Global TB data collection form 2021

SECTION 0: (ONGOING, NOT PART OF THE ANNUAL FORM)

Section 0 questions are only for countries in the high TB burden list and other regional priority countries (dc_tbcases_monthly_display = 1)

Preliminary number of new and relapse TB cases

Please provide the preliminary number of new and relapse TB cases (all forms) that were notified each month or quarter in 2021 and early 2022. WHO will use this to assess the impact of the disruptions caused by the COVID-19 pandemic on essential TB services and on TB incidence and mortality.

At what frequency can you report?	70 Monthly 71 Quarterly	report_frequency
Report coverage *Please explain in the remarks below if these preliminary data do not include all reporting units in your country*	1 All units 0 Some units	report_coverage

(if frequency = monthly):

2021

m.1	January	m_01
m.2	February	m_02
m.3	March	m_03
m.4	April	m_04
m.5	May	m_05
m.6	June	m_06
m.7	July	m_07
m.8	August	m_08
m.9	September	m_09
m.10	October	m_10
m.11	November	m_11
m.12	December	m_12

2022

m.1	January	
m.2	February	

(if frequency = quarterly):

2021

q.1	January - March	q_1
q.2	April - June	q_2
q.3	July - September	q_3
q.4	October - December	q_4

☐ Please tick the box if data are not available for empty cells above.
Remarks

view_TME_master_data_collection

SECTION 1: IDENTIFICATION

National TB control programme manager (NTP) or equivalent

1.1 Name (as you would like it to appear in the acknowledgement section of the WHO Global TB Report)

Given (first) name
Family name
Preferred order ☐ Given name - family name ☐ Family name - given name

ntp_name

1.2 Functional title — ntp_title

1.3 Telephone (including country and city codes) — ntp_phone

1.4 E-mail — ntp_email

Person responsible for entering data on the WHO global TB data collection system (if different from the NTP manager)

1.5 Name (as you would like it to appear in the acknowledgement section of the WHO Global TB Report)
Note: People with accounts to use the WHO global TB data collection system will also be acknowledged in the WHO Global TB Report

Given (first) name
Family name
Preferred order ☐ Given name - family name ☐ Family name - given name

rep_name

1.6 E-mail — rep_email

General remarks

`remarks_general`

Note that remarks made under individual sections are all combined into another field called `remarks_sections`

SECTION 2: DIAGNOSIS AND TREATMENT

view_TME_master_notification

TB cases by history, site, diagnostic method and by age and sex, 2020 calendar year (number of patients)

*Please report **all** patients diagnosed with TB and eligible for TB treatment (including those diagnosed with drug-resistant TB), regardless of whether treatment was started or not. Patients who died or were lost before treatment start should be notified as they are important to include for surveillance purposes and, from a public health perspective, may have contacts that require tracing and follow up.*

		Previous anti-TB treatment status	
		(i) New, or previous treatment history unknown	(ii) Relapse
2.1	Pulmonary TB cases, bacteriologically confirmed *(smear positive or culture positive or positive by WHO-recommended rapid diagnostics such as Xpert MTB/RIF)*	new_labconf	ret_rel_labconf
2.2	Pulmonary TB cases, clinically diagnosed *(Not bacteriologically confirmed as positive for TB, but diagnosed with active TB by a clinician or another medical practitioner who has decided to give the patient a full course of TB treatment)*	new_clindx	ret_rel_clindx
2.3	Extrapulmonary TB cases, bacteriologically confirmed or clinically diagnosed *Cases with both pulmonary and extrapulmonary TB are classified as pulmonary TB cases*	new_ep	ret_rel_ep
	Total	***c_newunk***	

	Total new and relapse	***c_newinc***
2.4	Previously treated patients, excluding relapse cases (pulmonary or extrapulmonary, bacteriologically confirmed or clinically diagnosed) *('treatment after failure', 'treatment after lost to follow-up' and cases whose outcome after their most recent course of treatment is unknown or undocumented)*	ret_nrel
	Total cases notified	***c_notified***

		Previous anti-TB treatment status		
		(i) New	(ii) Previously treated (including relapses)	(iii) Previous treatment history unknown
2.5	Among the bacteriologically confirmed pulmonary TB cases reported in question 2.1 and question 2.4,	pulm_labconf_new	pulm_labconf_ret	pulm_labconf_unk

	numbers by previous anti-TB treatment status			

2.6	Among the cases reported in questions 2.1 – 2.4, total number of TB cases reported among foreign-born individuals (or among non-citizens if that is the criterion used in your country)	notif_foreign

New and relapse TB cases by age and sex, 2020 calendar year (number of patients)

2.7 For which age groups can you provide notifications disaggregated by age group and sex?

agegroup_option

220 0-4, 5-9, 10-14, 15-19, 20-24, 25-34, 35-44, 45-54, 55-64, 65+ (if you have a national electronic case-based database (i.e. holding separate records for each TB case) for all TB patients)

221 0-4, 5-14, 15-24, 25-34, 35-44, 45-54, 55-64, 65+

222 0-14, 15-24, 25-34, 35-44, 45-54, 55-64, 65+

223 (and last option only for the 5 countries which were not able to give full age/sex breakdowns for all new and relapse cases last year: Gambia, Monaco, Mozambique, Niue)

0-4, 5-14, 15+

2.8 Are all relapse cases included in table 2.9 below?

1 Yes
0 No

rel_in_agesex_flg

2.9 New and relapse TB cases (pulmonary or extrapulmonary, bacteriologically confirmed or clinically diagnosed, drug-susceptible or drug-resistant)

(The table shown below has different column depending on the answer to 2.7 above

	Age					
	0–4	5–9	10–14	15–19	20-24	25-34
Male	newrel_m04	newrel_m59	newrel_m1014	newrel_m1519	newrel_m2024	newrel_m2534
Female	newrel_f04	newrel_f59	newrel_f1014	newrel_f1519	newrel_f2024	newrel_f2534

	Age				
	35–44	45–54	55–64	>65	Unknown
Male	newrel_m3544	newrel_m4554	newrel_m5564	newrel_m65	newrel_mu
Female	newrel_f3544	newrel_f4554	newrel_f5564	newrel_f65	newrel_fu
Total	(auto calc.)				

Use of WHO-recommended rapid diagnostic tests

WHO-recommended rapid diagnostic tests employ molecular techniques or biomarker-based techniques to detect TB. These are currently Xpert MTB/RIF (including Ultra), Truenat MTD and MTB Plus, TB-LAMP and lateral flow urine lipoarabinomannan assay (LF-LAM).

