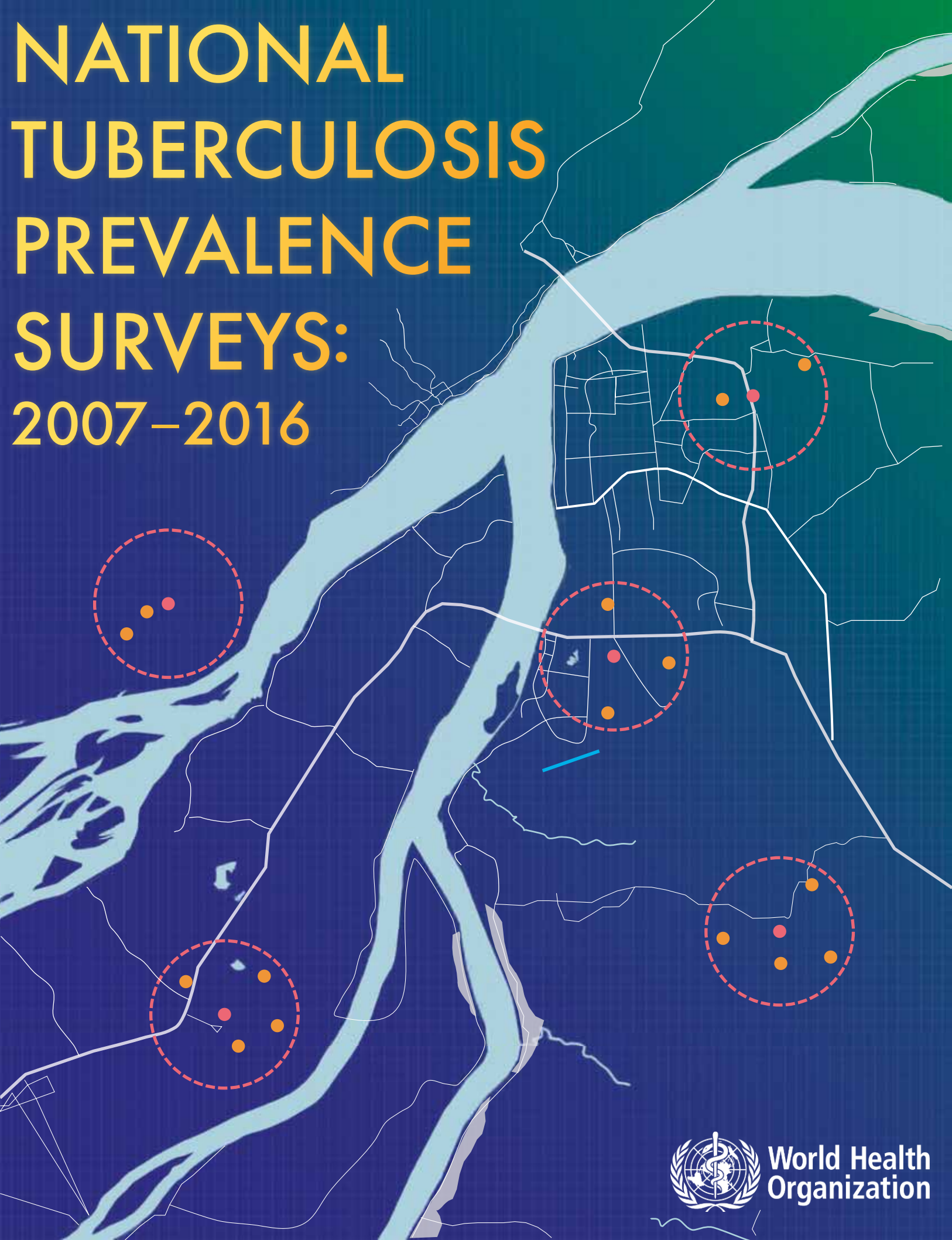


# NATIONAL TUBERCULOSIS PREVALENCE SURVEYS: 2007–2016



World Health  
Organization



# **NATIONAL TUBERCULOSIS PREVALENCE SURVEYS**

## 2007-2016



**World Health  
Organization**

National tuberculosis prevalence surveys 2007-2016

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# Preface

At the time of publication of this book in early 2021, tuberculosis (TB) remains a major cause of ill health and one of the top causes of death worldwide.

During the period 2000–2015, global and national efforts to reduce the burden of TB disease had the aim of achieving global TB targets that were set as part of the United Nations (UN) Millennium Development Goals (MDGs), the World Health Organization's (WHO) Stop TB Strategy (2006–2015) and the Stop TB Partnership's Global Plan to Stop TB (2006–2015). Three targets were set: to halt and reverse TB incidence by 2015; to halve the TB mortality rate by 2015 compared with 1990; and to halve the prevalence of TB disease by 2015 compared with 1990.

