

# ON THE ROAD TO ENDING TB

HIGHLIGHTS FROM  
THE 30 HIGHEST TB  
BURDEN COUNTRIES



World Health  
Organization

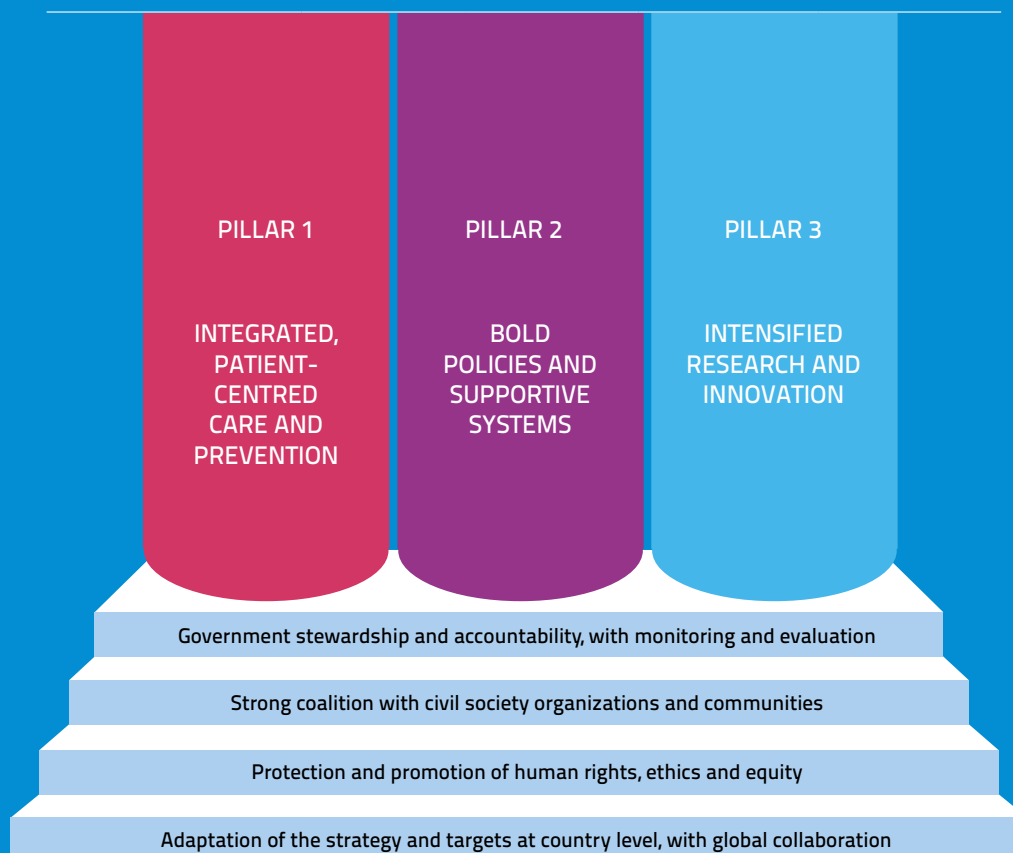


## VISION: A WORLD FREE OF TB

Zero deaths, disease and suffering due to tuberculosis

## GOAL: END THE GLOBAL TB EPIDEMIC

INDICATORS	MILESTONES		TARGETS	
	2020	2025	2030	2035
Reduction in number of TB deaths compared with 2015	35%	75%	90%	95%
Reduction in TB incidence rate compared with 2015	20% (<85/100 000)	50% (<55/100 000)	80% (<20/100 000)	90% (<10/100 000)
TB-affected families facing catastrophic costs due to TB (%)	0	0	0	0



The End TB Strategy is not a “one size fits all” approach and its success depends on adaptation for diverse country settings.

# ON THE ROAD TO ENDING TB

## HIGHLIGHTS FROM THE 30 HIGHEST TB BURDEN COUNTRIES

2016 marks the beginning of the Sustainable Development Goals (SDGs) era. Ending the global tuberculosis (TB) epidemic is the goal of the World Health Organization's End TB Strategy, and it is a SDG target for 2030.

Ending TB is a development challenge and opportunity. It is about tackling poverty and inequity. Ministries of Health cannot do it alone. Ending TB and achieving the SDGs requires intensified action across government ministries, communities, the private sector and civil society. It will take health and socioeconomic interventions, along with research and innovation. Progress across the SDGs will be essential.

World leaders have described the Sustainable Development Goals as a "collective journey" to improve the lives of people everywhere and have pledged that no one will be left behind.

### ON THE ROAD TO ENDING TB

In 2014, the World Health Assembly, led by Ministries of Health of 194 countries, adopted the post-2015 End TB Strategy, and pledged to implement it. The following pages provide some highlights of how the Ministries of Health of the 30 highest TB burden countries, and their partners, are beginning to adopt, adapt and implement the End TB Strategy. These countries represent both those with the greatest absolute numbers of people falling ill each year with TB, and those with the highest burden per capita. All are pathfinders in moving forward to end TB by overcoming challenges and innovating to accelerate progress.

