Navigating the Performance-Based Monitoring and Evaluation Framework (PBMEF) Indicators

A GUIDE FOR TB PROGRAMS
Volume 2.0

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TB DIAH
Tuberculosis Data, Impact Assessment and Communications Hub

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Navigating the Performance-Based Monitoring and Evaluation Framework (PBMEF) Indicators

A Guide for TB Programs

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Contents

Abbreviations

ART	antiretroviral treatment
CI	contact investigation
DQA	data quality assessment
DR-TB	drug-resistant TB
DS-TB	drug-sensitive TB
ETNA	End TB Now Act of 2023
HCW	healthcare worker
IP	implementing partner
IRS	indicator reference sheet(s)
LTFU	loss-to-follow-up
M&E	monitoring and evaluation
MEL	monitoring, evaluation, and learning
NTP	national TB program
PBMEF	Performance-Based Monitoring and Evaluation Framework
PLHIV	people living with HIV
SIG	Special Interest Group
SOP	standard operating procedure
TB	tuberculosis
TB DIAH	TB Data, Impact Assessment and Communications Hub
TPT	TB preventive therapy
TSR	treatment success rate
UNHLM	United Nations High-Level Meeting
USAID	United States Agency for International Development
mWRD	WHO-recommended rapid molecular test
WHO	World Health Organization

Purpose of the PBMEF Guide

The purpose of this document is to introduce the updated Performance-Based Monitoring and Evaluation Framework (PBMEF 2.0) and to support tuberculosis (TB) programs in utilizing this framework to measure and track the progress of their TB activities, including informing monitoring, evaluation, and learning (MEL) plans. For the purposes of this document, TB programs will refer to all TB activities within a country, including those conducted through national TB programs (NTPs), United States Agency for International Development (USAID)-supported implementing partners (IPs), and other partners.

The PBMEF Guide provides standardized TB indicators, defines priority metrics for monitoring progress toward TB targets in USAID-supported countries, and describes high-level guidance on MEL planning and data use informed by the indicators. The PBMEF indicator definitions are fully aligned with the recent World Health Organization (WHO) Surveillance Guidelines.

Though this framework was developed by USAID, it can be utilized by any program implementing TB activities to facilitate the generation and use of high-quality data for monitoring and evaluation (M&E). The main audiences for this guidance document are USAID staff (e.g., TB, program, and M&E staff), NTP managers and staff, USAID-supported TB technical advisors, and IPs.

This guide describes the *WHAT* and the *HOW* when it comes to using the PBMEF. It is designed to be practical and user-friendly, providing:

- Standard indicator reference sheets (IRS) for TB indicators, organized by technical area and prioritization levels
- Practical guidance for selecting, using, and reporting relevant TB indicators
- Basics of data quality
- An overview of reporting guidance, mechanisms, and requirements for USAID
- Guidance on building cascades using PBMEF indicators to analyze TB data and examples of cascades for various TB technical areas

The PBMEF Guide is part of a suite of additional materials, along with the indicator appendices, PBMEF Frequently Asked Questions, the TB MEL Plan Template and Guidance, and the MEL Plan Template Frequently Asked Questions.

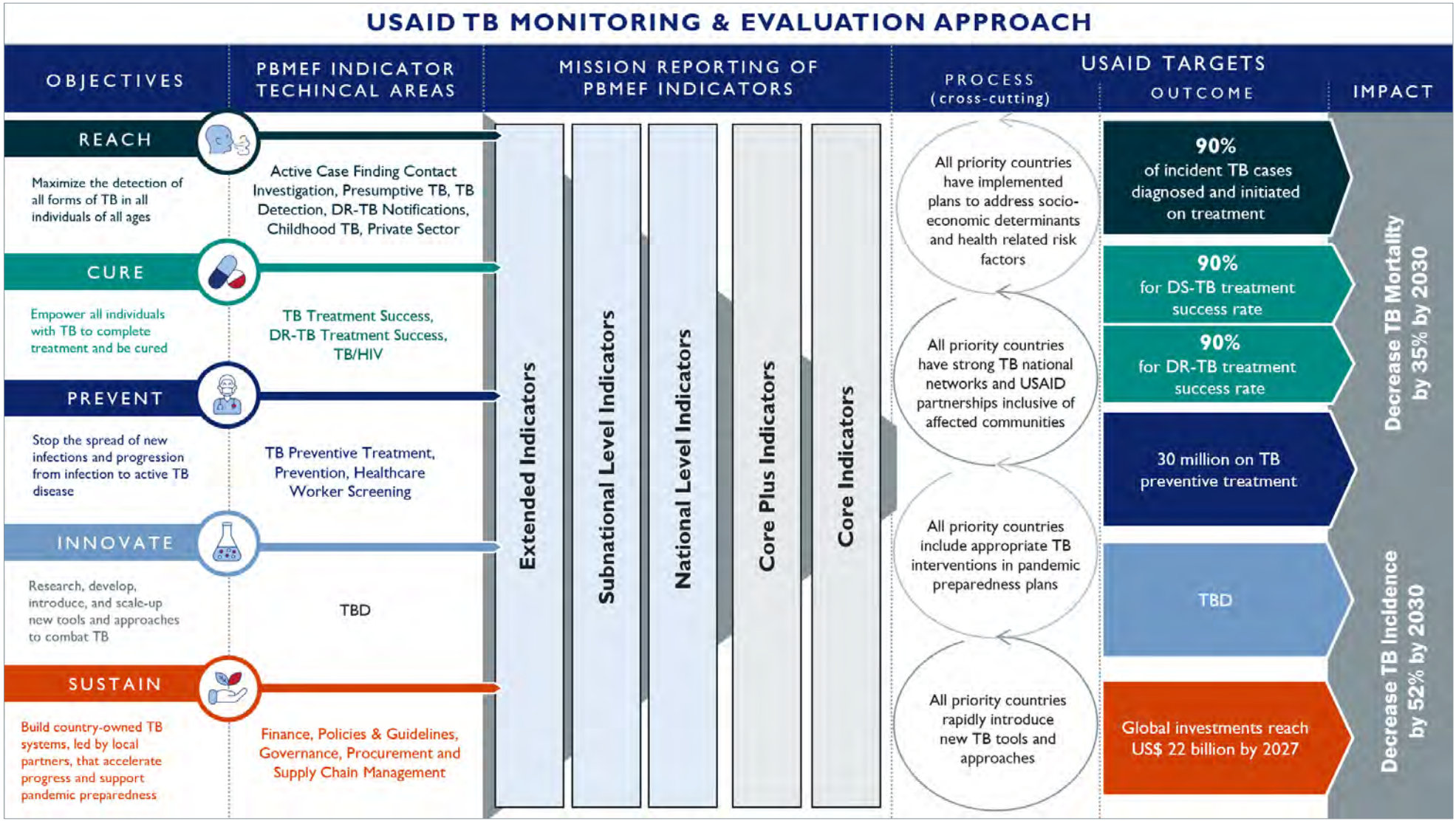
Overview of the PBMEF

The PBMEF was introduced in 2021 under the TB Data, Impact Assessment and Communications Hub (TB DIAH) project to help accelerate progress to end the TB epidemic and ensure accountability of USAID's investments in TB at global, regional, country, and subnational levels. Implementation of the PBMEF by USAID partners, NTPs, donors, and other stakeholders supports the standardization, analysis, and use of data to inform TB strategies and interventions, strengthen national M&E systems, ensure efficient use of resources, promote accountability, and promote best practices. The framework can be used to advocate for resources, strengthen policies, and expand collaboration and coordination among partners.

USAID TB Initiatives and the PBMEF

USAID leads the U.S. Government's global TB efforts by working with agencies and partners around the world to achieve five strategic objectives, namely to **reach** every person with the disease, **cure** those in need of treatment, and **prevent** the spread of new infections and the progression to active TB disease, all while scaling up **innovations** in detection, care, and treatment, and fostering local ownership to **sustain** TB programs that contribute to pandemic preparedness. In cooperation with ministries of health, USAID provides bilateral assistance in 24 countries with a high incidence of TB. Leveraging the U.S. Government's investment in the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund), USAID provides targeted technical assistance to an additional 32 countries (USAID, 2023). Figure 1 below demonstrates how the PBMEF fits into the overall M&E approach for TB programs at USAID.

Figure 1. USAID TB M&E Approach (PBMEF)



As illustrated in Figure 1, the PBMEF is designed to respond to each of the five strategic objectives outlined in USAID's Global TB Strategy 2023–2030. The comprehensive set of indicators in the PBMEF is key to measuring progress toward the targets set in the results framework as shown in Table 1. These include reducing TB incidence by 35% and TB mortality by 52% by 2030 and achieving the 90-90-90 +prevention goal, with 90% of individuals with drug-sensitive TB (DS-TB) and drug-resistant TB (DR-TB) diagnosed and initiated on treatment, 90% of individuals with DS-TB and DR-TB successfully treated, and 30 million eligible individuals provided with TB preventive treatment (TPT) in USAID's 24 TB priority countries.

Table 1. USAID Global TB Strategy results framework targets[1]

Measurement	Target
Impact	• Reduce TB incidence rate by 35% by 2030 • Reduce TB mortality rate by 52% by 2030
Outcome	• **90%** of incident TB cases diagnosed and initiated on treatment* • **90%** of incident DR-TB cases diagnosed and initiated on treatment • **90%** treatment success rate (TSR) for DS-TB and DR-TB • Provide TPT to 30,000,000
Process	• All priority countries rapidly introduce new TB tools and approaches • All priority countries have strong TB national networks and USAID partnerships inclusive of affected communities • All priority countries include appropriate TB interventions and pandemic preparedness plans • All priority countries have implemented plans to address socioeconomic determinants and health-related risk factors that impact the TB epidemic
** At a minimum, 75% of individuals with TB tested with WHO-recommended rapid molecular test (mWRD), in each TB priority country.*	

USAID's Global Accelerator to End TB (the Accelerator) was launched in 2018 at the United Nations High-Level Meeting (UNHLM) on TB, during which the first round of ambitious UNHLM targets (StopTB Partnership, 2018) were established. The Accelerator was designed to increase commitment from and build the capacity of governments, civil society, and the private sector to accelerate affected countries' progress in reaching the global TB targets. The PBMEF was created to respond directly to the Accelerator as well as targets set by the UNHLM. PBMEF indicators allow countries, partners, and other stakeholders to track progress and measure program contributions toward those goals.

In September 2023, at the second UNHLM, USAID launched the Global Accelerator to End TB Plus (USAID, n.d.), which has built on previous efforts providing co-financing for TB innovations with priority countries, increasing support to TB programs in conflict settings, establishing a clinical trial for prevention, supporting reductions in drug and diagnostic prices, and increasing USAID's commitment to localization.

[1] USAID's Global Tuberculosis (TB) Strategy 2023-2030

Global TB Initiatives and the PBMEF

The 2023 UNHLM set new targets that have informed the revisions to the PBMEF. At this meeting, countries committed to goals that, if achieved, would put the world on track to ending TB by 2030. Countries are targeted to reach 90% of people with TB with prevention and care services, to provide life-saving TB treatment for 45 million people with the disease (including 4.5 million children and 1.5 million people with DR-TB), and to provide TPT to 45 million eligible individuals (30 million household contacts of people with TB and 15 million people living with HIV [PLHIV]) between 2023 and 2027.

Additionally, a new bill referred to as The End TB Now Act of 2023 (ETNA) was introduced in the U.S. Congress, which, if passed and signed into law, would set bold targets to reach and treat TB among the most vulnerable populations, strengthen the collaboration among global organizations to develop and implement a comprehensive global TB response, and expand research and development of new tools to prevent, diagnose, treat, and mitigate the spread of TB. ETNA will also bring expanded reporting requirements to ensure accountability, which are reflected in the PBMEF revisions.

Updates to the PBMEF

This second edition of the PBMEF (2.0) has been created to ensure alignment with these new TB initiatives and strategies (WHO, 2024b). This process included a review of these initiatives, namely the new UNHLM commitments, USAID's global strategy, ETNA, and the new WHO surveillance guidelines, as well as consultations between the TB DIAH project, USAID TB technical leads, USAID Missions, USAID TB technical advisors, and USAID partners through the TB Data Special Interest Group (TB SIG). A list of high-level changes to the PBMEF is provided below in Table 2.

Table 2. New additions to PBMEF 2.0

Change / Addition	Description
Essential Indicator List created, comprising four sub-categories: ● Core ● Core Plus ● National Level ● Subnational Level	The creation of the Essential Indicator List builds upon the Core indicators for additional measurement in areas that have been identified as high priority for TB M&E.
Additional IRS	IRS have been developed for all indicators on the Essential Indicator List to facilitate use and standardization of indicators by partners and NTPs. Additionally, all extended indicators now have abbreviated IRS.
Additional indicators	PBMEF 2.0 includes additional Essential indicators under the Core Plus, National Level, Subnational Level, and Extended indicators to fill identified gaps in measurement needs (Appendices A, B, C & D).
Updated definitions	Definitions for PBMEF indicators were updated to ensure ongoing alignment with WHO indicator definitions.
New naming conventions	A naming convention was created to make meaningful, easier-to-use shorthand indicator names.
Consolidated technical areas	The TB technical areas, which are mapped to all PBMEF indicators, were condensed.
Updated cascades and illustrative indicator maps	New cascades and illustrative indicator maps (previously called pathways) were developed (Appendix E).

PBMEF Implementation Guidance

The next section will describe practical guidance for TB programs using the framework and will focus mainly on the PBMEF indicators, which are provided in the appendices to this document.

Indicator Reference Sheets

PBMEF indicators each have an IRS or an abbreviated IRS with standard fields completed. These fields are derived from USAID-specific requirements for IRS and may vary from country- or mission-specific requirements, which should be adhered to. However, to whatever extent possible, the definition, numerator, and denominator fields should be applied as they are written in the PBMEF guide to maintain standardization with globally established indicators. Figure 2 below details the contents of a PBMEF IRS.

Figure 2. PBMEF IRS fields

% Indicator name	*INDICATOR_SHORT_NAME: Indicator name*	
Definition	Standard indicator definition; definition wording should be used as written.	
Numerator	Standard numerator definition; definition wording should be used as written.	Names the PBMEF data element and provides any external (WHO, PEPFAR, etc.) indicator equivalencies.
Denominator	Standard denominator definition; definition wording should be used as written.	Names the PBMEF data element and provides any external (WHO, PEPFAR, etc.) indicator equivalencies.
Category	Describes to which USAID strategy area this indicator most applies (Reach, Cure, Prevent, Sustain).	
Indicator type	Describes whether this is an output vs. outcome indicator.	
PBMEF level	Describes the prioritization level assigned within the PBMEF (Core, Core Plus, National Level, Subnational Level, Extended).	
Unit of measure	Describes the units in which this indicator should be reported; examples include number of people, percent of people, and number of tests.	
Data type	Describes the expected format for the indicator; examples include integer or percentage.	
Disaggregate by*	Provides categories recommended for disaggregating indicator data. Depending on requirements, disaggregates of an indicator may be reported as disaggregates of one indicator, or separately as standalone indicators. The PBMEF includes some indicators that could be reported as disaggregates of other indicators. These indicators are marked with a colored flag at the top of the reference sheet, and the indicator from which they are derived is provided in this field.	
Reporting level*	Indicates the level of granularity (national, subnational, etc.) recommended for data collection and reporting.	
Reporting frequency*	Indicates the frequency recommended for data reporting.	
Data source(s)	Suggests data sources where these data elements may be recorded.	
Importance	Details the importance of this indicator.	
Data use and visualization	Describes data use and potential visualizations for the indicator.	
** Note the choice of what to enter for these fields will depend on specific goals and requirements for activities. See the reporting section below for USAID-specific requirements in these fields*		

Some characteristics of indicators correspond to colors in the IRS, as summarized in Figure 3 below. Indicators that are calculated (i.e., have a numerator and a denominator) have a different color header than those that are not calculated (i.e., have no denominator). Additionally, PBMEF indicators that could be reported as a disaggregate of another indicator are marked with a colored flag as shown below. The disaggregate field of the reference sheet will also clarify the relationship to other indicators. Disaggregated values may be reported as a standalone indicator to emphasize the importance of a disaggregated datapoint (e.g., the number of childhood TB notifications reported as a separate indicator from the total number of TB notifications). Disaggregates reported as standalone indicators may also be preferred depending on national priorities, data availability, or other considerations. The PBMEF includes options to report values as either disaggregates of one indicator or independently as standalone indicators.

Figure 3. PBMEF IRS color codes

Calculated indicators:

% Indicator name	INDICATOR_SHORT_NAME: Indicator name

Non-calculated indicators:

# Indicator name	INDICATOR_SHORT_NAME: Indicator name

Disaggregate calculated indicators:

	**% Indicator name**	INDICATOR_SHORT_NAME: Indicator name

Disaggregate non-calculated indicators:

	**# Indicator name**	INDICATOR_SHORT_NAME: Indicator name

PBMEF Indicator Short Names

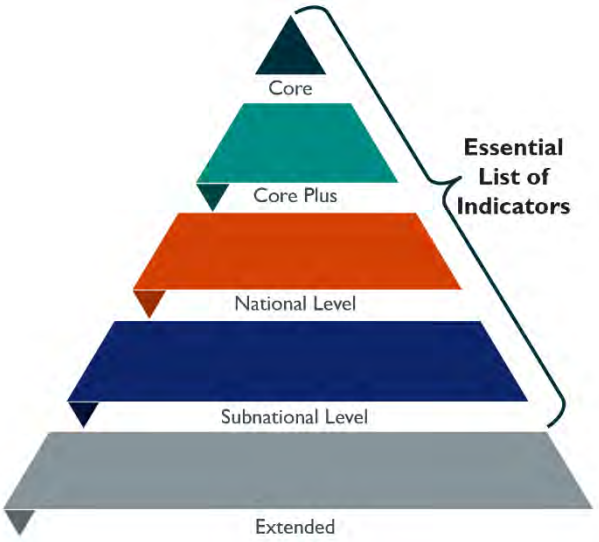
In addition to standard value and indicator definitions, this document also supplies a short name based on a specific naming convention. These short names are intended for ease of reference in reporting and analysis and should not be interpreted as recommendations for configuring data or health information systems. In some instances, technical names used in data systems may align with these short names, but often they do not, with technical names sometimes being system- or hash-generated or following another convention depending on system configuration and context.

More importantly, the alignment of reporting systems hinges not on the key values or short names used, but on precise definitions of values used within the data system. Consistency in these definitions is key for accurate and consistent reporting. Thus, it is the definitions of these values, and not the short names, that should guide the configuration of data collection instruments and data systems. This approach ensures that data integrity and accuracy are maintained across different platforms and reporting frameworks.

PBMEF Indicator Levels

The PBMEF version 2.0 contains five levels of standard indicators, as shown in Figure 4, which are grouped according to global TB priorities. The top four levels shown in this pyramid are the Core, Core Plus, National Level, and Subnational Level indicators; these comprise the **Essential List of Indicators**, while the remaining indicators are in the "Extended" indicators list. Essential indicators are commonly prioritized metrics, while the Extended indicators may be more refined. The sections below provide additional details on these levels. For a summary table describing the various levels, please refer to Table 5 in the Reporting PBMEF Indicators section below.

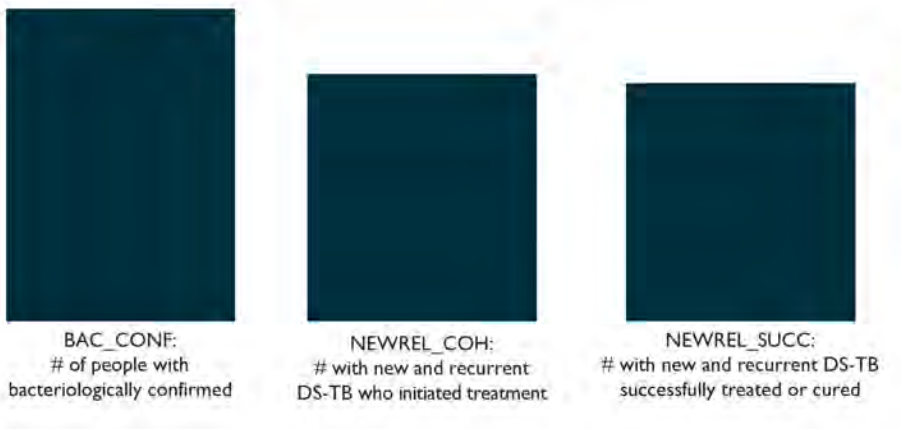
Figure 4. PBMEF indicator levels



Core Indicators

The Core indicators reflect selected priority metrics for TB programming based on global TB strategies. Figure 5 presents how these indicators can be used to build a basic cascade of care.

Figure 5. Cascade of care with Core indicators

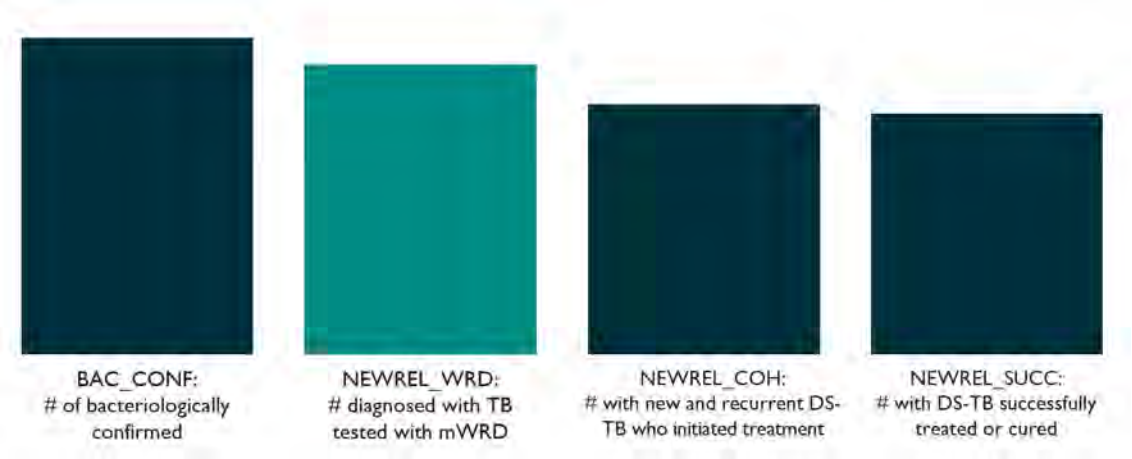


Core Plus Indicators

Core Plus indicators provide additional data to monitor metrics from the Core indicators. Similar to the Core indicators, the Core Plus indicators are established indicators that reflect key steps in critical processes such as the cascade of care but provide more granular information.

Figure 6 illustrates how Core Plus indicators (in teal) provide more detailed information than the Core indicators and further build out a cascade of care.

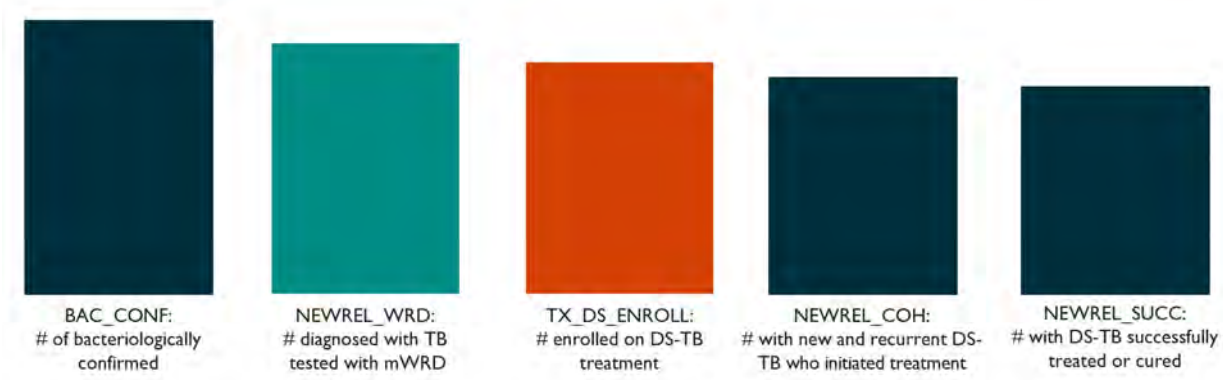
Figure 6. Cascade of care example with Core and Core Plus indicators



National Level Indicators

National Level indicators provide the next level of detail to Core and Core Plus indicator data. They are separated from Subnational Level indicators only because they are expected to be available at the national level, while indicators in the subnational category may not be. Figure 7 illustrates how adding the National Level indicator, the number enrolled on DS-TB treatment (orange), can help better determine where there is a gap between confirmed TB cases and treatment success.

Figure 7. Cascade of care example with Core, Core Plus, and National Level indicators

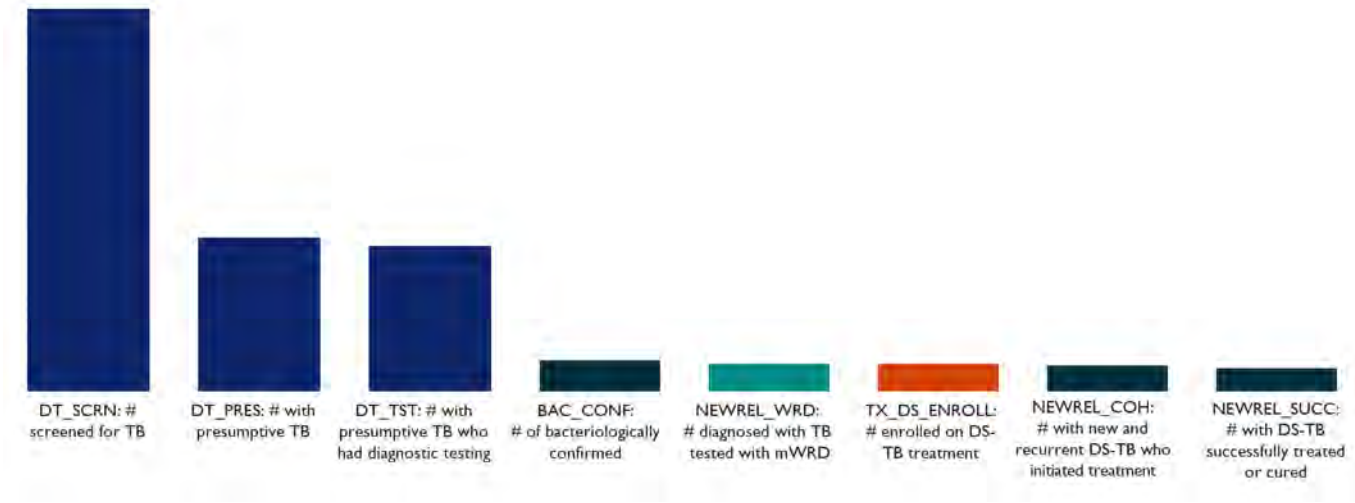


Subnational Level Indicators

Subnational Level indicators provide a more in-depth understanding of TB within a country and can show, for example, how pilot or geographically defined, but not national level, interventions and activities are contributing to national TB objectives. It is expected that indicators placed in this category may not be available at the national level; however, it is recommended they be reported nationally if possible. When reported at the subnational level, these indicators can measure a specific TB program's attribution to programmatic outcomes, for example.

By adding Subnational Level indicators (in blue) to the DS-TB diagnostic cascade example from the previous sections, programs can construct a more comprehensive cascade (Figure 8), which offers new insight into different aspects of the diagnostic cascade, like screening yield, testing of people with presumptive TB, and yield of testing among these people.

Figure 8. Cascade of care example with Core, Core Plus, National Level, and Subnational Level indicators



Extended Indicators

The extended indicators provide a resource for additional indicators on even more granular and more specialized, or less commonly used and customized, metrics. Within the PBMEF, extended indicators have abbreviated IRS, which omit some fields but still serve to provide standardized definition language for the indicators. These indicators may be used to help inform programmatic decisions to prioritize and scale up certain interventions or justify budget requests to scale up activities to close programmatic gaps.

Selecting PBMEF Indicators

Selection of program indicators will depend on numerous factors, including program priorities, specific activities, and available data. This guide, as well as the appendices, organizes indicators in multiple ways that can be helpful when thinking through what indicators will best align with the TB program or project's M&E goals.

The following three suggested considerations for selecting PBMEF indicators are described: (1) PBMEF indicator levels, (2) technical area of focus, and (3) data elements necessary for key analyses.

1. PBMEF Levels

Users of the guide may prioritize indicators from the essential list of indicators defined above, which includes the Core, Core Plus, National Level, and Subnational Level. Selecting indicators in these levels ensures that priority areas are well represented. Though Core indicators may be most commonly prioritized, the value of adding additional indicators across levels within the essential indicators list is demonstrated in Figure 6–8 above.

For countries receiving USAID bilateral TB funding:

All USAID partners receiving any amount of TB funding should include PBMEF Core indicators in their MEL plans, along with any additional essential indicators that are relevant to planned activities.

2. Technical Areas of Focus

PBMEF indicators cover multiple technical areas within TB. In addition to organizing these indicators by level, the PBMEF compendium also organizes indicators by 11 technical areas, which may be helpful to consider when selecting indicators. The technical areas are:

1. TB Diagnosis
2. Case Finding/Screening
3. Contact Investigation (CI)
4. DR-TB Treatment
5. DS-TB Treatment
6. TB Prevention
7. Sustainability
8. TB/HIV
9. Healthcare Worker (HCW)
10. Childhood TB
11. Private Sector

TB programs may review technical areas related to planned activities and consider which PBMEF indicators are most appropriate to monitor program objectives.

3. Data Elements for Key Analyses

TB programs may also consider what types of data analyses will be desired and include necessary indicators and disaggregates during MEL planning. Analyses will vary widely but may include tracking key performance metrics over time, trend analysis, or analyses involving cascades of TB detection, care, or prevention (cascade analysis). For example, a TB program interested in monitoring a cascade of care may choose the indicators from Figures 5–8 above; a program may also be interested in this cascade among a particular age group and may need to ensure appropriate age disaggregations are collected for all of these indicators. The guide's next section delves deeper into cascade and other analyses and provides examples for better understanding and practical application of the PBMEF.

Developing a MEL Plan with Selected PBMEF Indicators

Every project receiving USAID TB funds — regardless of the amount or focus of the project (i.e., service delivery, integrated project, health system strengthening, etc.) — must include PBMEF indicators to track the TB interventions. Even activities that are receiving small amounts of TB funding should include, at minimum, any relevant Core indicators.

Once indicators are selected, they can be used to develop a programmatic MEL plan. A MEL plan describes the information (and indicators) TB programs will gather and use for decision making. It is used to guide MEL implementation, hold TB programs accountable, and measure whether it is achieving programmatic results and generating evidence to measure impact or revise and adapt activities. For USAID-supported projects, the PBMEF indicators selected for the MEL plan should be defined exactly as they are in the PBMEF (e.g., same definition, numerator, and denominator). Additional guidance on the structure and content of a MEL Plan for TB programs can be found in the MEL Plan Guidance and Template.

Data Quality

The success of TB control efforts is linked to sound programmatic decisions based on timely and reliable data. It is therefore essential to ensure that data are high quality by defining data quality standards at the outset of a project and assessing the quality of data throughout data collection, transmission, and analysis. WHO's Consolidated Guidance on Tuberculosis Data Generation and Use – Module 1 describes data quality as essential for effective decision making and program success. Ensuring data quality involves rigorous data collection, validation, and analysis processes. Such activities should include ongoing data quality assessments (DQAs), as well as continuous monitoring and improvement efforts.

Commonly used dimensions of data quality include accuracy, validity, completeness, consistency, timeliness, uniqueness, confidentiality, and integrity/security, which are defined in Table 3 (WHO, 2024a; Data.FI, n.d.; and (USAID, n.d.).

Table 3. Defined dimensions of data quality

Dimension	Definition
Accuracy	Data is a correct description of reality and free from errors.
Validity	Data clearly and adequately represent the intended result, format, type, and range.
Completeness	Data is complete to the extent necessary to calculate an indicator; data elements are filled in correctly with no data missing.
Consistency	Data is consistent across time, data sets, and sources.
Timeliness	Data is available when needed (i.e., weekly/monthly, quarterly, and annual) to influence management decision making.
Uniqueness	Data is free of duplicates.
Confidentiality	There are mechanisms to ensure that patient information is secured and not linked to sensitive information.
Integrity/Security	The data system has safeguards to ensure it is trustworthy, consistent, and safe from tampering.

The PBMEF can be used to enhance data quality through the standardization of indicator definitions. However, TB programs should each have a data quality plan specific to their activities and context. The MEL Plan Guidance and Template provides additional information to users on how to ensure data quality for the indicators being collected as well as in Module 3.2 of the TB M&E e-learning course.

Reporting PBMEF Indicators

Reporting practices will vary depending on the activity but should be clearly stated in an activity MEL plan. USAID partners are subject to specific reporting requirements described here.

For countries receiving USAID bilateral TB funding:

Reporting mechanisms

USAID IPs should include PBMEF indicators in their MEL plans and in their quarterly or annual reports and data reviews. Systems for capturing indicator data vary greatly, but digital and paper systems used to aggregate and report PBMEF indicator data should align with the standardized definitions provided, where applicable.

USAID Missions and IPs should report PBMEF TB indicators to USAID through various mechanisms. These are described in Table 4 below, along with the reporting frequency and reporting level associated with each mechanism.

Table 4. USAID reporting mechanisms: PBMEF levels, reporting frequency, and reporting level

	Reporting Frequency	Core	Core Plus	National Level	Subnational Level
Reporting level		National*	National*	National*	Subnational**
Reporting mechanism					
TB Roadmaps	Annual	Yes	No	No	No
Performance Plans and Reports	Annual	Yes	No	No	No
Prevention indicator report	Annual	Select prevention indicators based on Congressional requirements			
Accelerator data calls	Semiannual	Yes	Yes	No	No
IP reports including annual or quarterly reports (according to IP MEL plan)	Annual, quarterly	Yes	Yes	Yes	Yes

*National data is expected for USAID reporting. Where national data is unavailable, subnational data may be reported.
**Subnational Level indicator data is not expected to be available at national level, but should be reported nationally if available.

Data Disaggregation

Data disaggregation involves breaking down collected data into smaller, clearly defined groupings to increase understanding of an activity such as the uptake of a specific drug regimen, the use of a diagnostic tool, or to measure the success of the interventions in specific populations. Some commonly recommended disaggregations for PBMEF indicators are described below. Additional recommended disaggregates include facility type (public vs. private), drug resistance profiles (RR/MDR vs. pre-XDR/XDR), diagnosis method (smear, mWRD, or clinically diagnosed vs. bacteriologically confirmed), and others depending on the specific indicator.

Sex

Partners receiving USAID funding must disaggregate data by sex, at a minimum, when applicable. This

disaggregation refers to biological sex (female or male) and includes sex unknown in alignment with the WHO.

Age

Age can be reported in various groupings. Data is commonly classified as pertaining to children and adolescents who are under 15 years old (<15), and people who are 15 years old and above (15+). For specific indicators (such as childhood notifications, number of contacts screened for TB, TPT initiations, etc.), the reporting may need to include more granular age disaggregation, such as children aged 0–4 years, children and adolescents from 5 to 14 years old (5–14), and individuals 15 years old and above (15+).

Risk Group

Risk groups are defined as those groups of people at increased risk of developing TB infection or progression from TB infection to TB disease compared to the general population. Some groups commonly recommended for disaggregation include PLHIV and household and close contacts to an index case with pulmonary TB. The WHO recommends additional risk groups that may be considered for disaggregates, including HCWs, miners or other people exposed to silica dust, persons with low body weight, people who use substances, people with diabetes mellitus, people in prisons or other penitentiary institutions, and people with socio-economic risk factors for TB (e.g., homeless, communities in remote or in poor urban areas, migrants, refugees, and internally displaced people).

HIV Status

HIV infection is the strongest known risk factor for progressing from TB infection to TB disease. Additionally, TB is the main leading cause of death of PLHIV. For these reasons, disaggregating by HIV status (positive vs. negative) is also recommended for specific indicators.

HIV Treatment Status

For specific PBMEF indicators that are collected in the HIV-positive population enrolled on antiretroviral treatment (ART), it is recommended that HIV treatment status disaggregation be included. These are commonly defined as “newly on ART” for those on ART for six months or less and “already on ART” for those who have been on ART

for six months or longer.

Each IRS includes additional disaggregates that are recommended or may be required.

Analyzing and Using PBMEF Indicators

This section describes the various methods for transforming TB data into useful information for program managers and other stakeholders. PBMEF indicators can be used to facilitate various types of analyses. This guide details how this can be done for the two most common analyses used by TB program managers: performance tracking over time (trend analysis) and cascade analysis.

Performance Tracking and Trend Analysis

A program can track progress over time by conducting regular performance analyses and can accomplish this by identifying key performance indicators from the PBMEF that align with program activities and monitor these indicators. Performance tracking reviews program data against specified targets at a specific point in time or cumulatively over time. Reviewing target achievement can help program managers track progress, identify potential issues in order to adapt activities, and ensure the program stays "on track" to accomplish goals and objectives.

