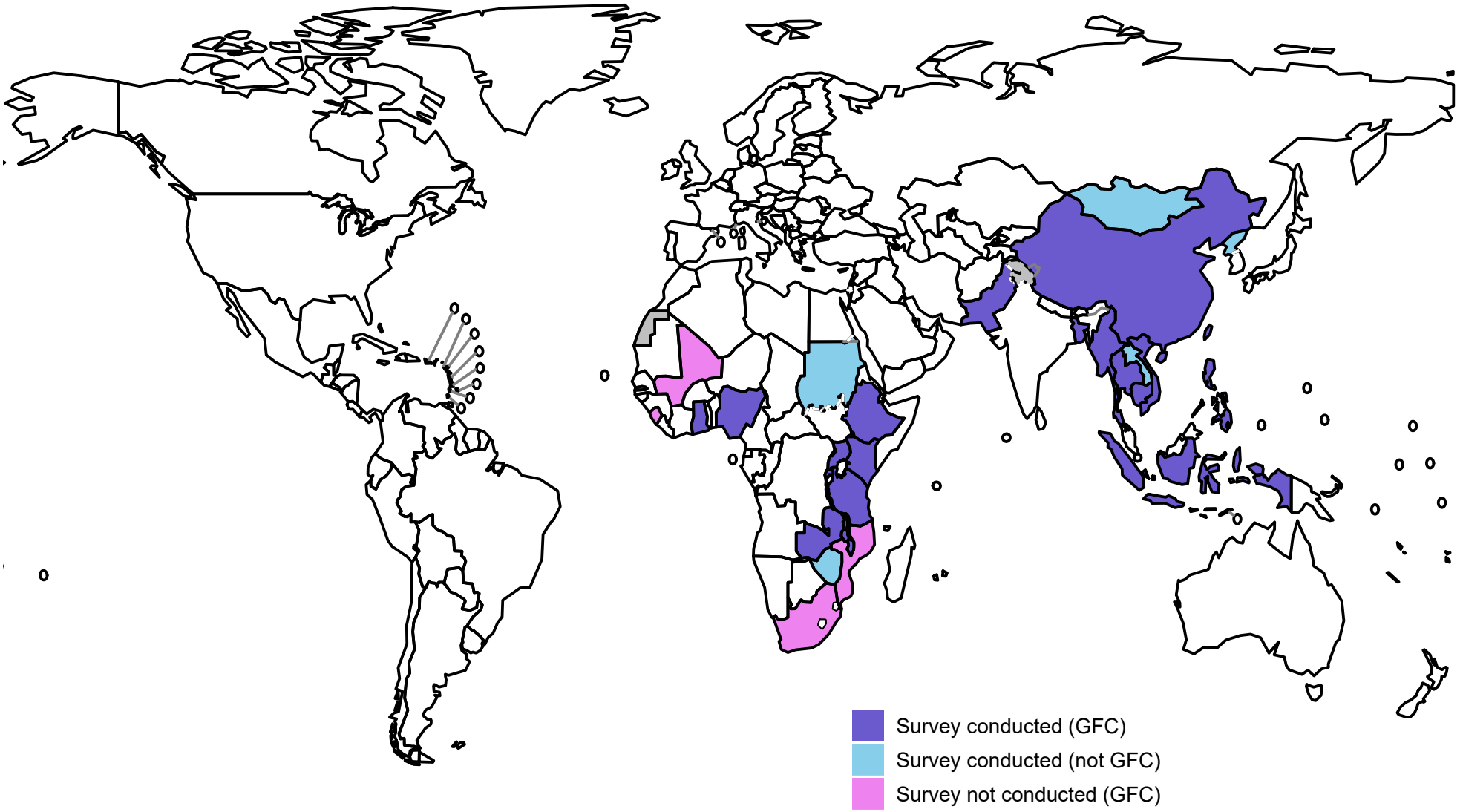
Fig. 1. Countries that completed a national TB prevalence survey, 2008-2016 [a]



[a] The WHO Global Task Force on TB impact Measurement selected 22 global focus countries (GFC) to undertake a national TB prevalence survey during the period 2008-2015. Of the 13 GFCs in Africa, nine completed a survey (violet) between 2010-2016. The other four GFCs that did not conduct a survey during 2010-2016 were Mali, Mozambique, Sierra Leone and South Africa (pink). DPR Korea, Gambia, Lao PDR, Mongolia, Sudan and Zimbabwe completed a survey during the period 2010-2016 but were not GFCs (skyblue). Grey, not applicable.

Fig. 2. Participation rate by sex and age group in national TB prevalence surveys implemented in Africa, 2008-2016. Female (red), Male (blue)

