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World Health Organization
African Region

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TUBERCULOSIS

Heavy burden, but the strongest gains worldwide

25%
of all TB cases worldwide

207
incidence per 100 000 (2024)

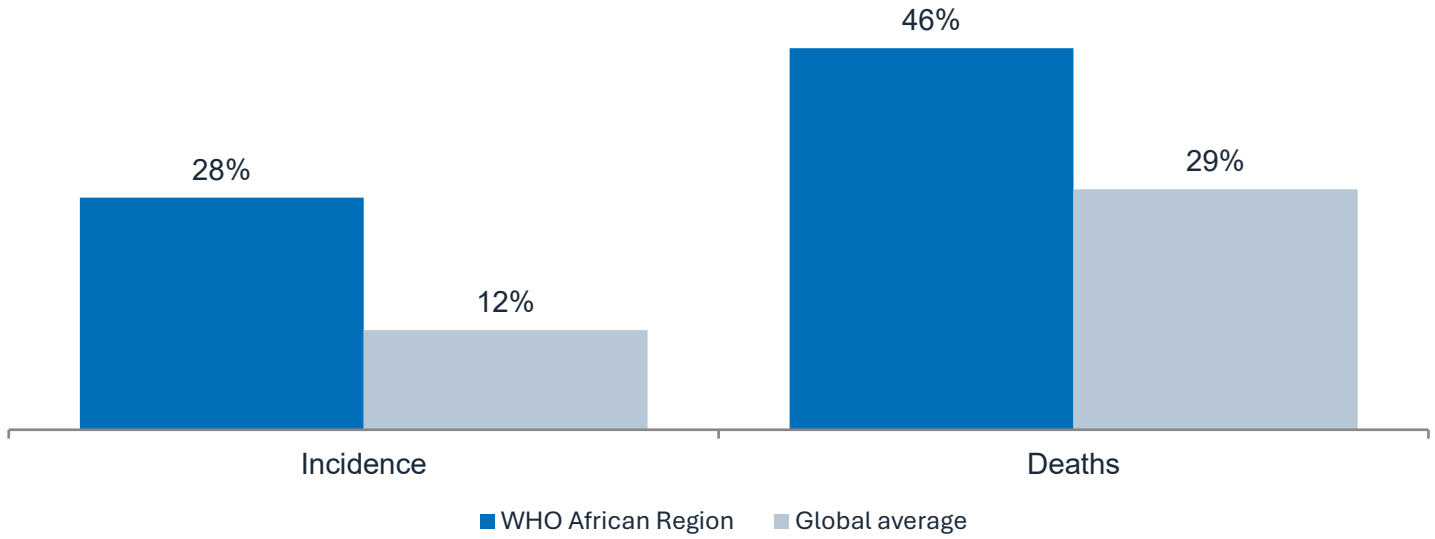
2.62M
people fell ill with TB (2024)

FASTEST DECLINE GLOBALLY

-28% incidence **-46%** deaths

2015–2024, outpacing the global average of -12% / -29%

Burden reduction 2015–2024: Region vs global average



WHERE THE BURDEN SITS

17 of the 30 highest-burden countries worldwide are in the Region.

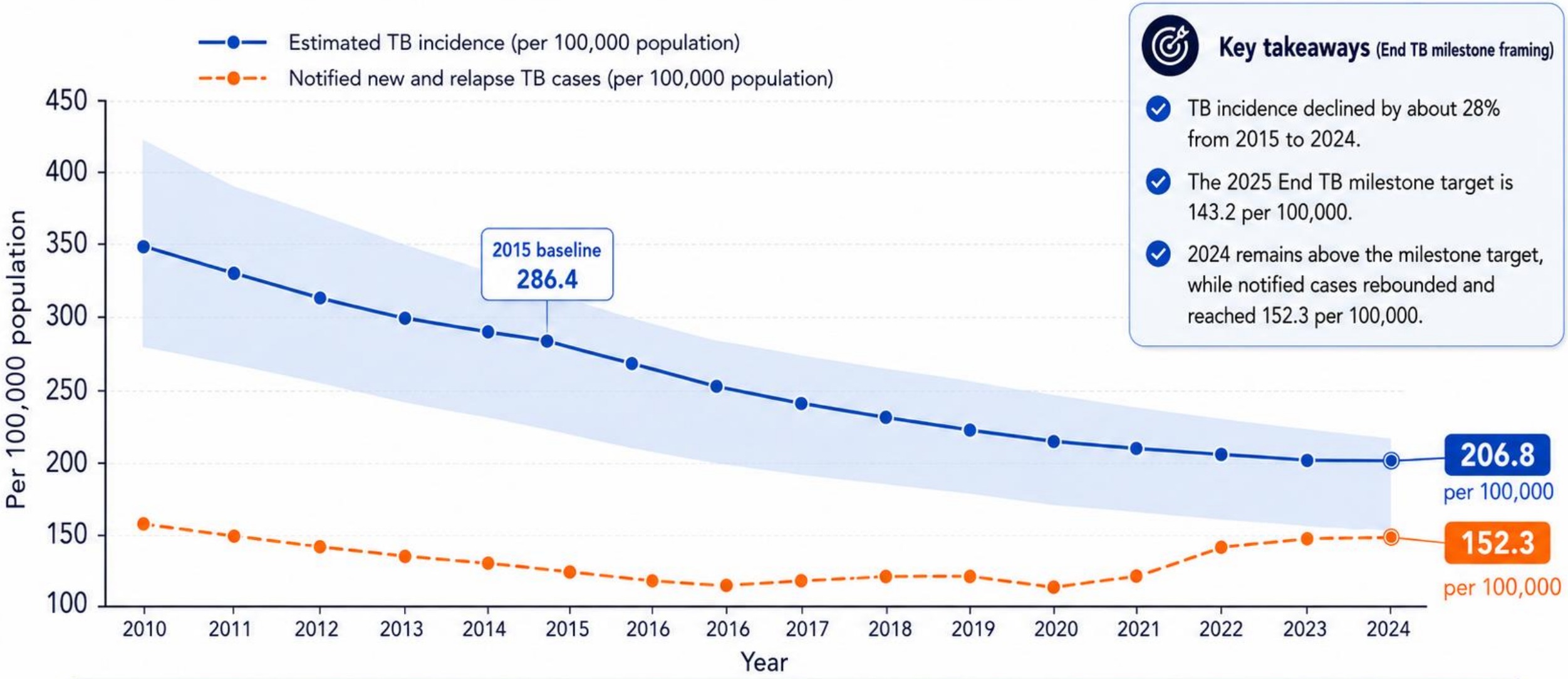
Nigeria 4.6% of global cases

DR Congo 3.1% of global cases

MDR/RR-TB 57 000 cases (15% of global)