Trend analysis is the process of examining data over a given time frame in order to produce insights. Trend analysis can identify the general pattern of change over time and, in some cases, be used to create a predictive model. Trend analysis can also be used to compare the performance of the TB program during two different time periods, e.g., by evaluating indicator(s) both before and after an intervention.

Both performance tracking and trend analysis can be displayed visually in charts, graphs, and interactive dashboards to provide a clear and insightful view of the TB data, enhancing awareness and understanding of the TB program's performance. The essential IRS provide examples using indicators for trend analysis.

Cascade Analysis

Cascade analysis is another method that tracks, quantifies, and visualizes how TB control programs are performing. It can help managers identify gaps in programs, plan interventions, and allocate resources effectively and efficiently to achieve maximum program impact. Many different cascades can be created depending on the objective of the analysis. Examples of cascades generated using indicators from the PBMEF are included in Appendix E.

Cascade analysis may be used to evaluate the effectiveness of a national program or a specific time-limited donor-funded program, or it may be used to identify gaps in the standard of care at a facility or in multiple health facilities at a subnational level. The main objective of cascade analysis is to quantify gaps between measurable steps along a pathway or process. This information can be used to inform quality improvement measures and supportive supervision of staff involved with the delivery of services along the continuum of care. Cascade analysis can prompt analytic questions such as:

- Which TB services are not performing as well as expected? Where are the biggest gaps between the desired and the actual outcomes?
- Are certain target groups/populations being missed?
- Are interventions not as successful in a specific group or population?
- Are certain geographic areas missed by existing interventions?
- What other gaps exist in the cascade—not limited to the programmatic questions above?

Building a Cascade

A cascade analysis can be conducted using the following steps:

1. Identify a cascade or pathway of interest (e.g., TB CIs, DS-TB treatment, DR-TB diagnosis, TB screening, etc.). Review existing cascades as a reference (see Appendix E).
2. Identify the indicators (or measurable "steps" in the process) needed to construct the cascade of interest.
3. Gather available data from a specific time period and geographic area and plot it along the cascade.
4. Calculate gaps between cascade steps; these can be expressed in numeric form or as a percentage lost or retained.
5. Analyze the data by examining the absolute numbers and calculating the percent change between the steps of the cascade to identify the gaps in program activities.

How a cascade is constructed depends on the objective of the user. This could include a large-scale evaluation for monitoring treatment outcomes in a national program or smaller-scale evaluations for identifying gaps in the quality of care at a facility, in a district, or at the provincial level (Subbaraman et al., 2019).

To create the base for a cascade, a "pathway" of interest needs to be identified. This may include priority areas under the strategic objectives, *Reach, Cure, Prevent, Innovate and Sustain,* in USAID's Global TB Strategy, Implementation Approach, or may be based on a country's specific priorities. The pathway should then be reviewed to determine what data in each step of the cascade will be needed to conduct the analysis.

For example, a program team may be interested in conducting a cascade analysis to explore the gaps that occur in the TB testing process during community outreach. Using the DS-TB pathway presented in Figure 9, steps related to TB screening, identification of presumptive TB, bacteriological testing for TB, confirmed TB (clinical or bacteriological diagnosis), TB notification, and TB treatment initiation would likely be most interesting.

Tips on How to Construct a Cascade

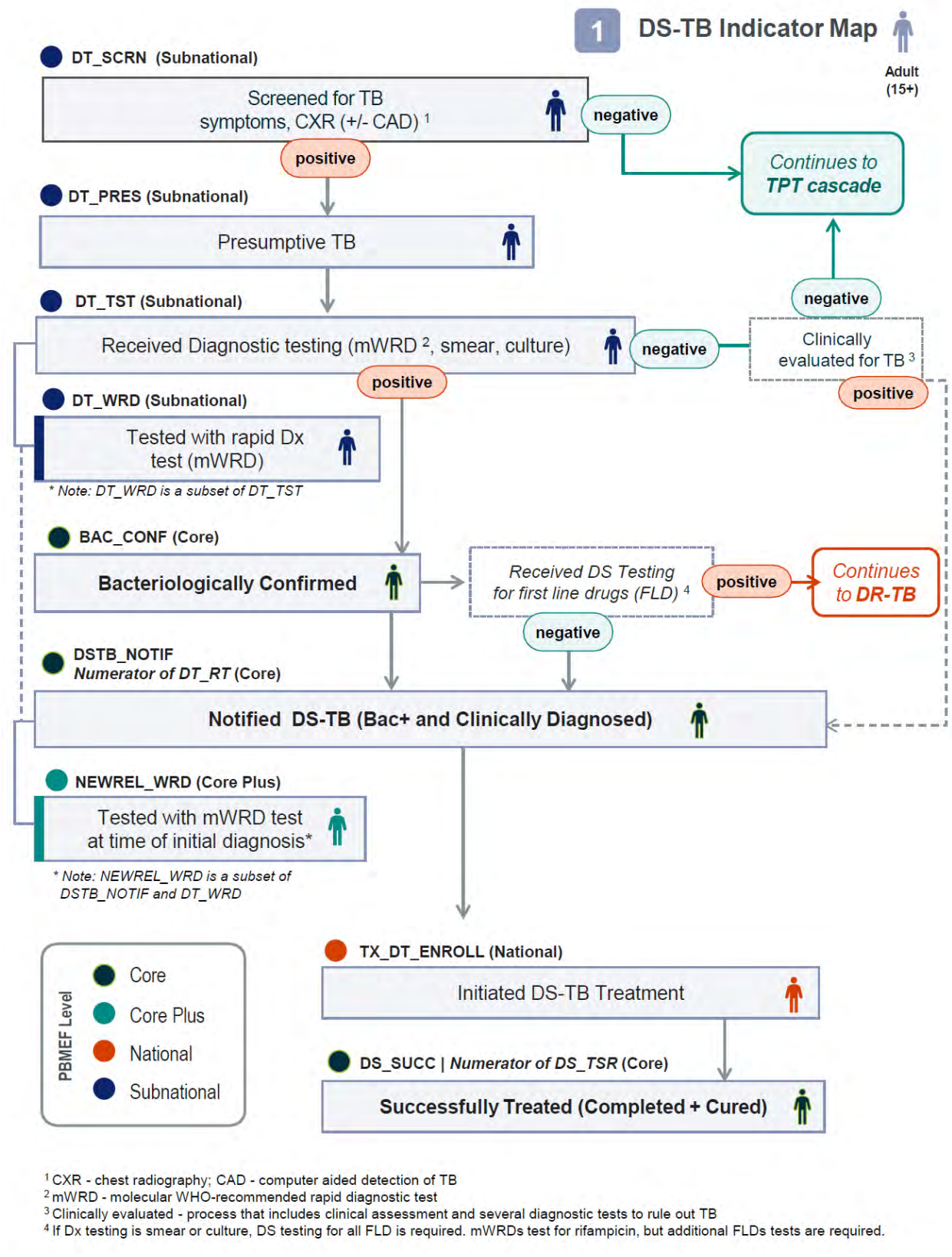
DOs

- Select indicators that refer to the same group of people to ensure gaps between steps will be meaningful.
- Be aware of the limitations of the data; if only aggregate data are available, there will be some cascade steps that cannot be calculated and some level of uncertainty when quantifying gaps.
- Start with the big picture to understand general program gaps before identifying what technical areas need deep-dive analysis.
- Select a thematic area and indicators with a rich data set.
- Make sure selected indicators apply to the same population and/or cohort (e.g., DS-TB vs. DR-TB, bacteriologically confirmed cases vs. all notified cases).
- Interpret the result and answer "what?" and "why?"
  - "What?": What is the performance of the indicator? high, average, or low
  - "Why?": List the programmatic factors that explain the result
- Perform root cause analysis.

DON'Ts

- Include data on the cascade that is unrelated to other steps (i.e., from another cohort, location, time period).
- Construct a cascade requiring case-based data if only aggregate data is available.
- Include highly specific indicators without understanding the big picture first.
- Select a thematic area that doesn't have rich enough data to construct an analysis.
- Calculate cascade gaps based on steps pertaining to different populations (DS-TB vs. DR-TB).
- Construct the cascade without analytic questions in mind.

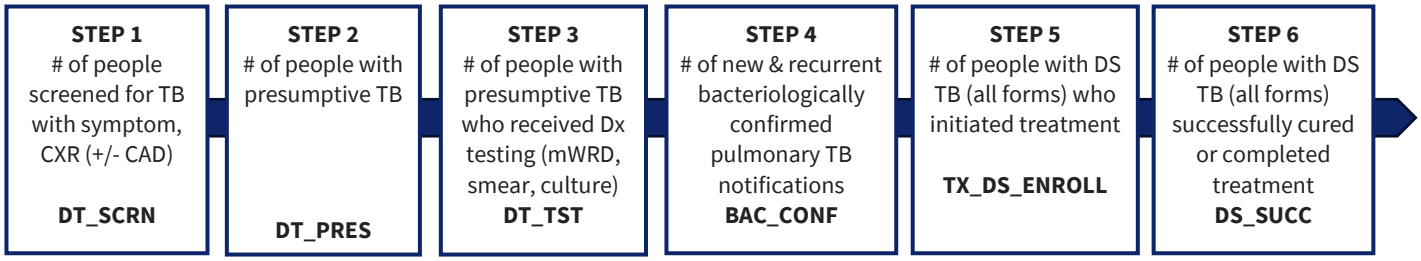
Figure 9. DS-TB illustrative map linked to PBMEF indicator level



[1] CXR - chest radiography; CAD - computer aided detection of TB
[2] mWRD - molecular WHO-recommended rapid diagnostic test
[3] Clinically evaluated - process that includes clinical assessment and several diagnostic tests to rule out TB
[4] If Dx testing is smear or culture, DS testing for all FLD is required. mWRDs test for rifampicin, but additional FLDs tests are required.

Once the steps of interest along the pathway have been identified, the next step is to draw out each step that will be measured (Figure 10), while also considering if data is available to measure that step. Each of these steps should be labeled, and the source of the data identified and gathered.

Figure 10. Example of mapping out steps for a cascade of care of interest



If data are not available for a particular step, other data sources should be explored to determine if they would be acceptable to use in the cascade calculations. Another consideration is whether or not the cascade can be reorganized in another way to calculate the information that is missing. The data analyzed in the cascade should be from the same time period or represent and follow the same cohort of people; the next section will describe this approach in greater detail.

While a cascade analysis is an important analytic tool, it can be limited by a lack of data at any step in the cascade or a lack of standardized indicator definitions.

Compiling Data for a Cascade Analysis

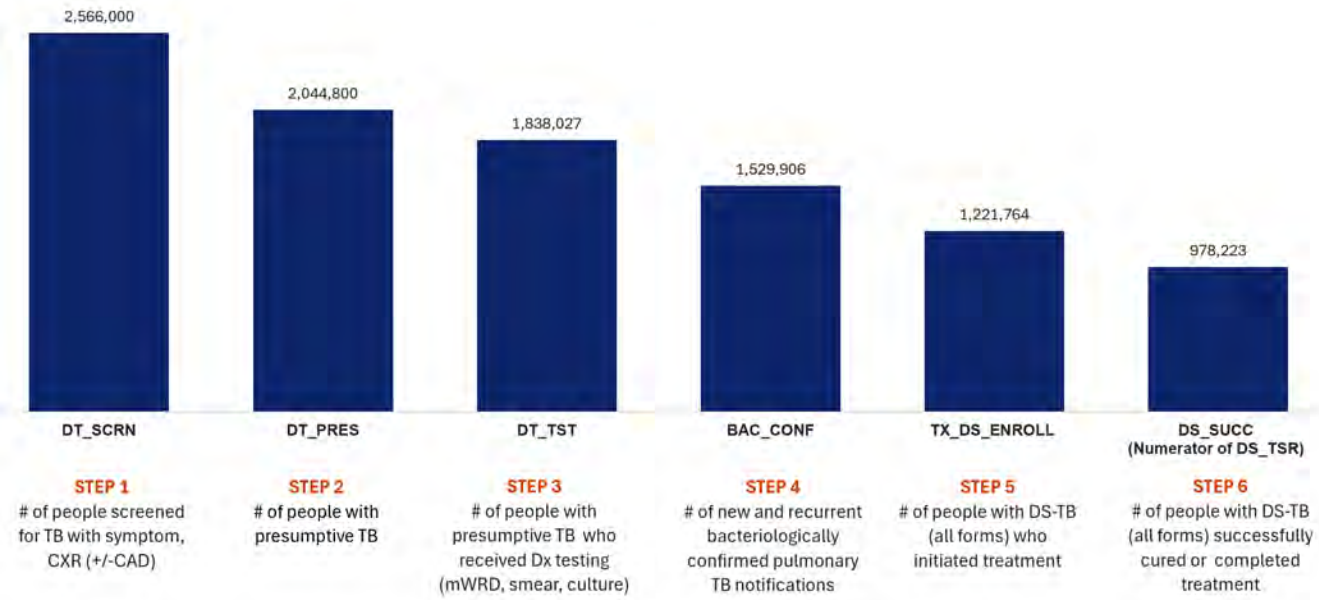
Cascade analysis can either be based on aggregate cross-sectional data or on cohort data, depending on the purpose of the analysis and available data. Cross-sectional data involves utilizing information from a specific point in time or defined period of time, while cohort data follows the same group of people over time.

Using aggregate cross-sectional data is a straightforward and commonly used method that can provide a snapshot of the current state of a TB program or intervention by using data that may be more readily available. For example, aggregate data reported for a specific month may be used when looking at the steps to diagnose people with TB. A cascade focusing on incident TB cases, the number of people screened for TB, and the number of people diagnosed with TB can use aggregate cross-sectional data to provide program managers with a high-level picture of gaps in TB diagnosis.

A cascade analysis using data from the same group of people (i.e., a cohort) at each step in the cascade across time may be more suited when providing supportive supervision or investigating programmatic reach of services, quality of treatment, or assessing preventive TB interventions. This type of analysis works best when patient-level (i.e., case-based) data is available; however, aggregate data can be used to approximate a cohort.

Using a shortened and simplified version of the standard DS-TB cascade of care, Figure 11 demonstrates how a program can utilize data from PBMEF indicators and their corresponding data to construct a cascade of care. In this example, each of the six steps along the cascade from the number of people screened for TB all the way to the number of individuals successfully treated has been identified and is represented by each bar on the chart.

Figure 11. Example cascade of care outlining steps of interest and corresponding data

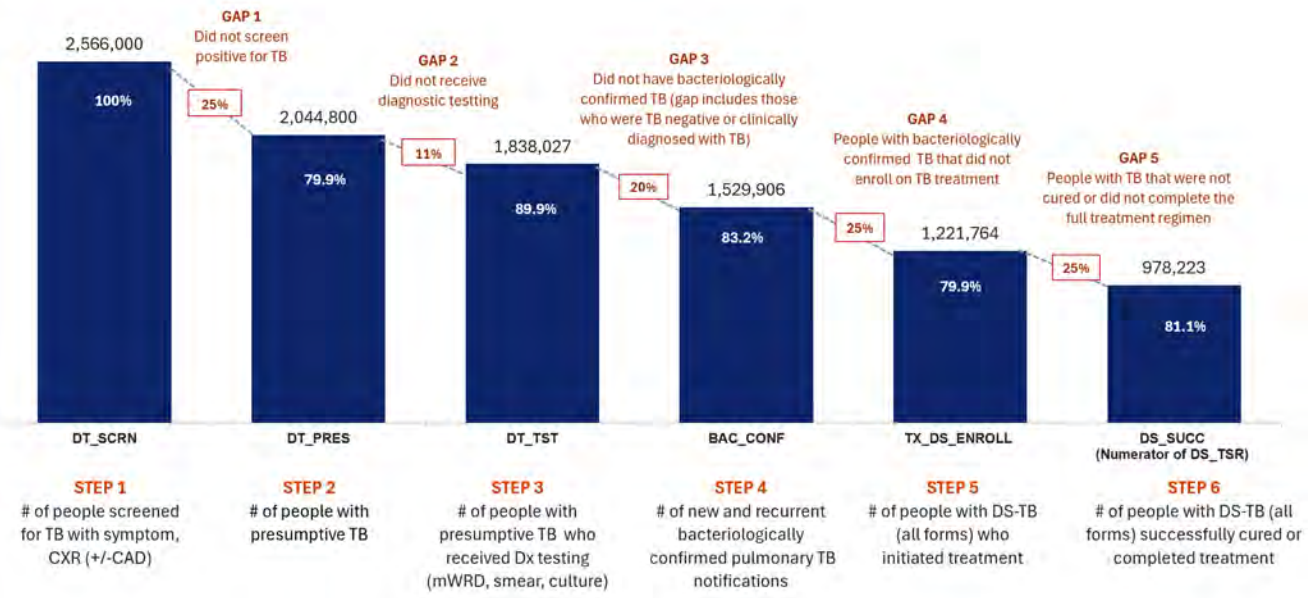


Performing Cascade Analysis

Once the data for each step in a cascade has been compiled, the percentage for each step in the cascade can be determined. Calculating this percentage step by step will determine the percentage of the cohort that has moved along each step of the cascade. In Figure 11, the counts are labeled above each. It is important to note that with a cascade of care, the denominator may not always be constant. The selection of a denominator will be determined based on the metric of interest. In the example shown below in Figure 12, the denominator changes all of the six steps. For example, the denominator for Step 3, the number of people who received diagnostic testing, is the number of individuals identified as a presumptive TB case (value of Step 2). Similarly, the denominator to calculate the percent of individuals initiated on treatment (Step 5) would be the number of people with bacteriologically confirmed TB cases (Step 4).

Calculating percentages for each step in the cascade is a useful method for determining the reach of services and effectiveness of treatments to understand how a cohort is progressing through the steps of the cascade. Examining gaps between the steps in the cascade is another useful approach to analysis. With a focus on "finding missing cases," conducting a ***gap analysis*** can help programs understand the degree to which individuals are "lost" as the cohort progresses through the cascade. Figure 12 illustrates how the gap between steps can be calculated by measuring the difference between each step.

Figure 12. Example cascade of care for conducting a gap analysis



In this example, there is a difference of 308,142 individuals between Step 4 and Step 5, which indicates that 25% of individuals with bacteriologically-confirmed TB were not enrolled on treatment. Table 5 below provides examples of how each of these gap analysis findings can be used for programmatic decision making. These examples demonstrate how a gap analysis is used to identify areas in the continuum of care that require further investigation and intervention to improve patient outcomes.

Table 5. Examples of using gap analysis findings for decision making

Gap Analysis Finding	Illustrative programmatic decisions / interventions
11% gap between the number of presumptive TB cases and the number of people who were tested for TB	▪ Expand access to TB diagnostic services and/or specimen transport systems ▪ Strengthen and expand referral system ▪ Strengthen linkage to diagnosis; linkage assistants and support private laboratories to offer TB diagnostic services ▪ Documentation and follow-up of presumptive cases to ensure they received a TB test
19% gap between the number of TB cases diagnosed and the number of TB cases initiated on treatment	▪ Intensify activities and increase staff and training to reduce loss-to-follow-up (LTFU) ▪ Expand the number of facilities that can initiate TB treatment ▪ Document and follow up of all notified TB cases to ensure treatment enrollment
Low treatment success rate (80%) **Target: 90%**	▪ Engage HCWs for patient support (treatment & psychosocial) and follow-up ▪ Monitor treatment adherence, missed clinic appointments, and provide transportation vouchers to reduce LTFU ▪ Set targets, pilot interventions, and monitor progress to reduce mortality to <5% over an agreed-upon time frame ▪ Promote nutritional care and support for TB patients

Additional Considerations for Analysis and Use of Data

These analyses should be conducted routinely and at multiple time points during the life of the program.

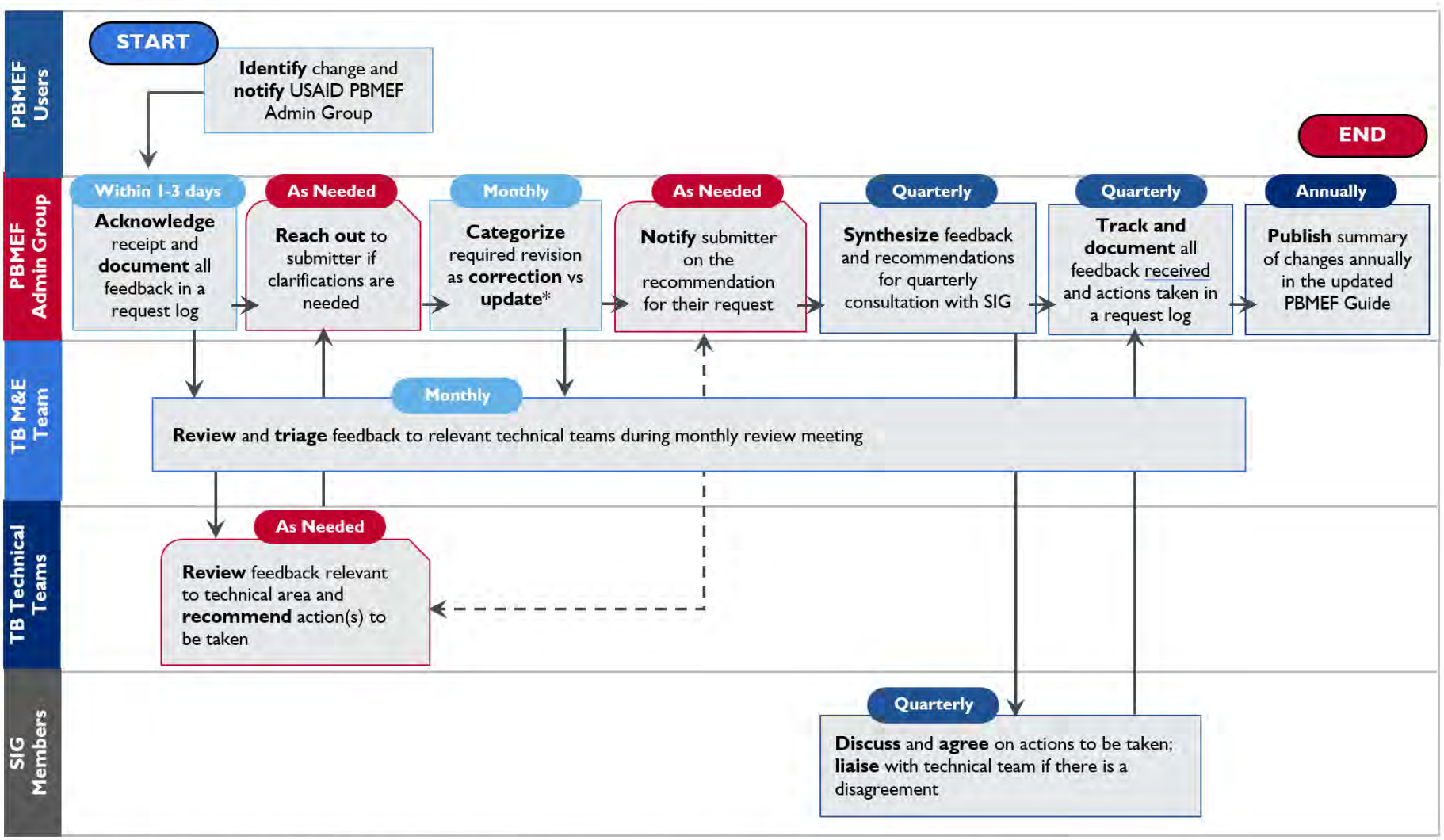
One way to help organize and display multiple forms of analysis is through a data visualization dashboard. A dashboard provides decision makers with a high-level view of their most important metrics. Dashboards can combine numbers, charts, graphs, and other graphics focused on outcomes that have been set as priorities in a country. Visual displays of data on a dashboard should be easy to quickly digest and should help to identify problem areas early to inform decisions about where to make program adjustments and reallocate resources.

Updating the PBMEF

The PBMEF is a living document that will be revised as needed to respond to changes in USAID's priorities and global initiatives, as well as final users' experience and feedback. To ensure transparency and accountability, USAID and the TB Data SIG will work with all stakeholders to review and update the PBMEF as defined in the PBMEF governance standard operating procedure (SOP), which is summarized below in Figure 13.

The PBMEF governance SOP defines guidance, oversight, integration, and decision making related to updating and implementing PBMEF systematically among different stakeholders while maintaining openness, inclusiveness, and accountability. The USAID TB PBMEF Admin Group will manage the PBMEF governance processes in close coordination with the USAID TB Division technical leads, TB M&E team, USAID Missions' points of contact, TB Data SIG members, USAID national partners and IPs, USAID TB advisors, and other PBMEF users, such as those working with the PBMEF at the country level.

Figure 13. Steps for updating and/or modifying PBMEF indicators



* "Correction" refers to an error in the document that needs immediate attention (i.e. wrong formula, variable or definition). "Update" refers to a change that is not urgent and can be made during the annual update.

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Appendices

Appendix A – Essential Indicators by Short Name and USAID Strategy Category

Appendix B – Essential Indicators Summary Table

Appendix C – Essential Indicator Reference Sheets

Appendix D – Extended Indicator Reference Sheets

Appendix E – Illustrative TB Indicator Maps and Cascades

Navigating the Performance-Based Monitoring and Evaluation Framework (PBMEF) Indicators

A GUIDE FOR TB PROGRAMS
Volume 2.0

APPENDICES A, B, C, D & E

PBMEF Essential and Extended Indicators

USAID
FROM THE AMERICAN PEOPLE

TB DIAH
Tuberculosis Data, Impact Assessment and Communications Hub

January 2025

Contents

This document is a companion to Navigating the Performance-Based Monitoring and Evaluation Framework (PBMEF) Indicators: A Guide for TB Programs, Volume 2.

The annexes include reference materials on the essential indicators organized by the Core, Core Plus, National and Subnational categories, as well as indicator reference sheets for the extended indicators.

Appendix A:
Essential Indicators by Short Name and USAID Strategy Category

The PBMEF essential indicators are categorized by USAID TB strategic objectives (Reach, Cure, Prevent, Sustain) and level (Core, Core, Plus, National, and Subnational). Click on the links to go directly to the indicator reference sheet.

Category	Short Name	Indicator Name
REACH 	**Core**	
	DT_RT	TB detection rate (Treatment coverage)
	PCT_BAC_CONF	Percentage bacteriologically confirmed
	PEDS_NOTIF	Childhood TB notifications
	MDR_NOTIF	Rifampicin-resistant (RR)/Multidrug-resistant (MDR)-TB notifications
	PR_NOTIF	Private sector TB notifications
	PCT_CON_SCRN	Percentage of contacts screened for TB
	Core Plus	
	PCT_NEWREL_WRD	Rapid diagnostic testing at time of initial diagnosis
	PCT_NEWREL_DST	Percentage of people with new and relapse TB with drug susceptibility testing (DST)
	PCT_RET_DST	Percentage of people with previously treated TB with DST results available
	XDR_NOTIF	Pre-extensively drug-resistant (XDR)/XDR notifications
	National Level	
	PCT_PEDS_BAC_CONF	Percentage of children and adolescents (0–14 years old) with new and relapse pulmonary TB who are bacteriologically confirmed
	PEDS_MDR_NOTIF	Multidrug-resistant (MDR)-TB notifications among children and adolescents (0-14 years)
	PCT_DT_CI_INIT	Percentage of people with notified TB with a contact investigation initiated
	DT_CON_PRES	Number of contacts with presumptive TB
	DT_CON_TEST	Number of contacts who received TB diagnostic testing
	DT_CON_DX	Number of contacts diagnosed with active TB disease
	DT_CON_TX	Number of contacts who initiated TB treatment
	Subnational Level	
	DT_SCRN_COMM	Number of people screened for TB disease outside of health facilities
	DT_SCRN	Number of people screened for TB
	DT_PRES	Number of people with presumptive TB
	DT_TEST	Number of people with presumptive TB who received diagnostic testing
	DT_WRD	Number of people with presumptive TB who were tested with a rapid diagnostic test
	DT_CXR	Number of people with presumptive TB who received a chest X-ray (CXR)
	NNS	Number needed to screen

	NNT	Number needed to test
	PCT_DR_CI_INIT	Percentage of people with drug-resistant (DR)-TB who had contact investigations initiated
	PCT_PR_BAC_CONF	Percentage of bacteriologically confirmed in private sector
	PCT_MH_SCRN	Percentage of people diagnosed with TB and screened for mental health disorders
	PCT_TAT_SUBMIT	Turnaround time (TaT): Percentage of specimens submitted to a laboratory within specified target timeframe
	PCT_TAT_TST	TaT: Percentage of specimens received at testing laboratory and tested within specified target timeframe
	PCT_TAT_RPRT	TaT Percentage of specimens tested and results report to referring facility (or provider) within specified target timeframe
	CON_TBI_TEST	Number of contacts tested for TB infections (TBI)
	CON_TBI_POS	Number of contacts tested positive for TBI
CURE 	**Core**	
	DS_TSR	Drug-sensitive (DS)-TB treatment success rate
	DR_TSR	DR-TB treatment success rate
	Core Plus	
	TX_MDR_ENROLL	RR/MDR-TB treatment initiations
	TX_XDR_ENROLL	Pre-XDR/XDR-TB treatment initiations
	TX_STR_ENROLL	DR-TB “all oral” short treatment regimen initiations
	TX_LTR_ENROLL	DR-TB “all oral” longer treatment regimen initiations
	TX_DR_ADR	Number of people with adverse reactions to DR-TB treatment
	National Level	
	TX_DS_OUT	Drug-susceptibility (DS)-TB treatment outcomes
	TX_DR_OUT	DR-TB treatment outcomes
	PEDS_TSR	Treatment success rate in children and adolescents (0-14 years)
	PLHIV_TSR	Treatment success rate among people living with HIV (PLHIV)
	TX_DS_ENROLL	DS-TB treatment initiations
	Subnational Level	
	PCT_TX_DR_SUPPORT	Percentage of people on DR-TB treatment who received treatment support
	PCT_TX_DS_SUPPORT	Percentage of people on DS-TB treatment who received treatment support
	PCT_MH_TX	Percentage of people with TB who received psychotherapeutic interventions
	PCT_DM_SCRN_POS	Percentage screened positive for diabetes among people confirmed with TB
PREVENT	**Core**	
	TPT_CON_ENROLL	TPT initiations among contacts

	**Core Plus**	
	TPT_CON_COMPL	TPT completions among contacts
	National Level	
	TPT_CON_04	Number of TPT initiations among contacts <5
	TPT_PLHIV_ENROLL	Number of TPT initiations among PLHIV
	Subnational Level	
	PCT_HCW_SCRN	Percentage of healthcare workers (HCWs) screened for TB
	PCT_HCW_TBI_POS	Percentage of HCWs diagnosed with TBI
	TPT_ADR	Number of people with adverse reactions to TB preventive treatment (TPT)
	PCT_SN_IPC	Congregate settings with infection prevention and control (IPC)
SUSTAIN 	**Core**	
	SN_DOMESTICR	Percentage of TB financing received from domestic sources
	Core Plus	
	SN_TB_INSUR	Existence of a national or social health insurance system whose benefit package includes TB clinical services
	National Level	
	SN_CQI	Continuous quality improvement (CQI) programs in place
	PCT_SN_MQS	TB drugs meeting international minimum quality standards
	Subnational Level	
	PCT_HCW_TRN	Percentage of HCWs who received TB-related training
	STKOUT_FLD	Stockout of any first-line TB treatment drugs
	STKOUT_SLD	Stockout of any second-line TB treatment drugs
	STKOUT_WRD	Stockout of TB rapid molecular tests and related commodities
	SN_STGMA_NSP	TB stigma reduction in national strategic plans (NSP)
	SN_STGMA_ASSESS	TB stigma assessment/gap analysis available

Appendix B.

