

# The WHO global **task force** on tuberculosis impact measurement

JUNE 2025



## Background

The Global Programme on Tuberculosis & Lung Health (GTB) in the World Health Organization (WHO) established a Global [Task Force](#) on TB Impact Measurement in 2006. The TB monitoring, evaluation and strategic information (TME) unit in GTB is the secretariat.

The **Task Force** brings together experts in TB epidemiology, statistics and modelling, representatives from national TB programmes and ministries of health, and people from major technical and financial agencies. More than 30 meetings and workshops have been held since its inception.

The initial aim of the **Task Force** was to ensure that WHO's assessment of whether the 2015 global TB targets for reductions in TB disease burden were achieved was rigorous, robust and consensus-based. Following publication of this assessment in the 2015 Global TB Report, and in the context of the WHO End TB Strategy (2016–2035) and the United Nations (UN) Sustainable Development Goals (2016–2030), the **Task Force** updated its purpose and strategic areas of work for the post-2015 period.

# THE END TB STRATEGY

## TARGETS<sup>†</sup>

	2030 <sup>†</sup>	2035
Reduction in the number of TB deaths compared with 2015 (%)	90%	95%
Reduction in the TB incidence rate compared with 2015 (%)	80%	90%
TB-affected households facing catastrophic costs due to TB (%)	0%	0%

\* Milestones were defined for 2020 and 2025.

† Targets linked to the UN Sustainable Development Goals.  
SDG target 3.3 is to end the TB epidemic by 2030.

## Purpose

The **Task Force's** purpose is:

**1.** To ensure robust, rigorous and consensus-based assessment of progress towards the milestones and targets for reductions in TB disease burden set in the WHO End TB Strategy and UN Sustainable Development Goals and, ultimately, assessment of whether or not these are achieved.

**2.** To guide, promote and support the analysis and use of TB surveillance and survey data for policy, planning and programmatic action.

The 2020 milestones of the End TB Strategy were a 35% reduction in the absolute number of TB deaths and a 20% reduction in the TB incidence rate (new cases per 100 000 population per year) compared with levels in 2015, and that no people with TB and their households face catastrophic costs as a result of TB disease. The 2025 milestones are a 75% reduction in TB deaths and a 50% reduction in the TB incidence rate, compared with levels in 2015.

# Progress made towards the 2025 milestones of the End TB Strategy by the end of 2023

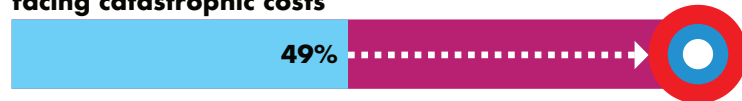
## TB incidence rate



## Number of TB deaths



## Percentage of TB-affected households facing catastrophic costs



## Current strategic areas of work

### 1. Strengthening surveillance

- National systems for TB surveillance, for direct measurement of TB incidence
- National or sample vital registration (VR) systems, for direct measurement of the number of deaths caused by TB

### 2. Priority studies to periodically measure TB disease burden

These include (but are not limited to):

- National TB prevalence surveys
- National TB inventory studies
- Surveys of costs faced by households affected by TB

### 3. Periodic review of methods used by WHO to produce estimates of the burden of TB disease

### 4. Analysis and use of TB surveillance and survey data at country level

1: Strengthening surveillance

Priority areas of work identified by the Task Force are:

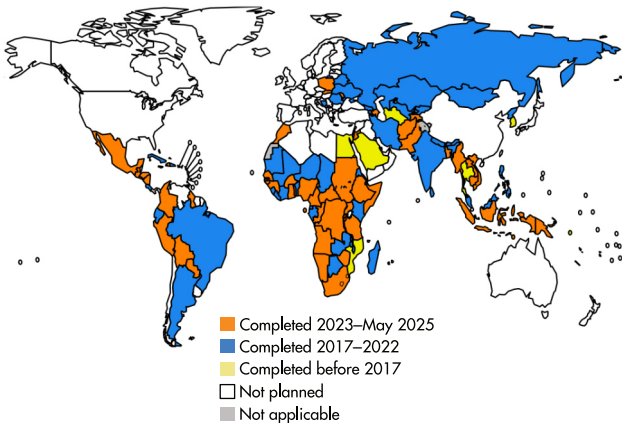
Strengthening national systems for TB surveillance, for direct measurement of TB incidence

- 1. TB epidemiological reviews, including use of the WHO TB surveillance checklist.
- 2. Transitioning from paper to digital case-based surveillance.
- 3. TB inventory studies to measure under-reporting of people diagnosed with TB.

