



WHERE ARE THE MISSING MILLIONS



WHERE ARE THE MISSING MILLIONS?

Currently, one out of every three people with tuberculosis (TB) are “missing,” meaning they are either undiagnosed or unreported. There are 3.6 million people whose quality of care — if they received care at all — is simply unknown. At the United Nations High-Level Meeting on Tuberculosis in September 2018, heads of state committed to finding and treating all people with TB, including these missing millions, with a goal of diagnosing and treating 40 million people with TB from 2018–2022.

Many of the “missing” people belong to vulnerable populations that find it difficult to access healthcare at all, such as migrants, miners, refugees, children, and people living with HIV. Some of the missing people may be receiving treatment for TB in the private sector, but their treatment is not being reported — so it’s being neither counted nor quality-assured.

To find the missing millions with TB, governments, civil society, affected communities, and the private sector must work together with global donors to take the following actions:



Train, pay, and support community health workers to find TB

By providing home visits to people who are sick with TB and screening their close contacts, community health workers can improve TB screening, treatment coverage, and access to preventive therapy. Experts call this “active case finding,” and it makes a big difference in the quality and reach of care.



Invest in appropriate tools and diagnostics

All countries should invest in the latest TB diagnostic technology, GeneXpert, as well as tests that are able to detect TB in vulnerable groups, such as chest X-rays for children and LAM urine tests for people living with HIV.



Engage civil society and affected communities

Affected communities, non-governmental organizations, and other members of civil society are extremely effective at raising awareness of TB in communities, delivering health education, and providing a bridge between healthcare providers and hard-to-reach groups.



Increase funding for national TB programs

Policies cannot be effectively implemented without funding. There is currently a US\$6.1 billion annual financing shortfall for TB programs globally. Governments (through domestic spending and foreign assistance), philanthropists, and the private sector each has a role in filling this gap.



Integrate TB screening into people’s first point of healthcare

In areas with high rates of the disease, people should be screened for TB at all primary health settings — i.e., the clinics and health workers from whom people seek care first — and TB services should be integrated with maternal and child health, nutrition, and HIV programs so that they are easier for people to access.