PBMEF Essential Indicators Summary Table

Category	Previous #	Short Name	Indicator Name	PBMEF Level	Definition	Numerator	Denominator	Disaggregation
REACH								
REACH	DT-3	DT_RT	TB Detection Rate (Treatment Coverage)	Core	Percentage of people with new and recurrent[1] TB and with unknown previous TB treatment history (all forms) who were notified during the reporting period, out of the estimated number of people with incident TB for that year.	Number of people with new and recurrent TB (and with unknown previous TB treatment history), all forms (bacteriologically confirmed plus clinically diagnosed, pulmonary and extra pulmonary), who were notified in the reporting period. *PBMEF data element: DSTB_NOTIF* *WHO indicator: c_newinc*	Estimated incidence of TB (all forms) in the same reporting period. *PBMEF data element: E_INC_NUM* *WHO indicator: e_inc_num*	Age (<15, 15+), sex
REACH	DT-12	PCT_BAC_CONF	Percentage Bacteriologically Confirmed	Core	Percentage of people with new and recurrent[2] pulmonary TB who are bacteriologically confirmed.	Number of new and recurrent bacteriologically confirmed pulmonary TB notifications (smear positive or culture positive or positive by WHO-recommended rapid diagnostics test [WRD]) during the reporting period. *PBMEF data element: BAC_CONF* *WHO data element: new_labconf plus ret_rel_labconf*	Number of people with new and recurrent pulmonary TB (bacteriologically confirmed plus clinically diagnosed) during the reporting period. *PBMEF data element: PTB_NOTIF* *WHO data element: new_clindx plus ret_rel_clindx plus new_labconf plus ret_rel_labconf*	Age (0–4, 5–14, 15+), sex, HIV status
REACH	CH-5	PEDS_NOTIF	Childhood TB Notifications	Core	Number of children and adolescents (0–14 years) with new and recurrent[3] TB or with unknown previous TB treatment history, all forms, who were notified in a reporting period.	Number of children and adolescents (0–14 years) with new and recurrent TB or with unknown previous TB treatment history, all forms, who were notified in a reporting period. *PBMEF data element: PEDS_NOTIF* *WHO data element: newrel_f014 plus newrel_m014 plus newrel_sexunk014*	N/A	Age (0–4, 5–9, 10–14), sex, HIV status
REACH	RN-1	MDR_NOTIF	RR/MDR-TB Notifications	Core	Number of people with rifampicin-resistant (RR) and multidrug-resistant (MDR) TB notified during the reporting period.	Number of people with RR-TB and MDR-TB notified during the reporting period. *PBMEF data element: MDR_NOTIF* *WHO data element: conf_rr_nfqr (lab confirmed RR/MDR)*	N/A	Age (<15, 15+), sex
REACH	PR-1	PR_NOTIF	Private Sector TB	Core	Number of people with new and recurrent TB of all forms (bacteriologically confirmed plus	Number of people with new and recurrent TB of all forms (bacteriologically confirmed plus	N/A	Age (<15, 15+), sex

[1] Previously “relapse”
[2] Previously “relapse”
[3] Previously “relapse”

Category	Previous #	Short Name	Indicator Name	PBMEF Level	Definition	Numerator	Denominator	Disaggregation
			Notifications		clinically diagnosed) notified by private non-national TB program (NTP) providers in the reporting period.	clinically diagnosed) notified by private non-NTP providers in the reporting period. *PBMEF data element: PR_NOTIF* *WHO data element: priv_new_dx*		
REACH	CI-1	PCT_CON_SCRN	Percentage of Contacts Screened for TB	Core	Percentage of contacts of people with bacteriologically confirmed pulmonary TB (index cases) who were screened for active TB disease, among all contacts identified during the reporting period.	Number of contacts of people with notified new and recurrent bacteriologically confirmed pulmonary TB who were screened for active TB disease during the reporting period. *PBMEF data element: CON_SCRN* *WHO indicator: newinc_con_screen*	Number of contacts of people with notified new and recurrent bacteriologically confirmed pulmonary TB identified during the reporting period. *PBMEF data element: CON_ALL* *WHO indicator: newinc_con*	Age (0–4, 5–14, 15+), sex
REACH	DT-15	PCT_NEWREL_WRD	Rapid diagnostic testing at time of initial diagnosis	Core Plus	Percentage of people with notified new and recurrent TB who were tested using a WHO-recommended diagnostic test (WRD): FluoroType® MTBDR (Hain), Loopamp™ MTBC detection kit (TB-LAMP), Xpert® MTB/RIF, Xpert® MTB/RIF Ultra, Truenat® MTB or MTB Plus, RealTime MTB (Abbott), BD MAX™ MDR-TB, cobas® MTB (Roche), or LF-LAM at the time of initial TB diagnosis (regardless of test result).	Number of people with new and recurrent TB notified during the reporting period who were tested using a WRD: FluoroType® MTBDR (Hain), Loopamp™ MTBC detection kit (TB-LAMP), Xpert® MTB/RIF, Xpert® MTB/RIF Ultra, Truenat® MTB or MTB Plus, RealTime MTB (Abbott), BD MAX™ MDR-TB, cobas® MTB (Roche), or LF-LAM at the time of initial TB diagnosis (regardless of test result). *PBMEF data element: NEWREL_WRD* *WHO data element: newinc_rdx*	Number of people with notified new and recurrent TB during the reporting period. *PBMEF data element: DSTB_NOTIF* *WHO data element: c_newinc*	Age (0–4, 5–14, 15+), sex, type of diagnostic test
REACH	N/A	PCT_NEWREL_DST	Percentage of people with new and relapse TB with drug susceptibility testing (DST)	Core Plus	Percentage of people with new and recurrent[10] pulmonary TB with DST results available, among those eligible for DST according to national guidelines.	Number of people with new and recurrent pulmonary TB who have DST results available during the reporting period. *PBMEF data element: NEWREL_DST; by drug:* *NEWREL_DST_FQ, NEWREL_DST_INH, NEWREL_DST_BDQ, NEWREL_DST_LZD, NEWREL_DST_PA* *WHO data element: varies by country diagnostic algorithm*	Number of people with new and recurrent TB who are eligible for DST during the reporting period, according to national guidelines. *PBMEF data element: NEWREL_DST_ELIGIBLE* *WHO data element: varies by country algorithm*	Age (0–4, 5–14, 15+), sex, HIV status, drug and/or drug class e.g.,fluoroquinolones, isoniazid, bedaquiline, linezolid, and pretomanid); DST algorithm which determines patient eligibility for DST along with the type of testing being performed (e.g., Xpert XDR, FL or SL LPA, liquid culture, etc) should be included when reporting this

Category	Previous #	Short Name	Indicator Name	PBMEF Level	Definition	Numerator	Denominator	Disaggregation
								indicator.
REACH	N/A	PCT_RET_DST	Percentage of people with previously treated TB with DST results available	Core Plus	Percentage of people with previously treated pulmonary TB who have DST results available, among those who are eligible for DST according to national guidelines.	Number of people with previously treated pulmonary TB who have DST results available during the reporting period. *PBMEF data element: RET_DST; by drug: RET_DST_FQ, RET_DST_INH, RET_DST_BDQ, RET_DST_LZD, RET_DST_PA* *WHO data element: varies by country algorithm*	Number of people with previously treated TB who are eligible for DST during the reporting period, according to national guidelines. *PBMEF data element: RET_DST_ELIGIBLE* *WHO data element: varies by country algorithm*	Age (0–4, 5–14, 15+), sex, HIV status, drug and/or drug class tested for (e.g.,fluoroquinolones, isoniazid, bedaquiline, linezolid, and pretomanid); DST algorithm which determines DST eligibility, and type of DST is being done should be included when reporting this indicator.
REACH	N/A	XDR_NOTIF	Pre-extensively drug-resistant (XDR)/XDR notifications	Core Plus	Number of people with pre-XDR and XDR TB notified during the reporting period. Pre-XDR/XDR-TB: XDR-TB is caused by a strain of Mycobacterium TB complex that is resistant to rifampicin (and may also be resistant to isoniazid), and that is also resistant to at least one fluoroquinolone (levofloxacin or moxifloxacin) and to at least one other “Group A” drug (bedaquiline or linezolid); pre-XDR-TB meets these qualifications but is resistant to a fluoroquinolone or a “Group A” drug, but not both. Note: This indicator is reported separately from rifampicin-resistant (RR) and multidrug-resistant (MDR) notifications. Values for these indicators should not be added together.	Number of people with laboratory-confirmed or clinically diagnosed drug-resistant (DR)-TB (RR/MDR-TB and pre-XDR/XDR-TB) who initiated treatment for DR-TB during the reporting period. *PBMEF data element: XDR_NOTIF* *WHO data element: conf_rr_fqr (lab confirmed pre-XDR and XDR)*	N/A	Age (<15, 15+), sex
REACH	CH-11	PCT_PEDS_BAC_CONF	Percentage children and adolescents (0–14 years) bacteriologically confirmed	National Level	Percentage of children and adolescents (0–14 years) with new and recurrent pulmonary TB who are bacteriologically confirmed. Bacteriologically confirmed: Smear positive for TB or culture positive for TB or positive for TB by a World Health Organization-recommended rapid diagnostics test (WRD) such as FluoroType® MTBDR (Hain), Loopamp™ MTBC detection kit (TB-LAMP), Xpert® MTB/RIF, Xpert® MTB/RIF Ultra, Truenat® MTB or MTB	Number of children and adolescents (0–14 years) with new and recurrent pulmonary TB who are bacteriologically confirmed during a reporting period. *PBMEF data element: PEDS_BAC_CONF*	Number of children and adolescents (0–14 years) with new and recurrent pulmonary TB during the reporting period.	Age (0–4, 5–14), sex

Category	Previous #	Short Name	Indicator Name	PBMEF Level	Definition	Numerator	Denominator	Disaggregation
					Plus, RealTime MTB (Abbott), BD MAX™ MDR-TB, cobas® MTB (Roche), or LF-LAM. *Note: This is a subset of the core indicator "Percentage Bacteriologically Confirmed." Calculation: (Numerator/Denominator) x 100*			
REACH	CH-13	PEDS_MDR_NOTIF	MDR-TB notifications among children and adolescents (0–14 years)	National Level	Number of children and adolescents (0–14 years) with rifampicin-resistant (RR) and multidrug- resistant (MDR) TB notified during the reporting period; pre-extensively drug-resistant (pre-XDR) and extensively drug-resistant (XDR) TB should not be reported in addition to the RR/MDR-TB notifications. RR/MDR TB: RR-TB is TB caused by Mycobacterium TB strains that are resistant to rifampicin; MDR-TB strains are resistant to at least both rifampicin and isoniazid. Note: pre-XDR/XDR notifications should not be added to RR/MDR-TB notifications to avoid double counting of DR-TB notifications. Children who are diagnosed with pre-XDR and XDR-TB will already have been identified and recorded as having RR/MDR-TB. The number of RR/MDR-TB notifications should therefore equal the total number of DR-TB notifications.	Number of children and adolescents (0–14 years) with notified DR-TB during the reporting period (both lab-confirmed and clinically diagnosed). *PBMEF data element: PEDS_MDR_NOTIF*	N/A	Age (0–4, 5–9, 10–14), sex
REACH	CH-18	PCT_DT_CI_INIT	Percentage of people with notified TB with a contact investigation initiated	National Level	Percentage of people with notified pulmonary TB who had a contact investigation (CI) initiated. CI initiated: For the purpose of this indicator, "initiated" refers to the process of enumeration of all known contacts to an index TB case. CI will include the evaluation of those contacts to determine if any have active TB disease or TB infection (TBI) through symptom screening, diagnostic testing, chest X-ray (CXR), or clinical evaluation. Index case: Person with pulmonary TB who is notified to health authorities.	Number of people with notified pulmonary TB with a CI initiated. *PBMEF data element: DT_CI_INIT*	Number of people with notified pulmonary TB during the reporting period. *PBMEF data element: PTB_NOTIF*	Age (0–4, 5–9, 10–14), sex
REACH	N/A	DT_CON_PRES	Number of contacts with presumptive TB	National Level	Number of contacts to a person with notified pulmonary TB who have signs or symptoms of TB, as defined by the World Health Organization (WHO) 4 symptom screen or the National TB Program (NTP) (i.e., have presumptive	Number of contacts to a person with notified pulmonary TB who have signs or symptoms of TB, as defined by the World Health Organization (WHO) 4 symptom screen or the National TB Program (NTP) (i.e.,	N/A	Age (0–4, 5–14, 15+), sex

Category	Previous #	Short Name	Indicator Name	PBMEF Level	Definition	Numerator	Denominator	Disaggregation
					TB). Presumptive TB: a person who has one or more signs or symptoms of active TB disease and should be referred for diagnostic testing to diagnose or rule out active disease.	have presumptive TB). Presumptive TB: a person who has one or more signs or symptoms of active TB disease and should be referred for diagnostic testing to diagnose or rule out active disease. *PBMEF data element: DT_CON_PRES*		
REACH	CI-10	DT_CON_TEST	Number of contacts who received TB diagnostic testing	National Level	Number of contacts to a person with notified pulmonary TB with signs or symptoms of TB (e.g., presumptive TB) who received diagnostic testing for TB. Diagnostic testing includes smear, culture or a World Health Organization recommended rapid diagnostics test (WRD) such as FluoroType® MTB (Hain), Loopamp™ MTBC detection kit (TB-LAMP), Xpert® MTB/RIF, Xpert® MTB/RIF Ultra, Truenat® MTB, RealTime MTB (Abbott), BD MAX™ MDR-TB, cobas® MTB (Roche), or LF-LAM.	Number of contacts to a person with notified pulmonary TB who received diagnostic testing for presumed TB. *PBMEF data element: DT_CON_TST*	N/A	Age (0–4, 5–14, 15+), sex
REACH	CI-4	DT_CON_DX	Number of contacts diagnosed with active TB disease	National Level	Number of contacts diagnosed with TB disease (both bacteriologically and clinically confirmed) among all contacts who were screened for TB disease during the reporting period.	Number of contacts diagnosed with TB disease (both bacteriologically and clinically confirmed) among all contacts who were screened for TB disease during the reporting period. *PBMEF data element: DT_CON_DX* *WHO data element: newinc_con_tb*	N/A	Age (0–4, 5–14, 15+), sex
REACH	CI-11	DT_CON_TX	Number of contacts who initiated TB treatment	National Level	Number of contacts diagnosed with active TB disease who initiated TB treatment.	Number of contacts who initiated TB treatment. *PBMEF data element: DT_CON_TX* *WHO data element: newinc_con_tb*	N/A	Age (0–4, 5–14, 15+), sex
REACH	PV-1	DT_SCRN_COMM	Number of people screened for TB disease outside of health facilities	Subnational Level	Number of people screened for TB disease outside of health facilities by a community health worker or other qualified person (according to national screening protocols) during the reporting period. “Outside health facility” refers to TB screening activities in the community, including in and outside household or occupational settings (e.g., as part of contact investigation [CI]). It may also refer to routine outreach and event- or location-based screening carried out by community health workers or any other trained/qualified health personnel; for example, a community health fair or prison-based screening	Number of people screened for TB disease outside of health facilities by a community health worker or other qualified person during the reporting period. *PBMEF data element: DT_SCRN_COMM*	N/A	Age (0–4, 5–14, 15+), sex, location type (e.g., workplace, prison, community outreach, school, etc.), population group (e.g., migrant, prisoner, mineworker, member of a tribal population, etc.)

Category	Previous #	Short Name	Indicator Name	PBMEF Level	Definition	Numerator	Denominator	Disaggregation
					activity. Additionally, this term could refer to screening efforts targeted to specific populations that may not have access to facility based testing and are at high risk for TB. "Screening" is defined at a minimum as verbal screening for TB symptoms to identify people to be referred for further clinical evaluation or testing for TB disease. It may include mobile chest X-ray (CXR), an increasingly important intervention in high TB burden settings. It may also include testing for TB infection (TBI) by tuberculin skin test (TST) or interferon-gamma release assay (IGRA).			
REACH	PS-1	DT_SCRN	Number of people screened for TB	Subnational Level	The number of people who are screened for signs or symptoms of active TB disease either by verbal screening or other methods including chest X-ray (CXR). "Screening" is defined as verbal screening for signs and symptoms of TB which identifies persons who are symptomatic, or radiologic screening using CXR and further referral for clinical evaluation and/or diagnostic testing. Screening may also include assessment for TB infection combined with or without testing by tuberculin skin test (TST) or interferon-gamma release assay (IGRA).	Number of people screened for TB during the reporting period. *PBMEF data element: DT_SCRN*	N/A	Age (0–4, 5–14, 15+), sex, screening method (symptoms only, CXR), location of screening (health facility, community)
REACH	PS-2	DT_PRES	Number of people presumptive TB	Subnational Level	Number of people with presumptive TB identified during the reporting period. Presumptive TB: people who screened positive for any signs or symptoms of TB are considered to have suspected TB disease and are said to have presumptive TB; these people should receive diagnostic testing with a WHO-recommended rapid diagnostic (WRD).	Number of people with presumptive TB identified during the reporting period. *PBMEF data element: DT_PRES*	N/A	Age (0–4, 5–14, 15+), sex
REACH	PS-3	DT_TEST	Number of people with presumptive TB who received diagnostic testing	Subnational Level	Number of people with presumptive TB who received diagnostic testing to confirm or exclude active TB disease during the reporting period. Diagnostic testing for active TB disease includes smear, culture, and WHO-recommended rapid diagnostics (WRD): FluoroType® MTBDR (Hain), Loopamp™ MTBC detection kit (TB-LAMP), Xpert® MTB/RIF, Xpert® MTB/RIF Ultra, Truenat® MTB or MTB Plus, RealTime MTB (Abbott), BD	Number of people with presumptive TB who were tested for TB during the reporting period. *PBMEF data element: DT_TEST*	N/A	Age (0–4, 5–14, 15+), sex, diagnostic test type

Category	Previous #	Short Name	Indicator Name	PBMEF Level	Definition	Numerator	Denominator	Disaggregation
					MAX™ MDR-TB, cobas® MTB (Roche), or LF-LAM.			
REACH	DT-4	DT_WRD	Number of people with presumptive TB who were tested with a rapid diagnostic test	Subnational Level	Number of people who screened positive with signs and symptoms of TB (i.e., presumptive TB) and who were tested with a rapid diagnostic test to confirm or exclude active TB disease during the reporting period. Rapid diagnostic testing for active TB disease includes WHO-recommended rapid diagnostics (WRD) WHO-recommended diagnostic test (WRD): FluoroType® MTBDR (Hain), Loopamp™ MTBC detection kit (TB-LAMP), Xpert® MTB/RIF, Xpert® MTB/RIF Ultra, Truenat® MTB or MTB Plus, RealTime MTB (Abbott), BD MAX™ MDR-TB, cobas® MTB (Roche), or LF-LAM.	Number of people with presumptive TB who were tested for TB with a WRD during the reporting period. *PBMEF data element: DT_WRD*	N/A	Age (0–4, 5–14, 15+), sex, diagnostic test type
REACH	PS-7	DT_CXR	Number of people who received a chest X-ray (CXR)	Subnational Level	Number of people who had a chest X-ray (CXR) to rule out active TB disease during the reporting period. *Note: CXR may also be used as a screening approach*	Number of people who had a CXR to screen for TB disease during the reporting period. *PBMEF data element: DT_CXR*	N/A	Age (0–4, 5–14, 15+), sex
REACH	AF-7	NNS	Number needed to screen	Subnational Level	The number needed to screen (NNS) is the number of people that must be screened for symptoms of active TB disease to identify one person with TB during the reporting period. "Screening" is defined at a minimum as verbal screening for TB symptoms to identify people to be referred for further clinical evaluation or testing for TB disease. It may include mobile chest X-ray (CXR), an increasingly important intervention in high TB burden settings. Calculation: Numerator/Denominator	Number of people screened for TB in a given reporting period. *PBMEF data element: DT_SCRN*	Number of people diagnosed with TB in a given reporting period. *PBMEF data element: DSTB_NOTIF + DRTB_NOTIF*	Age, sex, setting
REACH	AF-8	NNT	Number needed to test	Subnational Level	The number needed to test (NNT) is the number of individuals that must be tested with a bacteriological test to identify one person with TB during the reporting period. These tests include all WHO-recommended rapid diagnostic (WRD) testing options, including: FluoroType® MTB (Hain), Loopamp™ MTBC detection kit (TB-LAMP), Xpert® MTB/RIF, Xpert® MTB/RIF Ultra, Truenat® MTB, RealTime MTB (Abbott), BD MAX™ MDR-TB, cobas® MTB (Roche), or LF-LAM.	Number of people with presumptive TB with a test result indicating bacteriological confirmation of TB disease during the reporting period or for a specific case finding approach. *PBMEF data element: DT_TEST*	Number of people with bacteriologically confirmed TB during the reporting period or for a specific case finding approach. *PBMEF data element: BAC_CONF*	Age, sex, setting

Category	Previous #	Short Name	Indicator Name	PBMEF Level	Definition	Numerator	Denominator	Disaggregation
					Calculation: Numerator/Denominator			
REACH	CI-8	PCT_DR_CI_INIT	Percentage of people with DR-TB who had contact investigations initiated	Subnational Level	Percentage of people with notified drug-resistant (DR) TB (rifampicin-resistant [RR] and multidrug- resistant [MDR] TB and pre-extensively drug-resistant [pre-XDR] and extensively drug-resistant [XDR] TB) who had a contact investigation (CI) initiated. CI initiated: For the purposes of this indicator, "initiated" refers to the process of enumeration of all known contacts to an index DR-TB case. CI will also include the evaluation of those contacts to determine if any have active TB disease or TB infection (TBI) through symptom screening, diagnostic testing, chest X-ray (CXR), or clinical evaluation. Index case: Person with DR-TB who is notified to health authorities.	Number of people with notified DR-TB (RR/MDR-TB and pre-XDR/XDR-TB) during the reporting period who had a CI initiated. *PBMEF data element: DR_CI_INIT*	Number of people with notified DR-TB (RR/MDR-TB and pre-XDR/XDR-TB) during the reporting period. *PBMEF data element: DRTB_NOTIF*	Age (0–4, 5–14, 15+), sex This indicator is a subset of the National-Level indicator "DT_CI_INIT".
REACH	N/A	PCT_PR_BAC_CONF	Percentage bacteriologically confirmed in private sector	Subnational Level	Percentage of new and recurrent pulmonary TB notifications in the private sector that are bacteriologically confirmed. Bacteriologically confirmed: Smear positive for TB or culture positive for TB or positive for TB by a World Health Organization-recommended rapid diagnostics test (WRD): FluoroType® MTBDR (Hain), Loopamp™ MTBC detection kit (TB-LAMP), Xpert® MTB/RIF, Xpert® MTB/RIF Ultra, Truenat® MTB or MTB Plus, RealTime MTB (Abbott), BD MAX™ MDR-TB, cobas® MTB (Roche), or LF-LAM. Calculation: (Numerator/Denominator) x 100	Number of new and recurrent bacteriologically confirmed pulmonary TB notifications in the private sector (smear positive or culture positive or positive by (WRD) during the reporting period. *PBMEF data element: PR_BAC_CONF*	Number of new and recurrent pulmonary TB notifications in the private sector (bacteriologically confirmed plus clinically diagnosed) during the reporting period. *PBMEF data element: PR_NOTIF* *WHO data element: priv_new_dx*	Age (0–4, 5–14, 15+), sex
REACH	N/A	PCT_MH_SCRN	Percentage of people diagnosed with TB and screened for mental health disorders	Subnational Level	Percentage of people diagnosed with TB during the reporting period who are screened for mental health disorders. Calculation: (Numerator/Denominator) x 100	Number of people with notified TB during the reporting period who were screened for mental health disorders. *PBMEF data element: MH_SCRN*	Number of people with notified TB during the reporting period. *PBMEF data element: DSTB_NOTIF + DRTB_NOTIF*	Age (<15, 15+), sex, mental health screening result (positive, negative)
REACH	DT-30	PCT_TAT_SUBMIT	Turnaround time (TAT): Percentage of specimens	Subnational Level	Percentage of specimens submitted to a laboratory for WHO-recommended rapid diagnostic (WRD) testing within a specified target turnaround time (TAT) from collection to lab submission	Number of specimens submitted to a laboratory for WRD testing within a specified TAT for time from collection to submission.	Total number of specimens submitted to a laboratory for WRD testing during the	Type of specimen

Category	Previous #	Short Name	Indicator Name	PBMEF Level	Definition	Numerator	Denominator	Disaggregation
			submitted to a laboratory within specified target timeframe		during the reporting period. The specified TAT should align with the National TB Program (NTP) standard for target TATs for specimen collection, submission, testing, and reporting, which may vary from country to country. Calculation: (Numerator/Denominator) x 100	*PBMEF data element: TAT_SUBMIT*	reporting period. *PBMEF data element: WRD_SPECIMENS*	
REACH	DT-31	PCT_TAT_TST	Turnaround time (TAT): Percentage of specimens received at testing laboratory and tested within specified target timeframe	Subnational Level	Percentage of specimens received at laboratories for WHO-recommended rapid diagnostic (WRD) testing and tested within specified target timeframe during the reporting period. The timeframe should align with the National TB Program (NTP) standard for target turnaround time (TAT) for specimen collection, submission, testing, and reporting, which may vary from country to country. Calculation: (Numerator/Denominator) x 100	Number of specimens received at the laboratory for WRD testing and tested within a specified target timeframe during the reporting period. *PBMEF data element: TAT_TST*	Number of specimens received at the laboratory for WRD testing during the reporting period. *PBMEF data element: WRD_SPECIMENS*	Type of specimen
REACH	DT-32	PCT_TAT_RPRT	Turnaround time (TAT): Percentage of specimens tested and results reported to the referring facility (or provider) within specified target timeframe	Subnational Level	Percentage of specimens tested at laboratories using a WHO-recommended rapid diagnostic (WRD) test and with results reported back to the referring facility or provider within specified target timeframe during the reporting period. The timeframe should align with the National TB Program (NTP) standard for target turnaround times (TATs) for specimen collection, submission, testing and reporting, which may vary from country to country. Calculation: (Numerator/Denominator) x 100	Number of specimens tested using a WRD with results reported to the referring facility (or provider) during the reporting period within specified target timeframe. *PBMEF data element: TAT_RPRT*	Number of specimens tested using a WRD with results reported to the referring facility (or provider) during the reporting period. *PBMEF data element: WRD_SPECIMENS*	Type of specimens
REACH	N/A	CON_TBI_TEST	Number of contacts tested for TB infections (TBI)	Sub-national	Number of contacts of new and recurrent[4] pulmonary TB patients who were tested for TBI during the reporting period (TBI testing includes tuberculin skin test [TST], interferon-gamma release assay [IGRA]).	Number of contacts of new/relapse pulmonary TB patients who were tested for TBI during the reporting period (TBI testing includes TST, IGRA). *PBMEF data element: CON_TBI_TEST*	N/A	Age (0–4, 5–14, 15+), sex, diagnostic method (bacteriologically confirmed vs. clinically diagnosed)
REACH	PS-6	CON_TBI_POS	Number of contacts tested	Sub-national	Number of contacts of people with new and recurrent[5] pulmonary TB who tested positive for TBI during the	Number of contacts of people with new and recurrent pulmonary TB who tested positive for TBI during the	N/A	Age (0–4, 5–14, 15+), sex

[4] Previously "relapse"
[5] Previously "relapse"

Category	Previous #	Short Name	Indicator Name	PBMEF Level	Definition	Numerator	Denominator	Disaggregation
			positive for TBI		reporting period.	reporting period. *PBMEF data element: CON_TBI_POS*		
CURE								
CURE	SS-1	DS_TSR	DS-TB Treatment Success Rate	Core	Percentage of people with new and recurrent drug- sensitive (DS)-TB (bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary) who were notified in a specified period that were cured or treatment completed, among the total people with new and recurrent TB who were initiated on treatment during the same reporting period (excluding those moved to the RR treatment cohort).	Number of people with new and recurrent DS-TB (bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary), who were registered in a specified period that were cured or treatment completed. *PBMEF data element: NEWREL_SUCC* *WHO indicator: newrel_coh*	Number of people with new and recurrent DS-TB (bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary) who initiated treatment in the same period. *PBMEF data element: NEWREL_COH* *WHO indicator: newrel_coh*	Age (<15, 15+), sex, HIV status
CURE	RS-1	DR_TSR	DR-TB Treatment Success Rate	Core	Percentage of people with drug-resistant TB (DR-TB) (rifampicin-resistant [RR- TB]/multidrug-resistant [MDR]-TB, pre-extensively drug-resistant [pre-XDR]-TB, and extensively drug-resistant [XDR]-TB) successfully treated (cured or treatment completed) among all people with DR-TB who were initiated on treatment during the reporting period.	Number of people with DR-TB (RR/MDR-TB and pre-XDR/XDR-TB) who were cured or treatment completed during the reporting period. *PBMEF data element: DR_SUCC* *WHO indicator: mdr_succ plus xdr_succ*	Number of people with DR-TB (RR/MDR-TB and pre-XDR/XDR-TB) who were initiated on DR-TB treatment during the same reporting period. *PBMEF data element: DR_COH* *WHO indicator: mdr_coh plus xdr_coh*	Age (<15, 15+), sex
CURE	RN-4	TX_MDR_ENROLL	RR/MDR-TB treatment initiations	Core Plus	Number of people with rifampicin-resistant (RR) and multidrug-resistant (MDR) TB who initiated treatment for DR-TB during the reporting period.	Number of people with RR/MDR-TB who initiated treatment for DR-TB during the reporting period. *PBMEF data element: TX_MDR_ENROLL* *WHO data element: unconf_rr_nfqr_tx plus conf_rr_nfqr_tx*	N/A	Age (<15, 15+), sex, HIV status
CURE	N/A	TX_XDR_ENROLL	Pre-XDR/XDR-TB treatment initiations	Core Plus	Number of people with pre-extensively drug-resistant (pre-XDR) and extensively drug- resistant (XDR) TB who initiated treatment for DR-TB during the reporting period.	Number of people with pre-XDR/XDR-TB who initiated treatment for DR-TB during the reporting period. *PBMEF data element: TX_XDR_ENROLL* *WHO data element: conf_rr_fqr_tx*	N/A	Age (<15, 15+), sex, HIV status
CURE	RN-7	TX_STR_ENROLL	DR_TB “all oral” short treatment regimen	Core Plus	Number of people with drug-resistant (DR) TB (rifampicin-resistant [RR] and multidrug-resistant [MDR] TB and pre-extensively drug-resistant [pre-XDR]	Number of people with DR-TB (RR/MDR-TB and pre-XDR/XDR-TB) initiated on “all oral” short treatment regimen during the reporting period.	N/A	Age (<15, 15+), sex

Category	Previous #	Short Name	Indicator Name	PBMEF Level	Definition	Numerator	Denominator	Disaggregation
			initiations		and extensively drug-resistant [XDR] TB) initiated on "all oral" short treatment regimen during the reporting period.	*PBMEF data element: TX_STR_ENROLL* *WHO data element: mdr_alloral_short_tx*		
CURE	RN-8	TX_LTR_ENROLL	DR_TB "all oral" longer treatment regimen initiations	Core Plus	Number of people with drug-resistant (DR) TB (rifampicin-resistant [RR] and multidrug-resistant [MDR] TB and pre-extensively drug-resistant [pre-XDR] and extensively drug-resistant [XDR] TB) who initiated "all oral" longer treatment regimen during the reporting period.	Number of people with DR-TB (RR/MDR-TB and pre-XDR/XDR-TB) who initiated "all oral" longer treatment regimen during the reporting period. *PBMEF data element: TX_LTR_ENROLL* *WHO data element: mdrxdr_alloral_tx*	N/A	Age (<15, 15+), sex
CURE	RN-6	TX_DR_ADR	Number of people with adverse reactions to DR-TB treatment	Core Plus	Number of people on drug-resistant (DR) TB treatment (rifampicin-resistant [RR] and multidrug- resistant [MDR] TB and pre-extensively drug-resistant [pre-XDR] and extensively drug-resistant [XDR] TB) who developed at least one adverse drug reaction (ADR) to DR-TB treatment during the reporting period; this includes all people on treatment during the specified reporting period and is not related to a cohort.	Number of people on DR-TB treatment (RR/MDR-TB and pre-XDR/XDR-TB) who developed at least one ADR to DR-TB treatment during the reporting period; this includes all people on treatment during the specified reporting period and is not related to a cohort. *PBMEF data element: TX_DR_ADR* *WHO data element: mdrtx_adverse_events*	N/A	Age (<15, 15+), sex, type of adverse reaction (e.g., vomiting, dizziness, reduced appetite, gastritis)
CURE	SN-2 through SN-5	TX_DS_OUT	DS-TB treatment outcomes	National Level	Number of people with drug- sensitive (DS) TB (new and recurrent), all forms, with each defined DS-TB treatment outcome, among the cohort of people who were initiated DS-TB treatment during a reporting period.	Number of people with DS-TB (new and recurrent), all forms, with each defined DS-TB treatment outcome (defined above), among the cohort of people who were initiated DS-TB treatment during a reporting period. *PBMEF data element: NEWREL_SUCC, NEWREL_LTFU, NEWREL_FAIL, NEWREL_DIED, NEWREL_NE* *WHO data element: newrel_succ; newrel_lost; newrel_fail; newrel_died; newrel_neval*	Number of people with new and recurrent DS-TB (bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary) who initiated treatment in the same period. *PBMEF data element: NEWREL_COH* *WHO indicator: newrel_coh*	Age (<15, 15+), sex, HIV status, treatment outcome (defined above)
CURE	RS-2 through RS-5	TX_DR_OUT	DR-TB treatment outcomes	National Level	Number of people with drug-resistant (DR) TB (rifampicin-resistant [RR] and multidrug- resistant [MDR] and pre-extensively drug-resistant [pre-XDR] and extensively drug-resistant [XDR] TB) with each of the defined DR-TB treatment outcomes, among the cohort of people who were initiated on DR-TB treatment during a defined reporting period.	Number of people with DR-TB (RR/MDR-TB and pre-XDR/XDR-TB) with each of the treatment outcomes (defined above), among the cohort of people who were initiated on DR-TB treatment during a defined reporting period. *PBMEF data elements: DR_SUCC, DR_LTFU, DR_FAIL, DR_DIED, DR_NEVAL*	Number of people with DR-TB (RR/MDR-TB and pre-XDR/XDR-TB) who were initiated on DR-TB treatment during the same reporting period. *PBMEF data element: DR_COH* *WHO indicator:*	Age (<15, 15+), sex, HIV status, RR/MDR vs pre-XDR/XDR, treatment outcome (defined above)

Category	Previous #	Short Name	Indicator Name	PBMEF Level	Definition	Numerator	Denominator	Disaggregation
						WHO data elements: *Successfully treated: mdr_succ + xdr_succ LTFU: mdr_def + xdr_def* *Treatment failed: mdr_fail + xdr_fail* *Died: mdr_died + xdr_died* *Not Evaluated: c_mdr_neval + c_xdr_neval*	*mdr_coh* plus *xdr_coh*	
CURE	N/A	PEDS_TSR	Treatment success rate in children and adolescents (0-14 years)	National Level	Percentage of children and adolescents (0–14 years) who were cured or completed treatment for drug-sensitive (DS) TB among the total number of children and adolescents (0–14 years) with new and recurrent TB who were initiated on treatment for DS-TB during the same reporting period (excluding those moved to drug-resistant [DR] TB treatment cohort).	Number of children and adolescents (0–14) with new and recurrent TB (bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary), who were registered in a specified period that were cured or completed treatment. *PBMEF data element: PEDS_SUCC*	Number of children and adolescents (0–14) with new and recurrent TB (bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary) who initiated treatment in the same period. *PBMEF data element: PEDS_COH*	Sex
CURE	N/A	PLHIV_TSR	Treatment success rate among PLHIV	National Level	Percentage of people living with HIV (PLHIV) with new and recurrent[11] TB among PLHIV (bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary) who were notified in a specified period that were cured or treatment completed, among the total number of people with new and relapse TB (bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary) who were initiated on treatment during the same reporting period (excluding those moved to RR-TB treatment cohort).	Number of PLHIV with new and recurrent TB (bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary), who were registered in a specified period that were cured or treatment completed. *PBMEF data element: PLHIV_SUCC*	Number of PLHIV with new and recurrent TB (bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary) who initiated treatment in the same period. *PBMEF data element: PLHIV_COH*	Age (<15, 15+), sex
CURE	N/A	TX_DS_ENROLL	DS_TB treatment initiations	National Level	Number of people with laboratory-confirmed or clinically diagnosed drug-sensitive (DS) TB who initiated treatment for DS-TB during the reporting period.	Number of people with laboratory-confirmed or clinically diagnosed DS-TB who initiated treatment for DS-TB during the reporting period. *PBMEF data element: TX_DS_ENROLL* *WHO data element: nrr_tx*	NA	Age (<15, 15+), sex, HIV status, public or private
CURE	RS-7	PCT_TX_DR_SUPPORT	Percentage of people on DR_TB treatment who received treatment support	Subnational Level	Percentage of drug-resistant (DR) TB patients (rifampicin-resistant [RR] and multidrug-resistant [MDR] TB and pre-extensively drug-resistant [pre-XDR] and extensively drug-resistant [XDR] TB) who received nonmedical interventions or benefits, aimed at improving treatment adherence and reduction of catastrophic cost during a specified period, among people with DR-TB who were initiated on treatment during the reporting period. This may include adherence support; food	Number of people with DR-TB (RR/MDR-TB and pre-XDR/XDR-TB) who receive nonmedical interventions or benefits, aimed at improving treatment adherence and reduction of catastrophic cost during a specified period. *PBMEF data element: TX_DR_SUPPORT*	Number of people with DR-TB (RR/MDR-TB and pre-XDR/XDR-TB) who were on treatment during the same reporting period. *PBMEF data element: DR_COH*	Age (<15, 15+), sex

Category	Previous #	Short Name	Indicator Name	PBMEF Level	Definition	Numerator	Denominator	Disaggregation
					assistance; psychological, educational, or mental counseling; transportation reimbursement; or other social or economic support.			
CURE	SS-7	PCT_TX_DS_SUPPORT	Percentage of people on DS-TB treatment who received treatment support	Subnational Level	Percentage of people with DS-TB who received nonmedical interventions or benefits, aimed at improving treatment adherence during the reporting period. This may include adherence support; food assistance; psychological, educational, or mental counseling; transportation reimbursement; or other social or economic support.	Number of people with new and recurrent[15] TB (all forms) who received any nonmedical treatment support during the reporting period. *PBMEF data element: TX_DS_SUPPORT*	Number of people with new and recurrent TB (all forms) enrolled on DS-TB treatment in the same reporting period. *PBMEF data element: DS_COH*	Age (<15, 15+), sex
CURE	N/A	PCT_MH_TX	Percentage of people with TB who received psychotherapeutic interventions	Subnational Level	Percentage of people diagnosed with TB during the reporting period who received evidence-based psychotherapeutic interventions, among those who were identified as having mental health disorders.	Number of people with notified TB during the reporting period who received evidence-based psychotherapeutic interventions. *PBMEF data element: MH_TX*	Number of people with notified TB during the reporting period who were identified as having mental health disorders. *PBMEF data element: MH_SCRN_POS*	Age (<15, 15+), sex, mental health disorder, type of intervention
CURE	N/A	PCT_DM_SCRN_POS	Percentage screened positive for diabetes among people with confirmed TB	Subnational Level	Percentage of people diagnosed with TB who were screened for diabetes before initiating TB treatment and who screened positive for diabetes.	Number of people diagnosed with TB who screened positive for diabetes before initiating TB treatment. *PBMEF data element: DM_SCRN_POS*	Number of people diagnosed with TB who were screened for diabetes. *PBMEF data element: DM_SCRN*	Age (<15, 15+), sex
PREVENT								
PREVENT	PT-1	TPT_CON_ENROLL	TPT initiations among contacts	Core	Number of people who were initiated on TB preventive treatment (TPT). This includes: (1) household and other close contacts of people with notified, bacteriologically confirmed pulmonary TB (adults, adolescents, and children <5 years), and (2) people living with HIV (PLHIV).	Number of people who were initiated on TPT during the reporting period, which includes: 1. Household and other close contacts of people with notified, bacteriologically confirmed pulmonary TB (5 plus and children <5); 2. PLHIV *PBMEF data element: TPT_ENROLL* *WHO indicator: newinc_con_prevtx + hiv_ipt_reg_all*	N/A	Age (0–4, 5–14, 15+), sex, risk group (contacts, PLHIV)
PREVENT		TPT_CON_COMPL	TPT Completions in contacts	Core Plus	Number of contacts who completed TB preventive treatment (TPT) during the reporting period. During a given reporting period, the cohort of contacts who initiated TPT should be tracked to monitor the number who complete TPT.	Number of contacts who completed TPT during the reporting period. *PBMEF data element: TPT_CON_COMPL* *WHO data element: newinc_con_prevtx_cmplt*	N/A	Age (0–4, 5–14, 15+), sex