2.10 Do you have any data on the number of new and relapse cases tested using a WHO-recommended rapid diagnostic as the initial diagnostic test in 2020? [b]

rdx_data_available

0 No
60 Yes, available from our routine surveillance system
61 Yes, estimated from a review of a random sample of medical records or treatment cards of TB patients, representative of the national TB patient population
5 Not applicable (because there were no TB cases)

2.11	*(if yes from routine surveillance)* Number of new and relapse cases [b] reported in questions 2.1 – 2.3 tested using a WHO-recommended rapid diagnostic (for example Xpert MTB/RIF) as the initial diagnostic test (regardless of test result)	newinc_rdx
2.12	*(if yes from survey)* Number of new and relapse cases [b] reported in questions 2.1 – 2.3 whose medical records or treatment cards were included in the survey	rdxsurvey_newinc_
2.13	*(if yes from survey)* Among the cases reported in 2.12, the number tested using a WHO-recommended rapid diagnostic (such as Xpert MTB/RIF) as the initial diagnostic test (regardless of test result)	rdxsurvey_newinc_rdx

[b] *Pulmonary or extrapulmonary, bacteriologically confirmed or clinically diagnosed*

☐ Please tick the box if data are not available for empty cells above.
Remarks:

Drug-resistant TB, 2020 calendar year (number of patients)

Case detection

Calculating indicators related to drug-restsant TB detection requires data on notified TB cases recorded in the basic management unit (BMU) TB register, not from laboratory registers

2.14	Among all TB cases (pulmonary or extrapulmonary) notified in 2020 (reported in questions 2.1 – 2.4), total number of laboratory-confirmed RR-TB or MDR-TB cases identified *This should not include pre-XDR-TB and XDR-TB patients.*	conf_rr_nfqr
2.15	Number of laboratory-confirmed cases that are resistant to rifampicin and to any fluoroquinolone (i.e. pre-XDR-TB or XDR-TB) identified in 2020 (including in RR/MDR-TB cases diagnosed in previous years). *TB resistant to rifampicin and to any fluoroquinolone is now called pre-XDR-TB. Pre-XDR-TB that is also resistant to at least one of bedaquiline or linezolid is now called XDR-TB.* *These new definitions were published by WHO in January 2021. See https://www.who.int/publications/i/item/meeting-report-of-the-who-expert-consultation-on-the-definition-of-extensively-drug-resistant-tuberculosis .*	conf_rr_fqr

Treatment

2.16	Number of patients (not laboratory-confirmed RR-TB or MDR-TB) who started treatment for MDR-TB in 2020 *Pulmonary or extrapulmonary. Also include patients diagnosed before 2020 but started on treatment in 2020.* *This should not include pre-XDR-TB and XDR-TB patients treated for pre-XDR-TB or XDR-TB.*	unconf_rr_nfqr_tx
2.17	Number of laboratory-confirmed RR-TB or MDR-TB patients who started treatment for MDR-TB in 2020 *Pulmonary or extrapulmonary. Also include patients diagnosed before 2020 but started on treatment in 2020.* *This should not include pre-XDR-TB and XDR-TB patients treated for pre-XDR-TB or XDR-TB.*	conf_rr_nfqr_tx
2.18	Total number of patients who started treatment for MDR-TB in 2020	(auto calc.)
2.19	Among patients in 2.18 who started treatment for MDR-TB, the number who were children aged under 15 in 2020	rrmdr_014_tx
2.20	Number of laboratory-confirmed patients with TB resistant to rifampicin and to any fluoroquinolone (i.e. pre-XDR-TB or XDR-TB) who started treatment for pre-XDR-TB or XDR-TB in 2020 *Pulmonary or extrapulmonary. Also include patients diagnosed before 2020 but started on treatment in 2020.* *This should not include RR/MDR-TB patients treated for MDR-TB.*	conf_rr_fqr_tx

2.21	Had any TB patients been started on Bedaquiline for the treatment of MDR-TB, pre-XDR-TB or XDR-TB by the end of 2020? 1 Yes 0 No 3 Don't know	mdrxdr_bdq_used
2.22	*(If yes to 2.21)* Number of patients started on Bedaquiline in 2020	mdrxdr_bdq_tx
2.23	Had any patients been started on all oral longer MDR-TB treatment regimens by the end of 2020? *Longer MDR-TB regimens are those used for the treatment of MDR/RR-TB. These last 18 months or more and may be standardized or individualized. These regimens are usually designed to include a minimum number of second-line TB medicines considered to be effective based on patient history or drug-resistance patterns.* 1 Yes 0 No 3 Don't know	mdrxdr_alloral_used
2.24	*(If yes to 2.23)* Number of patients started on all oral longer MDR-TB treatment regimens in 2020	mdrxdr_alloral_tx
2.25	Had any patients been started on all oral shorter MDR-TB treatment regimens by the end of 2020? 1 Yes 0 No 3 Don't know	mdr_alloral_short_used
2.26	*(If yes to 2.25)* Number of patients started on all oral shorter MDR-TB treatment regimens in 2020.	mdr_alloral_short_tx
2.27	Number of patients who started treatment for MDR-TB, pre-XDR-TB or XDR-TB in 2020 who are also being actively monitored for adverse events *This refers to the active and systematic clinical and laboratory assessment of patients on treatment with new anti-TB drugs, novel MDR-TB regimens or XDR-TB regimens to detect, manage and report suspected or confirmed drug toxicities. See.the WHO aDSM Implementation Framework*	mdr_tx_adsm

☐ Please tick the box if data are not available for empty cells above.
Remarks:

view_TME_master_dr_surveillance

Anti-tuberculosis drug resistance: Surveillance

Diagnostic testing for drug resistance in bacteriologically confirmed pulmonary TB patients, 2020 calendar year

*Note: Questions below are for reporting **all** bacteriologically confirmed pulmonary drug resistant cases notified in the country in 2020. To report the results of a drug resistance survey (i.e., a study using a specially-designed sample of patients that is representative of the national or a subnational TB population), please go to the drug resistance survey section.*

Results of first-line drug testing

Data reported below should only include results from specimens taken at the start of a treatment course or within 2 weeks of starting treatment. For patients changing treatment course after failure, data should only include results from specimens taken before the start of the subsequent treatment course or within the first 2 weeks of starting the subsequent treatment course.

Rifampicin testing:

		Previous anti-TB treatment status		
		(i) New	(ii) Previously treated (including relapses) [a]	Total [b]
	Bacteriologically confirmed pulmonary TB patients reported in 2.5	pulm_labconf_new	pulm_labconf_ret	
2.28	Among bacteriologically confirmed pulmonary TB patients reported in 2.5, number of patients with test results for rifampicin	r_rlt_new	r_rlt_ret	(auto calc.)
2.29	Among patients with test results for rifampicin reported in 2.28, number of patients with resistance to rifampicin (RR-TB)	rr_new	rr_ret	(auto calc.)

