

# **Health Inequality Monitor**

## **Data Repository**

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### COMPENDIUM OF INDICATOR DEFINITIONS

#### Tuberculosis indicators

**June 2022**

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## Tuberculosis indicators

### About

This dataset contains disaggregated data for Tuberculosis indicators presented in the *State of Inequality: HIV, Tuberculosis and Malaria* global report. It contains 10 indicators to assess the state of inequality covering topics including burden, detection, prevention, knowledge and attitudes, and social protection, disaggregated by up to six dimensions of inequality (sex, economic status, education, place of residence, age, and TB drug resistance status).

### Data sources

Data are derived from multiple sources:

- Data about TB incidence and mortality come from official modelled estimates produced annually by the WHO Global TB programme.
- Data on TB prevalence came from TB prevalence surveys.
- Country-reported case notification data are reported annually to WHO by national TB programmes.
- Data for the proportion of people with MDR/RR-TB come from routine surveillance data or national surveys.
- Data for BCG immunization coverage among children aged 1 year were sourced from the WHO Health Equity Monitor database, which contains BCG data gathered through nationally representative population-based surveys, including DHS, MICS and RHS.
- TB knowledge and attitudes indicators were sourced from the DHS programme STATcompiler tool (<https://www.statcompiler.com/en>).
- Information about families affected by TB facing catastrophic costs due to TB were sourced from TB patient cost surveys (obtained from country reports).

### Indicators

#### TB incidence (new infections per 100 000 population)

<b>Topic</b>	TB Burden
<b>Indicator name</b>	TB incidence (new infections per 100 000 population)
<b>Data type</b>	Rate
<b>Data source</b>	WHO estimate
<b>Definition</b>	New and relapsed cases of TB per 100 000 population per year <u>Numerator</u> : Estimated number of new and relapsed cases of (HIV-negative) TB <u>Denominator</u> : UNDP estimated population
<b>Disaggregation</b>	Sex
<b>Further information</b>	Estimates obtained through WHO <a href="https://www.who.int/teams/global-tuberculosis-programme/data">https://www.who.int/teams/global-tuberculosis-programme/data</a>

## TB mortality (deaths per 100 000 population)

<b>Topic</b>	TB Burden
<b>Indicator name</b>	TB mortality (deaths per 100 000 population)
<b>Data type</b>	Rate
<b>Data source</b>	WHO estimate
<b>Definition</b>	Annual number of TB deaths per 100 000 population <u>Numerator</u> : Estimated number of (HIV-negative) TB deaths <u>Denominator</u> : UNDP estimated population
<b>Disaggregation</b>	Sex
<b>Further information</b>	Estimates obtained through WHO <a href="https://www.who.int/teams/global-tuberculosis-programme/data">https://www.who.int/teams/global-tuberculosis-programme/data</a>

## TB prevalence (cases per 100 000 population)

<b>Topic</b>	TB Burden
<b>Indicator name</b>	TB prevalence (cases per 100 000 population)
<b>Data type</b>	Rate
<b>Data source</b>	TB prevalence surveys
<b>Definition</b>	National prevalence of bacteriologically positive pulmonary TB among general population aged 15 years and older <u>Numerator</u> : Number of cases of bacteriologically confirmed TB (smear-positive TB and smear-negative culture-positive TB) <u>Denominator</u> : Population aged 15 years and older
<b>Disaggregation</b>	Place of residence
<b>Further information</b>	TB prevalence for United Republic of Tanzania was for smear-positive TB Philippines used 10-year-old eligibility threshold for its 2007 survey.