Category	Previous #	Short Name	Indicator Name	PBMEF Level	Definition	Numerator	Denominator	Disaggregation
					Completion data should be disaggregated by: 1.) Household and other close contacts ages <5 years 2.) Household and other close contacts 5 years and up			
PREVENT	PT-7	TPT_CON_04	Number of TPT initiations among contacts <5	National Level	Number of household contacts under 5 years old of bacteriologically confirmed pulmonary new and recurrent[6] TB cases notified in the reporting period who were started on TB preventive treatment (TPT).	Number of household contacts under 5 years old of bacteriologically confirmed pulmonary new and recurrent TB cases notified in the reporting period who were started on TPT. *PBMEF data element: TPT_CON_04* *WHO data element: newinc_con04_prevtx*	N/A	Sex
PREVENT	PT-8	TPT_PLHIV_ENROLL	Number of TPT initiations among PLHIV	National Level	Number of people living with HIV (PLHIV) who were started on TB preventive treatment (TPT) during the reporting period.	Number of PLHIV who were started on TPT during the reporting period. *PBMEF data element: TPT_PLHIV_ENROLL* *WHO data element: hiv_all_tpt*	N/A	Age (0–4, 5–14, 15+), sex
PREVENT	HW-1	PCT_HCW_SCRN	Percentage of HCW screened for TB	Subnational Level	Percentage of healthcare workers (HCWs) screened for active TB disease during the reporting period, in line with national policies for HCWs. National policy for screening of HCWs may include specific high risk settings, e.g., TB clinics, outpatient departments (OPDs), emergency room (ER), staff providing inpatient care, laboratory workers, community health workers, or community-based volunteers (CBVs) involved with mobile outreach or TB contact investigations (TBCIs). HCW: A frontline HCW who is providing direct services including TB screening, contact evaluation, diagnosis, treatment, and patient care or support.	Number of HCWs screened for active TB disease in line with national policy during the reporting period. *PBMEF data element: HCW_SCRN*	Number of HCWs who were working in the country in the clinical or community settings in line with national policy during the reporting period. *PBMEF data element: HCW_TOT* *WHO data element: hcw_tot*	Sex, workplace setting (hospital, TB clinic, TBCI staff, OPD, ER, other clinical or community setting), type of HCW [e.g., nurse, doctor, community health worker/CBV]), type of facility (private or public)
PREVENT	HW-6	PCT_HCW_TBI_POS	Percentage of HCWs diagnosed with TBI	Subnational Level	Percentage of healthcare workers (HCWs) tested positive for TB infection (TBI) during the reporting period, among those who were tested for TBI. HCW: A frontline HCW who is providing direct services including TB screening, contact evaluation,	Number of HCWs tested positive for TBI during the reporting period. *PBMEF data element: HCW_TBI_POS*	Number of HCWs who were tested for TBI during the reporting period. *PBMEF data element: HCW_TBI_TEST*	Sex, type of HCW (e.g., nurse, doctor, community outreach worker), type of facility (private or public), TBI diagnostic method (e.g.,

[6] Previously "relapse"

Category	Previous #	Short Name	Indicator Name	PBMEF Level	Definition	Numerator	Denominator	Disaggregation
					diagnosis, treatment, and patient care or support.			tuberculin skin test [TST] or interferon-gamma release assay [IGRA])
PREVENT	N/A	TPT_ADR	Number of people with adverse reactions to TPT	Subnational Level	Number of people on TB preventive treatment (TPT) who developed at least one adverse drug reaction (ADR) to treatment during the reporting period. An ADR (often referred to as an "adverse event") is any negative medical occurrence that presents in a person during TB preventive treatment with a World Health Organization (WHO) approved regimen that may or may not have a causal relationship with the prescribed treatment. More information on ADR and grading ADRs can be found here.	Number of people on TPT who developed at least one ADR to treatment during the reporting period. *PBMEF data element: TPT_ADR*	N/A	Age (0–4, 5–14, 15+), sex, type of adverse reaction (e.g., rash, nausea, vomiting, dizziness, reduced appetite, gastritis, jaundice), severity (1 = mild, 2 = moderate, 3 = severe (requiring hospitalization), 4 = life threatening, 5 = death), TPT regimen (1HP, 3HP, 3HR, 4R, 6H)
PREVENT	N/A	PCT_SN_IPC	Congregate settings with IPC	Subnational Level	Percentage of congregate settings with infection prevention and control (IPC) measures in place. Congregate settings: A mix of institutional (non-healthcare) settings where people reside in close proximity to each other. Congregate settings include correctional facilities (prisons and jails), homeless shelters, refugee camps, army barracks, dormitories, and nursing homes; data may be reported on these individual settings based on country prioritization and availability of data (WHO guidelines on tuberculosis infection prevention and control, 2019 update). IPC measures include designated IPC focal person, IPC facility committee and plan, regularly scheduled meetings, monitoring of healthcare workers (HCWs) for TB and TB infection (TBI) through annual screening with tuberculin skin test (TST), interferon-gamma release assay (IGRA), or chest X-ray (CXR). Calculation: (Numerator/Denominator) x 100	Number of congregate settings with IPC measures in place. *PBMEF data element: SN_IPC*	Number of congregate settings in the given area. *PBMEF data element: CONGREGATE_SETTINGS*	Congregate setting type where data is coming from (jails/prisons, homeless shelters, refugee camps, etc.)
SUSTAIN								
SUSTAIN	SN-3	SN_DOMESTICR	Percentage of TB Financing Received from Domestic	Core	Percentage of National TB Program (NTP's) budget received from domestic sources during the reporting period. *Note: This indicator is equivalent to TB*	The amount of NTP's budget received from domestic sources (including loans) during the reporting period (in U.S. dollars). *PBMEF data element:*	The amount of NTP's budget received from all sources (domestic, the Global Fund to Fight AIDS, Tuberculosis and Malaria, USAID, and other	N/A

Category	Previous #	Short Name	Indicator Name	PBMEF Level	Definition	Numerator	Denominator	Disaggregation
			Sources		*FSI indicator 3.1.*	*RCVD_TOT_DOMESTIC* *WHO indicator: rcvd_tot_domestic*	sources) during the reporting period (in U.S. Dollars). *PBMEF data element: RCVD_TOT_SOURCES* *WHO indicator: rcvd_tot_sources*	
SUSTAIN	SN-8B	SN_TB_INSUR	Existence of a national or social health insurance system whose benefit package includes TB clinical services	Core Plus	Existence of a national or social health insurance system whose benefit package includes TB clinical services. NHI/SHI: forms of health insurance that are often administered by the government or a quasi- governmental agency, funded through contribution from taxes and/or employers and employees, and cover a package of services. Community based health insurance (CBHI) schemes are usually voluntary and characterized by community members pooling funds to offset the cost of healthcare. Some countries with CBHI schemes are adjusting the model towards integration into broader NHI/SHI schemes. For the purpose of this indicator, NHI/SHI/CBHI schemes should only be scored as being "available" if they exceed the following threshold: >50% population coverage and >2% of current health expenditure (CHE) comes from prepayment. These schemes should include diagnosis, treatment, and prevention of all forms of TB, including MDR-TB, for all populations of the country. This indicator is intended to measure whether a country is able to source funding for TB from an insurance scheme; countries with no insurance scheme should score "0" (even if TB care is free). *Note: This indicator is equivalent to TB FSI indicator 4.2.*	0 = EITHER No NHI/SHI scheme OR NHI/SHI insurance available but drug- sensitive (DS) TB and drug-resistant (DR) TB (diagnosis and treatment costs) are excluded 2 = NHI/SHI is available and includes pre-diagnosis as well as diagnosis and treatment costs for DS- or DR-TB but not both 4 = NHI/SHI insurance is available and includes pre-diagnosis as well as diagnosis and treatment costs for both DS- and DR-TB *PBMEF data element: SN_TB_INSUR*	N/A	N/A
SUSTAIN	N/A	SN_CQI	CQI programs in place	National level	Existence of a continuous quality improvement (CQI) platform(s) at all levels of the health system for 1) TB clinical care, 2) TB laboratory, 3) TB commodities, and 4) other whereby TB service delivery and relevant data and indicators are systematically monitored, their quality assessed, and decisions are made to address any operational	Existence of CQI platform(s) at all levels of the health system for the following: • TB clinical care CQI program? Yes/No • TB laboratory CQI program? Yes/No • TB commodities CQI program? Yes/No	N/A	N/A

Category	Previous #	Short Name	Indicator Name	PBMEF Level	Definition	Numerator	Denominator	Disaggregation
					problems or challenges identified. CQI programs may take multiple forms; one example may be regular or systematic data review and monitoring meetings that NTPs conduct at district, provincial, and national levels where problems, gaps, bottlenecks, delays, etc., that impact patient care are assessed. Impacts on patient care could include impacts on case detection, treatment outcomes, TB preventive treatment (TPT) completion, etc., thereby encompassing multiple steps in the TB care and prevention cascade.	• Other CQI? Yes/No (if yes, please describe) *PBMEF data element: SN_CQI*		
SUSTAIN	N/A	PCT_SN_MQS	TB drugs meeting international minimum quality standards	Core Plus	Percentage of anti-TB medicines procured locally or internationally which meet international minimum quality standards within a country. "International minimum quality standards" are defined and documented in the batch certificate. Standards and the reference organizations considered to be acceptable include the World Health Organization (WHO) Prequalification of Medicines Programme (PQP)/ stringent regulatory authorities (SRAs)/ Expert Review Panel (ERP). Calculation: (Numerator/Denominator) x 100	Number of batches of anti-TB medicines procured locally or internationally for which a batch certificate showed acceptable results during the reporting period. *PBMEF data element: SN_MQS*	Number of batches received of anti-TB medicines (procured during the reporting period) *PBMEF data element: SN_TB_MEDS*	N/A
SUSTAIN	DT-42	STKOUT_FLD	Stockout of any first-line TB treatment drugs	Subnational level	Occurrence of stockout of one or more first-line drugs (FLDs) for TB treatment at any TB treatment site (i.e., basic management unit) or drug storage facility during the reporting period (quarter/annual). The WHO defines a stockout as the complete absence of a required drug at a storage point or delivery point for at least one day.	This is a Yes/No response for the initial part of the indicator. Only if Yes, then detailed disaggregated data should be provided: • Generic names of TB treatment drugs • Geographic locations • Treatment site/drug storage facility Central/regional/district level *PBMEF data element: STKOUT_FLD*	N/A	Generic names of TB treatment drugs, treatment site/drug storage facility, central/regional/district level
SUSTAIN	DT-43	STKOUT_SLD	Stockout of any second-line TB treatment drugs	Subnational level	Occurrence of stockout of one or more second-line drug (SLD) for TB treatment at any TB treatment site or drug storage facility during the reporting period (quarter/annual). The WHO defines a stockout as the complete absence of a required drug at	This is a Yes/No response for the initial part of the indicator. Only if Yes, then detailed disaggregated data should be provided: • Generic names of TB treatment	N/A	Generic names of TB treatment drugs, treatment site/drug storage facility, central/regional/district level

Category	Previous #	Short Name	Indicator Name	PBMEF Level	Definition	Numerator	Denominator	Disaggregation
					a storage point or delivery point for at least one day.	drugs • Geographic locations • Treatment site/drug storage facility Central/regional/district level *PBMEF data element: STKOUT_SLD*		
SUSTAIN	DT-44	STKOUT_WRD	Stockout of TB rapid molecular tests and related commodities	Subnational level	Occurrence of stockout of one or more World Health Organization-recommended rapid diagnostic tests (WRDs) or related testing commodities at any facility (e.g., basic management unit) or storage facility (central or subnational) at the end of reporting period (quarter/annual). WHO defines a stockout as the complete absence of a required commodity at a storage point or delivery point for at least one day.	This is a Yes/No response for the initial part of the indicator. Only if Yes, then detailed disaggregated data should be provided: • Generic names of TB treatment drugs • Geographic locations • Treatment site/drug storage facility Central/regional/district level *PBMEF data element: STKOUT_WRD*	N/A	Names of TB diagnosis commodities, locations, diagnostic site/commodity storage facility, central/regional/district level
SUSTAIN	SN-32A	SN_STGMA_NSP	TB stigma reduction in NSP	Subnational level	TB stigma reduction is included in the National TB Program (NTP) annual plan and/or national strategic plan (NSP) and includes 3 elements: interventions, indicators, and assigned budget line. The NTP annual plan and/or NSP state that it is illegal to discriminate against anyone with TB, citing law where relevant, and includes interventions aimed at reducing stigma as a barrier to TB services; specifically: 1. The NTP/NSP mentions activities to reduce stigma, including stigma against vulnerable populations who may already be stigmatized when accessing the health system 2. The NTP/NSP provides data from a stigma assessment 3. Appropriate context-specific activities are described to respond to stigma 4. Indicators with targets are included to reduce stigma A defined budget is allocated for stigma-reduction activities	Use the following scoring system: 0 = No mention of any of those 3 elements in the NTP annual plan/NSP 1 = 1 element (out of 3 elements) is included in the annual plan/ NSP 2 = 2 elements (out of 3 elements) are included in the annual plan/NSP 3 = All 3 elements are included in the annual plan/NSP *PBMEF data element: SN_STGMA_NSP*	N/A	N/A
SUSTAIN	SN-32B	SN_STGMA_AS	TB stigma assessment/ gap analysis	Subnational level	Stigma assessment/gap analysis conducted; NTP annual plan or NSP mentions the findings of stigma	Use the following scoring system: 0 = No assessment conducted	N/A	N/A

Category	Previous #	Short Name	Indicator Name	PBMEF Level	Definition	Numerator	Denominator	Disaggregation
		SESS	available		assessment and clearly aligns the findings to TB stigma reduction activities and communication strategy.	1 = Assessment conducted 2 = Assessment conducted and annual plan/NSP mentions the findings of stigma assessment; communication strategy/interventions align with the NTP annual plan or NSP and specifically mention stigma as one of the objectives of communication *PBMEF data element: SN_STGMA_ASSESS*		

Appendix C.

Standard Indicator Reference Sheets (IRS) for the Essential Indicators

PBMEF Core Indicators: Standard IRS

DT_RT: TB Detection Rate (Treatment Coverage)

PCT_BAC_CONF: Percentage Bacteriologically Confirmed

PEDS_NOTIF: Childhood TB Notifications

MDR_NOTIF: RR/MDR-TB Notifications

PR_NOTIF: Private Sector TB Notifications

PCT_CON_SCRN: Percentage of Contacts Screened for TB

DS_TSR: DS-TB Treatment Success Rate

DR_TSR: DR-TB Treatment Success Rate

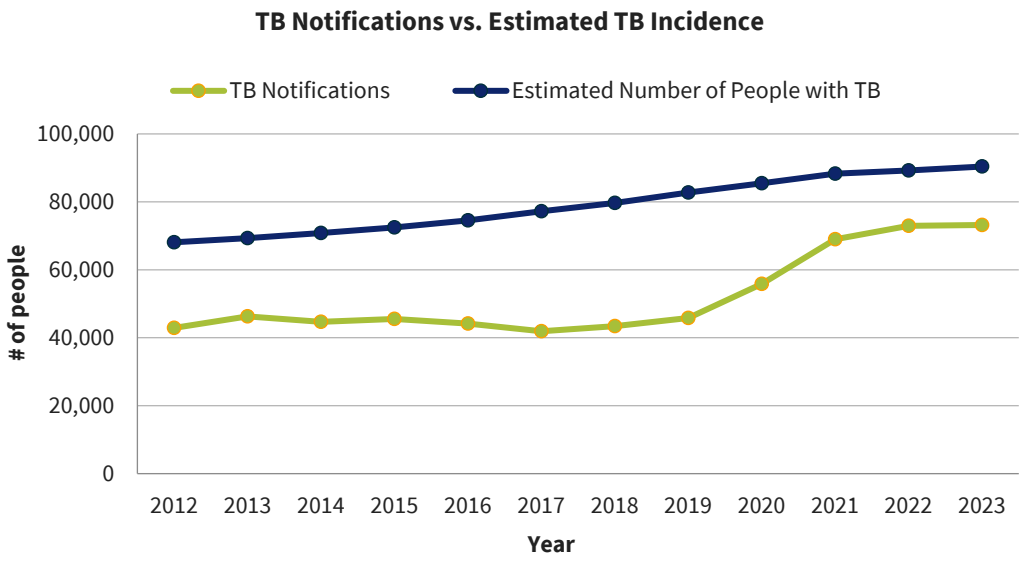
TPT CON_ENROLL: TPT Initiations among Contacts

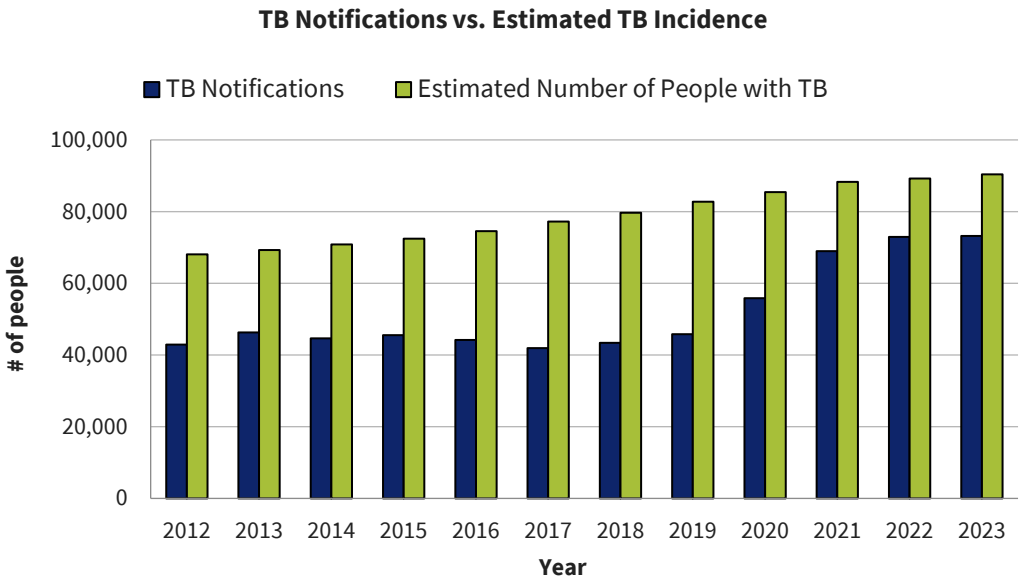
SN_DOMESTICR: Percentage of TB Financing Received from Domestic Sources

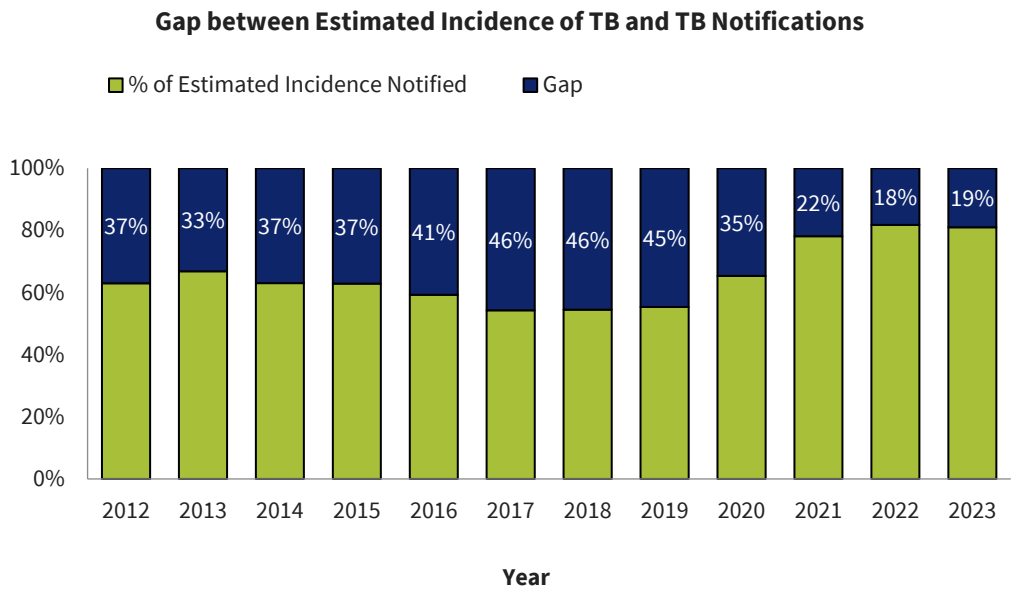
% Indicator name	**DT_RT: TB Detection Rate (Treatment Coverage)** *Previously [DT-3]*	
Definition	Percentage of people with new and recurrent[7] TB and with unknown previous TB treatment history (all forms) who were notified during the reporting period, out of the estimated number of people with incident TB for that year. Note: This indicator is also referred to as "Treatment Coverage Rate"; the name is updated to TB detection rate here to emphasize that treatment coverage is not represented in this data. Calculation: (Numerator/Denominator) x 100	
Numerator	Number of people with new and recurrent TB (and with unknown previous TB treatment history), all forms (bacteriologically confirmed plus clinically diagnosed, pulmonary and extra pulmonary), who were notified in the reporting period.	*PBMEF data element: DSTB_NOTIF* *WHO indicator: c_newinc*
Denominator	Estimated incidence of TB (all forms) in the same reporting period.	*PBMEF data element: E_INC_NUM* *WHO indicator: e_inc_num*
Category	REACH	
Indicator type	Core outcome	
PBMEF level	Core	
Unit of measure	Percent of estimated TB	
Data type	Percentage	
Disaggregate by	Age (<15, 15+), sex	
Reporting level	All Core PBMEF indicators should be reported at the national level; data may also be collected subnationally for more granular monitoring.	
Reporting frequency	This indicator should be reported on a semiannual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended. Performance plans and reports (PPRs) for this indicator are based on calendar year (CY) periodicity to reflect national level attainment and align with the USAID congressional reporting requirements.	
Data sources	The numerator is reported from National TB Program (NTP) official records. Quarterly report on TB case registration in the basic management unit. This indicator is related to incident TB; therefore, the following category of patients should not be included in the data reported: • Treatment after failure patients (previously been treated for TB and whose treatment failed at the end of their most recent course of treatment) • Treatment after loss to follow-up patients (previously been treated for TB and were declared lost to follow-up at the end of their most recent course of treatment) • Other previously treated patients Care should be taken to properly address common issues in reporting such as patients transferring in and out of facilities. National reporting guidelines should be followed to ensure all people with TB are reported and not double counted. The denominator is available from the current World Health Organization (WHO) Global TB Report for the 30 TB high-burden countries and on the WHO country profile for all countries	

[7] Previously "relapse"

	published on the WHO website. It is an estimation calculated annually based on a mathematical model.
Importance	Case finding is a fundamental principle of effective TB programming. However, one-third of the people who are estimated to fall ill with TB each year are not reached with proper screening, detection, and treatment, or are under-reported. The inability to find and treat the "missing" cases hampers efforts to make further progress in TB care. This indicator measures country-level progress in finding and diagnosing people with TB. Globally, the TB detection rate was 76% in 2023, up from 71% in 2019. The COVID-19 pandemic reversed many gains made in access to TB diagnosis and treatment. However, evidence suggests many programs have rebounded and have now reached or surpassed pre-pandemic levels of performance. Country national strategic plans (NSPs) for TB set annual targets for the number of TB notifications. This target will vary by country, but each country should be trying to achieve the End TB Strategy and United Nations High-Level Meeting (UNHLM) target of 90% or more case detection by 2027 to close the gap between estimated incidence and actual notifications. The USAID TB strategy (2023-2030) sets the same target that 90% of people with incident TB are diagnosed and initiated on treatment and specifies that at least 75% of people with TB should be tested with molecular WHO-recommended rapid diagnostic tests (mWRDs) at the time of diagnosis in each USAID priority country. A high detection rate means more people with TB will be put on treatment and cured, thereby breaking the transmission by undiagnosed infectious people with TB, leading to less TB disease and death in the population. TB case detection is also used as a planning tool for the NTP. For example, forecasting TB notifications needed to meet detection targets will help in procuring sufficient TB diagnostic platform supplies and ensuring that they are available to all in need of TB diagnosis.
Data use and visualization	Reaching all people with TB with quality diagnostic services is an important goal for national and global policy makers. The numerator, total number of new and recurrent TB case notifications, can be analyzed as a trend over time on its own. However, it is more powerful when compared to the estimated TB incidence to determine the magnitude of the gap between the number of people with TB expected and the number detected. Trends in TB case detection can be used to monitor progress toward achieving national targets to eliminate TB, assess access to WHO-recommended rapid diagnostics (WRDs), and identify weaknesses in recording and reporting systems. Marked changes in the trend should be reviewed in conjunction with any specific events that may have occurred (e.g., increase/decrease in active case finding, establishment of new diagnostic facilities, expanding TB services through private sector or natural disasters that disrupt TB services) and the impact of other disease outbreaks, like COVID-19. This indicator, in conjunction with other indicators, especially bacteriological confirmation and treatment success rate, will provide a picture of the cascade of TB care in the country which will help stakeholders understand the extent to which the TB program is 'losing' people with TB along the care pathway. This indicator is limited to the national level only because the denominator is a national-level estimate; however, the numerator can be collected at subnational levels. Below are examples (for illustrative purposes only) one can use when presenting this indicator. These charts provide important information but will provide more insight if viewed along with additional contextual information, including age, sex, and key program activities.


TB Notifications vs. Estimated TB Incidence
TB Notifications
Estimated Number of People with TB
100,000
80,000
60,000
40,000
20,000
0
# of people
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
Year


TB Notifications vs. Estimated TB Incidence
TB Notifications
Estimated Number of People with TB
100,000
80,000
60,000
40,000
20,000
0
# of people
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
Year



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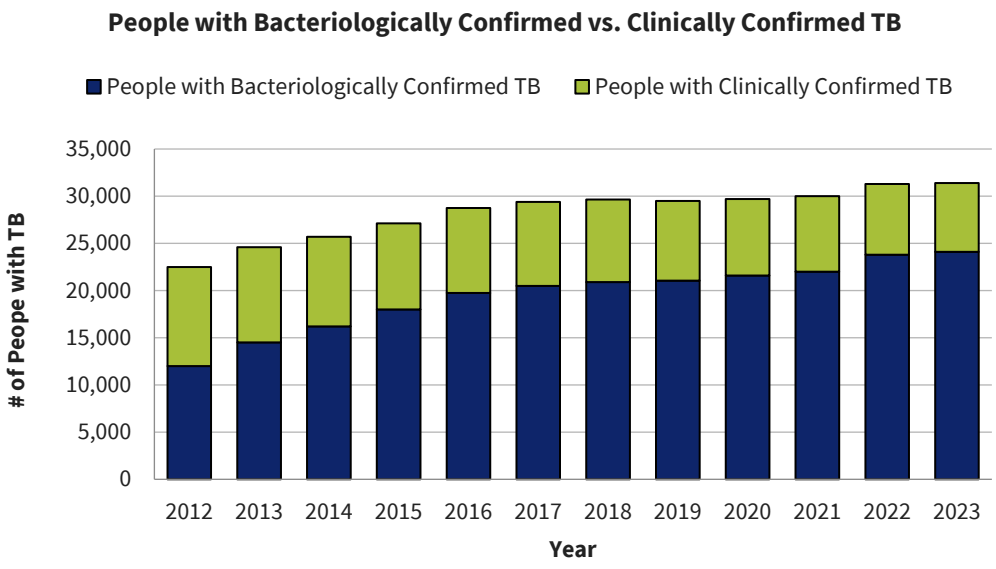
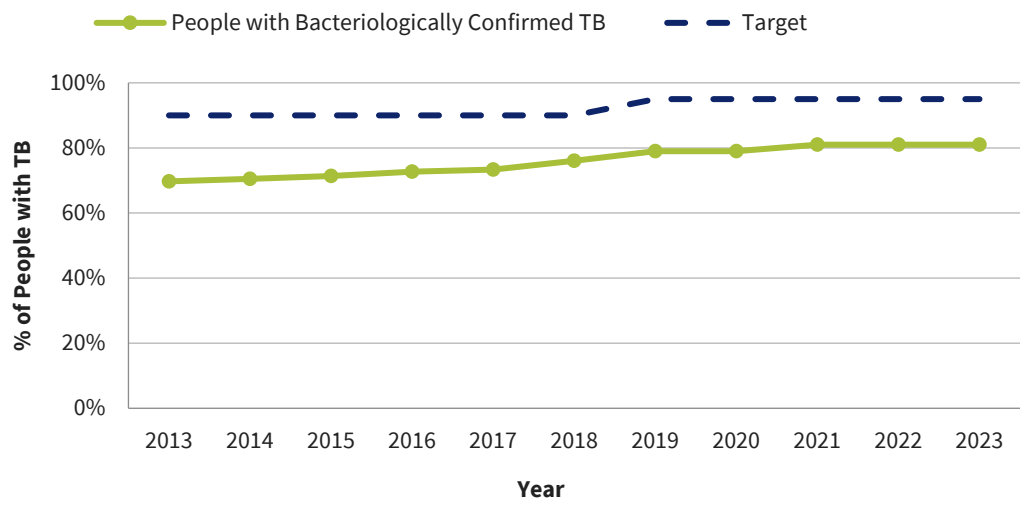
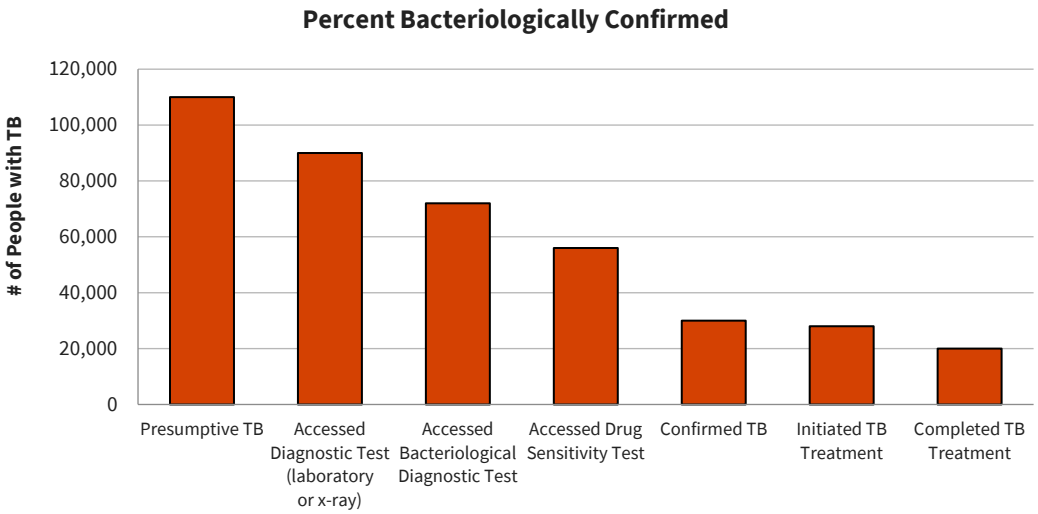
% Indicator name	**PCT_BAC_CONF: Percentage Bacteriologically Confirmed** *Previously [DT-12]*	
Definition	Percentage of people with new and recurrent[8] pulmonary TB who are bacteriologically confirmed. Bacteriologically confirmed: Smear positive for TB or culture positive for TB or positive for TB by a World Health Organization-recommended rapid diagnostics test (WRD): FluoroType® MTBDR (Hain), Loopamp™ MTBC detection kit (TB-LAMP), Xpert® MTB/RIF, Xpert® MTB/RIF Ultra, Truenat® MTB or MTB Plus, RealTi*m*e MTB (Abbott), BD MAX™ MDR-TB, cobas® MTB (Roche), or LF-LAM. Note: LF-LAM is included as a recommended TB test for people living with HIV (PLHIV). LF-LAM is not recommended to confirm TB in all populations and notably should not be used in outpatient settings for adults, adolescents, and children without symptoms of TB or in those with a CD4 count > 200 cells/mm3. At the time of this publication, Alere Determine™ TB LAM Ag is the only commercially available LF-LAM test. Full guidance on the use of LF-LAM can be found at: https://www.who.int/publications/i/item/9789241550604.	
Numerator	Number of new and recurrent bacteriologically confirmed pulmonary TB notifications (smear positive or culture positive or positive by WHO-recommended rapid diagnostics test [WRD]) during the reporting period.	*PBMEF data element: BAC_CONF* *WHO data element: new_labconf plus ret_rel_labconf*
Denominator	Number of people with new and recurrent pulmonary TB (bacteriologically confirmed plus clinically diagnosed) during the reporting period.	*PBMEF data element: PTB_NOTIF* *WHO data element: new_clindx plus ret_rel_clindx plus new_labconf plus ret_rel_labconf*
Category	REACH	
Indicator type	Core outcome	
PBMEF level	Core	
Unit of measure	Percent of people	
Data type	Percentage	
Disaggregate by	Age (0–4, 5–14, 15+), sex, HIV status	
Reporting level	All Core PBMEF indicators should be reported at the national level; data may also be collected subnationally for more granular monitoring.	
Reporting frequency	This indicator should be reported on a semiannual basis at a minimum. More frequent monitoring on a quarterly, monthly, or real-time basis is recommended. Performance plans and reports (PPRs) for this indicator are based on calendar year (CY) periodicity to reflect national level attainment and align with the USAID congressional reporting requirements.	
Data sources	Both the numerator and denominator are reported from National TB Program (NTP) official records. *Quarterly report on TB case registration in the basic management unit.*	
Importance	As countries intensify efforts to improve TB diagnosis and treatment and close case detection gaps, the percent of people with notified TB that are bacteriologically confirmed should be monitored to ensure that people are correctly diagnosed and initiated on the most effective treatment regimen as early as possible. This indicator measures the strength of the diagnostic and laboratory system, and the TB program's capacity to establish TB diagnosis by bacteriological confirmation of *Mtb*. Specifically, USAID is supporting introduction, scale up, and	

[8] Previously "relapse"

	quality implementation of new and existing diagnostic methods, including access to WRDs in countries that receive TB funding. Globally, in 2023, 62% of pulmonary TB was bacteriologically confirmed, an increase from 57% in 2019 and 56% in 2017. The End TB Strategy has set a target of 90% bacteriological confirmation of new TB diagnoses and 95% of recurrent diagnoses by 2025. Greater efforts are needed to improve the availability and use of the most sensitive diagnostic tests for TB and to ensure that international standards for TB care are met to avoid missed diagnoses of people who have TB, overtreatment of people who do not have TB, and efficient use of resources.
Data use and visualization	A high bacteriological diagnosis coverage reflects multiple processes, including availability and access to adequate bacteriological diagnostic services (trained staff, equipment, etc.), quality of laboratory testing, and adherence to TB guidelines. Bacteriological diagnosis coverage expresses the number of people with new and recurrent bacteriologically confirmed pulmonary TB as a percentage of the total number people with new and recurrent notified pulmonary TB. This analysis can be used to identify what percentage of people with pulmonary TB are laboratory confirmed compared to clinically diagnosed. As the use of WRDs is expanded to confirm all new pulmonary diagnoses, one should see an increase in bacteriological confirmation over time. By measuring bacteriological confirmation in people with new and previously treated TB, countries can track the rollout and use of WRDs. Additionally, the percentage of people with bacteriological confirmation can be compared against national and global standards or targets as a proxy for measuring laboratory performance or capacity within a country. This is also an important indicator of drug susceptibility testing (DST) coverage and drug-resistant TB (DR-TB) detection, as both require bacteriological testing to have documented results for resistance to at least rifampicin. As mentioned above, the expectation is not to have 100% bacteriological confirmation; there will continue to be instances of clinically diagnosed patients. However, if the percentage falls below 50% in a given setting, a review of the diagnostic tests being used and the validity of clinical diagnoses would be warranted (e.g., via a clinical audit). Low reported bacteriological diagnosis coverage may be due to several contributing factors, including gaps in referral for specimen testing, weak sample transport networks, breakdown of diagnostic platforms, stockout of consumables required for testing, and weaknesses in the system for reporting results to providers. Improved supervision and training, as well as improved supply chain and specimen transport systems, can help address these issues and improve the performance of this indicator. Below are illustrative examples one can use when presenting this indicator: 





