



Tuberculosis (TB) in Britain and the World in 2026 - Briefing paper

Worldwide, TB is the greatest cause of death by infectious disease, a position that was only briefly usurped by Covid-19. Like Covid, TB could be brought under control if given a similar level of attention and effort.

This is an exciting time in TB work. New regimens have reduced the treatment of multi-drug resistant TB from over two years to just six months. New, near point of care diagnostic tools are being rolled out. Within five years, a vaccine superior to the 100-year-old BCG, and antibiotic regimens reducing treatment time for regular TB to as little as two to four months will be available — if sufficient funding is available.

Unfortunately, these improvements are threatened at home by financial pressure on the NHS and worldwide by a downturn in official development assistance (ODA) from major donors notably UK, USA, Germany, and France



Headline TB figures

Globally*

- 10.7 million people fell ill with TB in 2024.
- 5.8% of cases were among people living with HIV.
- 1.23 million people died (1.08m plus 150,000 HIV+).
- There has been only a 12% reduction since 2015, far short of the WHO End TB Strategy target of 50% by 2025.
- Around 390,000 people had multi-drug or extremely resistant TB, but less than half were reached with proper treatment, over 20% of resistant cases occurred in the WHO Europe Region.

England**

- 5,480 cases of active TB disease were notified in 2024.
- This represents a rise of 13% on 2023, following an 11% rise the previous year.
- The TB rate is 9.5 per 100,000 population, just below the WHO "low burden" threshold of 10 per 100,000.
- Rates close to 40 per 100,000 were recorded in Leicester and the London boroughs of Newham and Brent.
- While 81.5% of patients were born outside the UK, cases are rising among both UK and non-UK born populations.
- There were 75 cases of multi-drug resistant TB.
- The TB death rate in England sits around 4.7%.

Issues for action

National TB Action Plan 2026-31

A new national plan is being refined, but success depends on government and NHS willingness to fully fund its provisions.

UK replenishment pledge: Global Fund for AIDS, TB and Malaria

The Global Fund is critical for low- and middle-income countries (LMICs) to maintain services and introduce new tools as they become available. However, the UK's pledge of £850 million for 2026-28 together with a reduction by the previous government means a one-third cut from £1.3 billion in 2022.

Happily, TB numbers in Britain are relatively low but this means the market is small, with negative impact on pharmaceutical company actions:

Drug availability and pricing

- **Production:** In July 2025, NHS took the exceptional step of issuing a National Patient Safety Alert due to shortage of standard TB drugs.
- **Registration:** New drugs like Rifapentine are not registered in the UK because costs for this small market are unattractive to pharmaceutical companies.
- **Child formulations:** Child-friendly TB drugs available for 10 years remain unregistered in Britain, forcing parents to cut up bitter-tasting adult pills.
- **Pricing:** Bedaquiline costs €63 for a 6-month course in LMICs, in Europe it is up to €25,000—almost 400 times higher.

Recommended actions

- Fully fund the National TB Action Plan 2026-31.
- Increase contributions to the Global Fund through the FCDO.
- Negotiate procurement and pricing of TB drugs in collaboration with other countries.
- Facilitate access to non-registered drugs by exploring flexibility within national rules. Estonia and Portugal have managed to do this.

Contact for further information

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Footnotes

*Estimates from World Health Organisation (WHO) Global TB Report 2025.

** UK Health Security Agency (UKHSA) publishes data for England. Data for other nations is available from local public health agencies. This data is from the UKHSA National Quarterly Report (Q4 2024, update November 2024) and Tuberculosis Incidence and Epidemiology (2023, update May 2025).