In 2006, WHO established a Global Task Force on TB Impact Measurement, convened by the TB monitoring, evaluation and strategic information (TME) unit of WHO's Global Tuberculosis Programme. The Task Force's aim was to ensure a robust, rigorous and consensus-based assessment of whether the 2015 TB targets were achieved at global, regional and national levels. At its second meeting, held in 2007, the Task Force agreed on three strategic areas of work for the period 2007–2015: strengthening of routine national surveillance systems (notification and vital registration) in all countries; national TB prevalence surveys in 22 global focus countries; and periodic review of the methods used by WHO to translate surveillance and survey data into estimates of TB disease burden. The 22 global focus countries were a prioritised subset of 53 countries considered eligible to implement a national TB prevalence survey: 13 in Africa and 9 in Asia.

Global recognition of the importance of national TB prevalence surveys was reinforced and supported by considerable national interest in and commitment to implementing such surveys, which had started to grow and intensify in many countries during the early-mid 2000s.

In 2007, however, the goal of completing a large number of national TB prevalence surveys in a relatively short period of time was a daunting task. The number of recent national surveys was small, and global and national experience and expertise in their design, implementation and analysis was scarce. Between 1990 and 2006, only a handful of countries in Asia successfully completed a national TB prevalence survey. No national survey had been attempted in the WHO African Region since the 1950s, with the sole exception of a survey in Eritrea in 2005 that was limited by the diagnostic methods used to detect people with TB.

What followed was an unprecedented national, regional and global effort to implement national TB prevalence surveys. Between 2007 and the end of 2016, 24 countries implemented a total of 25 national surveys using methods recommended by WHO. The 24 countries comprised 18 of the 22 global focus countries and six other countries. The 25 surveys consisted of 13 in Asia and 12 in Africa.

The outcome is a wealth of new data. These data were crucial to WHO's assessment of whether the 2015 TB targets were met at global, regional and country levels, by providing a much better understanding of the burden of TB disease, including its distribution by age and sex, and reliable evidence about trends in countries where a repeat survey was done. The data have also provided new evidence about the symptoms experienced by people with undiagnosed TB in the community, the extent of gaps between the number of people with TB in the community and the number of people officially detected with TB, and health care-seeking behaviour in the public and private sectors, in turn shining new light on reasons for delays in diagnosing people with TB and for the underreporting of people diagnosed with TB to national authorities. Collectively, survey findings have informed the policies, plans and programmatic actions needed to address gaps in TB diagnosis and treatment and to reduce the burden of TB disease. Finally, the 24 countries have a robust baseline for assessing progress towards new global targets set in the UN Sustainable Development Goals (2016–2030) and WHO's End TB Strategy (2016–2035).

At the global level, efforts to support the design, implementation, analysis and reporting of national TB prevalence surveys between 2007 and 2016 were led and coordinated by a subgroup of the WHO Global Task Force on TB Impact Measurement. This subgroup was led by staff in WHO's TME unit.

In 2016, it was our collective view that the methods, results, successes achieved, challenges faced and lessons learned from the 25 national surveys implemented 2007–2016 should be comprehensively documented in a book. We viewed such a product as a global public good, that should be available to all those with an interest in and commitment to using survey findings, now and in the future.

As with implementation of the 25 surveys themselves, the book is the result of a major global, regional and national collaborative and collective effort, with more than 450 contributors from all around the world. We are proud of the final product, wholeheartedly thank all those who made it possible, and hope that it will be a valuable resource for many people for many years to come.

March 2021

**Jaap Broekmans**

*Chair*

WHO Global Task Force on  
TB Impact Measurement

**Katherine Floyd**

*Unit Head*

TB monitoring, evaluation  
and strategic information unit,  
WHO Global Tuberculosis Programme

**Philippe Glaziou**

*Senior epidemiologist*

TB monitoring, evaluation  
and strategic information unit,  
WHO Global Tuberculosis Programme

**Irwin Law**

*Technical officer*

TB monitoring, evaluation  
and strategic information unit,  
WHO Global Tuberculosis Programme

**Ikushi Onozaki**

*Medical officer*

TB monitoring, evaluation  
and strategic information unit,  
WHO Global Tuberculosis Programme  
*Leader*  
WHO Global Task Force on TB Impact  
Measurement subgroup

**Charalambos Sismanidis**

*Team Lead for TB surveillance  
and surveys*

TB monitoring, evaluation  
and strategic information unit,  
WHO Global Tuberculosis Programme

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