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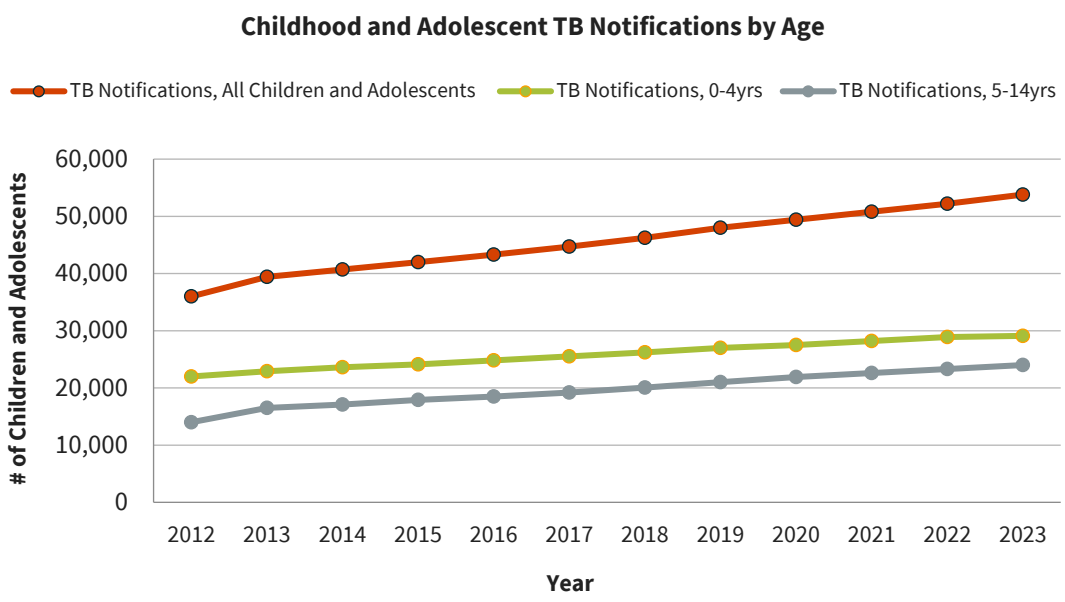
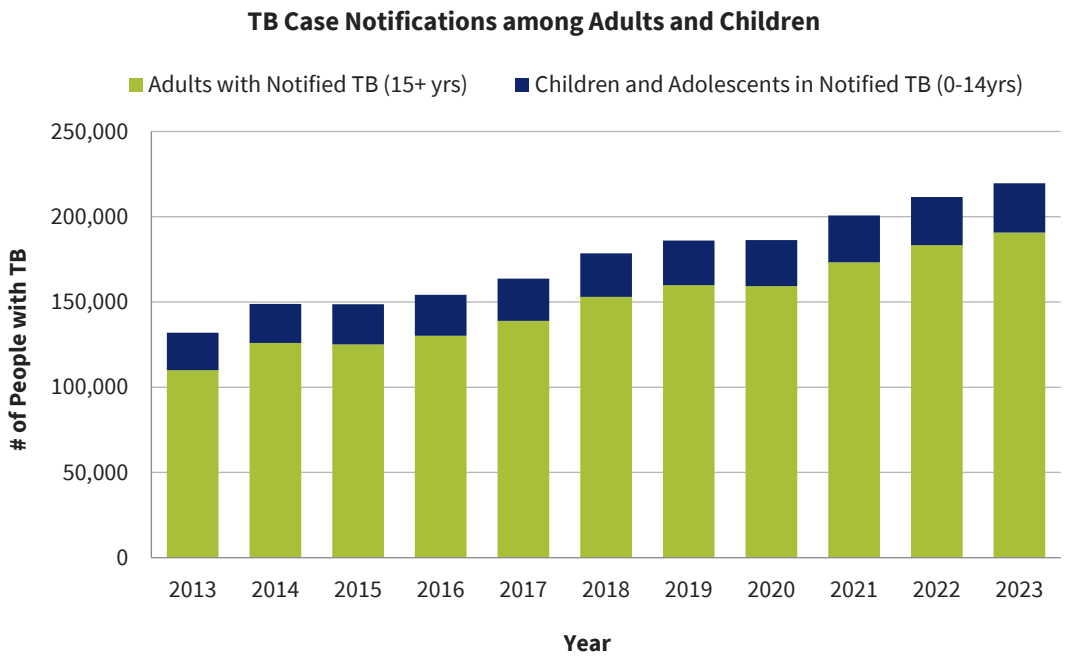
# Indicator name	**PEDS_NOTIF: Childhood TB Notifications** *Previously [CH-5]*	
Definition	Number of children and adolescents (0 –14 years) with new and recurrent[9] TB or with unknown previous TB treatment history, all forms, who were notified in a reporting period.	
Numerator	Number of children and adolescents (0–14 years) with new and recurrent TB or with unknown previous TB treatment history, all forms, who were notified in a reporting period.	*PBMEF data element: PEDS_NOTIF* *WHO data element: newrel_f014 plus newrel_m014 plus newrel_sexunk014*
Denominator	N/A	*N/A*
Category	REACH	
Indicator type	Core outcome	
PBMEF level	Core	
Unit of measure	Number of children/adolescents	
Data type	Integer	
Disaggregate by	Age (0–4, 5–9, 10–14), sex, HIV status	
Reporting level	All Core PBMEF indicators should be reported at the national level; data may also be collected subnationally for more granular monitoring.	
Reporting frequency	This indicator should be reported on a semiannual basis at a minimum. More frequent monitoring on a quarterly, monthly, or real-time basis is recommended. Performance plans and reports (PPRs) for this indicator are based on calendar year (CY) periodicity to reflect national level attainment and align with the USAID congressional reporting requirements.	
Data sources	This indicator is reported from National TB Program (NTP) official records*. Quarterly report on TB case registration in the basic management unit.*	
Importance	The number of children with TB is an important indicator of recent transmission in a community. Comprehensive information about childhood TB enables NTPs to address the needs of children with TB and mobilize appropriate resources. TB is very challenging to diagnose in children due to the historical reliance on sputum, which may be difficult for children to produce without invasive procedures and may not have a high bacillary load, leading to false negatives and the limitations of diagnosing on a clinical basis only. This indicator measures TB notifications in children ages 0–14 years, which can be used to assess how well the country is providing appropriate screening and diagnosis services for children with TB. On average, among people with new TB diagnoses the percent contributed by children and adolescents is between 5%–15% in low- and middle-income countries and <5% in high-income countries. These thresholds can be used to identify major outliers where under- or overdiagnosis of TB among children may be of concern. Of the global total number of people with TB notified in 2023, 8% were children under 15 years old. Improvements in reaching children and adolescents are needed to reach the United Nations High-Level Meeting (UNHLM) targets to provide TB diagnosis and treatment with the aim of successfully treating 4.5 million children with TB by 2027. The USAID TB strategy (2023-2030) highlighted that USAID will work to strengthen TB diagnosis in children and other vulnerable populations by increasing access to innovative rapid molecular testing and improving capacity for clinical diagnosis. Mandatory notification policies calling for collaboration between NTPs, other non-NTP public health facilities, and private sector facilities and pediatric associations will help ensure comprehensive and age-disaggregated reporting of TB notifications. This is important for monitoring progress and focusing interventions and resources for children.	

[9] Previously "relapse"

Data use and visualization	Childhood TB notifications should be analyzed for trends over time and as a percentage of total notifications to assess whether a country is on track in terms of reaching children with TB with appropriate screening and diagnosis services. Globally, children represent about 10% of all people with TB. This varies from country to country, but a percent of children that is too low (e.g., <5%) or too high (e.g., >15%) would merit further analysis to assess under- or overdiagnosis or further analysis of the epidemiological context. A low percentage of childhood TB detection may indicate that providers should improve TB screening among children and may highlight a need for changes in the diagnostic algorithm to ensure children are referred appropriately for TB testing. A very high percentage may indicate an over-reliance on clinical diagnosis and potential overtreatment of TB among children. Data analysis at subnational levels will help identify areas where children are potentially under- or over-diagnosed, and this analysis can be used to prioritize efforts to expand services such as stool-based testing and implement updated clinical algorithms included in the 2022 WHO guidelines on the management of TB among children and adolescents. Data should be reported annually at a minimum, but semiannual or quarterly reporting will improve the timeliness of data for decision making. The number of childhood TB notifications can further be broken down by age categories to show the percentage of childhood TB occurring in children under 5 years of age, between 5 and 9, and children between the ages of 10 and 14 years old. Below are examples one can use when presenting this indicator: 



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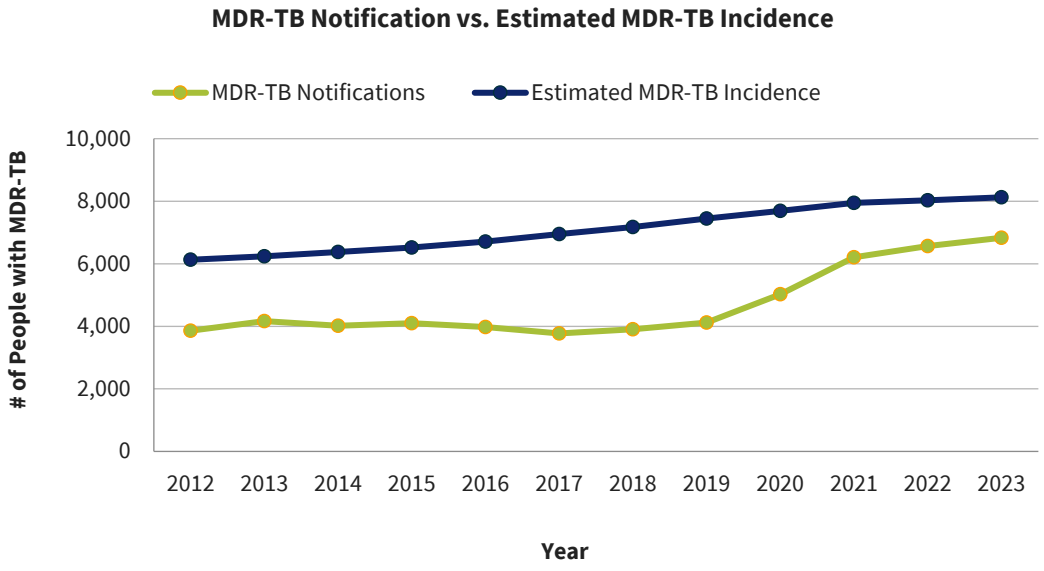
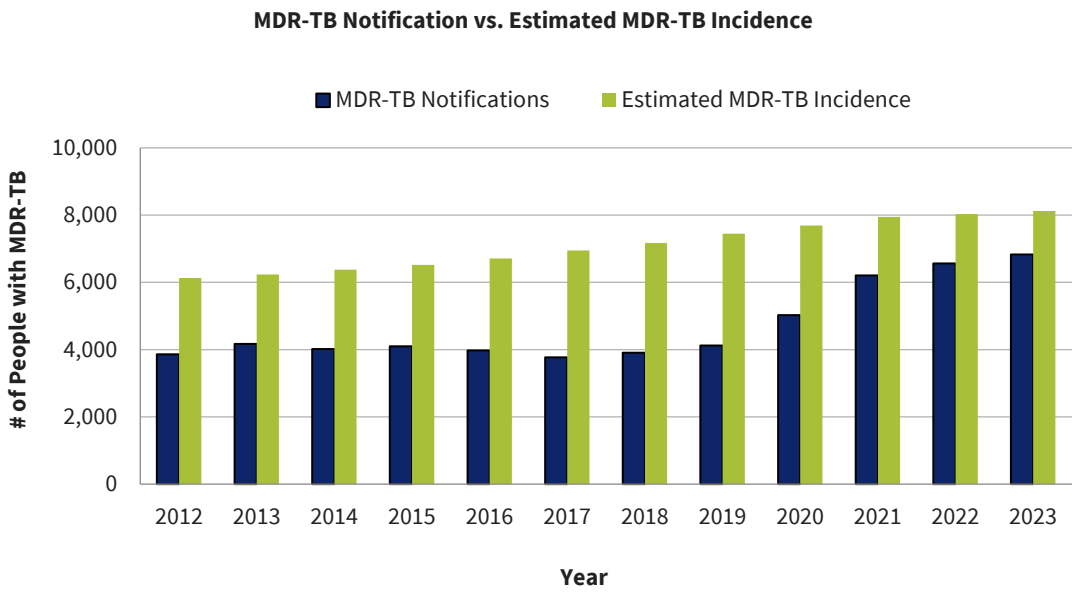
# Indicator name	**MDR_NOTIF: RR/MDR-TB Notifications** *Previously [RN-1]*	
Definition	Number of people with rifampicin-resistant (RR) and multidrug-resistant (MDR) TB notified during the reporting period. RR/MDR TB: RR-TB is TB caused by Mycobacterium Tuberculosis (M. tuberculosis) strains that are resistant to rifampicin; MDR-TB strains are resistant to at least both rifampicin and isoniazid. Note: This indicator no longer includes pre-extensively drug-resistant (pre-XDR) and extensively drug-resistant (XDR) TB; these data should be reported separately under the core plus indicator for XDR. Values for these indicators should not be added together. This indicator might include patients with polydrug resistant TB (PDR-TB), if they are part of the RR/MDR recording in the national database. However, if PDR-TB is reported separately, they should not be included in this analysis.	
Numerator	Number of people with RR-TB and MDR-TB notified during the reporting period.	*PBMEF data element: MDR_NOTIF* *WHO data element: conf_rr_nfqr (lab confirmed RR/MDR)*
Denominator	N/A	*N/A*
Category	REACH	
Indicator type	Core outcome	
PBMEF level	Core	
Unit of measure	Number of people	
Data type	Integer	
Disaggregate by	Age (<15, 15+), sex	
Reporting level	All Core PBMEF indicators should be reported at the national level; data may also be collected subnationally for more granular monitoring.	
Reporting frequency	This indicator should be reported on a semiannual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended. Performance plans and reports (PPRs) for this indicator are based on calendar year (CY) periodicity to reflect national level attainment and align with the USAID congressional reporting requirements.	
Data sources	This indicator is reported from National TB Program (NTP) official records. *Quarterly report on TB case registration in the basic management unit.*	
Importance	This DR-TB indicator has been modified to report pre-XDR and XDR-TB in a separate indicator. Pre-XDR/XDR notifications should not be added to RR/MDR notifications to avoid double counting of DR-TB notifications. People who are diagnosed with pre-XDR and XDR-TB will already have been identified and recorded as having RR/MDR-TB. The number of RR/MDR-TB notifications should therefore equal the total number of DR-TB notifications. Note that when assessing treatment success rate, all people on DR-TB treatment will be monitored together. Ongoing analysis of RR/MDR-TB notification data is critical to understanding transmission dynamics and to ensure accurate planning for second-line TB drugs (SLDs) and the human resources needed to manage DR-TB. These people account for a much higher percentage of overall TB deaths, and the number of people with DR-TB has been increasing over time. DR-TB notification measures a country's ability to detect drug resistance among the TB-infected population and initiate people with TB on appropriate treatment. Data on DR-TB notification are also valuable for planning drug logistics and supervision. The global number of people with MDR/RR-TB notified in 2021 was 142,131 of the estimated 450,000 incident MDR/RR-TB cases that year. Closing this large detection gap will require improvements in diagnostic capacity. Point-of-care (or near point-of-care) rapid diagnostic tools that detect TB and drug resistance are the new standard of care. Early detection of resistance to	

	rifampicin and isoniazid ensures that an appropriate drug regimen can be prescribed from the outset to increase the likelihood of treatment success, and to reduce the chance of acquiring additional resistance.
Data use and visualization	Understanding DR-TB notification trends is important to gauge the overall performance of the NTP in preventing the emergence of DR cases, either due to issues with adherence to treatment regimens or due to direct transmission of DR-TB. Drug-resistant TB notification can be analyzed on its own as a trend over time to see the total number of people with notified DR-TB within a given country. It can also be compared to the estimated incidence of DR-TB to determine the magnitude of the gap between the estimated number of people with DR-TB and those that have been detected. These gaps should also be reviewed in the context of availability of diagnostic services for DR-TB. The number of diagnostic facilities per 100,000 population can also give some indication of how accessible these services are to the population. The geographical distribution of the diagnostic facilities can help to understand the level of accessibility in different regions. Regional comparisons of this indicator could be helpful. DR-TB diagnosis and notification is an important step in the DR-TB treatment cascade. Data can also be collected at the subnational level and used to learn from the geographic distribution of cases and detect outbreaks. Data should be reported annually at a minimum but semiannual or quarterly reporting will improve the timeliness of data for decision making. Below are examples one can use when presenting this indicator: 



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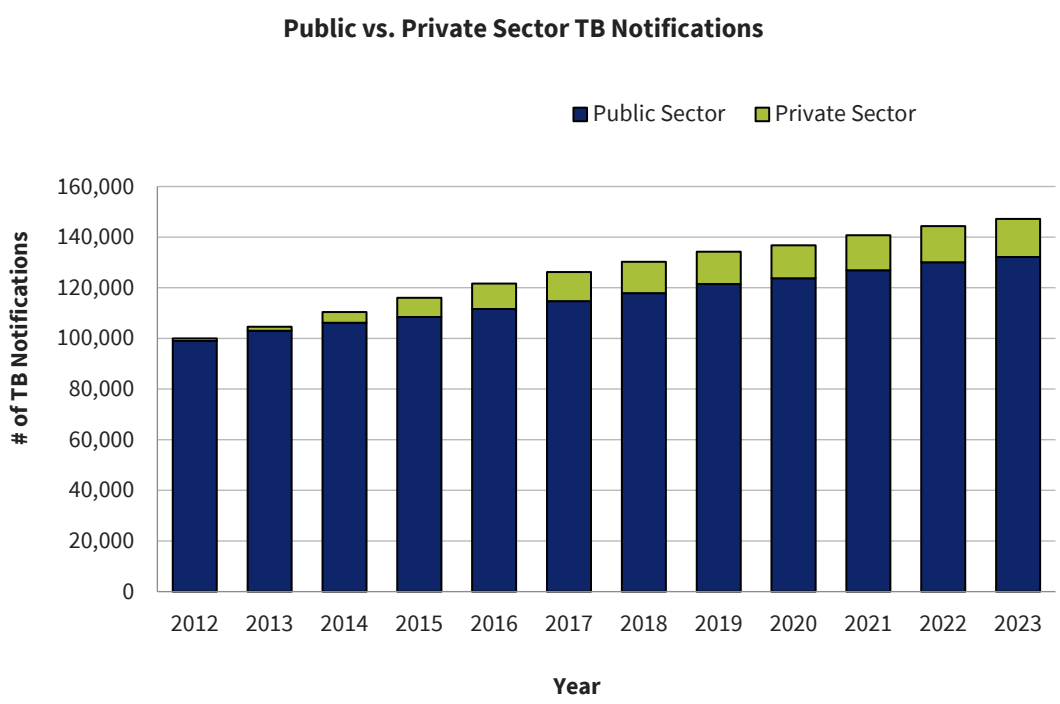
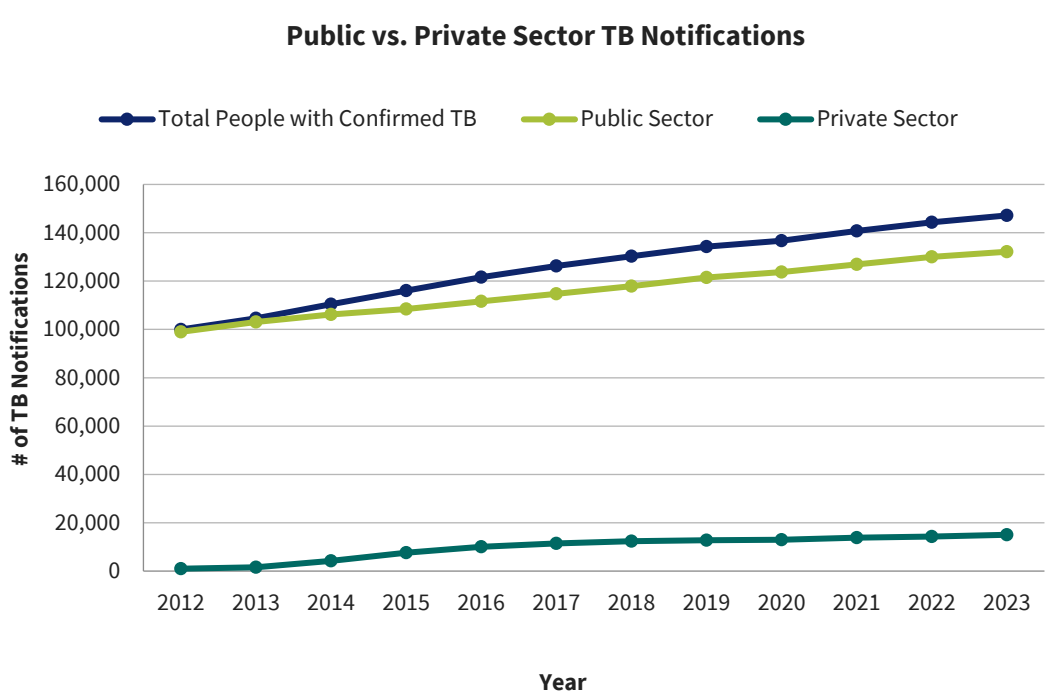
# Indicator name	**PR_NOTIF: Private Sector TB Notifications** *Previously [PR-1]*	
Definition	Number of people with new and recurrent[10] TB of all forms (bacteriologically confirmed plus clinically diagnosed) notified by private non-national TB program (NTP) providers in the reporting period. Per the World Health Organization's (WHO) definition/database, private non-NTP providers include private individual and institutional providers, corporate/business sector providers, mission hospitals, and other clinics or hospitals managed by nongovernmental organizations (NGOs) and faith-based organizations.	
Numerator	Number of people with new and recurrent TB of all forms (bacteriologically confirmed plus clinically diagnosed) notified by private non-NTP providers in the reporting period.	*PBMEF data element: PR_NOTIF* *WHO data element: priv_new_dx*
Denominator	N/A	*N/A*
Category	REACH	
Indicator type	Core outcome	
PBMEF level	Core	
Unit of measure	Number of people	
Data type	Integer	
Disaggregate by	Age (<15, 15+), sex	
Reporting level	All Core PBMEF indicators should be reported at the national level; data may also be collected subnationally for more granular monitoring.	
Reporting frequency	This indicator should be reported on a semiannual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended. Performance plans and reports (PPRs) for this indicator are based on calendar year (CY) periodicity to reflect national level attainment and align with the USAID congressional reporting requirements.	
Data sources	This indicator is reported from NTP official records. Some NTPs may include private sector notifications in their quarterly report on TB case registration, but this may vary country to country.	
Importance	Over one-third of people estimated to have developed TB in 2021 were not detected and notified by NTPs, and there are considerable delays in people reaching a provider who could reliably diagnose their TB. Both issues can be addressed in part by engaging with private providers, since ~50% of people with TB symptoms in sub-Saharan Africa and ~75% in Asia first seek care from private providers. This indicator measures the number of TB patients notified by private providers—which is the starting point for ensuring that TB patients identified by private providers will receive quality diagnosis and care. Engaging with private sector healthcare providers is essential to achieve universal access to TB prevention and care services. Countries that have prioritized private sector engagement show increases in the contribution of the private sector to overall TB case notifications. Global and national goals in TB cannot be achieved unless private providers are engaged on a large scale. Contributions from private facilities and care providers to the total number of TB notifications should be regularly monitored. Introducing and using simplified case reporting for the private sector through electronic reporting or app-based reporting are some of the interventions to encourage private sector reporting, but intermediary agencies who can engage with diverse private providers are typically also	

[10] Previously "relapse"

	necessary.
Data use and visualization	Private sector TB notifications can be analyzed over time and/or between subregions. They can also be compared to the total number of TB notifications to determine the percentage of all TB notifications that are coming from the private sector. A further analysis of this indicator using granular data can also provide valuable insights into who these private providers are in terms of their geographic and institutional locations, as well as their share in private sector notifications. It may be possible that the majority of all private sector notifications come from just a few regular private sector institutions. Better understanding of these high and low performers may help to expand the private sector notification base. For countries with large contributions from private providers, a richer set of standard indicators could be used to distinguish contributions from (a) private for-profit vs. private not-for-profit; (b) providers at different levels of the healthcare system (pharmacies vs. primary care vs. secondary/tertiary care); and (c) private referrals vs. private case management. Limitations in data use include inconsistent reporting on private sector notifications from countries and non-disaggregated data on nonprofit and for-profit private providers. Below are examples one can use when presenting this indicator: 



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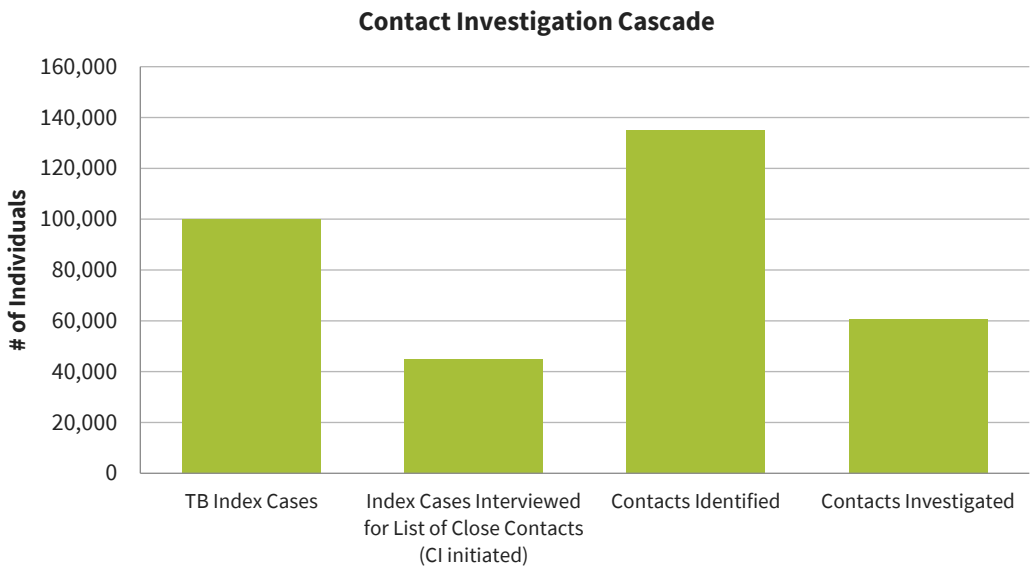
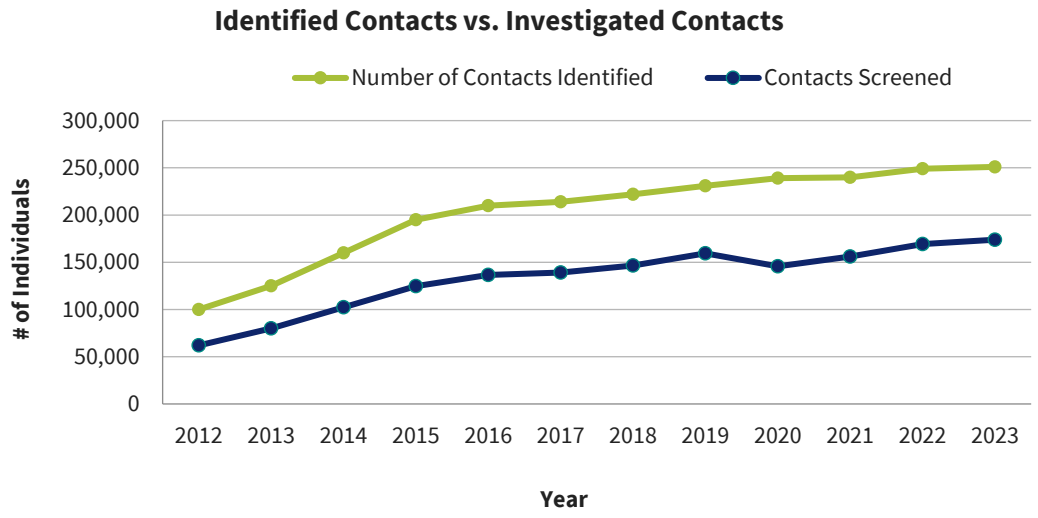
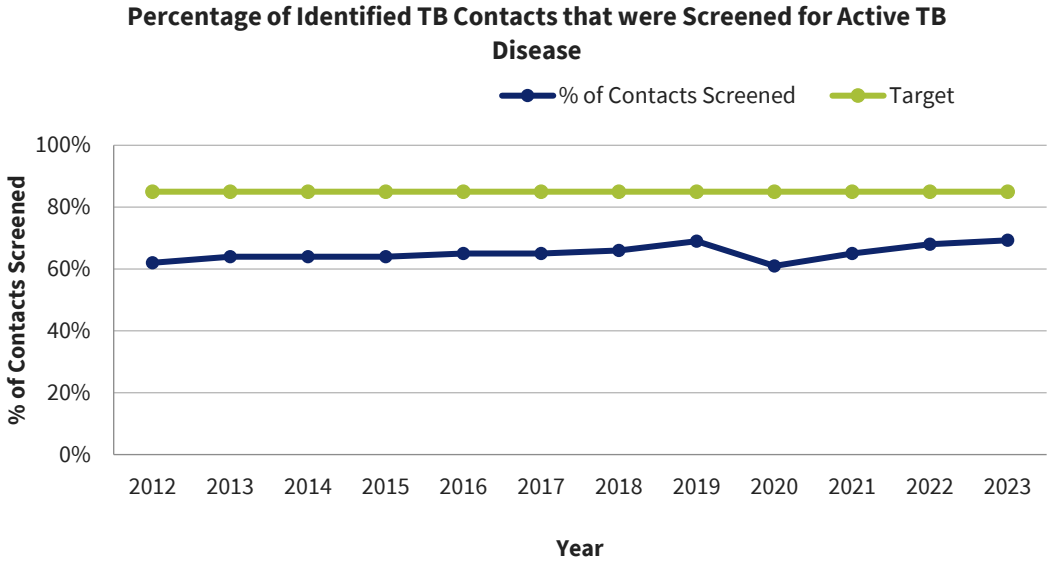
% Indicator name	**PCT_CON_SCRN: Percentage of Contacts Screened for TB** *Previously [CI-1]*	
Definition	Percentage of contacts of people with bacteriologically confirmed pulmonary TB (index cases) who were screened for active TB disease, among all contacts identified during the reporting period. Contact investigation (CI) is a systematic process to identify people (contacts) who were exposed to active pulmonary TB disease, assess contacts for signs or symptoms of active TB disease, provide diagnostic testing to confirm or exclude active disease or diagnose TB infection, and provide contacts with treatment for TB disease or infection. CI consists of identification of contacts, prioritization of contact at highest risk, clinical evaluation and diagnostic testing, and treatment as clinically indicated.	
Numerator	Number of contacts of people with notified new and recurrent[11] bacteriologically confirmed pulmonary TB who were screened for active TB disease during the reporting period.	*PBMEF data element: CON_SCRN* *WHO indicator: newinc_con_screen*
Denominator	Number of contacts of people with notified new and recurrent bacteriologically confirmed pulmonary TB identified during the reporting period.	*PBMEF data element: CON_ALL* *WHO indicator: newinc_con*
Category	REACH	
Indicator type	Core outcome	
PBMEF level	Core	
Unit of measure	Percent of contacts	
Data type	Percentage	
Disaggregate by	Age (0–4, 5–14, 15+), sex	
Reporting level	All Core PBMEF indicators should be reported at the national level; data may also be collected subnationally for more granular monitoring.	
Reporting frequency	This indicator should be reported on a semiannual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended. Performance plans and reports (PPRs) for this indicator are based on calendar year (CY) periodicity to reflect national level attainment and align with the USAID congressional reporting requirements.	
Data sources	This indicator is reported on National TB Program (NTP) official records, such as contact registers. If these registers do not exist, data can be collected from implementing partners (IPs) supporting CI interventions. The denominator can also be estimated by taking the estimated average household size, assuming the index cases come from different households.	
Importance	CI is an important first step both for active case finding and TB preventive treatment (TPT). CI identifies people recently exposed to TB with a high risk of developing TB disease or TB infection (TBI) and can help reduce the spread of TB in a community. As much as 5% of the contacts of people with TB can have active TB disease. This indicator measures the ability of NTPs to systematically identify and evaluate contacts of bacteriologically confirmed pulmonary TB patients for active TB and TBI. CI coverage is one of the top 10 indicators of the WHO End TB Strategy with a recommended target level of 90% by 2025. Increases in CI coverage will result in greater detection of people with TB and provision of appropriate anti-TB therapy (for people with confirmed TB) or TPT (for those without TB disease). Moreover, CI is a good public health practice and essential for tracking several infectious diseases	

[11] Previously “relapse”

	with similar routes of transmission (such as COVID-19).
Data use and visualization	The total number of contacts identified can be compared to the number of contacts investigated to determine the gap in overall CI coverage among identified contacts. This is something that can be analyzed as a trend over time or compared between regions to better understand contact-tracing performance. Comparisons with a country's CI targets will provide the impetus to further strengthen the implementation of CI strategies within an NTP. This trend should be considered in the context of the percentage of bacteriologically confirmed TB cases for whom contacts were identified (national level indicator "TB cases with contact investigations initiated"). For example, a country that reaches 100% CI coverage but only conducts CI for 20% of bacteriologically confirmed cases may not be performing as well as a country that achieves 75% CI coverage and conducts CI for 50% of people with bacteriologically confirmed TB. Another comparison could be made between the number of contacts investigated per index case. Charting the trend of the average number of contacts investigated per index case can also give an understanding about how effective CI efforts are. Data on CI coverage will also help countries monitor efforts to initiate eligible contacts on TPT. For example, CI coverage among contacts data can be viewed in conjunction with the number of people with active TB detected among the contacts (contact yield) and the number of eligible contacts put on TPT. Data can also be collected at the subnational level and used to learn from the geographic distribution of contacts. Data should be reported annually at a minimum but semiannual or quarterly reporting will improve the timeliness of data for decision making. Below are examples one can use when presenting this indicator: 





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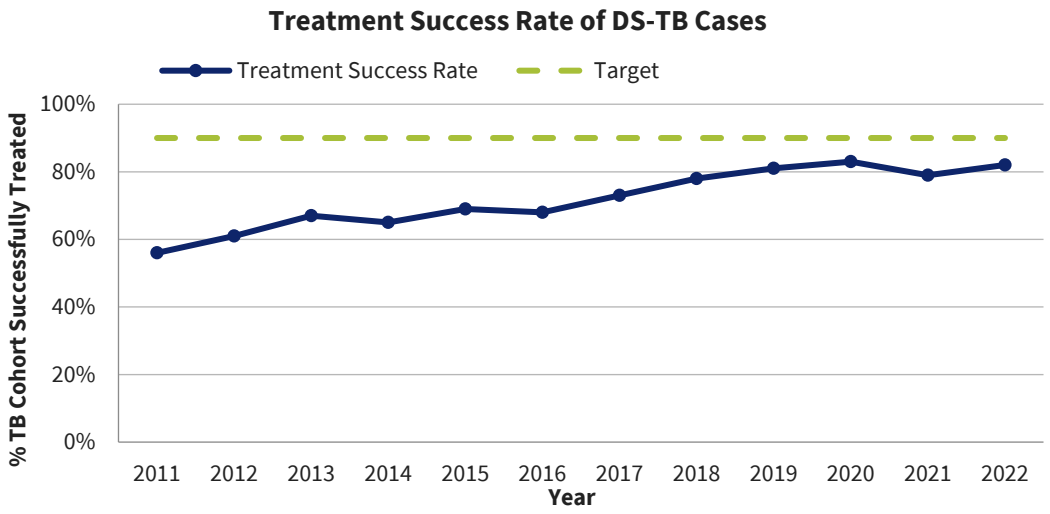
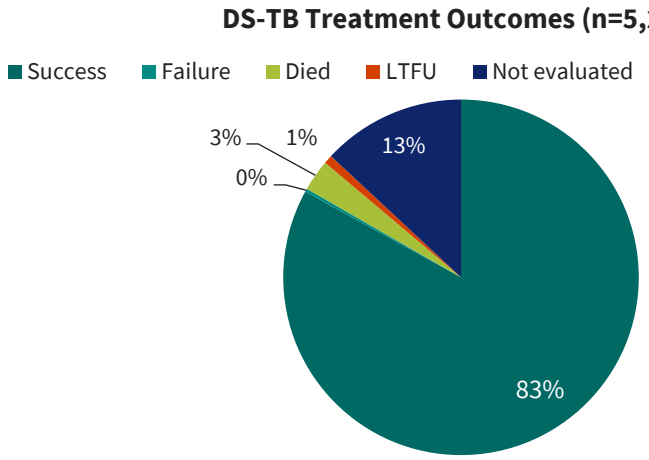
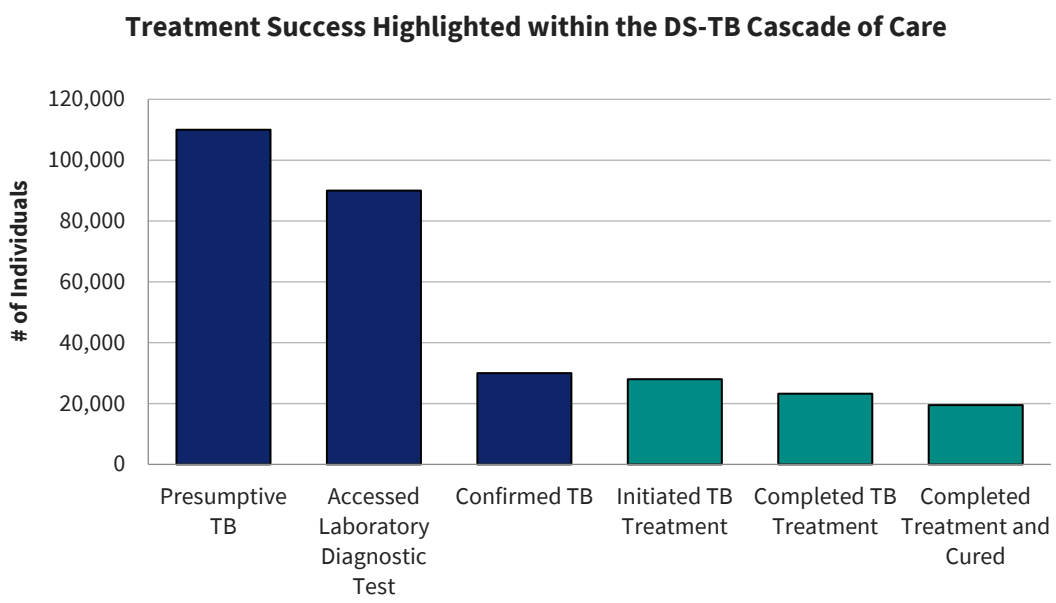
% Indicator name	**DS_TSR: DS-TB Treatment Success Rate** *Previously [SS-1]*	
Definition	Percentage of people with new and recurrent[12] drug-sensitive tuberculosis (DS-TB) (bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary) who were notified in a specified period that were cured or treatment completed, among the total people with new and recurrent TB who were initiated on treatment during the same reporting period (excluding those moved to rifampicin-resistant (RR) treatment cohort). Treatment outcomes are defined by the time period of initiation on treatment; e.g., "2018 cases successfully treated" reflect those who were initiated on treatment in 2018, even though treatment may have extended into 2019. For this reason, reports of treatment outcome data lag by one year.	
Numerator	Number of people with new and recurrent DS-TB (bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary), who were registered in a specified period that were cured or treatment completed.	*PBMEF data element: NEWREL_SUCC* *PBMEF data element: NEWREL_COH* *WHO indicator: newrel_coh*
Denominator	Number of people with new and recurrent DS-TB (bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary) who initiated treatment in the same period.	*PBMEF data element: NEWREL_COH* *WHO indicator: newrel_coh*
Category	CURE	
Indicator type	Core outcome	
PBMEF level	Core	
Unit of measure	Percent of people	
Data type	Percentage	
Disaggregate by	Age (<15, 15+), sex, HIV status	
Reporting level	All Core PBMEF indicators should be reported at the national level; data may also be collected subnationally for more granular monitoring.	
Reporting frequency	This indicator should be reported on a semiannual basis at a minimum. More frequent monitoring on a quarterly, monthly, or real-time basis is recommended. Performance plans and reports (PPRs) for this indicator are based on calendar year (CY) periodicity to reflect national level attainment and align with the USAID congressional reporting requirements.	
Data sources	This indicator is reported by National TB Program (NTP) official records. *Quarterly report on TB treatment outcomes in the basic management unit and Form 07: Combined annual outcomes report for basic TB and for RR-/multidrug-resistant (MDR)-TB.*	
Importance	Treatment success is an important indicator of the quality of TB services, as it measures the NTP's capacity to support patients through a complete course of treatment with a favorable outcome. Successful treatment requires a stable supply of TB medications, management of side effects, and various efforts to support people with TB so they can complete the full course of treatment. This indicator measures the successful treatment of a cohort of people with TB, which is essential to prevent the spread of the infection. The treatment success rate allows countries to monitor progress towards meeting global and national targets and to determine whether more resources are required to improve treatment outcomes by reducing death, loss to follow-up (LTFU), and the percentage of people with an outcome that is not evaluated. The latest global treatment outcome data from 2021 show success rates of 88% for TB, just below	

