

Global TB data collection form 2024

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 for early monitoring of trends and timely reaction to unusual changes. This approach is consistent with new guidance on TB surveillance that recommends monthly monitoring of TB case notifications.

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):

2024

| | | |
|-----|-----------|------|
| 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 |

2025

| | | |
|-----|----------|--|
| m.1 | January | |
| m.2 | February | |

(if frequency = quarterly):

2024

| | | |
|-----|--------------------|-----|
| 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

SECTION 1: IDENTIFICATION

National TB control programme manager (NTP) or equivalent

| | | |
|-----|---|-----------|
| 1.1 | Name <i>Please do not use honorifics or titles such as "Dr", "Professor".</i> | ntp_name |
| 1.2 | Functional title | ntp_title |
| 1.3 | Telephone (including country and city codes) | ntp_phone |
| 1.4 | E-mail | ntp_email |

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

*Please enter only one name in each line. 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*

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

| | Name | E-mail |
|-----|-----------|------------|
| 1.5 | rep_name | rep_email |
| 1.6 | rep2_name | rep2_email |
| 1.7 | rep3_name | rep3_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

TB notifications by history, site, diagnostic method and by age group and sex, 2023 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, <u>excluding relapse cases</u> (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 group and sex, 2023 calendar year

Time-changes in the distribution of cases by age group 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

☐ 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)

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

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

☐ (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 2023: Mozambique)

0-4, 5-14, 15+

2.8 Are all relapse cases included in table 2.9 below?

☐ Yes
☐ 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 group | | | | | |
|--------|------------|------------|--------------|--------------|--------------|--------------|
| | 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 group | | | | | Total |
|--------|--------------|--------------|--------------|------------|-----------|--------------|
| | 35–44 | 45–54 | 55–64 | >65 | Unknown | |
| 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 2023? ^b

rdx_data_available

- ☐ No
- ☐ Yes, available from our routine surveillance system
- ☐ Yes, available from our routine surveillance system disaggregated by case type
- ☐ Not applicable (because there were no TB cases)

| | | |
|------|--|-------------------------|
| 2.11 | <i>(if yes from routine surveillance not disaggregated by case type)</i> 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 | <i>if yes from routine surveillance disaggregated by case type</i> 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 | <i>if yes from routine surveillance disaggregated by case type</i> 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 | <i>if yes from routine surveillance disaggregated by case type</i> 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 |

^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, 2023 calendar year

Diagnosis and enrolment on treatment of rifampicin-susceptible TB patients

| | | |
|-------|---|---------|
| DTX.1 | Among all people diagnosed with pulmonary or extrapulmonary TB in 2023 (reported in questions 2.1 – 2.4), number with no evidence of rifampicin resistance (susceptible or tests not done) <i>This is irrespective of whether or not there is any evidence of isoniazid resistance</i> | nrrr |
| DTX.2 | Among the people in DTX.1, number started on a regimen to treat rifampicin-susceptible TB | nrrr_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

| | | |
|-------|---|-------------------|
| DTX.3 | Among all people diagnosed with pulmonary or extrapulmonary TB in 2023 (reported in questions 2.1 – 2.4), number with laboratory-confirmed rifampicin resistance and no evidence of fluoroquinolone resistance (susceptible or tests not done) <i>This should not include pre-XDR-TB and XDR-TB patients.</i> | conf_rr_nfqr |
| DTX.4 | 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 2023 <i>Pulmonary or extrapulmonary. Also include patients diagnosed before 2023 but started on treatment in 2023. This should not include pre-XDR-TB and XDR-TB patients treated for pre-XDR-TB or XDR-TB.</i> | conf_rr_nfqr_tx |
| DTX.5 | Number of patients without laboratory confirmation of rifampicin resistance started on treatment for MDR/RR-TB in 2023 <i>For example, contacts of people with MDR/RR-TB who are started on treatment without laboratory confirmation. Pulmonary or extrapulmonary. Also include patients diagnosed before 2023 but started on treatment in 2023. This should not include pre-XDR-TB and XDR-TB patients treated for pre-XDR-TB or XDR-TB.</i> | unconf_rr_nfqr_tx |
| DTX.6 | Total number of patients who started treatment for MDR/RR-TB in 2023 | (auto calc.) |
| DTX.7 | Among patients in DTX.6 who started treatment for MDR/RR-TB in 2023, the number who were aged 0-14 years <i>Pulmonary or extrapulmonary. Also include patients diagnosed before 2023 but started on treatment in 2023. This should not include pre-XDR-TB and XDR-TB patients treated for pre-XDR-TB or XDR-TB.</i> | 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>.

| | | |
|-------|---|----------------|
| DTX.8 | Number with laboratory-confirmed rifampicin resistance and also fluoroquinolone resistance (i.e. pre-XDR-TB or XDR-TB) identified in 2023 <i>Pulmonary or extrapulmonary. Also include patients diagnosed with rifampicin resistance before 2023 and then with fluoroquinolone resistance in 2023.</i> | conf_rr_fqr |
| DTX.9 | 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 2023 <i>Pulmonary or extrapulmonary. Also include patients diagnosed before 2023 but started on treatment in 2023.</i> | conf_rr_fqr_tx |

Treatment regimens

| | | |
|--------|--|---------------------|
| DTX.10 | Had any TB patients been started on the 4-month HPMZ regimen for the treatment of rifampicin-susceptible TB by the end of 2023? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 3 Don't know | nrr_hpmz_used |
| DTX.11 | <i>(If yes to DTX.10)</i> Number of patients started on the 4-month HPMZ regimen in 2023 | nrr_hpmz_tx |
| DTX.12 | Had any TB patients been started on the 4-month 2HRZ(E)/ 2HR regimen for the treatment of non-severe rifampicin-susceptible TB by the end of 2023? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 3 Don't know | nrr_2hrze2hr_used |
| DTX.13 | <i>(If yes to DTX.12)</i> Number of patients started on the 4-month 2HRZ(E)/ 2HR regimen in 2023 | nrr_2hrze2hr_tx |
| DTX.14 | 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 2023? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 3 Don't know | mdrxdr_bpalm_used |
| DTX.15 | <i>(If yes to DTX.14)</i> Number of patients started on the BPALM/BPaL regimen in 2023 | mdrxdr_bpalm_tx |
| DTX.16 | 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 2023? <i>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</i> | mdrxdr_alloral_used |

drug-resistance patterns.

