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Global lists of high burden countries (HBCs) for TB, TB/HIV and MDR/RR-TB to be used by WHO, 2021–2025

END TB

Overview

1. Global HBC lists used by WHO for TB, TB/HIV and MDR-TB: brief history
2. Global HBC lists used by WHO, 2016-2020
3. Process for review/updating of global HBC lists in 2020/early 2021
4. Global HBC lists to be used by WHO, 2021-2025
5. Global TB watchlist
6. Other complementary lists or categorizations

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1. Brief history

https://www.who.int/tb/publications/global_report/high_tb_burdencountrylists2016-2020.pdf

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Brief history

- **1998: first global list of high TB burden countries established**
  - 22 countries that ranked 1st to 22nd in terms of their estimated absolute number of incident cases per year
  - Updated in 2002 (Peru removed, Mozambique added)
- **2005: first list of high TB/HIV burden countries established**
  - 41 countries that accounted for 97% of the estimated number of incident TB cases among people living with HIV
  - Updated each year until 2009, after which it was left unchanged to simplify advocacy and communication, esp. related to the Global Fund
- **2008: first list of high MDR-TB burden countries established**
  - 27 countries that collectively accounted for 85% of the estimated number of MDR-TB cases per year and that had either >4000 estimated cases each year and/or ≥10% of new TB cases with MDR-TB
- **2015: 3 lists in existence, all defined slightly differently**
  - New era of SDGs and End TB Strategy starting in 2016
  - Major review of the lists conducted, including extensive consultation and a final review by WHO's STAG-TB
  - Outcome: 3 new lists for the period 2016-2020

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2. Global HBC lists for TB, TB/HIV and MDR-TB used by WHO, 2016-2020

https://www.who.int/tb/publications/global_report/high_tb_burdencountrylists2016-2020.pdf

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Principles/design characteristics

1. The purpose of each list should be stated
2. The lists (TB, MDR-TB, TB/HIV) should be defined using consistent criteria
3. The lists should result in similar cut-offs in terms of the share of the global burden accounted for by the countries in the list
4. The criteria used to define lists should be easy to explain, use and reproduce
5. The time period (useful life) of the list should be defined
6. The list should be relatively short (no more than 30 countries)

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Purpose

- **TB list:** To provide a focus for global action on TB in the countries where progress is most needed to achieve End TB Strategy and SDG targets and milestones, to help build and sustain national political commitment and funding in the countries with the highest burden in terms of absolute numbers or severity, and to promote global monitoring of progress in a well-defined set of countries.

- **TB/HIV list:** To provide a focus for global action on HIV-associated TB in the countries where progress is most needed to achieve End TB Strategy, UNAIDS and SDG targets and milestones, to help build and sustain national political commitment and funding in the countries with the highest burden in terms of absolute numbers or severity, and to promote global monitoring of progress in a well-defined set of countries.

- **MDR-TB list:** To provide a focus for global action on the MDR-TB crisis in the countries where progress is most needed to achieve End TB Strategy targets and milestones, to help build and sustain national political commitment and funding in the countries with the highest burden in terms of absolute numbers or severity, and to promote global monitoring of progress in a well-defined set of countries.

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Definition of each list of 30 HBCs
("20+10")

- **The top 20 countries in terms of their estimated absolute number of new (incident) cases in 2014**

plus

- **the 10 countries with the most severe burden in terms of the incidence rate (new cases per 100 000 population in 2014) that are not already in the top 20, and that meet a minimum threshold* in terms of their absolute number of cases**

Thresholds*: 10 000 new cases per year for TB; 1000 new cases per year for HIV-associated TB and MDR-TB

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Principles/design characteristics

3. **The lists should result in similar cut-offs in terms of the share of the global burden accounted for by the countries in the list**
   - **they accounted for 85–89% of the estimated global burden**

4. **The criteria used to define lists should be easy to explain, use and reproduce**
   - **criteria easy to explain, use and reproduce**

5. **The time period (useful life) of the list should be defined**
   - **5 years, 2016-2020**

6. **The list should be relatively short (no more than 30 countries)**
   - **30 countries in each list**