[a] *Previous anti-TB treatment: > 1 month of treatment with combined anti-TB drugs excluding preventive chemotherapy.*
[b] *Excluding cases with unknown treatment history*

The following two questions will only be shown to countries in the high MDR-TB burden list

Rifampicin testing among relapse cases only:

	Bacteriologically confirmed pulmonary relapse TB patients reported in 2.1(ii)	ret_rel_labconf
2.28b	Among bacteriologically confirmed pulmonary relapse TB patients reported in 2.1(ii), number of patients with test results for rifampicin	r_rlt_rel
2.29b	Among relapse patients with test results for rifampicin reported in 2.28b, number of patients with resistance to rifampicin (RR-TB)	rr_rel

Rifampicin and isonaizid testing among *new* patients in 2.28(i):

		(i) Resistant to isoniazid	(ii) Susceptible to isoniazid
2.30	Resistant to rifampicin	a	b
2.31	Susceptible to rifampicin	c	d
2.32	Total new patients tested for both rifampicin and isoniazid	(auto calc.)	

Rifampicin and isonaizid testing among *previously treated (including relapses)* patients in 2.28(ii):

		(i) Resistant to isoniazid	(ii) Susceptible to isoniazid
2.33	Resistant to rifampicin	e	f
2.34	Susceptible to rifampicin	g	h
2.35	Total previously treated (including relapse) patients tested for both rifampicin and isoniazid	(auto calc.)	

Note that 2.30 - 2.35 are equivalent to the following table used in previous years:

	Previous anti-TB treatment status		
	New	Previously treated (including relapses)	Total
(a) Among patients with test results for rifampicin reported in 2.28, number of patients with test results for isoniazid	dst_rlt_new	dst_rlt_ret	(auto calc.)
(b) Among patients reported in (a) with test results for rifampicin and isoniazid, number of patients with resistance to isoniazid (regardless of result for rifampicin)	dst_rlt_hr_new	dst_rlt_hr_ret	(auto calc.)
(c) Among patients reported in (a) with test results for rifampicin and isoniazid, number of patients with resistance to rifampicin (regardless of result for isoniazid)	dst_rlt_rr_new	dst_rlt_rr_ret	(auto calc.)
(d) Among patients reported in (a) with test results for rifampicin and isoniazid, number of patients with resistance to both rifampicin and isoniazid (MDR-TB)	mdr_new	mdr_ret	(auto calc.)

dst_rlt_new = a + b + c + d
dst_rlt_hr_new = a + c
dst_rlt_rr_new = a + b
mdr_new = a

dst_rlt_ret = e + f + g + h
dst_rlt_hr_ret = e + g
dst_rlt_rr_ret = e + f
mdr_ret = e

Results of second-line drug testing

TB resistant to rifampicin and to any fluoroquinolone is now called pre-XDR-TB. Pre-XDR-TB that is also resistant to at least one of levofloxacin, moxifloxacin, bedaquiline or linezolid is now called XDR-TB.

These new definitions were published by WHO in January 2021. See https://www.who.int/publications/i/item/meeting-report-of-the-who-expert-consultation-on-the-definition-of-extensively-drug-resistant-tuberculosis.

Fluoroquinolone testing:

2.36	Among RR-TB patients reported in 2.29, number of patients with test results for any fluoroquinolone	rr_dst_rlt_fq
2.37	Among patients with test results for fluoroquinolones reported in 2.36, number of patients with resistance to any fluoroquinolone (pre-XDR-TB)	rr_fqr

Bedaquiline and linezolid testing among pre-XDR-TB patients in 2.37

		(i) Resistant to bedaquiline (XDR-TB)	(ii) Susceptible to bedaquiline	(iii) Unknown resistance to bedaquiline
2.38	Resistant to linezolid (XDR-TB)	rr_fqr_bdqr_lzdr	rr_fqr_bdqs_lzdr	rr_fqr_bdqu_lzdr
2.39	Susceptible to linezolid	rr_fqr_bdqr_lzds	rr_fqr_bdqs_lzds	rr_fqr_bdqu_lzds
2.40	Unknown resistance to linezolid	rr_fqr_bdqr_lzdu	rr_fqr_bdqs_lzdu	rr_fqr_bdqu_lzdu
2.41	Total number with XDR-TB (2.38 + 2.39(i) + 2.40(i))	(auto calc.)		
2.42	Total pre-XDR-TB cases tested in 2.38 + 2.39 + 2.40	(auto calc.)		

Notes: to determine testing coverage and to calculate prevalence of XDR among pre-XDR patients use the inner top left 2x2 square with results for BDQ and LZD

Testing coverage numerator = 2.38(i) + 2.38(ii) + 2.39(i) + 2.39(ii)
Testing coverage denominator = 2.37

Prevalence of XDR among pre-XDR numerator = 2.38(i) + 2.38(ii) + 2.39(i)
Prevalence of XDR among pre-XDR denominator = 2.38(i) + 2.38(ii) + 2.39(i) + 2.39(ii)

The total of all cells in the table (2.42) should be equal to 2.37

☐ Please tick the box if data are not available for empty cells above.
Remarks:

TB/HIV, 2019 calendar year (number of patients)

view_TME_master_notification

To update TB/HIV data for 2019 and earlier years, please go to the update page

Number of new and relapse TB patients notified in 2019 tested for HIV at the time of TB diagnosis or with known HIV status at the time of TB diagnosis.	newrel_hivtest
Among new and relapse TB patients reported in 2019, the number recorded as HIV positive	newrel_hivpos
Among HIV-positive new and relapse TB patients reported in 2019, the number started or continued on antiretroviral therapy (ART)	newrel_art

TB/HIV, 2020 calendar year (number of patients)

2.43 Are the data in 2.44 – 2.46 restricted to new and relapse cases, in accordance with the 2013 revision of definitions and reporting framework?

newrel_tbhiv_flg

1 Yes
0 No

("No" means all TB cases have been included in 2.44 – 2.46 according to the pre-2013 reporting framework)

	Total number of notified new and relapse cases in 2.1 - 2.3	c_newinc
2.44	Number of new and relapse TB patients notified in 2020 tested for HIV at the time of TB diagnosis or with known HIV status at the time of TB diagnosis. *This should include TB patients who were known to be HIV-positive (e.g. documented evidence of enrolment in HIV care such as enrolment in the pre-ART register or in the ART register once started on ART) or with documented negative HIV test conducted at the time of TB diagnosis. If the patient's HIV status is subsequently determined, he or she should be reclassified accordingly.*	newrel_hivtest
2.45	Among new and relapse TB patients reported in 2.44, the number recorded as HIV positive	newrel_hivpos
2.46	Among HIV-positive new and relapse TB patients reported in 2.45 the number who started or continued on antiretroviral therapy (ART) *(Number of HIV-positive new and relapse TB patients started on TB treatment during the reporting period who were already on antiretroviral therapy or started on antiretroviral therapy during TB treatment)*	newrel_art

The next questions will only be shown to countries in the high TB/HIV burden list, and all countries in AMR

2.43b Do you have a case-based surveillance system that allows you to report on TB/HIV indicators for new and relapse TB cases in children aged 0-14 years?

tbhiv_014_flg

1 Yes
0 No

(if yes from 2.43b):)

2.44b	Number of new and relapse TB patients notified in 2020 aged 0-14 years tested for HIV at the time of TB diagnosis or with known HIV status at the time of TB diagnosis. *This should include TB patients who were known to be HIV-positive (e.g.documented evidence of enrolment in HIV care such as enrolment in the pre-ART register or in the ART register once started on ART) or with documented negative HIV test conducted at the time of TB diagnosis. If the patient's HIV status is subsequently determined, he or she should be reclassified accordingly.*	newrel_hivtest_014
2.45b	Among new and relapse TB patients aged 0-14 years reported in 2.44b, the number recorded as HIV positive	newrel_hivpos_014
2.46b	Among HIV-positive new and relapse TB patients aged 0-14 years reported in 2.45b the number who started or continued on antiretroviral therapy (ART)	newrel_art_014

☐ Please tick the box if data are not available for empty cells above.
Remarks:

Data imported from UNAIDS (Global AIDS Progress Reporting 2021 and Universal Access in the Health Sector Reporting), as supplied by National AIDS Programme respondents.