- ☐ 1 Yes
☐ 0 No
☐ 3 Don't know

DTX. (If yes to DTX.16)

17 Number of patients started on all oral longer regimens for the treatment of MDR/RR-TB, pre-XDR-TB or XDR-TB in 2023

mdrxdr_alloral_tx

DTX. Had any patients been started on 9-month all-oral regimens for the treatment of MDR/RR-TB by the end of 2023?

This does not include the patients started on the BPaLM/BPaL regimens in DTX.14-DTX.15

- ☐ 1 Yes
☐ 0 No
☐ 3 Don't know

mdr_alloral_short_used

DTX. (If yes to DTX.18)

19 Number of patients started on 9-month all-oral regimens for the treatment of MDR/RR-TB in 2023.

mdr_alloral_short_tx

DTX. Number of patients who started treatment for MDR/RR-TB, pre-XDR-TB or XDR-TB in 2023 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:

Anti-tuberculosis drug resistance: Surveillance

Diagnostic testing for drug resistance in bacteriologically confirmed pulmonary TB patients, 2023 calendar year

Note: Questions below are for reporting **all** bacteriologically confirmed pulmonary drug resistant cases notified in the country in 2023. 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 | | Total ^b |
|-------|--|-----------------------------------|---|--------------------|
| | | (i) New | (ii) Previously treated (including relapses) ^a | |
| | 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.) |

^aPrevious anti-TB treatment: > 1 month of treatment with combined anti-TB drugs excluding preventive chemotherapy.

^bExcluding 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 | | Total |
|--|-----------------------------------|---|--------------|
| | New | Previously treated (including relapses) | |
| (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.) |

$$\text{dst_rlt_new} = a + b + c + d$$

$$\text{dst_rlt_hr_new} = a + c$$

$$\text{dst_rlt_rr_new} = a + b$$

$$\text{mdr_new} = a$$

$$\text{dst_rlt_ret} = e + f + g + h$$

$$\text{dst_rlt_hr_ret} = e + g$$

$$\text{dst_rlt_rr_ret} = e + f$$

$$\text{mdr_ret} = e$$

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

Testing for resistance to other drugs among RR-TB patients in DRS.2

| | Drug name | (i) Total number with test results for the drug | (ii) Number with resistance to the drug |
|--------|-------------|---|---|
| DRS.16 | Bedaquiline | rr_dst_rlt_bdq | rr_bdqr |

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

Remarks:

TB/HIV, 2022 calendar year

To update TB/HIV data for 2022 and earlier years, please go to the [update page](#)

| | |
|---|----------------|
| 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. | newrel_hivtest |
| Among new and relapse TB patients reported in 2022, the number recorded as HIV positive | newrel_hivpos |
| Among HIV-positive new and relapse TB patients reported in 2022, the number started or continued on antiretroviral therapy (ART) | newrel_art |

TB/HIV, 2023 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

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

newrel_tbhiv_flg

| | | |
|-------|--|----------------|
| | 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 2023 tested for HIV at the time of TB diagnosis or with known HIV status at the time of TB diagnosis. <i>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.</i> | 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) <i>(Number of people living with HIV with new or relapse TB 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)</i> | 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 people 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 2023 aged 0-14 years tested for HIV at the time of TB diagnosis or with known HIV status at the time of TB diagnosis. <i>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.</i> | 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 2023 data imported from UNAIDS (<https://aidsreportingtool.unaids.org/>), as supplied by National AIDS Programme respondents:

| | | 2023 |
|-------------------|---|---------------|
| GAM.7.7 Numerator | Number of people living with HIV with new or relapse TB 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_tbttx_art |

| | | 2023 |
|----------------------|--|--------------|
| GAM. 7.8 Numerator | Total number of people living with HIV newly enrolled in HIV treatment who have been diagnosed with 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 |

| | | 2023 |
|---------------------|--|-------------|
| 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 |

| | | 2022 |
|-----------------------|---|-----------------------|
| 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. 2022 cohort for 2024 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., 2022 for 2024 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

Treatment outcomes for TB patients registered in 2022 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?>

☐ 1 Yes
☐ 0 No

used_2021_defs_flg

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

☐ 1 Yes

☐ 0 No

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

rel_with_new_flg

| | | Number of patients registered in 2022 | 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 <i>(bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary)</i> | 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 <i>(bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary)</i> | 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 <i>(bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary)</i> | 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 people aged 0-14 years registered in 2022 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 people aged 0-14 years?

