Global TB data collection form 2025

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):

2025

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

2026

m.1	January	
m.2	February	

(if frequency = quarterly):

2025

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

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

view_TME_master_data_collection

SECTION 1: IDENTIFICATION

National TB control programme manager (NTP) or equivalent

1.1	Name *Please do not use honorifics or titles such as "Dr", "Professor".*	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 each name only once. You can leave 1.6 and 1.7 empty if you only have one name to report. If you want us to acknowledge more names than 3 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`

view_TME_master_notification

SECTION 2: DIAGNOSIS AND TREATMENT

TB notifications by history, site, diagnostic method and by age group and sex, 2024 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.*

Next year we will amend our forms to align with the 2024 guidance on TB surveillance published in May 2024 at https://www.who.int/publications/i/item/9789240075290

		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)* *In future, "clinically diagnosed" cases will be called "bacteriologically unconfirmed". See page 14 of https://www.who.int/publications/i/item/9789240106932.*	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 (including previous treatment history unknown)	***c_newinc***
2.4	Previously treated patients, excluding relapse cases (pulmonary or extrapulmonary, bacteriologically confirmed or clinically diagnosed) *('treatment after failure', 'treatment after lost to follow-up' and cases whose outcome after their most recent course of treatment is unknown or undocumented)*	ret_nrel
	Total cases notified	***c_notified***

Previous anti-TB treatment status		
(i) New	(ii) Previously treated (including relapses)	(iii) Previous treatment history unknown

2.5	Among the bacteriologically confirmed pulmonary TB cases reported in question 2.1 and question 2.4, numbers by previous anti-TB treatment status	pulm_labconf_new	pulm_labconf_ret	pulm_labconf_unk

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

New and relapse TB cases by age group and sex, 2024 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

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

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

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

2.8 Are all relapse cases included in table 2.9 below?

1 Yes
0 No

rel_in_agesex_flg

2.9 New and relapse TB cases, including cases with previous treatment history unknown (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					
	35–44	45–54	55–64	>65	Unknown	Total
Male	newrel_m3544	newrel_m4554	newrel_m5564	newrel_m65	newrel_mu	(auto calc.)
Female	newrel_f3544	newrel_f4554	newrel_f5564	newrel_f65	newrel_fu	(auto calc.)
Total	(auto calc.)					

Use of WHO-recommended rapid diagnostic tests

WHO-recommended rapid diagnostics include manual and molecular diagnostic tests of low and moderate complexity to detect TB with and without drug resistance detection (such as urine LF-LAM for persons living with HIV, TB-LAMP, Truenat MTB Plus, Xpert MTB/RIF Ultra, Roche cobas MTB, Abbott RealTime MTB, or BD MAX MTB assays)

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 2024? [b]

rdx_data_available

0	No
60	Yes, available from our routine surveillance system
62	Yes, available from our routine surveillance system disaggregated by case type
5	Not applicable (because there were no TB cases)

2.11	*(if yes from routine surveillance not disaggregated by case type)* Number of new (including previous treatment history unknown) and relapse cases reported in questions 2.1 – 2.3 tested using a WHO-recommended rapid diagnostic (for example Xpert MTB/RIF Ultra) as the initial diagnostic test (regardless of test result) [b]	newinc_rdx
2.12	*if yes from routine surveillance disaggregated by case type)* Number of new (including previous treatment history unknown) and relapse pulmonary bacteriologically confirmed cases reported in question 2.1 tested using a WHO-recommended rapid diagnostic (for example Xpert MTB/RIF Ultra) as the initial diagnostic test (regardless of test result)	newinc_pulm_labconf_rdx
2.13	*if yes from routine surveillance disaggregated by case type)* Number of new (including previous treatment history unknown) and relapse pulmonary clinically diagnosed cases reported in question 2.2 tested using a WHO-recommended rapid diagnostic (for example Xpert MTB/RIF Ultra) as the initial diagnostic test (regardless of test result, noting that by definition a positive result means the case should be classified as bacteriologically confirmed)	newinc_pulm_clindx_rdx
2.14	*if yes from routine surveillance disaggregated by case type)* Number of new (including previous treatment history unknown) and relapse extrapulmonary cases reported in question 2.3 tested using a WHO-recommended rapid diagnostic (for example Xpert MTB/RIF Ultra) as the initial diagnostic test (regardless of test result)	newinc_ep_rdx

[b] *Pulmonary or extrapulmonary, bacteriologically confirmed or clinically diagnosed, drug-susceptible or drug-resistant*

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

Diagnosis and enrolment on treatment, 2024 calendar year

Next year we will amend our forms to align with the 2024 guidance on TB surveillance published in May 2024 at https://www.who.int/publications/i/item/9789240075290

