Global TB data collection form 2023

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)

Ongoing reporting of the latest provisional numbers of new and relapse TB cases

Please provide the provisional number of people with new and relapse TB cases (all forms, including people with drug-resistant TB) that were notified each month or quarter as soon as the month or quarter has ended. WHO will use this ongoing reporting to monitor the impact of the disruptions caused by the COVID-19 pandemic on essential TB services and on TB incidence and mortality.

Note that these data are published instantly on the WHO TB data web page at https://www.who.int/teams/global-tuberculosis-programme/data

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):

2023

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

2024

m.1	January	
m.2	February	

(if frequency = quarterly):

2023

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)
Please do not use honorifics or titles such as "Dr", "Professor".

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)
Please enter only one name here. If you want us to acknowledge more names please enter them in the "General remarks" section.
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`

view_TME_master_notification

SECTION 2: DIAGNOSIS AND TREATMENT

TB notifications by history, site, diagnostic method and by age and sex, 2022 calendar year

*Please report **all** people diagnosed with TB and eligible for TB treatment (including those diagnosed with drug-resistant TB), regardless of whether treatment was started or not. People 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 *(positive by WHO-recommended rapid diagnostics such as Xpert MTB/RIF, Ultra, Truenat MTB, MTB Plus, TB-LAMP or LF-LAM; culture positive; smear positive)*	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, numbers by previous anti-TB treatment status	pulm_labconf_new	pulm_labconf_ret	pulm_labconf_unk

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, 2022 calendar year

Time-changes in the distribution of cases by age and sex are analyzed by WHO to understand trends in disease burden and gaps in the performance of TB surveillance

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 one country which were not able to give full age/sex breakdowns for all new and relapse cases last year in 2022: Mozambique)

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	Total
Male	newrel_m3544	newrel_m4554	newrel_m5564	newrel_m65	newrel_mu	(auto calc.)
Female	newrel_f3544	newrel_f4554	newrel_f5564	newrel_f65	newrel_fu	(auto calc.)
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 2022? [b]

rdx_data_available

0 No
60 Yes, available from our routine surveillance system
62 Yes, available from our routine surveillance system disaggregated by case type
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 not disaggregated by case type)* Number of new and relapse cases 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) [b]	newinc_rdx
2.12	*if yes from routine surveillance disaggregaed by case type)* Number of new and relapse pulmonary bacteriologically confirmed cases reported in question 2.1 tested using a WHO-recommended rapid diagnostic (for example Xpert MTB/RIF) as the initial diagnostic test (regardless of test result)	newinc_pulm_labconf_rdx
2.13	*if yes from routine surveillance disaggregaed by case type)* Number of new and relapse pulmonary clinically diagnosed cases reported in question 2.2 tested using a WHO-recommended rapid diagnostic (for example Xpert MTB/RIF) as the initial diagnostic test (regardless of test result, noting that by definition a positive result means the case should be classified as bacteriologically-confirmed)	newinc_pulm_clindx_rdx
2.14	*if yes from routine surveillance disaggregaed by case type)* Number of new and relapse extrapulmonary cases reported in question 2.3 tested using a WHO-recommended rapid diagnostic (for example Xpert MTB/RIF) as the initial diagnostic test (regardless of test result)	newinc_ep_rdx
2.15	*(if yes from survey)* Number of new and relapse cases reported in questions 2.1 – 2.3 whose medical records or treatment cards were included in the survey [b]	rdxsurvey_newinc
2.16	*(if yes from survey)* Among the cases reported in 2.15, 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:

Diagnosis and enrolment on treatment, 2022 calendar year

Diagnosis and enrolment on treatment of rifampicin-susceptible TB patients

2.17	Among all people diagnosed with pulmonary or extrapulmonary TB in 2022 (reported in questions 2.1 – 2.4), number with no evidence of rifampicin resistance (susceptible or tests not done)	nrr
2.18	Among the people in 2.17, number started on a regimen to treat rifampicin-susceptible TB	nrr_tx

Diagnosis and enrolment on treatment of TB patients with laboratory-confirmed rifampicin resistance and no evidence of fluoroquinolone resistance