☐ Yes
☐ No

outcomes_014_flg

(if yes from OUT.6)

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

| | | Treatment outcome | | | | | |
|--|--|--|------------------------------------|---------------------|---------------------|-----------------------|------------------------|
| | | Number of patients registered in 2022 | Cured or treatment completed | Treatment failed | Died | Lost to follow- up | Not evaluated |
| | | newrel_coh | newrel_succ | newrel_fail | newrel_died | newrel_lost | c_newrel_neval |
| (reported in OUT.3) Patients treated for drug-susceptible TB who were registered as new, relapse or previous treatment history unknown patients | | | | | | | |
| OUT.7 | People 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_n eval |
| (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 2022 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 2022 | 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 2021 calendar year

| | | Number of patients started on drug-resistant TB treatment in 2021 | 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 <i>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.</i> | 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:

TB deaths recorded in the civil registration and vital statistics system, 2023 calendar year

| | |
|---|--------------------------|
| <p>VR.1 Do you have data on deaths recorded in your national civil registration and vital statistics system in 2023?</p> <p><input type="checkbox"/> 1 Yes</p> <p><input type="checkbox"/> 0 No</p> | <p>vr_data_available</p> |
| <p>VR.2 <i>(if VR.1 is yes)</i> Total number of deaths registered by the national civil registration and vital statistics system in 2023, including deaths with ICD-10 codes in R00-R99</p> | <p>total_deaths_vr</p> |
| <p>VR.3 <i>(if VR.1 is yes)</i> Among the deaths in 2023 reported in VR.2, the number recorded with ICD-10 codes in R00-R99</p> | <p>r00_r99_deaths_vr</p> |
| <p>VR.4 <i>(if VR.1 is yes)</i> Among the deaths in 2023 reported in VR.2, the number with ICD-10 codes for TB, including deaths from TB sequelae</p> | <p>tbdeaths_vr</p> |

☐ 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

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

`dcf.latest_survey`

- 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 2022 or 2023?

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 2022 or 2023?

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 Was a study completed in 2022 or 2023 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, 2023

- 3.2 Was there **non**-routine surveillance of HIV prevalence in TB patients using nationwide surveys and/or sentinel sites in 2023?

☐ Yes
☐ No

tbhiv_surveil

- 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.

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

caseb_err_nat

Screening, Contact investigation and TB preventive treatment

Screening, 2023

| | | |
|--|--|----------|
| | Number of new and relapse TB cases in 2023 reported in 2.1 – 2.3 | c_newinc |
|--|--|----------|

TPT.1 Do you have any data on the number of TB cases who were reported in 2023 through TB screening efforts (eg, screening in contacts, people living with HIV, prisons, mining communities, facility-based screening of people with diabetes and other groups, other active case-finding).?

tb_from_screen_data_availab

- ☐ 1 Yes
- ☐ 65 No, and there are no plans to collect these data in future
- ☐ 66 No, but we plan to start collecting and reporting these data in future
- ☐ 5 Not applicable (because there were no TB cases)

| | | |
|-------|---|--------------------|
| TPT.2 | <i>(if TPT.1 is yes)</i> Among the new and relapse cases reported in questions 2.1 – 2.3, the number who were reported through TB screening efforts (eg, screening in contacts, people living with HIV, prisons, mining communities, facility-based screening of people with diabetes and other groups, other active case-finding) | newinc_from_screen |
|-------|---|--------------------|

Contact investigation, 2023

| | | |
|--|--|--|
| | Number of bacteriologically-confirmed pulmonary new and relapse TB cases in 2023 reported in 2.1 | |
|--|--|--|

TPT.3 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 in 2023?

screen_data_available

- ☐ 1 Yes
- ☐ 65 No, and there are no plans to collect these data in future
- ☐ 66 No, but we plan to start collecting and reporting these data in future
- ☐ 5 Not applicable (because there were no TB cases)

| | | |
|-------|--|-------------------|
| TPT.4 | <i>(if yes from routine surveillance)</i> Number of household contacts of bacteriologically-confirmed pulmonary new and relapse TB cases notified in 2023 | newinc_con |
| TPT.5 | <i>(if yes from routine surveillance)</i> Among the household contacts reported in TPT.4, | newinc_con_screen |

| | | |
|-------|--|---------------|
| | the number who were evaluated for TB disease and TB infection | |
| TPT.6 | <i>(if yes from routine surveillance)</i> Among the household contacts evaluated for TB disease and TB infection reported in TPT.5, the number who were diagnosed with TB disease | newinc_con_tb |

TB preventive treatment initiation, 2023

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

prevtx_data_available

- ☐ 1 Yes
☐ 65 No, and there are no plans to collect these data in future
☐ 66 No, but we plan to start collecting and reporting these data in future
☐ 5 Not applicable (because there were no TB cases)

| | | |
|-------|--|---------------------|
| TPT.8 | <i>(if yes from routine surveillance)</i> Number of household contacts of bacteriologically-confirmed pulmonary new and relapse TB cases notified in 2023 who were started on TB preventive treatment | newinc_con_prevtx |
| TPT.9 | <i>(if yes from routine surveillance)</i> Among the household contacts started on TB preventive treatment reported in TPT.8, number who were children aged under 5 years. | newinc_con04_prevtx |

Completion of TB preventive treatment, 2022

TPT.10 Do you have any data on the number of household contacts of TB cases who were started on TB preventive treatment in 2022 and who completed the course of treatment?

prevtx_cmplt_data_available

- ☐ 1 Yes
☐ 65 No, and there are no plans to collect these data in future
☐ 66 No, but we plan to start collecting and reporting these data in future
☐ 5 Not applicable (because there were no TB cases)

| | | |
|--------|---|-------------------------|
| TPT.11 | Number of household contacts of bacteriologically-confirmed pulmonary new and relapse TB cases who were started on TB preventive treatment in 2022 <i>(as reported to WHO in 2023)</i> | newinc_con_prevtx |
| TPT.12 | <i>(if TPT10 is yes)</i> Among household contacts reported in TPT.11, number who completed the course of TB preventive treatment | newinc_con_prevtx_cmplt |

Shorter TB preventive treatment regimens

TPT.13 Were any shorter TB preventive treatment regimes containing rifampicin or rifapentine used at least once in 2023?

