



Countdown to 2015

**Global Tuberculosis Report 2013
Supplement**

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Cover design by Tom Hiatt, Western Pacific Regional Office and Irwin Law, WHO headquarters. The front cover illustrates the latest status of global progress for five indicators that are part of the Millennium Development Goals framework. These are the incidence rate of tuberculosis disease per 100 000 population per year, the prevalence of tuberculosis disease per 100 000 population, the tuberculosis mortality rate per 100 000 population per year, the case detection rate (the number of cases detected and reported to national tuberculosis programmes divided by the estimated incidence) and the treatment success rate for new TB patients started on treatment. Each pair of shapes represents both the most recent level of the indicator and a baseline year against which progress is measured. For incidence (green and dark orange), prevalence (grey and pink) and mortality (light orange and light blue), the top of the combined height of each pair of shapes shows the level in 1990. The lower of the two shapes in each pair shows the level in 2012. For the case detection rate, the combined height of each pair of shapes (dark blue and brown) shows the level in 2012 and the lower of the two shapes (dark blue) illustrates the level in 1995. For the treatment success rate (red and yellow), the combined height of each pair shows the level in 2011 and the lower of the two shapes (red) shows the level in 1995.

Designed by minimum graphics
Printed in France

WHO/HTM/TB/2013.13

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**World Health
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About this supplement

At the turn of the 21st century, the United Nations (UN) established 8 Millennium Development Goals (MDGs), with targets set for 2015 (www.un.org/millenniumgoals). Designed to drive progress worldwide and endorsed by all countries, the targets have been the focus of international and national development efforts for more than a decade. Tuberculosis (TB) was included as part of MDG 6, with a target that TB incidence should be falling by 2015. Two other 2015 global targets for reductions in disease burden (prevalence and mortality rates) and two additional indicators fit within the MDG framework (**Box S1**). In addition, 2015 targets for the response needed to address the specific challenges of multidrug-resistant TB (MDR-TB) and the TB/HIV co-epidemic were set within the *Global Plan to Stop TB 2011–2015*.¹

Just over two years remain before the end of 2015, the target deadline. This special supplement of the *Global Tuberculosis Report 2013* summarizes the status of progress towards targets set within the MDG framework (**Table S1**) and for the response to TB/HIV and MDR-TB specifically (**Table S2**), and the actions needed to either move beyond or accelerate towards these targets. Snapshots are provided globally, regionally and for the 22 high-burden countries (HBCs) that have about 80% of the world's TB cases (**Figure S1**) and that have received the greatest attention at the global level since 2000.

BOX S1

Global targets and indicators, data sources and interpretation

MDG 6, Target 6c. To halt and reverse the incidence of TB.

Indicators in the MDG framework and associated targets:

The indicators in the MDG framework are TB incidence, prevalence and mortality rates; the case detection rate; and the percentage of TB patients successfully treated. The Stop TB Partnership set targets to halve prevalence and mortality rates by 2015 compared with a baseline of 1990. In 1991, the World Health Assembly (WHA) set targets to detect at least 70% of incident cases and to successfully treat at least 85% of TB patients by 2000 (later reset to 2005); these WHA targets were not updated after 2005 but are still used for reference.