## People with MDR/RR-TB (%)

<b>Topic</b>	TB Burden
<b>Indicator name</b>	People with MDR/RR-TB (%)
<b>Data type</b>	Percentage
<b>Data source</b>	Country-reported to WHO
<b>Definition</b>	Proportion of MDR/RR-TB among people with TB <u>Numerator</u> : Total number of previously untreated cases of MDR/RR-TB between 2011 and 2019 <u>Denominator</u> : Total number of previously untreated cases of MDR/RR-TB and non-MDR/RR-TB between 2011 and 2019
<b>Disaggregation</b>	Sex

<b>Further information</b>	National average estimates based on WHO estimates <a href="https://www.who.int/teams/global-tuberculosis-programme/data">https://www.who.int/teams/global-tuberculosis-programme/data</a>
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## Prevalence to notification ratio (years)

<b>Topic</b>	TB Detection
<b>Indicator name</b>	Prevalence to notification ratio (years)
<b>Data type</b>	Number of years
<b>Data source</b>	TB prevalence surveys and country-reported case notifications
<b>Definition</b>	Ratio of prevalence rate to annual notification rate (expressed in years) <u>Numerator</u> : Prevalence rate (at time of survey) <u>Denominator</u> : Annual case notification rate
<b>Disaggregation</b>	Sex
<b>Further information</b>	The indicator indicates average time to notify a TB case; the higher the ratio, the longer the time taken for a prevalent case to be notified to the national TB programme. This accounts for some people exiting the pool of prevalent cases without being notified, for example because they self-cure or die or because they are detected and treated by providers not linked to official reporting systems <a href="https://www.who.int/teams/global-tuberculosis-programme/tb-reports">https://www.who.int/teams/global-tuberculosis-programme/tb-reports</a>

## Case detection rate (%)

<b>Health topic</b>	TB Detection
<b>Indicator name</b>	Case detection rate (%)
<b>Data type</b>	Percentage
<b>Data source</b>	WHO-estimated TB incidence and country-reported case notifications
<b>Definition</b>	Proportion of estimated new and relapse TB cases detected in a given year <u>Numerator</u> : Number of new and relapse TB cases diagnosed and treated in national TB control programmes and notified to WHO <u>Denominator</u> : WHO estimate of number of incident TB cases for same year
<b>Disaggregation</b>	Age (2 groups) (0-15+) Sex
<b>Further information</b>	The term "case detection" used here means TB is diagnosed in a patient and reported within the national surveillance system and then to WHO The term "rate" is used for historical reasons; the indicator is actually a ratio (expressed as percentage) <a href="https://www.who.int/teams/global-tuberculosis-programme/data">https://www.who.int/teams/global-tuberculosis-programme/data</a>

## BCG immunization coverage among one-year-olds (%)

<b>Topic</b>	TB Prevention
<b>Indicator name</b>	BCG immunization coverage among one-year-olds (%)
<b>Data type</b>	Percentage
<b>Data source</b>	DHS, MICS and RHS
<b>Definition</b>	<p>The percentage of children aged 1 year who have received one dose of BCG vaccine in given year</p> <p><u>Numerator</u>: Number of children aged 12–23 months receiving one dose of BCG vaccine</p> <p><u>Denominator</u>: Total number of children aged 12–23 months surveyed</p>
<b>Disaggregation</b>	<p>Economic status (wealth quintile)</p> <p>Education (3 groups)</p> <p>Place of residence</p> <p>Sex</p>
<b>Further information</b>	<p>Estimates obtained from WHO Health Equity Monitor database</p> <p><a href="https://www.who.int/data/gho/health-equity">https://www.who.int/data/gho/health-equity</a></p>

## People who report TB is spread through coughing [overall, female, male] (%)

<b>Health topic</b>	TB Knowledge and attitudes
<b>Indicator name</b>	People who report TB is spread through coughing [overall, female, male] (%)
<b>Data type</b>	Percentage
<b>Data source</b>	DHS
<b>Definition</b>	<p>Percentage of [people, females, males] who have heard of TB and correctly report TB is spread through air when coughing</p> <p><u>Numerator</u>: Interviewed [people, females, males] aged 15–49 years who have heard of TB and correctly report TB is spread through air when coughing</p> <p><u>Denominator</u>: All interviewed [people, females, males] aged 15–49 years</p>
<b>Disaggregation</b>	<p>Age (3 groups) (15-49)</p> <p>Economic status (wealth quintile)</p> <p>Education (3 groups)</p> <p>Place of residence</p> <p>Sex</p>
<b>Further information</b>	<p>Estimates obtained through analysis of DHS data</p> <p><a href="https://dhsprogram.com/">https://dhsprogram.com/</a></p>