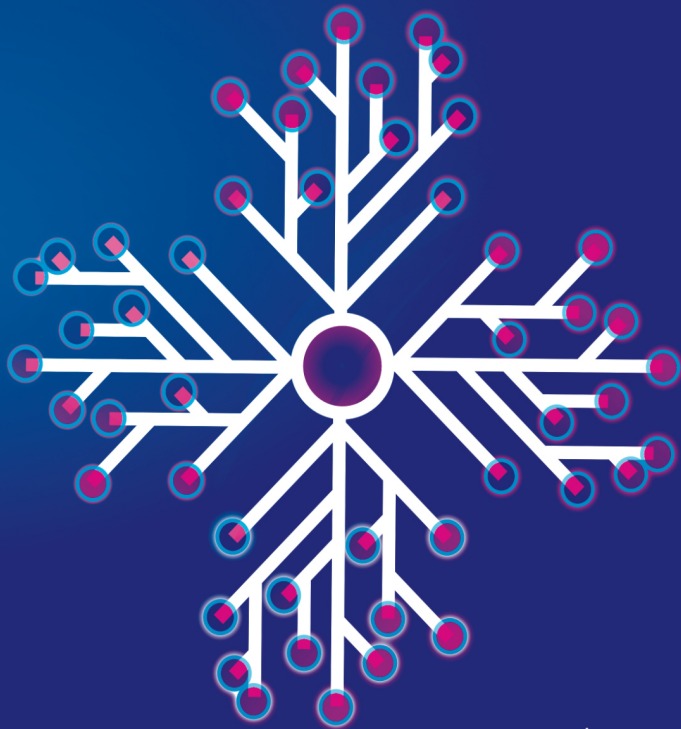
Strengthening vital registration (VR) systems, for direct measurement of the number of deaths caused by TB

- 1. Promoting use of VR data for measurement of TB mortality.
- 2. Creating and sustaining links with relevant stakeholders.
- 3. Mortality studies to validate VR data.

Between January 2013 and May 2025, 105 countries completed the TB surveillance checklist and a national TB epidemiological review (map). New WHO guidance on TB surveillance, including a second edition of the WHO TB surveillance checklist, was published in 2024. An initial global dissemination webinar was held in May 2025, with further webinars planned in 2025.



# TUBERCULOSIS SURVEILLANCE



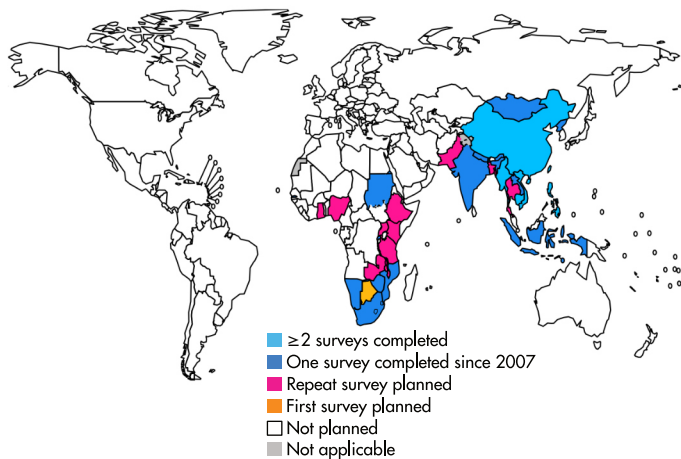
2: Priority studies to periodically measure TB disease burden

