WHO Global TB Report 2026: India's TB deaths falling faster

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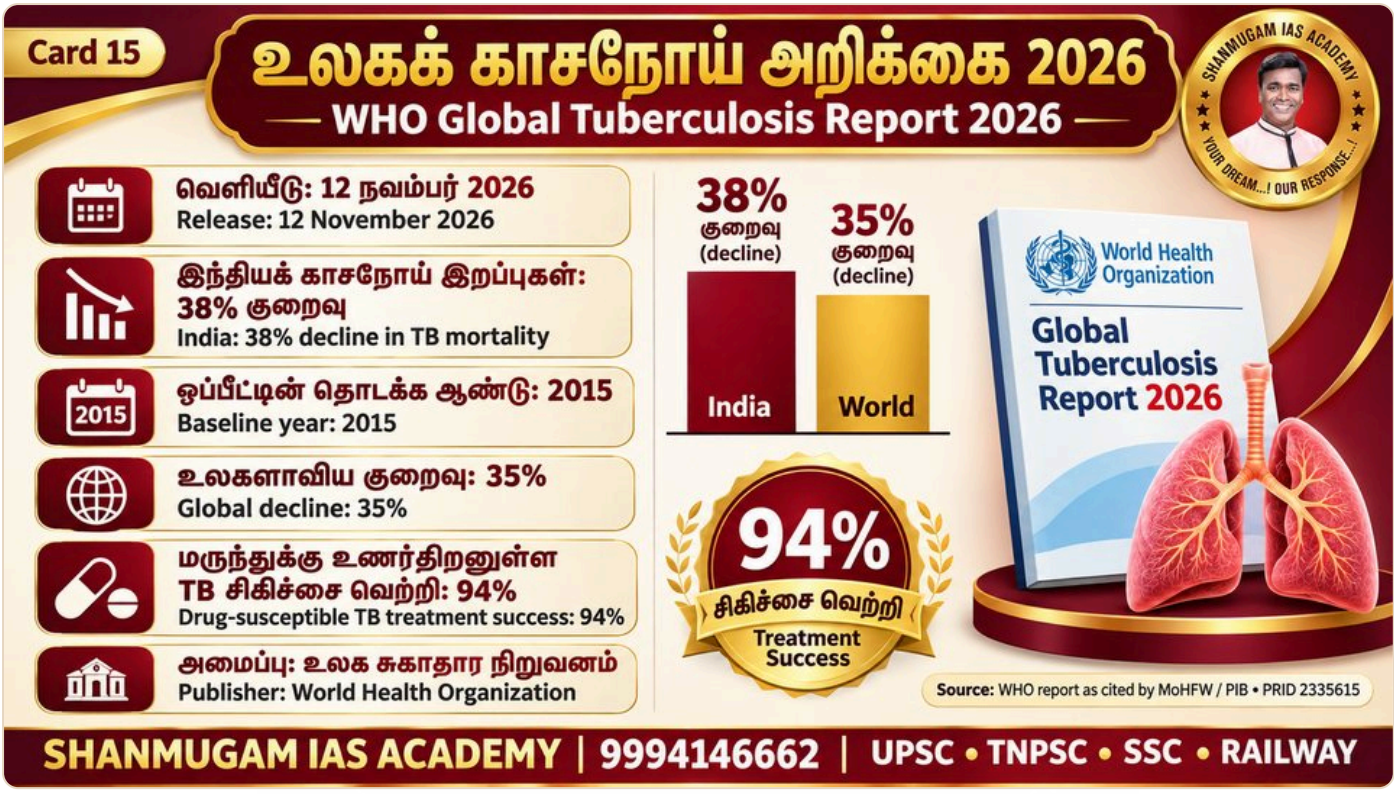

News

According to the WHO 'Global Tuberculosis Report 2026' released on 12 November 2026, India's TB mortality has fallen 38% since 2015, against a global decline of 35%. The death rate fell from 28 per lakh population in 2015 to 18 in 2025, and the treatment success rate for drug-susceptible TB is 94%, the Union Health Ministry (PIB) said. Domestic resources now meet 96% of the TB programme's funding needs. Highlighting this, Union Health Minister J.P. Nadda said on 13 November that 'India's fight against Tuberculosis is showing encouraging results'. Under the intensified TB Mukt Bharat Abhiyaan (7 Dec 2024 – 8 Nov 2026), over 25 crore people were screened and 48.64 lakh cases found, including about 15 lakh without symptoms. The report, however, gives no estimate of India's TB incidence; WHO is reviewing the national TB prevalence survey conducted by ICMR–NIRT in 2025. India accounts for about a quarter of the world's new TB cases and is still short of the WHO End TB Strategy milestone of a 75% cut in deaths by 2025 from 2015 levels. WHO SEARO (13 Nov 2026): the Region had 3.6 million new cases in 2025 (34% of the world) and 400,000 deaths (35%); it carries about 38% of the global RR/MDR-TB burden (about 1.4 lakh people).

