

Trends in tuberculosis incidence and their determinants in 134 countries

C Dye,^a K Lönnroth,^a E Jaramillo,^a BG Williams^a & M Raviglione^a

Objective To determine whether differences in national trends in tuberculosis incidence are attributable to the variable success of control programmes or to biological, social and economic factors.

Methods We used trends in case notifications as a measure of trends in incidence in 134 countries, from 1997 to 2006, and used regression analysis to explore the associations between these trends and 32 measures covering various aspects of development (1), the economy (6), the population (3), behavioural and biological risk factors (9), health services (6) and tuberculosis (TB) control (7).

Findings The TB incidence rate changed annually within a range of $\pm 10\%$ over the study period in the 134 countries examined, and its average value declined in 93 countries. The rate was declining more quickly in countries that had a higher human development index, lower child mortality and access to improved sanitation. General development measures were also dominant explanatory variables within regions, though correlation with TB incidence trends varied geographically. The TB incidence rate was falling more quickly in countries with greater health expenditure (situated in central and eastern Europe and the eastern Mediterranean), high-income countries with lower immigration, and countries with lower child mortality and HIV infection rates (located in Latin America and the Caribbean). The intensity of TB control varied widely, and a possible causal link with TB incidence was found only in Latin America and the Caribbean, where the rate of detection of smear-positive cases showed a negative correlation with national incidence trends.

Conclusion Although TB control programmes have averted millions of deaths, their effects on transmission and incidence rates are not yet widely detectable.

Une traduction en français de ce résumé figure à la fin de l'article. Al final del artículo se facilita una traducción al español. الترجمة العربية لهذه الخلاصة في نهاية النص الكامل لهذه المقالة.

Introduction

The international targets for tuberculosis control, framed within the United Nations' Millennium Development Goals,¹ are to ensure that by 2015 the global TB incidence rate is declining and the global TB prevalence and death rates for 1990 are halved.² These targets are to be achieved by implementing WHO's Stop TB Strategy (founded on the core DOTS strategy), central to which is the prompt diagnosis of patients with active disease followed by supervised, short-course, combination chemotherapy.³ The Stop TB Strategy sets the standards for case management today, as it is widely recognized that prompt treatment with the right drug regimens can cure almost all TB patients and save lives. However, combination chemotherapy has been widely available for at least 40 years and has thus affected TB transmission, incidence and mortality rates in industrialized countries since before the DOTS era.⁴

According to data submitted to WHO, in 2006 the 2.5 million new smear-positive cases under DOTS represented 61% of all new smear-positive cases in the world that year, and treatment success was nearly 85% in the 2005 DOTS cohort of 2.3 million patients. The estimated global incidence rate, which peaked around 2003, fell slowly (by about 0.6%) between 2005 and 2006.⁵ In 2006, the incidence rate stabilized in the European Region and continued to decline slowly in the other five WHO regions of the world. WHO estimates that the prevalence and death rates have been falling longer and faster than the incidence rate.

Where TB incidence is falling, we expect this to be attributable, at least in part, to DOTS and to programmes of case management that preceded DOTS. However, the effect of these treatment programmes on transmission and incidence is still unclear because other factors can reduce transmission (e.g. drier, well-ventilated homes occupied by fewer people) or lower the risk of developing active disease following infection (e.g. improved nutrition⁶ and waning HIV epidemics)⁷. A major challenge in TB epidemiology is to distinguish the effect of these factors from the direct effect of efforts to diagnose and cure patients with active TB.⁸

To investigate the effect of case management programmes on TB incidence, we carried out a comparative analysis of factors that could be key direct or indirect determinants of national TB incidence trends over 1997–2006. The variables studied were readily available measures of specific aspects of the economy, the population, behavioural, biological and social risk factors, health services and the intensity of TB control. We conjectured that if TB diagnosis and treatment (including DOTS programmes) are having a greater effect in countries where they have been most widely implemented, then conventional indicators of programme performance, including case detection and treatment success rates, should emerge as dominant explanatory variables in an ecologic or correlation analysis. Conversely, if diagnosis and treatment are not yet the principal drivers of TB epidemics, then other factors should be more strongly associated with inter-country variation in TB incidence trends, both within regions and globally.

^a Stop TB Department, World Health Organization, 20 avenue Appia, 1211 Geneva 27, Switzerland.

Correspondence to C Dye (e-mail: dyec@who.int).

(Submitted: 2 September 2008 – Revised version received: 10 December 2008 – Accepted: 15 December 2008 – Published online: 30 June 2009)

Methods

Cases of TB (in all its forms) reported annually to WHO were used to calculate trends in incidence rate, the latter expressed as the number of cases notified annually in a given country per 100 000 population. The single outcome variable used in this analysis was thus the annual rate of change in the TB incidence rate. Among 211 countries and territories that routinely provide data to WHO, we included only those whose trend in case notifications was judged to equal or closely reflect the underlying trend in true incidence. Countries were excluded if: (i) three or more years of data were missing from the 10-year series (for 22 countries, one or two missing values from the series were inserted by linear interpolation); (ii) notifications were highly variable between years (standard error/mean > 1/3, usually an indication of unreliable notification systems); or (iii) an upward trend was likely to have been affected by efforts to increase case detection or to notify a greater proportion of detected cases. Improved case finding often leads to steep rises in annual case notifications – rises greater than 20% on average – that cannot be due to real increases in TB incidence (e.g. as documented for the Democratic People's Republic of Korea, Indonesia and Myanmar), though in some countries, such as India, such rises are largely restricted to sputum smear-positive cases.⁵ For China alone we calculated the trend in prevalence, rather than incidence, from a series of national population surveys, a more reliable source of information than case notifications.⁹ The decline in prevalence was expected to be a few percentage points faster than the decline in incidence. For countries that satisfied the inclusion criteria, the exponential trend in incidence rate for the period 1997–2006 was obtained by least squares regression.

Countries were divided into six groups derived from the six WHO regions, as follows: sub-Saharan Africa (trend estimates given for 28 of 49 countries), central and eastern Europe (25 of 28), the eastern Mediterranean (12 of 19), high-income countries (26 of 30), Latin America and the Caribbean (25 of 42), and the combined regions of south-east Asia and the western Pacific (18 of 43).⁵ Appendix A in online supporting material (available

at: www.who.int/tb/publications/en/) gives, for each country, data and statistics defining the reasons for inclusion or exclusion, together with the estimated trends.

We investigated the link between incidence trends and 32 independent variables that described aspects of each country's economy, population, behavioural and biological risk factors for TB, health services, and intensity of TB control, though not all data were available for all countries (Table 1; Appendix B, available at: www.who.int/tb/publications/en/). For the entire world, and for each region separately, we first established the variables associated with incidence trends by unweighted, univariate linear correlation and regression carried out in Stata 9 (Centers for Disease Control and Prevention, Atlanta, GA, United States of America). As a step towards stabilizing the residual variation in regression analysis, we used logarithmic transformations of the data on health expenditure per capita (three variables) and child mortality (one variable), for which country averages differed by a factor of 10 or more. For data falling between 0 and 10 or 0 and 100 (23 variables), we used the arcsin square root transformation of the data expressed as a proportion. The transformations affect the details of the analysis, but untransformed variables yield the same general conclusions. Combining biological and statistical criteria, significance in univariate regression was defined as $r^2 \geq 0.20$ and $P < 0.05$ in 2-sided t tests (Appendix C, available at: www.who.int/tb/publications/en/).

The 32 selected variables are directly and indirectly related to each other, in ways that are not always predictable. Thus, health spending can be measured in terms of total expenditure, government expenditure and expenditure in relation to gross domestic product (GDP);¹⁷ these different measures are usually correlated. Tobacco smoking^{19,20} and diabetes are among the known risk factors for TB,²¹ but they are more prevalent in wealthier countries with lower TB incidence. It was therefore unclear whether they would be positively or negatively associated with trends in incidence.

To identify the dominant factors among interrelated variables, those that were statistically significant in univariate regression were included in a multivariate linear regression model

in which observations on the outcome variable (annual rate of change in TB incidence rate) were weighted by 1/variance. Independent variables that had low explanatory power in combination with others were removed one by one – the least significant at each step – to generate a minimal model containing only variables that were significant at $P < 0.05$ in 2-sided t -tests. The significance of the multivariate minimal model is given in terms of F statistics. Appendix A, Appendix B and Appendix C in the online supporting material give a full list of countries, country groups, data for trend calculations and explanatory variables, plus statistics for the fitted models.

Results

Incidence trends for the period 1997–2006 could be obtained for 64% (134) of the 211 countries and territories reporting to WHO, which represented 73% of the estimated global TB incidence in 2006; 77 countries did not satisfy the inclusion criteria (Appendix A). Among the 134 countries included in the study were 13 of the 22 countries defined by WHO as having a high burden of TB.⁵ The 9 high-burden countries excluded a priori were Afghanistan, Bangladesh, Cambodia, Indonesia, Myanmar, Nigeria, Pakistan, Thailand and Uganda.

The incidence rate changed annually within a range of $\pm 10\%$ in the 134 countries, and its average value declined in 93 countries. The average rate of change was -1.9% per year and the median rate was -2.2% per year, with the slightly skewed distribution shown in Fig. 1. On average, the decline was fastest in high-income countries (average: -3.9% per year; 95% confidence interval, CI: -10.3 to 2.5 ; $n = 26$) and the average trend was upwards in sub-Saharan Africa (average: 1.8% per year; 95% CI: -6.1 to 9.7 ; $n = 28$; Fig. 2). Among 35 countries where the TB incidence rate was declining at more than 5% per year, 10 were high-income, 8 were in central and eastern Europe, 7 were in Latin America and the Caribbean, and 10 in five of the six groups were islands. When countries within regions were compared, the annual variation in incidence trend was greatest among countries in central and eastern Europe (95% CI: $\pm 11.2\%$; $n = 25$; Fig. 2).

Table 1. Variables that can potentially explain inter-country variation in the annual rate of change in TB incidence in 134 countries, 1997–2006

Variable	No. of countries with data	Value range	Reference
Composite development			
Human development index (0–10, 0 = least developed, 2005) ^a	130	0.3–0.7	10
Economy			
Corruption perception index (0–10, 0 = most corrupt, 2007)	128	1.5–5.4	11
GDP per capita (PPP\$ 2004)	129	635–75 863	12
Annual change in GDP 1996–2005 (% per year)	130	–3 to 20	12
People with income < 1 PPP\$ per day, up to 2004 (%)	81	0–71	12
People with income < 2 PPP\$ per day, up to 2004 (%)	80	0–92	12
Income inequality (Gini index, 0–100, up to 2004)	103	25–74	12
Population			
People aged ≥ 15 years (2005) (%)	134	51–86	12
People living in urban areas (2005) (%)	134	10–100	13
TB patients, foreign-born (2005) (%)	20	10–78	14
Behavioural and biological risk factors			
People 20–79 years old with diabetes (2007) (%)	115	1–20	12
People undernourished (up to 2004) (%)	111	2–75	12
Adult male smokers (2000–2005) (%)	78	6–68	15
Adult female smokers (2000–2005) (%)	77	0–37	15
HIV+ adults (2005) (%)	113	0–33	12
HIV+ adult TB patients (2005) (%)	113	0–75	5
People with access to improved water source (2004) (%)	82	4–100	12
People with access to improved sanitation (2004) (%)	90	2–100	12
People using solid fuels (up to 2003) (%)	126	2–98	16
Health services			
Total health expenditure per capita (PPP\$, 2004)	131	15–6096	17
Government health expenditure per capita (PPP\$, 2004)	131	3–4679	17
Total health expenditure as a % of GDP	131	0–17	17
Health workers per 1000 population (up to 2005)	89	0–26	12
Child mortality (deaths before 5th birthday per 1000 live births, 2005)	131	0–282	18
Annual change in child mortality 1990–2005 (% per year)	128	–9.2 to 5.0	Derived from ¹⁸
TB control programmes			
Expenditure on TB control per capita (PPP\$, 2004)	51	12–6636	5
Expenditure on TB control per TB patient (PPP\$, 2004)	51	14–40 005	5
Treatment success in DOTS cohorts (proportion smear+ cases cured plus completed, 2005)	113	0.3–1.0	5
New TB cases detected (2006) (%)	131	5–195 ^b	5
New smear+ TB cases detected (2006) (%)	117	4–149	5
New TB cases treated successfully (product of 28 × 29) (%)	110	5–135	Derived from ⁵
New smear+ TB cases treated successfully (product of 28 × 30) (%)	112	0–139	Derived from ⁵

GDP, gross domestic product; PPP\$, purchasing power parity dollar; TB, tuberculosis.

^a Sources for this analysis give full definitions of indicators and state the methods by which data were collected. Compilations such as *World development indicators*¹² give the original sources of data.

^b Most case detection values range from 0 to 100%; the reasons that this index and its derivatives can exceed 100% are explained elsewhere.⁵

For all 134 countries, 3 of the 32 independent variables were correlated with incidence trends at $r^2 \geq 0.2$ and $P < 0.05$ (Table 2). TB incidence was declining more quickly in countries that had a higher human development index, lower child mortality and access to improved sanitation (Fig. 3, Fig. 4 and Fig. 5). Of the three key correlates,

only child mortality was retained in the minimal multivariate model (combined model: $r^2 = 0.32$; $P < 0.0001$; Appendix C). Measures of how intensely TB control programmes were implemented varied widely among countries (e.g. the inter-quartile range for detection of smear-positive cases was 42–82%, and for treatment success among such cases,

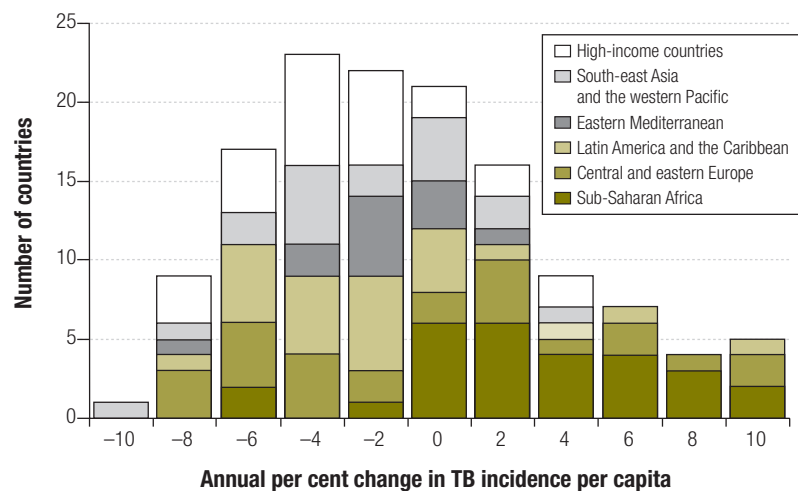
73–88%; see also the ranges in Table 1); however, none of the seven direct measures of the intensity of TB control was associated with TB trends worldwide.

Because statistical significance depends on the magnitude of a biological effect and sample size, significant effects are harder to detect in regions with fewer data (Table 1, Fig. 3, Fig. 4 and

Fig. 5). Of 192 possible associations (32 variables across 6 country groups), 2 were significant with the criteria $r^2 \geq 0.2$ and $P < 0.05$. In Africa, the number of health workers and the expenditure on TB control per capita were significant correlates of TB incidence trends, but the association was positive: the more workers and the higher the expenditure, the higher the TB incidence (online supporting material, available at: www.who.int/tb/publications/en/). This is probably explained by the positive association between both of these explanatory variables and the prevalence of HIV infection ($t > 3.5$; $P < 0.002$). Central and eastern Europe showed the strongest set of associations with TB incidence trends (Table 2). Of the 12 variables that showed significance in the univariate analysis, per capita health expenditure and improved sanitation were dominant in the multivariate regression ($r^2 = 0.89$; $P < 0.0001$).

Among high-income countries, TB was declining more quickly in countries with fewer immigrants (measured by the proportion of TB patients who were foreign born), and with a higher (not lower) prevalence of diabetes, and both variables were retained in the multivariate model ($r^2 = 0.79$; $P < 0.0001$). TB trends in the eastern Mediterranean were associated with two related economic variables: GDP

Fig. 1. Frequency distribution of trends in TB incidence rate in six groups of countries ($n = 134$), 1997–2006^a



TB, tuberculosis.

^a The countries in each group are listed in Appendix B.

and health expenditure in relation to GDP. However, only the latter was retained in the minimal multivariate model.

