Top findings and messages in the 2025 report

TB remains a major global public health problem and progress in reducing the burden of disease falls far short of 2030 targets in most parts of the world. Nonetheless, after setbacks during the COVID-19 pandemic, most indicators are moving in the right direction and there are regional and country success stories. Changes in the funding landscape threaten this progress.

Globally in 2024, an estimated 10.7 million people (95% uncertainty interval [UI]: 9.9–11.5 million) fell ill with TB (incident cases) and 1.23 million died from the disease (95% UI: 1.13–1.33 million).[a] The TB incidence rate (new cases per 100 000 population per year) was 131 (95% UI: 122–141) and the case fatality rate was 11.5%.

TB is one of the top 10 causes of death worldwide and the leading cause of death from a single infectious agent.

Most of the people who develop TB disease each year are in 30 high TB burden countries: they accounted for 87% of the global total in 2024. The top eight (67% of the worldwide total) were India (25%), Indonesia (10%), the Philippines (6.8%), China (6.5%), Pakistan (6.3%), Nigeria (4.8%), the Democratic Republic of the Congo (3.9%) and Bangladesh (3.6%).

In 2024, 54% of people who developed TB were men, 35% were women and 11% were children.

Globally, the absolute number of people falling ill with TB decreased in 2024 for the first time since 2020, following 3 consecutive years of increases (2021–2023) due to COVID-related disruptions to TB diagnosis and treatment. The total of 10.7 million was a small (1%) reduction from 10.8 million in 2023, but still above the level of 2020 (10.3 million).

There was a larger (1.7%) global decline in the TB incidence rate between 2023 and 2024; at 131 per 100 000 population in 2024, this was back to the level of 2020. The net reduction from 2015 to 2024 was 12%, far from the End TB Strategy milestone of a 50% reduction by 2025 and the target of an 80% reduction by 2030.

Globally, the number of deaths caused by TB also fell in 2024. The total of 1.23 million was a 3% reduction compared with 1.27 million in 2023. The net reduction from 2015 to 2024 is more impressive, at 29%, but still far from the End TB Strategy milestone of a 75% reduction by 2025 and the target of a 90% reduction by 2030.

Much better progress in reducing the burden of TB disease has been made in some regions and countries. Between 2015 and 2024, the WHO African Region achieved a 28% reduction in the TB incidence rate and a 46% reduction in the number of TB deaths. The WHO European Region achieved reductions of 39% and 49%, respectively. 101 countries achieved reductions of at least 20% in the TB incidence rate and 65 achieved reductions of at least 35% in the number of TB deaths.[b]

Further reductions in the burden of TB disease require improvements in the coverage of TB diagnostic, treatment and preventive interventions; action on broader determinants that drive new infections or increase the risk of developing disease once infected; and technological breakthroughs, such as a new TB vaccine. All depend on adequate funding.

Globally, 8.3 million people were reported as newly diagnosed with TB in 2024 – a small increase from 8.2 million in 2023 and 78% (95% UI: 72–84%) of the estimated number of incident cases. Of these, 54% were initially tested with a rapid test, up from 48% in 2023.

A total of 164 545 people were treated for rifampicin-resistant[c] 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. From 2000–2024, treatment of people with TB is estimated to have averted 83 million deaths.

Globally, 5.3 million people at high risk of developing TB disease were provided with TB preventive treatment (TPT) 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).

One of the barriers to accessing TB diagnosis and treatment is the costs faced by people with TB and their households; about 50% face costs that exceed 20% of annual household income. Reducing this economic burden requires faster progress towards UHC and better levels of social protection.

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).

Key drivers of the TB incidence rate at country level include income per capita and the prevalence of undernutrition, HIV infection, diabetes, smoking and alcohol use disorders.

There are 18 TB vaccines in clinical development, including six in Phase 3 trials.

Funding for the TB response remains grossly inadequate and has been stagnating. Funding for provision of TB prevention, diagnosis and treatment amounted to US$ 5.9 billion in 2024, and funding for TB research was US$ 1.2 billion in 2023.[d] These figures are 27% and 24%, respectively, of the global targets of US$ 22 billion and US$ 5 billion annually by 2027.

Cuts to international donor funding from 2025 onwards threaten overall funding for the TB response in many countries.

Achieving the goal of ending the global TB epidemic, to which all WHO and UN Member States have committed, requires further intensification of efforts. Following cuts in international donor funding in 2025, political commitment and domestic funding in high TB burden countries are more important than ever.

[a] This included 1.08 million among HIV-negative people and 150 000 among people with HIV (officially classified as deaths from HIV/AIDS).

[b] These reductions correspond to the 2020 milestones of the End TB Strategy (**Box 2**).

[c] Rifampicin is the most powerful first-line anti-TB drug.

[d] The source of this figure is the latest report on funding for TB research published by Treatment Action Group. (https://www.treatmentactiongroup.org/resources/tbrd-report/tbrd-report-2024/)