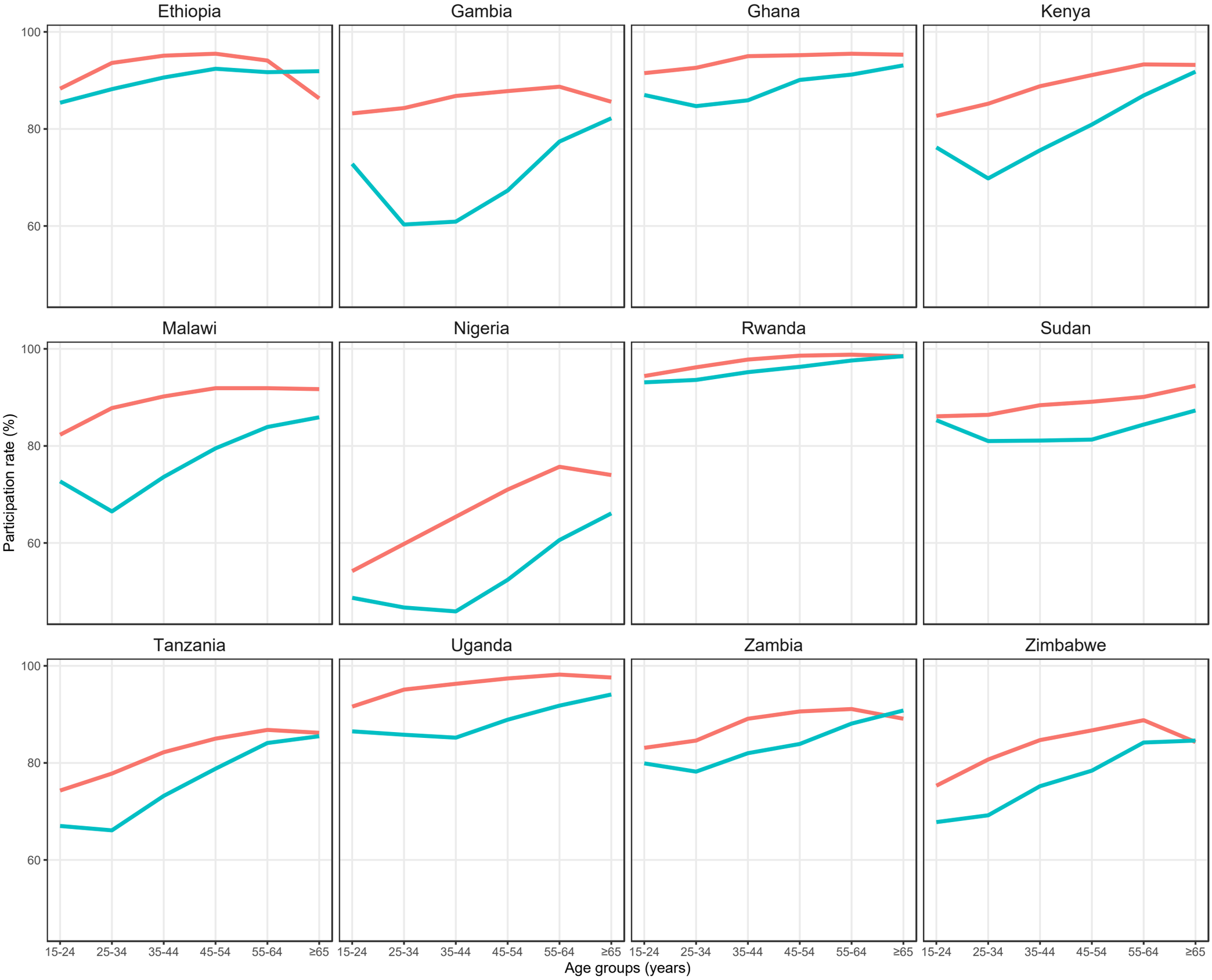
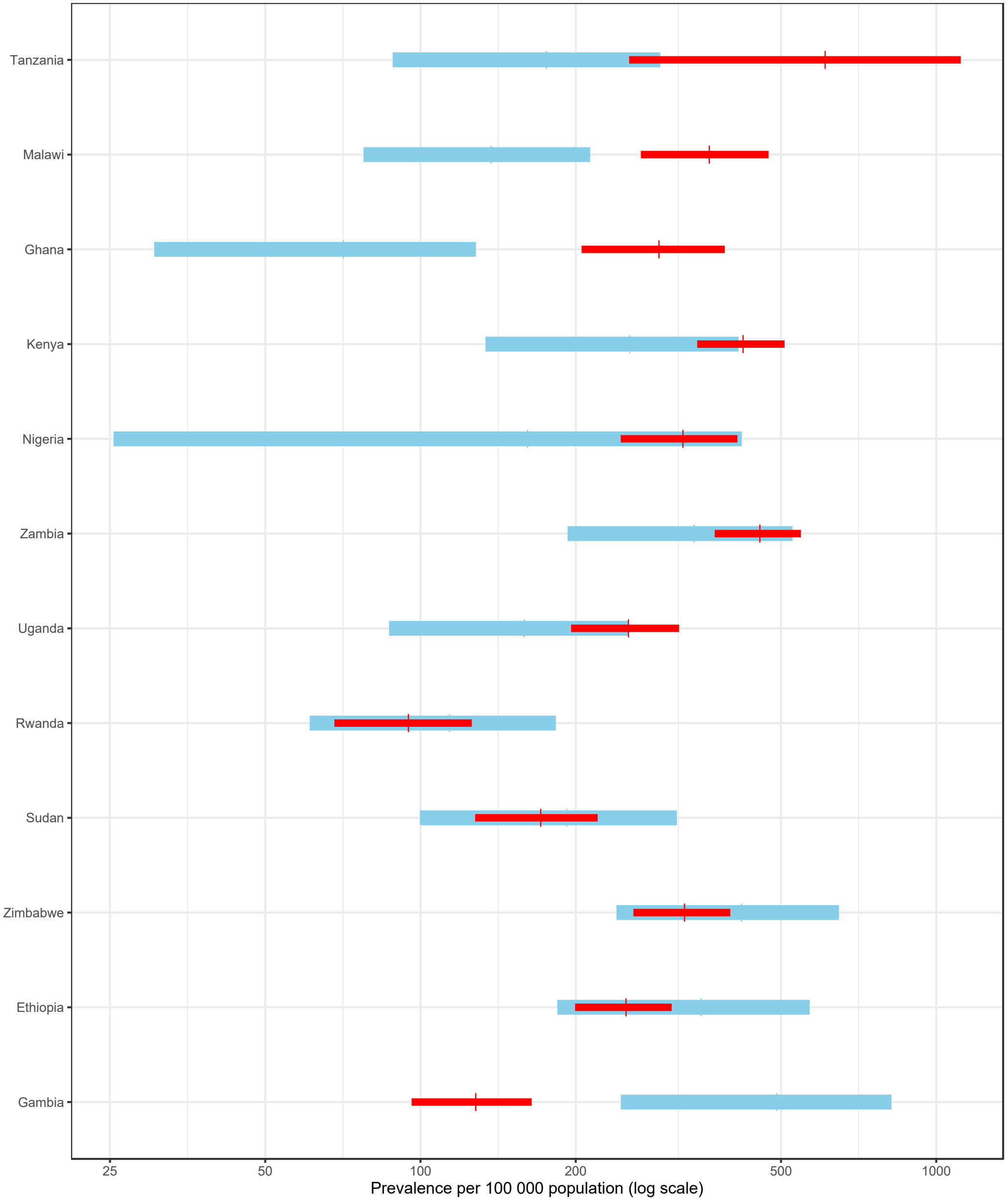
