

Information session for Member States
Agenda item: EB158/8

GLOBAL OVERVIEW

Towards a world free of TB: Delivering impact in a changing world

28 November 2025

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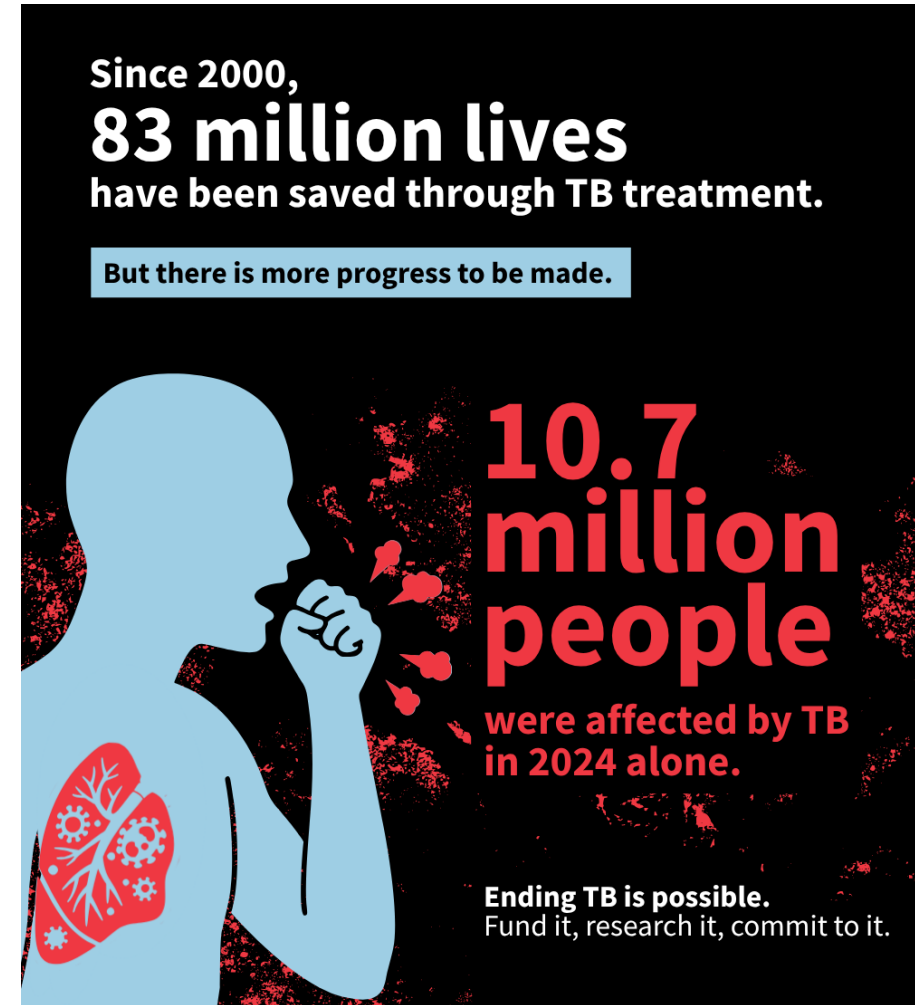
Outline

- Progress towards global TB targets
- Post-2030 TB strategy
- Discussion

GLOBAL OVERVIEW 2024:

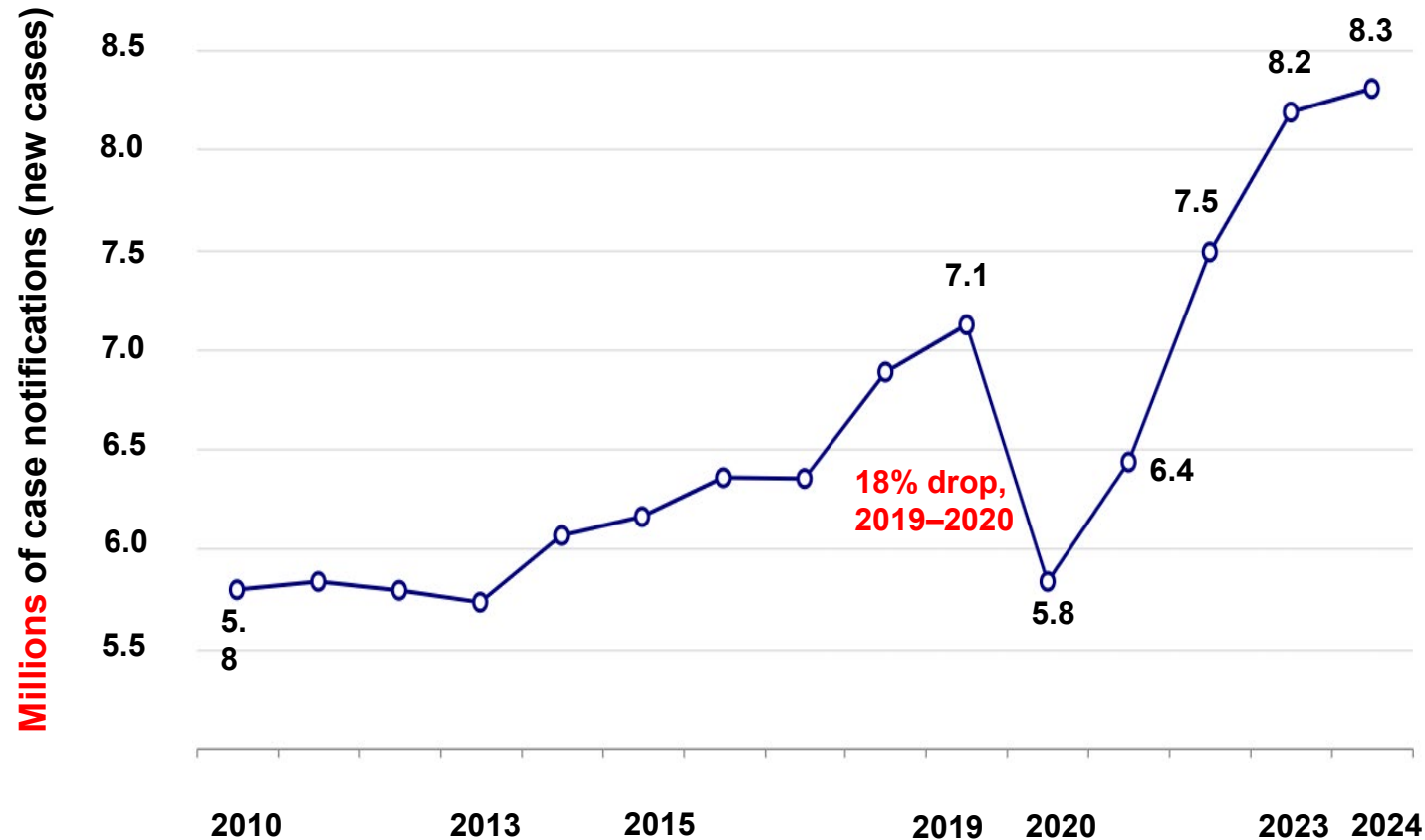
TB IS THE WORLD'S TOP INFECTIOUS KILLER

- **1.23 million** people died from TB
(inc. 150K people with HIV)
- **10.7 million** people fell ill with TB
- **390 000 people** developed **drug resistant** forms of the disease
- **About a quarter of the global population** is estimated to have been **infected with TB bacteria**



Source: WHO Global TB Report 2025

Access to TB services reached a record high (8.3 million) in 2024

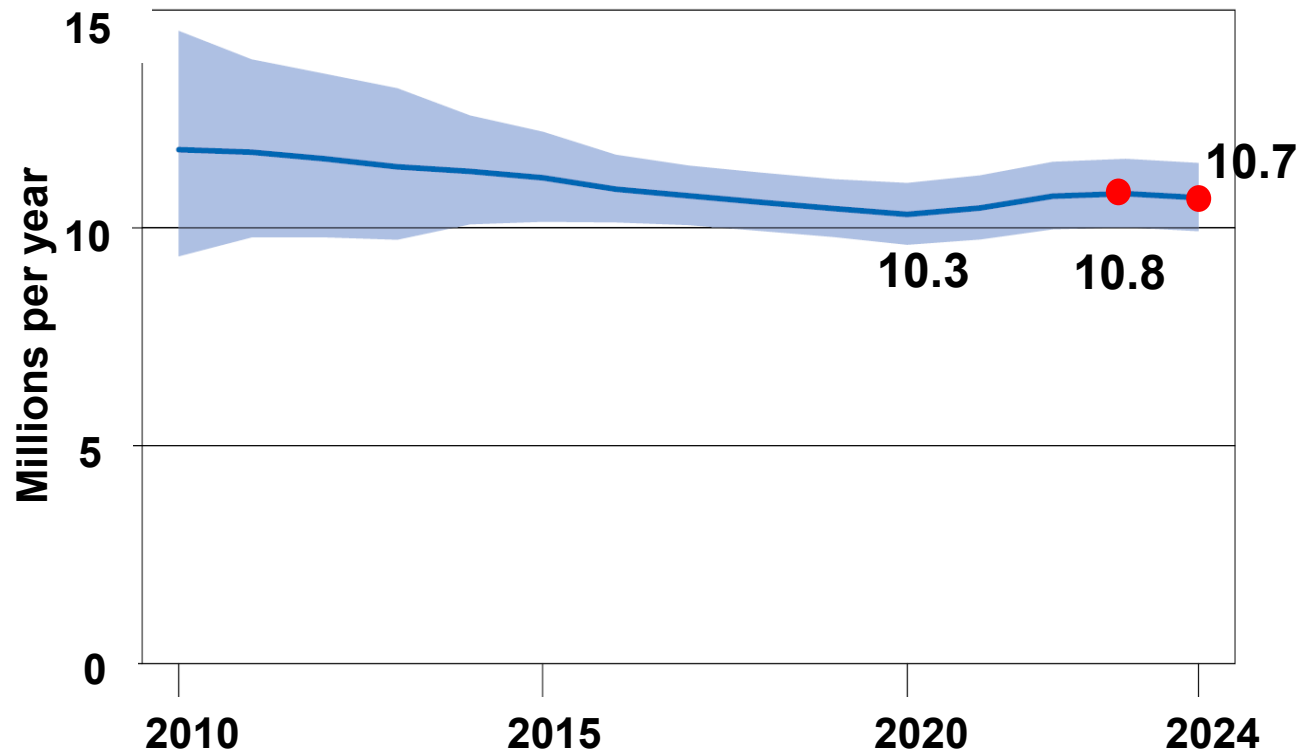


This increase reflects

- Improved access for individuals whose care had been delayed by COVID-19 pandemic-related service disruptions
- a rise in new cases between 2020 and 2023, likely driven by increased transmission during those disruptions.