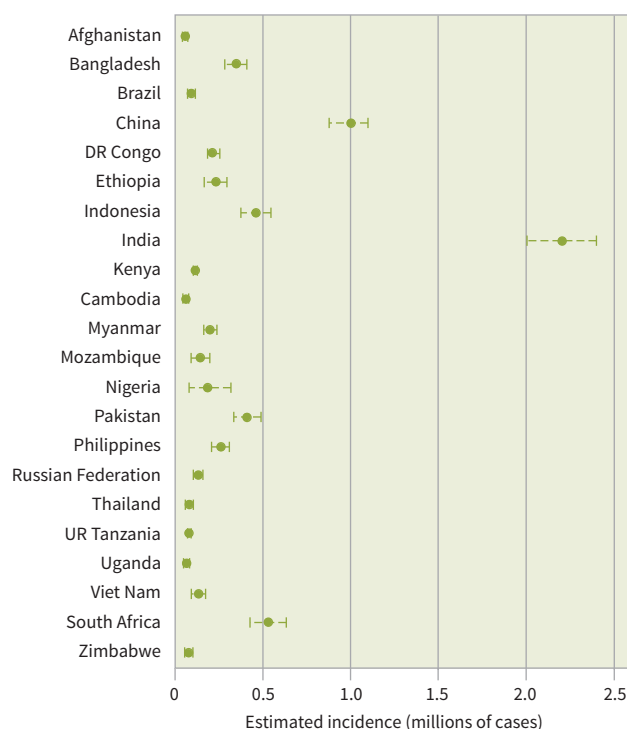
All tables and figures were prepared using data reported by Member States to WHO as well as estimates of the level of and trends in disease burden (incidence, prevalence, mortality) that are produced by WHO in consultation with countries. The data reported by countries and estimates of disease burden appear in the country profiles of the *Global Tuberculosis Report 2013* and were reviewed by countries in advance of publication. Other figures and tables are also based on data that appear in the *Global Tuberculosis Report 2013*.

In **Table S1** and **Table S5**, “met” means that the target had been reached by 2012; “on track” means that the latest projections suggest that the target will be reached by 2015; and “not on track” means that the target will not be reached by 2015 without a major acceleration in the current rate of progress.

The global, regional and country snapshots of actions needed to progress beyond or accelerate towards 2015 targets are based on the data presented in the tables complemented by recommendations from recent reviews of national TB programmes (NTPs), published literature, and discussions with experts at global, regional and national levels.

FIGURE S1

Estimated TB incidence, 22 high-burden countries, 2012. The range shows the lower and upper bounds of the 95% uncertainty interval. The bullet marks the best estimate.



¹ *The Global Plan to Stop TB, 2011–2015*. Geneva, World Health Organization, 2010 (WHO/HTM/STB/2010.2). Available at http://www.stoptb.org/assets/documents/global/plan/TB_GlobalPlanToStopTB2011-2015.pdf