- ☐ Yes
☐ No, and there are no plans to do so in future
☐ No, but we plan to do so in future
☐ Don't know

tpt_short_regimens_used

TPT.14 (if TPT13 is yes)

Were any of the shorter TB preventive treatment regimens below used at least once in 2023?

| | |
|--|--|
| 1 month daily rifapentine and isoniazid (1HP) | tpt_1hp <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| 3 month weekly rifapentine and isoniazid (3HP) | tpt_3hp <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| 3 month daily rifampicin and isoniazid (3HR) | tpt_3hr <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| 4 month daily rifampicin (4R) | tpt_4r <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| TPT.15 (if TPT13 is yes) Total number of individuals started on shorter TB preventive treatment regimens containing rifampicin or rifapentine in 2023 (please also include data from national HIV/AIDS programme) | prevtx_short_rifamycin |
| TPT.16 Was TB preventive treatment with 6 month daily levofloxacin (6Lfx) used at least once in contacts exposed to MDR/RR-TB in 2023? | tpt_6lfx <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |

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

Detection of TB in prisons, 2023

view_TME_master_strategy

| | | |
|-------|--|--|
| PRI.1 | Can you identify prisoners among TB cases notified in 2023? | <input type="text" value="ident_pris"/> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No |
| PRI.2 | Total number of new and relapse TB cases registered in prisons in 2023 | <input type="text" value="newrel_prisoners"/> |

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

Detection of zoonotic TB, 2023

| | | |
|-------|---|---|
| ZOO.1 | Did you diagnose any people with TB in 2023 caused by a subspecies of the <i>M. tuberculosis</i> complex that is usually found in animals, i.e. zoonotic TB (such as <i>M. bovis</i> , <i>M. orygis</i> , <i>M. caprae</i> or <i>M. pinnipedii</i>)? | <input type="text" value="ident_zoonotic"/> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 3 Don't know |
| ZOO.2 | (if ZOO.1 is yes) The number of people diagnosed with zoonotic TB in 2023 | <input type="text" value="zoonotic"/> |
| ZOO.3 | (if ZOO.1 is yes) Can you provide the numbers in ZOO.2 disaggregated by subspecies? | <input type="text" value="disagg_zoonotic"/> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No |
| ZOO4 | (if ZOO.3 is yes) The number of people diagnosed with <i>M. bovis</i> in 2023 | <input type="text" value="m_bovis"/> |
| ZOO5 | (if ZOO.3 is yes) The number of people diagnosed with <i>M. orygis</i> in 2023 | <input type="text" value="m_orygis"/> |
| ZOO6 | (if ZOO.3 is yes) The number of people diagnosed with <i>M. caprae</i> in 2023 | <input type="text" value="m_caprae"/> |
| ZOO7 | (if ZOO.3 is yes) The number of people diagnosed with <i>M. pinnipedii</i> in 2023 | <input type="text" value="m_pinnipedii"/> |

☐ 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 2023 (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 2023? | 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 2023

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 2023?

| | |
|--|--|
| Interferon Gamma Release Assays (IGRA) | igra_used_ <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 3 Don't know |
| Tuberculin Skin Tests (TST) | tst_used <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 3 Don't know |
| Antigen-based Skin Tests (TBST) | tbst_used_ <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 3 Don't know |

Molecular WHO-recommended rapid diagnostic testing in 2023

| | |
|--|-----------------------|
| LAB.2 Total number of diagnostic tests performed using molecular WHO-recommended rapid diagnostics <i>These are currently Xpert MTB/RIF (including Ultra), Truenat MTB and MTB Plus, and TB-LAMP.</i> | 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 2023

| | |
|---|---------------|
| LAB.4 Total number of sites providing laboratory diagnostic testing for TB at the end of 2023 <i>Include all sites contributing to the diagnosis of TB, including laboratories within or outside the public health sector.</i> | dx_test_sites |
|---|---------------|

| | | (i) Number of sites providing these services at the end of 2023 ^a |
|--------|---|--|
| LAB.5 | Smear microscopy (including fluorescent) | smear |
| LAB.6 | Culture | culture |
| LAB.7 | Molecular WHO-recommended rapid diagnostics <i>These are currently Xpert MTB/RIF (including Ultra), Truenat MTB and MTB Plus, and TB-LAMP.</i> | m_wrd |
| LAB.8 | Molecular tests for detection of isoniazid resistance <i>(Low or moderate complexity automated nucleic acid amplification tests or first-line line probe assays)</i> | m_inh |
| LAB.9 | Molecular tests for detection of fluoroquinolone resistance <i>(Low complexity automated nucleic acid amplification tests or second-line line probe assays)</i> | m_fq |
| LAB.10 | Drug susceptibility testing for pyrazinamide <i>(MGIT or high complexity reverse hybridisation nucleic acid amplification tests)</i> | dst_naap_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 |

^aPlease 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 2023

| | | |
|--------|---|---------------------|
| 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 <i>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.</i> | qms_pending |

Data reporting among the sites performing TB testing at the end of 2023

| | | |
|--------|---|------|
| LAB.16 | Number of sites which record TB specimen reception and test results in a formal computer-based laboratory information system <i>Using a spreadsheet such as Excel does not meet the definition of a formal computer-based laboratory information system.</i> | lmis |
|--------|---|------|

| | | |
|--------|--|--------------|
| LAB.17 | <p>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.</p> <p><i>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</i></p> | m_wrd_etrans |
|--------|--|--------------|