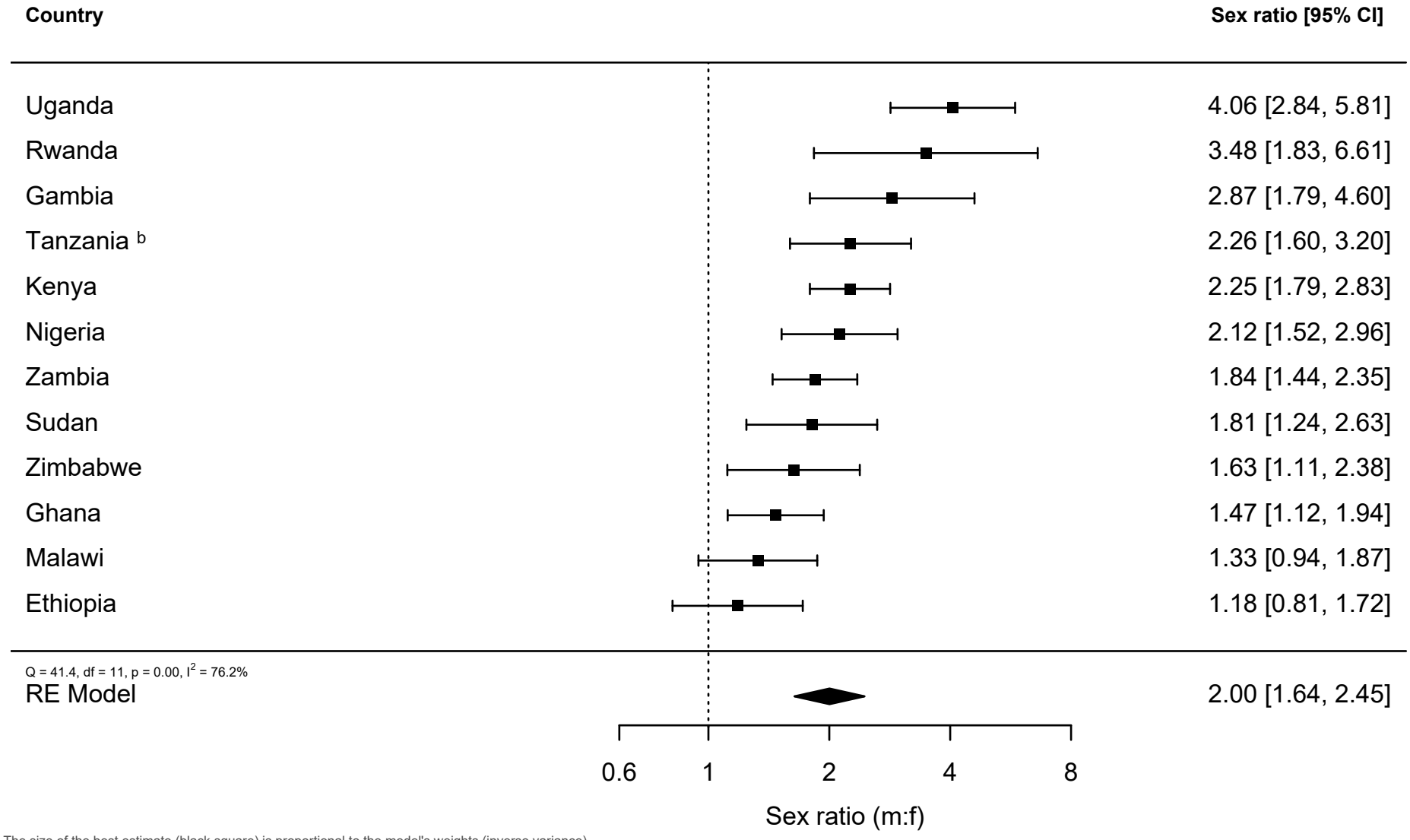