56 million

TB patients successfully treated since 1995

22 million

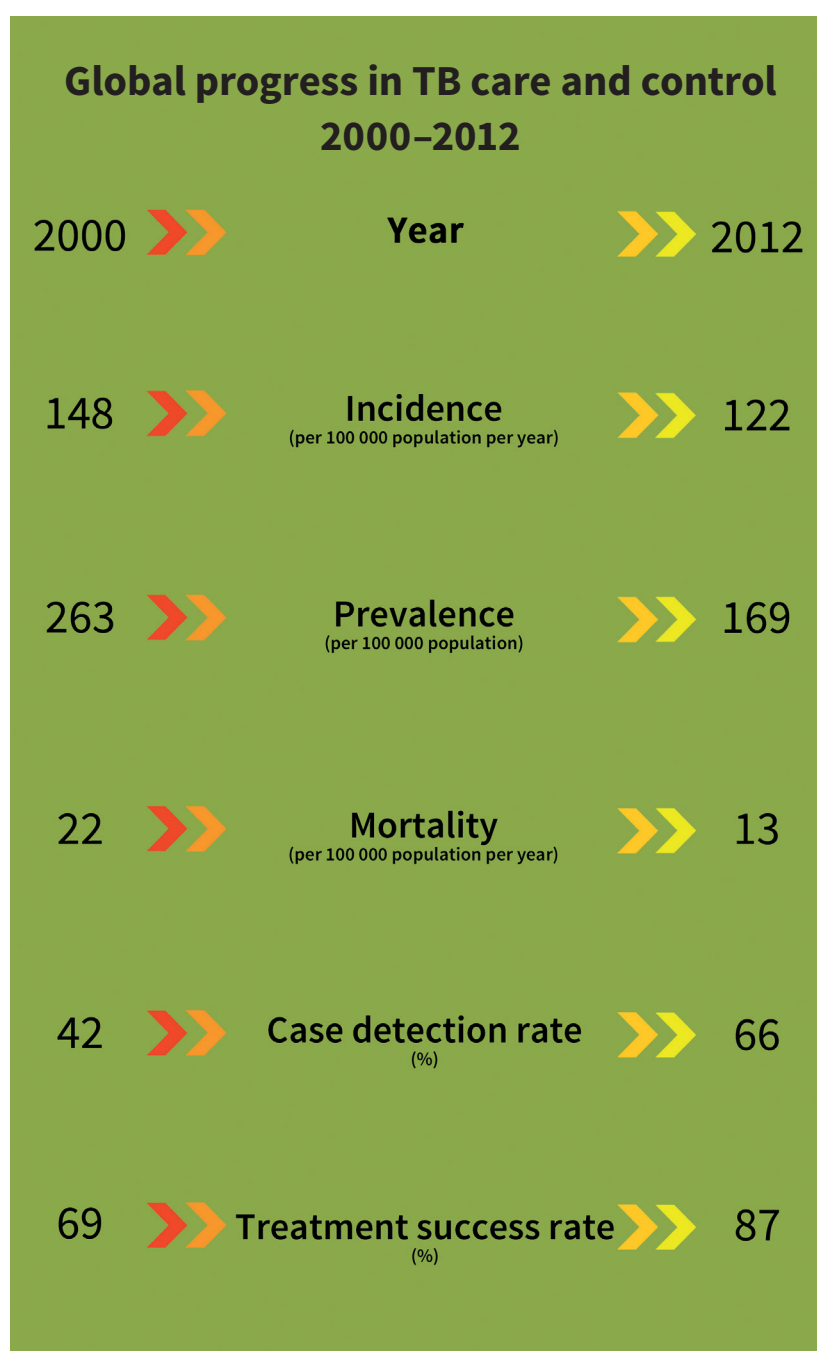
Lives saved since 1995

45%

Reduction in TB mortality rate since 1990

Global

FIGURE S2



Targets achieved or on track

There has been major progress towards 2015 targets established within the MDG framework (**Figure S2, Table S1, Table S2**).

- The **TB incidence rate** has been falling worldwide for about a decade, meaning that the **MDG target has been achieved globally**. TB incidence rates are also falling in all six WHO regions.
- By 2012, the **TB mortality rate** had been reduced by 45% since 1990 and the **target of a 50% reduction by 2015 is within reach**.
- **Seven of the 22 HBCs have met all of the 2015 targets** for reductions in TB cases and deaths: Brazil, Cambodia, China, the Philippines, Uganda, the United Republic of Tanzania and Viet Nam. A further **four HBCs are on track** to do so by 2015: Ethiopia, India, Myanmar and Thailand. Combined, these 11 countries had 51% of the global TB burden in 2012 and 47% of the world's population.
- One of the most important indicators of global progress is an **87% treatment success rate in 2011, up from 69% in 2000**. This demonstrates huge improvement in the provision of high quality TB care in most countries.