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

Remarks:

Universal access to rapid tuberculosis diagnostics, 2023

For countries where dc_universal_access_dx_display = 1

(see <https://www.who.int/publications/i/item/9789240071315>)

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

Step 1: Identifying presumptive TB

Benchmark 1: All household contacts, all people living with HIV, and other locally relevant high-risk groups are screened for TB

Number of household contacts of bacteriologically-confirmed pulmonary new and relapse TB cases notified in 2023 (as reported in TPT.4)

Among the household contacts reported in TPT.4, the number who were evaluated for TB disease and TB infection (as reported in TPT.5)

1A Percentage of household contacts who were evaluated for TB disease and TB infection in 2023

UAD.1 Are data available on the number of people living with HIV screened for TB in 2023?

plhiv_all_screen_data_available

☐ Yes
☐ No

Total number of people living with HIV currently enrolled on antiretroviral therapy as reported in UNAIDS GAM 7.9 denominator (alternative)

UAD.2 Total number of people living with HIV in 2023

plhiv_all

UAD.3 Number of people living with HIV in UAD.2 who were screened for TB in 2023

plhiv_all_screen

1B Percentage of people living with HIV who were screened for TB in 2023

| | | |
|---|---|--|
| UAD.4 | Are data available on the number of people newly diagnosed with HIV and screened for TB in 2023? | plhiv_new_screen_data_available <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Total number of people living with HIV newly enrolled on antiretroviral therapy (i.e., those registered for antiretroviral therapy during the reporting period) as reported in UNAIDS GAM 7.9 denominator | | |
| UAD.5 | Number of people newly diagnosed with HIV in 2023 | plhiv_new |
| UAD.6 | Number of people newly diagnosed with HIV in UAD.2 who were screened for TB in 2023 | plhiv_new_screen |
| 1C Percentage of people newly diagnosed with HIV who were screened for TB in 2023 | | |
| | | |
| UAD.7 | Are data available on the number of prisoners screened for TB in 2023? | prisoners_screen_data_available <input type="checkbox"/> Yes <input type="checkbox"/> No |
| UAD.8 | Number of prisoners in 2023 <i>You can check numbers reported at https://www.prisonstudies.org</i> | prisoners |
| UAD.9 | Number of prisoners in UAD.8 who were screened for TB in 2023 | prisoners_screen |
| 1D Percentage of prisoners who were screened for TB in 2023 | | |
| | | |
| UAD.10 | Are data available on the number of miners exposed to silica dust screened for TB in 2023? | miners_screen_data_available <input type="checkbox"/> Yes <input type="checkbox"/> No |
| UAD.11 | Number of miners exposed to silica dust in 2023 | miners |
| UAD.12 | Number of miners in UAD.11 who were screened for TB in 2023 | miners_screen |
| 1E Percentage of miners exposed to silica dust who were screened for TB in 2023 | | |

Benchmark 2: In all districts, chest X-ray is used regularly for TB screening

A district is an officially demarcated area known as a "basic management unit" or "county" in some settings. 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.

| | |
|---|----------------------|
| UAD.13 What is the name used in your country for the administrative level known as a "district", a "basic management unit" or a "county" in the definition above? | district_description |
| UAD.14 Total number of districts in 2023 | district |
| UAD.15 Number of districts in which chest X-ray was used regularly (with or without CAD) for TB screening (chest X-ray screening every week of the year or at least in quarterly active case-finding campaigns) in 2023 | district_cxr |
| 2 Percentage of districts in which chest X-ray is used regularly for TB screening in 2023 | |

Step 2: Accessing testing

Benchmark 3: In all facilities in all districts, the TB diagnostic algorithm requires use of a WHO-recommended rapid diagnostic test as the initial diagnostic test for all patients with presumptive TB

| | |
|---|--------------|
| UAD.16 Number of districts in which all facilities have a TB diagnostic algorithm that requires a WHO-recommended rapid diagnostic test to be used as the initial diagnostic test for all individuals with presumptive TB 2023 <i>Testing all individuals with presumptive TB also includes testing in children, people living with HIV (combined with lateral flow urine lipoarabinomannan assay) and people with extrapulmonary TB</i> | district_wrd |
|---|--------------|

- 3 Percentage of districts in which all facilities have a TB diagnostic algorithm requiring use of a WHO-recommended rapid diagnostic test as the initial diagnostic test for all patients with presumptive TB in 2023

Benchmark 4: All primary health-care facilities have access to WHO-recommended rapid diagnostic tests (on site or through sample referral)

UAD.17 Total number of primary health-care facilities in 2023

phcf

UAD.18 Number of primary health-care facilities with access to WHO-recommended rapid diagnostic tests (either on site or through a sample referral system) in 2023

phcf_wrd

4 Percentage of primary health-care facilities with access to WHO-recommended rapid diagnostic tests in 2023

Benchmark 5: All individuals with TB have access to a WHO-recommended rapid diagnostic test as the initial diagnostic test

Number of new and relapse cases notified in 2023 (as reported in 2.1 – 2.3)

Number of new and relapse cases tested using a WHO-recommended rapid diagnostic test as the initial diagnostic test in 2023 (as reported in 2.11 - 2.14)

5 Percentage of new and relapse cases tested using a WHO-recommended rapid diagnostic test as the initial diagnostic test in 2023

Benchmark 6: WHO-recommended rapid diagnostic testing capacity meets expected needs, including surge capacity, according to the latest data

Note that a value above 100% may not mean that all people have access, it may mean that the capacity is not optimally divided over the country or that an overcapacity may be needed to provided access also in remote areas.

