Top findings and messages in the 2023 report

There was a major global recovery in the number of people diagnosed with TB and treated in 2022, after 2 years of COVID-related disruptions. This has started to reverse or moderate the damaging impact of the pandemic on the number of people dying from or falling ill with TB. However, TB remained the world's second leading cause of death from a single infectious agent in 2022, after COVID-19, and global TB targets have either been missed or remain off track.

The reported global number of people newly diagnosed with TB was 7.5 million in 2022. This is the highest number since WHO began global TB monitoring in 1995, above the pre-COVID baseline (and previous historical peak) of 7.1 million in 2019, and up from 5.8 million in 2020 and 6.4 million in 2021. The number in 2022 probably includes a sizeable backlog of people who developed TB in previous years, but whose diagnosis and treatment was delayed by COVID-related disruptions that affected access to and provision of health services.

India, Indonesia and the Philippines, which collectively accounted for a large share (≥60%) of the global reductions in the number of people newly diagnosed with TB in 2020 and 2021, all recovered to above 2019 levels in 2022.

Globally in 2022, TB caused an estimated 1.30 million deaths[a] (95% UI: 1.18–1.43 million). This was down from best estimates of 1.4 million in both 2020 and 2021 and almost back to the level of 2019.[b]

COVID-related disruptions are estimated to have resulted in almost half a million excess deaths from TB in the three years 2020–2022, compared with the number that would have occurred if pre-pandemic trends had been maintained.

The net reduction in the global number of deaths caused by TB from 2015 to 2022 was 19%, far from the WHO End TB Strategy milestone of a 75% reduction by 2025. Progress is much better in the WHO African and European regions, and 47 countries achieved reductions of at least 35%.[c]

Worldwide, an estimated 10.6 million people (95% UI: 9.9–11.4 million) developed TB in 2022, up from best estimates of 10.3 million in 2021 and 10.0 million in 2020. A return to the pre-pandemic downward trend may occur in 2023 or 2024.

The global gap between the estimated number of people developing TB (incident cases) and the reported number of people newly diagnosed with TB (notified cases) narrowed to a best estimate of 3.1 million in 2022, down from around 4 million in both 2020 and 2021 and back to the pre-pandemic level of 2019.

Globally, the estimated TB incidence rate (new cases per 100 000 population per year) was 133 (95% UI: 124–143) in 2022. The net reduction from 2015 to 2022 was 8.7%, far from the WHO End TB Strategy milestone of a 50% reduction by 2025. Progress is much better in the WHO African and European regions, and 83 countries achieved reductions of at least 20%.[c]

Thirty high TB burden countries accounted for 87% of the world's TB cases in 2022 and two-thirds of the global total was in eight countries: India (27%), Indonesia (10%), China (7.1%), the Philippines (7.0%), Pakistan (5.7%), Nigeria (4.5%), Bangladesh (3.6%) and the Democratic Republic of the Congo (3.0%).

In 2022, 55% of people who developed TB were men, 33% were women and 12% were children (aged 0–14 years).

Globally, an estimated 410 000 people (95% UI: 370 000–450 000) developed multidrug-resistant or rifampicin-resistant[d] TB (MDR/RR-TB) in 2022. The number of people diagnosed and started on treatment was much lower: 175 650 people in 2022, equivalent to about two in five of those in need and still below the pre-pandemic level of 181 533 people in 2019.

New national surveys of TB disease and up-to-date cause-of-death data from national or sample vital registration systems of high quality and coverage are needed for more accurate estimation of TB disease burden in the post-COVID period.

Global targets set at the first UN high-level meeting on TB for the 5-year period 2018–2022 were not achieved.

- 34 million people were treated for TB, 84% of the 5-year target of 40 million.
- 15.5 million people were initiated on TB preventive treatment, 52% of the 5-year target of 30 million. This included 3.8 million people in 2022, above the pre-pandemic level of 3.6 million in 2019.
- US$ 5.8 billion[e] was available for provision of TB diagnosis, treatment and prevention services in 2022, below pre-COVID levels and less than half of the target of at least US$ 13 billion per year by 2022.
- investment in TB research averaged just under US$ 1 billion per year, less than half of the US$ 2 billion target.[f]

About 50% of TB patients and their households face total costs (direct medical expenditures, non-medical expenditures and indirect costs such as income losses) that are catastrophic (>20% of annual household income),[g] far from the WHO End TB Strategy target of zero. This shows that there are major economic and financial barriers to accessing and completing TB treatment, which need to be addressed through faster progress towards UHC and better levels of social protection.

Treatment success rates have improved: to 88% for people treated for drug-susceptible TB and 63% for people with MDR/RR-TB.

Ending the global TB epidemic requires translating the commitments made at the 2023 UN high-level meeting on TB into action.

[a] This total includes 167 000 deaths from TB among people with HIV, which are officially classified as deaths from HIV/AIDS.
[b] Estimates for 2010–2021 have been revised downwards compared with those published in 2022, mainly due to revisions for India.
[c] This reduction corresponds to the first (2020) milestone of the End TB Strategy.
[d] Rifampicin is the most powerful first-line anti-TB drug. MDR-TB is defined as resistance to rifampicin and isoniazid.
[e] In constant US$ values for 2022.
[f] The source of these data is reports published by Treatment Action Group.
[g] This indicator is not the same as the SDG indicator for catastrophic health expenditures.