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

2.19	Among all people diagnosed with pulmonary or extrapulmonary TB in 2022 (reported in questions 2.1 – 2.4), number with laboratory-confirmed rifampicin resistance and no evidence of fluoroquinolone resistance (susceptible or tests not done) *This should not include pre-XDR-TB and XDR-TB patients.*	conf_rr_nfqr
2.20	Number of patients with laboratory-confirmed rifampicin resistance and no evidence of fluoroquinolone resistance (susceptible or tests not done) started on treatment for MDR/RR-TB in 2022 *Pulmonary or extrapulmonary. Also include patients diagnosed before 2022 but started on treatment in 2022.* *This should not include pre-XDR-TB and XDR-TB patients treated for pre-XDR-TB or XDR-TB.*	conf_rr_nfqr_tx
2.21	Number of patients without laboratory confirmation of rifampicin resistance started on treatment for MDR/RR-TB in 2022 *Pulmonary or extrapulmonary. Also include patients diagnosed before 2022 but started on treatment in 2022.* *This should not include pre-XDR-TB and XDR-TB patients treated for pre-XDR-TB or XDR-TB.*	unconf_rr_nfqr_tx
2.22	Total number of patients who started treatment for MDR/RR-TB in 2022	(auto calc.)
2.23	Among patients in 2.22 who started treatment for MDR/RR-TB in 2022, the number who were children aged 0-14 years *Pulmonary or extrapulmonary. Also include patients diagnosed before 2022 but started on treatment in 2022.* *This should not include pre-XDR-TB and XDR-TB patients treated for pre-XDR-TB or XDR-TB.*	rr_nfqr_014_tx

Diagnosis and enrolment on treatment of TB patients with laboratory-confirmed rifampicin resistance and also fluoroquinolone resistance (pre-XDR-TB or XDR-TB)

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 .

2.24	Number with laboratory-confirmed rifampicin resistance and also fluoroquinolone resistance (i.e. pre-XDR-TB or XDR-TB) identified in 2022 *Pulmonary or extrapulmonary. Also include patients diagnosed with rifampicin resistance before 2022 and then with fluoroquinolone resistance in 2022.*	conf_rr_fqr
2.25	Number with laboratory-confirmed rifampicin resistance and also fluoroquinolone resistance (i.e. pre-XDR-TB or XDR-TB) who started treatment for pre-XDR-TB or XDR-TB in 2022 *Pulmonary or extrapulmonary. Also include patients diagnosed before 2022 but started on treatment in 2022.*	conf_rr_fqr_tx

Treatment regimens

2.26	Had any TB patients been started on the 4-month HPMZ regimen for the treatment of rifampicin-susceptible TB by the end of 2022? 1 Yes 0 No 3 Don't know	nrr_hpmz_used
2.27	*(If yes to 2.26* Number of patients started on the 4-month HPMZ regimen in 2022	nrr_hpmz_tx
2.28	Had any TB patients been started on the all-oral BPaLM/BPaL regimen for the treatment of MDR/RR-TB or pre-XDR-TB by the end of 2022? 1 Yes 0 No 3 Don't know	mdrxdr_bpalm_used
2.29	*(If yes to 2.28)* Number of patients started on the BPaLM/BPaL regimen in 2022	mdrxdr_bpalm_tx
2.30	Had any patients been started on all oral longer regimens for the treatment of MDR/RR-TB, pre-XDR-TB or XDR-TB by the end of 2022? *Longer MDR-TB regimens are those used for the treatment of MDR/RR-TB, pre-XDR=TB and XDR-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
2.31	*(If yes to 2.30)* Number of patients started on all oral longer regimens for the treatment of MDR/RR-TB, pre-XDR-TB or XDR-TB in 2022	mdrxdr_alloral_tx
2.32	Had any patients been started on 9-month all-oral regimens for the treatment of MDR/RR-TB by the end of 2022?	mdr_alloral_short_used

	1 Yes 0 No 3 Don't know	
2.33	*(If yes to 2.32)* Number of patients started on 9-month all-oral regimens for the treatment of MDR/RR-TB in 2022.	mdr_alloral_short_tx
2.34	Number of patients who started treatment for MDR/RR-TB, pre-XDR-TB or XDR-TB in 2022 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, 2022 calendar year

*Note: Questions below are for reporting **all** bacteriologically confirmed pulmonary drug resistant cases notified in the country in 2022. 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	
DRS.1	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.)
DRS.2	Among patients with test results for rifampicin reported in DRS.1, 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
DRS.1b	Among bacteriologically confirmed pulmonary relapse TB patients reported in 2.1(ii), number of patients with test results for rifampicin	r_rlt_rel
DRS.2b	Among relapse patients with test results for rifampicin reported in DRS.1b, number of patients with resistance to rifampicin (RR-TB)	rr_rel

Rifampicin and isoniazid testing among *new* patients in DRS.1(i):

		(i) Resistant to isoniazid	(ii) Susceptible to isoniazid
DRS.3	Resistant to rifampicin	a	b
DRS.4	Susceptible to rifampicin	c	d
DRS.5	Total new patients tested for both rifampicin and isoniazid	(auto calc.)	