Sources: WHO Global TB Report 2025 | UNAIDS/WHO HIV estimates 2025 | WHO Global Hepatitis Report 2026 | WHO STI estimates

Estimated TB incidence rate and notified cases



Key takeaways (End TB milestone framing)

- TB incidence declined by about 28% from 2015 to 2024.
- The 2025 End TB milestone target is 143.2 per 100,000.
- 2024 remains above the milestone target, while notified cases rebounded and reached 152.3 per 100,000.

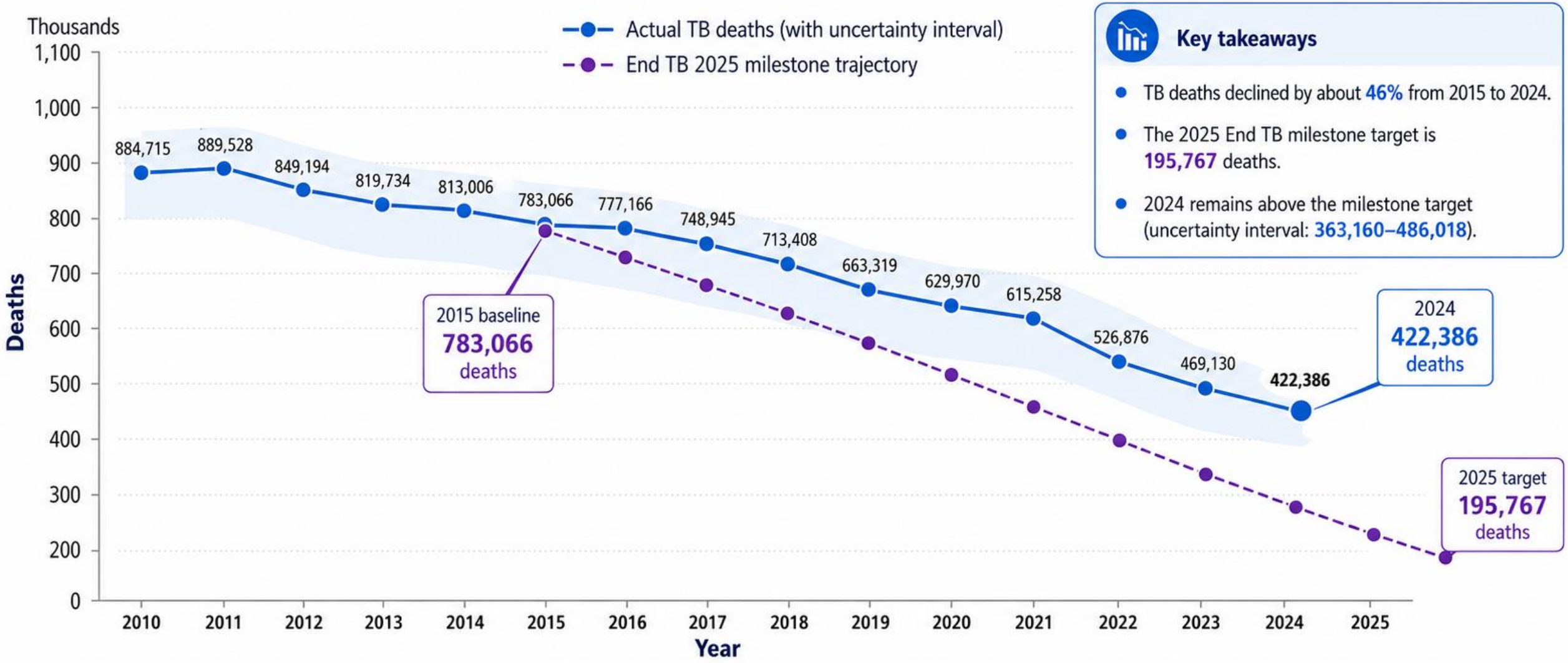
END TB milestone (2025)

Target: 50% reduction in TB incidence vs 2015 baseline.

2015 baseline: 286.4 per 100,000; **2025 milestone target:** 143.2 per 100,000.

2024 level: 206.8 per 100,000 **(-28% vs 2015)**.

Estimated number of deaths caused by TB



Key takeaways

- TB deaths declined by about **46%** from 2015 to 2024.
- The 2025 End TB milestone target is **195,767** deaths.
- 2024 remains above the milestone target (uncertainty interval: **363,160–486,018**).

END TB milestone (2025)

Target: **75%** reduction in TB deaths vs 2015 baseline.

2015 baseline: **783,066** deaths; **2025 milestone target:** **195,767** deaths.

2024 level: **422,386** deaths (**-46.1%** vs 2015).

South Africa, Mozambique, Tanzania, and Others Show the Path Forward

These successes are not isolated achievements but proof that the regional milestones are within reach with the right resources and focus.

- **South Africa** was the first country in the Region to meet the 2025 incidence milestone.
- **Mozambique, Tanzania, Togo, and Zambia** have all met the 75% reduction target in TB deaths.
- **Kenya, Malawi, Rwanda, Sierra Leone, and Uganda** are close behind, demonstrating that sustained commitment and investment yield results.