In Latin America and the Caribbean, univariate analysis showed a correlation between TB trends and nine variables, five of them different from the ones that yielded significance in central and eastern Europe. Another set of five variables was retained in the minimal multivariate model ($r^2 = 0.96$;

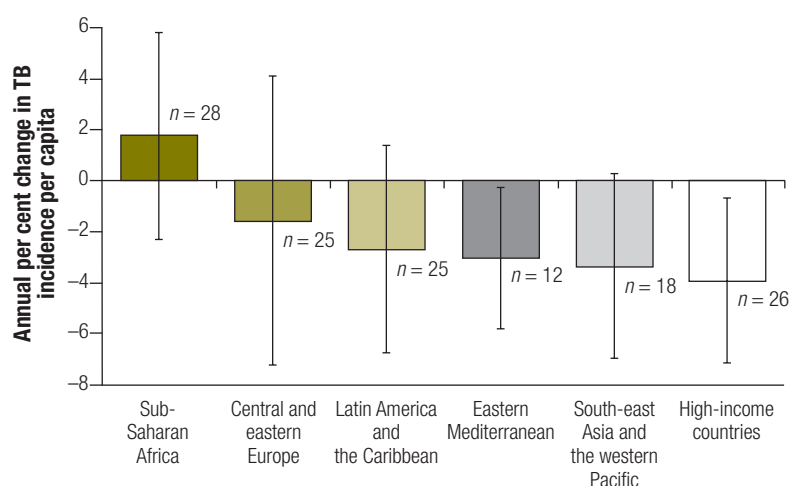
$P = 0.04$); one of them – the detection of smear-positive cases – was a direct measure of the intensity of TB control (Table 2).

In south-east Asia and the western Pacific, TB was declining faster in countries with higher child mortality (online supporting material, available at: www.who.int/tb/publications/en/), an association that was not in the expected direction, which was the opposite of that observed in central and eastern Europe, Latin America and the Caribbean, and the world as a whole (Table 2). The association disappeared with the exclusion of one unusual country in the region: the Republic of Korea has low child mortality and low TB incidence, with a flat trend resembling that of some high-income countries.

Discussion

The striking observation in this study was that more than a decade after DOTS was first implemented, with varying levels of national coverage, only one direct measure of TB control intensity (detection of smear-positive cases) in a single region (Latin America and the Caribbean) was associated with a downward trend in TB incidence. None of the seven direct measures of TB programme performance was associated with TB trends globally, although the magnitude of these control variables varied widely among countries. Math-

Fig. 2. Trends in average TB incidence rate across six groups of countries ($n = 134$), 1997–2006^a



□ Population standard deviations (standard errors)

TB, tuberculosis.

^a The countries in each group are listed in Appendix B. The figure outside each bar is the number of countries included in the calculation for each group.

Table 2. Variables correlated with the annual change in TB incidence rate in 134 countries over 1997–2006, by country group^{a,b}

Variable	Sub-Saharan Africa	Central and eastern Europe	High-income countries	Eastern Mediterranean	Latin America and the Caribbean	South-east Asia and the western Pacific	All country groups
Composite development							
Human development index		-0.60					-0.20
Economy							
Corruption perception index		-0.52					
GDP per capita		-0.61		+0.34	-0.21 ^c		
Annual change in GDP							
People with income < 1 PPP\$							
People with income < 2 PPP\$		+0.43					
Income inequality							
Population							
Population aged ≥ 15 years							
Urban population							
Percentage of foreign-born TB patients			+0.47 ^c				
Behavioural and biological risk factors							
Diabetes in people aged 20–79 years			-0.47 ^c				
Undernourished people		+0.36			+0.31		
Adult male smokers							
Adult female smokers		-0.45					
HIV prevalence					+0.41		
HIV prevalence in TB patients					+0.26		
People with improved water source					-0.41 ^c		
People with improved sanitation		-0.40 ^c			-0.43 ^c		-0.26
People using solid fuels		+0.30					
Health services							
Total health expenditure per capita		-0.66 ^c					
Government health expenditure per capita		-0.63					
Total health expenditure as % of GDP		-0.23		-0.53 ^c			
Health workers per 1000 population	+0.33						
Under-5 mortality					+0.36 ^c		
Annual change in under-5 mortality		+0.39			+0.35	-0.29 ^c	+0.25 ^c
TB control programmes							
Expenditure on TB control per capita ^d	+0.49 ^c						
Expenditure per TB control per patient ^d							
New TB cases detected ^d							
New smear+ TB cases detected ^d					-0.32 ^c		
Treatment success in DOTS cohorts ^d							
New TB cases successfully treated ^d							
New smear+ TB cases successfully treated ^d							

GDP, gross domestic product; PPP\$, purchasing power parity dollar; TB, tuberculosis.

^a The countries in each group are listed in Appendix B (available at: www.who.int/tb/publications/en/).

^b The numbers are values of r^2 for associations that were significant in univariate linear regression ($r^2 > 0.20$; $P < 0.05$). Cells are blank where there was no significant association.

^c Variables that yielded significance and were retained in a minimal multivariate model.

^d This variable is a measure of the intensity of TB control.

emational modelling suggests that such wide variation should be accompanied by a substantial and measurable difference in incidence (e.g. an increase in the detection rate of smear-positive cases from 42% to 82% should correlate with a decrease in incidence).²² Thus, we conclude that TB diagnosis

and treatment programmes, pre- or post-DOTS, have not yet become the principal determinants of TB transmission and incidence trends, though they may do so in the future. Recent trends in TB incidence are, by contrast, more strongly associated with biological, social and economic determinants that

differ among countries and regions. The regional differences explain why only three general measures of development were dominant worldwide: the human development index, child mortality and access to improved sanitation.

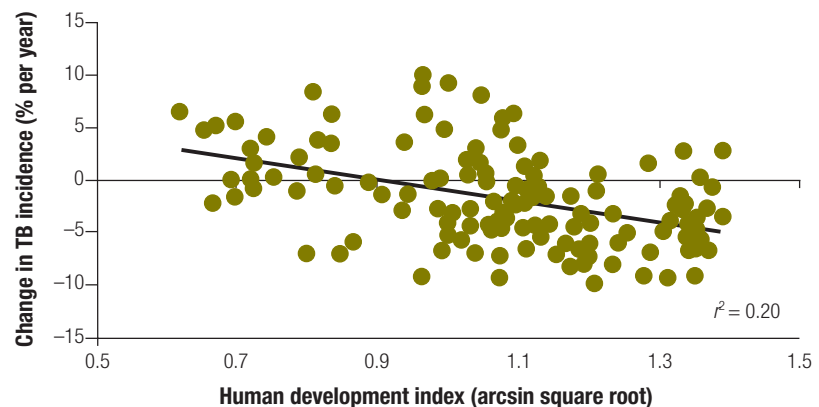
TB incidence in most countries appears to be declining slowly. Few

countries have enjoyed the rates of decline seen in Europe at the start of the chemotherapy era (> 10% per year),⁴ which are expected to result from DOTS programmes.²² The countries that come closest to these expectations, with a decline > 5% per year, are mostly those that are islands, have a high average income, or are located in central Europe or Latin America and the Caribbean. None are among the 13 WHO high-burden countries investigated here,⁵ which are mainly in sub-Saharan Africa and in south-east Asia and the western Pacific.

The proposition that TB diagnosis and treatment programmes have not yet become the principal drivers of TB transmission and incidence will remain a hypothesis until four key assumptions can be tested. The first is that trends in case notifications reflect underlying trends in incidence. Some countries clearly had to be excluded from the analysis because their rising trends in case notification (for all forms of TB) obviously reflect improved case finding under DOTS rather than the underlying trend in incidence. Exclusions of this kind eliminate countries where improved case finding is associated with an increase, rather than the expected decrease, in reported cases. For the countries that were included in this analysis, the effect of treatment might not be discernible if a slow decline in TB incidence is masked by a moderate improvement in case detection.

The second assumption, essential in comparative analysis, is that there

Fig. 3. Human development: a statistically significant correlate of trends in TB incidence rate across six groups of countries over 1997–2006, as judged by univariate linear regression (fitted line)^a



TB, tuberculosis.

^a Mortality in children under 5 years of age is the single significant correlate in multivariate analysis (Table 2).

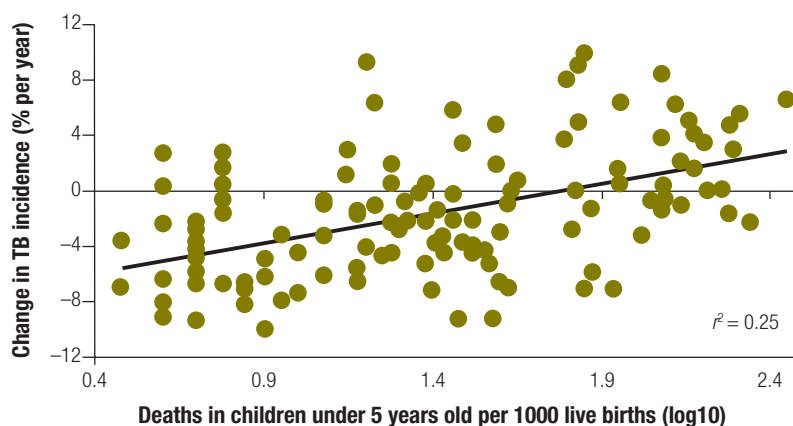
is measurable and meaningful variation among countries in incidence trends and their determinants. If TB control programmes were uniformly effective, their effectiveness would not be detectable in this analysis, but this seems unlikely because TB incidence is declining slowly and unevenly and because measures of the intensity of TB programme implementation vary greatly among countries. Moreover, our estimates of incidence trends are correlated with numerous biological, social and economic variables, which suggests that these trend estimates do reflect changes in incidence.

A greater potential problem is that the standard direct measures of

TB programme performance – mainly case detection and treatment success – are not the best measures of factors that govern disease transmission and changes in incidence. The difficulties of estimating the total number of TB cases that arise each year – the denominator of the case detection rate as defined by WHO – have frequently been described.^{8,23} In addition, a high case detection rate does not necessarily imply rapid diagnosis; in principle, a large fraction of cases could be detected after long delays, once most infectious contacts in a community have already been made. In cohorts, outcomes are never known for patients who default, are transferred to other treatment centres without follow-up, or are never evaluated. This limits the usefulness of treatment success as a measure that should be inversely associated with infectiousness and transmission. Of 2.3 million patients in the 2005 global DOTS cohort, fewer than 10% had unknown treatment outcomes. However, treatment outcomes were not known for an estimated 1.5 million smear-positive, non-DOTS patients in 2005.⁵

Third, transmission and the risk of infection may have been greatly reduced by more than a decade of DOTS implementation, but perhaps we have not yet seen the latter's full effect on incidence. In this study, incidence trends were measured as 10-year averages (1997–2006). Some countries did not have wide DOTS coverage for at least the first half of this period and most were treating patients with

Fig. 4. Child mortality: a statistically significant correlate of trends in TB incidence rate across six groups of countries over 1997–2006, as determined by univariate linear regression (fitted line)^a



TB, tuberculosis.

^a Mortality in children under 5 years of age is the single significant correlate in multivariate analysis (Table 2).

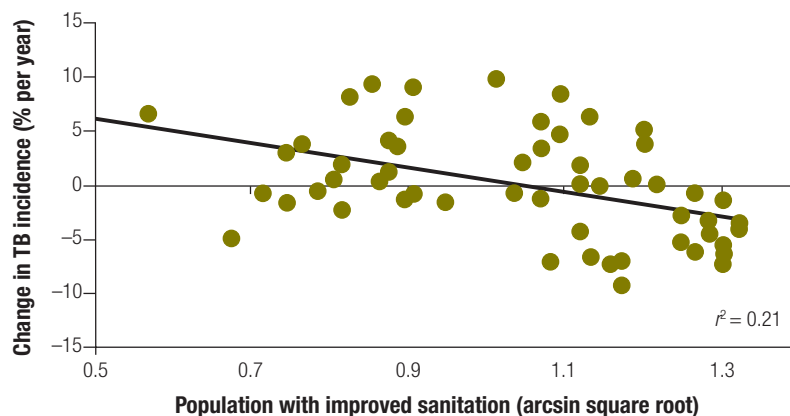
combination chemotherapy, though not necessarily with the recommended regimens. The alternative explanation is that treatment programmes do not find patients soon enough to substantially reduce transmission.

Fourth, the effect of treating patients to reduce transmission could be offset by factors that increase the risk of developing active TB following infection. Tobacco smoking and diabetes are risk factors for TB, but in this analysis both were associated with declining TB incidence. It may be that these factors reflect social patterns that are linked to health, health services and economic development in ways that override their importance as risk factors for TB. In multivariate analysis, tobacco smoking among women was replaced by factors more closely tied to the real determinants of epidemic TB trends, such as GDP per capita in central and eastern Europe.

Verifying whether trends in case notifications accurately measure trends in incidence calls for detailed studies of the completeness and accuracy of national TB surveillance systems, preferably coupled with surveys of infection, prevalence and mortality.⁸ The Republic of Korea, which contributes to an unexpected, anomalous and doubtful link between TB and child mortality in Asia, is among the countries whose TB incidence trends need more careful evaluation. Determining whether case detection and treatment success accurately measure the effect of TB programme implementation on transmission calls for examining the entire process of diagnosis and treatment: the identification of suspected cases, delays in diagnosis, procedures for smear microscopy and culture, and treatment initiation and completion. What is required, in short, is a diverse set of studies following those already done, for example, in China, Italy, Peru, South Africa, Spain and Viet Nam.^{9,24–28} Only with detailed investigations in countries will it be possible to distinguish the effect of TB control programmes from other factors affecting transmission and the progression from infection to active TB.

There are at least four further restrictions on the interpretation of these results. First, the findings of this study

Fig. 5. Sanitation: a statistically significant correlate of trends in TB incidence rate across six groups of countries over 1997–2006, as determined by univariate linear regression (fitted line)^a



TB, tuberculosis.

^a Mortality in children under 5 years of age is the single significant correlate in multivariate analysis (Table 2).

do not exclude the possibility that DOTS programmes are relatively weak determinants of TB trends in many countries, with effects that are obscured by other, stronger biological, social and economic factors. Second, this analysis refers to trends in incidence; it says nothing about the number of patients cured or of deaths averted by combination chemotherapy.^{29,30} Third, we cannot conclude that TB treatment has had no major effect on TB incidence in any country; in fact, national studies (e.g. China and Peru)^{9,24} and investigations in selected cities (e.g. Beijing and New York)^{31,32} clearly show that investing in prompt diagnosis and curative treatment can substantially reduce TB incidence in low- and middle-income countries.^{4,32} Fourth, as in all ecologic studies, strong correlation with TB trends does not necessarily reflect a causal link; conversely, the absence of a correlation does not exclude causality. Nevertheless, it is remarkable that among 25 countries in central and eastern Europe, single variables, such as health expenditure per capita, can explain two-thirds (66%) of the variation in TB trends.

Conclusion

National TB control programmes play a vital role in curing TB patients and preventing deaths; the diagnosis and

treatment of active TB have significantly reduced disease transmission and incidence in some countries. However, treatment programmes have not had a major, detectable effect on incidence on a large scale. The possible reasons are that: (i) patients are not diagnosed and treated soon enough to significantly reduce transmission; (ii) case detection, cure and TB incidence trends cannot be measured accurately; (iii) there has been insufficient time to see the effects of reduced transmission; and (iv) any effects on transmission are offset by a growing risk of developing TB following infection. This review presents, not definitive results, but a challenge: to show that early diagnosis and treatment can have a major effect on TB transmission and incidence worldwide, overriding or reinforcing other biological, social and economic determinants of TB epidemiology. ■

Acknowledgements

We thank L Blanc, K DeCock, K Floyd, P Nunn, S Ottmani, E Rehfuss, M Uplekar and D Weil for numerous helpful suggestions. The work was funded by WHO.

Competing interests: None declared.

Résumé

Tendances de l'incidence de la tuberculose et de ses déterminants dans 134 pays

Objectif Déterminer si les différences entre les tendances nationales de l'incidence de la tuberculose sont attribuables à la variabilité du succès des programmes de lutte contre cette maladie ou à des facteurs biologiques, sociaux et économiques.

Méthodes Nous avons utilisé les tendances de la notification des cas comme mesures des tendances de l'incidence de 1997 à 2006 dans 134 pays et utilisé l'analyse par régression pour étudier les associations entre ces tendances et 32 mesures couvrant divers aspects du développement (1), de l'économie (6), de la population (3), des facteurs de risque comportementaux et biologiques (9), des services sanitaires (6) et de la lutte contre la tuberculose (TB) (7).

Résultats Le taux d'incidence de la TB a varié annuellement dans une plage de $\pm 10\%$ sur la période d'étude dans les 134 pays étudiés et a baissé en valeur moyenne dans 93 pays. Ce taux diminue plus rapidement dans les pays présentant un indice de développement plus élevé, une mortalité infantile plus faible et un accès à un assainissement amélioré. Les mesures du développement

général constituaient aussi des variables explicatives dominantes dans certaines régions, malgré les variations géographiques de la corrélation avec les tendances de l'incidence. Le taux d'incidence de la TB baissait plus rapidement dans les pays consacrant des dépenses plus importantes à la santé (situés en Europe centrale et orientale et en Méditerranée orientale), dans les pays à haut revenu et faible taux d'immigration et dans ceux présentant des taux de mortalité infantile et d'infection par le VIH plus bas (situés en Amérique latine et dans les Caraïbes). L'intensité de la lutte menée contre la TB était très variable et on n'a observé un lien causal potentiel avec l'incidence de la TB qu'en Amérique latine et aux Caraïbes, où le taux de détection des cas frottis positifs était corrélé négativement avec les tendances nationales de l'incidence.

