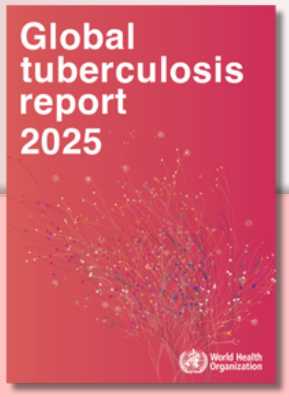
World Health Organization

Global tuberculosis report 2025



TB SITUATION AND RESPONSE

Tuberculosis (TB) is the world's leading cause of death from a single infectious agent and among the top 10 causes of death worldwide. It was also the leading killer of people with HIV and a major cause of death related to antimicrobial resistance.

TB is contagious and airborne.

TB BURDEN

- In 2024, an estimated 10.7 million people fell ill with TB worldwide, including 5.8 million men, 3.7 million women and 1.2 million children and young adolescents. People living with HIV accounted for 5.8% of the total.
- The TB incidence rate also fell, by 1.7% between 2023 and 2024, and is back to the level of 2020. Globally, the net reduction in the TB incidence rate from 2015 to 2024 was 12%, far from the WHO End TB Strategy milestone of a 50% reduction by 2025.
- Globally in 2024, TB caused an estimated 1.23 million deaths, including 150 000 people with HIV, compared with 1.25 million in 2023.
- In 2024, eight countries account for two thirds of the total number of people who fell ill with TB: India, Indonesia, the Philippines, China, Pakistan, Nigeria, the Democratic Republic of the Congo and Bangladesh. The top five countries accounted for 55% of the global total.

TB CARE AND TREATMENT

- Global efforts to combat TB have saved an estimated 83 million lives since 2000.
- Globally in 2024, 8.3 million people were reported as newly diagnosed with TB in 2024 – a small increase from 8.2 million in 2023 and 78% of the estimated number of incident cases. Of these, 54% were initially tested with a rapid test, up from 48% in 2023.
- There is still a large global gap between the estimated number of people who fell ill with TB and the number of people newly diagnosed, with approximately 2.4 million people not diagnosed with the disease, or not officially reported to national authorities in 2024.

DRUG-RESISTANT TB

- Globally, an estimated 390 000 people developed multidrug-resistant or rifampicin-resistant TB (MDR/RR-TB) in 2024.
- A total of 164 545 people were treated for rifampicin-resistant TB (RR-TB) in 2024. This was 42% of the approximately 390 000 people who developed RR-TB in 2024, almost the same as in 2023.
- The treatment success rate for drug-susceptible TB remains high, at 88%, and has improved to 71% for RR-TB.

ADDRESSING THE CO-EPIDEMICS OF TB AND HIV

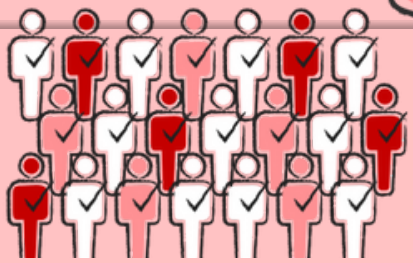
- Among all incident cases of TB in 2024, approximately 619 000 people living with HIV developed TB, with the highest burden occurring in countries in the WHO African Region.
- The global coverage of HIV testing among people diagnosed with TB remained high in 2024, at 82%. This was a slight increase from 81% in 2023 and 80% in 2022.
- In 2024, the global coverage of ART for people living with HIV who were newly diagnosed with TB and reported as TB cases reached 91%, continuing the high level maintained since 2019 and rising from 88% in 2023.

TUBERCULOSIS IS THE WORLD'S LEADING INFECTIOUS KILLER

1.23 MILLION
TB DEATHS INCLUDING
150 000
DEATHS AMONG PEOPLE WITH HIV

TB is also the leading cause of deaths among people with HIV and a major contributor to deaths associated with antimicrobial resistance

IN 2024 AN ESTIMATED
10.7 MILLION
PEOPLE FELL ILL WITH TB

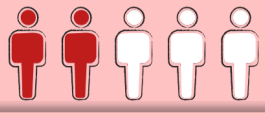


83 MILLION
LIVES SAVED DUE TO GLOBAL EFFORTS TO COMBAT TB

DRUG-RESISTANT TB REMAINS A PUBLIC HEALTH CRISIS

WITH GAPS IN DETECTION AND TREATMENT

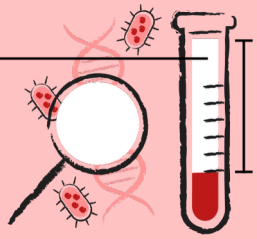
Only about
2 IN 5 PEOPLE
with drug-resistant TB accessed treatment



US$ 22 BILLION
REQUIRED PER YEAR FOR TB PREVENTION, DIAGNOSIS, TREATMENT AND CARE

US$ 5.9 BILLION
WAS AVAILABLE IN 2024
of which 82% domestic financing and US$ 1.1 billion international financing

US$ 5 BILLION
REQUIRED PER YEAR FOR TB RESEARCH



TB PREVENTIVE TREATMENT

- WHO recommends TB preventive treatment for people living with HIV, household contacts of those with bacteriologically confirmed pulmonary TB, and clinical risk groups (e.g. those receiving dialysis).
- Globally, 5.3 million people at high risk of developing TB disease were provided with TB preventive treatment in 2024: 3.5 million close contacts of people diagnosed with TB and 1.8 million people living with HIV.
- TPT coverage was 58% among people living with HIV (up from 56% in 2023) and 25% among household contacts (up from 20% in 2023).