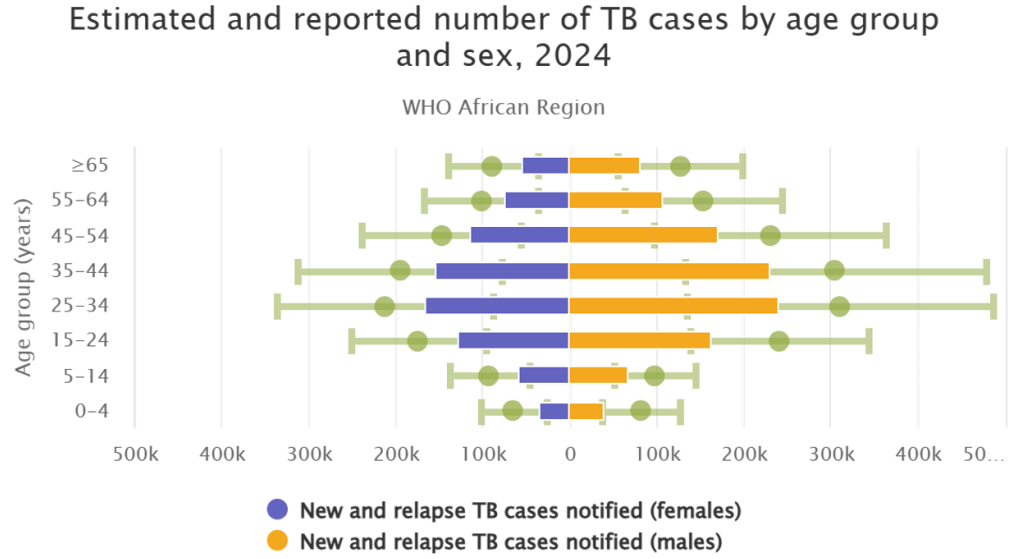
MILESTONE	COUNTRIES ACHIEVED
50% REDUCTION IN INCIDENCE	SOUTH AFRICA
75% REDUCTION IN DEATHS	MOZAMBIQUE, TANZANIA, TOGO, ZAMBIA
CLOSE BEHIND	Kenya, Malawi, Rwanda, Sierra Leone, Uganda