Conclusion Bien que les programmes de lutte contre la tuberculose aient évité des millions de décès, leurs effets sur la transmission et les taux d'incidence de cette maladie ne sont pas encore largement observables.

Resumen

Tendencias de la incidencia de tuberculosis y sus determinantes en 134 países

Objetivo Averiguar si las diferencias en las tendencias nacionales de la incidencia de tuberculosis son atribuibles al distinto éxito de los programas de control o a factores biológicos, sociales y económicos.

Métodos Utilizamos las tendencias de las notificaciones de casos como medida de las tendencias de la incidencia en 134 países entre 1997 y 2006, aplicando análisis de regresión para estudiar la relación entre esas tendencias y 32 variables que abarcaban diversos aspectos del desarrollo (1), la economía (6), la población (3), los factores de riesgo comportamentales y biológicos (9), los servicios de salud (6), y el control de la tuberculosis (7).

Resultados La incidencia de tuberculosis varió anualmente dentro de un margen de $\pm 10\%$ durante el periodo estudiado en los 134 países examinados, y su valor medio disminuyó en 93 países. La tasa se redujo más rápidamente en los países que presentaban un mayor índice de desarrollo humano, una menor mortalidad en la niñez, y acceso a mejores sistemas de saneamiento. Los indicadores del desarrollo general fueron también las variables

explicativas predominantes dentro de las regiones, si bien la correlación con la tendencia de la incidencia de tuberculosis dependía de la zona geográfica. La incidencia de la enfermedad caía más rápidamente en los países con mayor gasto sanitario (situados en este caso en Europa central y oriental y en el Mediterráneo Oriental), en los países de ingresos altos con poca inmigración y en los países con menores tasas de mortalidad en la niñez y de infección por el VIH (en América Latina y el Caribe). La intensidad del control de la tuberculosis era muy variable, y la existencia de un posible nexo causal con la incidencia de tuberculosis sólo se observó en América Latina y el Caribe, donde la tasa de detección de casos bacilíferos estaba negativamente correlacionada con las tendencias nacionales de la incidencia.

Conclusión Aunque los programas de control de la tuberculosis han evitado millones de defunciones, sus efectos en la transmisión y la incidencia de la enfermedad no son aún ampliamente detectables.

ملخص

الاتجاهات في وقوع السل ومحدداتها في 134 بلداً

الموجودات: لقد تغير معدل وقوع السل تغيراً سنوياً بمعدل يتراوح بين (+10%) و(-10%) خلال فترة الدراسة في الـ 134 بلداً التي شملتها الدراسة، كما انخفضت قيمته الوسطية في 93 بلداً. وكان النقص أكثر سرعة في البلدان التي تتمتع بمنسب أعلى للتنمية البشرية، وبمعدل أقل لوفيات الأطفال، وبالوصول على إصاح متحسن. وقد كانت المقاييس العامة للتنمية من المتغيرات التفسيرية الغالبة ضمن الأقاليم، وذلك رغم أن العلاقة المتبادلة مع اتجاهات معدلات وقوع السل كانت تختلف باختلاف المناطق الجغرافية. فقد كان معدل وقوع السل يهبط بشكل أسرع في البلدان التي يكون فيها الإنفاق الصحي أكبر (وهي البلدان التي تقع في أوروبا الوسطى والشرقية وشرق المتوسط)؛ والبلدان المرتفعة الدخل مع نسبة هجرة أقل من غيرها،

الهدف: تحديد ما إذا كانت الاختلافات في الاتجاهات الوطنية في معدلات وقوع السل تعزي للنجاحات المختلفة التي حققتها برامج المكافحة أم إلى عوامل بيولوجية واجتماعية واقتصادية.

الطريقة: استخدم الباحثون الاتجاهات المتعلقة بالإخطارات عن الحالات واعتبروها مقاييس للاتجاهات في معدلات الوقوع في 134 بلداً، في المدة بين 1997 و2006. كما استخدموا تحليل التحوف لاستكشاف مدى الترابط بين هذه الاتجاهات وبين 32 من المقاييس التي تغطي مختلف جوانب التنمية (مقياس واحد) والاقتصاد (سبعة مقاييس) والسكان (ثلاثة مقاييس)، وعوامل الخطورة البيولوجية والسلوكية (تسعة مقاييس)، والخدمات الصحية (سبعة مقاييس) ومكافحة السل (سبعة مقاييس).

الاتجاهات الوطنية للوقوع. الاستنتاج: رغم أن برامج مكافحة السل قد أدت إلى تفادي ملايين الوفيات، فإن تأثيرها على معدلات السراية والوقوع لم يمكن كشفه بعد على نطاق واسع.

والبلدان التي تكون فيها معدلات وفيات الأطفال والعدوى بفيروس الإيدز أقل (وهي البلدان الواقعة في أمريكا اللاتينية والبحر الكاريبي). وتختلف شدة مكافحة السل اختلافاً واسعاً، وقد لوحظ ارتباط سببي محتمل مع معدل وقوع السل في بلدان أمريكا اللاتينية والبحر الكاريبي، حيث كانت معدلات كشف الحالات الإيجابية للطاخة ذات تناسب عكسي مع

References

1. Millennium development goals indicators [Internet site]. United Nations Statistical Division. Available from: http://millenniumindicators.un.org/unsd/mi/mi_goals.asp [accessed on 18 May 2009].
2. Dye C, Maher D, Weil D, Espinal M, Raviglione M. Targets for global tuberculosis control. *Int J Tuberc Lung Dis* 2006;10:460-2. PMID:16602414
3. Raviglione MC, Uplekar MW. WHO's new Stop TB Strategy. *Lancet* 2006;367:952-5. doi:10.1016/S0140-6736(06)68392-X PMID:16546550
4. Styblo K. *Epidemiology of tuberculosis*, 2nd ed. The Hague: KNCV Tuberculosis Foundation; 1991.
5. *Global tuberculosis control: surveillance, planning, financing*. Geneva: World Health Organization; 2008.
6. Cegielski JP, McMurray DN. The relationship between malnutrition and tuberculosis: evidence from studies in humans and experimental animals. *Int J Tuberc Lung Dis* 2004;8:286-98. PMID:15139466
7. Nunn P, Williams BG, Floyd K, Dye C, Elzinga G, Raviglione MC. Tuberculosis control in the era of HIV. *Nat Rev Immunol* 2005;5:819-26. doi:10.1038/nri1704 PMID:16200083
8. Dye C, Bassili A, Bierrenbach AL, Broekmans JF, Chadha VK, Glaziou P, et al. Measuring tuberculosis burden, trends and the impact of control programmes. *Lancet Infect Dis* 2008;8:233-43. doi:10.1016/S1473-3099(07)70291-8 PMID:18201929
9. China Tuberculosis Control Collaboration. The effect of tuberculosis control in China. *Lancet* 2004;364:417-22. doi:10.1016/S0140-6736(04)16764-0 PMID:15288739
10. *Human development report 2007/2008*. New York, NY: United Nations Development Program; 2007.
11. *Corruption perception index*. Berlin: Transparency International; 2008. Available from: www.transparency.org/policy_research/surveys_indices/cpi [accessed 18 May 2009].
12. *World development indicators 2007*. Washington, DC: The World Bank; 2007.
13. Euro TB and the national coordinators for tuberculosis surveillance in the WHO European Region. *Surveillance of tuberculosis in Europe: report on tuberculosis cases notified in 2005*. Paris: Institut de Veille Sanitaire; 2007.
14. *Reported tuberculosis in the United States, 2006*. Atlanta: Centers for Disease Control and Prevention; 2007.
15. *WHO report on the global tobacco epidemic 2008: the MPOWER package*. Geneva: World Health Organization; 2008.
16. Rehfuess E, Mehta S, Pruss-Ustun A. Assessing household solid fuel use: multiple implications for the Millennium Development Goals. *Environ Health Perspect* 2006;114:373-8. PMID:16507460
17. *National health accounts*. Geneva: World Health Organization; 2007.
18. *World health statistics*. Geneva: World Health Organization; 2007.
19. Slama K, Chiang C-Y, Enarson DA, Hassmiller K, Fanning A, Gupta P, et al. Tobacco and tuberculosis: a qualitative systematic review and meta-analysis. *Int J Tuberc Lung Dis* 2007;10:1049-61.
20. Lin HH, Ezzati M, Murray M. Tobacco smoke, indoor air pollution and tuberculosis: a systematic review and meta-analysis. *PLoS Med* 2007;4:e20. doi:10.1371/journal.pmed.0040020 PMID:17227135
21. Stevenson CR, Critchley JA, Forouhi NGRG, Williams BG, Dye C, Unwin NC. Diabetes and the risk of tuberculosis: a neglected threat to public health? *Chronic Illn* 2007;3:228-45. doi:10.1177/1742395307081502 PMID:18083679
22. Dye C, Garnett GP, Sleeman K, Williams BG. Prospects for worldwide tuberculosis control under the WHO DOTS strategy: directly observed short-course therapy. *Lancet* 1998;352:1886-91. doi:10.1016/S0140-6736(98)03199-7 PMID:9863786
23. Borgdorff MW. New measurable indicator for tuberculosis case detection. *Emerg Infect Dis* 2004;10:1523-8. PMID:15498151
24. Suarez PG, Watt CJ, Alarcon E, Portocarrero J, Zavala D, Canales R, et al. The dynamics of tuberculosis in response to 10 years of intensive control effort in Peru. *J Infect Dis* 2001;184:473-8. doi:10.1086/322777 PMID:11471105
25. Botha E, Den Boon S, Dye C, Lawrence KA, Reuter H, Verver S, et al. From suspect to patient: tuberculosis diagnosis and treatment initiation in primary health care facilities in South Africa. *Int J Tuberc Lung Dis* 2009;13:670.
26. Migliori GB, Spanevello A, Ballardini L, Neri M, Gambarini C, Moro ML, et al. Validation of the surveillance system for new cases of tuberculosis in a province of northern Italy. Varese Tuberculosis Study Group. *Eur Respir J* 1995;8:1252-8. doi:10.1183/09031936.95.08081252 PMID:7489786
27. Inigo J, Arce A, Martin-Moreno JM, Herruzo R, Palenque E, Chaves F. Recent transmission of tuberculosis in Madrid: application of capture-recapture analysis to conventional and molecular epidemiology. *Int J Epidemiol* 2003;32:763-9. doi:10.1093/ije/dyg098 PMID:14559746
28. Huong NT, Duong BD, Co NV, Quy HT, Tung LB, Broekmans JF, et al. Tuberculosis epidemiology in six provinces of Vietnam after the introduction of the DOTS strategy. *Int J Tuberc Lung Dis* 2006;10:963-9. PMID:16964785
29. Khatri GR, Frieden TR. Controlling tuberculosis in India. *N Engl J Med* 2002;347:1420-5. doi:10.1056/NEJMsa020098 PMID:12409545
30. Dye C, Watt CJ, Bleed DM, Hosseini SM, Raviglione MC. Evolution of tuberculosis control and prospects for reducing tuberculosis incidence, prevalence, and deaths globally. *JAMA* 2005;293:2767-75. doi:10.1001/jama.293.22.2767 PMID:15941807
31. Zhang LX, Tu DH, Enarson DA. The impact of directly-observed treatment on the epidemiology of tuberculosis in Beijing. *Int J Tuberc Lung Dis* 2000;4:904-10. PMID:11055756
32. Frieden TR, Fujiwara PI, Washko RM, Hamburg MA. Tuberculosis in New York City – turning the tide. *N Engl J Med* 1995;333:229-33. doi:10.1056/NEJM199507273330406 PMID:7791840

Trends in tuberculosis incidence and their determinants in 134 countries

Bulletin of the World Health Organization 2009; 87 (DOI: 10.2471/BLT.08.058453)

C Dye, K Lönnroth, E Jaramillo, BG Williams & M Raviglione

Supporting material

This supporting material includes:

1. Regression statistics for the minimal multivariate models (Table S1).
2. Reported versus predicted changes in TB case notifications per capita and residuals of fitted models (Figure S1).
3. Variables that are associated with TB trends in 6 regions of the world, as judged by univariate linear regression (Figure S2).
4. Case notification rates, 1996–2006, and incidence trend estimates by country, with additional notes on the exclusion of countries from the analysis (Appendix A).
5. Dependent variable and 32 independent variables, by country (Appendix B).
6. Correlation statistics (univariate) for transformed data (Appendix C).

The data in Appendices A-C are available as Excel files from the authors.

Table S1. Specifications of minimal multivariate models for the world and 6 regions.

Region	Variables	Coefficients	Std error	P>t	df	F	r ²
World	U5 mortality	4.36	0.58	0.000	1, 119	57.25	0.32
Africa	TBexpenditure/cap	10.12	2.07	0.000	1, 11	23.91	0.68
C&E Europe	Per capita total expenditure on health \$PPP 2004	-11.27	1.43	0.000	3, 14	36.24	0.89
	Improved sanitation %	-8.51	1.91	0.001			
High income	Diabetes	-128.67	26.37	0.000	2, 12	23.14	0.79
	Foreign born %	7.11	1.76	0.002			
E Mediterranean	Total exp health as % GDP	-71.02	23.41	0.013	1, 10	9.20	0.48
L America	GDP 2005	41.57	12.29	0.043	5,3	16.54	0.96
	Improved water supply %	53.93	16.21	0.045			
	Improved sanitation %	-36.22	7.06	0.014			
	U5 mortality	28.35	6.88	0.026			
	Detection new smear+ cases %/yr	-25.28	6.04	0.025			
SE Asia & W Pacific	U5 mortality	-5.63	1.47	0.002	1, 13	14.72	0.53

Fitted models are portrayed graphically in Figure S1 below.

Figure S1. Reported versus predicted changes in TB case notifications per capita (left) and residuals versus fitted values (right) for the world and 6 regions.