Fig. 3. Estimates of TB prevalence (all ages, all forms of TB) for 12 surveys, before (in blue) and after (in red) results from national TB prevalence surveys implemented in Africa, 2008-2016 [a]



[a] Countries are listed in decreasing order according to the before-after difference. The vertical line denotes the best estimate of prevalence and its range (depicted as a 95% uncertainty interval). These prevalence estimates were indirectly derived from estimates of incidence and the duration of disease previously published by WHO, adjusted to the year of the prevalence survey using previously published trends in incidence.

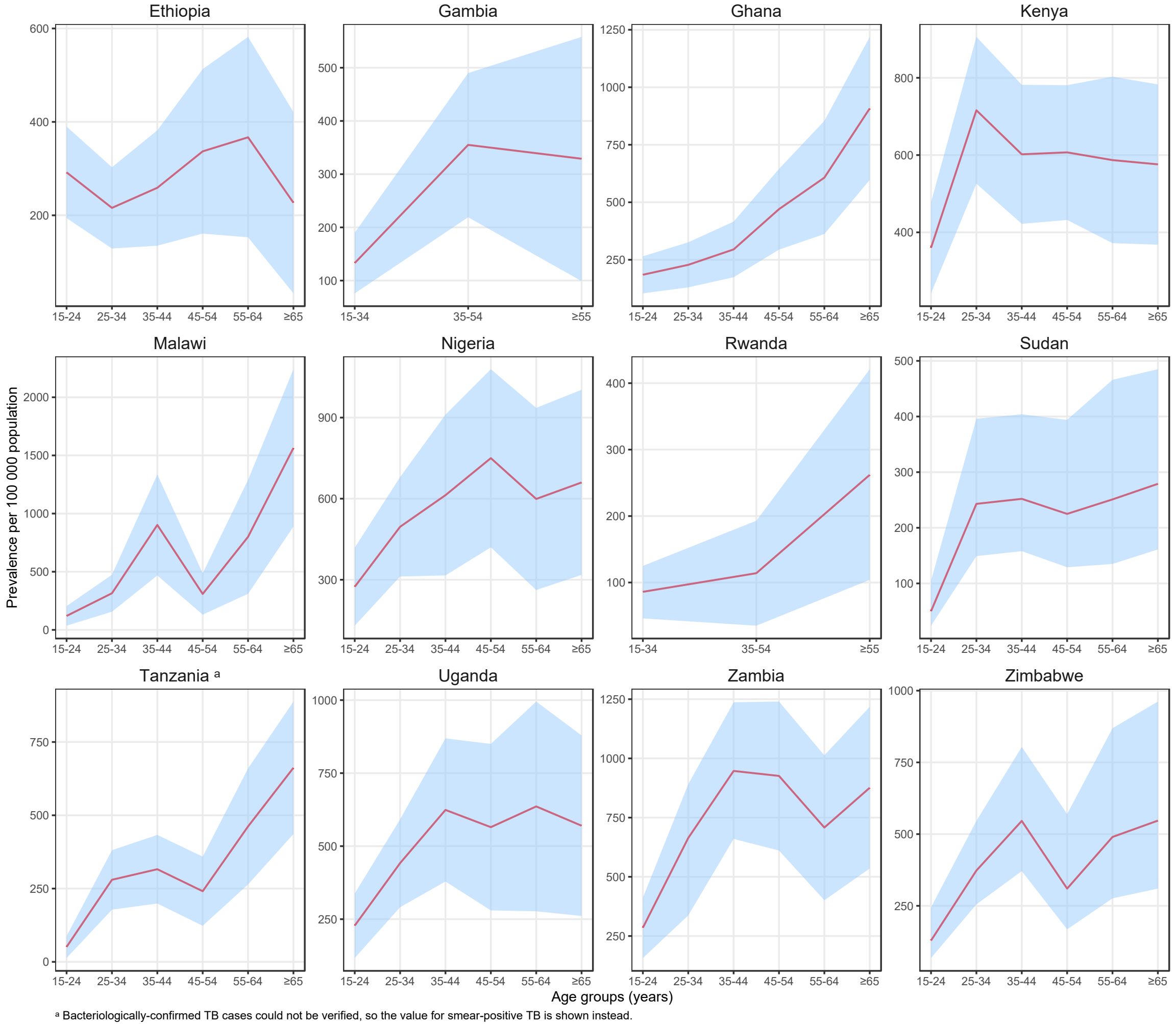
Fig. 4. The sex ratio (male to female) of bacteriologically-confirmed pulmonary TB cases detected in national TB prevalence surveys implemented in Africa, 2008-2016 [a]



[a] The size of the best estimate (black square) is proportional to the model's weights (inverse variance).