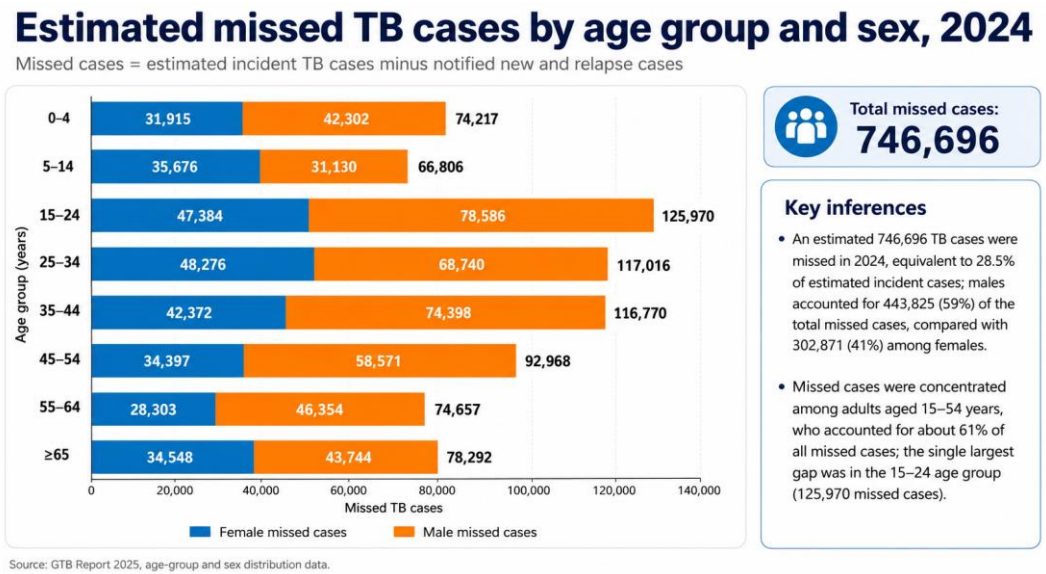
Source: WHO AFRO, 2025

Estimated Missed TB Cases by Age Group and Sex, 2024

Key Inferences

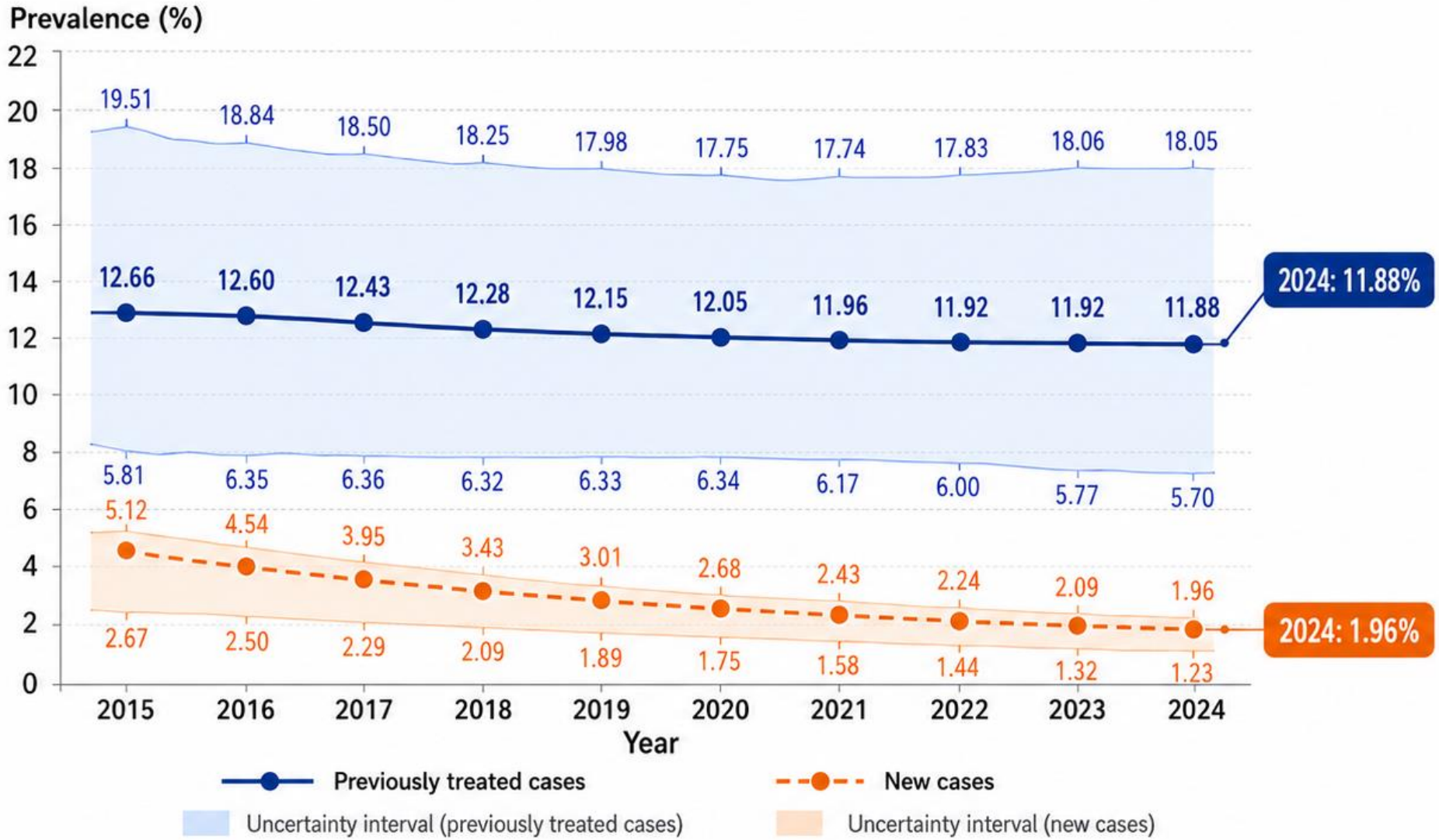
- Missed cases concentrated in productive age groups (15–49 years)
- Female preponderance in certain age brackets raises questions about screening practices
- Mismatch between presumed and diagnosed TB burden
- Urban slums, rural access gaps, and stigma are key drivers
- Estimated 746,696 missed cases in AFRO region





Estimated prevalence of rifampicin resistance (RR-TB)