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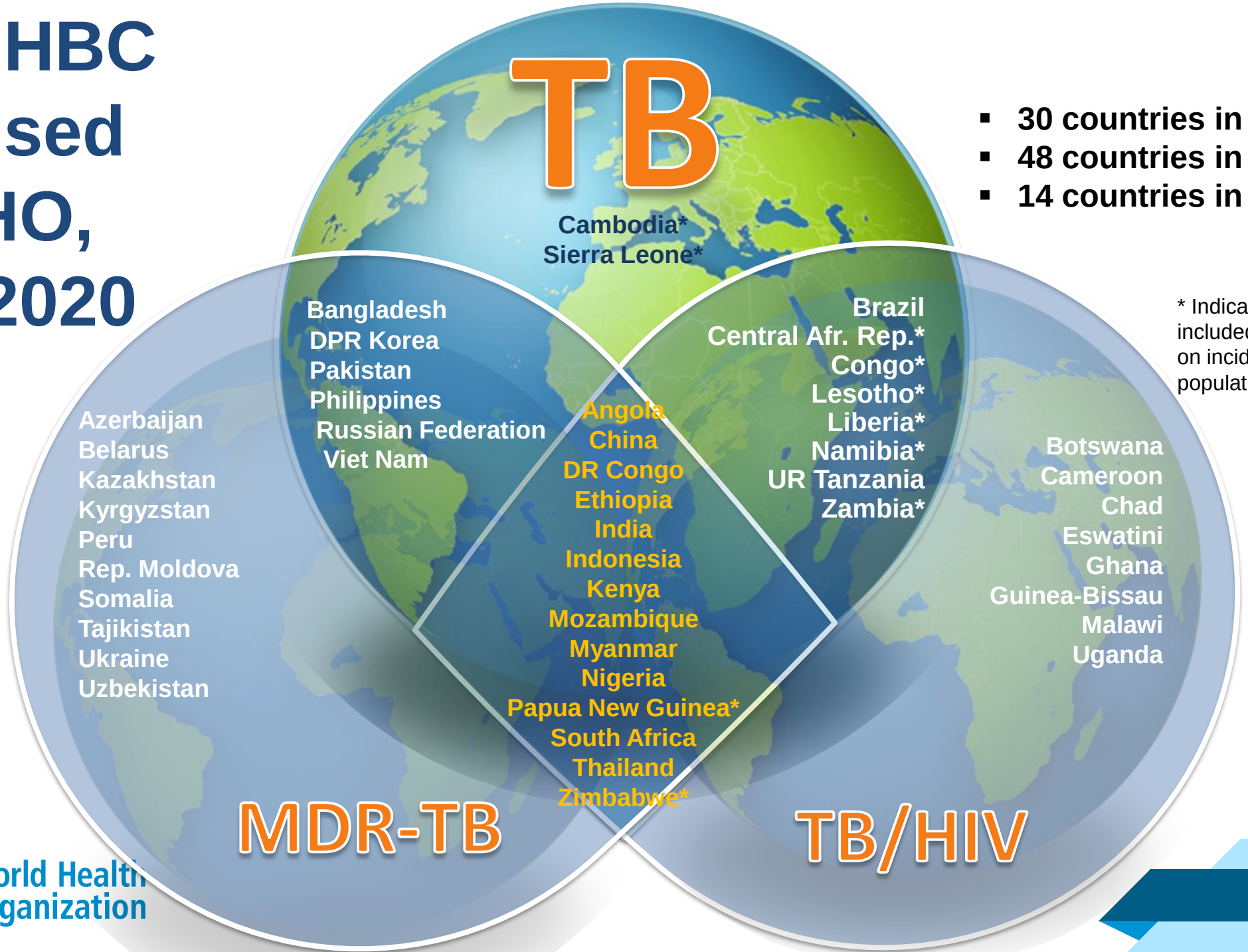
The 3 HBC lists used by WHO, 2016-2020



- 30 countries in each list
- 48 countries in at least 1 list
- 14 countries in all 3 lists

* Indicates the 10 countries included in the TB list based on incidence per 100 000 population in 2015

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3. Process used for review and updating of lists, 2020-early 2021

Details available in background document, available online

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Process – main steps
(some delays/adjustments due to COVID-19 pandemic)

- Background document prepared and circulated for review across WHO network, then updated based on feedback received, including from all Regional Offices