[12] Previously "relapse"

	the End TB Strategy target of 90% by 2025. Detecting and successfully treating a large percentage of people with TB should have an immediate impact on TB prevalence and mortality. Low treatment success rates may indicate problems with the treatment regimens being administered, poor treatment management, adverse side effects, or comorbidities leading to death or LTFU. An understanding of why treatment success may be low is important to be able to implement solutions for improving patient care.
Data use and visualizations	TB treatment success rate can be analyzed as a trend showing whether treatment success is stable, improving or decreasing over time, and to compare the rate to national and global treatment success rate targets. A comparison of people with TB initiated on treatment and successfully completing treatment using a cascade of care will highlight the gap in the cascade where some patients were lost during the treatment phase. The gap between treatment initiation and treatment success can be further broken down to understand why patients were unsuccessful with treatment (e.g., death, LTFU, treatment failure, or unknown outcomes). Treatment success rates can also be compared between DS-TB and drug-resistant TB (DR-TB) and TB/HIV, but differences in treatment outcomes among these cohorts should be interpreted with caution; differences in TB epidemiology at the national level, resistance profile, HIV program context, and other factors should be considered. Below are examples one can use when presenting this indicator:  



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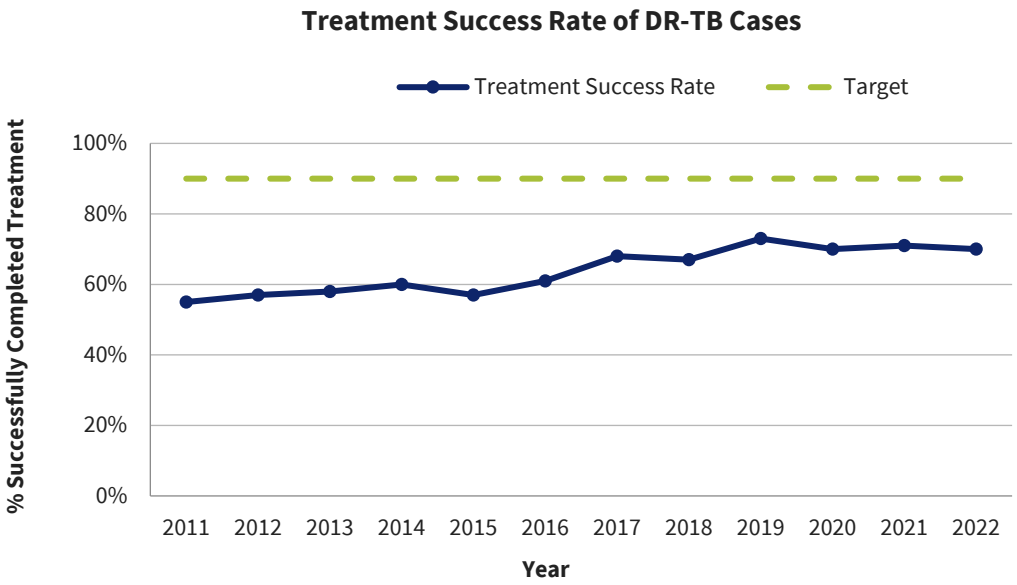
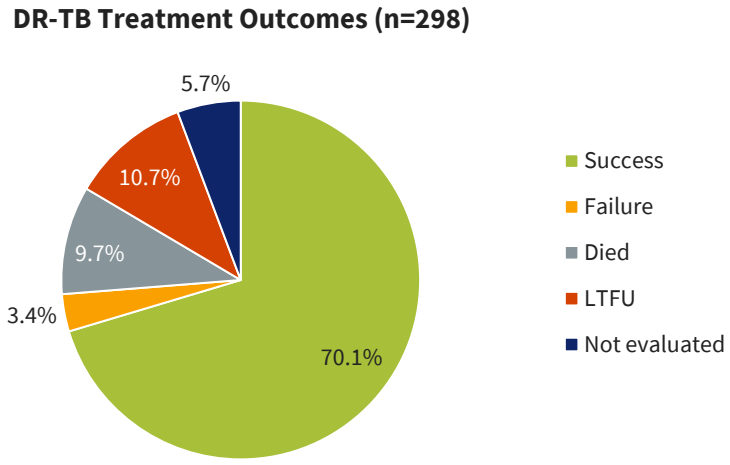
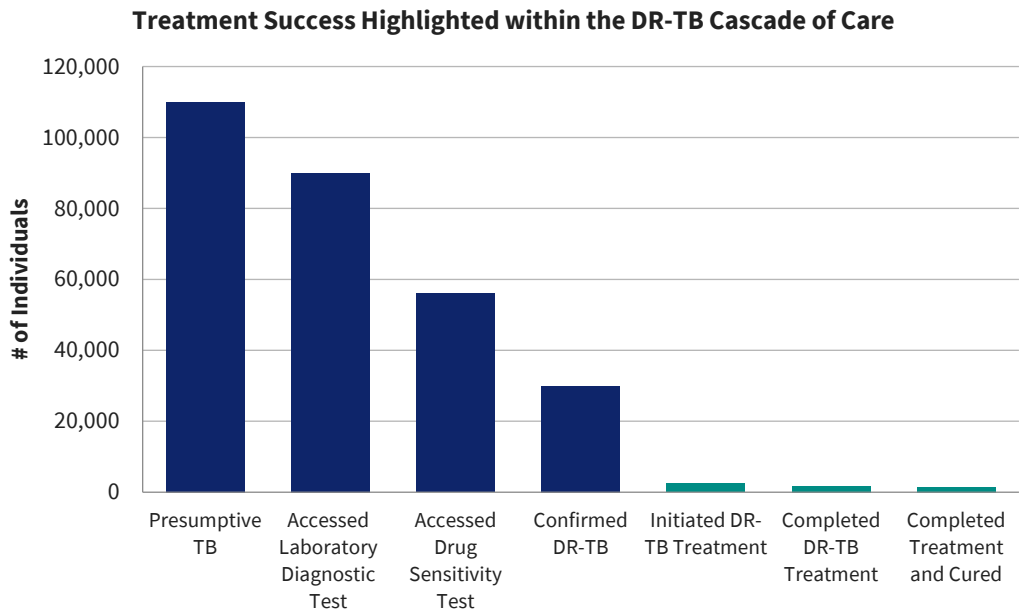
% Indicator name	**DR_TSR: DR-TB Treatment Success Rate** *Previously [RS-1]*	
Definition	Percentage of people with drug-resistant tuberculosis (DR-TB) (rifampicin-resistant [RR-TB]/multidrug-resistant [MDR]-TB, pre-extensively drug-resistant [pre-XDR]-TB, and extensively drug-resistant [XDR]-TB) successfully treated (cured or treatment completed) among all people with DR-TB who were initiated on treatment during the reporting period. Note: This indicator might include patients with polydrug resistant TB (PDR-TB) if they are part of the RR/MDR recording in the national database. However, if PDR-TB is reported separately, they should not be included in DR-TB TSR calculations. Treatment outcomes are defined by the time period of initiation on treatment; e.g., "2018 cohort successfully treated" reflect those who were initiated on treatment in 2018, even though treatment may have extended into 2020. For this reason, reports of treatment outcome data lag by 2 years. Calculation: (Numerator/Denominator) x 100	
Numerator	Number of people with DR-TB (RR/MDR-TB and pre-XDR/XDR-TB) who were cured or treatment completed during the reporting period.	*PBMEF data element: DR_SUCC* *WHO indicator: mdr_succ plus xdr_succ*
Denominator	Number of people with DR-TB (RR/MDR-TB and pre-XDR/XDR-TB) who were initiated on DR-TB treatment during the same reporting period.	*PBMEF data element: DR_COH* *WHO indicator: mdr_coh plus xdr_coh*
Category	CURE	
Indicator type	Core outcome	
PBMEF level	Core	
Unit of measure	Percent of people	
Data type	Percentage	
Disaggregate by	Age (<15, 15+), sex	
Reporting level	All Core PBMEF indicators should be reported at the national level; data may also be collected subnationally for more granular monitoring.	
Reporting frequency	This indicator should be reported on a semiannual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended. Performance plans and reports (PPRs) for this indicator are based on calendar year (CY) periodicity to reflect national level attainment and align with the USAID congressional reporting requirements.	
Data sources	This indicator is reported by National TB Program (NTP) official records. *Quarterly report on TB treatment outcomes in the basic management unit and Combined annual outcomes report for basic TB and for MDR-TB/RR-TB.*	
Importance	DR-TB treatment success measures a TB program's ability to initiate people with DR-TB on appropriate treatment and support patients throughout the entire course of DR-TB treatment. This final outcome is the most important measure of the effectiveness of the DR-TB program in terms of patient care. Therefore, it is also a performance indicator for the NTP as a whole. Although improving in some countries, the treatment success rate reported in 2023 (2021 cohort) for DR-TB globally remains low at 68% for MDR-TB/RR-TB. Access to costly drugs, poor treatment adherence, poor treatment management, adverse side effects, and comorbidities leading to death or loss to follow-up (LTFU) are all factors that contribute to low DR-TB treatment success. However, the wider use of more effective, shorter, and "all oral" DR-TB treatment regimens, as well as more patient-centered models of care, are expected to improve treatment success rates. The USAID TB strategy (2023-30) targets for 90% of people with DR-TB to be successfully treated. Improvements in DR-TB treatment success can help to reduce the overall TB mortality rate. High	

	treatment success coupled with high treatment coverage among those diagnosed with DR-TB are both critical to interrupting transmission of DR-TB and reducing morbidity and mortality due to DR-TB in a country.
Data use and visualization	DR-TB treatment success rate can be analyzed as a trend over time and compared to national and global DR-TB treatment success rate targets. A cascade can also be constructed to highlight gaps in care where some patients could be lost. The gap between treatment initiation and treatment success can be further broken down to understand why patients were unsuccessful with treatment (e.g., death, treatment failure, moved to pre-XDR treatment, or unknown outcomes). Below are examples one can use when presenting this indicator:  



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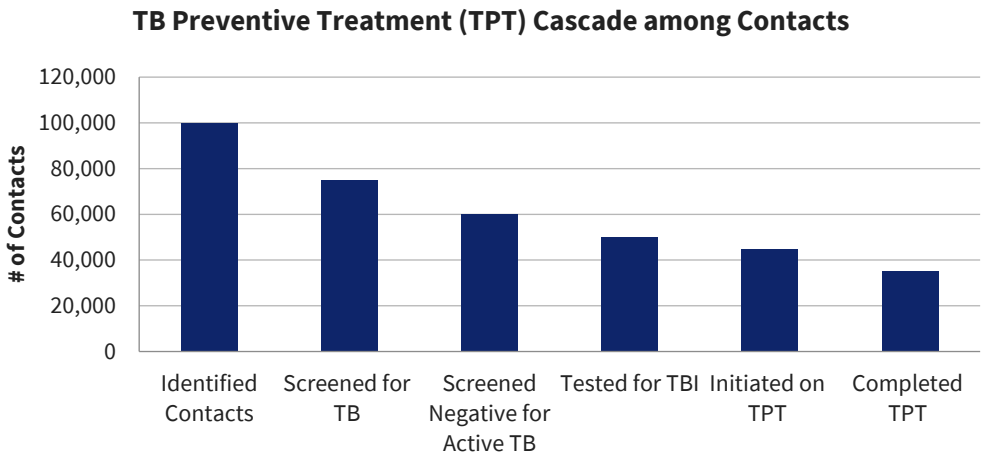
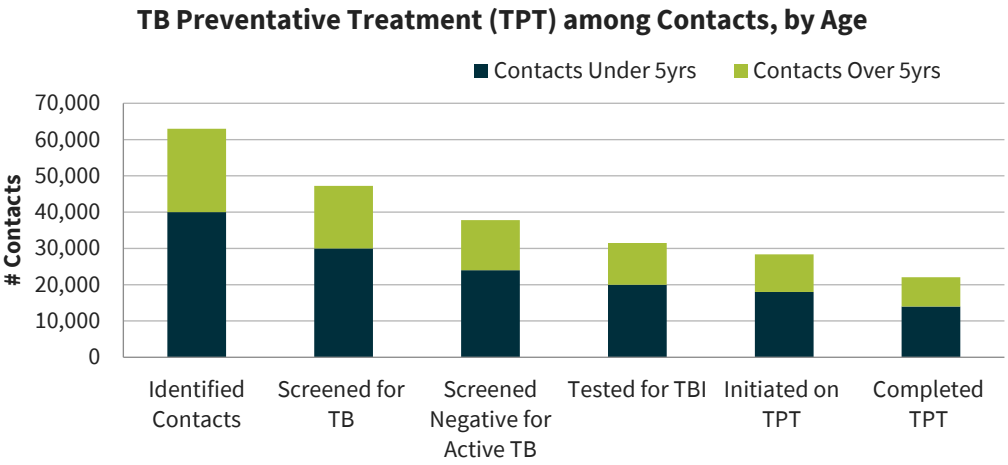
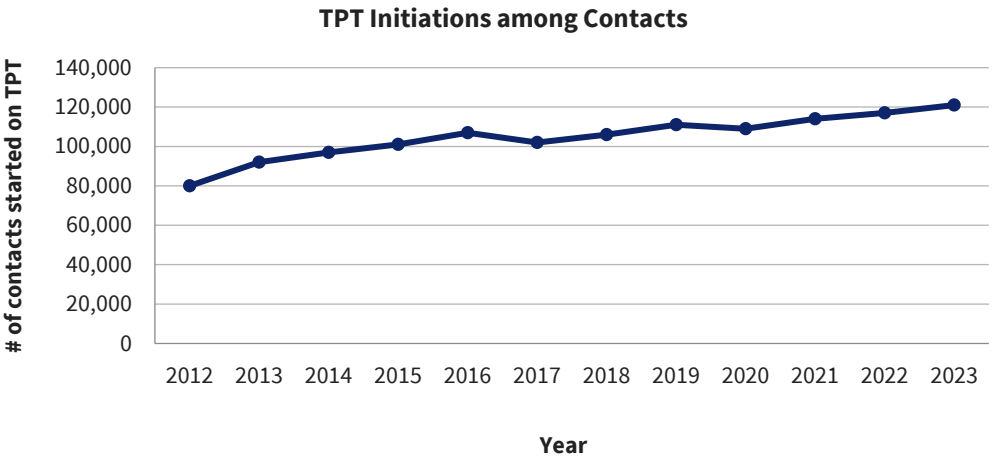
# Indicator name	TPT_CON_ENROLL: TPT Initiations among Contacts	
Definition	Number of household contacts and other close contacts of people with bacteriologically confirmed, notified pulmonary TB who initiated TB preventive treatment (TPT) during the reporting period. "Other" close contacts will be assessed by clinical judgment or experience. In general, this may include someone who may not live in the same house as the index patient but spends considerable time there or spent time elsewhere when the index case was present. It may also be someone who the index case may have spent time in close contact in other settings such as in school or in the workplace.	
Numerator	Number of adult, adolescent, and children <5 years who are household or other close contacts of people with bacteriologically confirmed, notified pulmonary TB who initiated TPT during the reporting period.	*PBMEF data element: TPT_CON_ENROLL* *WHO data element: newinc_con_prevtx*
Denominator	*N/A*	*N/A*
Category	PREVENT	
Indicator type	Core outcome	
PBMEF level	Core	
Unit of measure	Number of people	
Data type	Integer	
Disaggregate by	Age (0–4, 5–14, 15+), sex, public vs. private This indicator is a subset of the indicator "TPT_ENROLL."	
Reporting level	All Core PBMEF indicators should be reported at the national level; data may also be collected subnationally for more granular monitoring.	
Reporting frequency	This indicator should be reported on a semiannual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended. Performance plans and reports (PPRs) reporting for this indicator are based on calendar year (CY) periodicity to reflect national level attainment and align with the USAID congressional reporting requirements.	
Data sources	The data sources for this indicator may vary country to country. In some settings, data will be found in basic management unit TB registers, TPT register, community health worker contact investigation (CI) registers, or electronic management systems at the health facility and district level.	
Importance	Understanding the specifics of TPT coverage within a given country/region is key for National TB Programs (NTPs) to monitor and manage TB prevention efforts. This indicator is a drilled down view into overall TPT enrollments that focuses on TPT in contacts, in alignment with USAID's Global TB Strategy to initiate 30 million contacts on TPT by 2030.. While many TPT efforts and activities focus on children under 5 years of age or people living with HIV (PLHIV), this indicator functions to specifically look at TPT coverage of adults and children ages 5 years and older. This is particularly important as many countries expand their guidelines for TPT to expand coverage beyond the traditional risk groups of children under 5 years of age and PLHIV.	
Data use and visualization	This indicator can be visualized with basic graphs to show trends in TPT coverage of adults and children ages 5 years and older over time. It could also be plotted against other subgroups (children under 5 years of age, PLHIV, etc.) to demonstrate the breakdown of TPT coverage among all people initiated on TPT within a given reporting period. Example of data visualizations:	







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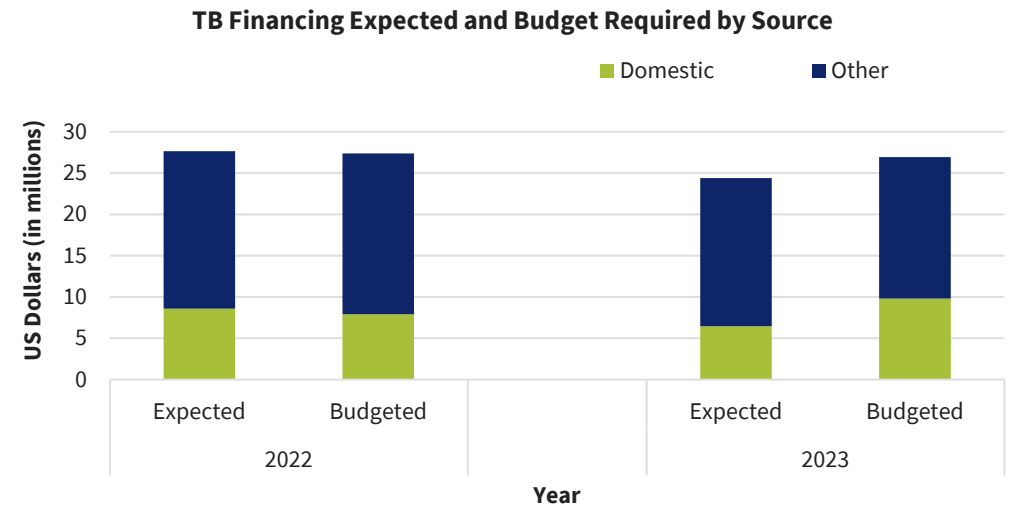
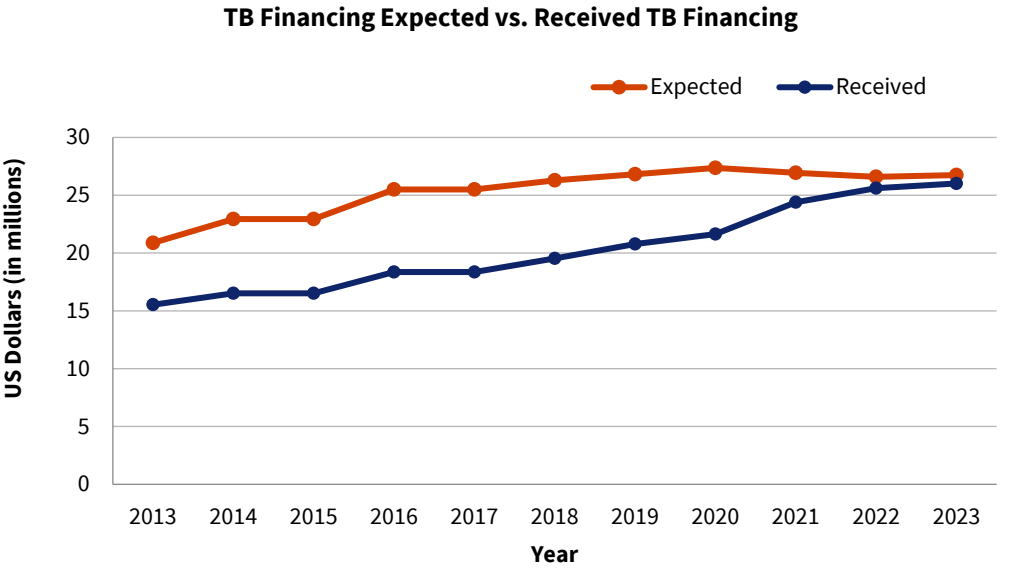
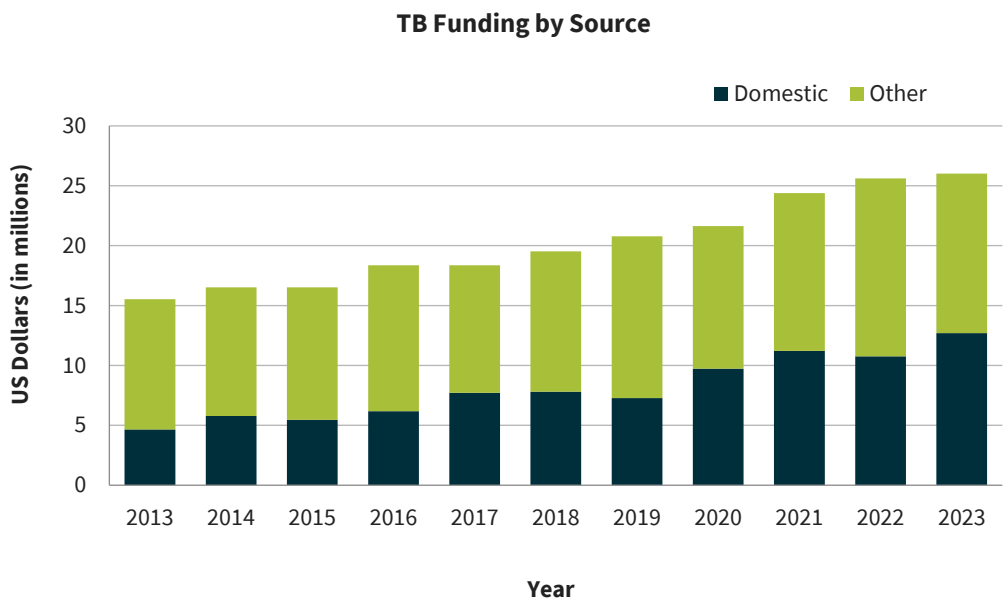
% Indicator name	**SN_DOMESTICR: Percentage of TB Financing Received from Domestic Sources** *Previously [SN-3]*	
Definition	Percentage of National TB Program (NTP's) budget received from domestic sources during the reporting period. *Note: This indicator is equivalent to TB FSI indicator 3.1.*	
Numerator	The amount of NTP's budget received from domestic sources (including loans) during the reporting period (in U.S. dollars).	*PBMEF data element: RCVD_TOT_DOMESTIC* *WHO indicator: rcvd_tot_domestic*
Denominator	The amount of NTP's budget received from all sources (domestic, the Global Fund to Fight AIDS, Tuberculosis and Malaria, USAID, and other sources) during the reporting period (in U.S. Dollars).	*PBMEF data element: RCVD_TOT_SOURCES* *WHO indicator: rcvd_tot_sources*
Category	SUSTAIN	
Indicator type	Core outcome	
PBMEF level	Core	
Unit of measure	Percent of funding	
Data type	Percentage	
Reporting level	All Core PBMEF indicators should be reported at the national level.	
Reporting frequency	Annual. Performance plans and reports (PPR) for this indicator are based on calendar year (CY) periodicity to reflect national level attainment and align with the USAID congressional reporting requirements.	
Data sources	NTPs report this indicator on an annual basis to the World Health Organization (WHO); where missions are not able to get a direct value from the NTP, the value included in the most recent WHO Global TB Report should be used for reporting purposes.	
Importance	A key measurement of a country's sustainability of resources is how it implements its national strategic plan (NSP). While international donor funding is still critical for low- and middle-income countries, increasing the share of funding from domestic sources is necessary for sustainability. This indicator measures the amount of funding that is expected to be mobilized from domestic sources out of all available sources. It is a good planning tool for the country to gauge how much it can and should plan to mobilize in the next budget cycle to reduce the level of dependency on international donors. According to the 2024 WHO Global TB Report, most of the USD$5.7 billion available in 2023 is from domestic sources (80% of the total). However, the high volume of funding in the BRICS group of countries (Brazil, the Russian Federation, India, China, and South Africa) influences this figure. In other low- and middle-income countries, international donor funding remains crucial. This indicator is also a measure of a national government's level of financial commitment to TB.	
Data use and visualization	Percentage of received domestic financing for TB can be analyzed as a trend over time either on its own or against country and/or global targets, such as the total budget required to fund a NSP. Indeed, a comparison between the total budget required (budget_tot) versus the amount received (rcvd_tot_sources) will give a picture of the budget shortfall that the NTP faces, and therefore help in deciding domestic resource mobilization to meet those shortfalls. Further, received funds can be compared to budgeted or expected funds to highlight gaps in utilization of domestic funding either within a given year or budget cycle, or as a trend over time. Thus, analyzing the general trend of funding received from domestic sources, including loans (U.S. dollars) [rcvd_tot_domestic] as a percentage of expected funding from domestic sources,	

including loans (U.S. dollars) [cf_tot_domestic] can help to understand the chronic deficiency the country is facing in fulfilling its budgetary commitment to NTP. This could be reviewed in the context of overall budget shortfall/over-budgeting by comparing total funding received for all budget line items (U.S. dollars) [rcvd_tot] versus total budget required (U.S. dollars) [budget_tot].

Below are examples one can use when presenting this indicator:







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PBMEF Core Plus Indicators: Standard IRS

PCT_NEWREL_WRD: Rapid diagnostic testing at time of initial diagnosis

PCT_NEWREL_DST: Percentage of people with new and recurrent TB with DST results

PCT_RET_DST: Percentage of people with previously treated TB with DST results available

XDR_NOTIF: Pre-XDR/XDR Notifications

TX_MDR_ENROLL: RR/MDR-TB treatment initiations

TX_XDR_ENROLL: pre-XDR/XDR-TB treatment initiations

TX_STR_ENROLL: DR-TB “all oral” short treatment regimen initiations

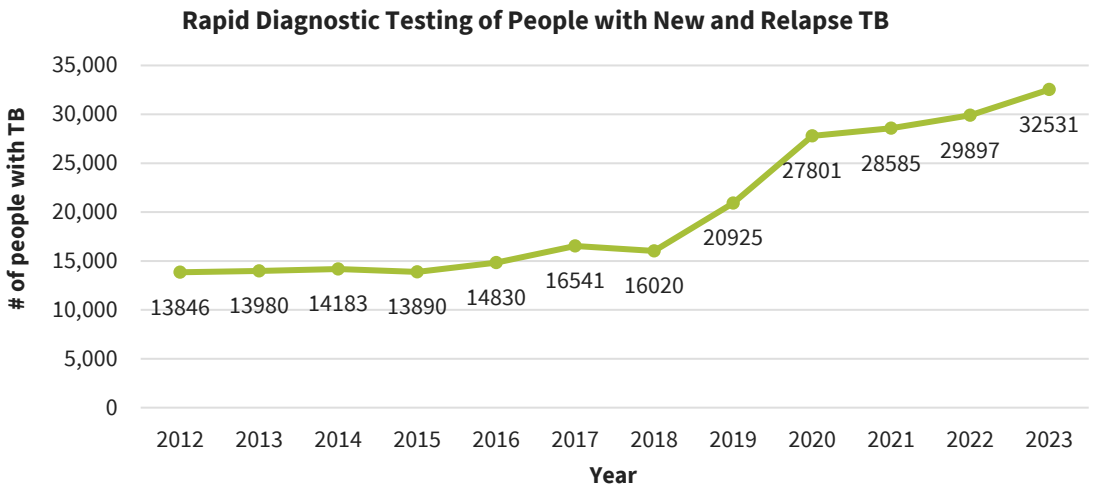
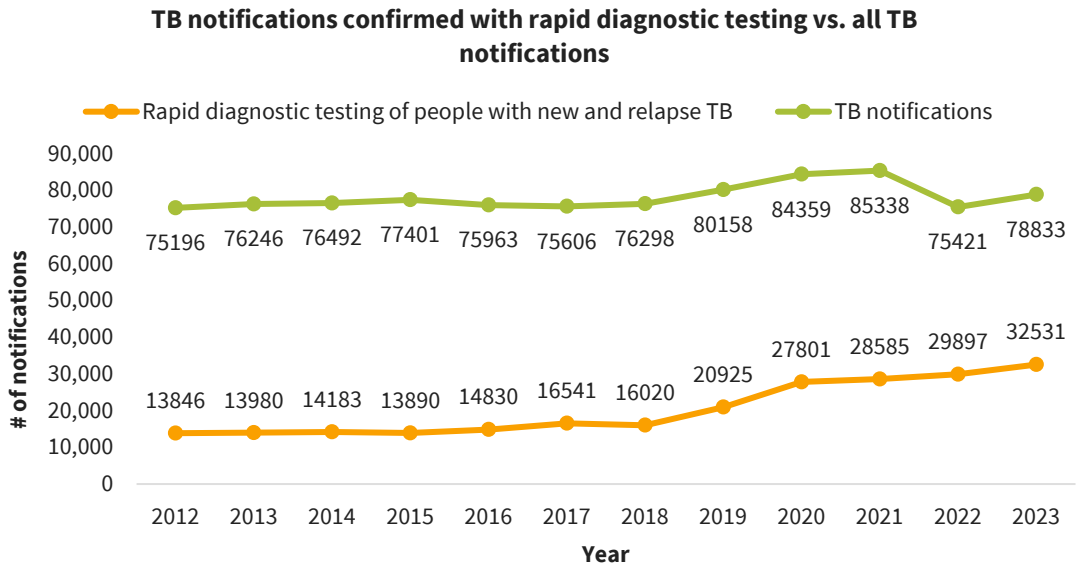
TX_LTR_ENROLL: DR-TB “all oral” longer treatment regimen initiations

TX_DR_ADR: Number of people with adverse reactions to DR-TB treatment

TPT_CON_COMPL: TPT Completions in contacts

SN_TB_INSUR: Existence of a national or social health insurance system whose benefit package includes TB clinical services

% Indicator name	**PCT_NEWREL_WRD: Rapid diagnostic testing at time of initial diagnosis** *Previously [DT-15]*	
Definition	Percentage of people with notified new and recurrent TB who were tested using a WHO-recommended diagnostic test (WRD): FluoroType® MTBDR (Hain), Loopamp™ MTBC detection kit (TB-LAMP), Xpert® MTB/RIF, Xpert® MTB/RIF Ultra, Truenat® MTB or MTB Plus, RealTime MTB (Abbott), BD MAX™ MDR-TB, cobas® MTB (Roche), or LF-LAM at the time of initial TB diagnosis (regardless of test result). Calculation: (Numerator/Denominator) x 100	
Numerator	Number of people with new and recurrent TB notified during the reporting period who were tested using a WRD: FluoroType® MTBDR (Hain), Loopamp™ MTBC detection kit (TB-LAMP), Xpert® MTB/RIF, Xpert® MTB/RIF Ultra, Truenat® MTB or MTB Plus, RealTi*m*e MTB (Abbott), BD MAX™ MDR-TB, cobas® MTB (Roche), or LF-LAM at the time of initial TB diagnosis (regardless of test result).	*PBMEF data element: NEWREL_WRD* *WHO data element: newinc_rdx*
Denominator	Number of people with notified new and recurrent TB during the reporting period.	*PBMEF data element: DSTB_NOTIF* *WHO data element: c_newinc*
Category	REACH	
Indicator type	Outcome	
PBMEF level	Core Plus	
Unit of measure	Percent of people	
Data type	Percentage	
Disaggregate by	Age (0–4, 5–14, 15+), sex, type of diagnostic test	
Reporting level	All Core Plus indicators should be reported at the national level; data may also be collected subnationally for more granular monitoring.	
Reporting frequency	This indicator should be reported on a semiannual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.	
Data source(s)	The data sources are the basic management unit TB register and laboratory register at the health facility level and district levels.	
Importance	As countries intensify efforts to improve TB diagnosis and treatment and close the gap between estimated and notified TB, the number and percentage of people with notified TB that are bacteriologically confirmed needs to be monitored to ensure that people are correctly diagnosed and started on the most effective treatment regimen as early as possible. This indicator measures a program's capacity to detect TB accurately and rapidly using new diagnostics and to increase the percentage of people with TB who are confirmed bacteriologically by scaling up the use of recommended diagnostics that are more sensitive than smear microscopy. The number is also important to monitor for the purposes of estimating procurement needs, especially the disaggregation by type of test. USAID's Global TB Strategy sets a goal of 90% of people with incident TB be diagnosed and initiated on treatment with a minimum of 75% of people treated with TB tested with a WHO- recommended rapid molecular diagnostic (mWRD) test in each priority country by 2030. Greater efforts are needed to improve the availability and use of the most sensitive diagnostic tests for TB and to ensure that international standards for TB care are met to avoid missed diagnoses of people who have TB, overtreatment of people who do not have TB, and efficient use of resources.	

