INTRODUCTION

Provisional data compiled by the World Health Organization (WHO) from 84 countries indicates that an estimated 1.4 million fewer people received care for tuberculosis (TB) in 2020 than in 2019 - a reduction of 21% from 2019. In the group of 10 high-burden countries with the largest reported shortfalls compared with 2019, the overall shortfall was 28%. With many people with TB unable to access care, WHO estimates that half a million more people may have died from TB in 2020 alone. TB remains one of the world’s top infectious killers.

Since early 2020, when the novel coronavirus outbreak (2019-nCoV) was declared a Public Health Emergency of International Concern, the WHO Global TB Programme with Regional and Country Offices has been undertaking real-time monitoring of the COVID-19 pandemic including on TB notifications and service delivery. It has also provided guidance and technical support to countries and supported the procurement of drugs and diagnostics. WHO modelling and analysis on the impact of COVID-19 was undertaken to drive action. WHO is working with countries, partners and civil society to ensure continuity of essential TB services and to learn lessons from the COVID-19 pandemic to strengthen preparedness and build-back stronger.

“The effects of COVID-19 go far beyond the death and disease caused by the virus itself. The disruption to essential services for people with TB is just one tragic example of the ways the pandemic is disproportionately affecting some of the world’s poorest people, who were already at higher risk for TB. These sobering data point to the need for countries to make universal health coverage a key priority as they respond to and recover from the pandemic, to ensure access to essential services for TB and all diseases.” — Dr Tedros Adhanom Ghebreyesus, WHO Director-General.
WHO ANALYSIS OF DATA FROM 84 COUNTRIES SHOWS THAT THE COVID-19 PANDEMIC HAS HAD A SEVERE IMPACT ON ESSENTIAL TB SERVICES

Since the end of 2019, the COVID-19 pandemic has caused enormous health, social and economic impacts. In the context of the global TB epidemic, COVID-19 threatens to reverse recent progress towards global TB targets. Policies widely adopted in response to the pandemic, particularly lockdowns and reassignments of health staff and equipment, have had a severe impact on essential TB services in 2020. In February 2021, provisional monthly and quarterly TB case notification data for 2020 were reported online to WHO from 84 countries (Figure 1). These countries accounted for 84% of estimated global TB incidence in 2019.

**Figure 1.** Countries reporting monthly or quarterly TB case notification data for 2020 (as of 17 March 2021)

The online global TB database includes visualizations of the 2020 monthly and quarterly data by country and groups of countries. ([https://worldhealthorg.shinyapps.io/tb_pronto/](https://worldhealthorg.shinyapps.io/tb_pronto/))

**1.4 million fewer people received TB care in 2020**

In 2020, the 84 countries reported 4.9 million cases (provisional), compared with 6.3 million reported for 2019. The relative shortfall in TB case notifications (2020 vs. 2019) was 21%. In the group of 10 high-burden countries with the largest shortfalls compared with 2019, the overall shortfall was 28%. 
Figure 2. Case notifications in 84 countries, 2017-2020

Monthly notifications for 2020 in the top countries with the largest shortfalls compared with 2019 are shown in Figure 3: **Indonesia 42%**, **South Africa 41%**, **Philippines 37%** and **India 25%**. Trends in other high TB burden and regional priority countries are shown in Figure 4.

Figure 3. Monthly case notifications in the four countries with the largest reported shortfalls in case notifications in 2020, compared with the average level of 2019 (blue dashed line).
**Figure 4.** Notified TB cases in selected high TB burden countries and regional priority countries (solid line), 2017-2020. The dashed line shows expected notifications based on the trend between 2017 and 2019.

Half a million additional TB deaths could result

The impact of reductions in TB detection and care in 2020 on TB mortality was modelled using methods described previously. An estimated half a million excess TB deaths could result (provisional, Figure 5), setting the world back a decade, to the level of TB mortality in 2010. TB remains one of the top infectious killers worldwide.