Total number of diagnostic tests performed using molecular WHO-recommended rapid diagnostics in 2023 (as reported in LAB.2)

UAD.19 Number of people identified with presumptive TB in 2023

For guidance on measuring the number of people identified with presumptive TB please see page 13 of [The WHO standard: Universal access to rapid tuberculosis diagnostics](#)

presumptive

UAD.20 Number of WHO-recommended rapid diagnostic tests that can be performed with the existing instruments in 2023

wrd_test_capacity

- | | |
|---|---|
| 6 | Percentage of tests required to test all patients with presumptive TB that can be performed with existing instruments in 2023 |
|---|---|

Step 3: Being tested

Benchmark 7: All functional instruments have an error rate of 5% or less

Number of sites providing molecular WHO-recommended rapid diagnostics testing for TB at the end of 2023 (as reported in LAB.7)

UAD.21 Number of sites providing molecular WHO-recommended rapid diagnostics testing for TB with annual error rates of 5% or less in 2023

m_wrd_error_rate_lte_5pct

- | | |
|---|--|
| 7 | Percentage of sites providing molecular WHO-recommended rapid diagnostics testing for TB with annual error rates of 5% or less in 2023 |
|---|--|

Benchmark 8: All individuals with presumptive TB are tested with a WHO-recommended rapid diagnostic test

UAD.22 Among the people identified with presumptive TB in 2023 in UAD.19, the number tested with a WHO-recommended rapid diagnostic test

presumptive_wrd

- | | |
|---|--|
| 8 | Percentage of people with presumptive TB tested with a WHO-recommended rapid diagnostic test in 2023 |
|---|--|

Benchmark 9: All patients with bacteriologically confirmed TB undergo universal drug susceptibility testing

Number with bacteriologically confirmed pulmonary TB in new and previously treated patients in 2023 as reported in 2.5(i) and 2.5(ii)

Number of new and previously treated bacteriologically confirmed pulmonary TB patients with test results for rifampicin in 2023 as reported in DRS.1(i) and DRS.1(ii)

- | | |
|----|---|
| 9A | Percentage of new and previously treated bacteriologically confirmed pulmonary TB patients with test results for rifampicin in 2023 |
|----|---|

| | |
|----|---|
| | Number of patients with resistance to rifampicin in 2023 as reported in DRS.2(i) and DRS.2(ii) |
| | Number of patients with resistance to rifampicin and with test results for susceptibility to fluoroquinolones in 2023 as reported in DRS.9 |
| 9B | Percentage of patients with resistance to rifampicin and with test results for susceptibility to fluoroquinolones in 2023 |
| | |
| | Number of patients with resistance to rifampicin and resistance to fluoroquinolones in 2023 as reported in DRS.10 |
| | Number of patients with resistance to rifampicin and resistance to fluoroquinolones and with susceptibility test results for bedaquiline in 2023 as reported in DRS.11 to DRS.13 columns (i) and (ii) |
| 9C | Percentage of patients with resistance to rifampicin and resistance to fluoroquinolones and with susceptibility test results for bedaquiline in 2023 |
| | |
| | Number of patients with resistance to rifampicin and resistance to fluoroquinolones in 2023 as reported in DRS.10 |
| | Number of patients with resistance to rifampicin and resistance to fluoroquinolones and with susceptibility test results for linezolid in 2023 as reported in DRS.11 and DRS.12 |
| 9D | Percentage of patients with resistance to rifampicin and resistance to fluoroquinolones and with susceptibility test results for linezolid in 2023 |

Step 4: Receiving a diagnosis

Benchmark 10: An initial WHO-recommended rapid diagnostic test result is available to inform a diagnosis of pulmonary TB

| | |
|--|---|
| | Number of new and relapse pulmonary bacteriologically confirmed and clinically diagnosed cases in 2023 reported in questions 2.1 and 2.2 |
| | Number of new and relapse pulmonary bacteriologically confirmed and clinically diagnosed cases tested with a WHO-recommended rapid diagnostic test, irrespective of results, in 2023 as reported in questions 2.12 and 2.13 |

10 Percentage of new and relapse pulmonary bacteriologically confirmed and clinically diagnosed cases tested with a WHO-recommended rapid diagnostic test in 2023

Benchmark 11: All districts monitor the test positivity rate to optimize the impact of screening and testing strategies

UAD.23 Number of districts that monitored test positivity rate in 2023

district_
monitor_pos_rate

11 Percentage of districts that monitored test positivity rate in 2023

Benchmark 12: All TB testing laboratories achieve a turn-around time of within 48 hours for at least 80% of samples received for WHO-recommended rapid diagnostic testing

Number of laboratories providing molecular WHO-recommended rapid diagnostics testing for TB at the end of 2023 (as reported in LAB.7)

UAD.24 Number of laboratories that achieved a turn-around time within 48 hours for at least 80% of samples received for WHO-recommended rapid diagnostic testing in 2023

m_wrd_tat_lt_48h

12 Percentage of laboratories that achieved a turn-around time within 48 hours for at least 80% of samples received for WHO-recommended rapid diagnostic testing in 2023

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

Multisectoral engagement: Public-Private Mix (PPM)

For countries where dc_ppm_display = 1

PPM.1 Number of TB cases contributed by private non-NTP providers through referral / diagnosis / notification in 2023

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 2023

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 countries where dc_engage_community_display = 1

See *Guidance on engagement of communities and civil society to end tuberculosis*
<https://www.who.int/publications/i/item/9789240080294>

| | | |
|------|--|--------------------------|
| CE.1 | <p>How many TB basic management units (BMUs) were there in 2023?</p> <p><i>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".</i></p> | bmu |
| CE.2 | How many BMUs were implementing community-based referrals or any form of community treatment adherence support in 2023? | bmu_community_impl |
| CE.3 | <p>Do you have data on community-based referrals or any form of community treatment adherence support in 2023?</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No</p> | community_data_available |

Referrals by community health workers / community volunteers in 2023

(if yes to CE.3)

| | | |
|------|---|------------------------|
| CE.4 | <p>Number of BMUs with data on referrals by community health workers / community volunteers in 2023</p> | bmu_ref_data |
| CE.5 | Total number of new and relapse TB cases notified in the BMUs of CE.4 in 2023 | notified_ref |
| CE.6 | <p>Number of new and relapse cases referred by community health workers / community volunteers among the cases in CE.5</p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>Community volunteers are community members who have been systematically sensitized about TB prevention and care, either through a</i></p> | notified_ref_community |

short, specific training scheme or through repeated, regular contact sessions with professional health workers.

