practical Manual on Laboratory Strengthening provides updated guidance on implementing WHO recommendations and best practices for TB laboratories. Based on the 2017 GLI Practical Guide, it covers topics such as new diagnostics, quality assurance, specimen handling, supply management, biosafety, data management and strategic planning. Key updates include the latest WHO testing recommendations for TB and drug resistance, revised drug susceptibility testing standards, new definitions of pre-XDR and XDR-TB, improved quality improvement approaches (SLIPTA), optimised diagnostic networks and next-generation sequencing for drug resistance surveillance. The manual also lists relevant resources and tools for laboratory strengthening.

https://www.medbox.org/document/practical-manual-on-tuberculosis-laboratory-strengthening-2022-update
https://iris.who.int/rest/bitstreams/1484351/retrieve

WHO operational handbook on tuberculosis: module 3: diagnosis: tests for tuberculosis infection
World Health Organization WHO (2022)

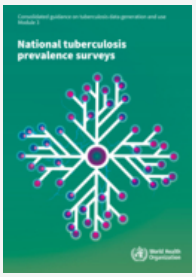
Three classess of tests are now recommended in the latest consolidated guideles

on tests for tuberculosis infection. It includes for the first-time a new class of Mycobacterium tuberculosis antigen-based skin tests (TBSTs), and the two existing classes of tests: the tuberculin skin test (TST) and the interferon-gamma release assays (IGRAs).IGRAs and TBSTs use Mycobacterium tuberculosis complex specific antigens and represent a significant advancement to TST which has been used for over half a century.



https://www.medbox.org/document/who-operational-handbook-on-tuberculosis-module-3-diagnosis-tests-for-tuberculosis-infection
https://apps.who.int/iris/rest/bitstreams/1471405/retrieve

Consolidated guidance on tuberculosis data generation and use: module 3: national tuberculosis prevalence surveys
World Health Organization WHO (2025)



National TB prevalence surveys provide a nationally representative measurement of the burden of TB disease in the population, at a given point in time. Repeat surveys allow assessment of trends and tracking of progress towards national and global targets for reductions in TB disease burden. Survey data also provide important insights that can help national TB programmes to identify ways to improve TB diagnosis and treatment.National TB prevalence surveys are relevant in countries that do not yet have national disease notification and vital registration systems that are of sufficiently high quality and coverage to allow reliable tracking of TB disease burden.

https://www.medbox.org/document/consolidated-guidance-on-tuberculosis-data-generation-and-use-module-3-national-tuberculosis-prevalence-surveys
https://reliefweb.int/attachments/6e4e175d-1b72-4c5b-b693-b03c3b0270ea/9789240108004-eng.pdf

Factors associated with the unsuccessful TB treatment outcomes in the northern regions of Namibia: a mixed methods study
Amkongo, M.; Mitonga, H. K.; Alfeus, A.; et al. (2023)

TB is among the leading causes of death globally. The disease has a huge burden in Namibia, with a case notification rate of at least 442 per 100,000. To date, Namibia is among the countries with the highest global TB burden, despite all efforts to reduce it. This study aimed to determine the factors associated with the unsuccessful treatment outcomes of the Directly Observed Therapy Short course (DOTS) programme in the Kunene and Oshana regions.

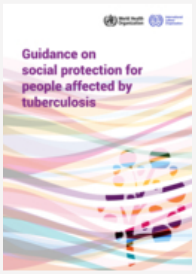
https://www.medbox.org/document/factors-associated-with-the-unsuccessful-tb-treatment-outcomes-in-the-northern-regions-of-namibia-a-mixed-methods-study
https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-023-08268-y

TB and Planetary Health

Guidance on social protection for people affected by tuberculosis
World Health Organisation (WHO) (2024)

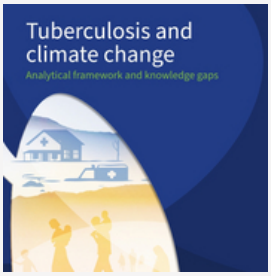
Social protection, a component of the WHO's End TB strategy, has been upheld by Member States as an essential part of the response to tuberculosis in several political declarations, including the 2017 Moscow Declaration to End TB, and both the political declarations of both the 2018 and 2023 United Nations General Assembly (UNGA) high-level meetings on the fight against TB. Furthermore, during

the 2023 high-level meeting, member states agreed on a new target to ensure that all people with TB have access to a comprehensive package of health and social benefits by 2027.



https://www.medbox.org/document/guidance-on-social-protection-for-people-affected-by-tuberculosis
https://iris.who.int/bitstream/handle/10665/376542/9789240089327-eng.pdf?sequence=1

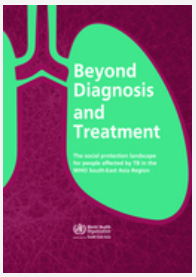
Tuberculosis and climate change: analytical framework and knowledge gaps
World Health Organization WHO (2025)



This report explores the intersection of TB and climate change, highlighting how climate-related challenges such as food and water insecurity, displacement, and disrupted healthcare access amplify TB risk. Intended as a resource for policymakers, researchers, development partners, financing institutions, and civil society, it advocates for recognizing TB as a climate-sensitive disease. The report promotes research, calls for increased financing, and provides an evidence-based framework to inform mitigation, adaptation, and resilience strategies in the global TB response.

https://www.medbox.org/document/tuberculosis-and-climate-change-analytical-framework-and-knowledge-gaps
https://iris.who.int/bitstream/handle/10665/381504/9789240109940-eng.pdf?sequence=1

Beyond diagnosis and treatment The social protection landscape for people affected by TB in the WHO South-East Asia Region, 2024
World Health Organization WHO (2024)



The WHO South-East Asia Region accounts for 45% of global TB cases, with economically disadvantaged populations being disproportionately affected. The health, social and economic impacts of TB, which are exacerbated by malnutrition, demand integrated social protection measures (SPMs) alongside medical care. This mixed-methods study, conducted in Bangladesh, Indonesia, Nepal and Thailand, reviewed TB-specific and TB-sensitive SPMs, as well as the associated barriers and opportunities. While some settings offer targeted support for drug-resistant TB, coverage for drug-sensitive TB is uneven and largely absent. Welfare schemes could be leveraged more widely, but face challenges relating to administration, awareness, and stigma. Recommendations include expanding economic, nutritional, and psychosocial support; strengthening multisectoral collaboration; and integrating TB patients into existing programmes. Addressing the social determinants of TB is essential to achieving regional elimination and related Sustainable Development Goals.

https://www.medbox.org/document/beyond-diagnosis-and-treatment-the-social-protection-landscape-for-people-affected-by-tb-in-the-who-south-east-asia-region-2024
https://iris.who.int/bitstream/handle/10665/379598/9789290210795-eng.pdf?sequence=1&isAllowed=y