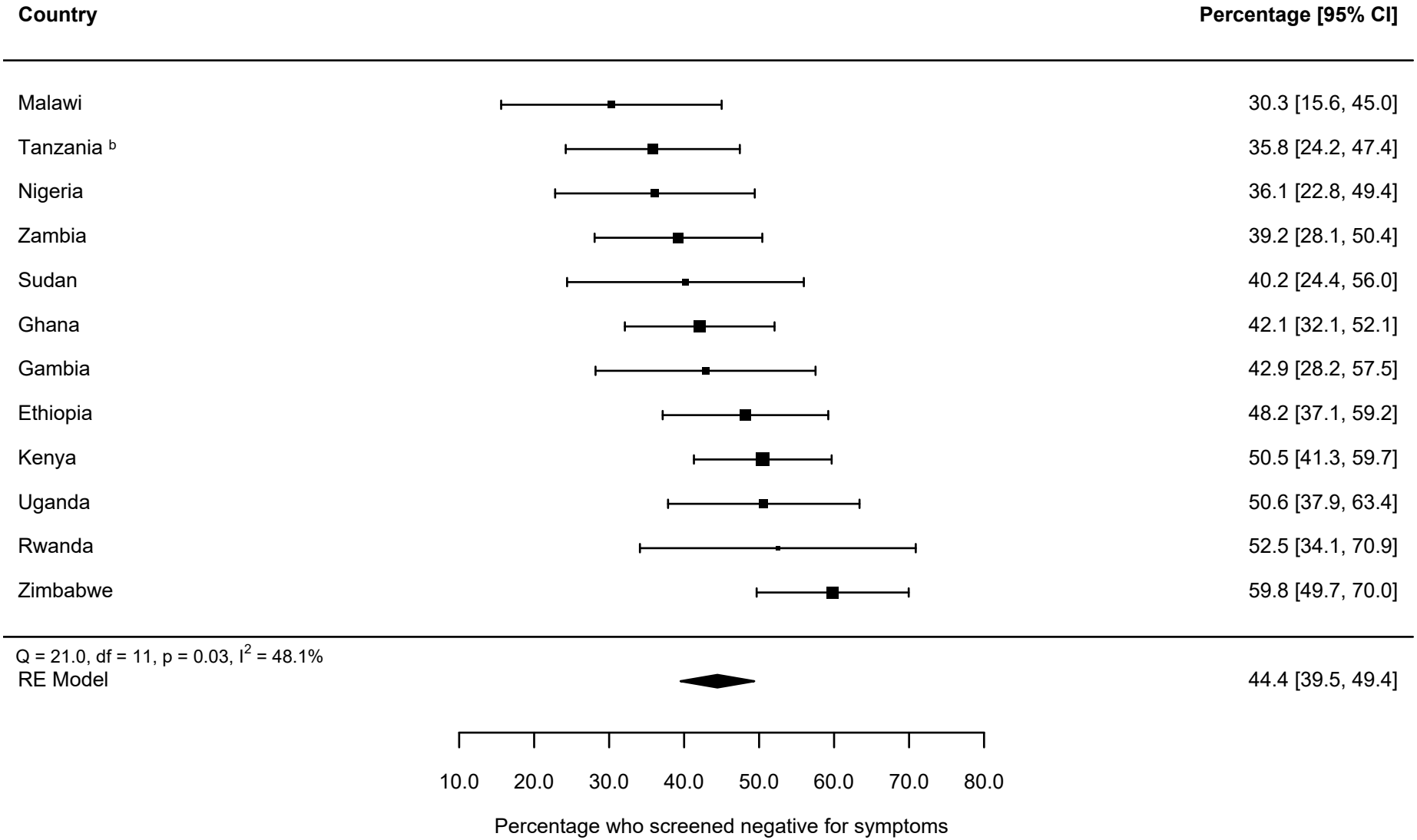
[b] The sex ratio of smear-positive TB prevalence is shown for Tanzania.

Fig. 5. Estimated age-specific prevalence of bacteriologically-confirmed pulmonary TB in national TB prevalence surveys implemented in Africa, 2008-2016. The red line denotes the best estimate and the blue shaded areas are the 95% confidence intervals.



[a] Bacteriologically-confirmed TB cases could not be verified, so the value for smear-positive TB is shown instead.