TB incidence fell for the first time since 2020

Best estimate of 10.7 million in 2024

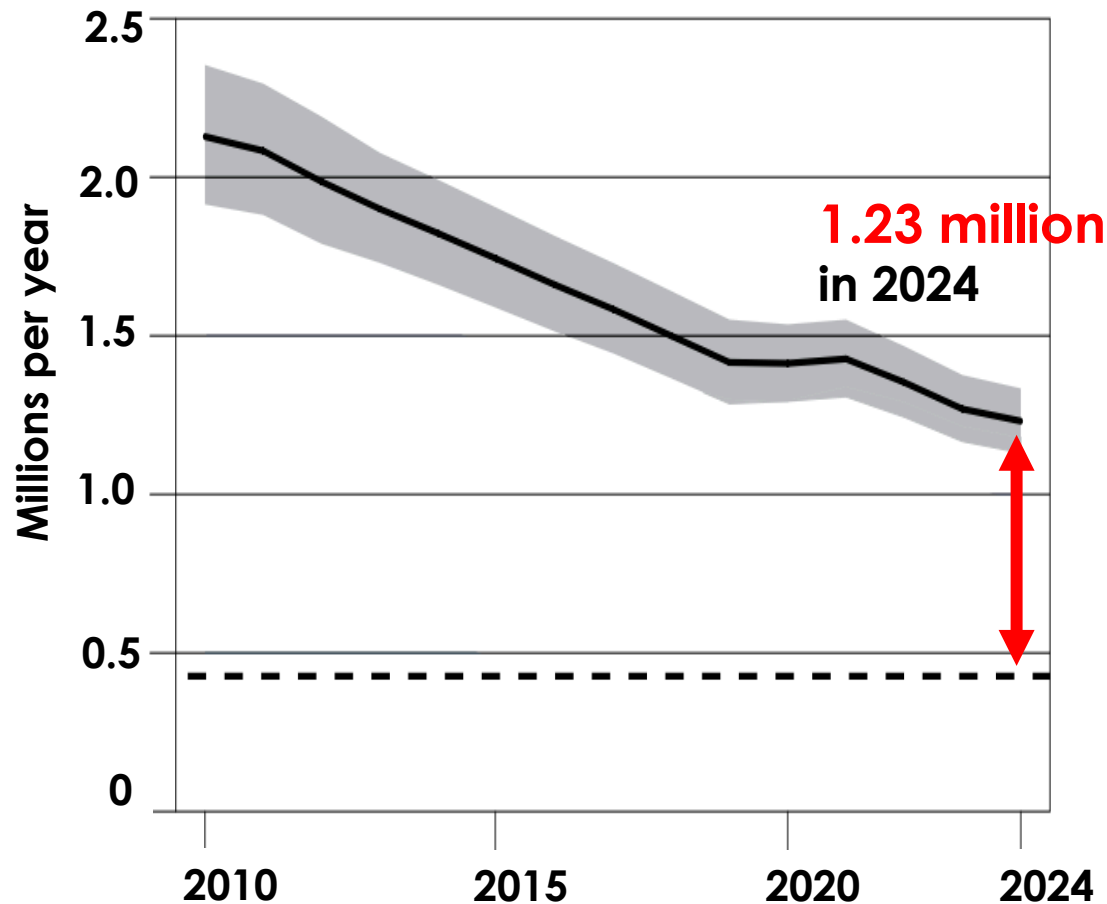


101 countries (mostly in Africa and Europe) estimated to have achieved reduction in TB incidence of $\geq 20\%$, 2024 vs 2015

Shaded area shows 95% uncertainty interval

Global number of deaths from TB* in 2024

29% below level of 2015

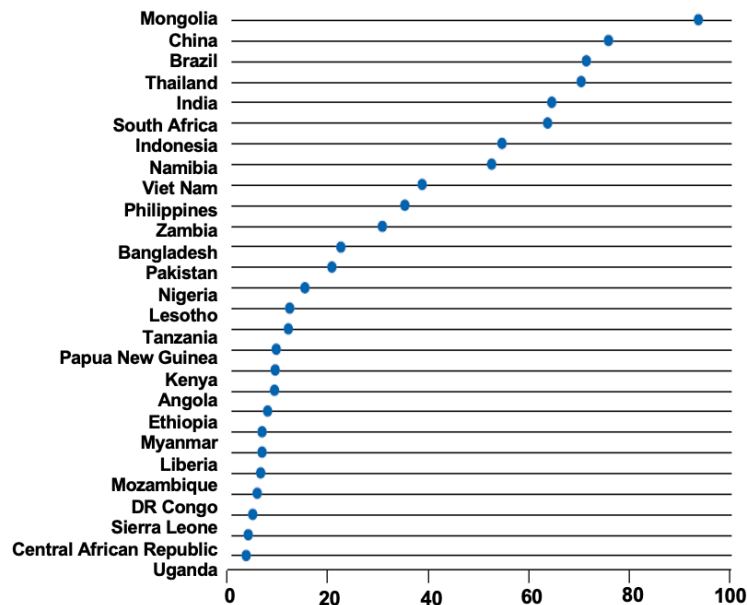


65 countries (mostly in Africa and Europe) estimated to have reduced the number of **TB deaths** by $\geq 35\%$, 2024 vs 2015*

