1. Global Tuberculosis Report 2025 - Governance

Swing, but do not miss - on India and the WHO's Global Tuberculosis Report 2025. India achieved a notable 21% decline in TB incidence (2015–2024), significantly outperforming the global average, yet missed its 2025 elimination target. Despite scaling treatment coverage to 92%, India continues to bear the highest global burden of TB cases and drug-resistant strains (MDR-TB).

1. Executive Summary

India's Achievement - India has recorded a significant 21% decline in Tuberculosis (TB) incidence between 2015 and 2024.

Global Contrast - This decline is nearly double the global decline rate of 12% during the same period.

Current Status - Despite improvements, India missed its ambitious target to eliminate TB by 2025 and continues to bear the highest absolute burden of TB cases globally.

2. Global TB Trends (2024 Findings)

The Scale of the Epidemic

Infection & Mortality - In 2024, 10.7 million people fell ill with TB, and 1.23 million died.

Ranking - TB remains the leading infectious disease cause of death and is consistently among the top 10 causes of death globally.

Geographic Concentration - High-burden concentration is significant, with 30 countries accounting for 87% of all global cases.

Top Contributors - Eight countries contribute 67% of the global total -

1. India
2. Indonesia
3. China
4. Philippines
5. Pakistan
6. Nigeria
7. Bangladesh
8. Democratic Republic of the Congo

Successes & Threats

Regional Success - The African and European regions achieved massive reductions in mortality (46% and 49%, respectively).

Widespread Decline - Over 100 countries witnessed a decline in TB incidence of ≥20%.

Persistent Threats - Progress is jeopardized by funding shortages, inequitable access to diagnostics, and conflict-driven instability.

The Financing & Research Gap

Category	Available Funds / Current Status	Target Required	Gap Analysis
TB Prevention & Treatment	$5.9 billion (in 2024)	$22 billion (by 2027)	Only ~27% of the target is met.
TB Research & Development	$1.2 billion (in 2023)	$5 billion (Annual target)	Funding is just 24% of the requirement.

3. India-Specific Trends

Disease Burden and Decline

Incidence Rate - Dropped from 237 per lakh (2015) to 187 per lakh (2024).

Mortality Rate - Reduced from 28 per lakh (2015) to 21 per lakh (2024), showing improved clinical management.

Global Share - Despite the decline, India still accounts for 25% of the world's TB cases.

Improvements in Healthcare Delivery

Treatment Coverage - A massive surge from 53% coverage in 2015 to over 92% in 2024.

Unreported Cases - The number of "missing cases" (undetected/unreported) fell sharply from 15 lakh

(2015) to less than 1 lakh (2024).

State-wise Distribution

Parameter	State/Region
Highest Absolute Number of Cases	Uttar Pradesh, followed by Maharashtra, Bihar, and Madhya Pradesh.
Highest Infection Prevalence Rate	Delhi (High density of cases per population).

4. Comparative Analysis - India vs. Global Progress

Indicator	India's Progress (2015–2024)	Global Progress (2015–2024)	Inference
Decline in Incidence	21% Decline	12% Decline	India is reducing TB incidence almost twice as fast as the global average.
Decline in Mortality	28% Reduction	(Data Varies by Region)	India shows significant improvement in saving lives compared to the baseline.
Burden Contribution	25% of Global Cases	100%	India remains the single largest contributor to the global pandemic.

5. Initiatives to Eliminate TB

Global Initiatives

1. **End TB Strategy (WHO) -**

Timeline - 2015–2035.

Targets for 2030 - 90% reduction in deaths and 80% reduction in incidence.

Economic Goal - Ensure zero catastrophic costs for affected families.

2. **Institutional Support -** The Global Fund and Stop TB Partnership facilitate financial mobilization and cross-border surveillance.
3. **New WHO Guidelines (2024–25) -** Focus on shorter drug regimens for MDR-TB and integrated management of TB–Diabetes comorbidity.

India's National Initiatives

1. **National Tuberculosis Elimination Programme (NTEP) -** Revised the national elimination deadline to 2025 (preceding the global 2030 goal), though this target has now been missed.
2. **Diagnostic Infrastructure -** Establishment of 9,391 rapid molecular testing facilities. Operation of 107 culture and drug susceptibility testing labs.
3. **Technology Integration -** Deployment of 500+ AI-enabled hand-held chest X-ray units for screening remote populations.
4. **Decentralized Care -** Services delivered through 1.78 lakh Ayushman Arogya Mandirs.
5. **Social Support (Ni-kshay Poshan Yojana) -** Direct Benefit Transfer (DBT) increased from ₹500 to ₹1,000 per month for nutritional support during treatment.
6. **TB Mukt Bharat Abhiyan -**

Reach - Screened over 19 crore vulnerable individuals.

Detection - Identified 24.5 lakh patients, including 8.61 lakh asymptomatic cases.

Workforce - Massive training of ASHA workers for early referral.

Why India Missed the 2025 Elimination Target

Despite aggressive measures, the target of eliminating TB by 2025 was not met due to the following specific reasons -

Slow Statistical Progress -

Target - 50% incidence decline and 75% mortality reduction.

Actual - Only 21% incidence decline and 28% mortality reduction achieved.

Absolute Disease Burden - The sheer population size means 26.18 lakh new cases were diagnosed in 2024 alone (the highest ever).

Drug-Resistant TB (MDR/RR-TB) - India has the highest burden of Multi-Drug Resistant (MDR) TB. Reported 1.27 lakh MDR/RR-TB cases in 2024 (32% of the global total).

COVID-19 Disruptions - Between 2020 and 2022, resources were diverted, leading to gaps in diagnostics

and follow-ups.

Supply Chain Issues - Reports of stockouts of anti-TB drugs in multiple states led to treatment interruptions, fueling resistance.

Diagnostic Gap - India accounts for 8.8% of the global gap in TB diagnosis, second only to Indonesia.

7. Challenges & Recommendations

Challenges

Funding - Global funding is at $5.9 billion, a fraction of the $22 billion need.

Infrastructure - Weak rural healthcare infrastructure impacts continuity of care.

Socio-Economic - Poverty, malnutrition, and social stigma prevent timely testing.

Human Resources - Shortage of trained personnel for TB surveillance.

Recommendations for the Future

1. **Strengthen Primary Healthcare -** Invest in PHC networks and lab capacities for real-time surveillance.
2. **Modernize MDR-TB Treatment -** Scale up shorter drug regimens and universal drug-susceptibility testing.
3. **Holistic Approach -** Address social determinants like malnutrition, sanitation, and housing.
4. **Sustainable Financing -** Bridge the financing deficit to accelerate research into TB vaccines.

8. Static Knowledge - Background Information

Topic	Details
What is TB?	An infectious disease caused by the bacterium Mycobacterium tuberculosis.
Primary Target	Affects the lungs (Pulmonary TB) but can affect any organ like bones or lymph nodes (Extrapulmonary TB).
Transmission	Spread through airborne particles when an infected person coughs or sneezes.
Symptoms	Persistent cough, fever, night sweats, weight loss, fatigue, and hemoptysis (blood in sputum).
About the Report	The Global TB Report is the WHO's annual flagship assessment to monitor progress toward "End TB" goals.

Source - https - //www.thehindu.com/opinion/editorial/swing-but-do-not-miss-on-india-and-the-whos-global-tuberculosis-report-2025/article70287469.ece