Rifampicin and isoniazid testing among *previously treated (including relapses)* patients in DRS.1(ii):

		(i) Resistant to isoniazid	(ii) Susceptible to isoniazid
DRS.6	Resistant to rifampicin	e	f
DRS.7	Susceptible to rifampicin	g	h
DRS.8	Total previously treated (including relapse) patients tested for both rifampicin and isoniazid	(auto calc.)	

Note that DRS.3 – DRS.8 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 DRS.1, 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 2022. 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 among RR-TB patients in DRS.2

DRS.9	Among RR-TB patients reported in DRS.2, number of patients with test results for any fluoroquinolone	rr_dst_rlt_fq
DRS.10	Among patients with test results for fluoroquinolones reported in DRS.9, number of patients with resistance to any fluoroquinolone (pre-XDR-TB)	rr_fqr

Bedaquiline and linezolid testing among pre-XDR-TB patients in DRS.10

		(i) Resistant to bedaquiline (XDR-TB)	(ii) Susceptible to bedaquiline	(iii) Unknown resistance to bedaquiline
DRS.11	Resistant to linezolid (XDR-TB)	rr_fqr_bdqr_lzdr	rr_fqr_bdqs_lzdr	rr_fqr_bdqu_lzdr
DRS.12	Susceptible to linezolid	rr_fqr_bdqr_lzds	rr_fqr_bdqs_lzds	rr_fqr_bdqu_lzds
DRS.13	Unknown resistance to linezolid	rr_fqr_bdqr_lzdu	rr_fqr_bdqs_lzdu	rr_fqr_bdqu_lzdu
DRS.14	Total number with XDR-TB (DRS.11+ DRS.12 (i) + DRS.13 (i))	(auto calc.)		
DRS.15	Total pre-XDR-TB cases tested in DRS.11 + DRS.12 + DRS.13	(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 = DRS.11(i) + DRS.11 (ii) + DRS.12(i) + DRS.12 (ii)
Testing coverage denominator = DRS.15

Prevalence of XDR among pre-XDR numerator = DRS.11 (i) + DRS.11 (ii) + DRS.12(i)
Prevalence of XDR among pre-XDR denominator = DRS.11 (i) + DRS.11 (ii) + DRS.12(i) + DRS.12(ii)

The total of all cells in the table (DRS.15) should be equal to DRS.10

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

view_TME_master_notification

TB/HIV, 2021 calendar year

To update TB/HIV data for 2021 and earlier years, please go to the update page

Number of new and relapse TB patients notified in 2021 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 2021, the number recorded as HIV positive	newrel_hivpos
Among HIV-positive new and relapse TB patients reported in 2021, the number started or continued on antiretroviral therapy (ART)	newrel_art

TB/HIV, 2022 calendar year

HIV.1 Are the data in HIV.2 – HIV.4 restricted to new and relapse cases, in accordance with the 2013 revision of definitions and reporting framework?

1 Yes
0 No

newrel_tbhiv_flg

("No" means all TB cases have been included in HIV.2 – HIV.4 according to the pre-2013 reporting framework)

	Total number of notified new and relapse cases in 2.1 - 2.3	c_newinc
HIV.2	Number of new and relapse TB patients notified in 2022 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
HIV.3	Among new and relapse TB patients reported in HIV.2, the number recorded as HIV positive	newrel_hivpos
HIV.4	Among HIV-positive new and relapse TB patients reported in HIV.3, 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

HIV.5 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?

