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World TB Day 2026: "Yes! We Can End TB – Led by Sri Lanka, Powered by People" - I

This is the first article of two in a series on "World TB Day 2026: "Yes! We Can End TB – Led by Sri Lanka, Powered by People"

World Tuberculosis (TB) Day is commemorated annually on 24th March to raise awareness, mobilize actions, and reinforce global and national commitments to end tuberculosis as a public health threat. The day marks the historic discovery of the *Mycobacterium tuberculosis* by Robert Koch in 1882, which laid the foundation for modern diagnosis and treatment of the disease.

The theme for World TB Day 2026, *"Yes! We Can End TB – Led by Sri Lanka, Powered by People*", is adapted from the global theme declared by the World Health Organization (WHO). It highlights the importance of strong national leadership, sustained commitment, and collective responsibility in ending tuberculosis. The theme emphasizes that TB elimination must be nationally driven, strategically coordinated, and sustainably financed, while being powered by the active engagement of communities, healthcare workers, civil society, non-health sectors and the private health sector.

Public Health Importance and Disease Burden

Globally, tuberculosis remains one of the leading infectious causes of death. According to the World Health Organization (WHO), nearly one-quarter of the world's population is infected with TB, with approximately 10 million people developing active disease annually. In 2024 alone, TB caused an estimated 1.2 million deaths.

The South-East Asian Region carries approximately one-third of the global TB burden. This is driven by factors such as high population density, socioeconomic disparities, and health system constraints. While Sri Lanka has a comparatively lower burden, TB continues to pose significant public health challenges.

WHO estimates suggest that approximately 14,000 TB cases occur annually in Sri Lanka. However, recent data indicate that only 8,500–9,500 cases are detected each year, leaving a substantial gap of 4,000–5,000 undiagnosed or unreported cases within the community. These "missed cases" contribute to ongoing transmission and represent a major barrier to TB elimination.

In 2025, a total of 8,726 TB cases were reported, of which 8,125 were newly diagnosed. A higher burden was observed among males (female:male= 1:1.8). Notably, paediatric TB (0 –14 years) remains significantly under-detected, with only 231 cases reported in 2025, accounting for approximately 3% of total TB cases. This is substantially lower than estimates by the World Health Organization for low- and middle -income countries, which suggest that 5–15% of TB cases occur among children. Moreover, epidemiological trends indicate a shifting age distribution towards older age groups, with approximately one-third of TB cases occurring among persons aged 65 years and above. This reflects a dual challenge of missed childhood TB cases and increasing vulnerability among the elderly.

Tuberculosis disproportionately affects populations experiencing social, economic, and health vulnerabilities, including urban underserved communities, individuals with chronic diseases (e.g. DM, CKD), people living with HIV, the elderly, and healthcare workers. Additional high -risk groups include estate sector populations, those in congregate settings, and individuals with malnutrition, weakened immunity, or harmful use of tobacco and alcohol.

Sri Lanka End TB Strategy Targets

Sri Lanka remains committed to achieving the targets outlined in the WHO End TB Strategy (Figure 1), which sets ambitious targets, including

- 95% reduction of TB deaths by 2035 compared with 2015.
- 90% in TB incidence rate by 2035 compared with 2015.
- Zero TB-affected families facing catastrophic costs due to TB by 2035.

1. World TB Day 2026: "Yes! We Can End TB – Led by Sri Lanka, Powered by People" - I 1
2. Summary of distribution of notified diseases reported by MOH (09th Mar – 15th Mar 2026) 3
3. Surveillance of vaccine preventable diseases & AFP (09th Mar – 15th Mar 2026) 4

Key pillars of the strategy proposed to achieve these targets include:

- **Integrated, patient-centred care and prevention:** This pillar focuses on ensuring early diagnosis, effective treatment, and comprehensive prevention within a people-centred health system. It emphasizes systematic screening of contacts and high-risk populations, universal drug susceptibility testing, and prompt initiation of appropriate treatment for all forms of TB, including drug-resistant TB. Sustained patient support throughout the care continuum is essential to ensure treatment adherence and successful outcomes. The integration of TB services with HIV care and management of other co-morbidities, along with the provision of Tuberculosis Preventive Treatment (TPT) for individuals at high risk, are key components. Strong linkage with primary healthcare services is critical to ensure equitable access and continuity of care.

- **Bold policies and supportive systems:** This pillar highlights the need for strong governance, sustained political commitment, and adequate financing to support TB prevention and care. It calls for active engagement of communities, civil society, and both public and private healthcare providers. Strengthening universal health coverage is central, supported by effective regulatory mechanisms such as mandatory case notification, quality-assured diagnostic and treatment services, rational use of medicines, and robust infection prevention and control practices. Addressing the broader social determinants of TB, including poverty, malnutrition, and living conditions, through multisectoral action and social protection measures is also essential.