		2020
10.1 Numerator	Number of HIV-positive new and relapse TB patients started on TB treatment during the reporting period who were already on antiretroviral therapy or started on antiretroviral therapy during TB treatment within the reporting year	hiv_tbtx_art

10.2 Numerator	Total number of people living with HIV newly enrolled in HIV treatment who have active TB disease during the reporting period	hiv_tbdetect
10.2 Denominator	Total number of people newly enrolled in HIV treatment (i.e., those who registered for antiretroviral therapy during the reporting period)	hiv_reg_new2

10.3 A Numerator	Total number of people who are on antiretroviral therapy and eligible for TPT who start TPT during the reporting period	hiv_tpt_eligible_start
10.3 A Denominator	Total number of people on antiretroviral therapy who are eligible for TPT during the reporting period	hiv_tpt_eligible

	2019

10.3 B Numerator	Number of people on antiretroviral therapy who completed TPT among those who initiated any course of TPT during the previous year (e.g. 2019 cohort for 2021 reporting)	hiv_tpt_completed
10.3 B Denominator	Number of people on antiretroviral therapy who initiated any course of TPT during the previous year (insert same cohort year as numerator: e.g., 2019 for 2021 reporting)	hiv_tpt_eligible_start

Note that the following additional variables concerning data imported from UNAIDS appear only in `dcf.latest_notification` and are not transferred to the master view:

Date extracted from UNAIDS reporting system: `hiv_unaids_date_exported`

10.1 notes:
Indicator reported as not relevant or not available. `hiv_tbrx_art_NA`

Reason data not imported `hiv_tbrx_art_NI_reason`

Reported remarks: `hiv_tbrx_art_remarks`

10.2 notes:
Indicator reported as not relevant or not available. `hiv_tbdetect_hiv_reg_new2_NA`

Reason data not imported `hiv_tbdetect_hiv_reg_new2_NI_reason`

Reported remarks: `hiv_tbdetect_hiv_reg_new2_remarks`

10.3A notes:
Indicator reported as not relevant or not available. `hiv_tpt_eligible_start_NA`

Reason data not imported `hiv_tpt_eligible_start_NI_reason`

Reported remarks: `hiv_tpt_eligible_start_remarks`

10.3B notes:
Indicator reported as not relevant or not available. `hiv_tpt_completed_NA`

Reason data not imported `hiv_tpt_completed_reason`

Reported remarks: `hiv_tpt_completed_remarks`

Treatment outcomes for TB cases registered in 2019 calendar year (number of patients)

view_TME_master_outcomes

Please note that in 2022 WHO will start collecting data using revised treatment outcome definitions applicable to patients treated using any regimen regardless of drug-resistance status, type of drugs used or duration of treatment. The definitions were published in April 2021 at https://www.who.int/publications/i/item/9789240022195. In countries where the new definitions have not been adopted by 2022, allowances will be made to enable reporting of outcomes according to the old definitions.

2.47 Are outcomes of relapse cases included in row 2.48 below, in accordance with the 2013 revision of definitions and reporting framework?

[1] Yes
[0] No

rel_with_new_flg

("No" means relapse cases have been included in row 2.49 according to the pre-2013 reporting framework)

		Number of cases registered in 2019[a]	Treatment outcome				
			Cured or treatment completed	Treatment failed	Died	Lost to follow-up	Not evaluated[b]
2.48	All new and relapse cases (bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary)	newrel_coh	newrel_succ	newrel_fail	newrel_died	newrel_lost	c_newrel_neval
2.49	Previously treated patients (excluding relapse cases)	ret_nrel_coh	ret_nrel_succ	ret_nrel_fail	ret_nrel_died	ret_nrel_lost	c_ret_nrel_neval
2.50	Among all new and relapse cases in 2.48, HIV-positive TB cases	tbhiv_coh	tbhiv_succ	tbhiv_fail	tbhiv_died	tbhiv_lost	c_tbhiv_neval

	(bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary)						

[a] *Excludes cases moved to second-line treatment*

[b] *'Not evaluated' includes 'transferred out', 'still on treatment' and any other registered case where the treatment outcome has not been evaluated.*

☐ Please tick the box if data are not available for empty cells above.
Remarks:

Treatment outcomes for new and relapse TB cases in children (0-14 years) registered in 2019 calendar year (number of patients)

2.51 Do you have a case-based surveillance system that allows you to report on treatment outcomes for new and relapse TB cases in children aged 0-14 years?

1 Yes
0 No

outcomes_014_flg

(if yes from 2.51)

Full table shown for AMR and EUR countries. Only cohort size and cured/completed shown for other countries

		Number of cases registered in 2019[a]	Treatment outcome				
			Cured or treatment completed	Treatment failed	Died	Lost to follow-up	Not evaluated[b]
2.52	New and relapse TB cases in children (0-14 years)	newrel_014_coh	newrel_014_succ	newrel_014_fail	newrel_014_died	newrel_014_lost	c_newrel_014_neval

These questions are only for countries in the high TB burden list

Treatment outcomes for new and relapse TB cases in females registered in 2019 calendar year

2.51b Do you have a case-based surveillance system that allows you to report on treatment outcomes for new and relapse TB cases disaggregated by sex?

1 Yes

outcomes_sex_flg

0 No

(if yes from 2.51b)

		Number of cases registered in 2019[a]	Treatment outcome				
			Cured or treatment completed	Treatment failed	Died	Lost to follow-up	Not evaluated[b]
2.52b	New and relapse TB cases in females (all ages)	newrel_f_coh	newrel_f_succ	newrel_f_fail	newrel_f_died	newrel_f_lost	c_newrel_f_neval

[a] *Excludes cases moved to second-line treatment*

[b] *'Not evaluated' includes 'transferred out', 'still on treatment' and any other registered case where the treatment outcome has not been evaluated.*

☐ Please tick the box if data are not available for empty cells above.