1 Yes
0 No

tbhiv_014_flg

(if yes from HIV.5):)

HIV.6	Number of new and relapse TB patients notified in 2022 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
HIV.7	Among new and relapse TB patients aged 0-14 years reported in HIV.6, the number recorded as HIV positive	newrel_hivpos_014
HIV.8	Among HIV-positive new and relapse TB patients aged 0-14 years reported in HIV.7 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:

Global AIDS Monitoring 2022 data imported from UNAIDS (https://aidsreportingtool.unaids.org/), as supplied by National AIDS Programme respondents:

		2022
GAM.7.7 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

		2022
GAM. 7.8 Numerator	Total number of people living with HIV newly enrolled in HIV treatment who have active TB disease during the reporting period	hiv_tbdetect
GAM. 7.8 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

		2022
GAM 7.9 Numerator	Total number of people living with HIV newly enrolled on antiretroviral therapy who also started tuberculosis preventive treatment during the same reporting period	hiv_new_tpt
GAM 7.9 Denominator	Total number of people living with HIV newly enrolled on antiretroviral therapy (i.e., those registered for antiretroviral therapy during the reporting period) This denominator should be the same as the denominator of indicator 7.8	hiv_new

GAM 7.9 Numerator (alternative)	Total number of people living with HIV currently enrolled on antiretroviral therapy who started tuberculosis preventive treatment during the reporting period	hiv_all_tpt
GAM 7.9 Denominator (alternative)	Total number of people living with HIV currently enrolled on antiretroviral therapy. This value should be greater than the denominator for indicator 7.8	hiv_all

		2021
GAM. 7.10 Numerator	Number of people on antiretroviral therapy who completed TPT among those who initiated any course of TPT during the previous year (e.g. 2021 cohort for 2023 reporting)	hiv_all_tpt_completed
GAM. 7.10 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., 2021 for 2023 reporting)	hiv_all_tpt_started

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

GAM.7.7 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

GAM.7.8 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

GAM.7.9 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

GAM.7.10 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

view_TME_master_outcomes

Treatment outcomes for TB patients registered in 2021 calendar year for drug-susceptible TB treatment

WHO is now collecting data using the revised treatment outcome definitions applicable to all patients treated for TB regardless of regimen used. The definitions were published in April 2021 at https://www.who.int/publications/i/item/9789240022195

Note that patients started on treatment for drug-susceptible TB and then later changed to treatment for drug-resistant TB are not now removed from the initial drug-susceptible TB treatment cohort. Instead, an outcome of treatment failure is assigned to the drug-susceptible treatment and the patient is then added to the drug-resistant TB treatment cohort

***Treatment failed**: A patient whose **treatment regimen needed to be terminated or permanently changed** to a new regimen or treatment strategy. Reasons for the change include:*

- *evidence of additional drug resistance to medicines in the regimen;*
- *adverse drug reactions; or*
- *no clinical response and/or no bacteriological response.*

***Cured**: A pulmonary TB patient with bacteriologically confirmed TB at the beginning of treatment who completed treatment as recommended by the national policy, with evidence of bacteriological response and no evidence of failure.*

***Treatment completed**: A patient who completed treatment as recommended by the national policy, whose outcome does not meet the definition for cure or treatment failure.*

***Died**: A patient who died for any reason before starting treatment or during the course of treatment.*

***Lost to follow-up**: A patient who did not start treatment or whose treatment was interrupted for 2 consecutive months or more.*

***Not evaluated**: A patient for whom no treatment outcome was assigned. This includes cases "transferred out" to another treatment unit and those whose treatment outcome is unknown; however, it excludes those lost to follow-up*

OUT.1 Are outcome categories in questions OUT.2 to OUT.9 for both drug-susceptible and drug-resistant TB in line with the revised definitions published by WHO in April 2022 at https://www.who.int/publications/i/item/9789240022195?

used_2021_defs_flg

1	Yes
0	No

OUT.2 Are outcomes of relapse cases included in row OUT.3 below

rel_with_new_flg

[1] Yes

[0] No

("No" means relapse cases have been included in row OUT.4 according to the pre-2013 reporting framework)

		Number of patients registered in 2021	Treatment outcome				
			Cured or treatment completed	Treatment failed	Died	Lost to follow-up	Not evaluated
OUT.3	Patients treated for drug-susceptible TB who were registered as new, relapse or previous treatment history unknown patients *(bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary)*	newrel_coh	newrel_succ	newrel_fail	newrel_died	newrel_lost	c_newrel_neval
OUT.4	Patients treated for drug-susceptible TB who were registered as 'treatment after failure', 'treatment after lost to follow up' patients or patients whose outcome after their most recent course of treatment is unknown or undocumented *(bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary)*	ret_nrel_coh	ret_nrel_succ	ret_nrel_fail	ret_nrel_died	ret_nrel_lost	c_ret_nrel_neval
OUT.5	Among the patients in OUT.3, all HIV-positive TB patients treated for drug-susceptible TB *(bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary)*	tbhiv_coh	tbhiv_succ	tbhiv_fail	tbhiv_died	tbhiv_lost	c_tbhiv_neval