snapshot

Targets not on track

- Of the 8.6 million (range, 8.3–9 million) incident cases of TB estimated to have occurred in 2012, only 5.7 million (66%, range 64–69%) were both detected and notified to national TB programmes (NTPs) or national surveillance systems. This leaves **a gap of about 3 million people with TB** who were “missed”, either because they were *not diagnosed* or because they were *diagnosed but not reported*. About 75% of these “missed cases” are in 12 countries (**Table S3, Figure S3**).
- There are **11 HBCs that are not on track** to reach one or more of the three targets for reductions in incidence, prevalence and mortality, including three for which an updated assessment of progress is scheduled in 2013 or 2014. The 11 countries are the Democratic Republic of the Congo, Kenya, Mozambique, Nigeria, South Africa and Zimbabwe in the African Region; Afghanistan and Pakistan in the Eastern Mediterranean Region; Bangladesh and Indonesia in the South-East Asia Region; and the Russian Federation in the European Region. In two of the 11 countries (Mozambique, South Africa), the incidence rate is still estimated to be rising and in two others (Afghanistan, Democratic Republic of the Congo) it is not yet falling (**Table S1**). Most of the 11 countries have faced one or more severe challenges including resource constraints, conflict and instability, and generalized HIV epidemics.
- Globally, **progress towards targets for universal access to diagnosis and treatment of MDR-TB is far off-track** (**Table S2, Table S4, Table S5**); **in many countries this now constitutes a public health crisis** that is not being adequately recognized and addressed. Worldwide and in most countries with a high burden of MDR-TB, less than one third of the reported TB patients estimated to have MDR-TB (and about one-fifth of estimated incident cases) were actually detected in 2012. Almost 94 000 TB cases eligible for MDR-TB treatment (84 000 with MDR-TB and 10 000 with rifampicin resistance) were notified globally in 2012, while just over 77 000 cases were reported to have been placed on MDR-TB treatment during the same period. Gaps are growing rapidly in many countries, with patients reported to be on long waiting lists for treatment. The global treatment success rate is under 50% due to high levels of mortality and large numbers of patients being lost to follow-up. Inadequate management of TB is known to create and amplify resistance; this is clearly shown by the detection of at least one case of XDR-TB in 92 countries by the end of 2012.
- **Many countries have made considerable progress in responding to the TB/HIV co-epidemic**, especially those with the highest rates of TB/HIV co-infection (**Table S2**), **but targets have not yet been reached at the global level** for HIV testing among TB patients, provision of antiretroviral therapy (ART) to HIV-positive TB patients and provision of chemoprophylaxis to prevent TB among people living with HIV. Impressive levels of performance in some countries with a high TB/HIV burden (for example, Kenya and Ethiopia) show that much more can be achieved elsewhere.

TABLE S1

Progress towards 2015 targets set within the MDG framework. Assessment is for 2012 unless specified.

MDG Framework: Indicators and Targets						
Indicator		TB incidence rate	TB prevalence rate	TB mortality rate	TB case detection rate (%) ^a	TB treatment success rate: new cases, 2011 (%) ^a
Target		Incidence rate falling	50% reduction in prevalence rate by 2015 compared with 1990	50% reduction in mortality rate by 2015 compared with 1990		
Global						
Global		Met	Not on track	On track	66 (64–69)	87
WHO Region						
African (AFR)		Met	Not on track	Not on track	59 (55–64)	79
Americas (AMR)		Met	Met	Met	79 (74–85)	75
Eastern Mediterranean (EMR)		Met	Not on track	On track	63 (56–71)	88
European (EUR)		Met	Not on track	Not on track	74 (70–79)	72
South-East Asia (SEAR)		Met	On track	On track	62 (58–66)	89
Western Pacific (WPR)		Met	Met	Met	81 (75–89)	93
22 High-burden Countries						
AFR	DR Congo	Not on track	Not on track	Not on track	51 (44–59)	87
	Ethiopia	Met	On track	Met	64 (49–87)	89
	Kenya	Met	Not on track	Not on track	79 (76–83)	87
	Mozambique	Not on track	Not on track	On track	34 (25–50)	85 ^b
	Nigeria	Reassessment planned at end of 2013			51 (29–110)	85
	South Africa	Not on track	Not on track	Not on track	62 (52–75)	77
	Uganda	Met	Met	Met	69 (57–85)	73
	UR Tanzania	Met	Met	Met	79 (74–84)	88
	Zimbabwe	Met	Not on track	Not on track	46 (37–60)	80
AMR	Brazil	Met	Met	Met	82 (69–99)	73
EMR	Afghanistan	Not on track	Not on track	Not on track	52 (44–63)	88
	Pakistan	Reassessment planned at end of 2013			65 (54–78)	92
EUR	Russian Federation	Met	Not on track	Not on track	81 (70–96)	65
SEAR	Bangladesh	Reassessment planned in 2014			49 (41–59)	91
	India	Met	On track	On track	59 (54–66)	89
	Indonesia	Met	Not on track	Met	72 (61–87)	88
	Myanmar	Met	On track	Met	71 (62–83)	88
	Thailand	Met	On track	On track	76 (64–92)	82
WPR	Cambodia	Met	Met	Met	66 (57–77)	94
	China	Met	Met	Met	89 (79–100)	95
	Philippines	Met	Met	Met	84 (71–100)	87
	Viet Nam	Met	Met	Met	76 (59–100)	93
Classification						
		Met	Met	Met	≥70%	≥85%

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