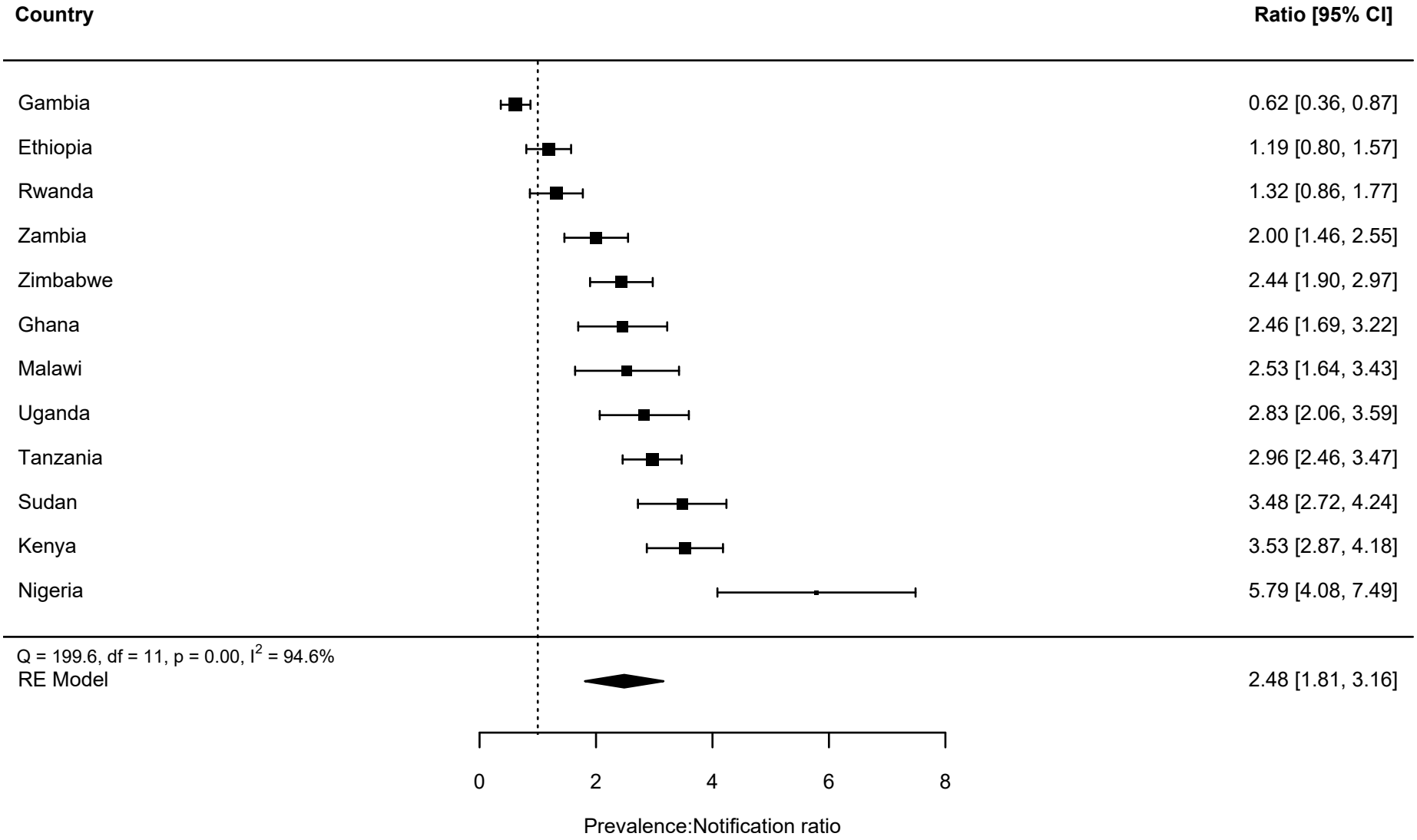
Fig. 6. Percentage of bacteriologically-confirmed pulmonary TB cases who screened symptom negative in national TB prevalence surveys completed in Africa, 2008-2016 [a]



[a] The size of the best estimate (black square) is proportional to the model's weights (inverse variance).

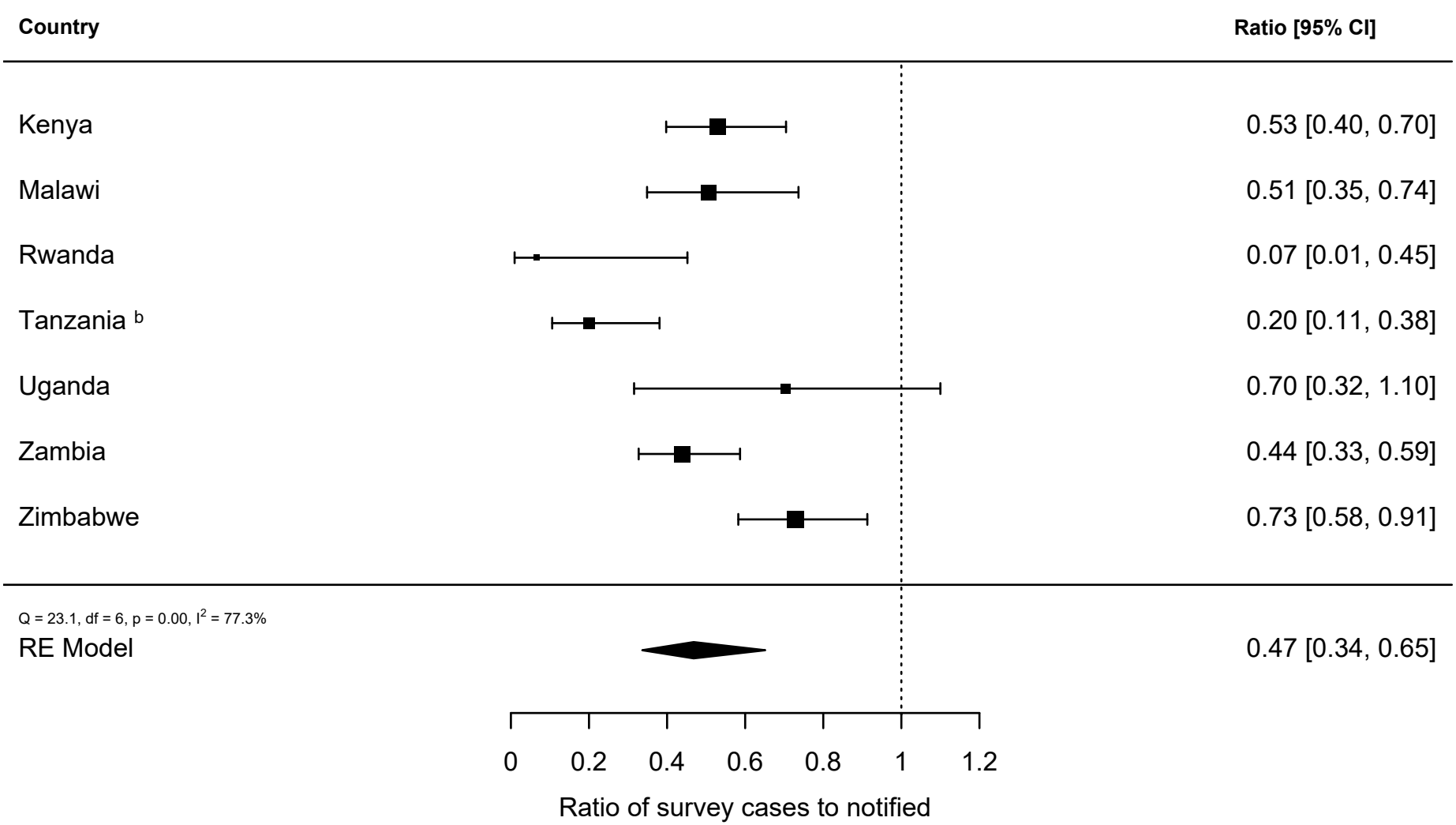
[b] Bacteriologically-confirmed TB cases could not be verified for Tanzania, so the value for smear-positive TB is shown instead.