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

Treatment outcomes for children aged 0-14 years registered in 2021 calendar year for drug-susceptible TB treatment

OUT.6 Do you have a case-based surveillance system that allows you to report on treatment outcomes for 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 patients registered in 2021	Treatment outcome: Cured or treatment completed	Treatment failed	Died	Lost to follow-up	Not evaluated
	(reported in OUT.3) Patients treated for drug-susceptible TB who were registered as new, relapse or previous treatment history unknown patients	newrel_coh	newrel_succ	newrel_fail	newrel_died	newrel_lost	c_newrel_neval
OUT.7	Children aged 0-14 years treated for drug-susceptible TB who were registered as new, relapse and previous treatment history unknown patients	newrel_014_coh	newrel_014_succ	newrel_014_fail	newrel_014_died	newrel_014_lost	c_newrel_014_neval
	(OUT.3 minus OUT.7) People aged 15 years and over treated for drug-susceptible TB who were registered as new, relapse or previous treatment history unknown patients	(auto calc.)	(auto calc.)	(auto calc.)	(auto calc.)	(auto calc.)	(auto calc.)

These questions are only for countries in any one of the 3 high TB burden lists

Treatment outcomes disaggregated by sex for TB patients registered in 2021 calendar year for drug-susceptible TB treatment,

OUT.6b Do you have a case-based surveillance system that allows you to report on treatment outcomes disaggregated by sex?

1 Yes
0 No

outcomes_sex_flg

(if yes from 2.51b)

		Number of patients registered in 2021	Treatment outcome				
			Cured or treatment completed	Treatment failed	Died	Lost to follow-up	Not evaluated
	(reported in OUT.3) Patients treated for drug-susceptible TB who were registered as new, relapse or previous treatment history unknown patients	newrel_coh	newrel_succ	newrel_fail	newrel_died	newrel_lost	c_newrel_neval
OUT.7b	Females (all ages) treated for drug-susceptible TB who were registered as new, relapse and previous treatment history unknown patients	newrel_f_coh	newrel_f_succ	newrel_f_fail	newrel_f_died	newrel_f_lost	c_newrel_f_neval
	(OUT.3 minus OUT.7b) Males (all ages) treated for drug-susceptible TB who were registered as new, relapse or previous treatment history unknown patients	(auto calc.)	(auto calc.)	(auto calc.)	(auto calc.)	(auto calc.)	(auto calc.)

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

Treatment outcomes for patients started on treatment for drug-resistant TB in 2020 calendar year

		Number of patients started on drug-resistant TB treatment in 2020	Treatment outcome				
			Cured or treatment completed	Treatment failed	Died	Lost to follow-up	Not evaluated
OUT.8	Patients with laboratory-confirmed RR-TB/MDR-TB treated for MDR-TB and not treated for pre-XDR or XDR-TB	mdr_coh	mdr_succ	mdr_fail	mdr_died	mdr_def	c_mdr_neval
OUT.9	Patients with laboratory-confirmed pre-XDR-TB/XDR-TB treated for pre-XDR or XDR-TB *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.*	xdr_coh	xdr_succ	xdr_fail	xdr_died	xdr_def	c_xdr_neval

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

SECTION 3: SURVEYS, SURVEILLANCE SYSTEMS AND SERVICES

Recent surveys or studies

dcf.latest_survey

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

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 2021 or 2022?
Note: This question is only about drug resistance surveys. Survey results do not need to be reported to WHO more than once.

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 national TB patient costs survey (i.e., a survey using a specially-designed sample of patients that is representative of the national TB patient population, such as nationwide cluster randomized sampling of TB patients and their households) completed in 2021 or 2022?
Please do not answer yes for subnational or small-scale studies.