Treatment adherence support from community health workers / community volunteers for patients who started TB treatment in 2022

(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 2022 | bmu_rxsupport_data_coh |
| CE.9 | <p>Total number of patients who started TB treatment in 2022 and who received any form of treatment adherence support from community health workers / community volunteers in the BMUs of CE.7</p> <p><i>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.</i></p> <p><i>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.</i></p> | 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 |

Community representation in national decision making, 2023

Please indicate if representatives of communities affected by TB or civil society had a formal role in 2023 in the following

| | | |
|-------|--|-----------------------|
| CE.11 | <p>Development of the national strategic plan</p> <p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 2 Not applicable <input type="checkbox"/> 3 Don't know </p> | community_nsp |
| CE.12 | Preparation and conduct of the TB programme review | community_prog_review |

| | |
|---|-------------------------|
| <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 2 Not applicable <input type="checkbox"/> 3 Don't know | |
| CE.13 Development of the national annual TB report <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 2 Not applicable <input type="checkbox"/> 3 Don't know | community_annual_report |
| CE.14 Development or update of national TB guidelines or manuals <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 2 Not applicable <input type="checkbox"/> 3 Don't know | community_manuals |

Level of committed funding for community engagement in the TB response at national level

| | |
|---|----------------------------|
| CE.15 Do you have data on the funding committed to community engagement activities in the national TB budget for 2024? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No | community_budget_available |
| CE.16 (If yes to CE.15) Expected funding in 2024 for community engagement activities, in US Dollars <i>This amount should already be included as a component of question 4.7 "Drug-susceptible TB programme costs". It should not include the cost of using community health care workers in TB care delivery</i> | cf_community |

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

SECTION 4: FINANCE

Budget fiscal year 2024

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 2024 | 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 2024, excluding buffer stock (US Dollars) | (auto calc.) | (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 <i>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.</i> | budget_lab | cf_lab | gap_lab |
| 4.5 | National TB Programme staff (central unit staff and subnational TB staff) <i>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.</i> | 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 <i>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</i> | budget_prog | cf_prog | gap_prog |
| 4.8 | Drug-resistant TB: drugs <i>Drugs to treat drug-resistant TB (RR-TB, MDR-TB, pre-XDR-TB or XDR-TB). Include drugs to deal with adverse events</i> | budget_sld | cf_sld | gap_sld |
| 4.9 | Drug-resistant TB: programme costs <i>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.</i> | budget_mdrmgt | cf_mdrmgt | gap_mdrmgt |
| 4.10 | TB preventive treatment: drugs <i>Drugs for TB preventive treatment, as per latest WHO guidance (6H, 9H, 4R, 3HR and Levofloxacin)</i> | budget_tpt | cf_tpt | gap_tpt |
| 4.11 | Collaborative TB/HIV activities <i>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).</i> | budget_tbhiv | cf_tbhiv | gap_tbhiv |
| 4.12 | Patient support <i>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)</i> | budget_patsup | cf_patsup | gap_patsup |
| 4.13 | Operational research and surveys <i>Periodic surveys (prevalence, drug resistance, patient catastrophic cost); routine surveillance (epidemiology review, inventory studies, pharmacovigilance, systematic assessment of the surveillance system); operational research.</i> | 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 |

^dTotal 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 2023

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) <i>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).</i> | exp_cpp_dstb |
| 4.22 | Average cost of drugs spent per patient starting second-line treatment for MDR-TB, excluding buffer stock (US Dollars) <i>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.</i> | exp_cpp_mdr |
| 4.23 | Average cost of drugs spent per patient starting pre-XDR / XDR-TB treatment, excluding buffer stock (US Dollars) <i>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.</i> | 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_mdrmt | rcvd_mdrmt |
| 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:

Utilization of health services, 2023

| | | 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 <i>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.</i> | hcfvisit_dstb | hcfvisit_mdr |
| UTL.2 | Estimated percentage of cases that are hospitalized (%) <i>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%.</i> | hospd_dstb_prct | hospd_mdr_prct |
| UTL.3 | Estimated average duration of stay if hospitalized (days) <i>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".</i> | 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 | hosp_type_mdr |
| 141 | Secondary-level hospital | |
| 142 | Tertiary-level hospital | |
| 2 | Not applicable | |

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

For all countries in 2024! (dc_unhlm_display=1)

Response to the political declaration of the 2023 UN High Level Meeting on TB

Annual report

| | |
|--|--------------------------------|
| <p>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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>annual_report_published</p> |
| <p>5.1a (If yes to 5.1) Please provide the web link to latest annual report if available</p> <p><input type="text"/></p> | <p>annual_report_url</p> |

Review mechanism

| | |
|--|----------------------------|
| <p>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? <i>See https://www.who.int/publications/i/item/WHO-CDS-TB-2019.10</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>ms_review</p> |
| <p>5.3 (If yes to 5.2) Do representatives of civil society and affected communities participate in the multi-sectoral accountability and review mechanism?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>ms_review_civil_soc</p> |