2020

- Background document discussed with Chair, WHO Strategic and Technical Advisory Group for TB (STAG-TB), then circulated to all STAG-TB members for review and answers to 4 specific questions
- Background document finalized
- Communications with countries, with particular attention to those exiting or entering the high TB burden list (e.g. memos, high-level letters)

January-April 2021

- Communications with partners, release via newsflash

May/June 2021

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4. Global HBC lists for TB, TB/HIV and MDR/RR-TB to be used by WHO, 2021-2025

3 updated lists, defined using the same criteria as those agreed for the 2016-2020 lists, in combination with the latest estimates (for 2019) of the incidence of TB, HIV-associated TB and MDR/RR-TB published in WHO's *Global TB Report 2020*

Principles remain the same; Purpose slightly updated to include reference to UN high-level meeting on TB in 2018

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Definition of each list of 30 HBCs ("20+10")

- **The top 20 countries in terms of their estimated absolute number of new (incident) cases in 2019**

plus

- **the 10 countries with the most severe burden in terms of the incidence rate (new cases per 100 000 population in 2019) that are not already in the top 20, and that meet a minimum threshold* in terms of their absolute number of cases**

Thresholds*: 10 000 new cases per year for TB; 1000 new cases per year for HIV-associated TB and MDR/RR-TB

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Purpose

- **TB list: To provide a focus for global action on TB in the countries where progress is most needed to achieve the targets and milestones set in the WHO End TB Strategy, the political declaration of the UN high-level meeting on TB held in 2018 and the SDGs, to help build and sustain national political commitment and funding in the countries with the highest burden in terms of absolute numbers or severity, and to promote global monitoring of progress in a well-defined set of countries**

- **TB/HIV list: To provide a focus for global action on HIV-associated TB in the countries where progress is most needed to achieve targets and milestones set in the WHO End TB Strategy, the political declaration of the UN high-level meeting on TB held in 2018, the UNAIDS global strategy for HIV/AIDS and the SDGs, to help build and sustain national political commitment and funding in the countries with the highest burden in terms of absolute numbers or severity, and to promote global monitoring of progress in a well-defined set of countries**

- **MDR/RR-TB list: To provide a focus for global action on the public health crisis of drug-resistant TB in the countries where progress is most needed to achieve targets and milestones set in the WHO End TB Strategy and the political declaration of the UN high-level meeting on TB held in 2018, to help build and sustain national political commitment and funding in the countries with the highest burden in terms of absolute numbers or severity, and to promote global monitoring of progress in a well-defined set of countries**

Principles/design characteristics

3. **The lists should result in similar cut-offs in terms of the share of the global burden accounted for by the countries in the list**
   - **they account for 86–90% of the estimated global burden**

4. **The criteria used to define lists should be easy to explain, use and reproduce**
   - **criteria easy to explain, use and reproduce**

5. **The time period (useful life) of the list should be defined**
   - **5 years, 2021-2025**

6. **The list should be relatively short (no more than 30 countries)**
   - **30 countries in each list**