UPTAKE OF DIAGNOSTICS, NEW DRUGS AND REGIMENS

- Increasing access to early and accurate diagnosis using a molecular WHO-recommended rapid diagnostic test is one of the main components of TB laboratory-strengthening efforts under the End TB Strategy.
- The use of rapid diagnostic tests remains far too limited. A WHO-recommended rapid molecular test was used as the initial diagnostic test for 54% of the 8.3 million people newly diagnosed with TB in 2024, up from 48% in 2023.
- Globally, the use of 6-month treatment regimens is expanding. In 2024, 34 256 people with MDR/RR-TB were reported to have been started on treatment with 6-month regimens, a substantial increase from 5653 in 2023 and 1744 in 2022. By the end of 2024, 6-month regimens were being used for treatment of MDR/RR-TB in 97 countries, up from 60 at the end of 2023 and 41 at the end of 2022.
- There was an increase in access to shorter (1–3 months) rifamycin-based regimens for TB preventive treatment. In 2024, it reached 2.1 million people in 88 countries, more than double the total of 1.0 million people in 86 countries in 2023.

TB FINANCING

- At the 2023 UN high-level meeting on TB, Member States committed to mobilizing at least US$ 22 billion for TB prevention, diagnosis, treatment and care by 2027.
- There was a decline in global funding available on essential TB services from US$ 6.5 billion in 2019 to US$ 5.9 billion in 2024, which is only 27% of the global target of US$ 22 billion.
- In 2024, the overall figure for the share of funding provided from domestic sources in LMICs continued to be strongly influenced by the five original BRICS countries: Brazil, the Russian Federation, India, China and South Africa (BRICS). Together, these countries accounted for US$ 3.1 billion (64%) of the total of US$ 4.8 billion in 2024 that was provided from domestic sources.
- Financing for TB research and development at US$ 1.2 billion in 2023 also continues to fall far short of the global target of US$ 5 billion per year, constrained by the overall level of investment.
- Cuts to international donor funding from 2025 onward pose a serious challenge. Modelling studies have already warned that long-term cuts to international donor funding could result in up to 2 million additional deaths and 10 million people falling ill with TB between 2025 and 2035.

WHO's Department for HIV, Tuberculosis, Hepatitis & Sexually Transmitted Infections, together with WHO regional and country offices, leads the global effort to end these epidemics, 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.

More information: www.who.int/tb

RESEARCH AND INNOVATION

- The diagnostic pipeline has expanded considerably in terms of the number of diagnostic classes, tests, products and methods in development. There are new biomarker-based point-of-care and near point-of-care test classes for the diagnosis of TB disease, and new tests in existing diagnostic classes.
- In August 2025, there were 18 vaccine candidates in clinical trials, up from 15 in 2024: four in Phase 1, eight in Phase 2 and six in Phase 3. They included candidates to prevent TB infection and TB disease, and to help improve the outcomes of treatment for TB disease.
- In August 2025, there were at least 42 clinical trials and implementation research studies underway to evaluate drug regimens and models of delivery for TPT.
- At least 16 studies of novel delivery models in both community and facility-based settings are being implemented.

UNIVERSAL HEALTH COVERAGE, SOCIAL PROTECTION, SOCIAL DETERMINANTS AND MULTISECTORAL ACTION

- Global TB targets for reductions in TB disease burden can only be achieved if TB diagnostic, treatment and prevention services are provided within the context of progress towards UHC, and if there is multisectoral action to address the broader determinants that influence TB epidemics.
- About 50% of people treated for TB and their households face total costs (direct medical expenditures, direct non-medical expenditures and indirect costs such as income losses) that are catastrophic (>20% of annual household income), far from the WHO End TB Strategy target of zero.
- In most high TB burden countries, less than 50% of the general population has access to at least one social protection benefit and values for the UHC service coverage index (SCI) are in the range 40–60 (out of 100). However, coverage remains deeply unequal: only 9.7%of the general population in low-income countries have access to such support compared to 86% in high-income countries.
- Globally in 2024, there were estimated 0.97 million new TB cases that were attributable to undernutrition, 0.93 million to diabetes, 0.74 million to alcohol use disorders, 0.70 million to smoking and 0.57 million to HIV infection.
- From 2019 to 2024, WHO worked with high TB burden countries to ensure the inclusion of accountability mechanisms in national budget planning and pursued assessment during high-level missions and joint TB programme reviews with engagement of civil society representatives, in line with WHO's multisectoral accountability framework on TB.
- The Global TB Report features a TB-SDG monitoring framework that focuses attention on 14 SDG-linked indicators associated with TB incidence. Monitoring of these indicators can be used to identify key influences on the TB epidemic and to inform priority-setting for multisectoral action.