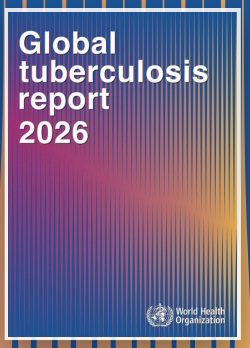
World Health Organization

FACT SHEET · KEY FINDINGS

Global tuberculosis report 2026



TB SITUATION AND RESPONSE

Tuberculosis (TB) is the world's leading cause of death from a single infectious agent, ranking 13th among all causes of death in 2023. It is a leading killer of people with HIV and a major cause of deaths related to antimicrobial resistance. TB is airborne, preventable and usually curable.

TB BURDEN

- In 2025, an estimated **10.6 million** people fell ill with TB worldwide: 5.7 million men, 3.7 million women and 1.2 million children and young adolescents. People living with HIV accounted for 5.6% of the total.
- The TB incidence rate fell by 1.6% between 2024 and 2025, to below the level of 2020. The net reduction from 2015 to 2025 was **14%**, far from the End TB Strategy milestone of a 50% reduction by 2025.
- TB caused an estimated **1.13 million deaths** in 2025, including 137 000 among people with HIV, down from 1.18 million in 2024. The **35% reduction** since 2015 means the first End TB Strategy milestone has been reached, 5 years behind schedule.
- Eight countries accounted for about two thirds of people who fell ill with TB in 2025: Bangladesh, China, the Democratic Republic of the Congo, India, Indonesia, Nigeria, Pakistan and the Philippines.

TB CARE AND TREATMENT

- Treatment of people with TB is estimated to have averted **86 million deaths** between 2000 and 2025.
- In 2025, **8.4 million** people were reported as newly diagnosed with TB, up slightly from 8.3 million in 2024 and equivalent to 79% of the estimated number of incident cases. Of these, 59% were initially tested with a rapid test, up from 54% in 2024.
- About **2.2 million** people who fell ill with TB in 2025 were not diagnosed, or not officially reported to national authorities, down from 2.3 million in 2024.
- The treatment success rate for drug-susceptible TB rose to **90%** (people started on treatment in 2024).

DRUG-RESISTANT TB

- An estimated **370 000** people developed rifampicin-resistant TB (RR-TB) in 2025, and about 140 000 died from it.
- A total of 155 333 people were started on treatment for RR-TB in 2025: **42%** of those who developed it, compared with 43% in 2024.
- The treatment success rate for RR-TB was **70%** (people started on treatment in 2023), a substantial improvement compared with 50% in 2012.

ADDRESSING THE CO-EPIDEMICS OF TB AND HIV

- An estimated **592 000** people living with HIV developed TB in 2025, with the highest burden in the WHO African Region.
- HIV testing coverage among people diagnosed with TB was **83%** in 2025, up from 82% in 2024.
- Coverage of antiretroviral therapy among people with TB known to be living with HIV fell to **87%**, from 91% in 2024, at a time when international donor funding for the HIV response fell by 18%.



TUBERCULOSIS IS THE WORLD'S LEADING INFECTIOUS KILLER
from a single infectious agent

10.6 million
PEOPLE FELL ILL WITH TB IN 2025



1.13 million



DEATHS CAUSED BY TB IN 2025

including **137 000** among people living with HIV. TB is a leading cause of death among people living with HIV.

35% fewer
TB DEATHS THAN IN 2015

The first End TB Strategy milestone has been reached, 5 years behind schedule. The 2030 target is a 90% reduction.

86 million
LIVES SAVED BY TB TREATMENT SINCE 2000

DRUG-RESISTANT TB REMAINS A PUBLIC HEALTH CRISIS

Only 2 in 5

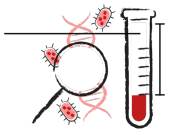


people who developed drug-resistant TB in 2025 were started on treatment (42%).

TB PREVENTIVE TREATMENT

- WHO recommends TB preventive treatment (TPT) for people living with HIV, household contacts of people with bacteriologically confirmed pulmonary TB, and clinical risk groups (e.g. people receiving dialysis).
- In 2025, **5.2 million** people at high risk of developing TB disease were provided with TPT: 3.7 million household contacts and 1.5 million people living with HIV.
- TPT coverage was **60%** among people living with HIV (up from 58% in 2024) and **26%** among household contacts (up from 25%), both far from the target of 90% by 2027.

