#### **TUBERCULOSIS**

Tuberculosis (TB) is the leading cause of death from an infectious disease in Asia-Pacific. In 2016, there were 10.4 million newly occurring (incident) TB cases worldwide, 1.3 million deaths among HIV-negative people globally. One third of new cases and one fourth of deaths were estimated in India and Indonesia alone. Most of these TB cases and deaths occur disproportionately among men, but the burden of disease among women is also high as it remains among the top three killers for them in the world. Most cases of TB are curable if diagnosed early and the right treatment is provided.

TB was declared a global health emergency by WHO in 1993 and the WHO-coordinated Stop TB Partnership set targets of halving TB prevalence and deaths by 2015, compared with a baseline of 1990. The WHO's End TB Strategy (post-2015) which followed the Stop TB Strategy aims at ending the global TB epidemic by 2035, in line with the Sustainable Development Goals. In the Delhi Call for Action to End TB in the WHO South-East Asia Region by 2030, the health ministers pledged to implement national tuberculosis programmes through an "empowered national initiative" (Sharma, 2017).

In Asia-Pacific, mortality rates were high in Myanmar, Papua New Guinea, Lao PDR, Pakistan and the Philippines with over 40 deaths of people without HIV per 100 000 populations (Figure 3.23, left panel).

Five countries in the world which collectively accounted to 56% of the estimated cases globally in 2016 were in the Asia-Pacific region: India (2.8 million), Indonesia (1.0 million), China (0.9 million), the Philippines (0.57 million) and Pakistan (0.5 million). The case notification rate is particularly high in Korea DPR, Papua New Guinee and the Philippines, at more than 300 cases per 100 000 population. An incidence rate higher than 500 cases per 100 000 population was estimated for the Philippines and Korea DPR, while for Australia and New Zealand less than ten incident cases per 100 000 population were estimated (Figure 3.23, right panel).

High-quality TB services have expanded and many cases are treated, reaching the treatment success rate for new TB cases of more than 80% in most Asia-Pacific countries in 2015 (Figure 3.24). However, Japan reports a treatment success rate of 53% only.

The Asia-Pacific region is rising to the challenges presented by TB. In a large part of the countries, incidence rates have declined from 2013-16 (Figure 3.25). However, few countries like the Philippines, Singapore, Brunei Darussalam, Solomon Islands and Fiji showing upward trend and Thailand and Malaysia showing inconclusive trend with no much change in the last few years.

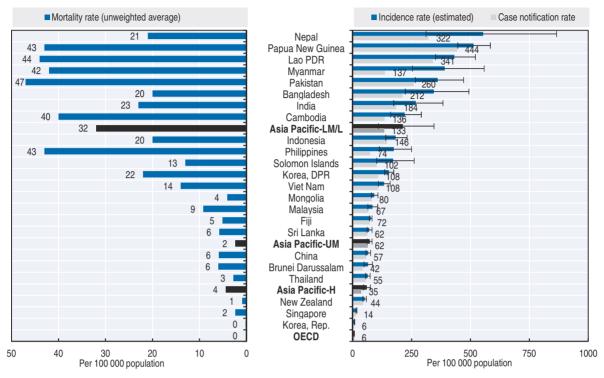
The region still faces important challenges in TB control, including providing services to those in greatest need, especially the poor and vulnerable. HIV-TB co-infection, the emergence of drug-resistant strains, a sizeable proportion of TB-affected population facing catastrophic costs due to TB, funding gaps and the need for greater technical expertise all remain threats to progress (WHO, 2015c; WHO, 2012a). With regards to multidrug-resistant TB (MDR/RR-TB), the burden is high in China with 7.1% of new cases are estimated to have MDR/RR-TB. This proportion is also high at 5.1% in Myanmar and Viet Nam, at above 4%. Treatment of MDR/RR-TB can take up to two years and is far more costly than drug susceptible strains.

### **Definition and comparability**

Tuberculosis (TB) is a contagious disease, caused by the Mycobacterium tuberculosis bacteria. Tuberculosis usually attacks the lungs but can also affect other parts of the body. It is spread through the air, when people who have the disease cough, sneeze, talk or spit. Most infections in humans are latent and without symptoms, with about one in ten latent infections eventually progressing to active disease. If left untreated, active TB kills between 20% and 70% of its victims within ten years depending on severity.

The TB incidence rate is the number of new and relapse cases (newly occurring) of the disease estimated to occur in a year, per 100 000 population. TB mortality does not include TB/HIV as per ICD-10. Case notification rate is the total of new and relapse cases and cases with unknown previous TB treatment history notified to the national programmes per 100 000 population. The TB treatment coverage is the number of new and relapse TB cases that were notified and treated in national TB control programmes and notified to WHO, divided by the estimate of the number of incident TB cases for the same year, expressed as a percentage.

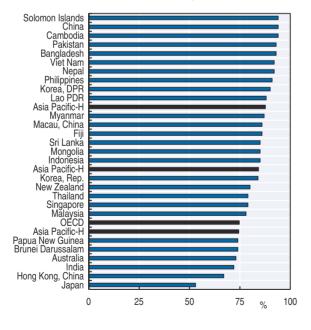
### 3.23. Estimate of the burden of disease caused by tuberculosis, 2016



H represents lower and upper bounds. Source: Global Tuberculosis Report 2017.

StatLink http://dx.doi.org/10.1787/888933867360

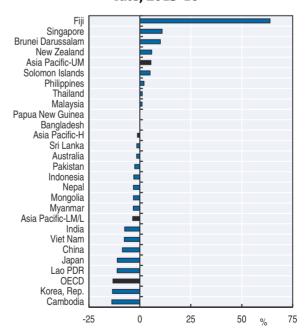
# 3.24. Tuberculosis treatment success for new TB cases, 2015



Source: Global Tuberculosis Report 2017.

StatLink \*\* http://dx.doi.org/10.1787/888933867379

# 3.25. Change in tuberculosis incidence rate, 2013-16



Source: Global Tuberculosis Report 2017.

StatLink \*\*s=\* http://dx.doi.org/10.1787/888933867398



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