Data Use and visualization	A high number of people with new and relapse TB notified and tested using a mWRD at the time of TB diagnosis reflects multiple processes, including availability and access to adequate bacteriological diagnostic services (trained staff, equipment, etc.), quality of laboratory testing, and adherence to TB guidelines. This indicator can be compared to the core indicator that measures bacteriological confirmation among all people with notified TB. As the use of mWRD is expanded to test all people with new diagnoses of pulmonary TB, one should see an increase in bacteriological confirmation over time. By measuring this indicator, countries can track the rollout and use mWRDs. Additionally, this indicator can be compared against national and global standards or targets as a proxy for measuring laboratory performance or capacity within a country. Additionally, this indicator should be reviewed in conjunction with measurements on the scale of mWRD testing among people with presumptive TB. Example of data visualizations:  

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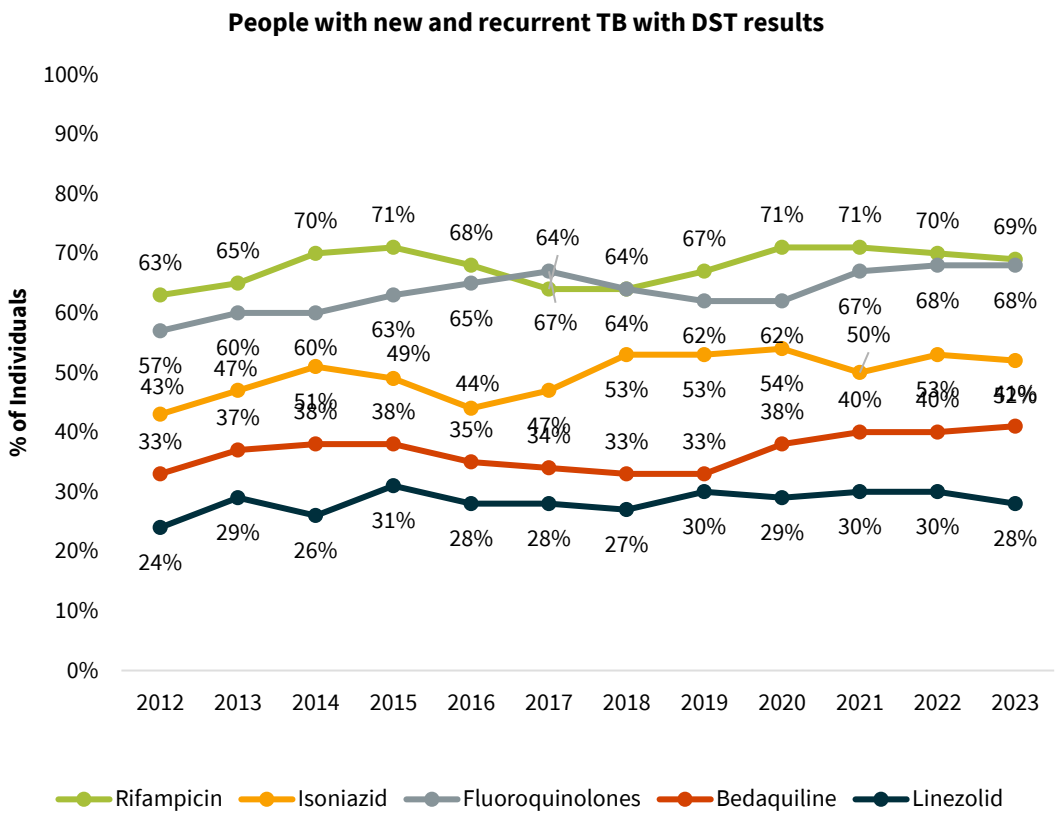
% Indicator name	PCT_NEWREL_DST: Percentage of people with new and recurrent TB with DST results	
Definition	Percentage of people with new and recurrent[13] pulmonary TB with drug susceptibility testing (DST) results available, among those eligible for DST according to national guidelines.	
Numerator	Number of people with new and recurrent pulmonary TB who have drug susceptibility testing (DST) results available during the reporting period.	*PBMEF data element: NEWREL_DST; by drug:* *NEWREL_DST_FQ, NEWREL_DST_INH, NEWREL_DST_BDQ, NEWREL_DST_LZD, NEWREL_DST_PA* *WHO data element: varies by country diagnostic algorithm*
Denominator	Number of people with new and recurrent TB who are eligible for DST during the reporting period, according to national guidelines.	*PBMEF data element: NEWREL_DST_ELIGIBLE* *WHO data element: varies by country algorithm*
Category	REACH	
Indicator type	Outcome	
PBMEF level	Core Plus	
Unit of measure	Percent of people	
Data type	Percentage	
Disaggregate by	Age (0–4, 5–14, 15+), sex, HIV status, drug and/or drug class e.g.,fluoroquinolones, isoniazid, bedaquiline, linezolid, and pretomanid); DST algorithm which determines patient eligibility for DST along with the type of testing being performed (e.g., Xpert XDR, FL or SL LPA, liquid culture, etc) should be included when reporting this indicator.	
Reporting level	All Core Plus indicators should be reported at the national level; data may also be collected subnationally for more granular monitoring.	
Reporting frequency	This indicator should be reported on a semiannual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.	
Data source(s)	The data sources are the basic management unit TB register and electronic management information systems at the health facility and district level. This indicator could also be calculated using the WHO Global TB Programme database variables mentioned above, depending on the country algorithm.	
Importance	DST coverage is a critical indicator of programmatic performance on DR-TB detection and treatment as well as stewardship of new drugs and regimens. DST is necessary to ensure that patients are being put onto regimens which include drugs to which they are sensitive. Poor DST coverage may indicate inappropriate DR-TB treatment provision along with generation of additional drug resistance at the national level. DST coverage describes a country's ability to perform sensitivity testing and detect drug resistance among people with active TB disease, prior to initiating patients onto appropriate DR-TB treatment. Data on DST coverage is valuable for understanding where health systems and national programs may require additional strengthening as well as their	

[13] Previously "relapse"

	ability to implement WHO recommendations for diagnosis and treatment. Though DST for all TB drugs used in the country may not be available, NTPs should be working to implement comprehensive testing services over time, along with accompanying data collection and reporting. All people with bacteriologically confirmed TB should have DST results documented for at least rifampicin, to ensure that people with RR-TB are rapidly identified and not placed onto first line treatment. The denominator for this indicator only includes people with bacteriologically confirmed TB. In countries where bacteriological confirmation is low, it is possible the performance of this indicator may appear artificially high even when DST is relatively low. In such instances, countries may want to examine this percent for clinically diagnosed as well as bacteriologically confirmed TB.
Data use and visualization	This indicator flows from the core indicator of bacteriologic confirmation among people with notified pulmonary TB and provides the basis to calculate indicators such as treatment initiation rate for DR-TB. It also helps to track progress and utilization of investments in c testing strategies for drug resistance, as DST is a necessary step in the diagnostic and care cascade for DR-TB treatment. This indicator can also be presented in a graph with the number of new bacteriologically confirmed pulmonary TB patients (pulm_labconf_new). 

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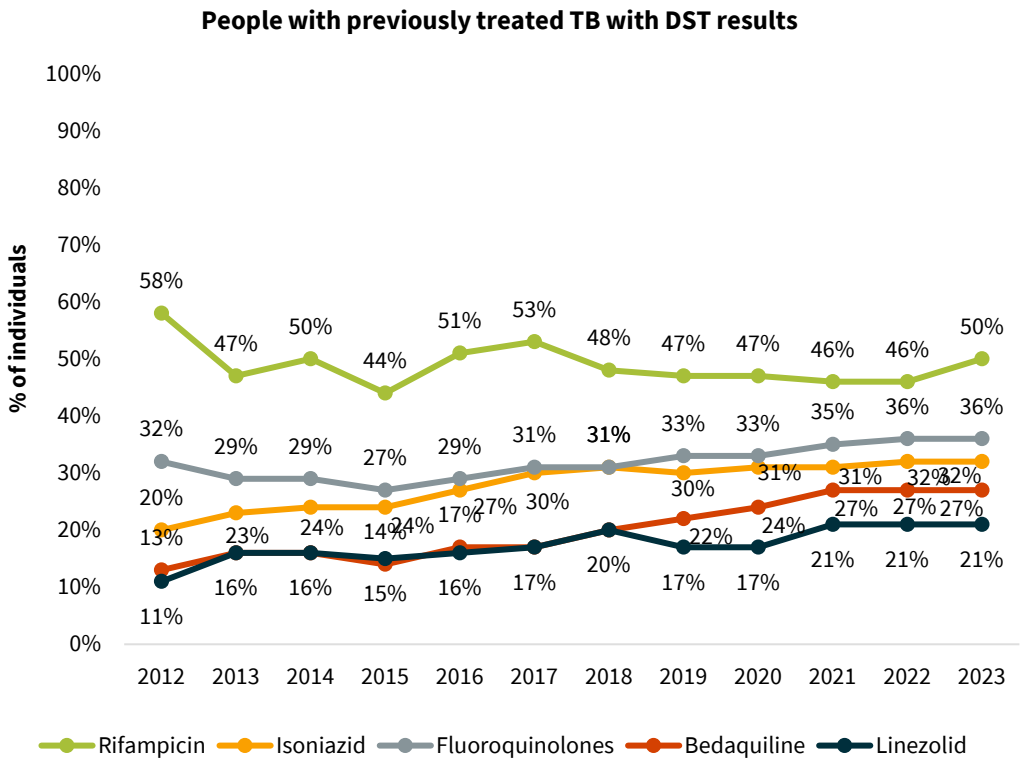
% Indicator name	PCT_RET_DST: Percentage of people with previously treated TB with DST results available	
Definition	Percentage of people with previously treated pulmonary TB who have drug susceptibility testing (DST) results available, among those who are eligible for DST according to national guidelines.	
Numerator	Number of people with previously treated pulmonary TB who have drug susceptibility testing (DST) results available during the reporting period.	*PBMEF data element: RET_DST; by drug: RET_DST_FQ, RET_DST_INH, RET_DST_BDQ, RET_DST_LZD, RET_DST_PA* *WHO data element: varies by country algorithm*
Denominator	Number of people with previously treated TB who are eligible for DST during the reporting period, according to national guidelines.	*PBMEF data element: RET_DST_ELIGIBLE* *WHO data element: varies by country algorithm*
Category	REACH	
Indicator type	Outcome	
PBMEF level	Core Plus	
Unit of measure	Percent of people	
Data type	Percentage	
Disaggregate by	Age (0–4, 5–14, 15+), sex, HIV status, drug and/or drug class tested for (e.g.,fluoroquinolones, isoniazid, bedaquiline, linezolid, and pretomanid); DST algorithm which determines DST eligibility, and type of DST is being done should be included when reporting this indicator.	
Reporting level	All Core Plus indicators should be reported at the national level; data may also be collected subnationally for more granular monitoring.	
Reporting frequency	This indicator should be reported on a semiannual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.	
Data source(s)	The data sources are the basic management unit TB register and electronic management information systems at the health facility and district level. This indicator could also be calculated using the WHO Global TB Programme database variables mentioned above, depending on the country algorithm.	
Importance	DST is particularly important for individuals who were previously treated for TB, as they are at higher risk for having DR-TB. For this reason, previously treated TB cases may be prioritized for DST where laboratory services needed to perform it are limited. Though DST for all TB drugs used in the country may not be available, NTPs should be working to implement comprehensive testing services over time, along with accompanying data collection and reporting. All people with bacteriologically confirmed TB should have DST results documented for at least rifampicin, to ensure that people with RR-TB are rapidly identified and not placed onto first line treatment. The denominator for this indicator only includes people with bacteriologically confirmed TB. In countries where bacteriological confirmation is low, it is possible the performance of this indicator may appear artificially high even when DST is relatively low. In such instances, countries may want to examine this percent for clinically diagnosed as well as bacteriologically confirmed TB.	

Data use and visualization	This indicator flows from the core indicator of bacteriologic confirmation among people with notified pulmonary TB and provides the basis to calculate indicators such as DST coverage and treatment initiation rate for DR-TB. It helps to track progress and investment in coverage of testing for drug resistance in order to monitor performance for early detection of DR-TB and timely initiation for care and treatment. This indicator can also be presented in a graph with the number of new bacteriologically confirmed pulmonary TB patients (pulm_labconf_new). 

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# Indicator name	XDR_NOTIF: Pre-XDR/XDR Notifications	
Definition	Number of people with pre-extensively drug-resistant (pre-XDR) and extensively drug-resistant (XDR) TB notified during the reporting period. Pre-XDR/XDR-TB: XDR-TB is caused by a strain of M. tuberculosis complex that is resistant to rifampicin (and may also be resistant to isoniazid), and that is also resistant to at least one fluoroquinolone (levofloxacin or moxifloxacin) and to at least one other "Group A" drug (bedaquiline or linezolid); pre-XDR-TB meets these qualifications but is resistant to a fluoroquinolone or a "Group A" drug, but not both. Note: This indicator is reported separately from rifampicin-resistant (RR) and multidrug-resistant (MDR) notifications. Values for these indicators should not be added together.	
Numerator	Number of people with laboratory-confirmed or clinically diagnosed drug-resistant (DR)-TB (RR/MDR-TB and pre-XDR/XDR-TB) who initiated treatment for DR-TB during the reporting period.	*PBMEF data element: XDR_NOTIF* *WHO data element: conf_rr_fqr (lab confirmed pre-XDR and XDR)*
Denominator	N/A	N/A
Category	REACH	
Indicator type	Outcome	
PBMEF level	Core Plus	
Unit of measure	Number of people	
Data type	Integer	
Disaggregate by	Age (<15, 15+), sex	
Reporting level	All Core Plus indicators should be reported at the national level; data may also be collected subnationally for more granular monitoring.	
Reporting frequency	This indicator should be reported on a semiannual basis at a minimum. More frequent monitoring on a quarterly basis is recommended.	
Data source(s)	This indicator is reported from National TB Program (NTP) official records. *Quarterly report on TB case registration in the basic management unit.*	
Importance	This DR-TB indicator has been modified to allow for reporting pre-XDR and XDR-TB in a separate indicator from RR/MDR-TB. Note that when assessing treatment success rate, all people on DR-TB treatment will be monitored together in the core indicator DR_TSR. Ongoing analysis of DR-TB notification data is critical to understanding transmission dynamics and to ensure accurate planning for second-line TB drugs (SLDs) and the human resources needed to manage DR-TB. These people account for a much higher percentage of overall TB deaths, and the number of people with DR-TB has been increasing over time. DR-TB notification measures a country's ability to detect drug resistance among the TB-infected population and initiate people with TB on appropriate treatment. Data on DR-TB notification are also valuable for planning drug logistics and supervision. Closing the large DR-TB detection gap will require improvements in diagnostic capacity. Point-of-care (or near point-of-care) rapid diagnostic tools that detect TB and drug resistance are the new standard of care. Early detection of resistance to rifampicin and isoniazid ensures that an appropriate drug regimen can be prescribed from the outset to increase the likelihood of treatment success, and to reduce the chance of acquiring additional resistance.	

Data use and visualization	Understanding DR-TB notification trends is important to gauge the overall performance of the NTP in preventing the emergence of drug resistance, either due to issues with adherence to treatment regimens or due to direct transmission of DR-TB. Drug-resistant TB notification can be analyzed on its own as a trend over time to see the total number of people with notified DR-TB within a given country. It can also be compared to the estimated incidence of DR-TB to determine the magnitude of the gap between estimated people with DR-TB and those that have been diagnosed. These gaps should also be reviewed in the context of availability of diagnostic services for DR-TB. The number of diagnostic facilities per 100,000 population can also give some indication of how accessible these services are to the population. The geographical distribution of the diagnostic facilities can help to understand the level of accessibility in different regions. Regional comparisons of this indicator could be helpful. DR-TB diagnosis and notification is an important step in the DR-TB treatment cascade. Data can also be collected at the subnational level and used to learn from the geographic distribution of people with DR-TB and detect outbreaks. Data should be reported annually at a minimum but semiannual or quarterly reporting will improve the timeliness of data for decision making.
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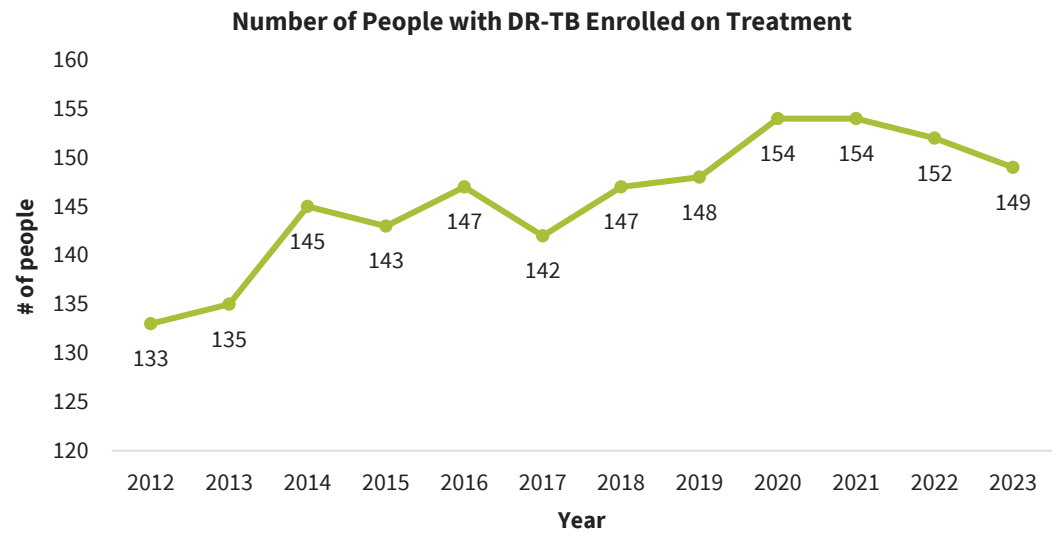
# Indicator name	**TX_MDR_ENROLL: RR/MDR-TB treatment initiations** *Previously [RN-4]*	
Definition	Number of people with rifampicin-resistant (RR) and multidrug-resistant (MDR) TB who initiated treatment for DR-TB during the reporting period. RR/MDR TB: RR-TB is TB caused by Mycobacterium Tuberculosis (M. tuberculosis) strains that are resistant to rifampicin; MDR-TB strains are resistant to at least both rifampicin and isoniazid.	
Numerator	Number of people with RR/MDR-TB who initiated treatment for DR-TB during the reporting period.	*PBMEF data element: TX_MDR_ENROLL* *WHO data element: unconf_rr_nfqr_tx plus conf_rr_nfqr_tx*
Denominator	N/A	*N/A*
Category	CURE	
Indicator type	Outcome	
PBMEF level	Core Plus	
Unit of measure	Number of people	
Data type	Integer	
Disaggregate by	Age (<15, 15+), sex, HIV status	
Reporting level	All Core Plus indicators should be reported at the national level; data may also be collected subnationally for more granular monitoring.	
Reporting frequency	This indicator should be reported on a semiannual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.	
Data source(s)	The data sources are basic management unit TB register, RR/MDR-TB register and electronic management information systems at the health facility and district levels.	
Importance	This indicator on initiation of people with RR/MDR-TB on treatment measures a TB program's ability to ensure people diagnosed with RR/MDR-TB are linked to care and started on appropriate second-line drug (SLD) regimens. This is a very important measure of the effectiveness of the NTP in terms of improving access to DR-TB treatment and improving quality of patient care. This indicator measures the gap between the number diagnosed with RR/MDR-TB and the subset of those diagnosed who are initiated on DR-TB treatment. This gap is a critical measure of TB programs. The data are valuable for planning SLD procurement and prioritizing supervision. The indicator provides data for a critical step in cascade analysis for DR-TB and treatment.	
Data use and visualization	This indicator can be used to track performance of the NTP in initiating people diagnosed with RR/MDR-TB on second-line treatment. It is important for guiding programmatic decisions on scale up of treatment services for management of DR-TB. It can be presented and visualized using tables, charts, line graphs, etc. This indicator can be compared to the RR/MDR-TB treatment cohort size, which is the denominator for all the DR-TB treatment outcomes (i.e. treatment success, lost-to follow-up [LTFU], etc.). The gap between the number of people initiated on DR-TB treatment and the subsequent cohort size reported can also be visualized.	



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# Indicator name	TX_XDR_ENROLL: pre-XDR/XDR-TB treatment initiations	
Definition	Number of people with pre-extensively drug-resistant (pre-XDR) and extensively drug- resistant (XDR) TB who initiated treatment for DR-TB during the reporting period. Pre-XDR/XDR-TB: XDR-TB is caused by a strain of Mycobacterium Tuberculosis (M. tuberculosis) that is resistant to rifampicin (and may also be resistant to isoniazid), and that is also resistant to at least one fluoroquinolone (levofloxacin or moxifloxacin) and to at least one other "Group A" drug (bedaquiline or linezolid); pre-XDR-TB meets these qualifications but is resistant to a fluoroquinolone or a "Group A" drug, but not both.	
Numerator	Number of people with pre-XDR/XDR-TB who initiated treatment for DR-TB during the reporting period.	*PBMEF data element: TX_XDR_ENROLL* *WHO data element: conf_rr_fqr_tx*
Denominator	N/A	*NA*
Category	CURE	
Indicator type	Outcome	
PBMEF level	Core Plus	
Unit of measure	Number of people	
Data type	Integer	
Disaggregate by	Age (<15, 15+), sex, HIV status	
Reporting level	All Core Plus indicators should be reported at the national level; data may also be collected subnationally for more granular monitoring.	
Reporting frequency	This indicator should be reported on a semiannual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.	
Data source(s)	The data sources are basic management unit TB register, RR/MDR-TB register and electronic management information systems at the health facility and district levels.	
Importance	This indicator on initiation of people with pre-XDR/XDR-TB on treatment measures a TB program's ability to ensure people diagnosed with pre-XDR/XDR-TB are linked to care and started on appropriate second-line drug (SLD) regimens. This is a very important measure of the effectiveness of the NTP in terms of improving access to DR-TB treatment and improving quality of patient care. This indicator measures the gap between the number diagnosed with pre-XDR/XDR-TB and the subset of those diagnosed who are initiated on DR-TB treatment. This gap is a critical measure of TB programs. The data are valuable for planning SLD procurement and prioritizing supervision. The indicator provides data for a critical step in cascade analysis for DR-TB and treatment.	
Data use and visualization	This indicator can be used to track performance of the NTP in initiating people diagnosed with pre-XDR/XDR-TB on second-line treatment. It is important for guiding programmatic decisions on scale up of treatment services for management of XDR-TB. It can be presented and visualized using tables, charts, line graphs, etc. This indicator can be compared to the XDR-TB treatment cohort size, which is the denominator for all the XDR-TB treatment outcomes (i.e. treatment success, lost-to follow-up [LTFU], etc.). The gap between the number of people initiated on XDR-TB treatment and the subsequent cohort size reported can also be visualized.	

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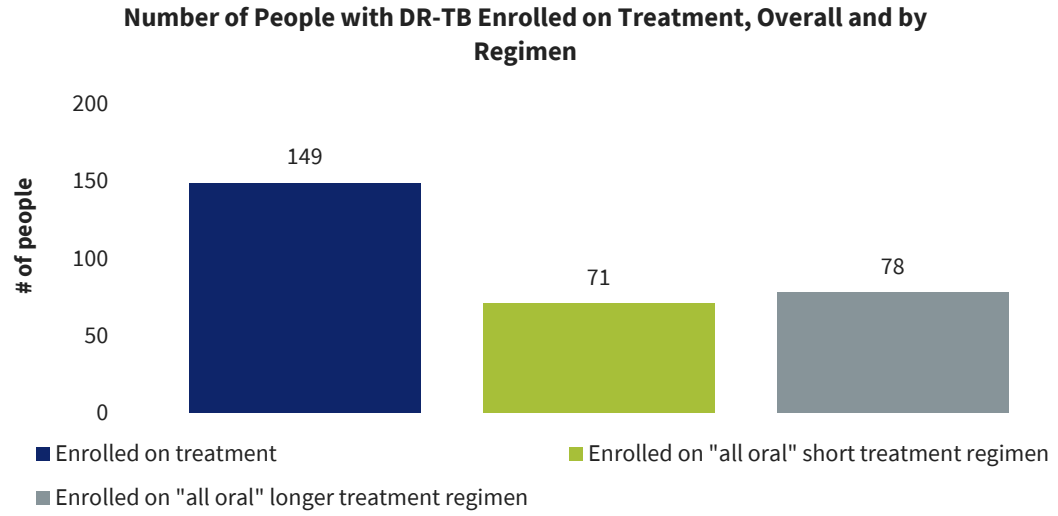
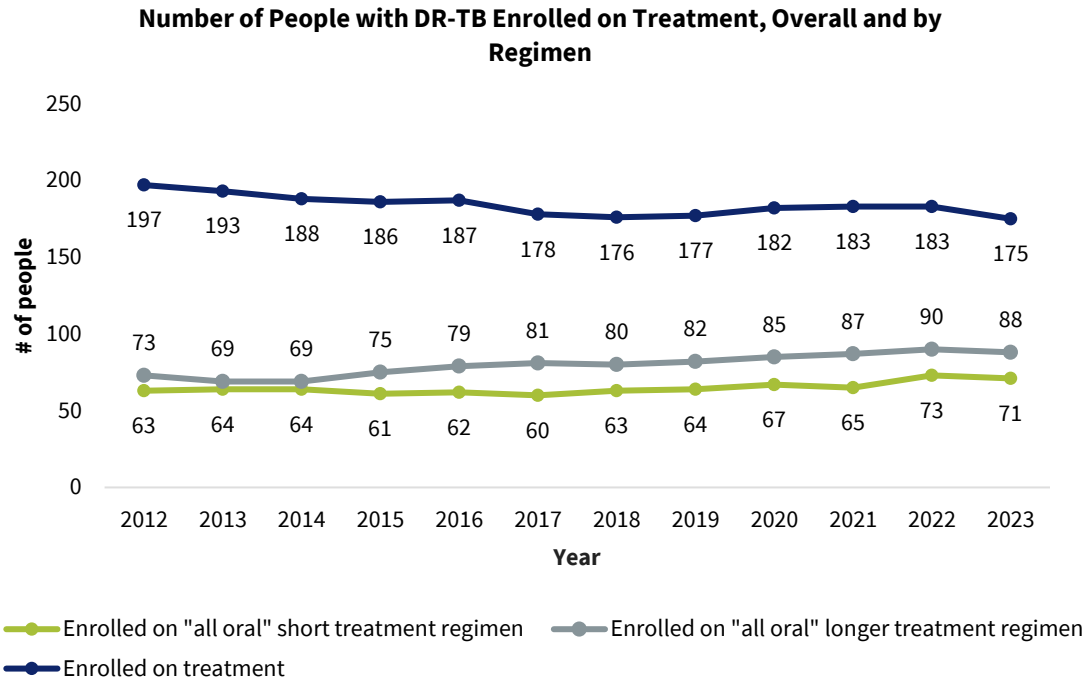
# Indicator name	**TX_STR_ENROLL: DR-TB "all oral" short treatment regimen initiations** *Previously [RN-7]*	
Definition	Number of people with drug-resistant (DR) TB (rifampicin-resistant [RR] and multidrug-resistant [MDR] TB and pre-extensively drug-resistant [pre-XDR] and extensively drug-resistant [XDR] TB) initiated on "all oral" short treatment regimen during the reporting period. "Short treatment regimens" refer to regimens with a duration of less than 12 months.	
Numerator	Number of people with DR-TB (RR/MDR-TB and pre-XDR/XDR-TB) initiated on "all oral" short treatment regimen during the reporting period.	*PBMEF data element: TX_STR_ENROLL* *WHO data element: mdr_alloral_short_tx*
Denominator	N/A	*NA*
Category	CURE	
Indicator type	Outcome	
PBMEF level	Core Plus	
Unit of measure	Number of people	
Data type	Integer	
Disaggregate by	Age (<15, 15+), sex	
Reporting level	All Core Plus indicators should be reported at the national level; data may also be collected subnationally for more granular monitoring.	
Reporting frequency	This indicator should be reported on a semiannual basis at a minimum. More frequent monitoring on a quarterly basis is recommended.	
Data source(s)	The data sources are basic management unit TB register, RR/MDR-TB register, and electronic management information systems at the health facility and district levels.	
Importance	This indicator helps to monitor access to the newly recommended fully oral short treatment for DR-TB. The consolidated WHO 2022 guidelines on DR-TB treatment and the associated operational handbook recommend new shorter fully oral regimen for people with MDR-TB which replaces a previously recommended shorter regimen which contained an injectable agent. The newly recommended shorter regimen is 9–11 months long and research has shown that patients find it easier to complete the regimen, when compared to the longer regimens which last up to 24 months. WHO urges all countries to enable access to fully oral DR-TB treatment regimens. It is valuable programmatic data to National TB Programs (NTPs) for monitoring the rate of initiation for all oral short treatment, drug supply chain management, and supervision.	
Data use and visualization	This indicator can be used to track progress in achieving high coverage of treatment with all oral shorter treatment regimens for DR-TB. It is helpful to guide programmatic decisions for scale up of treatment for DR-TB. This indicator can be compared with the number of people with DR-TB initiated on treatment, and the number of people with DR-TB initiated on "all oral" longer treatment regimens. This data can be presented and visualized using tables, charts, line graphs, etc. Example of data visualizations:	





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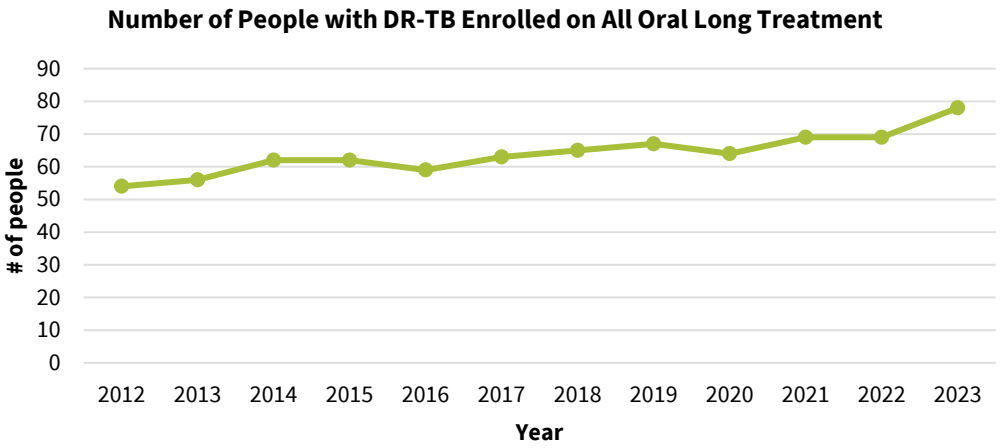
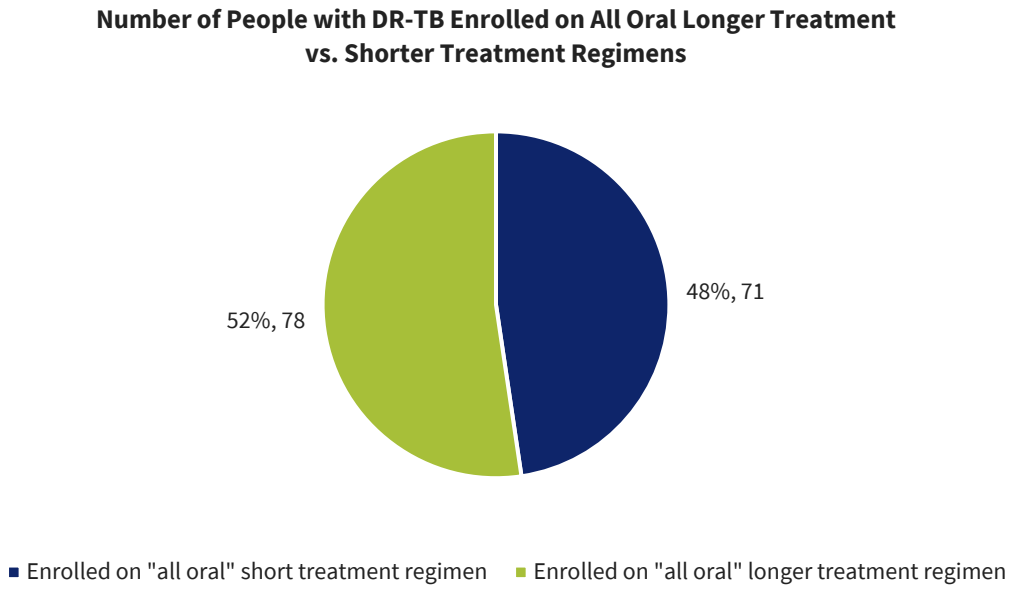
# Indicator name	**TX_LTR_ENROLL: DR-TB "all oral" longer treatment regimen initiations** *Previously [RN-8]*	
Definition	Number of people with drug-resistant (DR) TB (rifampicin-resistant [RR] and multidrug-resistant [MDR] TB and pre-extensively drug-resistant [pre-XDR] and extensively drug-resistant [XDR] TB) who initiated "all oral" longer treatment regimen during the reporting period. "Longer treatment regimens" refer to regimens with a duration of more than 12 months, usually lasting 18–24 months.	
Numerator	Number of people with DR-TB (RR/MDR-TB and pre-XDR/XDR-TB) who initiated "all oral" longer treatment regimen during the reporting period.	*PBMEF data element: TX_LTR_ENROLL* *WHO data element: mdrxdr_alloral_tx.*
Denominator	N/A	*N/A*
Category	CURE	
Indicator type	Outcome	
PBMEF level	Core Plus	
Unit of measure	Number of people	
Data type	Integer	
Disaggregate by	Age (<15, 15+), sex	
Reporting level	All Core Plus indicators should be reported at the national level; data may also be collected subnationally for more granular monitoring.	
Reporting frequency	This indicator should be reported on a semiannual basis at a minimum. More frequent monitoring on a quarterly basis is recommended.	
Data source(s)	The data sources are basic management unit TB register, RR/MDR-TB register, and electronic management information systems at the health facility and district levels.	
Importance	This indicator provides important information for monitoring initiation of people with DR-TB on all oral longer course regimens. The WHO consolidated guidelines on DR-TB treatment signal an important departure from previous approaches to treat DR-TB, recommending fully oral regimens to be prioritized and to be the preferred option for most patients. Many countries have adopted this approach as their national policy. These data are valuable for monitoring initiation of people diagnosed with DR-TB on all oral longer treatment and for planning procurement of second-line drugs (SLDs).	
Data use and visualization	This indicator can be used to track progress in achieving high rates of all oral longer treatment regimen use for people diagnosed with DR-TB. It is helpful to guide programmatic decisions for scale up of treatment for DR-TB. This indicator can be compared with the number of people with DR-TB who were initiated on treatment, and the number of people with DR-TB initiated on "all oral" shorter treatment regimens. It can be presented and visualized using tables, charts, line graphs, etc. Example of data visualizations:	





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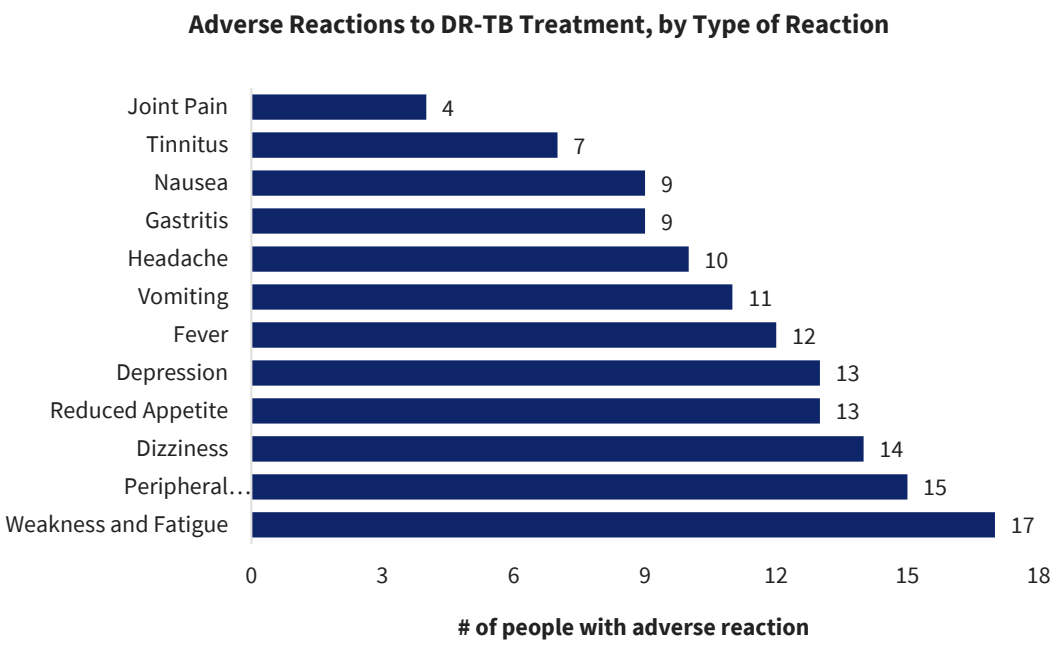
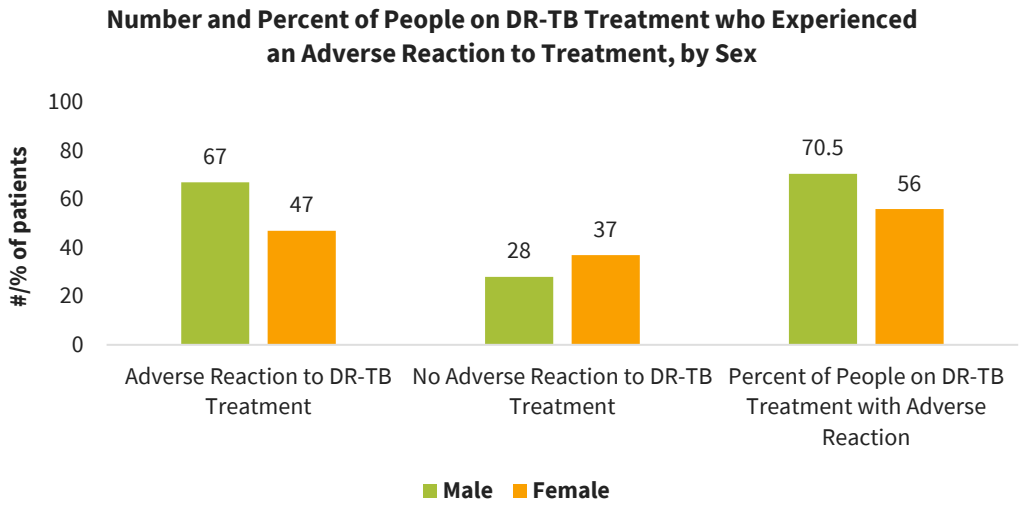
# Indicator name	**TX_DR_ADR: Number of people with adverse reactions to DR-TB treatment** *Previously [RN-6]*	
Definition	Number of people on drug-resistant (DR) TB treatment (rifampicin-resistant [RR] and multidrug-resistant [MDR] TB and pre-extensively drug-resistant [pre-XDR] and extensively drug-resistant [XDR] TB) who developed at least one adverse drug reaction (ADR) to DR-TB treatment during the reporting period; this includes all people on treatment during the specified reporting period and is not related to a cohort. An ADR (sometimes referred to as an "adverse event") is any negative medical occurrence that may present in a person with TB during treatment with a pharmaceutical product, but which does not necessarily have a causal relationship with this treatment. More information on monitoring of ADRs in DR-TB can be found here, and information on ADR grading can be found here.	
Numerator	Number of people on DR-TB treatment (RR/MDR-TB and pre-XDR/XDR-TB) who developed at least one ADR to DR-TB treatment during the reporting period; this includes all people on treatment during the specified reporting period and is not related to a cohort.	*PBMEF data element: TX_DR_ADR* *WHO data element: mdrtx_adverse_events*
Denominator	N/A	*N/A*
Category	CURE	
Indicator type	Outcome	
PBMEF level	Core Plus	
Unit of measure	Number of people	
Data type	Integer	
Disaggregate by	Age (<15, 15+), sex, type of adverse reaction (e.g., vomiting, dizziness, reduced appetite, gastritis)	
Reporting level	All Core Plus indicators should be reported at the national level; data may also be collected subnationally for more granular monitoring.	
Reporting frequency	This indicator should be reported on a semiannual basis at a minimum. More frequent monitoring on a quarterly basis is recommended.	
Data source(s)	The data sources are the basic management unit TB register, RR/MDR-TB register, and electronic management information systems at the health facility and district levels.	
Importance	Monitoring ADRs can help health programs with preventing and managing ADRs, relieve patient suffering, and improve treatment outcomes. ADRs can lead to TB patients interrupting treatment before completion, and can thus contribute to avoidable morbidity, drug-resistance, treatment failure, reduced quality of life, or even death. Therefore, it is important that adverse reactions be monitored in TB patients undergoing treatment, especially those with DR-TB, who often take regimens combining new or repurposed medicines for which the safety profile is incomplete. Systematically gathering this data assists with drug safety monitoring and the ability to detect, manage, and report suspected or confirmed drug toxicities. Unlike other monitoring activities inherent to TB programs, TB programs have not consistently monitored adverse reactions to treatment in the past. Once monitoring of this aspect of TB treatment becomes mainstream, it is expected that its value will extend beyond the individual patient monitored to benefit other patients from improved knowledge of the medicines tracked as well as endowing programs with a robust mechanism to enable the introduction of future TB treatments at an accelerated pace.	