UPTAKE OF DIAGNOSTICS, NEW DRUGS AND REGIMENS



- A WHO-recommended rapid test was used as the initial diagnostic test for **59%** of the 8.4 million people newly diagnosed with TB in 2025, up from 54% in 2024 and 48% in 2023. In 73 countries, coverage was at least 80% in 2025.
- Use of **6-month regimens** for RR-TB expanded rapidly: they were used for 42% of people treated in 2025, up from 18% in 2024 and 3% in 2023. By the end of 2025, they were in use in 106 countries.
- Shorter (1–3 month) rifamycin-based regimens for TPT reached **3.1 million** people in 2025, up from 2.1 million in 2024; 122 countries reported using them.

TB FINANCING

- At the 2023 UN high-level meeting on TB, Member States committed to mobilizing **US$ 22 billion** per year by 2027 for TB prevention, diagnosis, treatment and care.
- In 2025, **US$ 6.6 billion** was available in low- and middle-income countries, up 9% from US$ 6.0 billion in 2024 but only 30% of the target. Funding has been stuck at US$ 6–7 billion since 2015.
- Domestic sources provided **86%** (US$ 5.6 billion, up from US$ 4.9 billion in 2024). Brazil, the Russian Federation, India, China and South Africa accounted for 65% of domestic funding.
- International donor funding fell by **14%**, from US$ 1.1 billion to US$ 0.94 billion. Among 23 countries particularly exposed to these changes, total funding increased in 13; there was no clear-cut impact on TB diagnosis and treatment in 2025, but impacts may be delayed.
- Funding for TB research was **US$ 1.2 billion** in 2023, only **24%** of the US$ 5 billion annual target.

US$ 6.6 bn
AVAILABLE IN 2025
of US$ 22 billion needed per year by 2027

–14%



INTERNATIONAL DONOR FUNDING, 2024–2025

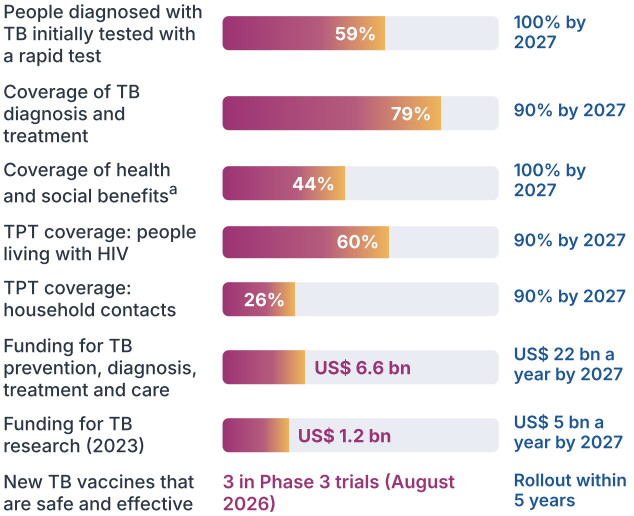
RESEARCH AND INNOVATION

- In August 2026, **65 tests** for diagnosis of TB disease and drug resistance were in development, including new biomarker-based point-of-care and near point-of-care tests.
- There were **31 drugs** for treatment of TB disease in clinical trials, including 20 new chemical entities, up from 29 in 2025 and 8 in 2015.
- Of 17 vaccine candidates in clinical development, **12 were active**: three in Phase 1, six in Phase 2 and three in Phase 3.
- At least **42** trials and implementation studies were evaluating TPT regimens and delivery models, including at least 17 studies of novel delivery models.

UHC, SOCIAL PROTECTION, DETERMINANTS AND MULTISECTORAL ACTION

- **47%** of people treated for TB and their households face total costs that are catastrophic (>20% of annual household income), far from the End TB Strategy target of zero.
- In most high TB burden countries, the UHC service coverage index is 40–70 (out of 100). About **52%** of the world's population has at least one social protection benefit (44% when weighted for TB burden), ranging from 9.7% in low-income to 86% in high-income countries.
- In 2025, an estimated **0.96 million** new TB cases were attributable to undernutrition, **0.92 million** to diabetes, **0.73 million** to alcohol use disorders, **0.69 million** to smoking and **0.55 million** to HIV infection.
- In 2026, **21** countries, including 10 high TB burden countries, had all five core elements of WHO's multisectoral accountability framework for TB in place.

2023 UN high-level meeting on TB: progress towards targets



Values are for 2025 unless stated. Bars show progress as a share of each target. [a] Population covered by at least one social protection benefit, weighted by each country's share of TB notifications.

Source: Global tuberculosis report 2026. Geneva: World Health Organization; 2026. Data are for 2025 unless otherwise stated.

WHO's Department for HIV, Tuberculosis, Hepatitis and 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 high-quality, people-centred evidence and services, regardless of who they are or where they live.

MORE INFORMATION
www.who.int/tb

World Health Organization