## People who would want a family member's TB kept secret [overall, female, male] (%)

<b>Health topic</b>	TB Knowledge and attitudes
<b>Indicator name</b>	People who would want a family member's TB kept secret [overall, female, male] (%)
<b>Data type</b>	Percentage
<b>Data source</b>	DHS
<b>Definition</b>	<p>Percentage of [people, females, males] who have heard of TB and who would want a family member's TB kept secret</p> <p><u>Numerator</u>: Interviewed [people, females, males] aged 15–49 years who have heard of TB and who would want a family member's TB kept secret</p> <p><u>Denominator</u>: All interviewed [people, females, males] aged 15–49 years</p>
<b>Disaggregation</b>	<p>Age (3 groups) (15-49)</p> <p>Economic status (wealth quintile)</p> <p>Education (3 groups)</p> <p>Place of residence</p> <p>Sex</p>
<b>Further information</b>	<p>Estimates obtained through analysis of DHS data</p> <p><a href="https://dhsprogram.com/">https://dhsprogram.com/</a></p>

## Families affected by TB facing catastrophic costs due to TB (%)

<b>Health topic</b>	TB Social protection
<b>Indicator name</b>	Families affected by TB facing catastrophic costs due to TB (%)
<b>Data type</b>	Percentage
<b>Data source</b>	TB patient cost surveys
<b>Definition</b>	<p>Percentage of families affected by TB with total costs due to TB equivalent to over 20% of annual household income</p> <p><u>Numerator</u>: Number of families affected by TB incurring total costs due to TB exceeding 20% of annual household income</p> <p><u>Denominator</u>: Total number of families affected by TB, identified among people diagnosed with TB who are users of health services that are part of National TB Programme networks</p>
<b>Disaggregation</b>	<p>Economic status (wealth quintile)</p> <p>TB drug resistance</p>
<b>Further information</b>	The focus of this indicator is on direct and indirect financial and economic costs which pose barriers that can greatly affect the ability of TB patients to access diagnosis and treatment, and to complete treatment successfully

## Inequality dimensions

The tuberculosis indicators are disaggregated by up to six dimensions of inequality: age, economic status, education, place of residence and TB drug resistance status.

For knowledge and attitudes indicators, data disaggregation by age encompassed three subgroups (15-19 years, 20-34 years, and 35-49 years). For case detection rate, age-disaggregation encompassed two subgroups (0-14 years, 15+ years).

Economic status was determined using a wealth index. Country-specific indices were based on owning selected assets and having access to certain services, and constructed using principal component analysis. For wealth quintiles, within each country the index was divided into five equal subgroups that each account for 20% of the population. Note that certain indicators have denominator criteria that do not include all households and/or are more likely to include households from a specific quintile or decile; thus the quintile or decile share of the population for a given indicator may not equal 20%.

Education refers to the highest level of education attained and includes three subgroups (no education, primary education, and secondary or higher education). In the case of BCG immunization coverage among children aged 1 year, education subgroups are based on the level of education of the child's mother.

TB drug resistance is considered as a dimension of inequality for the social protection indicator (Families affected by TB facing catastrophic costs due to TB), as it may be a source of discrimination or lead to poor outcomes.

For place of residence, country-specific criteria were applied.

Data disaggregation among female and male subgroups separately (by economic status, education, place of residence and age) is available for certain knowledge, attitudes and practices and treatment indicators.

<b>Dimension</b>	<b>Subgroups</b>
Age (2 groups) (0-15+)	2 subgroups: 0–14 years and 15+ years
Age (3 groups) (15-49)	3 subgroups: 15-19 years, 20-34 years, 35-49 years
Economic status (wealth quintile)	5 subgroups: quintile 1 (poorest), quintile 2, quintile 3, quintile 4, quintile 5 (richest)
Education (3 groups)	3 subgroups: no education, primary education, secondary or higher education
Place of residence	2 subgroups: rural, urban
Sex	2 subgroups: female, male
TB drug resistance	2 subgroups: drug-resistant TB, drug-susceptible TB