Among pulmonary bacteriologically confirmed TB cases, 2015–2024



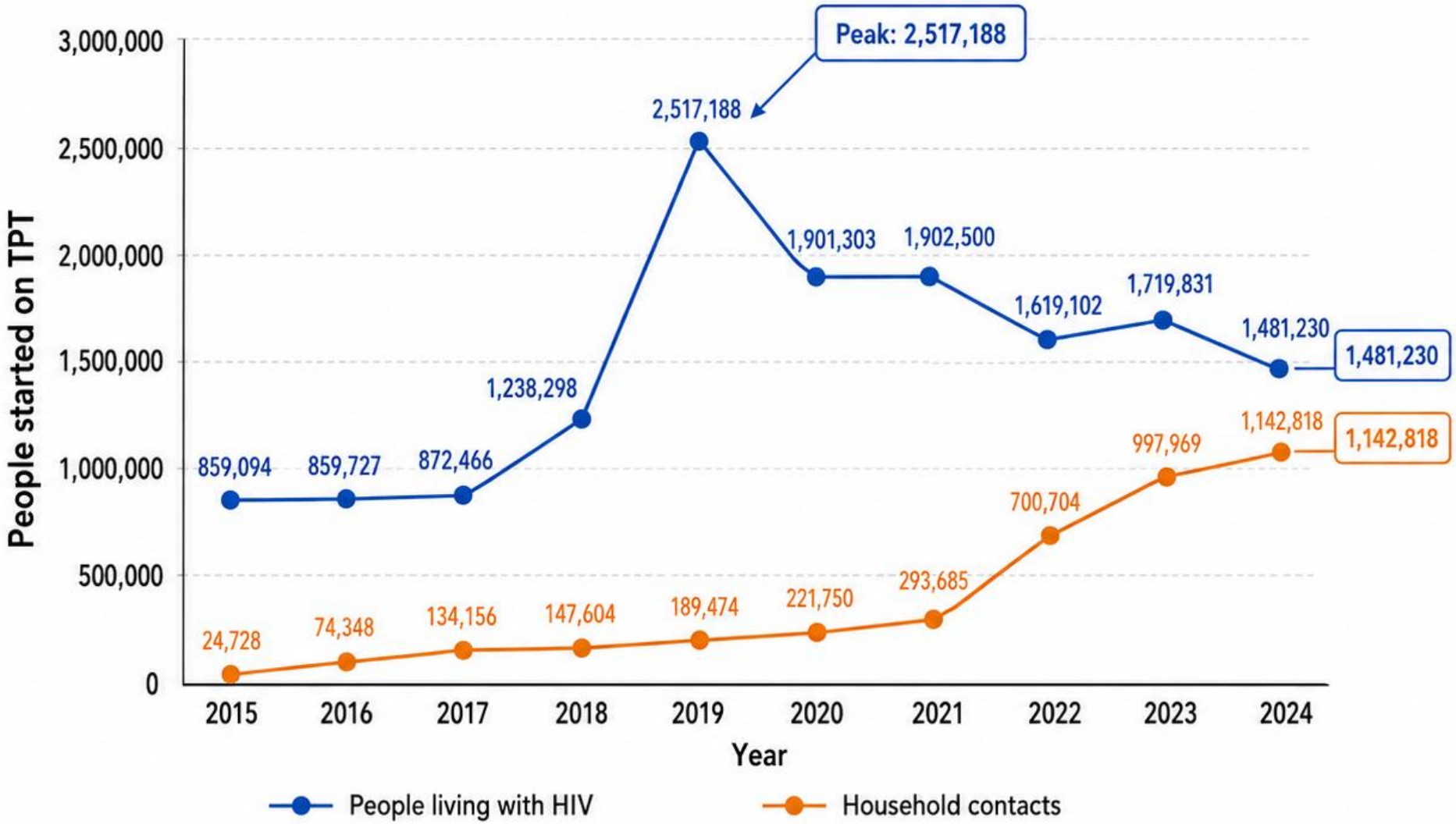
Key inferences

- RR-TB prevalence among new cases fell sharply from 5.12% in 2015 to 1.96% in 2024 — a decline of about 62%.
- RR-TB prevalence among previously treated cases remained high and nearly unchanged, declining only from 12.66% to 11.88%; in 2024 it was about 6 times higher than among new cases.

Source: GTB report 2025 RR prevalence data.

TB preventive treatment (TPT), 2015–2024

Number of people started on TPT



Key messages

- **Strong prevention progress among household contacts:** TPT initiations increased from 24,728 in 2015 to 1,142,818 in 2024, with the fastest growth since 2021; 2024 is the highest level in the series.
- **Regression/stalling among people living with HIV:** after peaking at 2,517,188 in 2019, TPT initiations declined and fluctuated, reaching 1,481,230 in 2024 (–14% vs 2023 and about 41% below the 2019 peak).

Source: GTB Report 2025 TPT data.

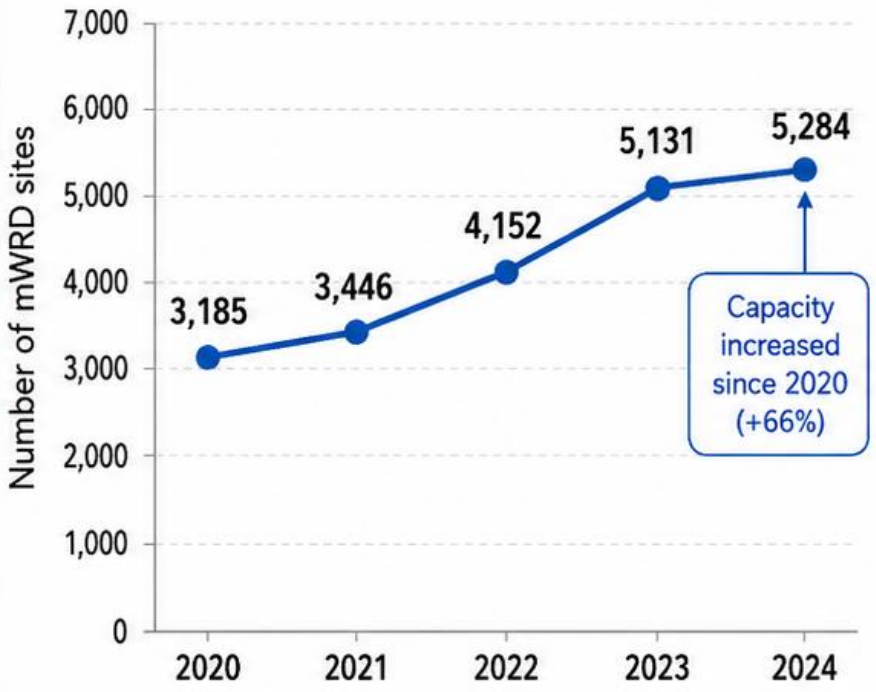
TB laboratory services in the WHO African Region: progress and remaining gaps

AFRO reported trends from TB laboratory data

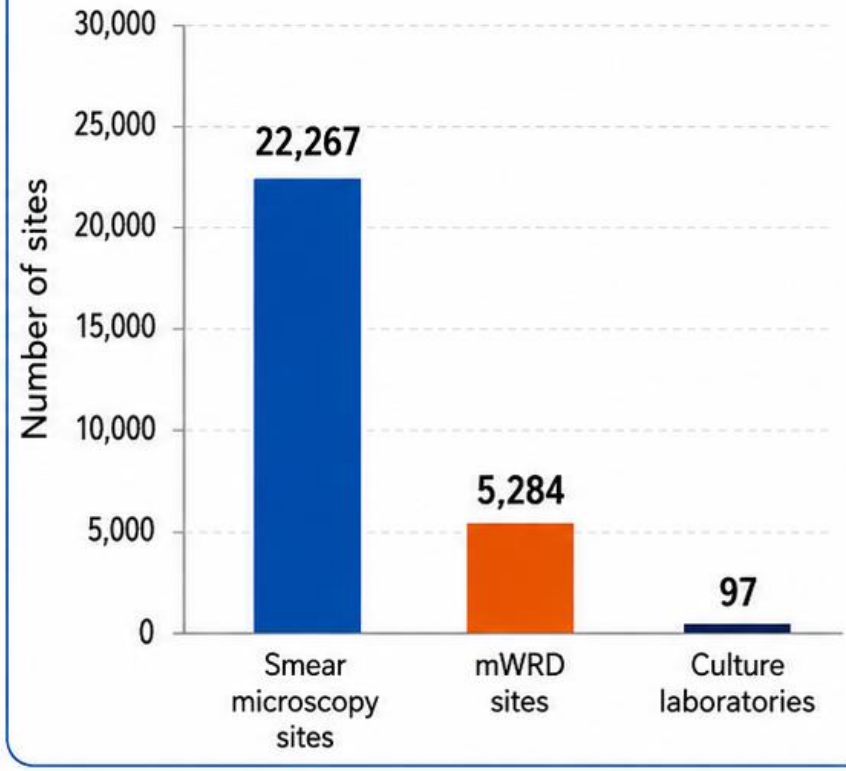
mWRD tests performed in 2024:
12.3 million

mWRD-positive results in 2024:
1.06 million (8.7%)

Expansion of rapid molecular diagnostic capacity



Diagnostic network in 2024



What to say

- Laboratory capacity for rapid molecular diagnosis expanded in AFRO: the number of mWRD sites increased from 3,185 in 2020 to 5,284 in 2024, while 12.3 million mWRD tests were reported in 2024, yielding about 1.06 million positive results.
- Despite this progress, the laboratory network still relies heavily on basic microscopy: in 2024 there were 22,267 smear microscopy sites compared with 5,284 mWRD sites and only 97 culture laboratories, underscoring the need to continue scaling up advanced and quality-assured diagnostic capacity.