*Combined total, including deaths from TB among people with HIV

About half of people with TB and their households face **catastrophic costs***

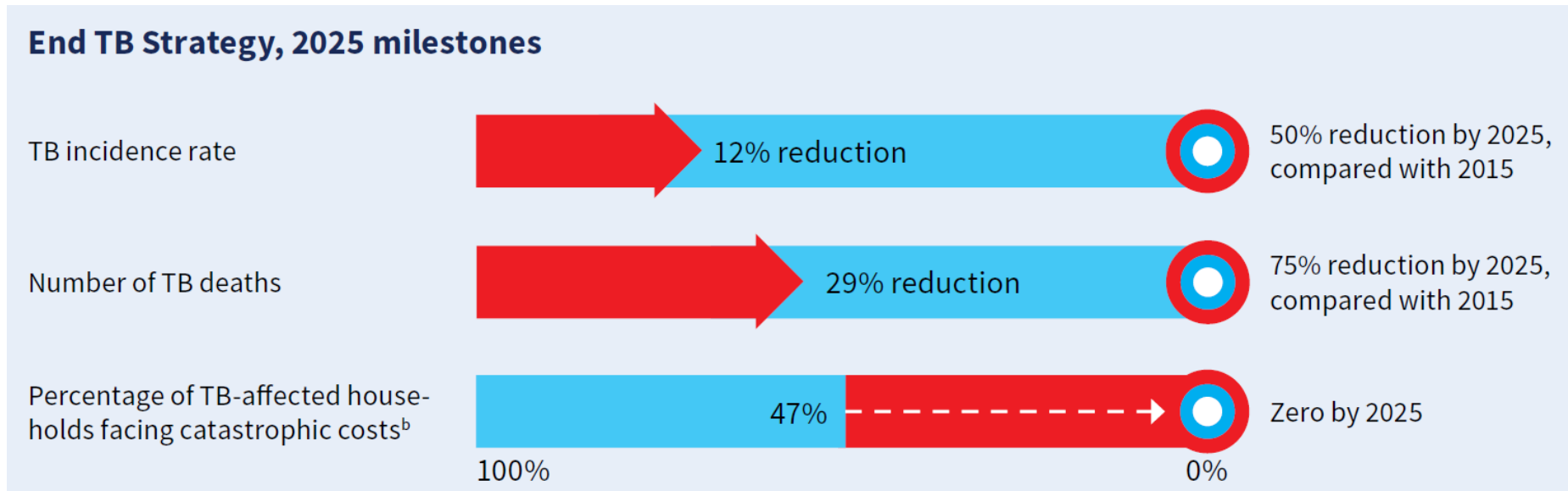
Percentage of general population covered by at least one social protection benefit in 19 high burden countries



- Coverage of social protection inadequate **global average = 52%**
- Coverage **<50%** in **19** high TB burden countries
- Social protection coverage is **strongly related to income level**: 9.7% in low-income countries, 86% in high-income countries

*total costs (including direct medical expenditures, direct non-medical payments, and indirect costs such as lost income) that exceeded 20% of annual household income

Summary of progress towards END TB Strategy targets



- TB remains a major global public health problem
- Progress towards targets are off track in most parts of the world
- Most indicators moving in the right direction and there are regional and country success stories

Summary of progress towards global TB targets

UN high-level meeting, 2023

2023 UN high-level meeting on TB, targets

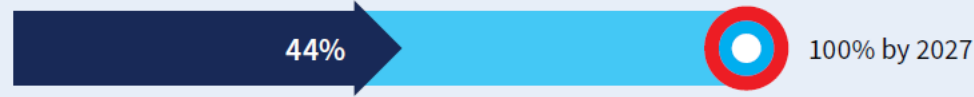
People diagnosed with TB who were initially tested with a WHO-recommended rapid test



Coverage of TB diagnosis and treatment



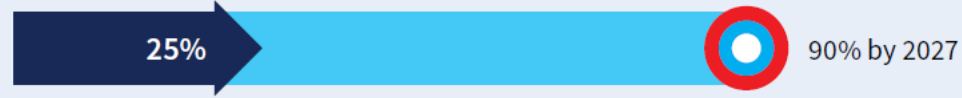
Coverage of health & social benefits^c



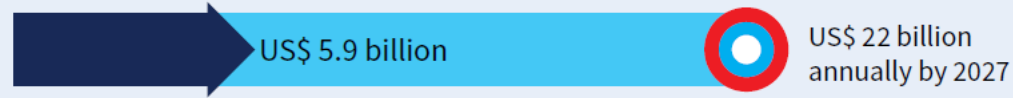
TPT coverage: people living with HIV



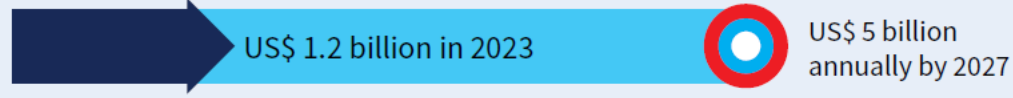
TPT coverage: household contacts



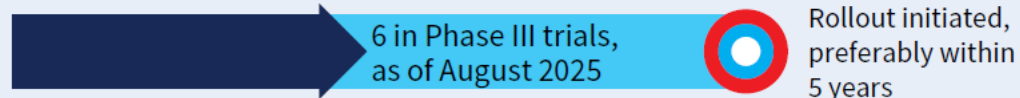
Funding: universal access to TB prevention, diagnosis, treatment and care



