New Indonesia data behind rise in global TB cases

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The World Health Organization (WHO) released its annual Global Tuberculosis Report this week.

Among the headline findings was the announcement that the number of new TB cases was higher than in previous years: there were some 9.6 million new cases of TB in 2014 (the year that this latest report covers). In 2013, an estimated 9 million people developed TB.

This recorded rise in incidence is almost entirely due to a significant revision of estimates for Indonesia, which is now understood to have 1 million new TB cases per year – double the previous estimate. This means that Indonesia now accounts for 10% of the world’s TB cases.

While the jump in cases at first appears alarming, in one respect it can be read as good news for the global fight against TB. As the Stop TB Partnership’s Lucica Ditiu recently noted, the revised estimates are the consequence of having more and better data, rather than from a significant real increase in disease. On this basis, Indonesia is to be congratulated for completing a high quality national TB prevalence survey in 2013-2014 (see page 20 of the report for more details on this survey), as are Ghana, Malawi, Sudan, Zambia and Zimbabwe, which also undertook national TB prevalence surveys within the last year.

Other positive highlights from the report include the fact that more TB patients than ever before were tested for drug resistance in 2014, and globally the proportion of these new cases that were multidrug-resistant (MDR-TB) held steady at around 3.3%.

And while there was a jump between 2013 and 2014 in new cases, retrospective adjustments based on the revised estimates still show a declining trend in TB incidence worldwide, which has dropped by 1.5% per year on average since the year 2000. The TB mortality rate also continues to decline, and is now half of what it was in 1990.

Though the revised, upward estimates contained in the Global TB Report can be interpreted as a positive outcome from a data perspective, they nevertheless have very real and urgent health systems implications, not least for the Indonesian government and its partners. While the case fatality ratio in Indonesia is much lower than the global average (11% vs 16%, respectively), the report notes that the case notification rate is also low (at around 30%), and cases are often detected late (p. 20). Rectifying these will of course require significant resources. Unfortunately, the report estimates that only 13% of Indonesia’s national TB program budget of US$133 million is funded domestically; 66% remains unfunded (p. 133). The global funding gap to implement existing interventions is estimated at US$1.4 billion (p. 1).