Diagnosis and enrolment on treatment of rifampicin-susceptible TB patients

	The total number of people diagnosed with pulmonary or extrapulmonary TB in 2024 as reported in questions 2.1 – 2.4	c_notified
DTX.1	Among all people diagnosed with pulmonary or extrapulmonary TB in 2024 (reported in questions 2.1 – 2.4), number with no evidence of rifampicin resistance (susceptible or tests not done) *This is irrespective of whether or not there is any evidence of isoniazid resistance*	nrr
DTX.2	Among the people in DTX.1, number started on a regimen to treat rifampicin-susceptible TB	nrr_tx

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

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

	The total number of people diagnosed with pulmonary or extrapulmonary TB in 2024 as reported in questions 2.1 – 2.4	c_notified
DTX.3	Among all people diagnosed with pulmonary or extrapulmonary TB in 2024 (reported in questions 2.1 – 2.4), number with laboratory-confirmed rifampicin resistance and no evidence of fluoroquinolone resistance (susceptible or tests not done) *This should not include pre-XDR-TB and XDR-TB patients.*	conf_rr_nfqr
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 2024 *Pulmonary or extrapulmonary. Also include patients diagnosed before 2024 but started on treatment in 2024.* *This should not include pre-XDR-TB and XDR-TB patients treated for pre-XDR-TB or XDR-TB.*	conf_rr_nfqr_tx
DTX.5	Number of patients <u>without laboratory confirmation of rifampicin resistance</u> started on treatment for MDR/RR-TB in 2024 *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 2024 but started on treatment in 2024. This should not include pre-XDR-TB and XDR-TB patients treated for pre-XDR-TB or XDR-TB.*	unconf_rr_nfqr_tx
DTX.6	Total number of patients who started treatment for MDR/RR-TB in 2024	(auto calc.)
DTX.7	Among patients in DTX.6 who started treatment for MDR/RR-TB in 2024, the number who were aged 0-14 years *Pulmonary or extrapulmonary. Also include patients diagnosed before 2024 but started on treatment in 2024.* *This should not include pre-XDR-TB and XDR-TB patients treated for pre-XDR-TB or XDR-TB.*	rr_nfqr_014_tx

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

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

These new definitions were published by WHO in January 2022. 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 2024 *Pulmonary or extrapulmonary. Also include patients diagnosed with rifampicin resistance before 2024 and then with fluoroquinolone resistance in 2024.*	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 2024 *Pulmonary or extrapulmonary. Also include patients diagnosed before 2024 but started on treatment in 2024.*	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 2024? 1 Yes 0 No 3 Don't know	nrr_hpmz_used
DTX.11	*(If yes to DTX.10* Number of patients started on the 4-month HPMZ regimen in 2024	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 in people aged 16 years or less by the end of 2024? 1 Yes 0 No 3 Don't know	nrr_2hrze2hr_used
DTX.13	*(If yes to DTX.12* Number of patients started on the 4-month 2HRZ(E)/ 2HR regimen in 2024	nrr_2hrze2hr_tx
DTX.14	Had any TB patients been started on a 6-month regimen for the treatment of MDR/RR-TB or pre-XDR-TB by the end of 2024? *For example, the BPaLM/BPaL regimen or the BDLLfxC regimen. See WHO rapid communication of June 2024 at https://www.who.int/publications/i/item/B09123* 1 Yes 0 No	dr_6m_used

	3 Don't know	
DTX.15	*(If yes to DTX.14)* Number of patients started on a 6-month regimen for the treatment of MDR/RR-TB or pre-XDR-TB in 2024	dr_6m_tx
DTX.16	Had any TB patients been started on a 9-month regimen for the treatment of MDR/RR-TB by the end of 2024? *For example, the 9-month or modified 9-month regimens. See WHO rapid communication of June 2024 at https://www.who.int/publications/i/item/B09123* 1 Yes 0 No 3 Don't know	dr_9m_used
DTX.17	*(If yes to DTX.16)* Number of patients started on a 9-month regimen for the treatment of MDR/RR-TB in 2024.	dr_9m_tx
DTX.18	Had any TB patients been started on longer regimens of 18 months or more for the treatment of drug-resistant TB by the end of 2024? *These regimens last 18 months or more and may be individualized and are now recommended only for patients with more extensive resistance (e.g., XDR-TB) or those who are not eligible (e.g., complicated extrapulmonary TB) for or have failed shorter treatment regimens See WHO rapid communication of June 2024 at https://www.who.int/publications/i/item/B09123* 1 Yes 0 No 3 Don't know	dr_18mplus_used
DTX.19	*(If yes to DTX.18)* Number of patients started on a longer regimen of 18 months or more for the treatment of drug-resistant TB in 2024	dr_18mplus_tx
DTX.20	Number of patients who started treatment for MDR/RR-TB, pre-XDR-TB or XDR-TB in 2024 who are also being actively monitored for adverse events *This refers to the active and systematic clinical and laboratory assessment of patients on treatment with new anti-TB drugs, novel MDR-TB regimens or XDR-TB regimens to detect, manage and report suspected or confirmed drug toxicities. See.the WHO aDSM Implementation Framework*	mdr_tx_adsm