Source: GTB laboratory dataset, extracted 2026.

mWRD = molecular WHO-recommended rapid diagnostic test.

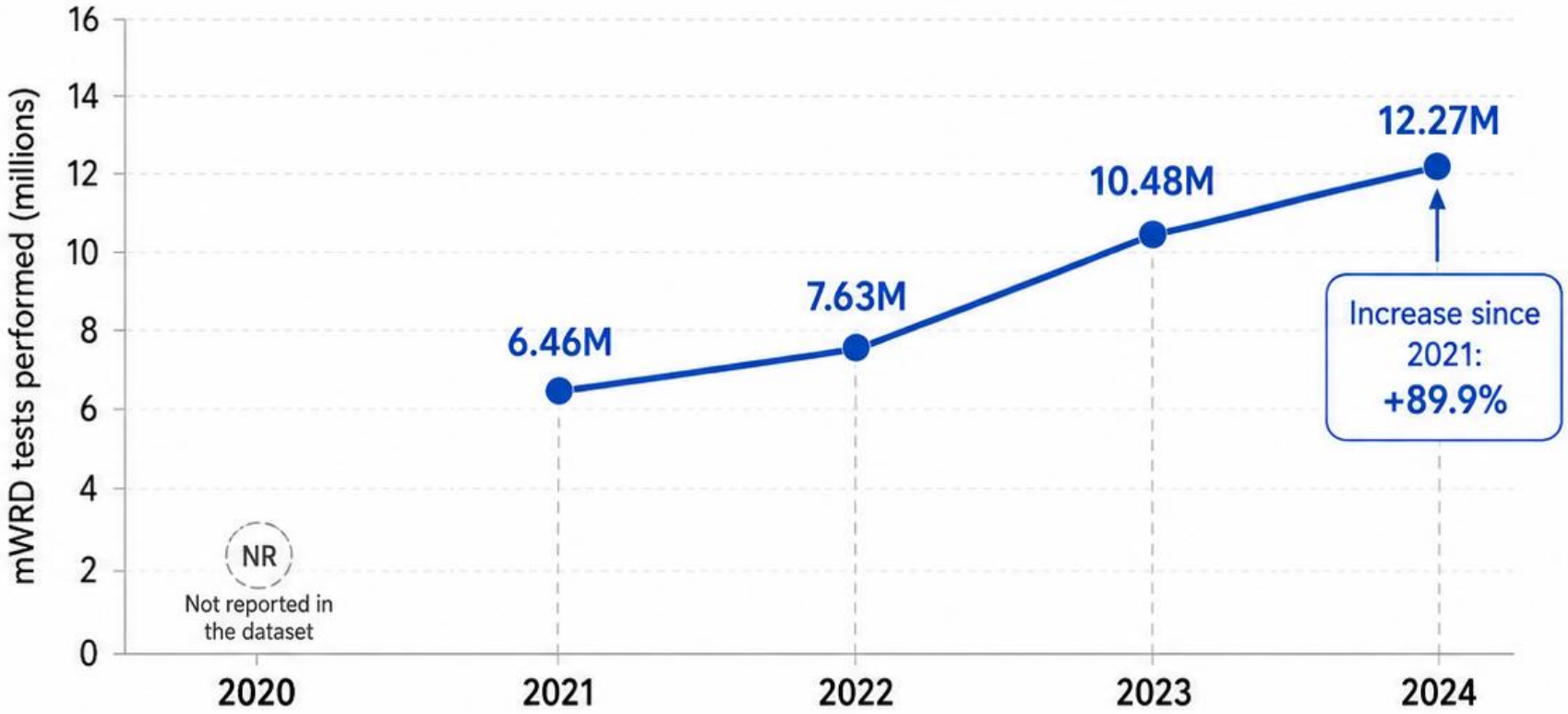
AFRO progression in mWRD testing volumes, 2020–2024

WHO African Region reported trends from TB laboratory data

mWRD tests performed in 2024:
12.27 million

Increase since 2021:
+89.9%

mWRD tests performed over time in the WHO African Region



What to say

- AFRO rapidly expanded molecular testing volume: reported mWRD tests increased from 6.46 million in 2021 to 12.27 million in 2024, an increase of about 90%.
- Testing volume accelerated most strongly after 2022, reaching the highest level in 2024; however, 2020 volume data were not reported in this dataset, so the 5-year trend should be interpreted with that limitation in mind.

Source: GTB laboratory dataset, extracted 2026.

mWRD = molecular WHO-recommended rapid diagnostic test.