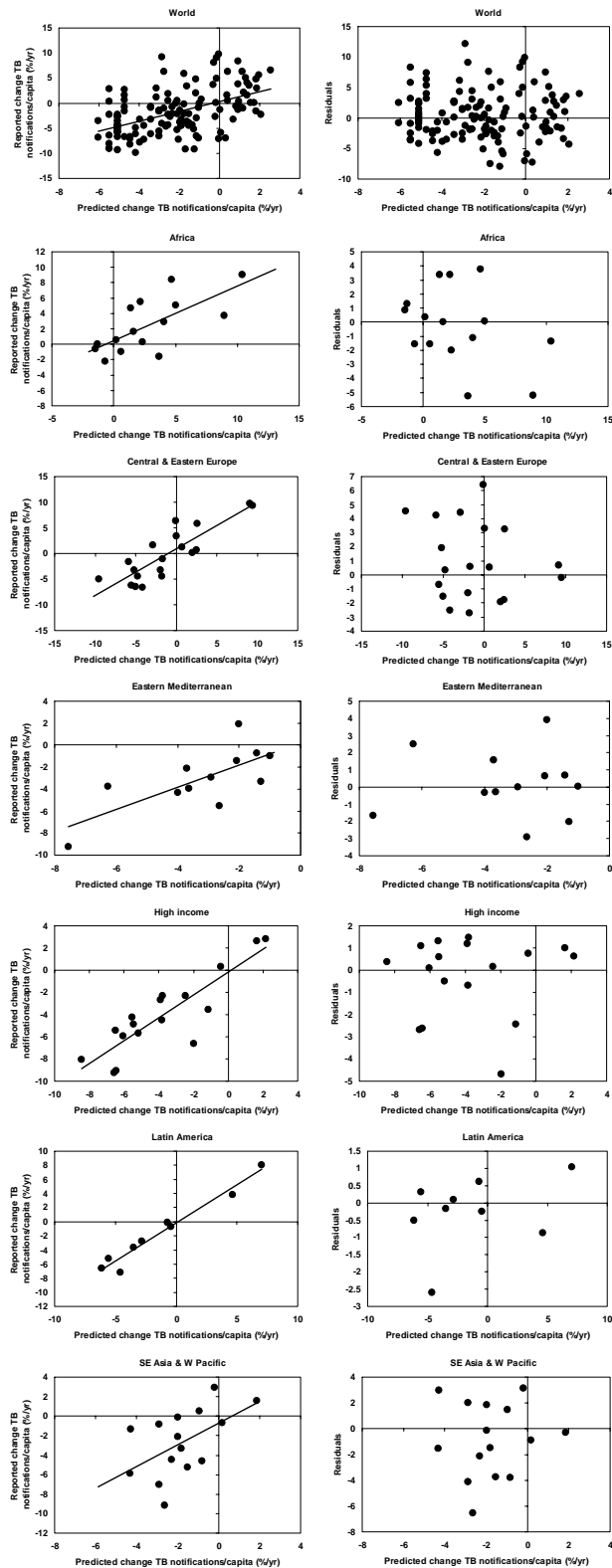
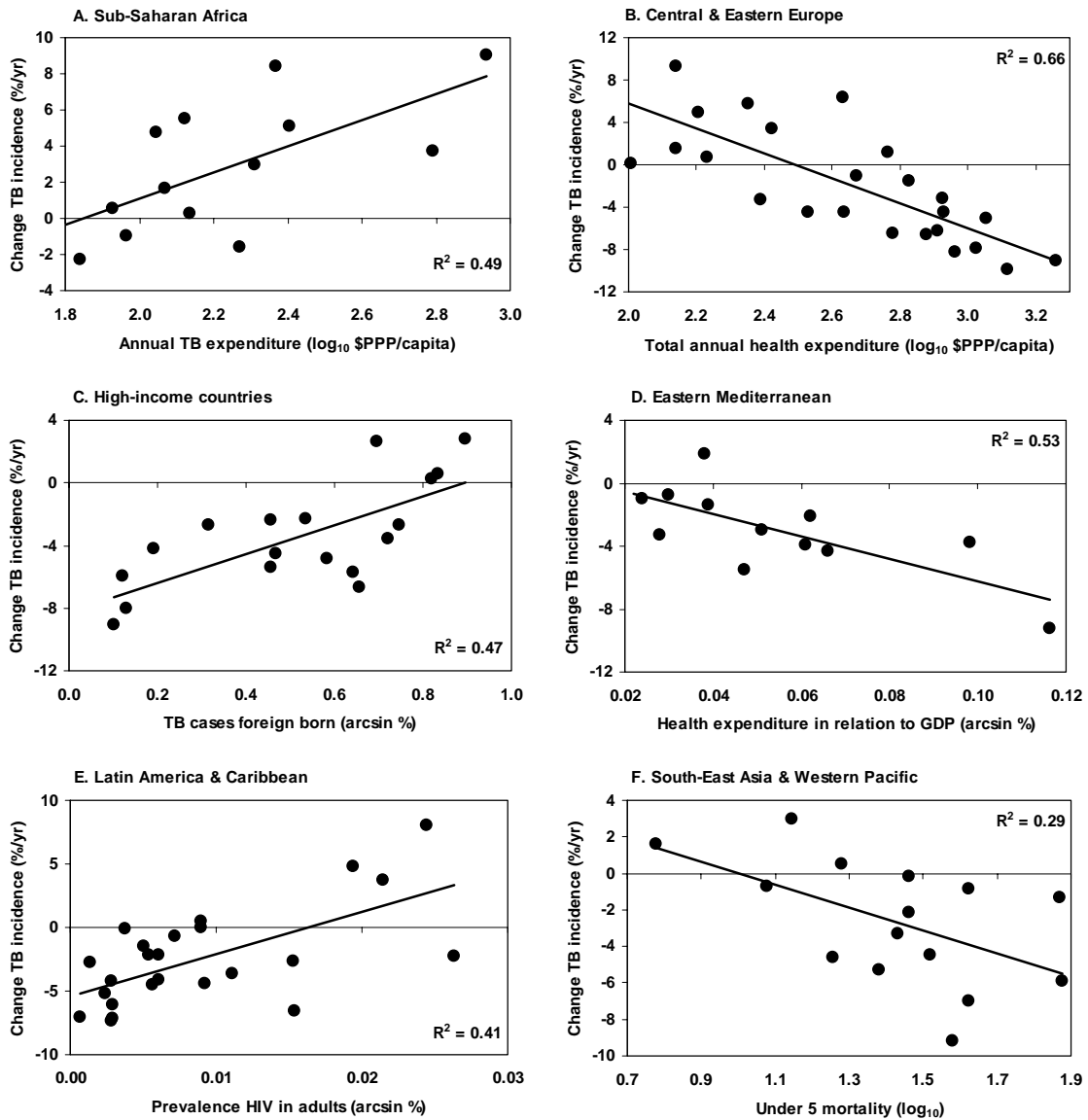


Figure S2. Variables that are associated with TB trends in 6 regions of the world, as judged by univariate linear regression (fitted lines).



Notes on Appendix A: exclusion of countries from association analyses

We excluded some countries from the analysis (indicated in column "Include=1" in Appendix A) because the trend in case notifications was judged to be different from the underlying trend in true incidence. As described in the main text, we used three criteria to exclude countries, where (a) three or more years of data were missing from the 10-year series (one or two missing values from the series for 22 countries were inserted by linear interpolation), (b) notifications were highly variable between years (standard error/mean $> 1/3$, usually an expression of unreliable notification systems), or (c) an upward trend is likely to have been affected by efforts to increase case detection, or to notify a higher proportion of detected cases.

While the exclusion of data generally weakens analysis of this kind we note, first of all that, among the countries that were excluded are those where an increase in case detection is associated with an increase in case notifications, the reverse of the expected effect (if notification trends represent incidence trends). So including such countries would obscure the expected effect, rather than enhance it.

Second, the outcome variable in this analysis is the number of notified TB cases (all clinical forms). Many national TB control programmes (NTPs) improved the detection of only smear-positive cases under DOTS (the emphasis of the strategy), not the total number of TB cases (our outcome variable), and only the smear-positive numbers have increased. India is an example (see Figure S3 below; where our outcome variable is the slope of the top line). So it is possible, in principle, to see improved case finding and its impact in the same country using different data.

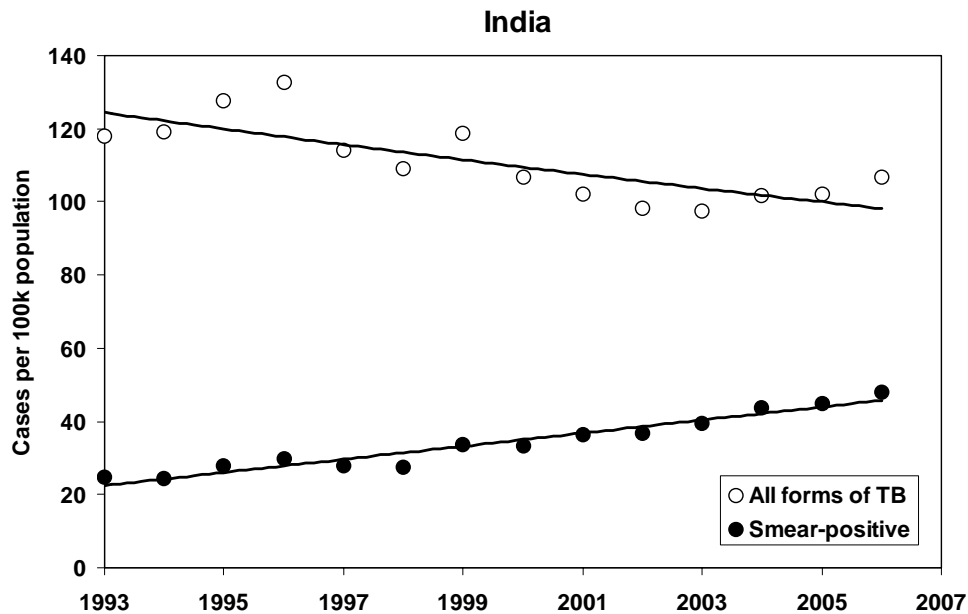


Figure S3. Trends in reported TB cases, smear-positive and all forms, in India 1993-2007.

We have also seen, in a few countries, associations between high rates of case detection or cure and falling incidence e.g. Morocco, Peru, Viet Nam (for some age groups) and several islands (Maldives, New Caledonia).

Further statistical analysis of the consequences of exclusion

To further explore the effects of including or excluding countries (besides Korea, mentioned in the text), we recalculated the univariate correlation coefficients for the full set of 172 countries (i.e. no exclusion) and compared the results obtained for 134 selected countries, as described in the main text.

For the larger set of countries there were 31 correlations that satisfied the criteria: $r^2 > 0.2$ with $p < 0.05$, as compared with 32 for the selected countries. The two sets had 24 significant correlations in common, and the values of r were very similar (see Figure S4 below). Results were nearly identical for the TB control variables except that TB expenditure/capita was significant in the African region with $n = 134$, but not with $n = 172$. We infer that the exclusion process is unlikely to have affected our main conclusions.

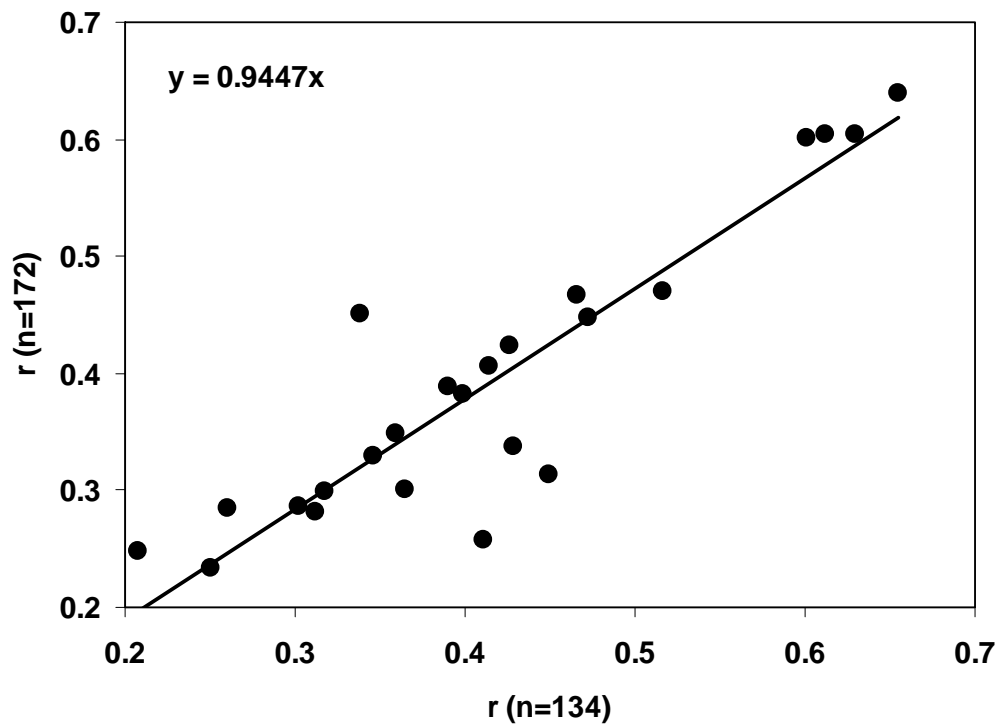


Figure S4. Univariate correlation coefficients for the full data set (n=172) versus a reduced data set (n=134).

Appendix A. Case notification rates, 1996–2006 (col D-N), and incidence trend estimates (col U)

Country	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	Missing values or zero cases	Number yrs	Stdev/mean %	Exact %/yearly	Include = 1 (guide)	Exact %/yr (included)	Est. Inc new TB 2006	Est. Inc new TB 2006	Region	
Alghanistan		7	16	16	34	47	62	60	76	87	98	Alghanistan	1	0	63	27.8	0	42.5	4		
Albania	24	21	22	24	20	18	19	17	17	16	15	Albania	0	10	15	-4.49	1	0.6	0.6	2	
Algeria	53	57	52	55	61	59	60	62	61	65	63	Algeria	0	10	7	1.94	1	18.7	18.7	1	
American Samoa	0	11	5	7	5	5	3	5	8	9	9	American Samoa	1	0	0	0	0	0.0	0.0	6	
Andorra	26	29	12	15	18	15	7	14	10	14	16	Andorra	0	10	39	-4.90	0	0.0	0.0	3	
Angola	122	116	108	105	115	152	204	238	227	231	305	Angola	0	10	39	12.31	0	45.4	45.4	1	
Anguilla	0	0	0	0	0	0	0	0	0	0	0	Anguilla	10	0	0	0	0	0.0	0.0	5	
Antigua & Barbuda	4	6	5	4	5	1	5	1	5	1	7	Antigua & Barbuda	1	0	0	0	0	0.0	0.0	5	
Argentina	38	35	34	33	32	31	31	28	28	25	24	Argentina	0	10	12	-4.09	1	15.2	15.2	5	
Armenia	29	33	47	48	43	45	47	51	55	73	59	Armenia	0	10	21	5.82	1	5.82	2.2	2.2	2
Australia	16	17	16	13	15	12	13	12	11	11	10	Australia	1	10	8	-0.70	1	1.3	1.3	3	
Austria	16	17	16	13	15	12	13	12	11	11	10	Austria	0	10	18	-5.42	1	0.9	0.9	3	
Azerbaijan	31	58	58	58	64	60	62	46	65	72	68	Azerbaijan	0	10	11	1.58	1	6.6	6.6	2	
Bahamas	21	30	25	25	27	15	14	12	17	10	10	Bahamas	2	0	0	0	0	0.1	0.1	5	
Bahrain	8	7	13	23	32	28	28	38	34	39	38	Bahrain	0	10	38	14.91	0	0.3	0.3	4	
Bangladesh	49	48	54	58	54	54	57	60	65	80	93	Bangladesh	0	10	22	5.85	1	350.6	350.6	6	
Barbados	1	2	2	1	1	2	2	7	7	2	2	Barbados	2	0	0	0	0	0.0	0.0	5	
Belarus	55	59	61	73	68	55	52	52	55	54	53	Belarus	0	10	12	-2.41	1	6.0	6.0	2	
Belgium	13	12	11	13	13	13	12	10	11	10	10	Belgium	0	10	10	-2.30	1	1.4	1.4	3	
Belize	45	47	53	44	43	54	53	38	31	37	30	Belize	0	10	21	-5.30	1	0.1	0.1	5	
Benin	36	34	34	36	37	37	37	37	38	39	41	Benin	0	10	6	1.65	1	7.9	7.9	1	
Bermuda	0	6	0	0	0	0	0	0	9	9	5	Bermuda	8	0	0	0	0	0.0	0.0	5	
Bhutan	250	224	244	216	204	181	194	169	159	158	141	Bhutan	0	10	18	-5.87	1	0.6	0.6	6	
Bolivia	133	126	127	121	122	124	118	111	109	106	96	Bolivia	0	10	9	-2.74	1	18.6	18.6	5	
Bosnia & Herzegovina	65	83	76	79	65	64	44	45	60	54	45	Bosnia & Herzegovina	0	10	24	-6.50	1	2.0	2.0	2	
Botswana	414	445	476	508	537	549	575	549	558	548	453	Botswana	0	4	9	-1.28	1	10.2	10.2	1	
Brazil	53	50	56	46	45	42	45	44	47	43	41	Brazil	0	10	10	-2.13	1	93.9	93.9	5	
British Virgin Islands	16	0	0	0	5	5	5	5	9	0	0	British Virgin Islands	4	0	0	0	0	0.0	0.0	5	
Brunei Darussalam	38	42	51	44	42	49	42	39	39	42	41	Brunei Darussalam	2	0	0	-1.56	1	3.1	3.1	2	
Burkina Faso	17	15	19	20	19	20	19	20	21	19	27	Burkina Faso	0	10	17	4.74	1	35.7	35.7	1	
Burundi	60	84	102	97	96	95	90	94	95	84	75	Burundi	0	8	9	-1.9	1	26.0	26.0	1	
Cambodia	127	130	138	154	148	147	186	209	225	255	244	Cambodia	0	10	25	7.94	1	71.1	71.1	6	
Cameroon	21	27	33	49	33	70	66	94	101	121	134	Cameroon	0	10	52	18.30	0	30.3	30.3	1	
Canada	6	7	6	6	5	5	5	5	5	5	3	Canada	0	10	20	-6.70	1	1.5	1.5	3	
Cape Verde	44	47	48	0	63	41	65	59	58	51	51	Cape Verde	2	0	0	0	0	0.9	0.9	1	
Cayman Islands	0	0	8	5	12	2	0	0	2	0	0	Cayman Islands	5	0	0	0	0	0.0	0.0	5	
Central African Republic	102	123	131	132	122	65	121	97	95	77	142	Central African Republic	1	0	0	0	0	12.8	12.8	1	
Chad	26	29	35	58	49	56	49	50	49	50	62	Chad	2	0	0	0	0	27.2	27.2	1	
Chile	29	26	24	23	20	19	16	14	17	13	15	Chile	0	10	24	-7.31	1	2.4	2.4	5	
China	41	38	36	36	36	37	36	47	61	68	71	China	0	10	31	8.32	1	1311.2	1311.2	6	
China, Hong Kong	103	111	118	85	90	101	92	86	81	81	75	China, Hong Kong	0	10	15	-4.00	1	5.2	5.2	6	
China, Macao SAR	136	136	108	105	102	104	85	80	66	75	78	China, Macao SAR	0	10	22	-6.51	1	0.4	0.4	6	
Colombia	25	20	23	27	28	27	26	27	25	23	24	Colombia	0	10	10	0.80	1	20.5	20.5	5	
Comoros	22	21	20	23	17	19	15	10	11	14	14	Comoros	0	10	26	-7.08	1	0.4	0.4	1	
Congo	156	116	127	161	288	296	294	226	276	273	230	Congo	0	10	31	8.16	1	12.9	12.9	1	
Cook Islands	0	0	6	18	13	13	7	0	7	7	7	Cook Islands	3	0	0	0	0	0.0	0.0	6	
Costa Rica	18	19	19	22	15	16	13	13	17	12	11	Costa Rica	0	10	23	-6.11	1	0.6	0.6	5	
Cote d'Ivoire	85	87	91	90	76	95	91	99	110	106	110	Cote d'Ivoire	0	10	11	2.94	1	69.1	69.1	1	
Croatia	47	44	46	39	36	31	32	30	26	23	23	Croatia	0	10	25	-8.22	1	1.8	1.8	2	
Cuba	13	12	11	10	11	8	8	7	7	7	7	Cuba	0	10	23	-7.09	1	7.0	7.0	5	
Cyprus	19	18	16	16	14	13	11	11	10	10	9	Cyprus	1	10	24	-5.04	1	0.0	0.0	2	
Czech Republic	9	11	10	11	11	9	8	7	7	7	6	Czech Republic	0	10	25	-8.04	1	1.0	1.0	3	
Denmark	519	577	551	583	544	562	418	416	372	387	368	Denmark	0	10	19	-5.38	1	6.4	6.4	1	
Djibouti	15	9	7	0	0	3	0	0	0	0	0	Djibouti	6	0	0	0	0	0.0	0.0	5	
Dominican Republic	77	65	61	67	61	54	45	51	49	53	47	Dominican Republic	0	10	14	-3.66	1	8.5	8.5	5	
DR Korea	50	50	54	149	127	173	179	190	181	188	173	DR Korea	1	10	53	26.72	0	42.1	42.1	6	
DR Congo	99	94	121	120	120	128	132	153	164	165	158	DR Congo	0	10	17	5.53	1	206.3	206.3	1	
Ecuador	72	80	60	47	56	48	46	50	47	34	35	Ecuador	0	10	26	-7.19	1	16.9	16.9	5	
Egypt	20	22	20	18	16	16	16	16	16	16	16	Egypt	0	10	14	-3.93	1	18.4	18.4	4	
El Salvador	29	28	28	27	24	23	24	21	27	24	21	El Salvador	0	10	11	-1.93	1	3.4	3.4	5	
Equatorial Guinea	82	91	101	0	0	0	0	113	0	0	0	Equatorial Guinea	6	0	0	0	0	1.1	1.1	1	
Eritrea	160	249	227	170	181	72	70	113	97	78	64	Eritrea	0	10	52	-14.43	0	4.4	4.4	1	
Estonia	48	53	59	55	58	52	46	41	40	36	31	Estonia	0	10	21	-6.64	1	0.5	0.5	2	
Ethiopia	67	92	106	107	131	131	151	157	160	157	151	Ethiopia	0	5	16	0.68	1	266.1	266.1	1	
Fiji	26	22	21	24	18	23	18	23	16	16	14	Fiji	0	10	18	-4.63	1	0.2	0.2	6	
Finland	13	11	12	11	10	9	9	8	6	6	5	Finland	0	10	27	-9.07	1	0.3	0.3	3	
France	13	12	10	10	10	10	10	10	8	8	8	France	0	10 not 06	11	-4.5	1	7.8	7.8	3	
French Polynesia	39	41	46	40	26	26	26	24	25	27	27	French Polynesia	0	10	29	-7.01	1	0.1	0.1	6	
Gabon	88	129	122	138	173	208	170	177	204	195	233	Gabon	0	10	21	6.30	1	4.6	4.6	1	
Gambia	103	109	121	113	117	121	126	128	126	108	108	Gambia	0	10 not 06	7	2.1	1	2.09	2.09	1	
Georgia	71	73	131	100	93	86	97	92	89	101	103	Georgia	0	8	25	0.7	1	3.8	3.8	2	
Germany	13	14	12	11	8	8	8	8	8	7	7	Germany	0	10	29	-9.27	1	6.4	6.4	3	
Ghana	57	57	59	53	54	58	56	55	54	54	54	Ghana	0	10	4	-0.63	1	46.7	46.7	1	
Greece	9	7	11	9	6	5	5	6	6	5	5	Greece	0	10	29	-5.73	1	1.8	1.8	3	
Grenada	0	2	2	5	0	1	2	2	2	2	2	Grenada	4	0	0	0	0	0.0	0.0	5	
Guam	0	0	0	0	35	40	32	13	30	37	26	Guam	4	0	0	0	0	0.1	0.1	6	
Guatemala	32	28	26	26	26	21	25	22	27	26	28	Guatemala	0	10	9	-0.04	1	10.3	10.3	5	
Guinea	58	57	60	64	66	70	73	76	84	76	76	Guinea	0	10 not 06	12	4.1	1	23.0	23.0	1	
Guinea-Bissau	137	115	65	87	93	100	108	110	118	111	130										