Fig. 7. Prevalence to notification (P:N) ratio for TB cases in national TB surveys implemented in Africa, 2008-2016 [a]



[a] The comparison is for smear-positive pulmonary TB for all countries except Kenya, Uganda and Zimbabwe, for which the comparison is for bacteriologically confirmed pulmonary TB.
The size of the best estimate (black square) is proportional to the model's weights (inverse variance).

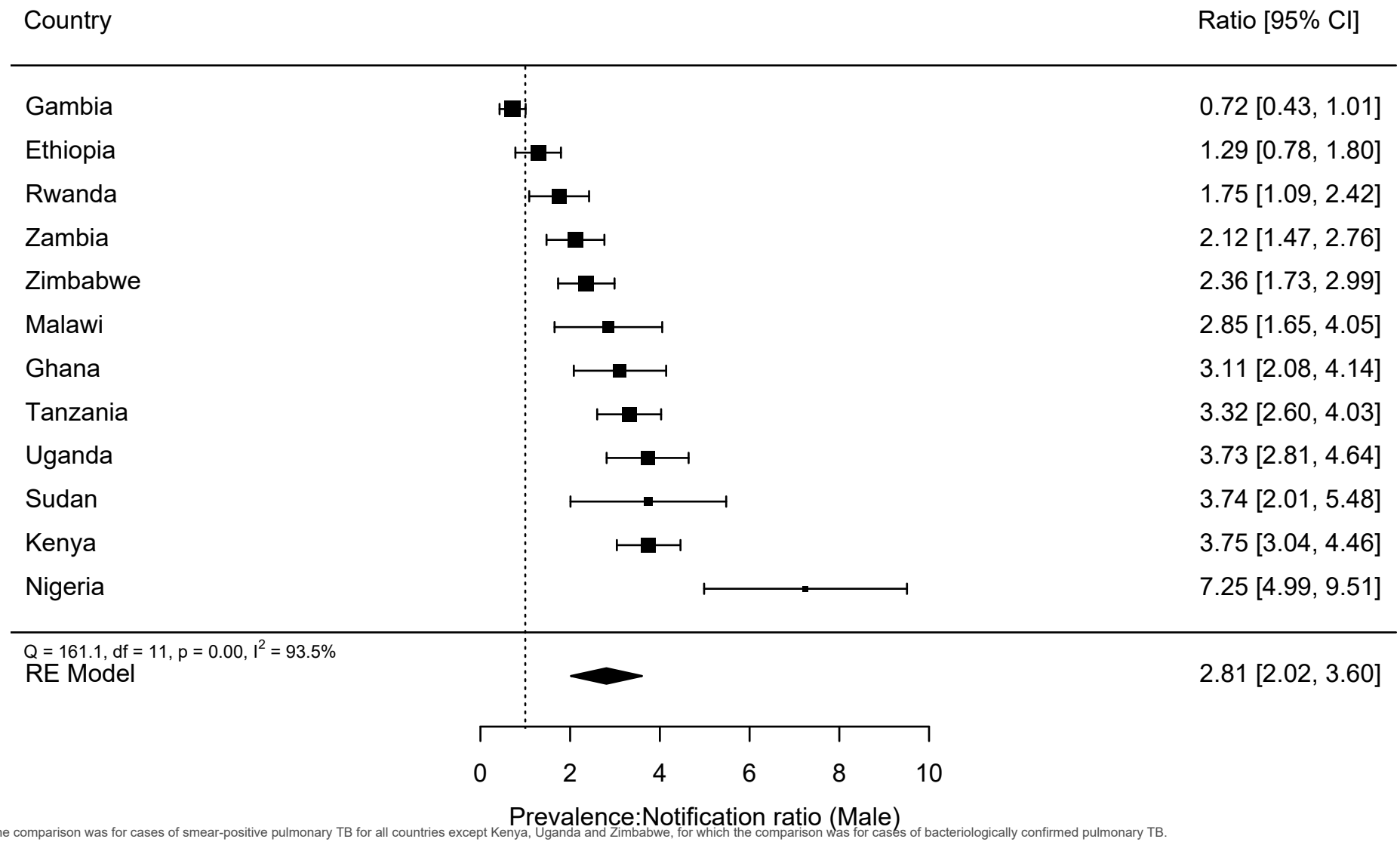
Fig. 8. HIV prevalence in TB survey cases compared with notified TB cases, expressed as a ratio, in national TB prevalence surveys implemented in Africa, 2008-2016 [a]



[a] The proportions of TB survey cases with known HIV status and notified TB cases that were HIV-positive, respectively, were as follows: Kenya (0.17, 0.31), Malawi (0.28, 0.55), Rwanda (0.03, 0.26), Tanzania (0.08, 0.37), Uganda (0.27, 0.44), Zambia (0.27, 0.61) and Zimbabwe (0.51, 0.69). The size of the best estimate (black square) is proportional to the model's weights (inverse variance).