Inter-ministerial collaboration

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

| | |
|------------------------|-----------------------|
| <p>5.4 Agriculture</p> | <p>min_agg_collab</p> |
|------------------------|-----------------------|

| | | |
|-----|---|----------------|
| | <div>230</div> <div>231</div> <div>232</div> <div>6</div> <div>7</div> Advocacy, information, education, and communication TB prevention and care Patient support including economic, social or nutritional benefits Not engaged Not applicable (because there is no such ministry or its equivalent) | |
| 5.5 | Defence <div>230</div> <div>231</div> <div>232</div> <div>6</div> <div>7</div> Advocacy, information, education, and communication TB prevention and care Patient support including economic, social or nutritional benefits Not engaged Not applicable (because there is no such ministry or its equivalent) | min_def_collab |
| 5.6 | Education <div>230</div> <div>231</div> <div>232</div> <div>6</div> <div>7</div> Advocacy, information, education, and communication TB prevention and care Patient support including economic, social or nutritional benefits Not engaged Not applicable (because there is no such ministry or its equivalent) | min_edu_collab |
| 5.7 | Finance <div>230</div> <div>231</div> <div>232</div> <div>6</div> <div>7</div> Advocacy, information, education, and communication TB prevention and care Patient support including economic, social or nutritional benefits Not engaged Not applicable (because there is no such ministry or its equivalent) | min_fin_collab |
| 5.8 | Justice <div>230</div> <div>231</div> <div>232</div> <div>6</div> <div>7</div> Advocacy, information, education, and communication TB prevention and care Patient support including economic, social or nutritional benefits Not engaged Not applicable (because there is no such ministry or its equivalent) | min_jus_collab |
| 5.9 | Labour <div>230</div> <div>231</div> <div>232</div> Advocacy, information, education, and communication TB prevention and care Patient support including economic, social or nutritional benefits | min_lab_collab |

| | | |
|------|--|------------------|
| | <input type="checkbox"/> 6 Not engaged <input type="checkbox"/> 7 Not applicable (because there is no such ministry or its equivalent) | |
| 5.10 | Social development <input type="checkbox"/> 230 Advocacy, information, education, and communication <input type="checkbox"/> 231 TB prevention and care <input type="checkbox"/> 232 Patient support including economic, social or nutritional benefits <input type="checkbox"/> 6 Not engaged <input type="checkbox"/> 7 Not applicable (because there is no such ministry or its equivalent) | min_dev_collab |
| 5.11 | Transport <input type="checkbox"/> 230 Advocacy, information, education, and communication <input type="checkbox"/> 231 TB prevention and care <input type="checkbox"/> 232 Patient support including economic, social or nutritional benefits <input type="checkbox"/> 6 Not engaged <input type="checkbox"/> 7 Not applicable (because there is no such ministry or its equivalent) | min_tra_collab |
| 5.12 | Other (please describe briefly the ministry/sector and the area of collaboration or leave empty if not applicable) <div style="border: 1px solid black; height: 20px; width: 450px;"></div> | other_min_collab |

Social protection

| | | |
|---|---|------------------|
| 5.13 | Is there a national policy to specifically provide social protection services to TB-affected individuals? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 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, <i>TB diagnostic testing includes all WHO-recommended rapid diagnostics, chest x-rays, culture and smear microscopy</i> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 3 Don't know | free_access_tbdx |

| | |
|---|-------------------------|
| <p>5.13.2 Free access to TB treatment and related medical services</p> <p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 3 Don't know </p> | free_access_tbt_x |
| <p>5.13.3 Enablers to adhere to TB treatment</p> <p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 3 Don't know </p> | enable_tx_adherence |
| <p>5.13.3a <i>(If yes to 5.13.3)</i> The number of people started on TB treatment in 2023 who were provided with enablers to adhere to TB treatment <i>Please leave empty if number is not available</i></p> | people_tx_enablers |
| <p>5.13.3b <i>(If yes to 5.13.3)</i> Does funding for enablers to adhere to TB treatment include funding from the government?</p> <p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 3 Don't know </p> | gov_funding_tx_enablers |
| <p>5.13.4 Conditional and/or unconditional cash-transfers</p> <p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 3 Don't know </p> | cash_trans |
| <p>5.13.4a <i>(If yes to 5.13.4)</i> The number of people started on TB treatment in 2023 who were provided with conditional and/or unconditional cash-transfers <i>Please leave empty if number is not available</i></p> | people_cash_trans |
| <p>5.14.3b <i>(If yes to 5.13.4)</i> Does funding for conditional and/or unconditional cash-transfers include funding from the government?</p> <p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 3 Don't know </p> | gov_funding_cash_trans |
| <p>5.13.5 Measures to ensure food security</p> <p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 3 Don't know </p> | food_security |

| | |
|--|--------------------|
| 5.13.6 Measures to compensate for loss of income | income_loss |
| <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 3 Don't know | |
| 5.13.7 Other (please describe briefly or leave empty if not applicable) | other_social_protn |
| <div></div> | |

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) | protect_employment |
| <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 3 Don't know | |
| 5.15 Housing (e.g. not being evicted from housing facilities because of a TB diagnosis) | protect_housing |
| <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 3 Don't know | |
| 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) | protect_parenting |
| <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 3 Don't know | |
| 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) | protect_movement |
| <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 3 Don't know | |
| 5.18 Freedom of association (e.g. no compulsory isolation because of a TB diagnosis) | protect_association |
| <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No | |

☐ 3 Don't know