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 Were any studies or surveys (including national TB patient cost surveys) completed since 2015 that measured the proportion of people with TB and their households provided with any form of social protection?
Examples of social protection measures: free access to medical services, enablers to adhere to TB treatment, conditional and/or unconditional cash-transfers, ensuring food security, social insurance schemes that provide sickness leave and/or income compensation for unemployment, disabilities, etc.

1 Yes
0 No

social_protn_coverage_cmplt

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

3.1d Was a data quality review or inventory study completed in 2021 or 2022 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

3.1e Do you have any data from routine surveillance or special studies since 2020 that provide nationally or subnationally representative estimates of the time to start of TB treatment following TB diagnosis?

1	Yes
0	No

dx_to_tx_cmplt

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

3.1f Do you have any data from active case finding activities in any risk population that shows the number of people screened and the number of people found to have TB in 2021 or 2022?

1	Yes
0	No

acf_cmplt

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

view_TME_master_strategy

Non-routine surveillance of HIV prevalence in TB patients, 2022

3.2 Was there **non-**routine surveillance of HIV prevalence in TB patients using nationwide surveys and/or sentinel sites in 2022?

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

view_TME_master_contacts_tpt

Contact investigation and TB preventive treatment, 2022

TPT.1 Do you have any data on the number of household contacts of bacteriologically-confirmed pulmonary new and relapse 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 2022	newinc_con
TPT.3	*(if yes from routine surveillance)* Among the household contacts reported in TPT.2, the number who were evaluated for TB disease and TB infection	newinc_con_screen
TPT.4	*(if yes from routine surveillance)* Among the household contacts evaluated for TB disease and TB infection reported in TPT.3, the number who were diagnosed with TB disease	newinc_con_tb

TPT.5	*(if yes from review)* Number of bacteriologically-confirmed pulmonary new and relapse TB cases notified in 2022 whose medical records or treatment cards were included in the review	rev_newinc
TPT.6	*(if yes from review)* Number of household contacts identified of the TB cases reviewed in TPT.5	rev_newinc_con
TPT.7	*(if yes from review)* Among the household contacts reported in TPT.6, the number who were evaluated for TB disease and TB infection	rev_newinc_con_screen
TPT.8	*(if yes from review)* Among the household contacts evaluated for TB disease and TB infection reported in TPT.7, the number who were diagnosed with TB disease	rev_newinc_con_tb

TPT.9 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.10	*(if yes from routine surveillance)* Number of household contacts of bacteriologically-confirmed pulmonary new and relapse TB cases notified in 2022 who were started on TB preventive treatment	newinc_con_prevtx

TPT.11	*(if yes from routine surveillance)* Among the household contacts started on TB preventive treatment reported in TPT.10, number who were children aged under 5 years.	newinc_con04_prevtx

TPT.12	*(if yes from review)* Number of bacteriologically-confirmed pulmonary new and relapse TB cases notified in 2022 whose medical records or treatment cards were included in the review	ptsurvey_newinc
TPT.13	*(if yes from review)* Number of household contacts of the TB cases reviewed in TPT.12 who were started on TB preventive treatment,	ptsurvey_newinc_con_prevtx
TPT.14	*(if yes from review)* Among the household contacts started on TB preventive treatment reported in TPT.13, number who were children aged under 5 years.	ptsurvey_newinc_con04_prevtx

Shorter TB preventive treatment regimens

TPT.15 Were any shorter TB preventive treatment regimes containing rifampicin or rifapentine used at least once in 2022?

tpt_short_regimens_used

1 Yes
0 No
3 Don't know

TPT.16 *(if TPT15 is yes)*
Were any of the shorter TB preventive treatment regimens below used at least once in 2022?

1 month daily rifapentine and isoniazid (1HP)	tpt_1hp 1 Yes 0 No 3 Don't know
3 month weekly rifapentine and isoniazid (3HP)	tpt_3hp 1 Yes 0 No 3 Don't know
3 month daily rifampicin and isoniazid (3HR)	tpt_3hr 1 Yes 0 No 3 Don't know

	44 month daily rifampicin (4R)	tpt_4r 1 Yes 0 No 3 Don't know
TPT.17	*(if TPT15 is yes)* Total number of individuals started on shorter TB preventive treatment regimens containing rifampicin or rifapentine in 2022 *(please leave empty if the number is not available)* *(please also include data from national HIV/AIDS programme and research projects)*	prevtx_short_rifamycin

Completion of TB preventive treatment, 2021

TPT.18 Do you have any data on the number of household contacts of TB cases who were started on TB preventive treatment in 2021 and who completed the course of treatment?

prevtx_cmplt_data_available

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

TPT.19	Number of household contacts of bacteriologically-confirmed pulmonary new and relapse TB cases who were started on TB preventive treatment in 2021 (as reported to WHO in 2022)	newinc_con_prevtx
TPT.20	*(if TPT18 is yes)* Among household contacts reported in TPT.19, 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:

view_TME_master_strategy

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 2022 (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 2022?	hcw_tot

☐ 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

TB infection tests used in 2022

LAB.1 Which tests of TB infection were used in the public or private sector before starting TB preventive treatment for any population at risk in 2022?