TB Diagnostic Cascade: The Barebone of TB Strategy

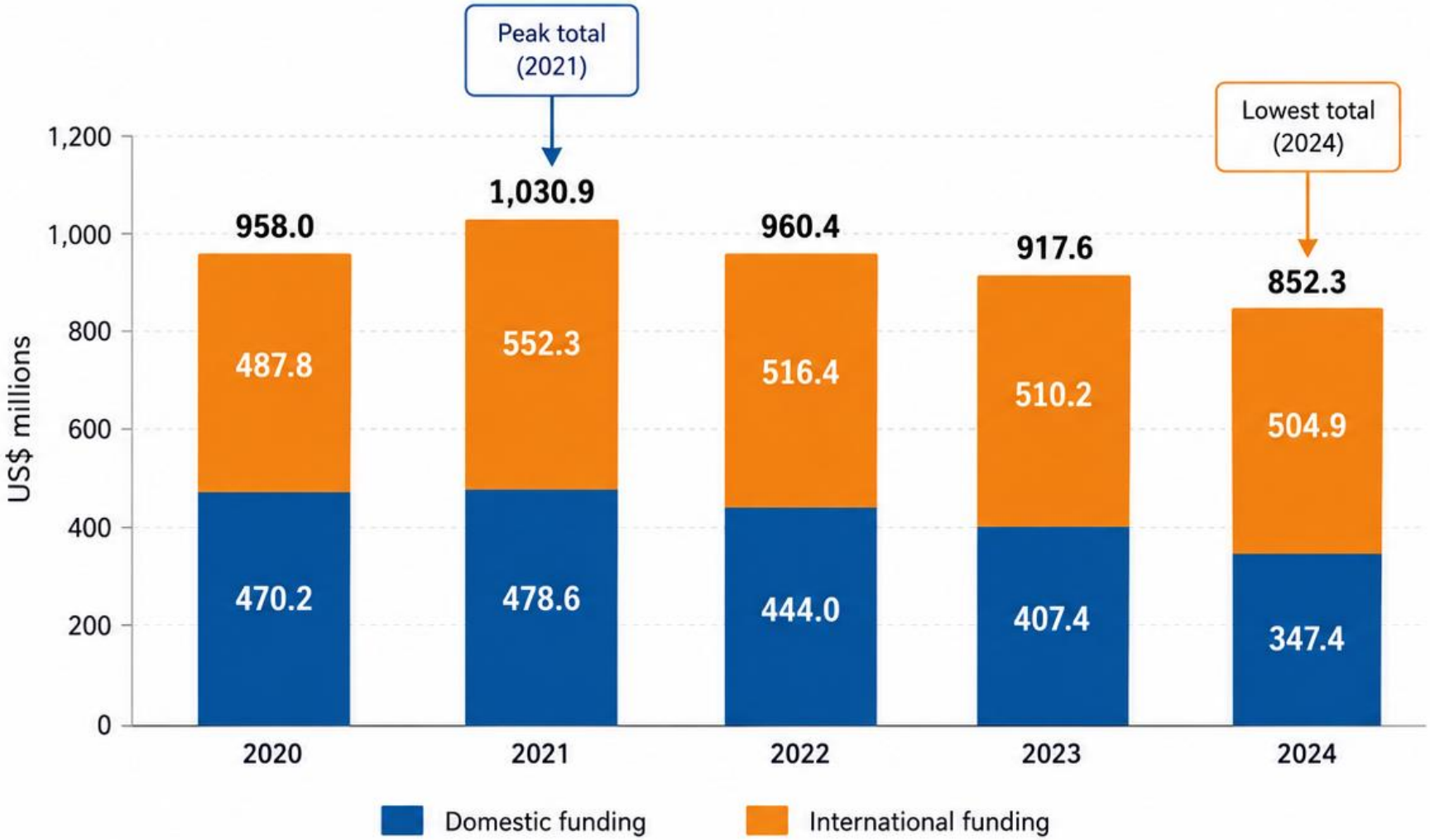
Critical gaps between ideal and reality show systemic failures in case detection, diagnosis, and treatment the foundation of effective TB control

Cascade Step	Ideal	Reality
1. Community	All seek care	Limited access
2. Detection	All diagnosed	**Under-detection**
3. WRD Use	All get WRDs	**~50–60% tested**
4. DR Detection	All tested	Partial testing
5. MDR	All identified	**Underdiagnosed**
6. 2nd-line DST	Full DST	Limited coverage
7. Treatment	Tailored	Empirical
8. Outcome	Low burden	Slow decline

⚠ Key Finding: Steps 2, 3, and 5 (Detection, WRD Use, MDR Diagnosis) represent the highest-impact intervention points for regional TB control acceleration.

TB funding by source, 2020–2024

Domestic and international funding (US$ millions)



2024 total funding
US$ 852.3 million

International share: **59%**

Domestic share: **41%**

Key messages

1. Domestic funding declined sharply, falling from US$ 470.2 million in 2020 to US$ 347.4 million in 2024 (–26%), while international funding remained broadly stable at around US$ 500 million and exceeded domestic funding throughout the period.
2. Total TB funding peaked at US$ 1.03 billion in 2021, then fell to US$ 852.3 million in 2024, increasing reliance on external financing and highlighting the need to rebuild domestic investment.

Source: GTB Report 2025 funding data.

KEY CHALLENGES

Drug resistance, HIV co-infection and chronic underfunding hold back hold back the response

Three structural bottlenecks explain most of the gap between current trajectory and the End TB 2030 targets.

DRUG-RESISTANT TB

MDR/RR-TB burden

57K

People who developed MDR/RR-TB in 2024 — about 15% about 15% of the global DR-TB burden. Treatment Treatment success for MDR-TB still around 60%.

TB/HIV CO-INFECTION

HIV-associated TB

~21%

Of new TB cases in the region are among people living with HIV. Africa hosts the majority of global TB/HIV co-infections — antiretroviral coverage is a TB intervention.

MISSING CASES

Under-detection

~860K

People with TB in the region were not notified in 2024. Concentrated in Nigeria, DRC, Ethiopia — driven by urban slums, rural access gaps, stigma.

FUNDING GAP

Africa faces the largest TB funding gaps of any WHO region

Reductions in Global Fund and bilateral funding, plus flat domestic investment, threaten the post-COVID post-COVID recovery of TB services.

US$ 1.7B

Total funding gap reported by 60 countries in 2024 — African countries are the largest share.

45% / 55%

Africa TB financing split: domestic vs international, 2023.

US$ 898M

Total TB funding mobilised in Africa in 2023 — far below need.

Source: WHO Global TB Report 2024 · Think Global Health

WAY FORWARD · 2025 → 2030

Five priorities to re-accelerate the African TB response

Closing the missing-cases gap and protecting financing are the two highest-yield levers for the next 12–24 months.