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

view_TME_master_dr_surveillance

Anti-tuberculosis drug resistance: Surveillance

Diagnostic testing for drug resistance in bacteriologically confirmed pulmonary TB patients, 2024 calendar year

*Note: Questions below are for reporting **all** bacteriologically confirmed pulmonary drug-resistant cases notified in the country in 2024. To report the results of a drug resistance survey (i.e., a study using a specially designed sample of patients that is representative of the national or a subnational TB population), please go to the drug resistance survey section.*

Results of first-line drug testing

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

Rifampicin testing:

		Previous anti-TB treatment status			
		(i) New	(ii) Previously treated (including relapses) [a]	(iii) Previous treatment history unknown	Total [b]
	Bacteriologically confirmed pulmonary TB patients reported in 2.5	pulm_labconf_new	pulm_labconf_ret	pulm_labconf_unk	
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	r_rlt_unk	(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	rr_unk	(auto calc.)

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

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

Rifampicin testing among relapse cases only:

	Bacteriologically confirmed pulmonary relapse TB patients reported in 2.1(ii)	ret_rel_labconf
DRS.1b	Among bacteriologically confirmed pulmonary relapse TB patients reported in 2.1(ii), number of patients with test results for rifampicin	r_rlt_rel

DRS.2b	Among relapse patients with test results for rifampicin reported in DRS.1b, number of patients with resistance to rifampicin (RR-TB)	rr_rel

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

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

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

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

Note that DRS.3 – DRS.8 are equivalent to the following table used in previous years:

	Previous anti-TB treatment status		
	New	Previously treated (including relapses)	Total
(a) Among patients with test results for rifampicin reported in DRS.1, number of patients with test results for isoniazid	dst_rlt_new	dst_rlt_ret	(auto calc.)
(b) Among patients reported in (a) with test results for rifampicin and isoniazid, number of patients with resistance to isoniazid (regardless of result for rifampicin)	dst_rlt_hr_new	dst_rlt_hr_ret	(auto calc.)
(c) Among patients reported in (a) with test results for rifampicin and isoniazid, number of patients with resistance to rifampicin (regardless of result for isoniazid)	dst_rlt_rr_new	dst_rlt_rr_ret	(auto calc.)
(d) Among patients reported in (a) with test results for rifampicin and isoniazid, number of patients with resistance to both rifampicin and isoniazid (MDR-TB)	mdr_new	mdr_ret	(auto calc.)

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

mdr_new = a

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

Results of second-line drug testing

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

These new definitions were published by WHO in January 2023. 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:

view_TME_master_notification

TB/HIV, 2023 calendar year

To update TB/HIV data for 2023 and earlier years, please go to the update page

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.	newrel_hivtest
Among new and relapse TB patients reported in 2023, the number recorded as HIV positive	newrel_hivpos
Among HIV-positive new and relapse TB patients reported in 2023, the number started or continued on antiretroviral therapy (ART)	newrel_art

TB/HIV, 2024 calendar year

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

1 Yes
0 No

newrel_tbhiv_flg

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

	Total number of notified new and relapse cases in 2.1 - 2.3	c_newinc
HIV.2	Number of new and relapse TB patients notified in 2024 tested for HIV at the time of TB diagnosis or with known HIV status at the time of TB diagnosis. *This should include TB patients who were known to be HIV-positive (e.g. documented evidence of enrolment in HIV care such as enrolment in the pre-ART register or in the ART register once started on ART) or with documented negative HIV test conducted at the time of TB diagnosis. If the patient's HIV status is subsequently determined, he or she should be reclassified accordingly.*	newrel_hivtest
HIV.3	Among new and relapse TB patients reported in HIV.2, the number recorded as HIV positive	newrel_hivpos
HIV.4	Among HIV-positive new and relapse TB patients reported in HIV.3, the number who started or continued on antiretroviral therapy (ART) *(Number of 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)*	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 2024 aged 0-14 years tested for HIV at the time of TB diagnosis or with known HIV status at the time of TB diagnosis. *This should include TB patients who were known to be HIV-positive (e.g. documented evidence of enrolment in HIV care such as enrolment in the pre-ART register or in the ART register once started on ART) or with documented negative HIV test conducted at the time of TB diagnosis. If the patient's HIV status is subsequently determined, he or she should be reclassified accordingly.*	newrel_hivtest_014
HIV.7	Among new and relapse TB patients aged 0-14 years reported in HIV.6, the number recorded as HIV positive	newrel_hivpos_014
HIV.8	Among HIV-positive new and relapse TB patients aged 0-14 years reported in HIV.7 the number who started or continued on antiretroviral therapy (ART)	newrel_art_014

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

Global AIDS Monitoring 2024 data imported from UNAIDS (https://aidsreportingtool.unaids.org/), as supplied by National AIDS Programme respondents:

		2024
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_tbtx_art

		2024
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

		2024
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	hiv_new

	period) This denominator should be the same as the denominator of indicator 7.8	

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

		2023
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. 2023 cohort for 2025 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., 2023 for 2025 reporting)	hiv_all_tpt_started

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

Date extracted from UNAIDS reporting system: `hiv_unaids_date_exported`

GAM.7.7 notes:
Indicator reported as not relevant or not available. `hiv_tbrx_art_NA`

Reason data not imported `hiv_tbrx_art_NI_reason`

Reported remarks: `hiv_tbrx_art_remarks`

GAM.7.8 notes:
Indicator reported as not relevant or not available. `hiv_tbdetect_hiv_reg_new2_NA`

Reason data not imported `hiv_tbdetect_hiv_reg_new2_NI_reason`

Reported remarks: `hiv_tbdetect_hiv_reg_new2_remarks`

GAM.7.9 notes:
Indicator reported as not relevant or not available. `hiv_tpt_eligible_start_NA`

Reason data not imported

hiv_tpt_eligible_start_NI_reason

Reported remarks:

hiv_tpt_eligible_start_remarks

GAM.7.10 notes:
Indicator reported as not relevant or not available.

hiv_tpt_completed_NA

Reason data not imported

hiv_tpt_completed_reason

Reported remarks:

hiv_tpt_completed_remarks

view_TME_master_outcomes

Treatment outcomes for TB patients registered in 2023 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 2022 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*

Next year we will amend our forms to align with the 2024 guidance on TB surveillance published in May 2024 at https://www.who.int/publications/i/item/9789240075290

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 2021 at https://www.who.int/publications/i/item/9789240022195?

used_2021_defs_flg

1	Yes
0	No

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

rel_with_new_flg

[1] Yes

[0] No

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

		Number of patients registered in 2023	Treatment outcome				
			Cured or treatment completed	Treatment failed	Died	Lost to follow-up	Not evaluated
OUT.3	Patients treated for drug-susceptible TB who were registered as new, relapse or previous treatment history unknown patients *(bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary)*	newrel_coh	newrel_succ	newrel_fail	newrel_died	newrel_lost	c_newrel_neval
OUT.4	Patients treated for drug-susceptible TB who were registered as 'treatment after failure', 'treatment after lost to follow up' patients or patients whose outcome after their most recent course of treatment is unknown or undocumented *(bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary)*	ret_nrel_coh	ret_nrel_succ	ret_nrel_fail	ret_nrel_died	ret_nrel_lost	c_ret_nrel_neval
OUT.5	Among the patients in OUT.3, all HIV-positive TB patients treated for drug-susceptible TB	tbhiv_coh	tbhiv_succ	tbhiv_fail	tbhiv_died	tbhiv_lost	c_tbhiv_neval

	(bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary)						

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

Treatment outcomes for people aged 0-14 years registered in 2023 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?

[1] Yes
[0] 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

		Number of patients registered in 2023	Treatment outcome				
			Cured or treatment completed	Treatment failed	Died	Lost to follow-up	Not evaluated
	(reported in OUT.3) Patients treated for drug-susceptible TB who were registered as new, relapse or previous treatment history unknown patients	newrel_coh	newrel_succ	newrel_fail	newrel_died	newrel_lost	c_newrel_neval
OUT.7	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_neval
	(OUT.3 minus OUT.7) People aged 15 years and over treated for drug-susceptible TB who were registered as new, relapse or previous treatment history unknown patients	(auto calc.)	(auto calc.)	(auto calc.)	(auto calc.)	(auto calc.)	(auto calc.)

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

Treatment outcomes disaggregated by sex for TB patients registered in 2023 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 2023	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 2022 calendar year

Next year we will amend our forms to align with the 2024 guidance on TB surveillance published in May 2024 at https://www.who.int/publications/i/item/9789240075290

		Number of patients started on drug-resistant TB treatment in 2022	Treatment outcome				
			Cured or treatment completed	Treatment failed	Died	Lost to follow-up	Not evaluated
OUT.8	Patients with laboratory-confirmed RR-TB/MDR-TB treated for MDR-TB and not treated for pre-XDR or XDR-TB	mdr_coh	mdr_succ	mdr_fail	mdr_died	mdr_def	c_mdr_neval
OUT.9	Patients with laboratory-confirmed pre-XDR-TB/XDR-TB treated for pre-XDR or XDR-TB *Do not include these cases in OUT.8. If you cannot report outcomes for pre-XDR-TB/XDR-TB cases separately from RR-/MDR-TB cases, include all cases in OUT.8 and add a note in the remarks below.*	xdr_coh	xdr_succ	xdr_fail	xdr_died	xdr_def	c_xdr_neval

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

TB deaths recorded in the civil registration and vital statistics system, 2024 calendar year