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WHO ACTIONS: ENSURING ACCESS TO ESSENTIAL TB SERVICES DURING THE COVID-19 PANDEMIC

WHO has been working intensively over the past year along with countries, health workers, communities, civil society and other partners to ensure continuity of essential TB services during the COVID-19 pandemic and to maintain the momentum required to make progress towards achieving End TB commitments and reaching targets. WHO has continued leading the development of new policies and guidelines to ensure better outcomes for those affected, expand systematic TB screening, tackle drug-resistant TB, and to scale up access to TB preventive treatment and new diagnostic tools, backed by technical support to enable rapid implementation of new guidance in countries. An information note was released by WHO to assist national TB programmes and health staff to urgently maintain continuity of essential services for people affected with TB during the COVID-19 pandemic, driven by innovative people-centred approaches, as well as maximizing joint support to tackle both diseases. It is important that the progress made in TB prevention and care is not reversed by the COVID19 pandemic. Finding and treating people with TB remain the fundamental pillars of TB prevention and care and those would require maintained attention.
Key actions outlined in the information note include:

- **Ensure effective infection prevention and control measures, to protect the health and safety of health workers, staff, and patients.** Personal protective equipment should be provided for all health staff involved in care delivery for both TB and COVID-19.

- **Scale up simultaneous testing for TB and COVID-19, taking into consideration similarity of symptoms (cough, fever and difficulty breathing), and based on exposure or presence of risk factors.** As countries prepare to share existing molecular platforms for COVID-19 testing, it will be essential to maintain current molecular diagnostic services for TB patients.

- **Promote access to people-centered prevention and care services.** Home-based and community-based prevention and care should be strongly preferred over hospital treatment for TB patients (unless serious conditions require hospitalization) to reduce opportunities for transmission. This includes **WHO recommended, all-oral TB treatments for multidrug-resistant TB and extensively drug-resistant TB.** Digital adherence technologies can help bridge the gap in communication. TB preventive treatment should be ensured for household contacts, especially given increased risk of exposure.

- **Stand against stigma and discrimination and promote the human rights of the most vulnerable.** Stigma and fear around communicable diseases like TB and COVID-19 hamper the public health response. Governments, citizens, media and communities have an important role to play in preventing and stopping stigma.

- **Build and strengthen community, youth and civil society engagement to close gaps in care.** Community health workers, youth volunteers and civil society can be engaged in reaching those at risk or those affected by TB and/or COVID-19 with care. We need to harness the potential of these groups while ensuring effective infection control and protective measures for them.

### 10 priority recommendations outlined in the 2020 UN Secretary-General’s Progress Report on TB to get back on track to end TB

In 2020, on his report to the United Nations General Assembly, the UN Secretary General issued a set of **10 priority recommendations that countries need to follow to get back on track to reach End TB targets in the context of the COVID-19 pandemic.** The progress report was developed with WHO support, and WHO is working with Member States to implement these recommendations:
<table>
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<tr>
<th>10 PRIORITY RECOMMENDATIONS OF THE UN SECRETARY-GENERAL’S 2020 PROGRESS REPORT ON TB FOR ACTIONS NEEDED TO ACCELERATE PROGRESS TOWARDS GLOBAL TB TARGETS</th>
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<tbody>
<tr>
<td>1. Fully activate high-level leadership to urgently reduce TB deaths and drive multisectoral action to end TB</td>
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<td>2. Urgently increase funding for essential TB services including the health workforce</td>
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<td>3. Advance universal health coverage to ensure all people with TB have access to affordable quality care and resolve underreporting challenges</td>
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<td>4. Address the drug-resistant TB crisis to close persistent gaps in care</td>
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<td>5. Dramatically scale up provision of preventive treatment for TB</td>
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<td>6. Promote human rights and combat stigma and discrimination</td>
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<td>7. Ensure meaningful engagement of civil society, communities and people affected by TB</td>
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<td>8. Substantially increase investments in TB research to drive technological breakthroughs and rapid uptake of innovations</td>
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<td>9. Ensure that TB prevention and care are safeguarded in the context of COVID-19 and other emerging threats</td>
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<td>10. Request WHO to continue to provide global leadership for the TB response, working in close collaboration with Member States and other stakeholders, including to prepare for a high-level meeting on TB in 2023, that aligns with the high level meeting of the General Assembly on universal health coverage also to be held in 2023</td>
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WORLD TB DAY

World TB Day is observed on 24 March each year to raise awareness and understanding about one of the world’s top infectious killers and catalyze action to address its devastating health, social, and economic impact around the world.

March 24 marks the day in 1882 when Dr Robert Koch announced that he had discovered the bacterium that causes TB, which opened the way towards diagnosing and curing this disease.

The theme of World TB Day 2021 - ‘The Clock is Ticking’ – conveys the sense that the world is running out of time to act on the commitments to end TB made by global leaders. This is especially critical in the context of the COVID-19 pandemic that has put End TB progress at risk, and to ensure equitable access to prevention and care in line with WHO’s drive towards achieving Universal Health Coverage.