Remarks:

Treatment outcomes for TB cases started on second-line TB treatment in 2018 calendar year (number of patients)

Please note that in 2022 WHO will start collecting data using revised treatment outcome definitions applicable to patients treated using any regimen regardless of drug-resistance status, type of drugs used or duration of treatment. The definitions were published in April 2021 at https://www.who.int/publications/i/item/9789240022195. In countries where the new definitions have not been adopted by 2022, allowances will be made to enable reporting of outcomes according to the old definitions.

		Number of cases started on second-line TB treatment in 2018	Treatment outcome				
			Cured or treatment completed	Treatment failed	Died	Lost to follow-up	Not evaluated[a]
2.53	All confirmed RR-TB/MDR-TB cases	mdr_coh	mdr_succ	mdr_fail	mdr_died	mdr_def	c_mdr_neval
2.54	All confirmed XDR-TB cases [b]	xdr_coh	xdr_succ	xdr_fail	xdr_died	xdr_def	c_xdr_neval

[a] *'Not evaluated' includes 'transferred out', 'still on treatment' and any other registered case where the treatment outcome has not been evaluated.*

[b] *Do not include these cases in 2.53. If you cannot report outcomes for XDR-TB cases separately from RR-/MDR-TB cases, include all cases in 2.53 and add a note in the remarks below.*

☐ Please tick the box if data are not available for empty cells above.
Remarks:

SECTION 3: SURVEYS AND SERVICES

Recent drug resistance survey or patient cost survey (2019 and 2020 calendar years)

Variables 3.1a – 3.1c do not appear in any view; countries that answer yes are listed in

`dcf.latest_survey`

Note: The question below is only about drug resistance surveys. Survey results do not need to be reported to WHO more than once.

3.1a Was a drug resistance survey (i.e., a study using a specially-designed sample of patients that is representative of the national or a subnational TB patient population) completed in 2019 or 2020?

1 Yes
0 No

`drs_cmplt`

If you have responded 'yes', you will be contacted by WHO to provide information about the methods and results of the survey

3.1b Was a patient costs survey completed in 2019 or 2020?

1 Yes
0 No

`pat_costs_cmplt`

If you have responded 'yes', you will be contacted by WHO to provide information about the methods and results of the survey

3.1c Was a data quality review or inventory study completed in 2019 or 2020 to estimate the number of diagnosed TB cases that were not reported (i.e. not included in the TB surveillance system)?

1 Yes
0 No

`dqr_cmplt`

If you have responded 'yes', you will be contacted by WHO to provide information about the methods and results of the study

Non-routine surveillance of HIV prevalence in TB patients, 2020

3.2 Was there **non-**routine surveillance of HIV prevalence in TB patien sentinel sites in 2020?

view_TME_master_strategy

tbhiv_surveil

1 Yes
0 No

3.3 If yes, what sources of data were used?

	Estimated prevalence (%)	Year of estimate	95% Confidence interval	
			lower limit	upper limit
Nationwide surveys based on a representative sample of TB patients	tbhiv_surv_prev	tbhiv_surv_yr	tbhiv_surv_cil	tbhiv_surv_ciu
Sentinel sites	tbhiv_sentin_prev	tbhiv_sentin_yr	tbhiv_sentin_cil	tbhiv_sentin_ciu

☐ Please tick the box if data are not available for empty cells above.
Remarks

Digital systems

3.4 Are the numbers of TB cases reported in Sections 2.1-2.9 derived from a national, electronic, case-based database with separate records for each TB patient?
A case-based system can show a list of individual cases and allows you to make specific calculations such as the "number of new extrapulmonary cases in males aged 29 notified during the first week of May".

*Using a spreadsheet such as Excel to store individual records **does not meet** the definition of a case-based database.*

caseb_err_nat

42 Yes, all TB patients in the country
43 Yes, but only for MDR-TB patients countrywide
44 Partially (transition to a case-based system is under way)
0 No

3.5 In 2020, did any treatment centre use digital technologies such as short text messaging via mobile phones, video-communication or electronic medication monitors to support TB medication adherence in patients at risk of interrupting treatment?

digital_adherence_support

210 Not used by any treatment centre
211 Used only by public sector treatment centres
212 Used only by private sector treatment centres
213 Used by public and private sector treatment centres
3 Do not know

Contact investigation and TB preventive treatment, 2020

TPT.1 Do you have any data on the number of household contacts of TB cases who were evaluated for TB?

screen_data_available

- [0] No
- [60] Yes, available from our routine surveillance system
- [61] Yes, estimated from a review of a random sample of medical records or treatment cards of TB patients, representative of the national TB patient population
- [5] Not applicable (because there were no TB cases)

TPT.2	*(if yes from routine surveillance)* Number of household contacts of bacteriologically-confirmed pulmonary new and relapse TB cases notified in 2020	newinc_con
TPT.3	*(if yes from routine surveillance)* Among the household contacts reported in TPT.2, the number who were evaluated for active TB and latent TB	newinc_con_screen

TPT.4	*(if yes from review)* Number of bacteriologically-confirmed pulmonary new and relapse TB cases notified in 2020 whose medical records or treatment cards were included in the review	rev_newinc
TPT.5	*(if yes from review)* Number of household contacts identified of the TB cases reviewed in TPT.4	rev_newinc_con
TPT.6	*(if yes from review)* Among the household contacts reported in TPT.5, the number who were evaluated for active TB and latent TB	rev_newinc_con_screen

TPT.7 Do you have any data on the number of household contacts of TB cases started on TB preventive treatment?

prevtx data_available

- [0] No
- [60] Yes, available from our routine surveillance system
- [61] Yes, estimated from a review of a random sample of medical records or treatment cards of TB patients, representative of the national TB patient population
- [5] Not applicable (because there were no TB cases)

TPT.8	*(if yes from routine surveillance)* Number of household contacts of bacteriologically-confirmed pulmonary new and relapse TB cases notified in 2020 who were started on TB preventive treatment	newinc_con_prevtx
TPT.9	*(if yes from routine surveillance)* Among the household contacts started on TB preventive treatment reported in TPT.8, number who were children aged under 5.	newinc_con04_prevtx

TPT.10	*(if yes from review)* Number of bacteriologically-confirmed pulmonary new and relapse TB cases notified in 2020 whose	ptsurvey_newinc

	medical records or treatment cards were included in the review	
TPT.11	*(if yes from review)* Number of household contacts of the TB cases reviewed in TPT.10 who were started on TB preventive treatment,	ptsurvey_newinc_con_prevtx
TPT.12	*(if yes from review)* Among the household contacts started on TB preventive treatment reported in TPT.11, number who were children aged under 5.	ptsurvey_newinc_con04_prevtx

TPT.13 Do you have any data on the number of patients treated using shorter TB preventive treatment regimens containing rifampicin or rifapentine?

prevtx_short_data_available

0	No
1	Yes
194	Not used

TPT.14	Total number of individuals started on shorter TB preventive treatment regimens containing rifampicin or rifapentine in 2020 *(please also include data from national HIV/AIDS programme and research projects)*	prevtx_short_rifamycin

Completion of TB preventive treatment, 2019

TPT.15 Do you have any data on the number of household contacts of TB cases who were started on TB preventive treatment in 2019 and who completed the course of treatment?

prevtx_cmplt_data_available

0	No
1	Yes
5	Not applicable (because there were no TB cases)

	Number of household contacts of bacteriologically-confirmed pulmonary new and relapse TB cases who were started on TB preventive treatment in 2019 (as reported to WHO in 2020)	
TPT.16	Number of household contacts of bacteriologically-confirmed pulmonary new and relapse TB cases who were started on TB preventive treatment in 2019	newinc_con_prevtx
TPT.17	Among household contacts reported in TPT.16, number who completed the course of TB preventive treatment	newinc_con_prevtx_cmplt

☐ Please tick the box if data are not available for empty cells above.
Remarks:

TB infection control

For long form countries only (dc_shortform=0)

Data on TB in health workers is typically available from occupational health programmes.