VR.1	Do you have data on deaths recorded in your national civil registration and vital statistics system in 2024? 1 Yes 0 No	vr_data_available
VR.2	*(if VR.1 is yes)* Total number of deaths registered by the national civil registration and vital statistics system in 2024, including deaths with ICD-10 codes in R00-R99	total_deaths_vr
VR.3	*(if VR.1 is yes)* Among the deaths in 2024 reported in VR.2, the number recorded with ICD-10 codes in R00-R99	r00_r99_deaths_vr
VR.4	*(if VR.1 is yes)* Among the deaths in 2024 reported in VR.2, the number with ICD-10 codes for TB, including deaths from TB sequalae	tbdeaths_vr

☐ 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 2023 or 2024?
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 2023 or 2024?
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 2023 or 2024 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

view_TME_master_strategy

Non-routine surveillance of HIV prevalence in TB patients, 2024

3.2 Was there **non-**routine surveillance of HIV prevalence in TB patients using nationwide surveys and/or sentinel sites in 2024?

tbhiv_surveil

[1] Yes
[0] No

3.3 If yes, what sources of data were used?

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

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

Digital systems

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

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

caseb_err_nat

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

view_TME_master_contacts_tpt

Screening, Contact investigation and TB preventive treatment

Screening, 2024

	Number of new and relapse TB cases in 2024 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 2024 through active 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) as opposed to passive case detection.?

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	*(if TPT.1 is yes)* Among the new and relapse cases reported in questions 2.1 – 2.3, the number who were reported through active TB screening efforts (e.g., 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, 2024

	Number of bacteriologically-confirmed pulmonary new and relapse TB cases in 2024 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 2024?

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	*(if yes from routine surveillance)* Number of household contacts of bacteriologically-confirmed pulmonary new and relapse TB cases notified in 2024	newinc_con
TPT.5	*(if yes from routine surveillance)* Among the household contacts reported in TPT.4,	newinc_con_screen

	the number who were evaluated for TB disease and TB infection	
TPT.6	*(if yes from routine surveillance)* 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, 2024

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	*(if yes from routine surveillance)* Number of household contacts of bacteriologically-confirmed pulmonary new and relapse TB cases notified in 2024 who were started on TB preventive treatment	newinc_con_prevtx
TPT.9	*(if yes from routine surveillance)* Among the household contacts started on TB preventive treatment reported in TPT.8, number who were children aged under 5 years.	newinc_con04_prevtx

Completion of TB preventive treatment, 2023

TPT.10 Do you have any data on the number of household contacts of TB cases who were started on TB preventive treatment in 2023 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 2023 (as reported to WHO in 2024)	newinc_con_prevtx
TPT.12	*(if TPT10 is yes)* 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 2024?

`tpt_short_regimens_used`

- [1] Yes
- [67] No, and there are no plans to do so in future
- [68] No, but we plan to do so in future
- [3] Don't know

TPT.14 *(if TPT13 is yes)*
Were any of the shorter TB preventive treatment regimens below used at least once in 2024?

	(a) 1-month daily rifapentine and isoniazid (1HP)	`tpt_1hp` [1] Yes [0] No [3] Don't know
	(b) 3-month weekly rifapentine and isoniazid (3HP)	`tpt_3hp` [1] Yes [0] No [3] Don't know
	(c) 3-month daily rifampicin and isoniazid (3HR)	`tpt_3hr` [1] Yes [0] No [3] Don't know
	(d) 4-month daily rifampicin (4R)	`tpt_4r` [1] Yes [0] No [3] Don't know
TPT.15	*(if TPT13 is yes)* Total number of individuals started on shorter TB preventive treatment regimens containing rifapentine (1HP or 3HP) or rifampicin (3HR or 4R) in 2024 *(please also include data from national HIV/AIDS programme)*	`prevtx_short_rifamycin`
TPT.16	*(if TPT13 is yes and TPT14 (a) is yes or TPT.14 (b) is yes)* Total number of individuals started on shorter TB preventive treatment regimens containing rifapentine (1HP or 3HP) in 2024 *(please also include data from national HIV/AIDS programme)*	`tpt_rifapentine_tx`

TPT.17	Was TB preventive treatment with 6-month daily levofloxacin (6Lfx) used at least once in contacts exposed to MDR/RR-TB in 2024?	tpt_6lfx 1 Yes 0 No 3 Don't know

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

view_TME_master_strategy

Detection of TB in prisons, 2024

PRI.1	Can you identify prisoners among TB cases notified in 2024?	ident_pris 1 Yes 0 No
PRI.2	Total number of new and relapse TB cases registered in prisons in 2024	newrel_prisoners

☐ 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	Do you have any data on the occurrence of TB in all workers at health care facilities, not just those working in the TB programme, for example from an occupational health programme?	tb_in_hcw_data_available 1 Yes 0 No 3 Don't know
IC.2	*(If yes to IC.1)* How many workers at health care facilities, including those working outside the TB programme and including non-medical staff such as managers, receptionists or drivers, were working in the country in the public and private sector in 2024?	hcw_tot
IC.3	*(If yes to IC.1)* Of the workers at health care facilities in IC.2, how many had TB in 2024?	hcw_tb_infected

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

Laboratory diagnostic services

For all countries in 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 2024

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 2024?