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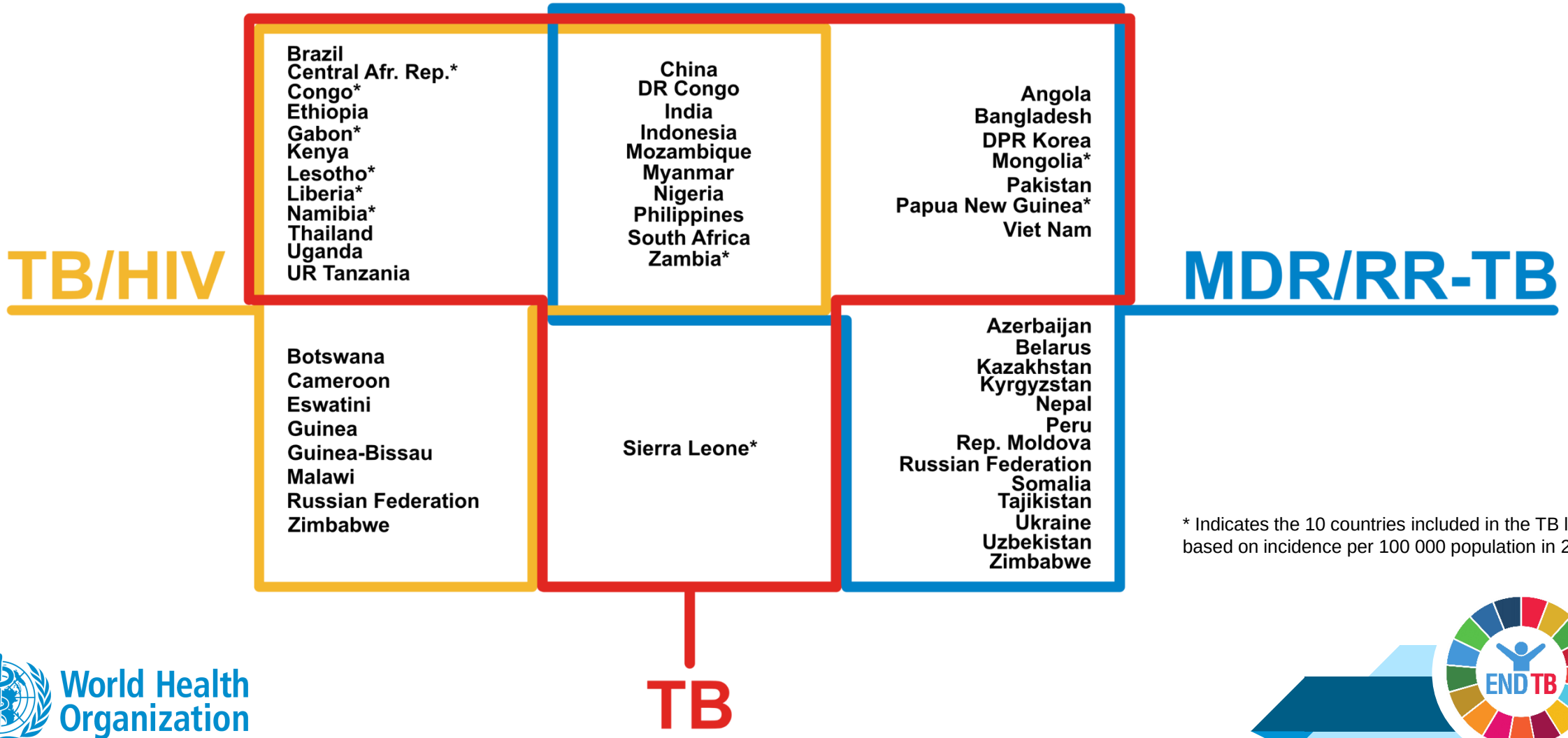
The 3 HBC lists to be used by WHO, 2021-2025

- **30 countries in each list; 49 countries in at least 1 list; 10 countries in all 3 lists**



* Indicates the 10 countries included in the TB list based on incidence per 100 000 population in 2019

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Main changes compared with previous lists (exits, entries)

- **30 high TB burden countries – 3 new entries and 3 exits**
  - **Gabon, Mongolia, Uganda added**
  - **Cambodia, Russian Federation and Zimbabwe removed**

- **30 high TB/HIV burden countries – 4 new entries and 4 exits**
  - **Gabon, Guinea, Philippines and Russian Federation added**
  - **Angola, Chad, Ghana and Papua New Guinea removed**

- **30 high MDR/RR-TB burden countries – 3 new entries and 3 exits**
  - **Mongolia, Nepal and Zambia added**
  - **Ethiopia, Kenya and Thailand removed**

Overall: 3 countries no longer in an HBC list (Cambodia, Chad, Ghana); 4 countries new inclusions in a list (Gabon, Guinea, Mongolia, Nepal)

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NB: Analysis suggested impact of COVID-19 pandemic unlikely to affect countries included in each list; STAG-TB advice also included that updating of lists should proceed with currently available estimates.

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5. Global TB watchlist

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Global TB watchlist

- **Concept proposed during review of background document, to give attention to countries exiting a list**
- **WHO will use this concept, with Cambodia, Russian Federation and Zimbabwe included on a “global TB watchlist”**