Funding: TB research



New TB vaccines that are safe and effective^d



Drug resistant TB remains a challenge



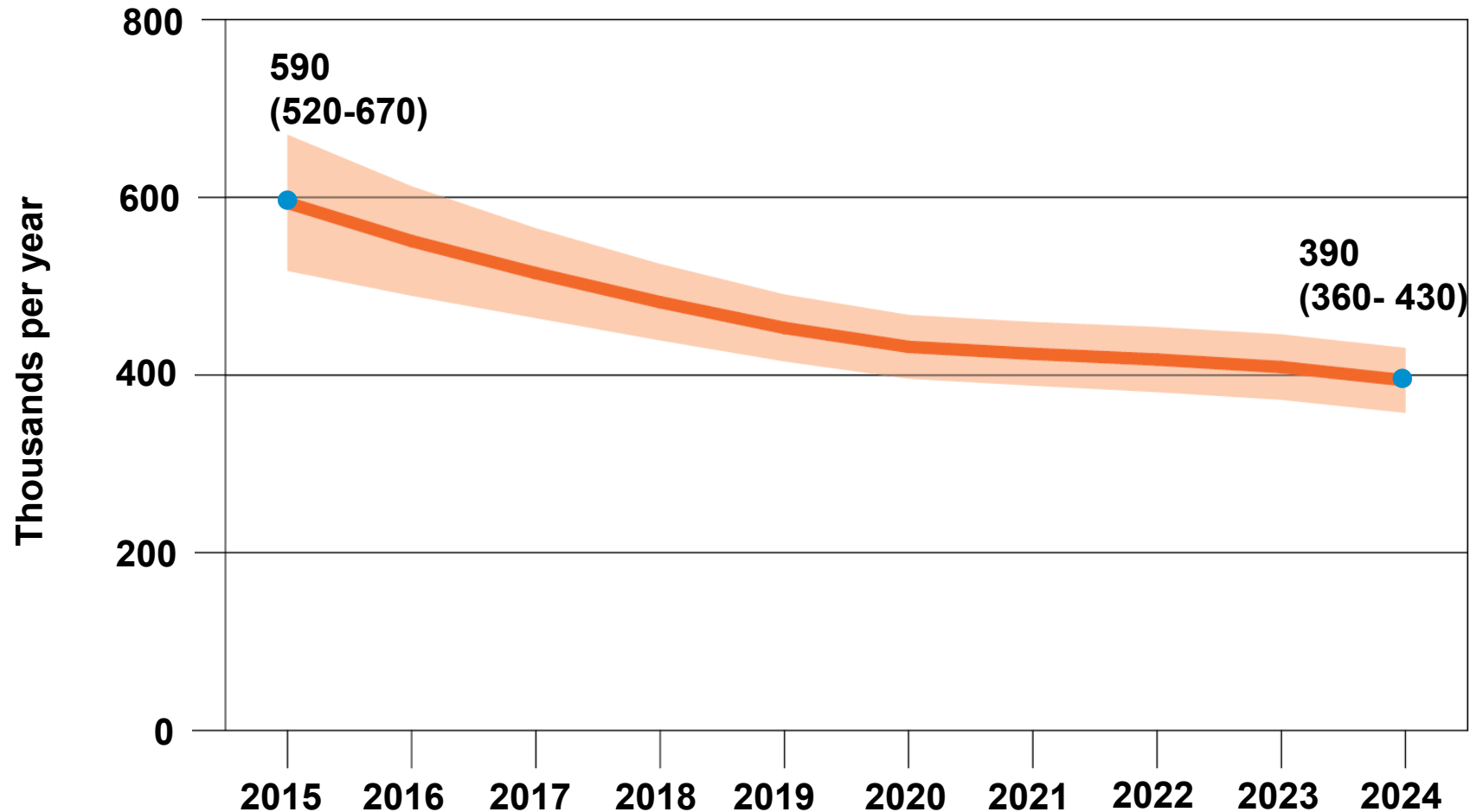
Drug-resistant TB remains
a public health crisis.

390 000 people fell ill with
drug-resistant TB in 2024.



Ending TB is possible.
Fund it, research it, commit to it.

Global number of people developing MDR/RR-TB each year **is falling slowly** since 2015