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

Molecular WHO-recommended rapid diagnostic testing in 2024

LAB.2	Total number of diagnostic tests performed using molecular WHO-recommended rapid diagnostics *These include nucleic acid amplification tests of low and moderate complexity with and without drug resistance detection (TB-LAMP, Truenat MTB Plus and Rif Dx, Xpert MTB/RIF Ultra, Roche cobas MTB, Abbott RealTime MTB, and BD MAX MTB assays)*	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 2024

LAB.4	Total number of sites providing laboratory diagnostic testing for TB at the end of 2024 *Include all sites contributing to the diagnosis of TB, including laboratories within or outside the public health sector.*	dx_test_sites

		Number of sites providing these services at the end of 2024 [a]
LAB.5	Smear microscopy (including fluorescent)	smear
LAB.6	Culture	culture
LAB.7	Molecular WHO-recommended rapid diagnostics for detection of MTB *These include nucleic acid amplification tests of low and moderate complexity with and without drug resistance detection (TB-LAMP, Truenat MTB Plus and Rif Dx, Xpert MTB/RIF Ultra, Roche cobas MTB, Abbott RealTime MTB, and BD MAX MTB assays)*	m_wrd
LAB.8	Molecular tests for detection of isoniazid resistance *(Low or moderate complexity automated nucleic acid amplification tests or first-line line probe assays)*	m_inh
LAB.9	Molecular tests for detection of fluoroquinolone resistance *(Low complexity automated nucleic acid amplification tests or second-line line probe assays)*	m_fq
LAB.10	Phenotypic drug susceptibility testing for moxifloxacin and/or levofloxacin	dst_moxlev
LAB.11	Phenotypic drug susceptibility testing for bedaquiline	dst_bqd
LAB.12	Phenotypic drug susceptibility testing for linezolid	dst_lzd
LAB.13	Phenotypic drug susceptibility testing for pretomanid	dst_ptd

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

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

Universal access to rapid tuberculosis diagnostics, 2024

`For countries where dc_universal_access_dx_display = 1`

The data in this section are for the 12 benchmarks that form the WHO standard: universal access to rapid TB diagnostics (see https://www.who.int/publications/i/item/9789240071315).

You can use these data to monitor your progress in expanding access to WHO-recommended rapid diagnostics, for example using the dashboard at https://www.who.int/teams/global-tuberculosis-programme/data#profiles.

You can also use the identified successes and gaps in service delivery to update 2025 and 2026 strategic plans and funding proposals, enabling funders and partners to better align their work with your priorities.

WHO-recommended rapid diagnostic tests include manual and molecular diagnostic tests of low and moderate complexity to detect TB with and without drug resistance detection (such as urine LF-LAM for persons living with HIV, TB-LAMP, Truenat MTB Plus, Xpert MTB/RIF Ultra, Roche cobas MTB, Abbott RealTime MTB, or BD MAX MTB assays)

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 2024 (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 2024	
UAD.1	Are data available on the number of people living with HIV screened for TB in 2024?	`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 2024	`plhiv_all`
UAD.3	Number of people living with HIV in UAD.2 who were screened for TB in 2024	`plhiv_all_screen`

1B	Percentage of people living with HIV who were screened for TB in 2024	
UAD.4	Are data available on the number of people newly diagnosed with HIV and screened for TB in 2024?	plhiv_new_screen_data_available ☐ Yes ☐ 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 2024	plhiv_new
UAD.6	Number of people newly diagnosed with HIV in UAD.2 who were screened for TB in 2024	plhiv_new_screen
1C	Percentage of people newly diagnosed with HIV who were screened for TB in 2024	
UAD.7	Are data available on the number of prisoners screened for TB in 2024?	prisoners_screen_data_available ☐ Yes ☐ No
UAD.8	Number of prisoners in 2024 *You can check numbers reported at https://www.prisonstudies.org*	prisoners
UAD.9	Number of prisoners in UAD.8 who were screened for TB in 2024	prisoners_screen
1D	Percentage of prisoners who were screened for TB in 2024	
UAD.10	Are data available on the number of miners exposed to silica dust screened for TB in 2024?	miners_screen_data_available ☐ Yes ☐ No
UAD.11	Number of miners exposed to silica dust in 2024	miners

UAD.12	Number of miners in UAD.11 who were screened for TB in 2024	miners_screen
1E	Percentage of miners exposed to silica dust who were screened for TB in 2024	

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 2024	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 2024	district_cxr
2	Percentage of districts in which chest X-ray is used regularly for TB screening in 2024	

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 2024 *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*	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 2024	

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 2024	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 2024	phcf_wrd
4	Percentage of primary health-care facilities with access to WHO-recommended rapid diagnostic tests in 2024	

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 2024 (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 2024 (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 2024	