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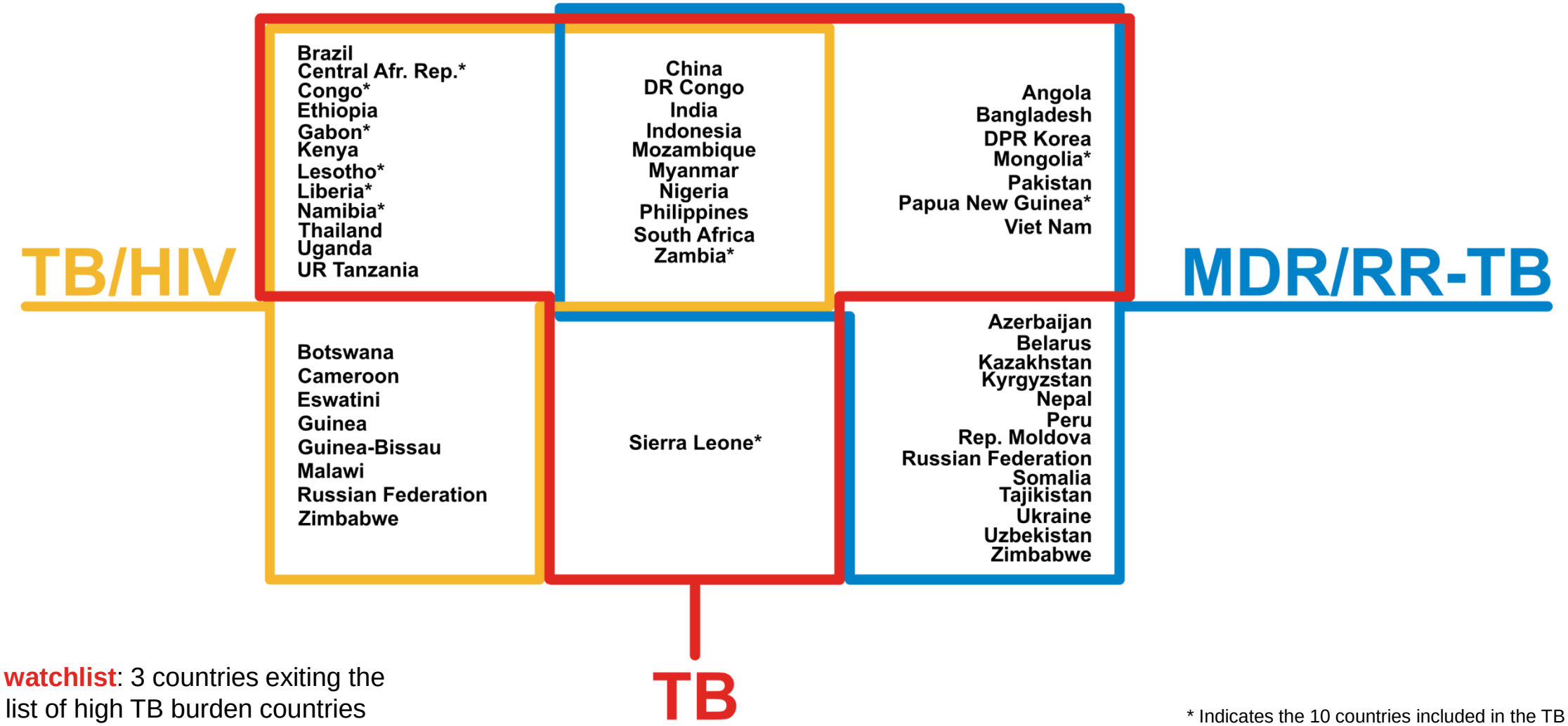
The 3 HBC lists to be used by WHO, 2021-2025

- **30 countries in each list; 49 countries in at least 1 list; 10 countries in all 3 lists**



Global TB watchlist: 3 countries exiting the 2016-2020 list of high TB burden countries **Cambodia, Russian Federation, Zimbabwe**

* Indicates the 10 countries included in the TB list based on incidence per 100 000 population in 2019

6. Other complementary lists and categorizations

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Regional priority lists and all-inclusive categorization of countries

- **3 priority lists currently in use by WHO regional offices**
  - **European Region: 18 priority countries**
  - **Region of the Americas: 12 priority countries**
  - **Western Pacific Region: 10 priority countries (criteria adapted from global TB list)**

- **Starting in 2021, the WHO global TB report will include a tabular categorization or graphical illustration of all countries in terms of estimated TB incidence per 100 000 population per year**
  - **Six categories**
  - **Will be updated each year (in contrast to 5-year lifetime of global HBC lists)**
  - **Will be used to highlight countries that have made progress in terms of moving from one category to a lower one, as well as to give some attention to low-incidence countries**

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