Approximately **only 2 in 5 people** with MDR/RR-TB received care

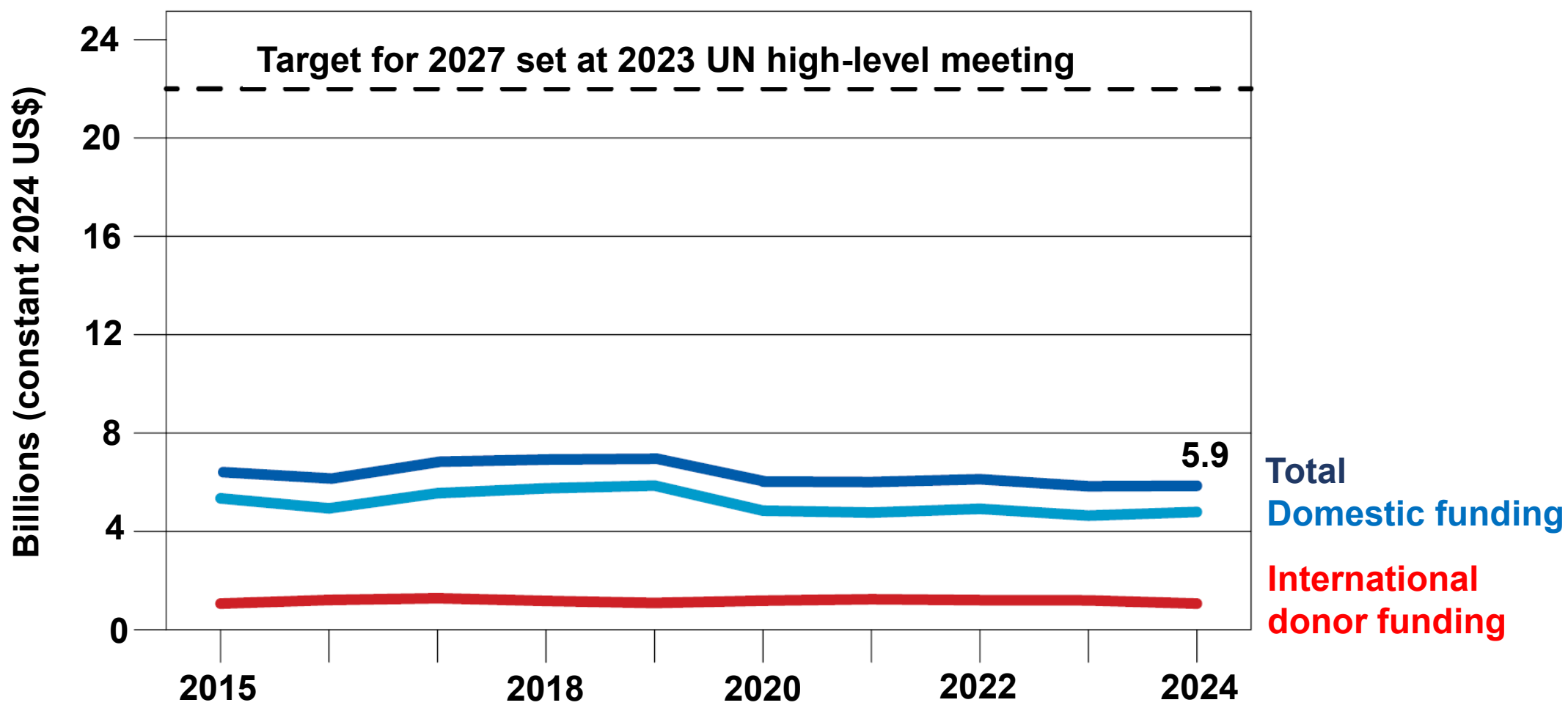
Funding for TB diagnosis, treatment and prevention

Remains low



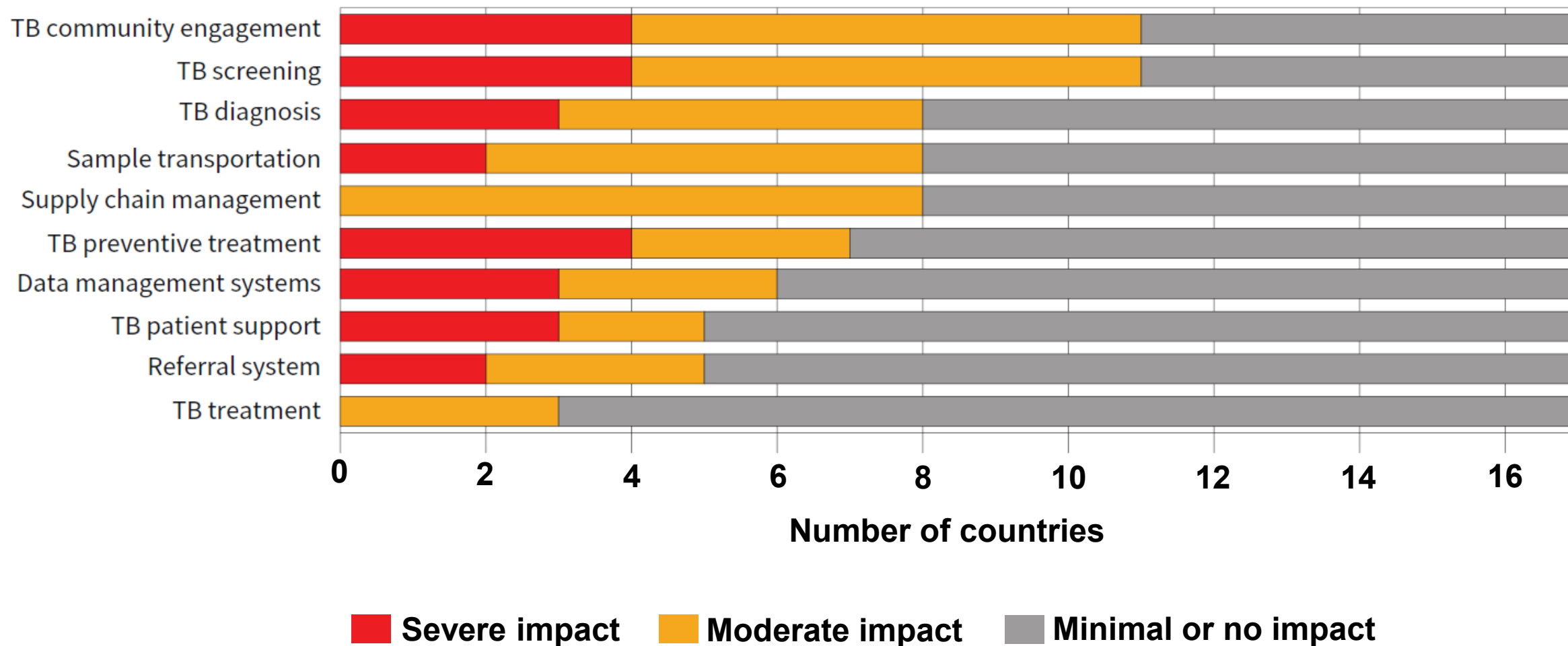
Funding for TB prevention, diagnosis and treatment stagnating since 2020 and only 27% of 2027 target