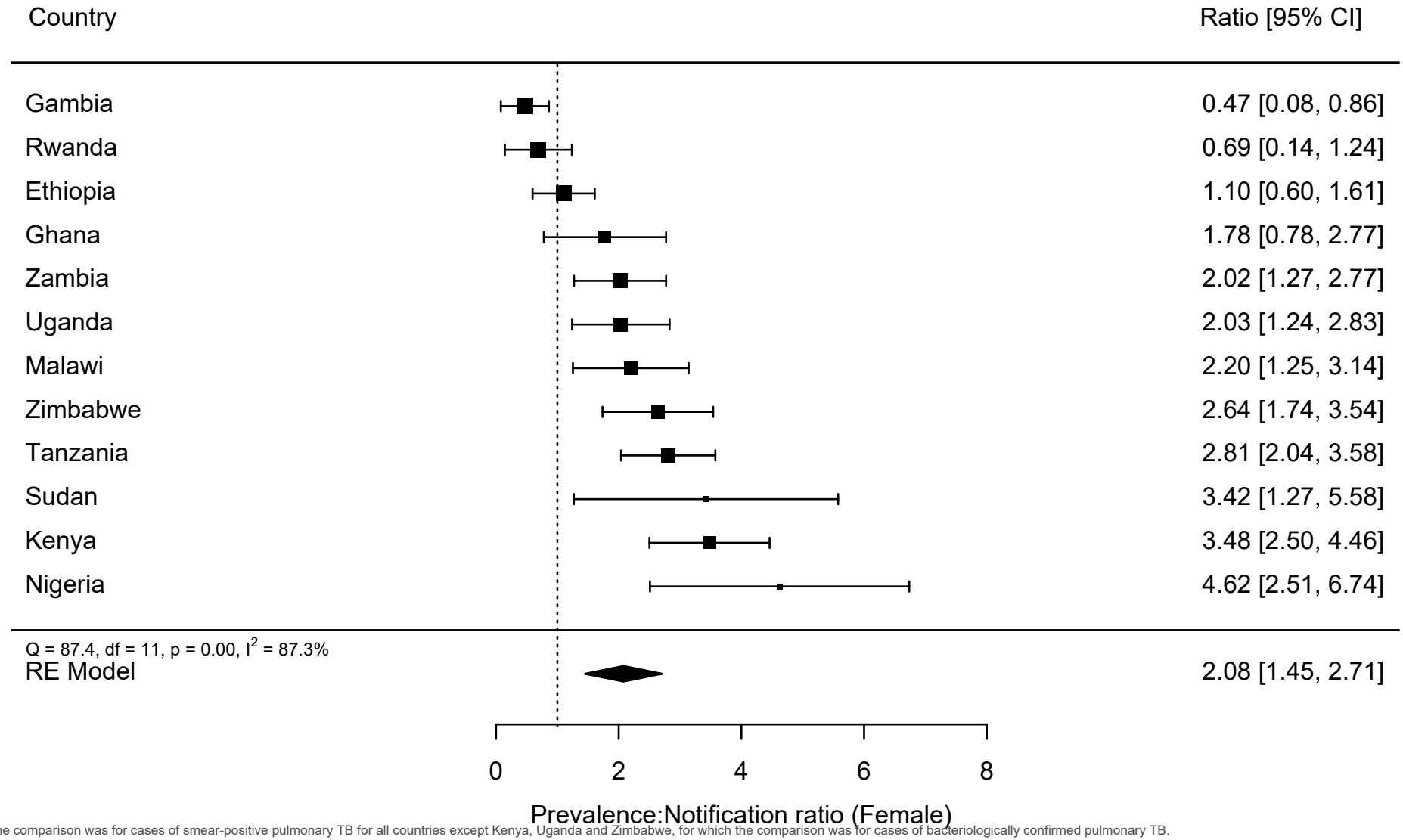
[b] Bacteriologically-confirmed TB cases could not be verified for Tanzania, so the value for smear-positive TB is shown instead.

Fig. S1a. Prevalence to notification (P:N) ratio for TB cases (Male), expressed as a ratio, for surveys implemented in Africa, 2008-2016 [a]



[a] The comparison was for cases of smear-positive pulmonary TB for all countries except Kenya, Uganda and Zimbabwe, for which the comparison was for cases of bacteriologically confirmed pulmonary TB. When the surveys in Kenya, Uganda and Zimbabwe were implemented, these countries had transitioned to notification systems that recorded and reported cases in the categories 'bacteriologically confirmed' and 'clinically diagnosed', following WHO guidance issued in 2013-2014. Level of heterogeneity: I^2 = 94%.

Fig. S1b. Prevalence to notification (P:N) ratio for TB cases (Female), for surveys implemented in Africa, 2008-2016 [a]



[a] The comparison was for cases of smear-positive pulmonary TB for all countries except Kenya, Uganda and Zimbabwe, for which the comparison was for cases of bacteriologically confirmed pulmonary TB. When the surveys in Kenya, Uganda and Zimbabwe were implemented, these countries had transitioned to notification systems that recorded and reported cases in the categories 'bacteriologically confirmed' and 'clinically diagnosed', following WHO guidance issued in 2013-2014. Level of heterogeneity: I^2 = 86%.