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 2024 (as reported in LAB.2)	
UAD.19	Number of people identified with presumptive TB in 2024 *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 2024	wrd_test_capacity
6	Percentage of tests required to test all patients with presumptive TB that can be performed with existing instruments in 2024	

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 2024 (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 2024	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 2024	

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 2024 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 2024	

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 2024 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 2024 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 2024	
	Number of patients with resistance to rifampicin in 2024 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 2024 as reported in DRS.9	
9B	Percentage of patients with resistance to rifampicin and with test results for susceptibility to fluoroquinolones in 2024	
	Number of patients with resistance to rifampicin and resistance to fluoroquinolones in 2024 as reported in DRS.10	
	Number of patients with resistance to rifampicin and resistance to fluoroquinolones and with susceptibility test results for bedaquiline in 2024 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 2024	
	Number of patients with resistance to rifampicin and resistance to fluoroquinolones in 2024 as reported in DRS.10	
	Number of patients with resistance to rifampicin and resistance to fluoroquinolones and with susceptibility test results for linezolid in 2024 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 2024	

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 2024 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 2024 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 2024	

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 2024	district_ monitor_pos_rate
11	Percentage of districts that monitored test positivity rate in 2024	

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 2024 (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 2024	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 2024	

☐ 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 notified by private non-NTP providers in 2024 *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.1b	Among the TB cases reported in PPM.1, the number tested using a WHO-recommended rapid diagnostic (for example Xpert MTB/RIF Ultra) as the initial diagnostic test (regardless of test result) *Pulmonary or extrapulmonary, bacteriologically confirmed or clinically diagnosed, drug-susceptible or drug-resistant*	priv_wrd
PPM.2	Number of TB cases notified by public non-NTP providers in 2024 *Include all contributions from public hospitals, public medical colleges, prisons/detention centres, military facilities, railways, public health insurance organizations etc*	pub_new_dx
PPM.2b	Among the TB cases reported in PPM.2, the number tested using a WHO-recommended rapid diagnostic (for example Xpert MTB/RIF) as the initial diagnostic test (regardless of test result) *Pulmonary or extrapulmonary, bacteriologically confirmed or clinically diagnosed, drug-susceptible or drug-resistant*	pub_wrd

☐ 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	How many TB basic management units (BMUs) were there in 2024? *A basic management unit (BMU) is defined in terms of management, supervision and monitoring responsibility. A BMU for the TB programme may have several treatment facilities, one or more laboratories and one or more hospitals. The defining aspect is the presence of a manager or coordinator who oversees TB control activities for the unit and who maintains a master register of all TB patients being treated. Typically, the units correspond to the government's second subnational administrative division, which might be called, for example, a "district" or "county".*	bmu
CE.2	How many BMUs were implementing community-based referrals or any form of community treatment adherence support in 2024?	bmu_community_impl
CE.3	Do you have data on community-based referrals or any form of community treatment adherence support in 2024? [1] Yes [0] No	community_data_available

Referrals by community health workers / community volunteers in 2024

(if yes to CE.3)

CE.4	Number of BMUs with data on referrals by community health workers / community volunteers in 2024	bmu_ref_data
CE.5	Total number of new and relapse TB cases notified in the BMUs of CE.4 in 2024	notified_ref
CE.6	Number of new and relapse cases referred by community health workers / community volunteers among the cases in CE.5 *Include contributions from all community health workers / community volunteers including those supervised by the government, non-governmental organizations, community-based organizations, faith-based organizations and patient-based organizations.* *Community health workers are people with some formal education who are given training to contribute to community-based health services, and their time is often compensated by incentives in kind or in cash. Community volunteers are community members who have been systematically sensitized about TB prevention and care, either through a*	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 2023

(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 2023	bmu_rxsupport_data_coh
CE.9	Total number of patients who started TB treatment in 2023 and who received any form of treatment adherence support from community health workers / community volunteers in the BMUs of CE.7 *Include contributions from all community health workers / community volunteers including those supervised by the government, non-governmental organizations, community-based organizations, faith-based organizations and patient-based organizations.* *Community health workers are people with some formal education who are given training to contribute to community-based health services, and their time is often compensated by incentives in kind or in cash. Community volunteers are community members who have been systematically sensitized about TB prevention and care, either through a short, specific training scheme or through repeated, regular contact sessions with professional health workers.*	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, 2024

Please indicate if representatives of communities affected by TB or civil society had a formal role in 2024 in the following

CE.11	Development of the national strategic plan 1 Yes 0 No 2 Not applicable 3 Don't know	community_nsp
CE.12	Preparation and conduct of the TB programme review	community_prog_review

	1 Yes 0 No 2 Not applicable 3 Don't know	
CE.13	Development of the national annual TB report 1 Yes 0 No 2 Not applicable 3 Don't know	community_annual_report
CE.14	Development or update of national TB guidelines or manuals 1 Yes 0 No 2 Not applicable 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 2025? 1 Yes 0 No	community_budget_available
CE.16	*(If yes to CE.15)* Expected funding in 2025 for community engagement activities, in US Dollars *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*	cf_community

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

view_TME_master_budget_expenditure

SECTION 4: FINANCE

Budget fiscal year 2025

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 2025	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 2025, excluding buffer stock (US Dollars)**	(auto calc.)	(auto calc.)		(auto calc.)