If infection control is effective, the annual TB incidence rates in health workers (relative to the total number of health workers) should not on average exceed annual TB incidence rates in the general population of the same age and sex groups.

IC.1	How many workers at health care facilities (including non-medical staff such as drivers) had TB in 2020 (regardless of job position)?	hcw_tb_infected
IC.2	How many workers at health care facilities (including non-medical staff such as drivers) were working in the country in the public and private sector in 2020?	hcw_tot

☐ Please tick the box if data are not available for empty cells above.
Remarks:

Palliative care

For long form countries only (dc_shortform=0)

PC.1	Number of patients who started second-line TB treatment in 2018 whose treatment failed and who received oral morphine by prescription to treat pain or terminal dyspnoea	mdrxdr_fail_morphine

☐ Please tick the box if data are not available for empty cells above.
Remarks:

Laboratory diagnostic services

For all countries in AMR and EUR
For long form countries only (dc_shortform=0) in other regions

See Framework of indicators and targets for laboratory strengthening under the End TB Strategy

LAB.1	Total number of sites providing laboratory diagnostic testing for TB at the end of 2020 *Include all sites contributing to the diagnosis of TB, including laboratories within or outside the public health sector.*	dx_test_sites

		(i) Number of sites providing these services at the end of 2020 [a]	(ii) Number of sites that demonstrated proficiency by panel testing in 2020 [b]
LAB.2	Smear microscopy (including fluorescent)	smear	smear_eqa_pass
LAB.3	Culture	culture	culture_eqa_pass
LAB.4	Molecular WHO-recommended rapid diagnostics *These are currently Xpert MTB/RIF (including Ultra), Truenat MTB and MTB Plus, and TB-LAMP.*	m_wrd	m_wrd_eqa_pass
LAB.5	Line Probe Assay (LPA) for first line drugs (both rifampicin and isoniazid)	lpa_fl	lpa_fl_eqa_pass
LAB.6	Line Probe Assay (LPA) for second line drugs (fluoroquinolones)	lpa_sl	lpa_sl_eqa_pass
LAB.7	Phenotypic drug susceptibility testing for rifampicin	dst_rif	dst_rif_eqa_pass
LAB.8	Phenotypic drug susceptibility testing for isoniazid	dst_inh	dst_inh_eqa_pass
LAB.9	Phenotypic drug susceptibility testing for pyrazinamide	dst_pza	dst_pza_eqa_pass
LAB.10	Phenotypic drug susceptibility testing for moxifloxacin and/or levofloxacin	dst_moxlev	dst_moxlev_eqa_pass
LAB.11	Phenotypic drug susceptibility testing for bedaquiline	dst_bqd	dst_bdq_eqa_pass
LAB.12	Phenotypic drug susceptibility testing for linezolid	dst_lzd	dst_lzd_eqa_pass

[a] *Please include all sites contributing to the diagnosis of patients notified by the NTP (including laboratories within or outside the public health sector).*

[b] *Criteria for demonstrating proficiency by panel testing:*

- *Drug susceptibility testing sites for first-line drugs or LPA sites having at least 95% agreement for rifampicin and isoniazid with the results of the national reference laboratory or supra-national reference laboratory.*
- *Drug susceptibility testing sites for second-line drugs having at least 90% agreement for fluoroquinolones with the results of the national reference laboratory or supra-national reference laboratory.*

Quality management systems among the sites performing TB testing at the end of 2020

LAB.13	Number of sites with ISO15189 accreditation	iso15189_accredited
LAB.14	Number of sites that are not accredited and that are in the process of establishing a formal quality management system towards achieving accreditation *Implementation includes baseline assessment of the laboratory's quality management system using a recognized checklist based on ISO 15189, developing an action plan for quality improvements and starting to implement recommendations.*	qms_pending

Data reporting among the sites performing TB testing at the end of 2020

LAB.15	Number of sites which record TB specimen reception and test results in a formal computer-based laboratory information system *Using a spreadsheet such as Excel **does not meet** the definition of a formal computer-based laboratory information system.*	lmis
LAB.16	Among the sites using molecular WHO-recommended rapid diagnostics reported in LAB.4, number of sites which transmit results automatically to clinicians and to an information management system. *Electronic data connectivity solutions are able to rapidly make test results available to clinicians and information management systems (including a laboratory information management system or an electronic register, or both) via the Internet, mobile data networks or text messaging (SMS). See GLI Quick Guide to TB Diagnostics Connectivity Solutions*	m_wrd_etrans

☐ Please tick the box if data are not available for empty cells above.
Remarks:

Public-Private Mix (PPM)

For 28 countries where dc_ppm_display = 1

PPM.1	Number of TB cases contributed by private non-NTP providers through referral / diagnosis / notification in 2020 *Include all contributions from private individual and institutional providers, corporate/business sector providers, mission hospitals, and other clinics/hospitals managed by non-governmental organizations and faith-based organizations*	priv_new_dx

☐ Please tick the box if data are not available for empty cells above.
Remarks:

Community Engagement

For 81 countries where dc_engage_community_display = 1

CE.1	How many TB basic management units (BMUs) were there in 2020? *A basic management unit (BMU) is defined in terms of management, supervision and monitoring responsibility. A BMU for the TB programme may have several treatment facilities, one or more laboratories and one or more hospitals. The defining aspect is the presence of a manager or coordinator who oversees TB control activities for the unit and who maintains a master register of all TB patients being treated. Typically, the units correspond to the government's second subnational administrative division, which might be called, for example, a "district" or "county".*	bmu
CE.2	How many BMUs were implementing community-based referrals or any form of community treatment adherence support in 2020?	bmu_community_impl
CE.3	Do you have data on community-based referrals or any form of community treatment adherence support in 2020? [1] Yes [0] No	community_data_available

