## Zimbabwe

### Tuberculosis profile

#### Population 2016
- **16 million**

#### Estimates of TB burden*, 2016

<table>
<thead>
<tr>
<th></th>
<th>Number (thousands)</th>
<th>Rate (per 100,000 population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality (excludes HIV+TB)</td>
<td>1.2 (0.71–1.7)</td>
<td>7.2 (4.4–11)</td>
</tr>
<tr>
<td>Mortality (HIV+TB only)</td>
<td>4.4 (3–6.1)</td>
<td>27 (19–38)</td>
</tr>
<tr>
<td>Incidence (includes HIV+TB)</td>
<td>34 (24–44)</td>
<td>208 (152–273)</td>
</tr>
<tr>
<td>Incidence (HIV+TB only)</td>
<td>23 (15–32)</td>
<td>139 (90–199)</td>
</tr>
<tr>
<td>Incidence (MDR/RR-TB)**</td>
<td>1.9 (1.3–2.6)</td>
<td>12 (8–16)</td>
</tr>
</tbody>
</table>

#### Estimated TB incidence by age and sex (thousands)*, 2016

<table>
<thead>
<tr>
<th></th>
<th>0–14 years</th>
<th>&gt; 14 years</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td>1.5 (1–1.9)</td>
<td>13 (9–16)</td>
<td>14 (10–18)</td>
</tr>
<tr>
<td>Males</td>
<td>1.7 (1.2–2.1)</td>
<td>18 (13–23)</td>
<td>19 (14–25)</td>
</tr>
<tr>
<td>Total</td>
<td>3.1 (2.2–4)</td>
<td>30 (22–39)</td>
<td>34 (24–44)</td>
</tr>
</tbody>
</table>

#### TB case notifications, 2016
- **Total cases notified**: 27,353
- **Total new and relapse**: 26,618
- **% with known HIV status**: 93%
- **% pulmonary**: 88%
- **% bacteriologically confirmed among pulmonary**: 57%

#### Universal health coverage and social protection
- **TB treatment coverage (notified/estimated incidence), 2016**: 79% (60–110)
- **TB case fatality ratio (estimated mortality/estimated incidence), 2016**: 0.17 (0.11–0.24)

#### TB prevention treatment, 2016
- **% of HIV-positive people (newly enrolled in care) on preventive treatment**: 73%
- **% of children (aged < 5) household contacts of bacteriologically-confirmed TB cases on preventive treatment**: 67% (61–73)

#### TB financing, 2017
- **National TB budget (US$ millions)**: 18
- **Funding source**: <1% domestic, 100% international, 0% unfunded

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* Ranges represent uncertainty intervals
** MDR is TB resistant to rifampicin and isoniazid; RR is TB resistant to rifampicin
*** Includes cases with unknown previous TB treatment history
**** Includes patients diagnosed before 2016 and patients who were not laboratory-confirmed

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Data are as reported to WHO. Estimates of TB and MDR-TB burden are produced by WHO in consultation with countries.

Generated: 2018-07-22

Data: [www.who.int/tb/data](http://www.who.int/tb/data)