Maldives	84	67	67	57	48	50	44	48	41	41	33	Maldives	0	10	22	-6.99	1	-6.99	0.1	0.1	6
Mali	41	42	44	46	42	42	42	41	40	40	42	Mali	0	10	4	-0.86	1	-0.86	33.5	33.5	1
Marshall Islands	115	95	79	65	106	95	110	211	196	238	Marshall Isl	0	9 not 06	36	0.6	0	0.59	0.0	0.0	3	
Mauritania	168	161	149	146	120	110	115	73	89	Mauritania	3						0	9.3	9.3	1	
Mauritius	10	11	10	13	13	10	12	11	11	10	9	Mauritius	0	10	12	-1.65	1	-1.65	0.8	0.8	1
Mexico	22	25	22	20	18	19	17	17	15	18	17	Mexico	0	10	16	-4.21	1	-4.21	22.5	22.5	5
Micronesia	117	99	114	100	85	97	118	91	108	89	94	Micronesia	0	10	11	-0.87	1	-0.87	0.1	0.1	6
Monaco	0	0	0	0	0	0	0	0	0	0	0	Monaco	10	10	16	4.40	1	4.40	0.0	0.0	3
Mongolia	169	148	119	136	126	142	153	155	178	179	194	Mongolia	0	10	16	4.40	1	4.40	4.9	4.9	6
Montenegro			15	35	0	0	0	20	0	26	28	Montenegro	9					0	0.2	0.2	5
Montserrat										18		Montserrat	6					0	0.0	0.0	5
Morocco	116	109	103	105	100	97	101	90	86	86	85	Morocco	0	10	9	-2.93	1	-2.93	28.8	28.8	4
Mozambique	112	112	114	116	116	118	133	146	155	162	168	Mozambique	0	10	16	5.10	1	5.10	90.4	90.4	1
Myanmar	51	39	33	43	67	92	122	161	203	223	253	Myanmar	0	10	66	24.81	0		82.7	82.7	6
Namibia	565	568	620	545	575	683	684	736	754	739		Namibia	0	10 not 06	12	3.7	1	3.70	13.6	13.6	1
Nauru			20	40	30	50	30	50	30	109	118	Nauru	4					0	0.0	0.0	6
Nepal	103	106	103	115	121	118	119	119	120	123	118	Nepal	0	10	6	1.46	1	1.46	48.8	48.8	6
Netherlands	11	9	9	9	8	9	8	8	8	7	6	Netherlands	0	10	12	-3.56	1	-3.56	1.1	1.1	3
Netherlands Ant	3	8	4	2	3	5	8	5	6	6	3	Netherlands	1					0	0.0	0.0	5
New Caledonia	53	44	44	37	44	28	29	17	26	21	20	New Caledo	0	10	34	-10.04	0	-10.04	0.1	0.1	6
New Zealand	9	9	10	12	9	10	8	10	9	8	8	New Zealand	0	10	12	-1.60	1	-1.60	0.4	0.4	3
Nicaragua	63	58	53	51	47	47	40	43	41	35	36	Nicaragua	0	10	16	-5.23	1	-5.23	3.2	3.2	5
Niger			40	49	36	42	44	43	57	53	59	Niger	1	9 not 06	17	4.6	1	22.9	22.9	1	
Nigeria	13	14	17	20	21	36	29	33	41	44	49	Nigeria	0	10	40	13.63	0		390.5	390.5	1
Niue	91	0	0	51	0	0	228	0	0	0	0	Niue	7					0	0.0	0.0	6
Northern Marian	85	149	150	99	109	81	72	59	68	71		Northern Ma	0	10 not 06	36	-7.9	0				
Norway	5	5	5	5	5	5	5	7	8	6	6	Norway	0	10	13	2.80	1	2.80	0.2	0.2	3
Oman	13	13	12	11	13	12	12	10	12	10	13	Oman	0	10	10	-0.74	1	-0.74	0.3	0.3	4
Pakistan	3	65	15	8	23	35	46	65	87	110	Pakistan	1					0	291.7	291.7	4	
Palau	29	83	169	159	151	143	137	117	123	123	124	Palau	3					0	0.0	0.0	6
Panama	48	53	50	48	40	57	51	52	54	51	50	Panama	0	10	9	0.47	1	0.47	1.5	1.5	5
Papua New Guir	66	161	221	248	195	229	198	221	215	207	203	Papua New	0	10	11	0.71	1	15.5	15.5	6	
Paraguay	42	39	36	40	36	38	38	40	35	38	38	Paraguay	0	10	4	-0.09	1	-0.09	4.3	4.3	5
Peru	172	171	175	159	151	143	137	117	123	123	124	Peru	0	10	15	-4.52	1	-4.52	45.7	45.7	5
Philippines	236	273	222	195	157	138	148	164	158	162	171	Philippines	0	10	23	-4.44	1	-4.44	249.1	249.1	6
Poland	40	74	87	85	75	64	69	76	72	78	86	Poland	0	10	19	-6.20	1	-6.20	9.5	9.5	2
Portugal	52	51	52	45	41	42	42	37	34	31	30	Portugal	0	10	18	-5.94	1	-5.94	3.4	3.4	3
Puerto Rico	6	7	5	5	5	3	3	3	3	3	3	Puerto Rico	0	10	35	-9.77	0	-9.77	0.2	0.2	5
Qatar	48	38	44	44	45	44	40	38	36	41	41	Qatar	0	10	8	-0.96	1	-0.96	0.5	0.5	4
Rep. of Korea	87	73	75	69	74	79	74	71	72	80	79	Rep. of Kore	0	10	5	0.74	1	0.74	48.0	48.0	6
Republic of Mold	67	68	62	65	71	88	93	91	122	133	130	Republic of	0	10	30	9.26	1	9.26	5.5	5.5	2
Romania	107	106	115	117	124	130	136	130	132	121	113	Romania	0	10	8	-4.4	1	-4.42	27.5	27.5	2
Russian Federat	75	80	75	91	95	90	88	85	84	89	96	Russian Fed	0	10	7	1.23	1	1.23	183.7	183.7	2
Rwanda	60	74	87	85	75	64	69	76	72	78	86	Rwanda	0	10	10	-0.07	1		32.6	32.6	1
Saint Kitts & Ne	7	27	11	7	0	4	6	2	4	0	0	Saint Kitts &	2					0	0.0	0.0	5
Saint Lucia	24	15	13	11	6	10	11	9	9	9	9	Saint Lucia	0	10 not 06	26	-8.3	1		0.0	0.0	5
Samoa	18	19	13	18	24	12	17	15	19	13	13	Samoa	0	10	23	-2.14	1	-2.14	0.0	0.0	6
San Marino	0	4	0	0	4	0	4	3	0	0	0	San Marino	6					0	0.0	0.0	3
Sao Tome & Pric		78	70	69	68	65	310	81	89	99	Sao Tome &	2					0	0.2	0.2	1	
Saudi Arabia	16	16	17	17	16	15	15	14	15	14	15	Saudi Arabi	1	10	6	-1.42	1	-1.42	10.6	10.6	4
Senegal	92	87	86	74	82	81	77	84	79	83		Senegal	0	10 not 06	5	-1.0	1	-0.99	31.4	31.4	1
Serbia	37	37	28	24	27	42	40	37	34	33	21	Serbia	0	10	22	-1.01	1		3.2	3.2	1
Seychelles	20	23	14	26	25	23	35	12	21	16		Seychelles	0	10 not 06	32	-1.3	1		0.0	0.0	1
Sierra Leone	78	75	76	90	83	99	97	102	106	121	140	Sierra Leon	0	10	21	6.58	1	6.58	29.7	29.7	1
Singapore	54	53	56	46	43	37	36	37	33	31	30	Singapore	0	10	22	-6.84	1	-6.84	1.1	1.1	3
Slovakia	28	24	24	20	19	18	18	17	12	13	12	Slovakia	0	10	24	-7.84	1	-7.84	0.8	0.8	2
Slovenia	29	24	23	21	19	18	17	14	12	13	10	Slovenia	0	10	27	-9.10	1	-9.10	0.3	0.3	2
Solomon Islands	80	83	75	71	73	68	58	65	74	84	77	Solomon Isl	0	10	11	-0.15	1	-0.15	0.7	0.7	6
Somalia	62	69	65	70	81	94	99	120	148	157	140	Somalia	0	10	33	10.61	0		18.4	18.4	1
South Africa	258	291	323	331	333	322	462	483	562	564	628	South Africa	0	10	29	9.04	1	9.04	442.8	442.8	1
Spain	21	24	23	21	20	17	18	17	14	17	18	Spain	0	10	16	-4.22	1	-4.22	11.9	11.9	3
Sri Lanka	29	36	37	38	45	40	47	45	48	44	51	Sri Lanka	0	10	11	2.96	1	2.96	11.6	11.6	6
St Vincent & Gre	5	5	7	8	14	9	12	7	6	7	6	St Vincent &	0	10	32	2.52	1		0.0	0.0	5
Sudan	67	67	70	82	74	70	71	71	74	75	77	Sudan	0	10	6	0.55	1	0.55	87.8	87.8	1
Suriname	13	18	27	22	20	17	22	21	22	26		Suriname	0	10 not 06	12	4.8	1	4.78	0.3	0.3	5
Swaziland	242	303	358	401	555	569	619	703	724	717	730	Swaziland	0	5	29	3.5	1	3.49	13.1	13.1	1
Sweden	6	5	5	5	4	4	4	5	6	5	5	Sweden	0	10	11	0.30	1	0.30	0.5	0.5	3
Switzerland	11	10	10	10	7	7	8	8	7	7	6	Switzerland	0	10	20	-5.68	1	-5.68	0.5	0.5	3
Syrian Arab Rep	35	32	34	34	31	29	27	25	23	20	20	Syrian Arab	0	10	17	-5.53	1	-5.53	6.3	6.3	4
Tajikistan	28	36	41	42	45	56	64	67	70	83	81	Tajikistan	0	10	29	9.79	1	9.79	13.5	13.5	2
TFYR Macedoni	37	35	31	28	32	32	34	32	32	29	28	TFYR Mace	0	10	8	-1.09	1	-1.09	0.6	0.6	2
Thailand	69	51	27	49	56	81	80	88	88	92	89	Thailand	0	5	32	2.4	1	90.3	90.3	6	
Timor-Leste												Timor-Leste	6					0	6.2	6.2	6
Togo	35	33	25	24	26	27	29	31	36	41	44	Togo	0	10	22	5.18	1	24.9	24.9	1	
Tokelau	0	0	0	0	0	0	0	0	0	0	0	Tokelau	10	0				0	0.0	0.0	6
Tonga	23	21	31	22	24	12	29	16	12	18	18	Tonga	0	10	31	-5.26	1	-5.26	0.0	0.0	6
Trinidad & Tob	16	20	15	12	15	16	10	11	13	13	13	Trinidad & T	0	10	21	-2.23	1	-2.23	0.1	0.1	5
Tunisia	26	25	24	23	21	20	19	20	20	21	21	Tunisia	0	10	9	-2.13	1	-2.13	2		

Appendix B. Independent variable (col F) and 32 explanatory variables (raw data)