Interferon Gamma Release Assays (IGRA)	igra_used_ 1 Yes 0 No 3 Don't know
Tuberculin Skin Tests (TST)	tst_used 1 Yes 0 No 3 Don't know
Antigen-based Skin Tests (TBST)	tbst_used_ 1 Yes 0 No 3 Don't know

Molecular WHO-recommended rapid diagnostic testing in 2022

LAB.2	Total number of diagnostic tests performed using molecular WHO-recommended rapid diagnostics *These are currently Xpert MTB/RIF (including Ultra), Truenat MTB and MTB Plus, and TB-LAMP.*	m_wrd_tests_performed
LAB.3	Number of positive results among the diagnostic tests performed using molecular WHO-recommended rapid diagnostics in LAB.2	m_wrd_tests_positive

Sites performing TB diagnostic testing at the end of 2022

LAB.4	Total number of sites providing laboratory diagnostic testing for TB at the end of 2022 *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 2022 [a]
LAB.5	Smear microscopy (including fluorescent)	smear
LAB.6	Culture	culture
LAB.7	Molecular WHO-recommended rapid diagnostics *These are currently Xpert MTB/RIF (including Ultra), Truenat MTB and MTB Plus, and TB-LAMP.*	m_wrd
LAB.8	Molecular tests for detection of isoniazid resistance *(Low or moderate complexity automated nucleic acid amplification tests or first-line line probe assays)*	m_inh
LAB.9	Molecular tests for detection of fluoroquinolone resistance *(Low complexity automated nucleic acid amplification tests or second-line line probe assays)*	m_fq
LAB.10	Drug susceptibility testing for pyrazinamide *(MGIT or high complexity reverse hybridisation nucleic acid amplification tests)*	dst_naat_pza
LAB.11	Phenotypic drug susceptibility testing for moxifloxacin and/or levofloxacin	dst_moxlev
LAB.12	Phenotypic drug susceptibility testing for bedaquiline	dst_bqd
LAB.13	Phenotypic drug susceptibility testing for linezolid	dst_lzd

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

Quality management systems among the sites performing TB testing at the end of 2022

LAB.14	Number of sites with ISO15189 accreditation	iso15189_accredited
LAB.15	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 2022

LAB.16	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.17	Among the sites using molecular WHO-recommended rapid diagnostics reported in LAB.7, 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:

Multisectoral engagement: 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 2022 *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
PPM.2	Number of TB cases contributed by public non-NTP providers through referral / diagnosis / notification in 2022 *Include all contributions from public hospitals, public medical colleges, prisons/detention centres, military facilities, railways, public health insurance organizations etc*	pub_new_dx

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

Multisectoral engagement: Community Engagement

For 81 countries where dc_engage_community_display = 1

CE.1	How many TB basic management units (BMUs) were there in 2022? *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 2022?	bmu_community_impl
CE.3	Do you have data on community-based referrals or any form of community treatment adherence support in 2022? [1] Yes [0] No	community_data_available

Referrals by community health workers / community volunteers in 2022

(if yes to CE.3)

CE.4	Number of BMUs with data on referrals by community health workers / community volunteers in 2022	bmu_ref_data
CE.5	Total number of new and relapse TB cases notified in the BMUs of CE.4 in 2022	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 2021

(if yes to CE.3)

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 2021	bmu_rxsupport_data_coh
CE.9	Total number of patients who started TB treatment in 2021 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 2023

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 2023	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 2023, 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, consumables 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 treatment, 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 2022

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 2022 (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, 2022

		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:

view_TME_master_covid_unhlm

SECTION 5: MULTI-SECTORAL ACCOUNTABILITY

For all countries in 2023! (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?