This quick overview gives a sense of the efforts to shift gear and innovate. However, there are a host of huge challenges facing these high burden countries that restrict their efforts, including health system, human resource, and financial resource constraints.

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## 30 HIGHEST TB BURDEN COUNTRIES

Top 20 countries with highest estimated rates of people falling ill with TB

over 1 million

500 000 - 1 million

under 500,000

Top 10 countries with highest estimated rates per capita of people falling ill with TB and at least 10,000 cases per year\*

Incidence rate (number of new TB

cases per 100,000 population)

INDIA



2.2 million

RUSSIAN FEDERATION



120,000

BRAZIL



90,000



### Key TB facts

- TB ranks alongside HIV/AIDS as the world's top infectious disease killer.
- In 2014, 9.6 million people fell ill with TB and 1.5 million died from the disease.
- Globally, an estimated 480 000 people developed MDR-TB and 190 000 died in 2014.
- TB is a leading killer of people living with HIV: In 2014, 1 in 3 deaths was due to TB.

SIERRA LEONE



310/100,000

LIBERIA



308/100,000

NIGERIA



570,000

\*Excluding countries that are already among the top 20 countries with highest absolute burdens (South Africa, DPR Korea, Mozambique)







The “ABCs” of putting the End TB Strategy into practice are:

**A**DVOCACY

**B**ASELINE PREPAREDNESS

**C**OORDINATION AND COLLABORATION

This means advocating for political engagement, knowing your epidemic and collaborating with more partners.



## Ethiopia

Ethiopia’s political commitment, along with an army of thousands of health extension workers and community volunteers, is helping to successfully tackle TB in the country.

TB prevention and control is a top priority in Ethiopia’s Health Sector Transformation Plan for 2016–2020. The End TB Strategy milestones and targets have been fully integrated into its National TB Strategic Plan for the period. Building on these guideposts, implementation is moving along on all three pillars of the Strategy as part of the national health agenda.

Most fundamental is service access, and Ethiopia has made important strides in improving access through its Health Extension Programme, which deploys more than 40,000 health extension workers nationwide. Among their duties is helping individuals with TB symptoms to access diagnostic testing, and supporting them during treatment should they have TB.





## South Africa

South Africa's National Department of Health is leading a national dialogue on the approaches ahead needed to ensure universal health coverage.

Its integrated national TB and HIV response is framed by ambitious targets to extend access to prevention and care for the highest number of co-infected individuals in the world. The country is a leader in: enabling access to the rapid Xpert MTB/RIF test to detect TB and drug-resistant TB. Over 200 health services have the technology; extending treatment to prevent TB among people living with HIV, such that 60% of people worldwide receiving preventive therapy are in South Africa; using new recommended drugs in treatment of drug-resistant TB; and amplifying the voice of vulnerable populations. National authorities are working with top TB research institutions in South Africa in discussing research priorities and enabling more rapid use of research results in policy and practice.

## India

India, which has the largest number of TB cases worldwide with over 20% of the global total, is committed to achieving universal access to TB care as part of its campaign for a *TB Free India*.

Its Revised National Tuberculosis Programme has developed objectives for 2020, with milestones for each year, that are aligned with the End TB Strategy. Among the priorities are the provision of Xpert MTB/RIF and other rapid diagnostics, free treatment for all forms of TB both in the public sector and through special initiatives with private providers, accelerated expansion of treatment for MDR-TB, and expanding linkages with social welfare schemes, including nutritional support.

India is beginning to see a significant increase in reported TB case finding as a result of making notifications mandatory and intensifying efforts to engage the private sector, using a new web-based reporting system (*Nikshay*), featuring mobile applications. Efforts are underway to enhance *Nikshay* and use it to support spatial surveillance, drug-supply and inventory management, and possible electronic cash transfers to patients and providers.





## Russian Federation

The Russian Federation's High Level Working Group on TB was created over 15 years ago to address the worsening TB epidemic at the time.

The group brings together high level representatives across the Russian government, from research institutes, Oblast authorities and collaborating ministries such as the Ministry of Justice, as well as WHO. The Group has provided a long-lasting platform for policy dialogue that has facilitated the update of national strategies and guidelines in line with WHO recommendations. The Working Group has collaborated with over 30 national and international nongovernmental organizations in driving down the epidemic.

At its most recent meeting at the end of 2015, the group discussed the steps to be taken to implement the End TB Strategy and TB Action Plan for the WHO European Region 2016-2020, including needs in improving MDR-TB treatment, expanding ambulatory care and psychosocial support for those affected.

## Indonesia

Indonesia has the second largest number of TB cases in the world with 10% of the global total. These estimates are based on a recent nationwide population-based survey of TB prevalence conducted by Indonesia's National Institute of Health Research

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