- **Intensified research and innovation:** This pillar promotes the development and rapid adoption of new tools and approaches to accelerate progress towards TB elimination. It includes advances in diagnostics, treatment regimens, and vaccines, as well as innovative service delivery models. Operational and implementation research plays a key role in improving programme performance, identifying gaps, and enhancing impact at the population level. The use of digital health technologies is increasingly important for strengthening surveillance, supporting treatment adherence, and enabling real-time monitoring and decision-making.

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Table 1 : Water Quality Surveillance
Number of microbiological water samples February 2026

District	MOH areas	No: Expected *	No: Received
Colombo	18	108	**NR**
Gampaha	15	90	**22**
Kalutara	13	78	**76**
Kalutara NIHS	2	12	**18**
Kandy	23	138	**27**
Matale	13	78	**18**
Nuwara Eliya	13	78	**64**
Galle	20	120	**NR**
Matara	17	102	**16**
Hambantota	12	72	
Jaffna	14	84	**NR**
Kilinochchi	4	24	**13**
Mannar	5	30	**5**
Vavuniya	4	24	**NR**
Mullatvu	6	36	**10**
Batticaloa	14	84	**0**
Ampara	7	42	**16**
Trincomalee	12	72	**0**
Kurunegala	29	174	**52**
Puttlam	13	78	**NR**
Anuradhapura	23	138	**NR**
Polonnaruwa	9	54	**23**
Badulla	16	96	**160**
Moneragala	11	66	**84**
Rathnapura	20	120	**125**
Kegalle	11	66	**28**
Kalmunai	13	78	**NR**

* No of samples expected (6 / MOH area / Month)
NR = Return not received

To be Continued….

Table 1: Distribution of Notified Diseases reported by Medical Officers of Health 09th – 15th Mar 2026 (11th Week)

RDHS	Dengue Fever		Dysentery		Encephalitis		En. Fever		F. Poison-		Leptospirosis		Typhus		Viral Hep.		H. Rabies		Chickenpox		Meningitis		Leishman.		Tuberculosis		Leprosy		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	287	4583	1	3	0	1	0	4	0	9	5	110	0	0	2	3	0	0	8	146	2	13	0	1	38	409	3	51	88	96
Gampaha	191	2620	0	13	2	10	0	0	0	8	9	153	1	3	0	2	0	0	39	212	7	67	1	5	16	230	3	21	84	93
Kalutara	84	965	1	10	0	2	1	3	2	5	18	111	0	0	1	1	0	0	17	205	3	16	0	0	40	137	2	26	85	100
Kandy	57	716	1	14	0	0	0	3	1	8	3	56	1	15	2	8	0	0	16	155	1	11	4	20	8	128	0	2	89	100
Matale	29	310	0	3	0	1	0	0	0	0	3	63	0	2	1	5	0	0	2	55	0	9	15	136	3	31	0	4	75	98
Nuwara Eliya	8	103	0	18	0	0	1	2	0	6	5	75	0	16	1	7	0	0	9	123	3	32	0	0	7	53	0	2	100	100
Galle	114	1254	2	6	0	2	0	3	2	26	14	155	1	11	1	6	0	0	17	227	4	40	0	1	9	86	0	8	72	100
Hambantota	43	578	1	22	0	0	0	0	3	4	4	52	1	8	3	7	0	0	5	78	0	10	6	64	5	32	0	5	0	100
Matara	120	1326	0	3	0	1	0	0	1	10	12	80	0	4	0	7	0	0	15	176	0	11	4	43	5	37	2	6	0	100
Jaffna	24	416	0	13	0	3	1	10	0	5	2	33	18	139	0	0	0	0	8	136	1	9	0	0	6	44	0	5	87	96
Kilinochchi	3	32	0	1	0	0	1	3	0	0	1	14	1	7	0	2	0	1	1	51	0	1	0	0	1	6	0	1	100	100
Mannar	0	24	0	0	0	1	0	0	0	0	0	17	0	1	0	0	0	0	1	26	0	2	0	2	1	10	0	1	83	100
Vavuniya	4	43	0	5	0	0	0	1	0	0	0	24	0	3	0	0	0	0	0	31	1	7	2	8	1	17	0	1	100	100
Mullaitivu	2	31	1	3	0	0	0	0	0	1	4	17	0	0	0	1	0	0	1	2	0	2	0	3	1	10	0	3	100	100
Batticaloa	60	497	0	24	0	3	0	1	0	15	1	55	0	0	0	5	0	0	1	88	1	8	0	0	7	46	2	32	23	100
Ampara	17	153	2	17	0	1	0	0	1	6	7	49	0	1	0	3	0	0	20	106	1	12	0	4	2	14	0	10	77	100
Trincomalee	27	197	0	8	0	2	0	2	0	2	2	28	0	7	0	1	0	0	4	38	1	14	0	5	4	37	0	2	100	100
Kurunegala	37	434	1	4	1	7	0	2	0	55	3	106	1	19	0	4	0	0	14	198	3	40	6	116	2	71	3	17	46	100
Puttalam	22	293	0	9	1	5	0	0	0	1	2	89	3	13	0	2	0	1	3	47	0	24	0	5	8	40	1	10	14	69
Anuradhapura	20	220	1	7	1	3	0	0	4	30	15	104	4	15	2	4	0	0	10	121	0	16	21	219	7	53	2	15	83	58
Polonnaruwa	17	129	1	6	1	2	0	0	1	18	7	78	1	2	4	13	0	0	20	139	1	8	26	167	1	19	2	16	100	100
Badulla	25	278	2	13	1	4	0	2	3	5	10	72	1	9	0	38	0	0	11	102	2	19	2	28	9	56	1	4	61	100
Monaragala	26	232	1	8	0	3	0	0	0	0	5	81	0	12	5	17	0	0	4	86	0	13	5	57	2	21	0	9	61	100
Ratnapura	97	992	3	13	1	4	0	3	0	6	27	221	1	14	0	4	0	0	7	113	0	11	2	55	8	95	1	10	100	100
Kegalle	32	468	1	12	0	2	0	2	0	14	9	90	0	5	0	3	0	0	24	172	1	20	0	4	7	74	0	2	100	100
Kalmunai	33	294	2	14	0	0	0	0	6	11	3	28	0	1	0	1	0	0	22	128	2	14	0	0	3	29	4	13	98	100
SRILANKA	**1379**	**17188**	**21**	**249**	**8**	**57**	**4**	**41**	**24**	**245**	**171**	**1961**	**34**	**307**	**22**	**144**	**0**	**2**	**279**	**2961**	**34**	**429**	**94**	**943**	**201**	**1785**	**26**	**276**	**74**	**97**