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

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

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

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

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

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

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

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

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

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

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

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

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

	Funding source	Expected funding
4.16	Domestic (including loans)	cf_tot_domestic
4.17	Global Fund	cf_tot_gf
4.18	US Government/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 2024

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

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

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

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

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

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

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

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

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

Budgets and expenditure

For high-income or low burden countries only (dc_finance_display=0)

Please report the financial data in *absolute US Dollars*

4.1	Total expenditure on TB control (2023)	exp_tot
4.2	Total budget required for TB control (2024)	budget_tot

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

Utilization of health services, 2024

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

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

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

hosp_type_mdr

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

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

view_TME_master_covid_unhlm

SECTION 5: MULTI-SECTORAL ACCOUNTABILITY

For all countries in 2025 (dc_unhlm_display=1)

Implementation of WHO's Multisectoral Accountability Framework on ending TB (MAF-TB)

Please outline steps taken for the implementation of MAF-TB at the national and sub-national level as described in "Adaptation and implementation of the WHO Multisectoral Accountability Framework to end TB: Operational guidance" at https://www.who.int/publications/m/item/operational-guidance-adaptation-and-implementation-of-the-who-multisectoral-accountability-framework-to-end-tb

MAF-TB assessment

5.1 Have you conducted a MAF-TB assessment to inform planning and implementation?

maf_assessment

1 Yes
0 No

Review mechanism, civil society and community engagement

5.2 Is there a national multi-sectoral and multi-stakeholder accountability and review mechanism, under high-level leadership, to monitor and review progress towards ending TB?

See https://www.who.int/publications/i/item/WHO-CDS-TB-2019.10

ms_review

1 Yes
0 No

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

ms_review_civil_soc

1 Yes
0 No

Inter-ministerial collaboration

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

5.4 Agriculture

min_agg_collab

230 Advocacy, information, education, and communication
231 TB prevention and care

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

	230 Advocacy, information, education, and communication 231 TB prevention and care 232 Patient support including economic, social or nutritional benefits 6 Not engaged 7 Not applicable (because there is no such ministry or its equivalent)	
5.11	Transport 230 Advocacy, information, education, and communication 231 TB prevention and care 232 Patient support including economic, social or nutritional benefits 6 Not engaged 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) _____	other_min_collab

Linkages with the private sector

5.13	Have you established links with the private sector as part of the MAF-TB implementation process? 1 Yes 0 No	private_sector_link

Reporting and reviewing

5.14	Does the National TB Programme (or equivalent) produce a publicly available annual report about the status of the TB epidemic and progress in response efforts? 1 Yes 0 No	annual_report_published
5.15	*(If yes to 514)* Please provide the web link to latest annual report if available _____	annual_report_url

MAF-TB implementation plan

5.16	Have you developed a MAF-TB component in the national strategic plan or a standalone MAF-TB implementation plan? 1 Yes 0 No	maf_implementation_plan

Health and social benefits for people with TB

5.17	Is there a national policy to specifically provide social protection services to TB-affected individuals? *Social protection services are designed to prevent and reduce poverty, vulnerability and social exclusion.* *See Guidance on social protection for people affected by tuberculosis* 1 Yes 0 No 3 Don't know	social_protn
5.18	Free access to TB diagnostic testing for people with signs or symptoms presumptive of TB, *TB diagnostic testing includes all WHO-recommended rapid diagnostics, chest x-rays, culture and smear microscopy* 1 Yes 0 No 3 Don't know	free_access_tbdx
5.19	Free access to TB treatment and related medical services 1 Yes 0 No 3 Don't know	free_access_tbtx
5.20	Enablers to adhere to TB treatment 1 Yes 0 No 3 Don't know	enable_tx_adherence
5.20b	*(If yes to 5.20)* Does funding for enablers to adhere to TB treatment include funding from the government?	gov_funding_tx_enablers

	1 Yes 0 No 3 Don't know	
5.21	Conditional and/or unconditional cash-transfers 1 Yes 0 No 3 Don't know	cash_trans
5.21b	*(If yes to 5.21)* Does funding for conditional and/or unconditional cash-transfers include funding from the government? 1 Yes 0 No 3 Don't know	gov_funding_cash_trans
5.22	Measures to ensure food security 1 Yes 0 No 3 Don't know	food_security
5.23	Measures to compensate for loss of income 1 Yes 0 No 3 Don't know	income_loss
5.24	Other (please describe briefly or leave empty if not applicable) _____	other_social_protn

Protection from stigma and discrimination

The questions asked last year do not need to be asked each year. We will ask them again in 2026 or 2027.