Country	Subregion code	Change in %/yr 97-06 exact	Change in %/yr 2005	Change GDP %/yr	Poverty % below \$1/day	Poverty % below \$2/day	Gini index	Pop pop 15+	Urban (%)	Prevalence smoking M	Prevalence smoking F	Prevalence DM %	Prevalence undernrim %	Adult ill prev %	MI prev in adult incident TB case %	Per capita total expenditure on health PPP 2004	Per capita government expenditure on health PPP 2004	Total exp health as % GDP	Temperature	Temperaturebase	Health workers/1000 population	Change USM %/yr 1990-2005	ForeignTB %	Direction of new cases %	Direction new cas+ cases %/yr	Treatment success %	Direction of new * treat success	Direction sm * treat success	Improved water supply %	Improved sanitation %	Human Dev Index 2006	Corruption Perception Index	Social rule use	
Botswana	1	-1.3	15005	7.95	28	55.5	60.5	0.64	57.4		8.17	5.2	3.7	15	2011	10.96	76.5	41.9	6.1	110.6	420.1	0.3	5.03	120	79.9	78.9	69.9	55.8	55.1	38	61	0.654	5.4	0.51
Burkina Faso	1	4.7	1314	4.85	27.2	71.8	39.5	0.54	18.3	20.30		1.7	66	3.299	16.81	16.2	4.2	3.2	187.0	214.3	0.3	-0.63	191	10.6	16.8	71.5	7.5	12.0	69	79	0.37	2.9	0.0975	
Burundi	1	-1.6	635	1.44	54.6	87.6	42.4	0.55	10			2.72	3.7	26	5.429	25.62	82.7	23.1	15.1	5.2	380.5	288.9	0.48	149	77.4	105.5	73.7	57.0	77.7	52	75	0.532	2.4	0.83
Cameroon	1	1150	0.43	66.6	64	61.3	0.57	38	4.4			4.4	44	10.734	41.91	54.3	20	4.1	75.6	95.1	0.97	193	45.5	79.4	64.9	29.5	51.5	19	42	0.384	2	0.0975		
Central African R	1	2108	3.17	17.1	50.6	44.6	0.58	54.6	12.92	2.72		2.72	3.7	26	5.429	25.62	82.7	23.1	15.1	5.2	380.5	288.9	0.48	149	77.4	105.5	73.7	57.0	77.7	52	75	0.532	2.4	0.83
Chad	1	1782	8.35					0.54	25.3	14.02	2.16		3.6	35	3.515	17.94	41.7	13.4	2.2	112.0	0.2	0.04	208						58	38	0.88	1.8	0.0975	
Congo	1	1356	3.12					0.58	60.2	12.30	0.80		5	33	5.274	25.04	30.1	14.8	2.5			-0.13	108	63.5	59.1	28.1	17.9	16.6	69	84	0.548	2.1	0.84	
Cote d'Ivoire	1	2.9	1644	0.40	14.8	48.8	44.6	0.58	45	15.42	1.73	4.6	13	5.034	24.13	63.6	15.1	3.8	204.5	188.6	1.51	196	28.9	42.8	75.0	21.7	32.1	43	46	0.432	2.1	0.74		
DR Congo	1	5.5	738	0.97				0.53	32.1	13.83	1.58	3	74	3.273	16.69	15.3	4.3	4	132.6	78.6		205	44.5	70.1	84.9	37.8	59.5		58	38	0.411	1.9	0.14	
Equatorial Guinea	1	2026	19.68					0.58	38.9		0.62	2.3	46	3.204	16.57	22.32	17.2	1.6				1.29	205						23	22	0.642	1.9		
Ethiopia	1	0.0	990	3.62				0.56	16	5.79	0.62	2.3	46	1.944	10.63	21.1	10.9	5.3	60.4	37.7	0.2	-1.45	164	45.2	31.1	78.0	35.2	24.3	46	61	0.406	2.4	0.0975	
Gabon	1	6.3	7216	-0.06	23	77.8	30	0.64	83.6			4.9	5	7.882	33.92	26.2	181.7	4.5			-0.08	91	63.3	57.9	46.4	29.4	26.8	45	61	0.677	3.3	0.28		
Kenya	1	8.4	1258	3.05	22.8	58.3	42.5	0.57	20.7	24.12	1.65	3.3	31	6.09	28.01	85.6	36.5	4.1	234.0	78.1	1.48	120	91.1	78.6	82.4	75.1	64.7	79	92	0.521	2.1	0.81		
Lesotho	1	6.3	2132	2.19	36.4	56.1	63.2	0.60	18.7			3.8	13	23.243	64.50	136.5	116.6	6.5			-0.84	132	93.3	78.5				55	61	0.549	3.3	0.83		
Liberia	1	968	5.89					0.53	58.1			4.6	50	3.36	17.26	22.2	14.2	5.6	200.8	192.1		235	42.5	63.6	76.0	32.3	48.3	40	73	0.21	2.1			
Malawi	1	-0.7	645	1.69	20.8	62.9	39	0.53	17.2	19.30	4.03	2.1	35	14.091	49.60	57.8	43.2	12.9				-3.40	125	47.0	38.0	73.2	34.4	27.8	36	43	0.437	2.7	0.0975	
Mozambique	1	5.1	1381	7.87	36.2	74.1	47.3	0.56	34.5	21.40	3.22	3.7	44	14.502	50.44	42	28.7	4	253.3	150.9	0.3	-3.12	145	37.4	48.4	79.4	29.7	38.4	57	67	0.384	2.8	0.8	
Namibia	1	3.7	7898	4.58	34.9	55.8	74.3	0.61	35.1	30.98	9.32	4.2	24	17.607	56.18	40.7	28.1	6	618.3	84.2		-2.18	62	100.2	95.1	74.6	74.8	71.0	49	48	0.65	4.5	0.95	
Nigeria	1	1148	4.16	70.8	92.4	43.7	0.56	48.2	11.66	0.85	4.5	9	3.859	19.41	52.7	16.1	4.6	67.1	141.0	1.5	-1.12	194	17.6	23.3	74.9	13.2	17.4	59	74	0.47	2.2	0.67		
Rwanda	1	1350	3.67	60.3	97.8	46.8	0.57	19.3				1.5	33	3.07	15.97	125.9	71.5	7.5	56.9	40.0	0.2	1.11	203	23.7	29.4	62.9	19.6	24.4	83	88	0.452	2.8	0.0975	
South Africa	1	9.0	12063	4.41	10.7	34.1	57.8	0.58	59.3	27.06	8.86	4.4	2	18.785	58.12	748	30.2	8.6	865.8	152.0	4.6	0.81	68	61.5	72.3	71.4	43.9	51.6	62	67.4	5.1	0.18		
Swaziland	1	3.5	5120	2.59	47.7	77.8	50.4	0.60	24.1	11.92	2.14	4	22	33.385	79.04	387.2	234.3	6.3				3.4	2.53	160	60.8	48.2	42.5	25.8	20.5	44	60	0.547	3.3	
Uganda	1	1551	1380	3.67	60.3	97.8	46.8	0.57	19.3			1.5	33	3.07	15.97	125.9	71.5	7.5	56.9	40.0	0.2	1.11	203	23.7	29.4	62.9	19.6	24.4	83	88	0.452	2.8	0.0975	
UR Tanzania	1	0.3	749	5.65	57.8	88.9	34.6	0.56	24.2	21.20	3.28	2.9	44	6.487	29.29	28.5	12.4	0	137.1	86.1	0.4	-1.78	122	46.7	46.7	38.3	38.4	50	58	0.467	3.2	0.025		
Zambia	1	0.0	1016	4.03	63.8	87.2	50.8	0.54	35	17.04	3.47	3.8	46	16.957	55.06	62.8	34.4	6.3			0.08	182	71.1	52.4	83.9	59.6	44.0	78	81	0.434	2.7	0.85		
Zimbabwe	1	-1.9	2494	2.49	56.1	83	50.1	0.60	16.0			4.7	20	20.116	60.17	62.8	34.4	6.3			1.80	180	51.6	42.1	67.8	39.6	25.4	81	85	0.513	3.1	0.8		
Algeria	1	1.9	7376	4.93				0.52	16.1	33.30	0.27	8.4	4	0.09	0.54	166.9	121.1	3.6			-3.78	39	110.1	101.6	86.9	95.6	88.3	36	53	0.733	3	0.025		
Angola	1	2975	6.87					0.54	53.3		3.3	3.3	35	3.681	18.65	37.5	29.8	1.9				-1.38	260	78.9	79.0	72.2	57.0	57.0	63	67	0.446	2.2	0.0975	
Benin	1	1.7	1347	3.42	30.9	73.7	36.5	0.56	40.1		0.60	4.4	12	1.791	9.86	40.4	20.7	4.9	117.1	302.1		-3.55	150	44.1	83.8	66.7	36.2	72.7	60	60	0.437	2.7	0.95	
Cape Verde	1	6797	8.29					0.56	57.3		10.43												28.9	33.3	64.4	16.6	21.5		48	6	0.736	4.9	0.36	
Comoros	1	-7.1	1998	2.32				0.58	37	23.08	10.44			0.03	0.18	24.9	14.2	2.8			-3.59	71	30.4	41.6	91.4	27.8	38.0			57	6	0.561	2.6	0.76
Djibouti	1	2434	2.55					0.62	86.1		11.33	2.3	75	3.108	16.13	87.2	60.3	6.3			-1.56	133	44.3	41.2	79.6	35.2	32.7	43	60	0.516	2.9	0.08		
Eritrea	1	976	0.79					0.57	19.4	16.11	10.43			2.364	12.68	7.48	10.7	4.5			-4.11	78	66.9	34.7	88.1	58.9	30.5	8	82	0.483	2.8	0.8		
Gambia	1	2.1	2038	3.60	59.3	82.9	50.2	0.59	53.9	27.76	2.30	4.1	29	2.442	13.06	87.5	23.7	6.8			-1.17	137	43.2	65.8	48.8	21.1	32.1	55	75	0.502	2.3	0.28		
Ghana	1	-0.6	2605	4.40	44.8	78.5	40.8	0.61	47.8	8.22	0.65	4.2	11	2.273	12.25	94.7	40	6.7	58.0	105.8	0.9	-0.59	112	25.6	37.6	72.6	16.6	27.4	44	50	0.553	3.7	0.88	
Guinea	1	4.1	2357	2.50				0.57	33			4.1	24	1.517	8.46	95.6	12.6	5.3			0.6	-0.38	150						69	45	0.456	1.9	0.0975	
Guinea-Bissau	1	740	-2.63					0.53	29.6			3.8	39	3.79	19.12	28.4	7.8	4.8			-1.56	200	57.9	67.0	69.2	40.1	46.4	40	46	0.374	2.2	0.2		
Madagascar	1	844	2.01	61	85.1	47.5	0.56	26.8				3	38	0.514	3.01	28.9	17.1	3	50.8	49.8	0.4	-2.24	119	43.8	73.2	74.5	32.6	54.5	34	50	0.533	3.2	0.0975	
Mali	1	-2.2	1230	4.68	36.1	72.1	40.1	0.52	30.5	19.21	2.48	4.1	29	1.734	9.57	54	26.6	6.6	69.5	200.0	0.2	-0.93	218	14.2	25.5	75.3	10.7	19.2	38	53	0.38	2.7	0.0975	
Mauritania	1	2225	4.05	25.9	63.1	39	0.60	40.4	23.07	3.65	4.6	10	0.681	3.95	42.9	23.8	2.9				-0.43	125	27.0	35.9	54.6	14.8	19.6	100	100	0.55	2.6	0.65		
Miuruis	1	-1.7	12537	5.31				0.76	42.4	36.15	1.14	11.1	5	0.35	4.21	51.61	282.4	4.3				-2.89	15	14.7	25.2	86.4	12.7	21.8	39	46	0.804	4.7	0.025	
Niger	1	919	2.40	60.6	85.8	50.5	0.52	16.8				3.7	32	1.102	8.27	25.9	13.6	4.2			0.3	-1.49	258						46	37.4	2.6	0.0975		
Sao Tome & Pric	1	1568	3.77					0.65				4.6	20	0.912	5.23	141.4	121.8	11.5				-0.56	118		95.9			65	76	0.49	3.6	0.95		
Senegal	1	-1.0	1920	4.19	17	56.2	41.3	0.61	41.6	19.88	1.30	4.6	20	0.912	5.23	141.4	12																	

Appendix B. Independent variable (col F) and 32 explanatory variables (transformed data)