Key facts for the exam

Point	Details
Report	WHO Global Tuberculosis Report 2026 (12 Nov 2026)
Fall in deaths	India 38% (since 2015); world 35%

Point	Details
Death rate	28 per lakh (2015) → 18 (2025)
Deaths (2025)	About 2.63 lakh (The Week)
Treatment success	94% (drug-susceptible TB)
Domestic funding	96% of programme needs
Cases found	48.64 lakh; about 15 lakh asymptomatic
Global share	India ~25% of new cases; 88% in 30 countries
Minister	J.P. Nadda – Union Health Minister

Background

- About the disease: TB is an airborne bacterial disease that mostly affects the lungs. TB that resists both key drugs, isoniazid and rifampicin, is called multidrug-resistant TB (MDR-TB). Molecular tests (NAAT) and portable AI-enabled X-ray units are now used for diagnosis.
- Risk factors: the report attributes the most new cases worldwide in 2025 to undernutrition (about 9.6 lakh), followed by diabetes (9.2 lakh), alcohol use disorders (7.3 lakh), smoking (6.9 lakh) and HIV (5.5 lakh). About half of treated patients' households face 'catastrophic costs' – over 20% of household income.
- Estimation: mortality estimates drew on the Registrar General's Sample Registration System (SRS), community verbal autopsies and patient-portal data. WHO's South-East Asia Regional Office is in New Delhi; WHO headquarters is in Geneva.
- Targets: UN SDG target 3.3 and the WHO End TB Strategy (2014) aim to end the TB epidemic by 2030. India had set an earlier goal of 2025 (announced at the 2018 End TB Summit, New Delhi). A second intensified campaign began on 24 March 2026, targeting 1.58 lakh high-risk villages and wards.

Tamil Nadu link: India's national TB prevalence survey (2025) was conducted by the ICMR–National Institute for Research in Tuberculosis (NIRT), Chennai; WHO will publish a fresh incidence estimate for India after reviewing it. Tamil Nadu's 'Kasanoi Erappilla Thittam' (TN-KET), running since 2022, cuts TB deaths by giving differentiated care according to severity.

Frequently asked questions

What is this news about?

According to the WHO 'Global Tuberculosis Report 2026' released on 12 November 2026, India's TB mortality has fallen 38% since 2015, against a global decline of 35%. The death rate fell from 28 per lakh population in 2015 to 18 in 2025, and the treatment success rate for drug-susceptible TB is 94%, the Union Health Ministry (PIB) said.

What are the key facts to remember for the exam?

Report: WHO Global Tuberculosis Report 2026 (12 Nov 2026); Fall in deaths: India 38% (since 2015); world 35%; Death rate: 28 per lakh (2015) → 18 (2025); Deaths (2025): About 2.63 lakh (The Week).

What is the background to this news?

About the disease: TB is an airborne bacterial disease that mostly affects the lungs. TB that resists both key drugs, isoniazid and rifampicin, is called multidrug-resistant TB (MDR-TB).

Practice questions (with answers)

1. Where is the WHO South-East Asia Regional Office located?

A) Manila

B) Cairo

C) New Delhi

D) Brazzaville

Answer: C – Explanation: New Delhi. Manila hosts the Western Pacific office, Cairo the Eastern Mediterranean and Brazzaville the African regional office.

2. As per the WHO Global TB Report 2026, by how much have India's TB deaths fallen since 2015?

A) 21%

B) 29%

C) 35%

D) 38%

Answer: D – Explanation: 38% – ahead of the global fall of 35%. The death rate dropped from 28 to 18 per lakh population.

3. TB that resists which two first-line drugs is called multidrug-resistant TB (MDR-TB)?

A) Isoniazid, Rifampicin

B) Streptomycin, Penicillin

C) Chloroquine, Quinine

D) Dapsone, Clofazimine

Answer: A – Explanation: Isoniazid and rifampicin. Chloroquine and quinine treat malaria; dapsone and clofazimine are leprosy drugs.

4. Which Chennai institute conducted India's 2025 national TB prevalence survey, now under WHO review?

A) King Institute, Guindy

B) ICMR-NIE

C) Cancer Inst., Adyar

D) ICMR-NIRT

Answer: D – Explanation: ICMR–National Institute for Research in Tuberculosis (NIRT). WHO will publish India's updated incidence estimate after reviewing it.

5. Per the WHO 2026 report, which risk factor accounted for the most new TB cases worldwide?

A) Smoking

B) Undernutrition

C) HIV infection

D) Alcohol use

Answer: B – Explanation: Undernutrition – about 9.6 lakh cases, followed by diabetes (9.2 lakh). Hence nutrition support goes with treatment.

Sources: PIB (Union Health Ministry, 12 Nov 2026); ANI (Nadda statement, 13 Nov 2026); The Week (13 Nov 2026); The Tribune (12 Nov 2026); WHO. © Shanmugam IAS Academy.