Harness the reach of the private sector

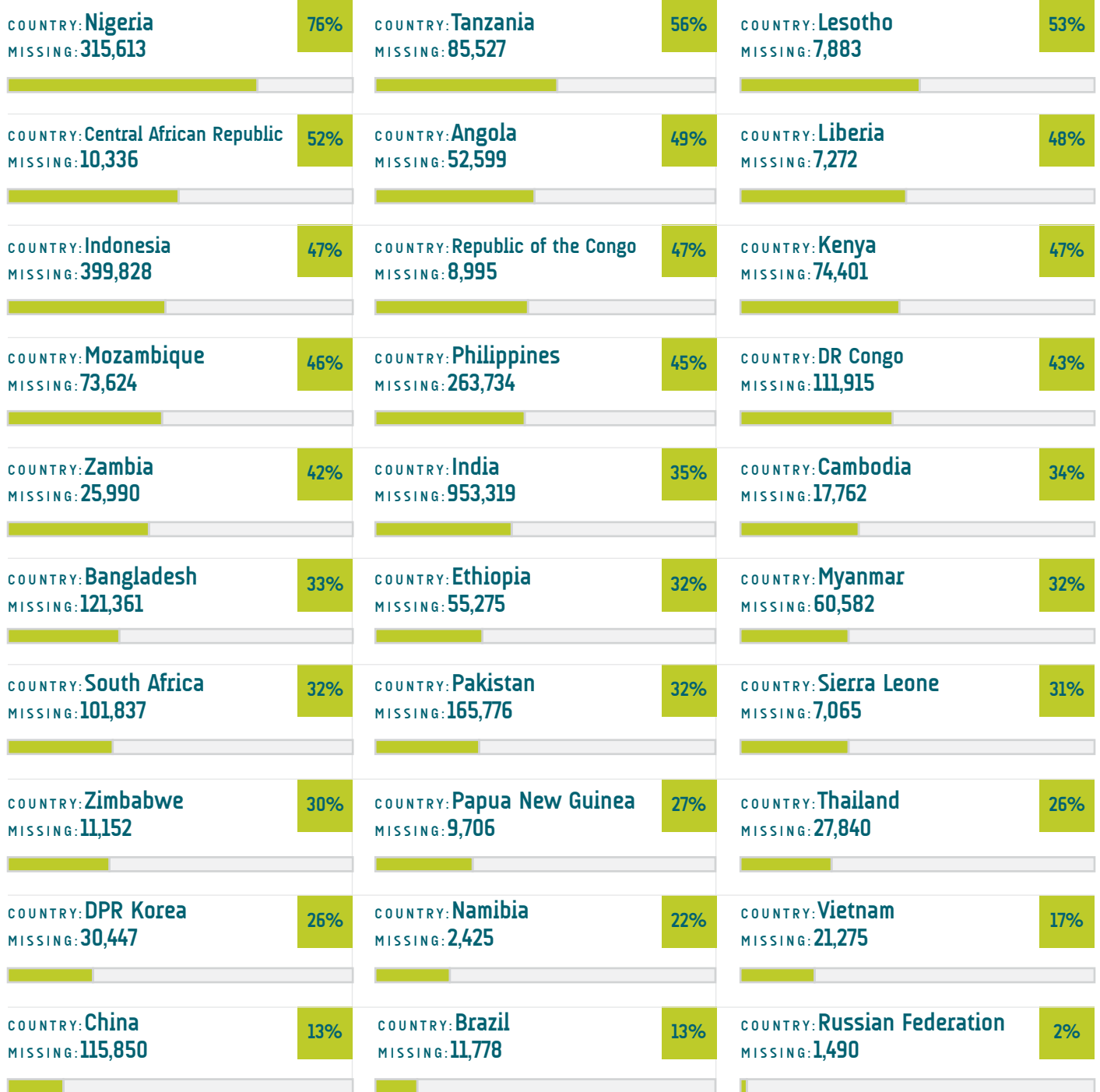
Better connections between the public and private sectors could dramatically improve the diagnosis and treatment of TB. Governments and civil society should work with private providers to improve quality of care and look for ways to incentivize private healthcare providers to report to national TB programs.

When we say someone with TB is “missing” we mean that either:

- they are undiagnosed and not getting the healthcare that could cure them, or
- they are unreported. While they may be getting care, the information is not reaching the government health program and there is no way to ensure quality of care.

TB HIGH BURDEN COUNTRIES

"Missing people" as a percentage of national TB burden



How do we know who we are "missing"?

Each year, the World Health Organization calculates the number of people estimated to have TB in each country. These numbers come from prevalence surveys that tell us how common TB is in a certain population. However, when we look at the official records of government health systems, we find much lower numbers. This discrepancy between who is estimated to have TB and who is being reported to have TB results in 3.6 million real people with TB who are not being diagnosed and/or reported, and thus considered "missing."

NOTES ON METHODOLOGY

High burden countries: The 30 high burden TB countries were determined by the World Health Organization's list of high burden countries for TB in the post-2015 era and are listed in descending order according to the percentage of people with TB who are missing.

Number of missing people with TB: The calculation of missing people with TB was done by taking the estimated incidence in a country and subtracting the number of total new and relapse cases reported. All data on country incidence and new and relapsed cases was from the World Health Organization's Global TB Report 2018.

"Missing people" as a percentage of national TB burden: The calculation of the percentage of missing people with TB was done by taking the estimated number of missing people with TB (calculation described above) and dividing it by the total estimated incidence in a country. All data on country incidence and new and relapsed cases was from the World Health Organization's Global TB Report 2018.

The mission of the ACTION global health advocacy partnership is to influence policy and mobilize resources to fight diseases of poverty and achieve equitable access to health. The ACTION partnership brings together efforts across borders to increase investments and build political support for global health around three primary areas: ending epidemics; providing a healthy start for all children; and building equitable and sustainable health systems. Read more at www.action.org.



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