Based on data for 131 low and middle-income countries with 99% global TB case notifications



Impacts of funding cuts on TB services in 2025

17 (of 21) countries that received Global Fund grants and USAID bilateral funds



Supporting national prioritization in a challenging financial landscape

This new policy brief provides direction for evidence-informed, people-centred TB planning as health budgets tighten and pressures mount to protect care quality and access to high-impact services.



**Research and innovation is central to
fast-track progress**



Status of pipelines for diagnostics, drugs and vaccines*

63

diagnostic tests for TB disease and infection in development

29

drugs for treatment of TB disease in clinical trials

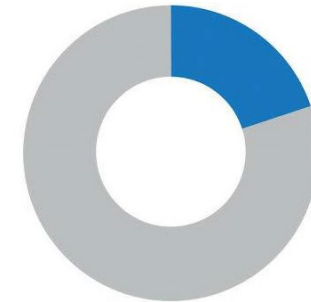
42+

clinical trials and other research studies for treatment of TB infection

18

vaccine candidates in clinical trials

Funding for TB research in 2024:
US \$1.2 Billion



25% of global target

*as of August 2025

Global Strategy for TB research and innovation

Translation to action

Objectives of the global strategy
on TB research & innovation



Create an enabling
environment for TB
research & innovation



Increase financial
investments in TB
research and
innovation

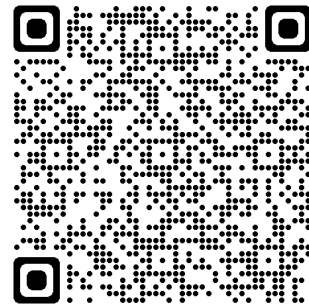


Promote and improve
approaches to data
sharing

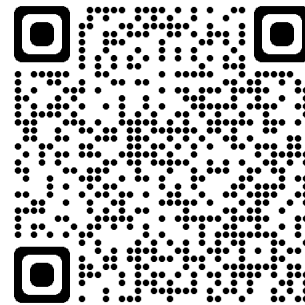


Ensure equitable
access to the benefits
of research and
innovation

**Individual
patient data
platform** for
tuberculosis
treatment



**TB research
tracker**, an
online platform
to track
progress in TB
research



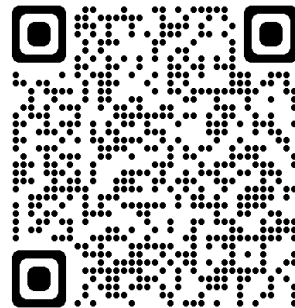
**TB treatment
clinical trials
platform**
country led
platform trial
under the aegis
of WHO



**TB vaccine
accelerator
council** to
fastrack TB
vaccine dev &
access



**Target
product
profiles**
for new
tools



Engagement in **BRICS TB research network**

KEY MESSAGES: Core enablers for national progress toward ending TB



POLITICAL LEADERSHIP

TB's status as the top infectious killer makes it a practical benchmark for world leaders committed to delivering real health gains



INTEGRATED RESPONSE

Deliver a comprehensive, system-wide approach that weaves TB response into both health and social care initiatives.



MULTISECTORAL COLLABORATION

Close collaboration and leveraging of resources across sectors is vital to fast track the TB response and tackle the drivers of the epidemic.



INCREASING INVESTMENTS

Increased and sustained investments for the TB response through innovative financing mechanisms critical to accelerate the response



FAST-TRACKING TB RESEARCH & ROLLOUT

Intensifying investments in TB research to accelerate the development and uptake of POC tests, shorter more effective treatments and new vaccines.

Shaping a post-2030 Strategy



**World Health
Organization**

ACTION BY THE EXECUTIVE BOARD

24. The Board is invited to note the report and consider the following draft decision:

The Executive Board, having considered the report by the Director-General,¹³

Decided to recommend to the Health Assembly the adoption of the following decision:

The Seventy-ninth World Health Assembly, having considered the report on the End TB Strategy,

Decided to request the Director-General:

- to develop a WHO post-2030 tuberculosis strategy, in consultation with Member States and relevant stakeholders, which will guide the Secretariat's support to Member States, is aligned with broader strategic frameworks, including primary healthcare, universal health coverage, and global health security, and takes into consideration the changing international public health architecture.
- to submit to the Eighty-first World Health Assembly, through the Executive Board, a WHO post-2030 tuberculosis strategy for its consideration and possible endorsement.
- to continue to report on ending tuberculosis to the Eighty-first and Eighty-third World Health Assemblies in 2028 and 2030, as requested in resolution WHA73.3, with the report to the Eighty-first World Health Assembly informing preparations for the third United Nations high-level meeting on tuberculosis in 2028.