Referrals by community health workers / community volunteers in 2020

CE.4	Number of BMUs with data on referrals by community health workers / community volunteers in 2020	bmu_ref_data
CE.5	Total number of new and relapse TB cases notified in the BMUs of CE.4 in 2020	notified_ref
CE.6	Number of new and relapse cases referred by community health workers / community volunteers* among the cases in CE.5	notified_ref_community

Treatment adherence support from community health workers / community volunteers for patients who started TB treatment in 2019

CE.7	Number of BMUs with data on community treatment adherence support	bmu_rxsupport_data
CE.8	Total number of patients who started TB treatment in the BMUs of CE.7 in 2019	bmu_rxsupport_data_coh

CE.9	Total number of patients who started TB treatment in 2019 and who received any form of treatment adherence support from community health workers / community volunteers* in the BMUs of CE.7	rxsupport_community_coh
CE.10	Number of TB cases who were cured or who completed treatment among the cases in CE.9	rxsupport_community_succ

** Include contributions from all community health workers / community volunteers including those supervised by the government, non-governmental organizations, community-based organizations, faith-based organizations and patient-based organizations.*

Community health workers are people with some formal education who are given training to contribute to community-based health services, and their time is often compensated by incentives in kind or in cash.
Community volunteers are community members who have been systematically sensitized about TB prevention and care, either through a short, specific training scheme or through repeated, regular contact sessions with professional health workers.

☐ Please tick the box if data are not available for empty cells above.
Remarks:

view_TME_master_budget_expenditure

SECTION 4: FINANCE

Budget fiscal year 2021

For low/middle-income countries only (dc_finance_display=1)

		(i) Drug-susceptible TB treatment	(ii) MDR-TB treatment	(iii) pre-XDR / XDR-TB treatment	(iv) TB preventive treatment
4.1	Number of patients expected to start treatment in 2021	tx_dstb [a]	tx_mdr	tx_xdr	tx_tpt [b]
4.2	Average cost of drugs budgeted per patient, excluding buffer stock (US Dollars)	budget_cpp_dstb [c]	budget_cpp_mdr [d]	budget_cpp_xdr [e]	budget_cpp_tpt [f]
4.3	**Expected cost of drugs in 2021, excluding buffer stock (US Dollars)**	(auto calc.)	(auto calc.)		(auto calc.)

[a] *Include all patients receiving first-line drugs, including children and retreatment cases.*

[b] *Include all people receiving TB preventive treatment*

[c] *This can be estimated as the annual budget for first-line drugs (excluding any buffer stock) divided by the expected number all new and retreatment patients (adults and children).*

[d] *This can be estimated as the annual budget for second-line drugs (excluding any buffer stock) divided by the expected number of patients who will be started on treatment for MDR-TB.*

[e] *This can be estimated as the annual budget for pre-XDR/XDR-TB drugs (excluding any buffer stock) divided by the expected number of patients who will be started on treatment for pre-XDR/XDR-TB.*

[f] *This can be estimated as the annual budget for drugs for TB preventive treatment (excluding any buffer stock) divided by the expected number of people who will be started on TB preventive treatment.*

Please report all financial data in US Dollars. Please leave data items empty if their values are not known. Enter 0 only if the true value is zero.

	Budget line item	Budget required [d]	Expected funding [e]	Gap
4.4	Laboratory infrastructure, equipment and supplies *Building, maintaining, and renovating TB laboratories, laboratory equipment purchase and maintenance, consummables for all tests (including TB screening for people living with HIV/AIDS and diagnosis of latent TB infection), quality assurance, retooling and the transportation of specimens.*	budget_lab	cf_lab	gap_lab
4.5	National TB Programme staff (central unit staff and subnational TB staff) *Salaries and incentives of those working only on TB activities at central and peripheral levels (for example provincial TB coordinators, district TB coordinators, etc.). Do not include primary health care personnel working on other diseases in addition to TB.*	budget_staff	cf_staff	gap_staff
4.6	Drug-susceptible TB: drugs	budget_fld	cf_fld	gap_fld

	Drugs for patients being treated for drug-susceptible TB. Include children, re-treatment cases and buffer stock.			
4.7	Drug-susceptible TB: programme costs *The management and supervision of the TB control programme, training, policy development, meetings, visits for supervision, purchase of office equipment/vehicles, construction of buildings for use by programme staff, routine surveillance, advocacy and communication, public-private mix activities, community engagement, active case-finding, infection control, management of TB drug procurement and distribution, and programme activities linked to contact investigation for TB preventive treatment*	budget_prog	cf_prog	gap_prog
4.8	Drug-resistant TB: drugs *Drugs to treat drug-resistant TB (RR-TB, MDR-TB, pre-XDR-TB or XDR-TB). Include drugs to deal with adverse events*	budget_sld	cf_sld	gap_sld
4.9	Drug-resistant TB: programme costs *Management of drug-resistant TB services, excluding drugs. Examples are renovation of MDR-TB wards, support for the Green Light Committee, conducting an MDR situation assessment, default and contact tracing, palliative care.*	budget_mdrmgt	cf_mdrmgt	gap_mdrmgt
4.10	TB preventive treatment: drugs *Drugs for TB preventive treament, as per latest WHO guidance (6H, 9H, 4R, 3HR and Levofloxacin)*	budget_tpt	cf_tpt	gap_tpt
4.11	Collaborative TB/HIV activities *Collaboration between TB and HIV programmes aimed at reducing the impact of HIV-related TB. Activities include TB/HIV coordinating bodies, joint TB/HIV training and planning, HIV testing for TB patients, HIV surveillance among TB patients,, co-trimoxazole preventive therapy (CPT), joint TB/HIV education/ communication, and antiretroviral treatment for TB patients. TB screening for people living with HIV/AIDS is included under (Lab infrastructure, equipment, and supplies).*	budget_tbhiv	cf_tbhiv	gap_tbhiv
4.12	Patient support *Cash transfers, food packages, transportation vouchers, educational and emotional support to patient or other in-kind benefits given to TB patients, mobile phone (airtime or device for V.O.T), medications monitors (digital box, 99 DOTS)*	budget_patsup	cf_patsup	gap_patsup
4.13	Operational research and surveys *Periodic surveys (prevalence, drug resistance, patient catastrophic cost); routine surveillance (epidemiology review, inventory studies, pharmacovigilance, systematic assessment of the surveillance system); operational research.*	budget_orsrvy	cf_orsrvy	gap_orsrvy
4.14	All other budget lines	budget_oth	cf_oth	gap_oth

	Please explain this amount in the "Remarks" box below.			
4.15	**Total**	budget_tot	cf_tot	gap_tot

[d]Total budget required should be in line with your annual national strategic plan. Indicate total amount that is necessary to carry out the National plan, not just the expected disbursements from funding partners.

[e] Funding from both the central and peripheral government, Global Fund, USAID, and other grants. The amount should be for the relevant fiscal year only and not the total amount of the grants or commitments over several fiscal periods.