A. NATIONAL TB PREVALENCE SURVEYS

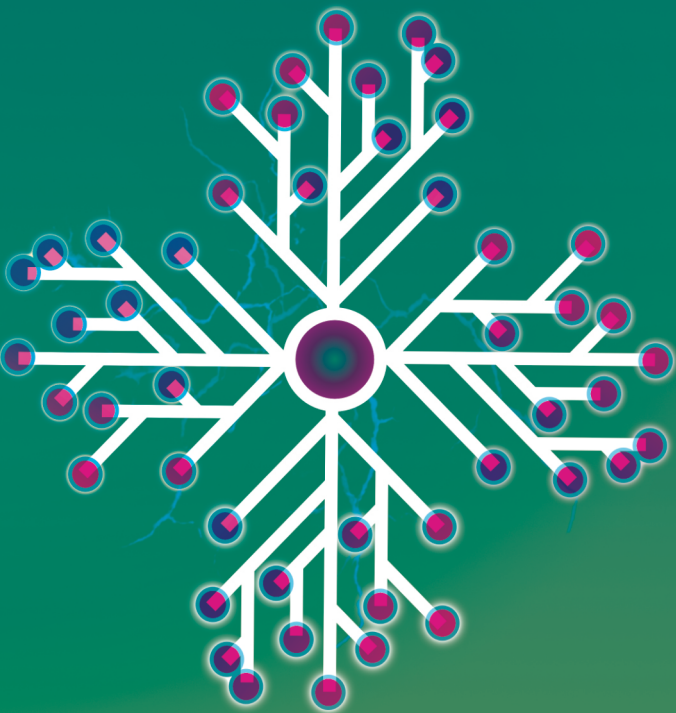
Between 2007 and June 2025, 36 national surveys of the prevalence of TB disease were implemented in 32 countries (map), following guidance in the [Tuberculosis prevalence surveys handbook](#) (second edition: the “lime book”). The most recently completed surveys were in Cambodia (2024) and Timor-Leste (2023). Countries which already conducted a survey since 2007 are considering a repeat survey to assess their progress towards the 2025 and 2030 milestones and targets. However, mobilization of the funding required for these surveys is currently a major challenge.

WHO has published a [book](#) that provides a global synthesis of results and lessons learned from surveys implemented 2007–2016; this was developed as a collaborative effort of 24 countries and their technical partners, with contributions from more than 450 people.

The third edition of WHO guidance on national TB prevalence surveys was published in 2025.



# NATIONAL TUBERCULOSIS PREVALENCE SURVEYS



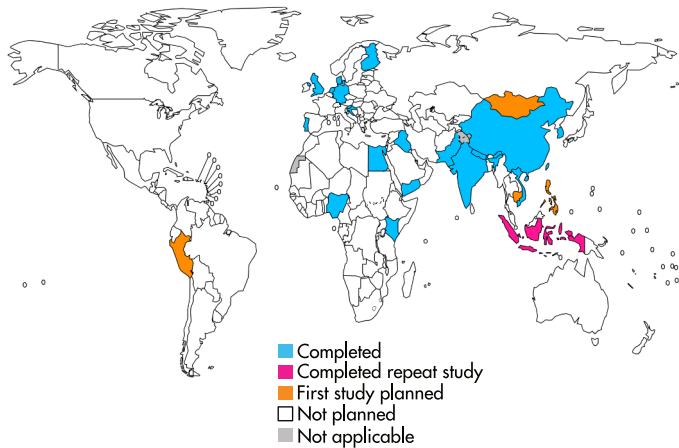
## 2: Priority studies to periodically measure TB disease burden

## B. NATIONAL TB INVENTORY STUDIES

The [Assessing tuberculosis under-reporting through inventory studies](#) guide, published in 2012, describes and explains how to design, implement and analyse inventory studies to measure the under-reporting of people diagnosed with TB, and if certain conditions are met, to estimate TB incidence using capture-recapture methods.

Inventory studies are of particular relevance in countries with large private sectors or where large numbers of people with TB are thought to be treated in the public sector but not reported to national authorities.

By June 2025, an inventory study had been completed in 20 countries. A repeat study was completed in Indonesia in 2024 and repeat studies are planned in Kenya and Viet Nam. Countries planning first-ever studies include Cambodia, Mongolia, Peru and the Philippines (map).