WHO declares TB an emergency

1993

2000



2006



2015



2017



FIRST UN HIGH LEVEL MEETING ON TB

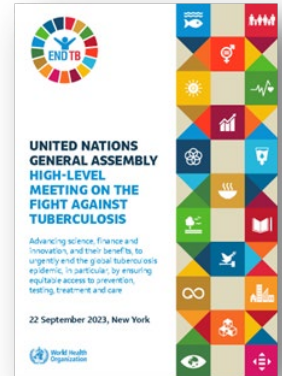
2018



GLOBAL MINISTERIAL CONFERENCE

2023

SECOND UN HIGH LEVEL MEETING ON TB



2027

WHO GLOBAL MINISTERIAL CONFERENCE (TBC)

2028

THIRD UN HIGH LEVEL MEETING ON TB



2030

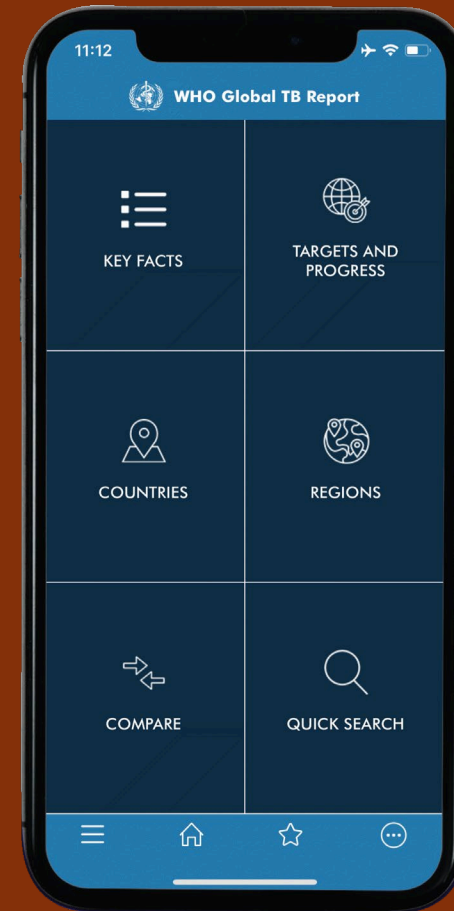
Rationale

- **Adapt to current realities** acknowledging that progress toward current targets is off track
- Account for extended **consultation and intergovernmental processes**
- Inform/informed by the **post-SDG framework**
- To inform the **Third UN High-Level Meeting on TB** in 2028
- **Leverage emerging innovations**, the R&D pipeline, new strategies & approaches in health and development, primary health care, community engagement, etc.
- To support **all countries**, across the **full spectrum of disease burden**, in their fight against TB.

Roadmap for developing a post-2030 TB Strategy

1. Preparatory work led by WHO Secretariat per recommendation by STAG-TB: **June 2025–May 2026**
2. Submission of DG's report to EB158 and WHA79 (Agenda END TB Strategy), with a decision point to initiate the development of a post-2030 TB Strategy: **Feb and May 2026**
3. Initiate global and regional consultations : **2026– 2027**
4. Consideration of the draft global strategy for possible adoption by WHA: **May 2028**
5. Commencement of Strategy implementation: **post-2030**

Thank you!



World Health
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HEALTH
FOR ALL

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ADDITIONAL INFORMATION

For more resources on the latest TB data and country/regional status, explore the following:

- Slide decks: [CLICK HERE](#)
- Summary report: [CLICK HERE](#)
- Interactive detailed website: [CLICK HERE](#)

Updates on WHO Secretariat's TB response



STRENGTHENING END TB LEADERSHIP IN NEW AGILE WHO STRUCTURE

- **WHO reorganization and transformation** undertaken in 2025 to mitigate the impact of funding cuts and move towards a more **streamlined and agile WHO**
- The **work on tuberculosis** has been **integrated** into the **WHO Department for HIV, TB, Hepatitis, and STIs**
- The vision of the department is to lead the global effort to **end the epidemics of HIV, TB, Hepatitis, and STIs**, ensuring that every person has equitable access to highest-quality people-centred scientific evidence and services, regardless of who they are or where they live.
- **Ending TB will continue to remain a priority** as part of the broader WHO mandate on Health for All.





WHAT WILL BE OUR PRIORITIES IN THE NEXT BIENNIUM

- **Strategic leadership:** Lead the global effort to end the epidemics of HIV, TB, Hepatitis, and STIs by shaping strategies, catalyzing political and multisectoral commitment, and driving accountability, advocacy, and partnerships to advance UHC, PHC, and health security.
- **Evidence-based normative guidance development:** Develop and implement evidence-based, high-impact norms and standards in engagement with strategic partners.
- **Capacity building and policy implementation:** Support countries in translating global guidance into action through technical assistance and capacity building, especially in high-burden settings.
- **Data for monitoring disease burden and impact:** Strengthen the use of strategic information to monitor burden, assess impact, guide decisions, and track progress toward 2030 targets.
- **Health equity and community engagement:** Integrate equity and rights-based approach across all normative and programmatic work; and position communities and civil society as central actors in addressing social determinants and driving integrated responses.
- **Research agenda:** Shape and promote research & innovation, scaling uptake of novel health technologies, and delivery models.



WHAT WILL BE OPTIMIZED IN THE NEXT BIENNIUM

- **Prioritizing high impact normative products** and **consolidating** guidelines across interconnected health topics.
- **Unify data and surveillance systems** across diseases, ensuring strong integration with WHO's central data hub to enhance data coherence and utility.
- Identify areas for **optimization** across disease areas, including **capacity building**.
- **Engagement** in policy dialogues that offer clear outcomes or deliver high strategic returns.