*Please enter the **total expected funding** for the budget required shown above:*

	Funding source	Expected funding
4.16	Domestic (including loans)	cf_tot_domestic
4.17	Global Fund	cf_tot_gf
4.18	USAID	cf_tot_usaid
4.19	Other sources	cf_tot_grnt
4.20	**Total expected funding**	cf_tot_sources

☐ Please tick the box if data are not available for empty cells above.

Remarks:

Expenditure, fiscal year 2020

For low/middle-income countries only (dc_finance_display=1)

4.21	Average cost of drugs spent per patient starting first-line TB treatment, excluding buffer stock (US Dollars) *This can be estimated as the annual expenditure for first-line drugs (excluding any buffer stock) divided by the total number of notifications of all new and retreatment patients (adults and children).*	exp_cpp_dstb
4.22	Average cost of drugs spent per patient starting second-line treatment for MDR-TB, excluding buffer stock (US Dollars) *This can be estimated as the annual expenditure for second-line drugs (excluding any buffer stock) divided by the number of patients enrolled on treatment for MDR-TB.*	exp_cpp_mdr
4.23	Average cost of drugs spent per patient starting pre-XDR / XDR-TB treatment, excluding buffer stock (US Dollars) *This can be estimated as the annual expenditure for XDR-TB drugs (excluding any buffer stock) divided by the number of patients enrolled on treatment for pre-XDR-TB / XDR-TB.*	exp_cpp_xdr
4.24	Average cost of drugs spent per person starting TB preventive treatment	exp_cpp_tpt

Please report all financial data in US Dollars. Please leave data items empty if their values are not known. Enter 0 only if the true value is zero.

		Actual expenditure [a]	Received Funding [b]
4.25	Laboratory infrastructure, equipment and supplies	exp_lab	rcvd_lab
4.26	National TB Programme staff (central unit staff and subnational TB staff)	exp_staff	rcvd_staff
4.27	Drug-susceptible TB: drugs	exp_fld	rcvd_fld
4.28	Drug-susceptible TB: programme costs	exp_prog	rcvd_prog
4.29	Drug-resistant TB: drugs	exp_sld	rcvd_sld
4.30	Drug-resistant TB: programme costs	exp_mdrmgt	rcvd_mdrmgt
4.31	TB preventive treatment: drugs	exp_tpt	rcvd_tpt
4.32	Collaborative TB/HIV activities	exp_tbhiv	rcvd_tbhiv
4.33	Patient support	exp_patsup	rcvd_patsup
4.34	Operational research and surveys	exp_orsrvy	rcvd_orsrvy
4.35	All other budget lines for TB	exp_oth	rcvd_oth
4.36	**TOTAL**	exp_tot	rcvd_tot

[a] *Report the amounts that were actually spent on each line item during your last fiscal year. The total in this column might be lower than the total funds received, but not higher.*

[b] *Report the funds actually received from each source of funding. The total amount from all sources might be higher than the expenditure reported, but not lower.*

*Please enter the **total received funding** for the actual expenditures in the table above:*

	Source	Received funding
4.37	Domestic (including loans)	rcvd_tot_domestic
4.38	Global Fund	rcvd_tot_gf
4.39	USAID	rcvd_tot_usaid
4.40	Other sources	rcvd_tot_grnt
4.41	**Total received funding**	rcvd_tot_sources

☐ Please tick the box if data are not available for empty cells above.
Remarks:

For all WB high income countries and the 30 HBCs only

TB research expenditure

RES.1	National expenditure on tuberculosis research, **excluding** expenditure already reported in question 4.34, in fiscal year 2020 (US Dollars) *Comprehensive spending on TB research includes epidemiological surveillance, operations research, patient cost surveys, health systems research, clinical research and fundamental (basic science) research. This information may be available from the Ministry of Health and/or national science and technology council or its equivalent.*	exp_res

☐ Please tick the box if data are not available for empty cells above.
Remarks:

Utilization of health services, 2020

		Patients starting first-line TB treatment	Patients starting MDR-TB / pre-XDR-TB / XDR-TB treatment
UTL.1	Typical number of visits to a health facility after diagnosis *The average number of visits per patient to any health facility during TB treatment, for example for observed treatment (DOT), collection of drugs, smear monitoring, etc. after the patient has been diagnosed with TB, in view of your treatment guidelines. For example, if a TB patient on first-line treatment receives directly observed treatment daily in the intensive phase at clinics and, in the continuation phase 4 visits are required (one per month for collection of drugs), the total would be 60+4=64.*	hcfvisit_dstb	hcfvisit_mdr
UTL.2	Estimated percentage of cases that are hospitalized (%) *If the actual percentage of hospitalisations is available from the basic management unit register, please report. If not, please report the approximate percentage of patients hospitalized for TB treatment (for any duration of stay), in view of your treatment guidelines. For example, if your policy or general practice is to admit all TB patients for 2 months, the figure will be 100%.*	hospd_dstb_prct	hospd_mdr_prct
UTL.3	Estimated average duration of stay if hospitalized (days) *If the actual duration of stay is available from the basic management unit register, please report. If not, please estimate the number of days a patient would spend in hospital "on average".*	hospd_dstb_dur	hospd_mdr_dur

UTL.4 If MDR-TB patients are hospitalized, in which type of facility are they most often treated?

140	Primary-level hospital
141	Secondary-level hospital
142	Tertiary-level hospital
2	Not applicable

hosp_type_mdr

Primary-level hospital (or 'district hospital' or 'first-level referral'): has few specialities, mainly internal medicine, obstetrics-gynecology, pediatrics, and general surgery, or only general practice; limited general laboratory services; 30-200 beds.
Secondary-level hospital (or 'provincial hospital'): highly differentiated by function with five to ten clinical specialities; 200-800 beds.
Tertiary-level hospital (or 'central' or 'regional' hospital): highly specialized staff and technical equipment, e.g., cardiology, ICU and specialized imaging units; clinical services are highly differentiated by function; may have teaching activities; 300-1500 beds.
Source: WHO guide to cost effectiveness analysis p215

☐ Please tick the box if data are not available for empty cells above.
Remarks:

SECTION 5: MULTI-SECTORAL ACCOUNTABILITY

Only for countries that did not answer 'yes' to 5.1 and 5.2 in the 2020 data collection form (dc_unhlm_display=1)

Response to the political declaration of the 2018 UN High Level Meeting on TB

Annual report

5.1	Does the National TB Programme (or equivalent) produce a publicly available annual report about the status of the TB epidemic and progress in response efforts? 1 Yes 0 No	annual_report_published

Review mechanism

5.2	Is there a national multi-sectoral and multi-stakeholder accountability and review mechanism, under high-level leadership, to monitor and review progress towards ending TB? *See https://www.who.int/tb/publications/MultisectoralAccountability/en/* 1 Yes 0 No	ms_review
5.3	*(If yes to 5.2)* Do representatives of civil society and affected communities participate in the multi-sectoral accountability and review mechanism? 1 Yes 0 No	ms_review_civil_soc