annual_report_published

[1] Yes
[0] No

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/publications/i/item/WHO-CDS-TB-2019.10

ms_review

[1] Yes
[0] No

5.3 *(If yes to 5.2)*
Do representatives of civil society and affected communities participate in the multi-sectoral accountability and review mechanism?

ms_review_civil_soc

[1] Yes
[0] No

Inter-ministerial collaboration

Please indicate how the following ministries or their equivalents are engaged in the national TB response

5.4 Agriculture

min_agg_collab

[230] Advocacy, information, education, and communication
[231] TB prevention and care
[232] Patient support including economic, social or nutritional benefits
[6] Not engaged
[2] Not applicable

	3 Don’t know 4 Other	
5.5	Defence 230 Advocacy, information, education, and communication 231 TB prevention and care 232 Patient support including economic, social or nutritional benefits 6 Not engaged 2 Not applicable 3 Don’t know 4 Other	min_def_collab
5.6	Education 230 Advocacy, information, education, and communication 231 TB prevention and care 232 Patient support including economic, social or nutritional benefits 6 Not engaged 2 Not applicable 3 Don’t know 4 Other	min_edu_collab
5.7	Finance 230 Advocacy, information, education, and communication 231 TB prevention and care 232 Patient support including economic, social or nutritional benefits 6 Not engaged 2 Not applicable 3 Don’t know 4 Other	min_fin_collab
5.8	Justice 230 Advocacy, information, education, and communication 231 TB prevention and care 232 Patient support including economic, social or nutritional benefits 6 Not engaged 2 Not applicable 3 Don’t know 4 Other	min_jus_collab
5.9	Labour	min_lab_collab

	230 Advocacy, information, education, and communication 231 TB prevention and care 232 Patient support including economic, social or nutritional benefits 6 Not engaged 2 Not applicable 3 Don't know 4 Other	
5.10	Social development 230 Advocacy, information, education, and communication 231 TB prevention and care 232 Patient support including economic, social or nutritional benefits 6 Not engaged 2 Not applicable 3 Don't know 4 Other	min_dev_collab
5.11	Transport 230 Advocacy, information, education, and communication 231 TB prevention and care 232 Patient support including economic, social or nutritional benefits 6 Not engaged 2 Not applicable 3 Don't know 4 Other	min_tra_collab
5.12	Other (please describe briefly the ministry/sector and the area of collaboration or leave empty if not applicable)	other_min_collab

Questions 5.13 to 5.18 only for the 30 high TB burden countries

Social protection

5.13 Is there a national policy to specifically provide social protection services to TB-affected individuals? [1] Yes [0] No	social_protn

If yes to 5.13, please indicate which of the following apply:

5.13.1 Free access to TB diagnostic testing for people with signs or symptoms presumptive of TB, TB diagnostic testing includes all WHO-recommended rapid diagnostics, chest x-rays, culture and smear microscopy [1] Yes [0] No [3] Don't know	free_access_tbdx
5.13.2 Free access to TB treatment and related medical services [1] Yes [0] No [3] Don't know	free_access_tbtx
5.13.3 Enablers to adhere to TB treatment [1] Yes [0] No [3] Don't know	enable_tx_adherence
5.13.4 Conditional and/or unconditional cash-transfers [1] Yes [0] No [3] Don't know	cash_trans
5.13.5 Measures to ensure food security [1] Yes [0] No [3] Don't know	food_security
5.13.6 Other (please describe briefly or leave empty if not applicable) _____	other_social_protn

Protection from stigma and discrimination

Please indicate which aspects of life of people with TB are protected from TB stigma and discrimination through national laws and regulations:

5.14	Employment (e.g. not being dismissed because of a TB diagnosis) 1 Yes 0 No 3 Don't know	protect_employment
5.15	Housing (e.g. not being evicted from housing facilities because of a TB diagnosis) 1 Yes 0 No 3 Don't know	protect_housing
5.16	Parental rights (e.g. not having parental rights over children affected in any way as a result of TB diagnosis of a parent) 1 Yes 0 No 3 Don't know	protect_parenting
5.17	Freedom of movement (e.g. no restriction to access any congregate setting or transit through any geographical area because of a TB diagnosis) 1 Yes 0 No 3 Don't know	protect_movement
5.18	Freedom of association (e.g. no compulsory isolation because of a TB diagnosis) 1 Yes 0 No 3 Don't know	protect_association