# ASSESSING tuberculosis UNDER-REPORTING THROUGH inventory studies





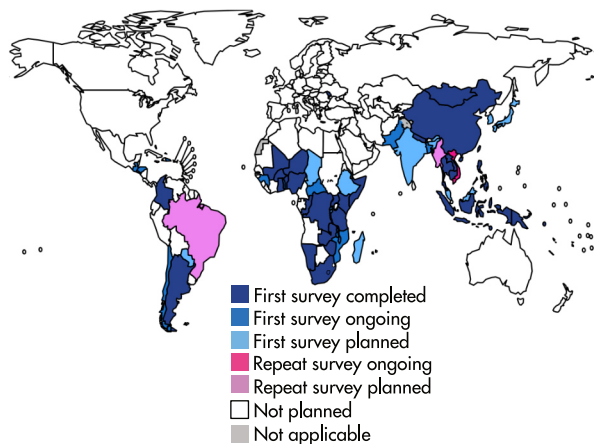
## 2: Priority studies to periodically measure TB disease burden

### C. SURVEYS OF COSTS FACED BY HOUSEHOLDS AFFECTED BY TB

[Updated guidance](#) on how to conduct nationally representative surveys of costs faced by households affected by TB, and to assess whether these costs are catastrophic, was published in 2025.

In May 2025, **37** countries had completed a survey ([map](#)), and **12** were ongoing: Bangladesh, Central African Republic, Chile, Dominican Republic, Guinea, Guatemala, Honduras, Malawi, Mozambique, Pakistan, Rwanda, Togo, the United Republic of Tanzania (repeat survey) and Viet Nam (repeat survey). Burundi, Chad, Comoros, Ethiopia, India, Japan, Madagascar, Malaysia, Paraguay and the Republic of Korea are planning a first survey; Brazil and Myanmar are planning repeat surveys.

WHO has published a [book](#) that provides a global synthesis of results and lessons learned from surveys implemented in 2015–2021.



## Surveys of costs faced by households affected by tuberculosis

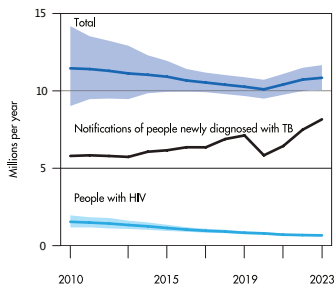


### 3: Methods to estimate TB disease burden

The latest methods used by WHO were documented in the [Global Tuberculosis Report 2024](#). Global estimates are shown below.

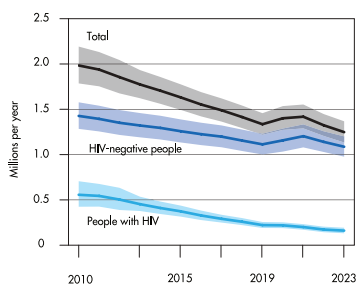
**10.8million**  
Incident cases of TB (2023)

TB incidence



**1.25million**  
TB deaths (2023)

TB deaths



Globally between 2015 and 2023, the number of TB deaths fell **23%** and the TB incidence rate declined by **8.3%**; **the world is far from the milestones set for 2025** (reductions of 75% and 50%, respectively).

By the end of 2023, **13 countries** had achieved reductions in the TB incidence rate of around 50% or more, since 2015. At regional level, the biggest reductions were in the WHO African and European regions (24% and 27%, respectively).

By the end of 2023, **43 countries** had achieved estimated reductions in the annual number of TB deaths of at least 35%, since 2015. At regional level, the biggest reductions were in the WHO African and European regions (42% and 38%, respectively).

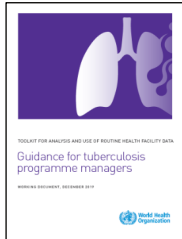
# Global tuberculosis report

# 2024



#### 4: Analysis and use of data at country level

The [Understanding and using tuberculosis data](#) handbook provides guidance on recommended routine analyses of TB-relevant data, especially data from national notification and vital registration systems, and data from periodic surveys.



More recently, global tools and [e-courses](#) have been developed or updated to support the analysis and use of routine health facility data.



Resources are available to support countries to make the transition from paper-based aggregate reporting to digital case-based TB surveillance. These include [WHO DHIS2 TB packages](#) that are designed for the collection, analysis, visualisation, use and reporting of routine case-based or aggregated TB data related to notifications, household contact tracing and laboratory testing.

# UNDERSTANDING AND USING TUBERCULOSIS DATA

# Major partners

National TB programmes of multiple countries













Website:  
[www.who.int/groups/global-task-force-on-tb-impact-measurement](http://www.who.int/groups/global-task-force-on-tb-impact-measurement)

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WHO/O.Tosas Auguet (6); Data collection team, TB household cost survey, Brazil (7).