Country	Subregion code	Year	change GDP %/yr	Poverty % below \$1/day	Poverty % below 2\$/day	GIN index	Pop pop 15+	Urban (%)	Prevalence anemia %	Prevalence smoking F	Prevalence DM %	Prevalence tuberculosis %	Adult HIV prev %	HIV prev in adult incident TB cases %	Per capita total population on health SPP 2004	Per capita government expenditure on health SPP 2004	Total exp health as % GDP	TB expenditure/cap	TB expenditure/case	Health workers/1000 population	Change US\$/yr 1990-2005	LDI 2005	ForeignTB %	Detection of new cases %	Detection new est+ cases %/yr	Treatment success %	Detection of new + treatment success	Improved water supply %	Improved sanitation %	Human Dev Index 2005	Conception Prevalence	Solid fuel use	
Botswana	1	4.18	7.95	0.28	0.59	0.65	0.01	0.61	0.05	0.33	0.28	0.77	2.70	2.50	0.06	0.06				5.03	2.08	0.93	0.91	0.77	0.59	0.58	0.58	0.32	0.66	0.007	0.054	0.0051	
Burkina Faso	1	3.12	4.85	0.28	0.80	0.41	0.01	0.18	0.04	0.15	0.02	0.11	1.88	1.62	0.06		2.04	2.62	0.30	0.63	2.28	0.11	0.17	0.80	0.08	0.12	0.76	0.91	0.004	0.029	0.010		
Burundi	1	2.80	1.44	0.58	1.07	0.44	0.01	0.10	0.02	0.72	0.03	0.17	1.21	0.62	0.03		2.27	2.33	0.30	0.63	2.28	0.23	0.27	0.90	0.18	0.21	0.52	0.72	0.004	0.025	0.0010		
Cameroon	1	3.32	3.17	0.17	0.53	0.46	0.01	0.58	0.13	0.03	0.04	0.26	0.05	0.26	1.92	1.36	0.05	2.58	2.46	0.00	0.48	2.17	0.89	0.83	0.61	0.89	0.55	0.85	0.005	0.024	0.0083		
Central African Rep	1	3.06	0.43	0.73	1.00	0.66	0.01	0.39	0.04	0.46	0.11	0.43	1.73	1.30	0.04		1.88	1.98	0.00	0.97	2.29	0.47	0.92	0.71	0.30	0.54	0.15	0.43	0.004	0.020	0.010		
Chad	1	3.25	8.35					0.26	0.14	0.02	0.04	0.36	0.04	0.18	1.62	1.19	0.04	1.85	2.04	0.20	0.44	2.32					0.62	0.04	0.018	0.0010			
Congo	1	3.13	3.12					0.65	0.12	0.01	0.05	0.34	0.05	0.25	1.48	1.17	0.03				-0.13	2.03	0.69	0.63	0.29	0.18	0.17	0.76	1.00	0.005	0.021	0.0084	
Cote d'Ivoire	1	3.22	0.40					0.47	0.15	0.02	0.05	0.13	0.05	0.24	1.80	1.18	0.04				1.51	2.29	0.29	0.44	0.85	0.22	0.33	0.44	0.48	0.004	0.021	0.0074	
DR Congo	1	2.90	0.97	0.15	0.51	0.46	0.01	0.33	0.14	0.02	0.03	0.83	0.03	0.17	1.18	0.63	0.04				2.12	1.90	0.46	0.78	1.01	0.39	0.64	0.04	0.019	0.0014			
Equatorial Guinea	1	4.31	19.68					0.40				0.03	0.17	2.35	2.24	0.02				1.29	2.31						0.23	0.22	0.006	0.019			
Ethiopia	1	3.00	3.62	0.23	0.89	0.30	0.01	0.16	0.06	0.01	0.02	0.48	0.02	0.11	1.32	1.04	0.05	1.78	1.58	0.20	-1.45	2.21	0.47	0.32	0.89	0.36	0.25	1.08	0.004	0.024	0.0010		
Gabon	1	3.86	-0.06					0.09				0.05	0.05	0.35	2.42	2.26	0.05				-0.08	1.96	0.69	0.62	0.48	0.30	0.27	0.47	0.66	0.007	0.033	0.0028	
Kenya	1	3.10	3.05	0.23	0.62	0.44	0.01	0.21	0.24	0.02	0.03	0.32	0.06	0.28	1.93	1.56	0.04	2.37	1.89		1.48	2.08	1.15	0.90	0.97	0.85	0.70	0.91	0.005	0.021	0.0081		
Lesotho	1	3.33	2.19	0.37	0.60	0.68	0.01	0.19	0.04	0.13	0.23	0.70	2.14	2.07	0.07						-0.84	2.12					0.58	0.66	0.005	0.033	0.0083		
Liberia	1	2.99	5.89					0.62				0.05	0.52	0.03	0.17	1.35	1.15	0.06	2.30	2.28				0.44	0.69	0.86	0.33	0.50	0.04	0.021			
Malawi	1	2.81	1.69	0.21	0.68	0.40	0.01	0.17	0.19	0.04	0.02	0.36	0.14	0.52	1.76	1.64	0.13				0.30	-3.40	2.10	0.49	0.39	0.82	0.35	0.28	0.37	0.44	0.004	0.027	0.0010
Mozambique	1	3.14	7.87	0.37	0.83	0.49	0.01	0.35	0.22	0.03	0.04	0.46	0.15	0.53	1.62	1.46	0.04	2.40	2.18	0.30	-3.12	2.16	0.38	0.50	0.52	0.30	0.39	0.61	0.06	0.004	0.028	0.0080	
Namibia	1	3.90	4.58	0.36	0.59	0.84	0.01	0.36	0.31	0.09	0.04	0.24	0.18	0.60	2.61	2.45	0.07	2.79	1.93		-2.18	1.79	1.25	0.84	0.85	0.79	0.51	0.50	0.007	0.045	0.0096		
Nigeria	1	3.06	4.16	0.79	1.18	0.45	0.01	0.50	0.12	0.01	0.05	0.09	0.04	0.20	1.72	1.21	0.05	1.83	2.15	1.50	-1.12	2.29	0.18	0.24	0.85	0.13	0.18	0.63	0.83	0.005	0.022	0.0067	
Rwanda	1	3.13	3.67	0.65	1.07	0.49	0.01	0.19	0.02	0.34	0.03	0.16	2.10	1.85	0.08						1.11	2.31	0.24	0.30	0.98	0.20	0.25	0.88	1.08	0.005	0.028	0.010	
South Africa	1	4.08	4.41	0.11	0.35	0.62	0.03	0.27	0.09	0.04	0.02	0.19	0.62	2.87	2.48	0.09	2.94	2.18	0.40	0.81	1.83	0.66	0.81	0.79	0.45	0.54	0.67	0.07	0.021	0.0018			
Swaziland	1	3.71	2.59	0.50	0.89	0.53	0.01	0.24	0.12	0.02	0.04	0.22	0.34	0.85	2.56	2.37	0.06				3.40	2.53	2.20	0.65	0.50	0.44	0.26	0.21	0.46	0.64	0.005	0.033	
Zambia	1	4.19	4.38	0.67	0.65	0.57	0.01	0.13	0.17	0.02	0.01	0.07	0.30	1.85	1.68	0.06				1.76	1.60	0.46	0.82	0.46	0.67	0.34	0.48	0.67	0.005	0.048	0.0010		
UR Tanzania	1	2.87	5.65	0.62	1.12	0.35	0.01	0.24	0.21	0.03	0.03	0.46	0.06	0.30	1.45	1.09	0.04	2.14	1.94	0.40	-1.78	2.09	0.48	0.49	0.96	0.39	0.39	0.52	0.62	0.005	0.032	0.0003	
Zimbabwe	1	3.01	4.03	0.69	1.06	0.53	0.01	0.36	0.17	0.03	0.04	0.48	0.17	0.58	1.80	1.54	0.06				0.08	0.08	2.26	0.79	0.55	1.00	0.64	0.46	0.89	0.94	0.004	0.027	0.0085
Algeria	1	3.87	4.93	0.02	0.15	0.36	0.01	0.69	0.32	0.00	0.08	0.04	0.00	0.01	2.22	2.08	0.04				0.60	1.80	0.62	0.43	0.74	0.41	0.29	1.22	1.02	0.005	0.047	0.0003	
Angola	1	3.47	6.87					0.01	0.56			0.03	0.36	0.04	0.19	1.57	1.47	0.02			2.41	0.91	0.91	0.81	0.61	0.61	0.61	0.68	0.73	0.004	0.022	0.0010	
Benin	1	3.13	3.42					0.01	0.41			0.04	0.12	0.02	0.10	1.61	1.32	0.05			-1.39	2.16	0.46	0.89	1.05	0.39	0.81	0.76	0.004	0.027	0.0095		
Cape Verde	1	3.83	6.29					0.61				0.05	2.23	2.05							-3.55	1.54	0.29	0.34	0.70	0.19	0.22	0.007	0.049	0.0036			
Comoros	1	3.30	2.32					0.01	0.38	0.23	0.10										-3.59	1.85	0.31	0.43	1.15	0.28	0.39	0.006	0.026	0.0076			
Djibouti	1	3.38	2.55					0.03	0.03	0.16	0.04	0.03	0.16	1.94	1.78	0.06				-1.56	2.12	0.46	0.42	0.92	0.36	0.33	0.44	0.64	0.005	0.029	0.0066		
Eritrea	1	2.99	0.79					0.01	0.20	0.16	0.01	0.02	0.85	0.02	0.13	1.44	1.03	0.05			-4.11	1.89	0.73	0.35	1.08	0.63	0.31	0.96	0.005	0.028	0.0080		
Gambia	1	3.31	3.60	0.63	0.98	0.53	0.01	0.57	0.28	0.02	0.04	0.29	0.02	0.13	1.94	1.37	0.07				-1.17	2.14	0.45	0.72	0.51	0.21	0.33	0.58	0.85	0.005	0.023	0.0028	
Ghana	1	3.42	4.40	0.46	0.90	0.42	0.01	0.50	0.08	0.01	0.04	0.11	0.02	0.12	1.88	1.60	0.07	1.76	2.02	0.30	-0.59	2.05	0.26	0.39	0.81	0.19	0.28	0.46	0.52	0.006	0.037	0.0088	
Guinea	1	3.37	2.50					0.04	0.24	0.02	0.08	0.38	1.88	1.10	0.05						3.01	2.18						0.63	0.005	0.019	0.0010		
Guinea-Bissau	1	2.87	-2.63					0.04	0.40	0.04	0.19	1.45	0.89	0.05							-1.56	2.30	0.62	0.73	0.76	0.41	0.48	0.41	0.48	0.004	0.022	0.0010	
Madagascar	1	2.97	2.01	0.66	1.02	0.49	0.01	0.27	0.01	0.03	0.39	0.01	0.03	1.46	1.23	0.03	1.71	1.70	0.40	0.45	0.82	0.84	0.33	0.58	0.35	0.52	0.52	0.005	0.032	0.005	0.029	0.0066	
Mali	1	3.09	4.68	0.37	0.81	0.41	0.01	0.31	0.19	0.02	0.04	0.29	0.02	0.10	1.73	1.42	0.07	1.84	2.30	0.20	-0.93	2.34	0.14	0.26	0.85	0.11	0.19	0.39	0.56	0.004	0.027	0.0010	
Mauritania	1	3.35	4.05	0.26	0.68	0.40	0.01	0.42	0.23	0.04	0.05	0.10	0.01	0.04	1.63	1.47	0.03				-0.43	2.10	0.27	0.37	0.58	0.15	0.20	1.57	1.57	0.006	0.026	0.0065	
Mauritius	1	4.10	5.31					0.01	0.44	0.01	0.11	0.05	0.01	0.03	2.71	2.45	0.04				-2.89	1.18	0.15	0.25	1.04	0.13	0.22	0.40	0.48	0.004	0.026	0.0010	
Niger	1	2.96	2.40	0.65	1.03	0.53	0.01	0.17	0.04	0.04	0.03	0.01	0.06	1.41	1.13	0.04				0.30	-1.49	2.41											
Sao Tome & Principe	1	3.20	3.77					0.01				2.15	2.09	0.12							2.07		1.28				0.71	0.86	0.005	0.036	0.0041		
Senegal	1	3.28	4.19	0.17	0.60	0.43	0.01	0.43	0.20	0.01	0.05	0.20	0.01	0.05	1.86	1.46	0.06	1.97	2.04		-0.56	2.13	0.46	0.89	1.05	0.39	0.81	0.67	0.004	0.027	0.0095		
Seychelles	1	4.06	0.57					0.01	0.36	0.07		0.03	0.01	0.05	2.80	2.68	0.06	3.20	3.96		-2.35	1.11					0.61	0.008	0.045	0.0003			
Sierra Leone	1	2.92	8																														

Tajikistan	2	3.13	9.72	0.07	0.44	0.33	0.01	0.25	0.05	0.07	0.00	0.00	1.73	1.06	0.04	2.63	2.70	7.20	-2.43	1.85	1.08	0.33	1.04	0.86	0.29	1.29	0.80	0.007	0.021	0.0075		
Turkmenistan	2	3.89	15.19	0.02	0.42	0.01	0.48	0.05	0.07	0.00	0.00	2.39	2.23	0.05					0.45	2.02	1.10	0.62	0.95	0.81	0.49	1.29	0.007	0.020	0.0020			
Ukraine	2	3.85	9.07	0.02	0.05	0.28	0.01	0.75	0.69	0.19	0.08	0.02	0.01	0.08	2.63	2.38	0.07	11.20	-2.87	1.23	1.02					1.22	0.96	0.008	0.027	0.0006		
Uzbekistan	2	3.32	5.72	0.02	0.02	0.38	0.01	0.38	0.24	0.01	0.05	0.25	0.00	0.01	2.20	1.87	0.05	2.70	2.80	-0.98	1.83					0.007	0.021	0.0072				
Andorra	3								0.37	0.25					3.55	3.39	0.07					1.20	0.50	0.94	0.40	1.57	1.57	0.003				
Australia	3	4.50	4.32	0.00	0.00	0.36	0.01	1.08	0.27	0.20	0.05	0.02	0.00	0.03	3.49	3.32	0.10	10.80	-3.30	0.78	0.61	0.41	0.93	0.48	0.33	1.57	1.57	0.010	0.086	0.0003		
Austria	3	4.53	3.75	0.00	0.00	0.30	0.01	0.72	0.47	0.37	0.08	0.02	0.00	0.08	3.51	3.36	0.10	9.30	-4.66	0.70	0.46	1.13	0.53	0.85	0.75	0.39	1.57	1.57	0.009	0.081	0.0003	
Belgium	3	4.52	3.76	0.00	0.00	0.34	0.01	1.33	0.29	0.22	0.05	0.02	0.00	0.08	3.50	3.35	0.10	15.60	-4.66	0.70	0.54	0.85	0.59	0.73	0.52	0.38	1.57	1.57	0.009	0.071	0.0003	
Canada	3	4.53	4.42	0.02	0.00	0.33	0.01	0.93	0.24	0.18	0.07	0.02	0.00	0.08	3.50	3.35	0.10	12.20	-1.97	0.78	0.60	0.37	0.40	0.22	0.14	1.57	1.57	0.010	0.087	0.0003		
Czech Republic	3	4.33	5.40	0.00	0.02	0.26	0.01	0.83	0.37	0.24	0.08	0.02	0.00	0.01	3.15	3.10	0.07	13.40	-7.18	0.60	0.13	1.21	0.60	0.80	0.74	0.42	1.57	1.57	0.009	0.052	0.0003	
Denmark	3	4.54	3.64	0.00	0.00	0.25	0.01	1.03	0.37	0.30	0.06	0.02	0.00	0.06	3.44	3.36	0.09	13.60	-3.36	0.70	0.66	1.02	0.75			1.57	1.57	0.009	0.094	0.0003		
Finland	3	4.51	5.01	0.00	0.00	0.27	0.01	0.66	0.31	0.21	0.06	0.02	0.00	0.02	3.34	3.23	0.07	26.60	-3.60	0.60	0.10	1.35				1.57	1.57	0.010	0.094	0.0003		
France	3	4.47	3.65	0.00	0.00	0.33	0.01	0.87	0.35	0.23	0.06	0.02	0.00	0.11	3.48	3.38	0.11	10.20	-3.99	0.70	0.47	0.67				1.57	1.57	0.010	0.073	0.0003		
Germany	3	4.47	3.32	0.00	0.00	0.29	0.01	0.85	0.37	0.22	0.08	0.02	0.00	0.03	3.50	3.39	0.11	13.20	-3.99	0.70	0.44	1.13				1.57	1.57	0.009	0.078	0.0003		
Greece	3	4.39	6.02	0.00	0.00	0.35	0.01	0.63	0.67	0.33	0.06	0.02	0.00	0.05	3.34	3.06	0.08	7.50	-5.28	0.70	0.33					0.009	0.046	0.0003				
Iceland	3	4.58	4.85	0.00	0.00	0.00	0.01	1.19	0.26	0.25	0.05	0.02	0.00	0.06	3.52	3.44	0.10	1.72	3.19	-4.69	0.48		0.79	1.57	0.79		0.010	0.092	0.0003			
Ireland	3	4.62	6.83	0.00	0.00	0.35	0.01	0.65	0.25	0.24	0.05	0.02	0.00	0.06	3.42	3.32	0.07	10.30	-4.10	0.70	0.32	0.84				1.57	1.57	0.010	0.075	0.0003		
Israel	3	4.46	2.96	0.00	0.00	0.40	0.01	1.16	0.31	0.18	0.07	0.02	0.00	0.329	3.14	0.09	19.30	-5.31	0.70	0.84	0.32					0.009	0.061	0.0003				
Italy	3	4.47	3.17	0.00	0.00	0.37	0.01	0.74	0.31	0.17	0.06	0.02	0.01	0.13	3.38	3.26	0.09	10.50	-4.79	0.60	0.46					1.57	1.57	0.009	0.052	0.0003		
Japan	3	4.49	3.30	0.00	0.00	0.25	0.01	0.72	0.48	0.14	0.05	0.02	0.00	0.01	3.36	3.27	0.08	10.40	-2.73	0.60	0.46	1.40	0.68	0.64	0.63	0.38	1.57	1.57	0.010	0.075	0.0003	
Luxembourg	3	4.88	5.68	0.00	0.00			0.98	0.38	0.28				0.00	0.96	3.71	3.67	0.08		-4.16	0.70	0.75	0.69	0.04			0.009	0.084	0.0003			
Malta	3	4.29	3.09					1.28	0.33	0.22				0.00	0.04	3.24	3.12	0.09		-4.09	0.78	0.83	0.41	1.57	0.41		0.009	0.058	0.0003			
Monaco	3														3.68	3.56	0.10		-5.43	0.60	0.72	1.06				1.57	1.57	0.010	0.090	0.0003		
Netherlands	3	4.52	3.47	0.00	0.00	0.31	0.01	0.93	0.39	0.29	0.05	0.02	0.00	0.06	3.49	3.29	0.09	3.44	4.60	16.70	0.70					1.33	0.010	0.050	0.0003			
New Zealand	3	4.39	4.43	0.00	0.00	0.37	0.01	1.04	0.26	0.25	0.04	0.02	0.00	0.03	3.32	3.21	0.08	10.90	-4.06	0.78		0.27	1.03	1.29	0.23	1.57	1.57	0.009	0.094	0.0003		
Norway	3	4.62	3.79	0.00	0.00	0.26	0.01	0.89	0.33	0.29	0.04	0.02	0.00	0.03	3.61	3.53	0.10	24.90	-5.43	0.60	0.88		0.44	1.16	0.40		0.010	0.087	0.0003			
Portugal	3	4.34	3.05	0.00	0.00	0.40	0.01	0.61	0.40	0.25	0.06	0.02	0.00	0.11	3.28	3.13	0.10	7.00	-6.81	0.70	0.12	1.14	1.05	1.10	0.94	0.88	0.009	0.065	0.0003			
San Marino	3														3.50	3.40	0.07		-9.23	0.48							1.57	1.57	0.010	0.093	0.0003	
Singapore	3	4.48	5.16	0.00	0.00	0.44	0.01	1.57	0.10	0.10	0.10	0.00	0.08	0.06	3.05	2.58	0.04	5.60	-7.28	0.48	0.83	0.97	0.65	1.07	1.57	1.57	0.009	0.093	0.0003			
Spain	3	4.42	4.55	0.00	0.00	0.35	0.01	0.87	0.37	0.28	0.06	0.02	0.01	0.16	3.32	3.17	0.08	6.80	-3.96	0.70	0.19	0.65				1.57	1.57	0.009	0.067	0.0003		
Sweden	3	4.51	4.70	0.00	0.00	0.25	0.01	1.00	0.20	0.23	0.05	0.02	0.00	0.05	3.45	3.38	0.09	13.50	-3.80	0.60	0.82	0.89				1.57	1.57	0.010	0.093	0.0003		
Switzerland	3	4.55	3.39	0.00	0.00	0.34	0.01	0.85	0.30	0.20	0.08	0.02	0.00	0.11	3.60	3.37	0.12	1.74	2.90	12.10	-3.36	0.70	0.64	0.69		1.57	1.57	0.010	0.090	0.0003		
United Kingdom	3	4.52	4.49	0.00	0.00	0.37	0.01	1.11	0.35	0.32	0.03	0.02	0.00	0.07	3.41	3.34	0.08		-3.46	0.78	0.69	1.39				1.57	1.57	0.009	0.084	0.0003		
USA	3	4.61	3.94	0.00	0.00	0.42	0.01	0.94	0.26	0.20	0.08	0.02	0.01	0.15	3.79	3.44	0.15	13.20	-2.16	0.90	0.58		1.06	0.69	0.73	0.59	0.04	0.40	0.010	0.072		
Alghanistan	4	3.12	11.34					0.23	0.00	0.00	0.00	0.00	0.00	1.28	0.51	0.04	1.81	1.95	0.40	-0.08	2.41	0.61	0.71	1.11	0.54	0.62		0.018	0.010			
Bahrain	4	4.34	5.63					1.31	0.27	0.03				0.00	0.01	2.94	2.77	0.04		-3.70	1.04	1.21	0.10	1.20	1.06	0.10	1.22	1.37	0.009	0.050	0.0003	
Egypt	4	3.66	4.50	0.03	0.45	0.35	0.01	0.44	0.26	0.04	0.11	0.04	0.00	0.00	2.41	1.99	0.06	4.90	-7.34	1.52	0.55	0.61	0.90	0.42	0.47	1.17	1.22	0.007	0.029	0.0003		
Iran	4	3.91	5.68	0.02	0.07	0.44	0.01	0.73	0.26	0.05	0.08	0.04	0.00	0.01	2.78	2.46	0.07	2.07	2.55	3.60	0.62	0.75	0.97	0.50	0.60	0.98	0.94	0.008	0.029	0.0072		
Iraq	4							0.01	0.73	0.26	0.02	0.10	0.00	0.00	2.13	2.03	0.05		0.46	0.41	1.03	0.41	0.35	1.33	1.33		0.015	0.0003				
Jordan	4	3.72	5.30	0.02	0.07	0.40	0.01	0.97	0.67	0.08	0.10	0.06	0.00	0.00	2.70	2.39	0.10	2.24	3.43	4.40	-2.80	1.41				0.86	0.97	1.28	0.67	0.008	0.047	0.0003
Kuwait	4	4.28	3.47					0.01	1.39	0.14	0.05			0.00	2.73	2.62	0.03	3.18	3.90	5.40	-1.99	1.08	1.41	1.32	0.68	0.67	0.66	1.57	1.57	0.009	0.043	0.0003
Lebanon	4	3.74	3.36					0.01	1.05	0.29	0.07	0.08	0.03	0.00	0.01	2.91	2.35	0.12	2.03	3.00	4.40	-1.33	1.48	0.95	0.58	1.16	0.94	0.53	0.79	0.008	0.030	0.0003
Libyan Arab Jamah	4	4.06	3.94					0.01	1.01	0.04	0.02	0.00	0.02	0.252	2.39	0.04			-5.02	1.28		0.76				0.85	0.94	0.008	0.025	0.0003		
Morocco	4	3.66	4.72	0.02	0.14	0.41	0.01	0.63	0.30	0.00	0.08	0.06	0.00	0.01	2.37	1.90	0.05	1.88	1.98	1.50	-6.13	1.60	1.14	1.25	0.95	0.83	0.88	0.93	0.006	0.035	0.0005	
Oman	4	4.24	4.46	0.02	0.02			0.01	0.80	0.25	0.01	0.13	0.00	0.01	2.62	2.53	0.03	4.20	-6.31	1.08	1.46	0.90	1.13	1.12	0.78	0.88	1.14	0.008	0.047	0.0003		
Pakistan	4	3.40	4.58	0.17	0.83	0.31	0.01	0.36	0.32	0.05	0.10	0.24	0.00	0.01	1.68	0.97	0.02	1.08	1.14	1.10	-1.78	2.00	0.64	0.52	0.99	0.52	0.43	0.006	0.024	0.0072		
Qatar	4	4.50	4.00					0.01	1.27					2.84	2.72	0.02			-4.65	1.08	0.76											