01

Find the missing cases

Scale active case-finding, chest X-ray AI screening and TB symptom tools in Nigeria, DRC, Ethiopia.

02

Close the DR-TB treatment gap

Expand shorter all-oral regimens (BPaLM) and drug-drug-susceptibility testing access.

03

Sustain TB/HIV integration

Joint ART + TPT scale-up; maintain gains in countries with countries with high HIV co-infection.

04

Protect the financing base

Increase domestic TB budgets and de-risk against Global Global Fund replenishment volatility.

05

Adopt the WHO TB vaccine pipeline

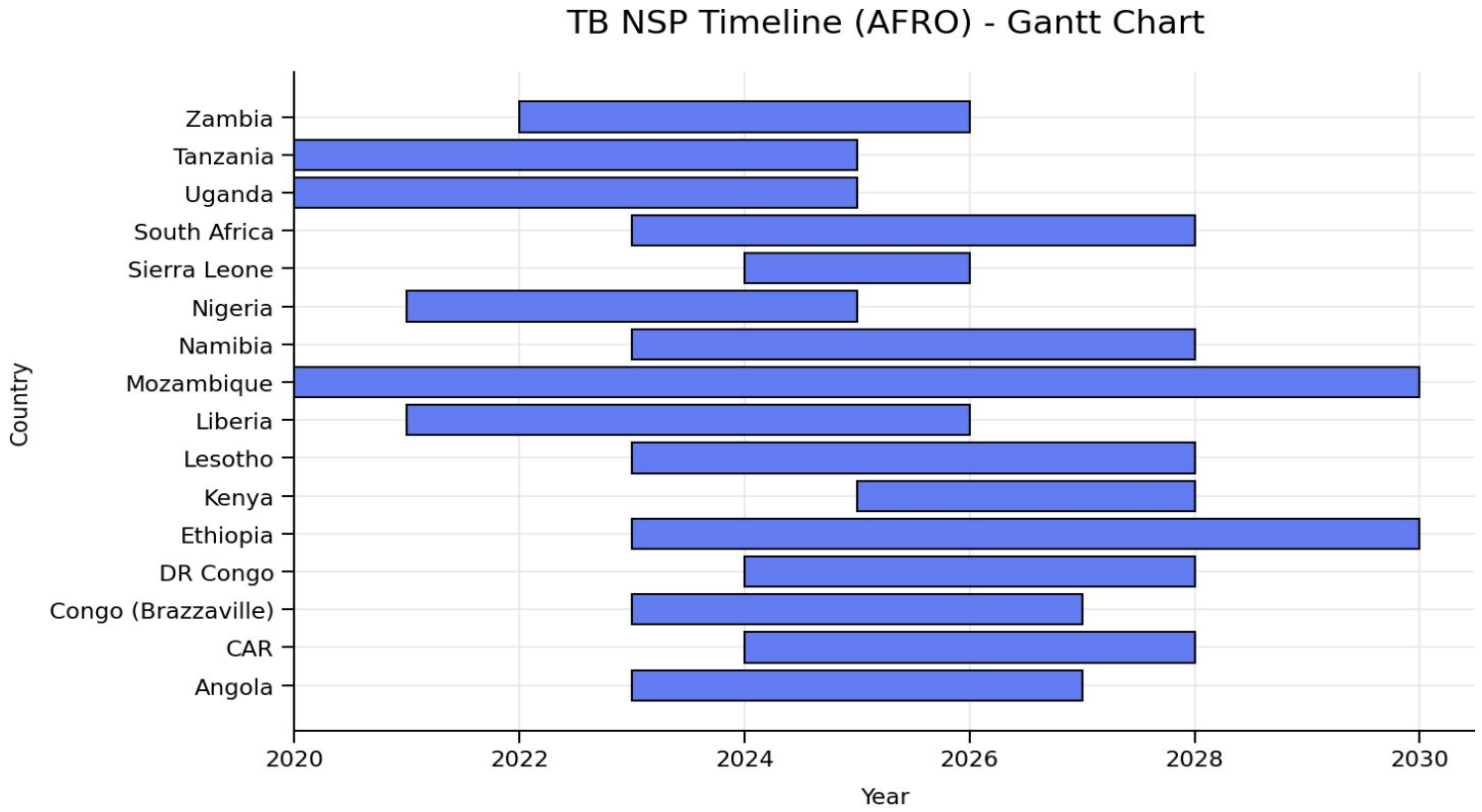
Prepare countries for M72/AS01E rollout; build delivery delivery channels through EPI.

Questions and discussion welcome.

WHO AFRICAN REGION · TB PROGRAMME · 2024

Source: WHO AFRO · End TB Strategy

Costed, funded, guidance-aligned NSPs are the precondition for credible GC8 requests and Quality Implentatioon of End TB Strategy



The backbone of funding

NSPs translate evidence into costed action. GC8 requests must align to them.

Alignment with new guidance

Many NSPs need updating for new diagnostics, regimens and TB/HIV–nutrition integration.

The gating issue

NSP currency and quality gate the credibility of GC8 applications.

*Illustrative tracker: of 16 NSPs shown, **8 expire in 2025–2027** and must be revised before GC8 submission.*

Source: WHO AFRO NSP timeline (illustrative). Costed / funded counts to be confirmed from the AFRO NSP tracker.

Technical Support & Tools: Strengthening Implementation

Strategic Planning is Key

Costed, funded, and guidance-aligned National Strategic Plans (NSPs) provide the foundation for effective TB response implementation and credible funding applications.

Tools for the Meeting Will Help

Interactive planning tools and self-evaluation templates will support countries in strengthening NSP alignment with new WHO guidance on diagnostics, regimens, and TB/HIV–nutrition integration.

Programme Reviews: Sustaining Quality Implementation

Structured programme reviews are a key activity to maintain quality implementation of strategic plans, Global Fund grant proposals, and mobilization of internal funding. Regular monitoring and evaluation ensure alignment with regional milestones.


Thank you
World Health Organization
African Region