Source: WRCD module of the EPINET.
A = Cases reported during the current week;
T*=Timeliness refers to returns received on or before 15th Mar, 2026.
B = Cumulative cases for the year.
Total number of reporting units 360.
Data provided for the current week: 360.
C**-Completeness;

Table 2: Selected Vaccine Preventable Diseases & AFP 09th – 15th Mar 2026 (11th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2026	Number of cases during same week in 2025	Total number of cases to date in 2026	Total number of cases to date in 2025	Difference between the number of cases to date in 2026 & 2025
	W	C	S	N	E	NW	NC	U	Sab					
AFP[1]	01	00	00	00	00	00	00	00	00	02	00	21	15	40%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps[2]	00	01	00	00	00	01	00	00	00	02	04	37	32	15.6 %
Measles[3]	00	00	00	00	00	00	00	00	00	00	00	00	01	-100 %
Rubella[3]	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
CRS[2]	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus[2]	00	00	00	00	00	00	00	00	00	00	00	00	01	-100 %
Neonatal Tetanus[2]	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis[3]	00	00	00	00	00	00	00	00	00	00	00	00	04	-100 %
Whooping Cough[2]	01	00	00	00	00	00	00	00	00	01	00	06	07	-14.2 %

Key to Table 2

Provinces: **W**: Western, **C**: Central, **S**: Southern, **N**: North, **E**: East, **NC**: North Central, **NW**: North Western, **U**: Uva, **Sab**: Sabaragamuwa.

Data Sources:
Weekly Return of Communicable Diseases: Diphtheria, Mumps, Tetanus, Neonatal Tetanus, Whooping Cough.
Special Surveillance: AFP, Measles, Rubella, CRS.

AFP[1] = No Polio cases
Mumps[2], CRS[2], Tetanus[2], Neonatal Tetanus[2], Whooping Cough[2]—Clinically and/ or laboratory confirmed cases
Measles[3], Rubella[3], Japanese Encephalitis[3]— Laboratory Confirmed cases

AFP—Acute Flaccid Paralysis
CRS = Congenital Rubella Syndrome
NA = Not Available

AFP and all Vaccine Preventable Diseases except Mumps should be investigated by the MOH Personally.

Take prophylaxis medications for Leptospirosis during the paddy cultivation and harvesting seasons.

It is provided free by the MOH office / Public Health Inspectors.

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiology Unit, P.O. Box 1567, Colombo or sent by E-mail to **chepid@sltnet.lk.** The Epidemiology Unit should be formally acknowledged in all resulting publications as the primary data source.

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