Appendix C. Correlation statistics for transformed data

Region	GDP 2005	change GDP %/yr	Poverty % below 13/day	Poverty % below 23/day	Gini index	Prop pop 15+	Urban (%)	Prevalence smoking M	Prevalence smoking F	Prevalence DM %	Prevalence undernutrition %	Adult HIV prev %	HIV prev in adult incident TB cases %	Per capita total expenditure on health \$PPP 2004	Per capita government expenditure on health \$PPP 2004
r-squared															
AFR	0.01	0.04	0.08	0.16	0.10	0.00	0.02	0.01	0.00	0.01	0.03	0.01	0.03	0.04	0.03
CEEUR	0.61	0.11	0.15	0.43	0.06	0.01	0.10	0.09	0.45	0.06	0.36	0.06	0.07	0.66	0.63
HI	0.02	0.00	0.03	0.07	0.01	0.08	0.08	0.09	0.06	0.47	0.00	0.00	0.00	0.04	0.08
EMR	0.34	0.04	0.15	0.27	0.00	0.00	0.03	0.00	0.45	0.00	0.04	0.20	0.20	0.00	0.14
LAC	0.07	0.21	0.14	0.11	0.07	0.07	0.15	0.07	0.02	0.02	0.31	0.41	0.26	0.02	0.01
SEAWPR	0.00	0.03	0.04	0.00	0.32	0.03	0.02	0.03	0.12	0.01	0.00	0.06	0.10	0.03	0.00
AFRlow	0.05	0.24	0.15	0.00	0.37	0.08	0.05	0.03	0.71	0.07	0.33	0.18	0.19	0.00	0.01
AFRhigh	0.05	0.06	0.29	0.36	0.05	0.00	0.05	0.08	0.08	0.06	0.22	0.01	0.01	0.06	0.05
C Europe	0.32	0.15	0.00	0.61	0.28	0.06	0.06	0.08	0.30	0.56	0.17	0.01	0.01	0.56	0.53
E Europe	0.53	0.00	0.11	0.26	0.08	0.19	0.20	0.00	0.41	0.07	0.41	0.00	0.00	0.47	0.46
World	0.18	0.01	0.09	0.15	0.05	0.08	0.08	0.02	0.17	0.12	0.17	0.09	0.10	0.17	0.17
r-squared > 0.2															
AFR				0.43					0.45		0.36			0.66	0.63
CEEUR	0.61									0.47					
HI				0.27					0.45			0.20			
EMR	0.34											0.41	0.26		
LAC		0.21									0.31				
SEAWPR					0.32										
World															
t-test															
AFR	0.39	1.03	1.32	1.99	1.49	0.15	0.71	0.31	0.19	0.46	0.93	0.61	0.86	1.07	0.88
CEEUR	-6.03	1.66	1.75	3.66	1.16	0.44	1.56	1.37	3.83	1.15	3.35	1.09	1.10	6.61	6.25
HI	0.69	0.12			0.45	1.45	1.44	1.49	1.19	4.34	0.00	0.10	0.06	1.00	1.47
EMR	2.26	0.65	0.93	1.35	0.02	0.07	0.52	0.03	2.22	0.02	0.55	1.12	1.11	0.09	1.27
LAC	-1.27	2.29	1.78	1.60	1.15	1.34	2.02	0.95	0.52	0.69	3.01	3.91	2.76	0.66	0.56
SEAWPR	0.19	0.62	0.45	0.08	1.68	0.65	0.56	0.56	1.17	0.19	0.15	0.69	0.96	0.59	0.19
World	-4.92	0.93	2.79	3.70	2.33	3.30	3.42	1.31	4.38	3.95	4.67	3.27	3.50	5.10	5.17
r2>0.2 with p<0.05															
AFR				0.43					0.45		0.36			0.66	0.63
CEEUR	0.61									0.47					
HI				0.27					0.45			0.41	0.26		
EMR	0.34											0.41			
LAC		0.21									0.31				
SEAWPR					0.32										
World															
sign of r															
AFR	0.08	0.20	-0.28	-0.41	0.31	0.03	0.14	0.07	0.04	-0.09	-0.18	0.12	0.17	0.20	0.17
CEEUR	-0.78	0.33	0.38	0.65	0.25	-0.09	-0.31	0.31	-0.67	-0.25	0.60	0.25	0.26	-0.81	-0.79
HI	0.14	0.02	-0.17	-0.26	0.10	-0.28	0.28	-0.30	0.24	-0.69	0.00	-0.02	-0.01	0.20	0.29
EMR	0.58	0.20	-0.39	-0.52	0.01	0.02	0.16	-0.01	-0.67	-0.01	-0.19	0.45	0.45	-0.03	0.37
LAC	-0.27	-0.46	0.37	0.34	0.26	-0.27	-0.39	-0.26	-0.15	-0.15	0.56	0.64	0.51	-0.14	-0.12
SEAWPR	0.05	0.17	-0.20	-0.04	-0.57	0.17	-0.14	-0.17	-0.35	0.08	-0.07	0.24	0.32	0.16	-0.05
World	-0.43	0.08	0.30	0.39	0.23	-0.28	-0.29	-0.13	-0.41	-0.35	0.41	0.30	0.32	-0.41	-0.42
p-value of t-distribution															
AFR	0.70	0.31	0.20	0.06	0.15	0.88	0.48	0.76	0.85	0.65	0.36	0.55	0.40	0.30	0.39
CEEUR	0.00	0.11	0.10	0.00	0.26	0.67	0.13	0.19	0.00	0.27	0.00	0.29	0.29	0.00	0.00
HI	0.50	0.91			0.66	0.16	0.16	0.15	0.24	0.00	1.00	0.92	0.95	0.33	0.15
EMR	0.05	0.53	0.39	0.23	0.99	0.95	0.61	0.98	0.07	0.99	0.60	0.31	0.32	0.93	0.23
LAC	0.22	0.03	0.09	0.13	0.26	0.19	0.06	0.36	0.61	0.50	0.01	0.00	0.01	0.52	0.58
SEAWPR	0.85	0.55	0.67	0.94	0.14	0.53	0.58	0.59	0.27	0.86	0.88	0.51	0.37	0.57	0.85
World	0.00	0.35	0.01	0.00	0.02	0.00	0.00	0.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00
r-squared for p<0.05															
AFR				0.43					0.45		0.36			0.66	0.63
CEEUR	0.61			0.03	0.07					0.47					
HI									0.45			0.41	0.26		
EMR	0.34											0.41			
LAC		0.21									0.31				
SEAWPR															
World	0.18		0.09	0.15	0.05	0.08	0.08		0.17	0.12	0.17	0.09	0.10	0.17	0.17

Appendix C. Correlation statistics for transformed data

Region	Total exp health as % GDP	TB expenditure/cap	TB expenditure/case	Health workers/1000 population	Change USM %/yr 1990-2005	USM 2005	Foreign TB %	Detection all new cases %	Detection new ss+ cases %/yr	Treatment success %	Detection all new * treat success	Detection ss+ * treat success	Improved water supply %	Improved sanitation %	Human Dev Index 2005	Corruption Perception Index	Solid fuel
r-squared																	
AFR	0.00	0.49	0.00	0.33	0.01	0.04		0.11	0.17	0.04	0.03	0.07	0.09	0.00	0.00	0.00	0.00
CEEUR	0.23	0.28	0.37	0.03	0.13	0.39		0.00	0.05	0.01	0.00	0.02	0.12	0.40	0.60	0.52	0.30
HI	0.00	0.23	0.39	0.04	0.01	0.03	0.47	0.04	0.16	0.28	0.04	0.08	0.00	0.00	0.02	0.00	0.00
EMR	0.53	0.00	0.06	0.00	0.11	0.13		0.01	0.03	0.21	0.00	0.02	0.02	0.06	0.13	0.08	0.06
LAC	0.00	0.00	0.00	0.11	0.36	0.35		0.09	0.32	0.07	0.02	0.26	0.41	0.43	0.14	0.10	0.11
SEAWPR	0.00	0.30	0.32	0.29	0.00	0.29		0.14	0.00	0.02	0.10	0.01	0.05	0.00	0.03	0.01	0.09
AFRlow	0.00	0.45	0.10	0.08	0.07	0.15		0.08	0.06	0.05	0.04	0.05	0.23	0.04	0.12	0.16	0.00
AFRhigh	0.04	0.30	0.01	0.35	0.01	0.01		0.05	0.17	0.00	0.02	0.12	0.22	0.02	0.06	0.03	0.00
C Europe	0.08			0.30	0.12	0.36		0.33	0.00	0.03	0.45	0.04	0.57	0.12	0.34	0.37	0.68
E Europe	0.01	0.28	0.37	0.01	0.00	0.13		0.03	0.35	0.01	0.01	0.25	0.04	0.30	0.43	0.42	0.26
World	0.08	0.00	0.12	0.03	0.17	0.25		0.04	0.03	0.02	0.03	0.05	0.15	0.26	0.20	0.14	0.09
r-squared > 0.2																	
AFR		0.49		0.33													
CEEUR	0.23	0.28	0.37			0.39								0.40	0.60	0.52	0.30
HI		0.23	0.39				0.47			0.28							
EMR	0.53									0.21							
LAC					0.36	0.35			0.32			0.26	0.41	0.43			
SEAWPR		0.30	0.32	0.29		0.29											
World						0.25								0.26	0.20		
t-test																	
AFR	0.30	3.51	0.02	2.31	0.55	1.03		1.68	2.16	0.92	0.89	1.28	1.28	0.30	0.12	0.17	0.32
CEEUR	2.62	1.63	2.03	0.82	1.86	3.83		0.24	1.01	0.54	0.24	0.61	1.31	3.36	5.89	4.85	3.09
HI	0.26	0.55	0.80	0.91	0.58	0.91	3.85	0.83	1.57	2.07	0.56	1.00	0.26	0.26	0.78	0.20	0.00
EMR	3.37	0.12	0.49	0.10	1.10	1.21		0.34	0.57	1.61	0.09	0.44	0.37	0.61	1.20	0.95	0.82
LAC	0.14	0.19	0.01	1.28	3.47	3.41		1.35	2.73	1.19	0.58	2.44	2.66	3.00	1.84	1.57	1.62
SEAWPR	0.05	1.30	1.36	1.29	0.04	2.30		1.41	0.14	0.55	1.21	0.45	0.47	1.14	0.60	0.41	1.16
World	3.32	0.32	2.60	1.49	5.11	6.55		2.11	1.67	1.65	1.70	2.47	3.76	5.54	5.72	4.43	3.42
r2>0.2 with p<0.05																	
AFR		0.49		0.33													
CEEUR	0.23					0.39								0.40	0.60	0.52	0.30
HI							0.47										
EMR	0.53																
LAC					0.36	0.35			0.32			0.26	0.41	0.43			
SEAWPR						0.29											
World						0.25								0.26	0.20		
sign of r																	
AFR	-0.06	0.70	-0.01	0.57	0.11	0.20		0.34	0.41	-0.19	0.18	0.26	-0.30	-0.06	-0.02	0.03	0.06
CEEUR	-0.48	-0.52	-0.61	0.18	0.36	0.62		0.06	-0.23	-0.12	0.06	-0.13	-0.34	-0.63	-0.78	-0.72	0.55
HI	0.05	0.48	0.62	0.20	0.12	0.18	0.68	-0.19	-0.40	0.53	0.19	-0.29	0.06	0.07	0.16	0.04	0.00
EMR	-0.73	-0.06	-0.24	-0.04	-0.33	-0.36		0.12	0.19	-0.45	-0.03	0.15	0.12	-0.24	0.35	0.29	-0.25
LAC	0.03	-0.06	0.00	-0.32	0.60	0.59		-0.30	-0.56	-0.26	-0.13	-0.51	-0.64	-0.65	-0.37	-0.32	0.33
SEAWPR	0.01	-0.54	-0.56	-0.54	0.01	-0.54		-0.38	-0.04	-0.14	-0.32	-0.12	0.23	0.06	0.16	-0.12	-0.31
World	-0.28	0.05	-0.35	-0.16	0.42	0.50	0.68	-0.20	-0.16	-0.16	-0.17	-0.23	-0.39	-0.51	-0.45	-0.37	0.29
p-value of t-distribution																	
AFR	0.77	0.00	0.98	0.04	0.59	0.31		0.11	0.04	0.37	0.38	0.21	0.22	0.77	0.91	0.87	0.75
CEEUR	0.02	0.15	0.08	0.42	0.08	0.00		0.81	0.33	0.60	0.81	0.55	0.21	0.00	0.00	0.00	0.01
HI	0.79	0.68	0.57	0.37	0.57	0.37	0.00	0.42	0.14	0.06	0.59	0.34	0.80	0.79	0.45	0.85	1.00
EMR	0.01	0.91	0.65	0.93	0.30	0.25		0.74	0.59	0.14	0.93	0.67	0.72	0.57	0.26	0.36	0.43
LAC	0.89	0.86	0.99	0.22	0.00	0.00		0.19	0.01	0.25	0.57	0.03	0.02	0.01	0.08	0.13	0.12
SEAWPR	0.96	0.26	0.24	0.27	0.97	0.04		0.18	0.89	0.25	0.66	0.66	0.66	0.89	0.56	0.69	0.27
World	0.00	0.75	0.01	0.14	0.00	0.00	1.00	0.04	0.10	0.10	0.09	0.02	0.00	0.00	0.00	0.00	0.00
r-squared for p<0.05																	
AFR		0.49		0.33													
CEEUR	0.23					0.39								0.40	0.60	0.52	0.30
HI							0.47										
EMR	0.53																
LAC					0.36	0.35			0.32			0.26	0.41	0.43			
SEAWPR						0.29											
World	0.08		0.12		0.17	0.25		0.04				0.05	0.15	0.26	0.20	0.14	0.09