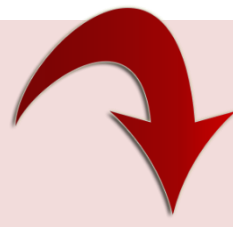
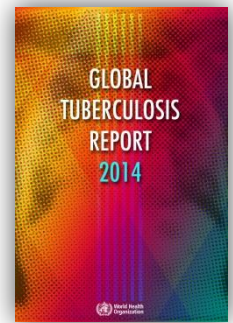


TUBERCULOSIS

WHO Global Tuberculosis Report 2014



37 million lives saved
between 2000 and 2013 through
effective diagnosis and treatment

45% decline
in TB mortality rate and 41%
decline in TB prevalence since 1990

Fragile progress in MDR-TB
diagnosis and treatment but widening
gaps in treatment coverage could
compromise gains

TB SITUATION AND ACCESS TO CARE

Tuberculosis (TB) is **contagious** and **airborne**. It ranks as the **second leading cause of death from a single infectious agent**, after the human immunodeficiency virus (HIV).

TB BURDEN

9 million people fell ill with TB in 2013, including **1.1 million** cases among people living with HIV.

In 2013, **1.5 million** people died from TB, including **360 000** among people who were **HIV-positive**.

510 000 women died from TB in 2013, including **180 000** among women who were **HIV-positive**. Of the overall TB deaths among HIV-positive people, 50% were among women. TB is one of the **top killers of women** of reproductive age.

An estimated **550 000** children became ill with TB and **80 000** children who were HIV-negative died of TB in 2013.

The **TB mortality rate** has **decreased 45%** since 1990.

TB CARE

Access to TB care has **expanded substantially** since the start of this millennium. Between 2000 and 2013, **37 million lives were saved** through effective diagnosis and treatment.

In 2013, 5.7 million newly diagnosed cases were notified to national TB programmes. Therefore about **3 million people with TB were “missed”**, either because they were *not diagnosed* or because they were *diagnosed but not reported*.

TB/HIV CO-INFECTION

In 2013, **48% of TB patients** globally had a **documented HIV test result**. In the **African region** that has the highest TB/HIV burden, **three out of four TB patients knew their HIV status**.

Globally, **70% of the TB patients** known to be living with HIV in 2013 were **started on antiretroviral therapy (ART)**.

In 2013, **5.5 million** people enrolled in HIV care were **screened for TB**, up from 4.1 million in 2012.

Of the people newly enrolled in HIV care in 2013, **0.6 million** were provided with **isoniazid preventive therapy**.

MULTIDRUG-RESISTANT TB

Globally in 2013, an estimated **480 000** people developed **multidrug-resistant TB (MDR-TB)** and there were an estimated **210 000** deaths from MDR-TB.

The number of people **diagnosed with MDR-TB** tripled between 2009 and 2013, and **reached 136 000** worldwide. This was equivalent to 45% of the estimated MDR-TB cases among notified TB patients. Progress in the detection of drug-resistant TB has been facilitated by the use of new rapid diagnostics.

A total of **97 000** patients were started on MDR-TB treatment in 2013, a three-fold increase compared with 2009. However, 39 000 patients were on waiting lists, and the gap between diagnosis and treatment widened between 2012 and 2013 in several countries.

Extensively drug-resistant TB (XDR-TB) has been reported by **100 countries** in 2013. On average, an estimated 9% of people with MDR-TB have XDR-TB.

NEW DIAGNOSTICS

Xpert® MTB/RIF, a rapid molecular diagnostic test, is being rapidly adopted by countries to detect TB and rifampicin-resistant TB. By end June 2014, **3 269 testing machines** and **7.5 million test cartridges** had been **procured by 108 of the 145 countries eligible for concessional prices**.

RESEARCH AND DEVELOPMENT

More than **50 companies** are involved in the development of **TB diagnostics**.

There are **10 new or re-purposed anti-TB drugs** in late phases of clinical development. In the last two years, two new drugs have been approved for the treatment of MDR-TB under specific conditions: **bedaquiline** and **delamanid**.

There are currently **15 vaccine candidates** in clinical trials.

FINANCING FOR TB CARE AND CONTROL

US\$ 8 billion per year is needed for a full response to the global TB epidemic in low- and middle-income countries by 2015, with a **funding gap** of **US\$ 2 billion** per year. The amount excludes resources required for research and development, which are estimated at about **US\$ 2 billion** per year.

DRUG-RESISTANT TUBERCULOSIS SURVEILLANCE & RESPONSE



ANTI-TB DRUG RESISTANCE SURVEILLANCE

This special supplement to the Global Tuberculosis Report 2014 marks the 20th anniversary of the Global Project on Anti-Tuberculosis Drug Resistance Surveillance and the TB Supranational Reference Laboratory Network.

It is the oldest and largest project on surveillance of antimicrobial drug resistance (AMR) worldwide.

There is impressive progress in surveillance coverage. By 2014, data on drug resistance were available for 144 countries, which collectively have 95% of the world's population and TB cases. This is a major increase compared with 1994–1999 when data were available for only 35 countries with 20% of the world's population and 16% of the global TB burden.

By 2013, data on trends in drug resistance were available for 96 countries. Analysis of trends focused on the period 2008–2013 suggests that globally, the proportion of new cases with MDR-TB was 3.5% in 2013. This has not changed compared with recent years.

As a pathfinder with two decades of experience to draw upon, the *Global Project on Anti-Tuberculosis Drug Resistance Surveillance* is a model for scaling up AMR surveillance for other infectious diseases.

MDR-TB POLICY AND RESPONSE

Surveillance of TB drug resistance over the last two decades has informed and guided the response to the MDR-TB epidemic. WHO has been issuing guidance on MDR-TB prevention, diagnosis and care since 1996.

There is progress in the MDR-TB response: 136 000 cases of MDR-TB were detected in 2013, up from 52 825 cases detected in 2009. The number of MDR-TB cases enrolled on treatment went up from 30 500 in 2009 to 97 000 in 2013.

Key challenges in the MDR-TB response include: growing gaps between numbers detected and numbers started on treatment; poor treatment outcomes due to health system weaknesses; lack of effective regimens; and insufficient funding including for research. These barriers must be urgently addressed.

Two new drugs for the treatment of MDR-TB have been approved over 2013–2014. Further, novel drug regimens for shortened treatment of drug-susceptible and/or drug-resistant TB, including new or re-purposed drugs, are under investigation.

Five priority actions – from prevention to cure – are needed to address the MDR-TB epidemic. These are outlined below:

Five priority actions to address the global MDR-TB crisis



PREVENT THE DEVELOPMENT OF DRUG RESISTANCE THROUGH HIGH QUALITY TREATMENT OF DRUG-SUSCEPTIBLE TB

Prevent MDR-TB as a first priority.



EXPAND RAPID TESTING AND DETECTION OF DRUG-RESISTANT TB CASES

Scale up rapid testing and detection of all MDR-TB cases.



PROVIDE IMMEDIATE ACCESS TO EFFECTIVE TREATMENT AND PROPER CARE

Ensure prompt access to appropriate MDR-TB care, including adequate supplies of quality drugs and scaled-up country capacity to deliver services.



PREVENT TRANSMISSION THROUGH INFECTION CONTROL

Implement appropriate TB infection control measures to minimize the risk of disease transmission. This remains one of the most neglected components of TB prevention and care.



INCREASE POLITICAL COMMITMENT WITH FINANCING

Underpin and sustain the MDR-TB response through high level political commitment, strong leadership across multiple governmental sectors, ever-broadening partnerships, and financing for care and research.