Data use and visualization	Number of people on DR-TB treatment who developed an ADR can be analyzed as a trend showing whether adverse reactions for DR-TB patients are improving or getting worse over time.  The data may also be analyzed by sex to see if males or females are disproportionately affected. In the example shown below, it appears that a much higher percent of males being treated for DR-TB experience adverse reactions than females (70.5% versus 56%, respectively): 

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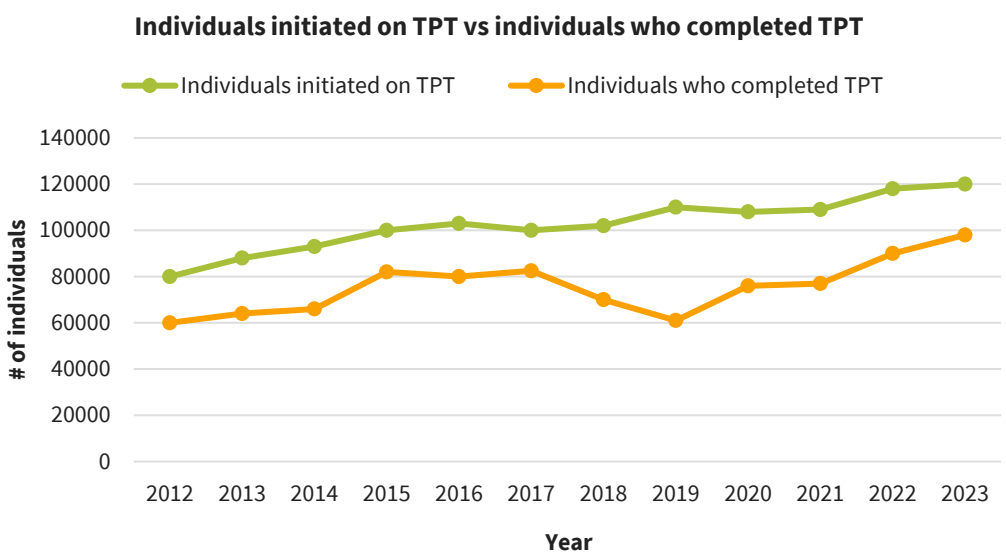
# Indicator name	TPT_CON_COMPL: TPT Completions in contacts	
Definition	Number of contacts who completed TB preventive treatment (TPT) during the reporting period. During a given reporting period, the cohort of contacts who initiated TPT should be tracked to monitor the number who complete TPT. Completion data should be disaggregated by: 1.) Household and other close contacts ages <5 years 2.) Household and other close contacts 5 years and up	
Numerator	Number of contacts who completed TPT during the reporting period.	*PBMEF data element: TPT_CON_COMPL* *WHO data element: newinc_con_prevtx_cmplt*
Denominator	N/A	*N/A*
Category	PREVENT	
Indicator type	Outcome	
PBMEF level	Core Plus	
Unit of measure	Number of people	
Data type	Integer	
Disaggregate by	Age (0–4, 5–14, 15+), sex	
Reporting level	Core Plus indicators should be reported at the national level; data may also be reported subnationally or at the project level if national data is not available.	
Reporting frequency	This indicator should be reported on an annual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.	
Data source(s)	The data sources for this indicator may vary country to country. In some settings, data will be found in the TB register, TPT register, or electronic management systems at the health facility and district level.	
Importance	Successful completion of TPT for eligible people is a performance indicator for TPT scale up. TPT is one of the key interventions with targets set at the United Nations High-Level Meeting (UNHLM) and recommended by the WHO to achieve the End TB Strategy targets. It is also a component of the USAID strategy to provide TPT to 30 million contacts by 2030. This indicator, along with the number of contacts who initiate TPT, measures country-level progress toward meeting targets set in a country's national strategic plan (NSP) or towards the UNHLM targets. Historically, TPT initiation was the only TB prevention indicator recorded by National TB Programs. In the past several years, however, the global community has made a concerted effort to monitor TPT outcomes and the completion of TPT. A person's level of protection from a course of TPT depends on the extent to which they are able to complete a full course of TPT. Therefore, it is important to monitor this indicator together with TPT initiations to ensure that a high percent of people who initiated TPT complete their treatment.	
Data use and visualization	This indicator is 1 of 4 indicators reported to the U.S. Congress as required on an annual basis. See *Report to Congress on the Prevention of Tuberculosis*. Monitoring this indicator in the TPT cascade is a measure of impact and identifies where in the cascade there are gaps in screening, testing for TB infection (TBI), and initiating or completing TPT. Example charts/graphs: • TB preventive treatment cascade • Trends over time comparisons by subpopulations	



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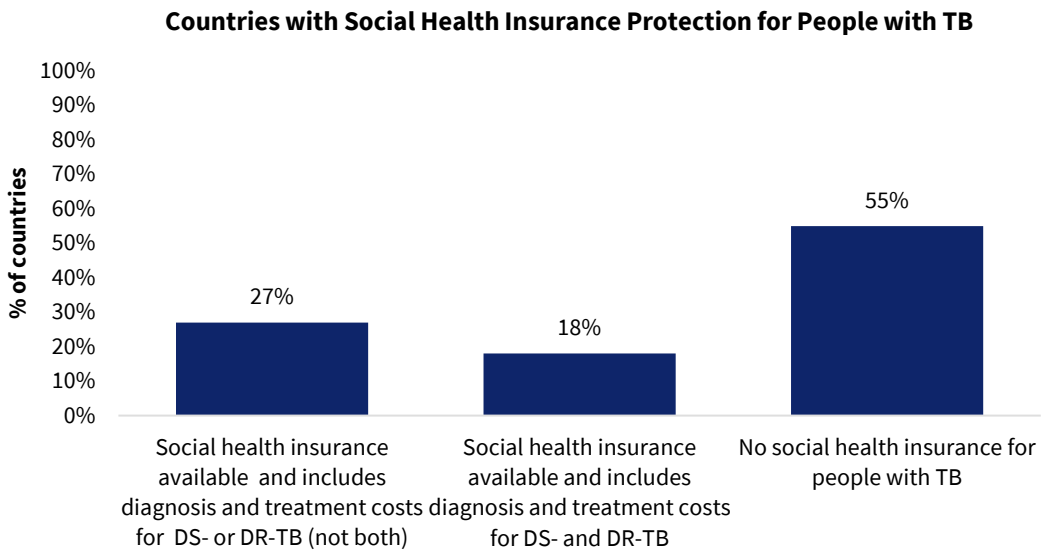
# Indicator name	**SN_TB_INSUR: Existence of a national or social health insurance system whose benefit package includes TB clinical services** *Previously [SN-8B]*	
Definition	Existence of a national or social health insurance system whose benefit package includes TB clinical services. NHI/SHI: forms of health insurance that are often administered by the government or a quasi- governmental agency, funded through contribution from taxes and/or employers and employees, and cover a package of services. Community based health insurance (CBHI) schemes are usually voluntary and characterized by community members pooling funds to offset the cost of healthcare. Some countries with CBHI schemes are adjusting the model towards integration into broader NHI/SHI schemes. For the purpose of this indicator, NHI/SHI/CBHI schemes should only be scored as being "available" if they exceed the following threshold: >50% population coverage and >2% of current health expenditure (CHE) comes from prepayment. These schemes should include diagnosis, treatment, and prevention of all forms of TB, including multidrug-resistant (MDR) TB, for all populations of the country. This indicator is intended to measure whether a country is able to source funding for TB from an insurance scheme; countries with no insurance scheme should score "0" (even if TB care is free). *Note: This indicator is equivalent to TB FSI indicator 4.2.*	
Numerator	0 = EITHER No NHI/SHI scheme OR NHI/SHI insurance available but drug- sensitive (DS) TB and drug-resistant (DR) TB (diagnosis and treatment costs) are excluded 2 = NHI/SHI is available and includes pre-diagnosis as well as diagnosis and treatment costs for DS- or DR-TB but not both 4 = NHI/SHI insurance is available and includes pre-diagnosis as well as diagnosis and treatment costs for both DS- and DR-TB	*PBMEF data element: SN_TB_INSUR*
Denominator	N/A	N/A
Category	SUSTAIN	
Indicator type	Output	
PBMEF level	Core Plus	
Unit of measure	Score between 0–4	
Data type	Integer	
Disaggregate by	N/A	
Reporting level	All Core Plus indicators should be reported at the national level.	
Reporting frequency	This indicator should be reported on an annual basis at a minimum.	
Data source(s)	The data sources for this indicator may include a country's NHI/SHI Policy and Benefits Package. Key informant interviews with the National TB Program (NTP) may also be conducted if further review is needed.	
Importance	High medical costs and lack of health insurance can contribute to catastrophic out of pocket expenditure as a result of active TB disease. Inclusion of clinical TB services (i.e., diagnostic and treatment services) in NHI/SHI schemes should help to reduce out of pocket costs for people on TB treatment. Medical care is necessary and essential in the course of people's lives, and care is increasingly expensive worldwide. However, health insurance covers all or some costs of care and protects	

	patients or clients from very high expenses that may prevent them from seeking medical care. Studies show that insured people are more likely than uninsured people to have regular curative health care and to have routine preventive care. Those people without health insurance coverage often delay seeking needed care and find services difficult to afford.
Data use and visualizations	This indicator complements the following indicators to provide a more complete picture of social support protections and health insurance schemes that support people with TB: • Country has social protection schemes available for TB patients • Percentage of people with TB covered by insurance • Percentage of people on DS-TB treatment who receive TB care package • Percentage of people on DR-TB treatment who receive TB care package Example of data visualizations: 

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PBMEF National Level Indicators: Standard IRS

PCT_PEDS_BAC_CONF: Percentage children and adolescents (0–14 years) bacteriologically confirmed

PEDS_MDR_NOTIF: MDR-TB notifications among children and adolescents (0-14 years)

PCT_DT_CI_INIT: Percentage of people with notified TB with a contact investigation initiated

DT_CON_PRES: Number of contacts with presumptive TB

DT_CON_TEST: Number of contacts who received TB diagnostic testing

DT_CON_DX: Number of contacts diagnosed with active TB disease

DT_CON_TX: Number of contacts who initiated TB treatment

TX_DS_OUT: DS-TB treatment outcomes

TX_DR_OUT: DR-TB treatment outcomes

PEDS_TSR: Treatment success rate in children and adolescents (0–14 years)

PLHIV_TSR: Treatment success rate among PLHIV

TX_DS_ENROLL: DS-TB treatment initiations

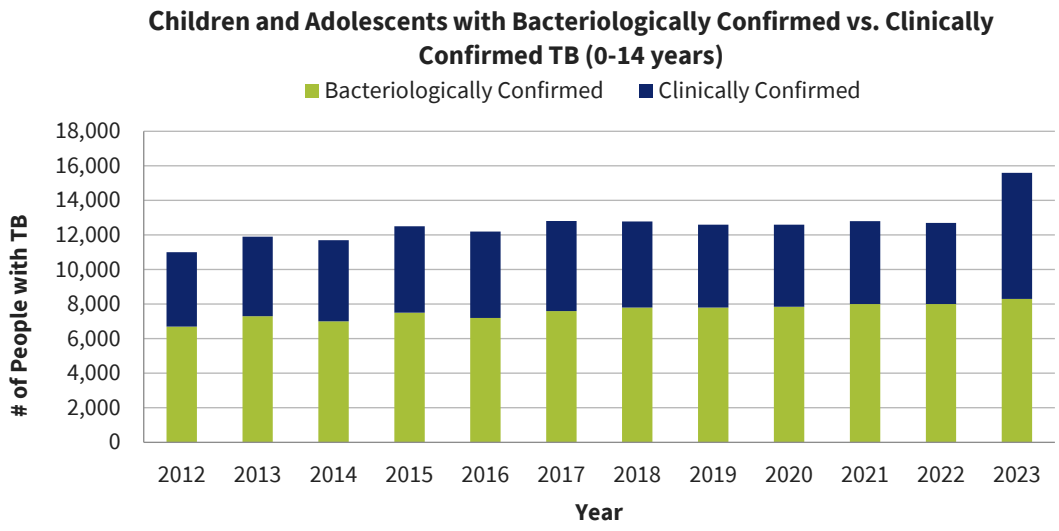
TPT_CON_04: Number of TPT initiations among contacts <5

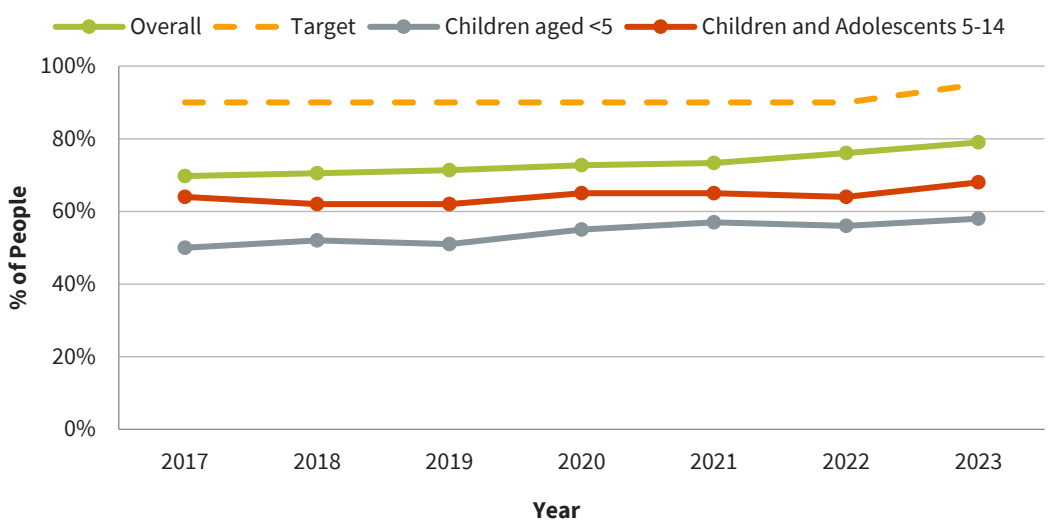
TPT_PLHIV_ENROLL: Number of TPT initiations among PLHIV

SN_CQI: CQI programs in place

SN_MQS: TB drugs meeting international minimum quality standards

% Indicator name	**PCT_PEDS_BAC_CONF: Percentage children and adolescents (0–14 years) bacteriologically confirmed** *Previously [CH-11]*	
Definition	Percentage of children and adolescents (0–14 years) with new and recurrent pulmonary TB who are bacteriologically confirmed. Bacteriologically confirmed: Smear positive for TB or culture positive for TB or positive for TB by a World Health Organization-recommended rapid diagnostics test (WRD) such as FluoroType® MTBDR (Hain), Loopamp™ MTBC detection kit (TB-LAMP), Xpert® MTB/RIF, Xpert® MTB/RIF Ultra, Truenat® MTB or MTB Plus, RealTime MTB (Abbott), BD MAX™ MDR-TB, cobas® MTB (Roche), or LF-LAM. Note: This is a subset of the core indicator "Percentage Bacteriologically Confirmed." Calculation: (Numerator/Denominator) x 100	
Numerator	Number of children and adolescents (0–14 years) with new and recurrent pulmonary TB who are bacteriologically confirmed during a reporting period.	*PBMEF data element: PEDS_BAC_CONF*
Denominator	Number of children and adolescents (0–14 years) with new and recurrent pulmonary TB during the reporting period.	*N/A*
Category	REACH	
Indicator type	Outcome	
PBMEF level	National Level	
Unit of measure	Percent of people	
Data type	Percentage	
Disaggregate by	Age (0–4, 5–14), sex	
Reporting level	National Level indicators should be reported at the national level; data may also be reported subnationally or at the project level if national data is not available.	
Reporting frequency	This indicator should be reported on an annual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.	
Data source(s)	Data sources may include the TB register, laboratory register, and electronic management information systems at the health facility and district level.	
Importance	According to 2022 WHO consolidated guidelines on tuberculosis (Module 5: Management of tuberculosis), the recommended initial diagnostic test in children and adolescents with signs or symptoms of pulmonary TB is either a WRD (FluoroType® MTBDR (Hain), Loopamp™ MTBC detection kit (TB-LAMP), Xpert® MTB/RIF, Xpert® MTB/RIF Ultra, Truenat® MTB or MTB Plus, RealTi*m*e MTB (Abbott), BD MAX™ MDR-TB, cobas® MTB (Roche), for TB and rifampicin-resistance detection in sputum, gastric aspirate or nasopharyngeal aspirate, rather than smear microscopy/culture and phenotypic DST and LF-LAM test (as a point-of-care test) for TB among children and adolescents (0–14 years) living with HIV. Stool-based testing using the Xpert Ultra cartridge is recommended by WHO and early studies of stool testing with other molecular testing platforms are promising Improvements in reaching children and adolescents are needed to reach the United Nations High-Level Meeting (UNHLM) targets to provide TB diagnosis and treatment with the aim of successfully treating 4.5 million children with TB by 2027. Recent advances in TB diagnosis for children, such as use of stool-based testing, will allow for more frequent bacteriological confirmation of TB among this population. These advances are important for avoiding overdiagnosis of TB based on symptoms only and for timely identification of DR-TB.	

	National TB Programs that have prioritized TB diagnosis in children under 14 years old have begun piloting and scaling up these new approaches with USAID support, so monitoring changes in the indicator will allow stakeholders to determine whether they are being implemented well. Improvements in reaching children and adolescents are needed to reach the United Nations High-Level Meeting (UNHLM) targets to provide TB diagnosis and treatment with the aim of successfully treating 4.5 million children with TB by 2027. Recent advances in TB diagnosis for children, such as use of stool-based testing, will allow for more frequent bacteriological confirmation of TB among this population. These advances are important for avoiding overdiagnosis of TB based on symptoms only and for timely identification of DR-TB. National TB Programs that have prioritized TB diagnosis in children under 14 years old have begun piloting and scaling up these new approaches with USAID support, so monitoring changes in the indicator will allow stakeholders to determine whether they are being implemented well.
Data use and visualizations	As new diagnostic approaches for childhood TB diagnosis are piloted and scaled up in high burden countries, this value of this indicator should increase over time. This indicator can be analyzed as a trend over time and can be visualized in comparison to clinically diagnosed children and adolescents (0–14 years). It can also be compared to childhood and adolescent TB detection. Although the new diagnostic approaches are expected to improve bacteriological confirmation for children with TB, 40% to 50% of children with TB will continue to be diagnosed clinically due to suboptimal specificity. Low bacteriological diagnosis coverage among children and adolescents 0–14 years may be due to several factors, including over-reliance on clinical diagnosis by healthcare providers, gaps in referral for specimen testing with providers who are not familiar with new approaches such as stool-based testing, weak sample transport networks, breakdown of diagnostic platforms, stockout of consumables required for testing, and weaknesses in the system for reporting results to providers. Improved supervision and training, as well as improved supply chain, can help address these issues and improve performance on this indicator. 



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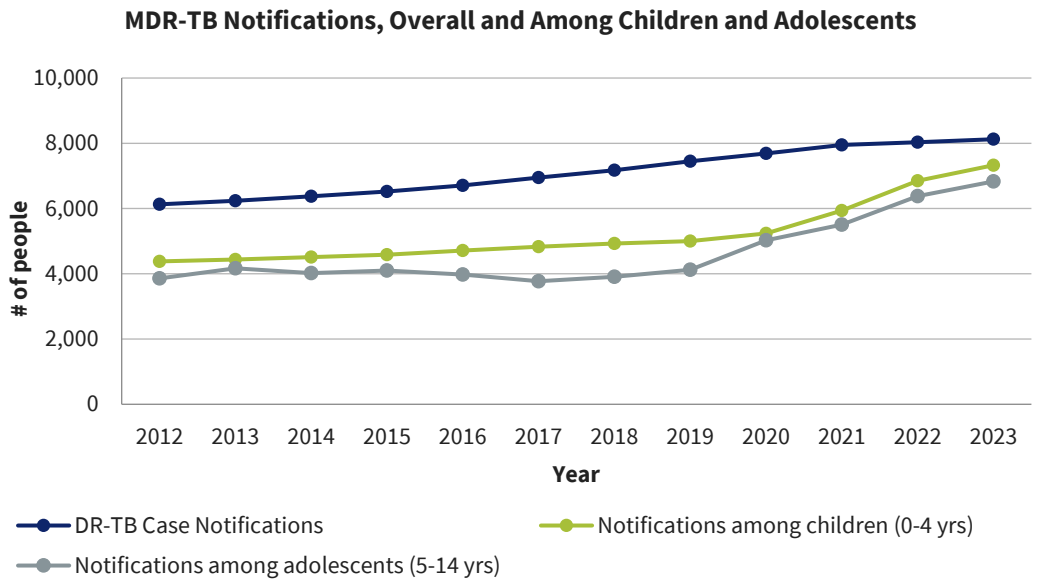
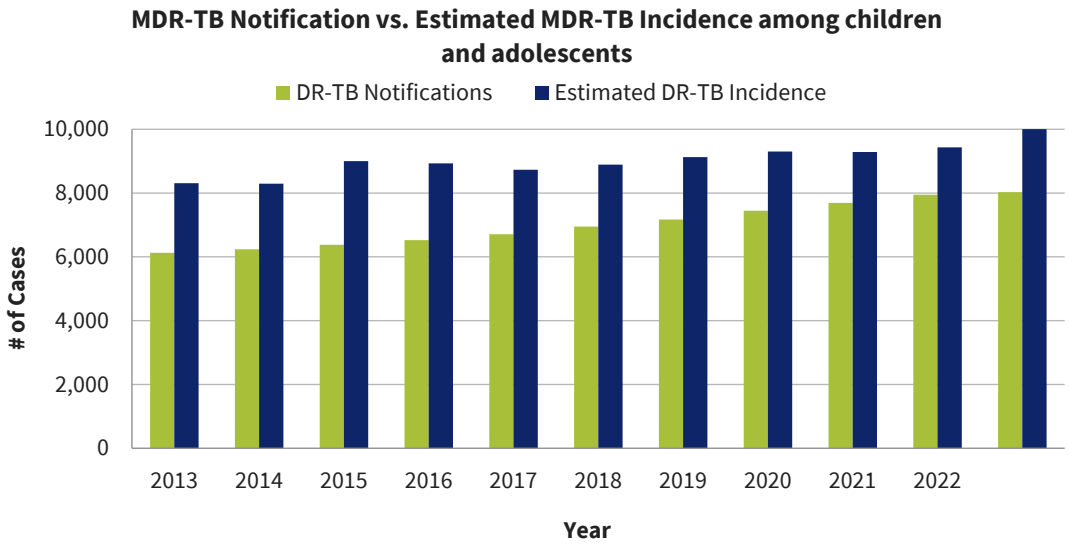
# Indicator name	**PEDS_MDR_NOTIF: MDR-TB notifications among children and adolescents (0–14 years)** *Previously [CH-13]*	
Definition	Number of children and adolescents (0–14 years) with rifampicin-resistant (RR) and multidrug-resistant (MDR) TB notified during the reporting period; pre-extensively drug-resistant (pre-XDR) and extensively drug-resistant (XDR) TB should not be reported in addition to the RR/MDR-TB notifications. RR/MDR TB: RR-TB is TB caused by Mycobacterium Tuberculosis (M. tuberculosis) strains that are resistant to rifampicin; MDR-TB strains are resistant to at least both rifampicin and isoniazid. Note: pre-XDR/XDR notifications should not be added to RR/MDR-TB notifications to avoid double counting of DR-TB notifications. Children who are diagnosed with pre-XDR and XDR-TB will already have been identified and recorded as having RR/MDR-TB. The number of RR/MDR-TB notifications should therefore equal the total number of DR-TB notifications.	
Numerator	Number of children and adolescents (0–14 years) with notified DR-TB during the reporting period (both lab-confirmed and clinically diagnosed).	*PBMEF data element: PEDS_MDR_NOTIF*
Denominator	N/A	*N/A*
Category	REACH	
Indicator type	Outcome	
PBMEF level	National Level	
Unit of measure	Number of children and adolescents	
Data type	Integer	
Disaggregate by	Age (0–4, 5–9, 10–14), sex	
Reporting level	National Level indicators should be reported at the national level; data may also be reported subnationally or at the project level if national data is not available.	
Reporting frequency	This indicator should be reported on an annual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.	
Data source(s)	Data sources may include the TB register, RR/MDR-TB register, or laboratory information and electronic medical record systems (LIMS, EMR) available at the health facility and district level.	
Importance	Understanding the burden of DR-TB in children is key for any National TB Program (NTP) to respond accordingly. WHO estimates that between 25,000 and 32,000 children develop MDR-TB every year. MDR-TB, a form of TB that is resistant to 2 of the most potent anti- TB drugs (rifampicin and isoniazid), is a major contributor to antimicrobial resistance. Children acquire DR-TB mainly through transmission from household and/or close contact with an infectious adult or adolescent with MDR-TB. The diagnosis of DR-TB can be challenging, especially in young children, as they cannot easily produce a sputum sample for bacteriological testing, and because tests lack sensitivity to detect the low number of bacilli in samples of children. The World Health Organization (WHO) now recommends the use of less invasive, non-sputum based samples, such as stool, to test with rapid molecular diagnostics, to confirm the diagnosis of RR- TB. Child and adolescent DR-TB notification measures a country's ability to detect drug resistance among children (0–14 years) who have TB disease. Data on DR-TB child and adolescent notifications are also valuable for planning second-line drug (SLD) procurement and prioritizing supervision. Child-friendly SLD formulations are difficult to manufacture; supply at a global level is fragile. Thus, accurate data on the number of children and adolescents notified with DR-TB is especially critical for ensuring the medications are available.	

Data use and visualizations	Child and adolescent DR-TB notifications can be analyzed as a trend over time to show the total number of children with TB detected within a given country. The number of child and adolescent DR-TB notifications can further be broken down by age categories to show the percentage of children and adolescents with DR-TB occurring in children under 5 years of age and children between the ages of 5 and 14. Childhood and adolescent DR-TB notifications can be compared to the total number of DR-TB notifications within a country to see what percentage of people who have DR-TB are children. Data can also be collected at the subnational level and used to learn from the geographic distribution of children with DR-TB; for example, to identify outbreaks of DR-TB. Data should be reported annually at a minimum, but semiannual or quarterly reporting will improve the timeliness of data for decision making. Example charts/graphs:  

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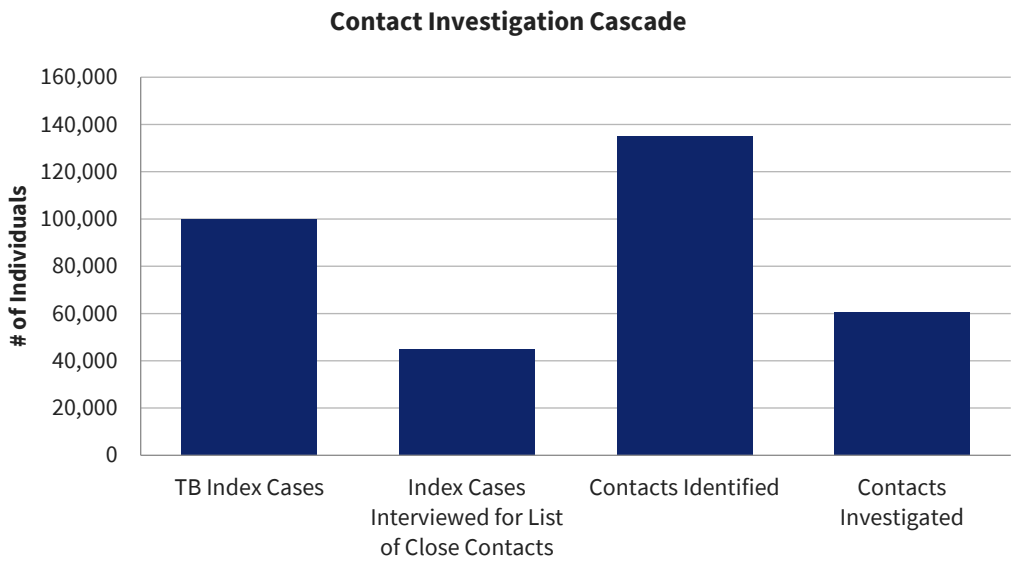
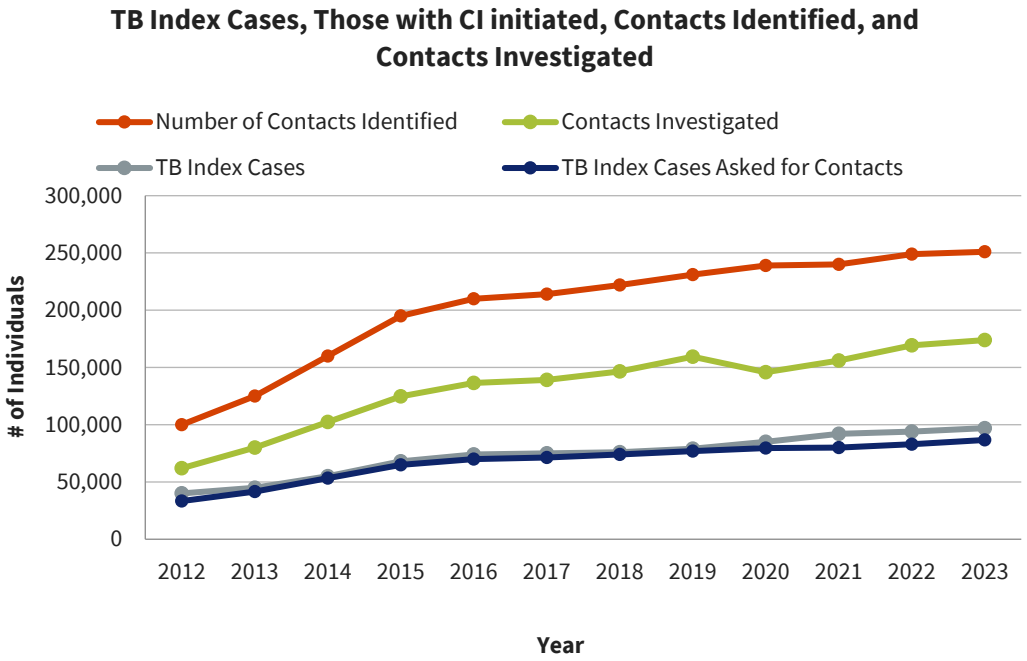
% Indicator name	**PCT_DT_CI_INIT: Percentage of people with notified TB with a contact investigation initiated** *Previously [CH-18]*	
Definition	Percentage of people with notified pulmonary TB who had a contact investigation (CI) initiated. CI initiated: For the purpose of this indicator, "initiated" refers to the process of enumeration of all known contacts to an index TB case. CI will include the evaluation of those contacts to determine if any have active TB disease or TB infection (TBI) through symptom screening, diagnostic testing, chest X-ray (CXR), or clinical evaluation. Index case: Person with pulmonary TB who is notified to health authorities.	
Numerator	Number of people with notified pulmonary TB with a CI initiated.	*PBMEF data element: DT_CI_INIT*
Denominator	Number of people with notified pulmonary TB during the reporting period.	*PBMEF data element: PTB_NOTIF*
Category	REACH/PREVENT	
Indicator type	Outcome	
PBMEF level	National Level	
Unit of measure	Percent of people with TB	
Data type	Percentage	
Disaggregate by	Age (0–4, 5–14, 15+), sex	
Reporting level	National Level indicators should be reported at the national level; data may also be reported subnationally or at the project level if national data is not available.	
Reporting frequency	This indicator should be reported on an annual basis at a minimum. More frequent monitoring on a quarterly, monthly, or weekly basis is recommended.	
Data source(s)	Data sources include the TB register, CI register, laboratory testing register, and electronic management information systems available at the health facility and district level.	
Importance	CI will reduce TB transmission in the community through early identification and treatment of people with active TB disease and identification and initiation of TPT for people with TBI. A World Health Organization (WHO) guideline review found an effective CI yield of 3.4% (95% CI: 2.9,3.8) among contacts to bacteriologically confirmed (bac+) index cases, 3.9% (95% CI: 2.5, 5.4) among contacts <5 years old, 3.7% (95% CI: 2.4, 5.3) among MDR/XDR contacts, and 11.6% (95% CI: 8.2,15.4) among contacts who were also HIV infected. [2022 WHO consolidated guidelines on tuberculosis. Module 2: screening – systematic screening for tuberculosis disease. pg. 17]. This indicator provides data to identify gaps in the first step of CI service delivery.	
Data use and visualizations	The percentage of people with TB with CI initiated (the number of people with notified TB who had a CI initiated divided by the total number of people with notified TB) provides a measure of how thoroughly programs are conducting CI activities. When analyzed over time, it can identify gaps and opportunities to find unrecognized people with TB. This is the first step in the CI cascade. Broader CI cascade analyses can be used to identify 'hot spots' for drug- sensitive (DS) TB and drug-resistant (DR) TB in the community and trends over time to determine the number of contacts needed to screen (NNS) or the number of contacts needed to test (NNT) to find a new case. They can also provide information to understand contact-tracing performance and yield in health facilities and across subnational levels to guide implementation and planning for scale up. Example charts/graphs:	

- CI cascade
- Trends over time of percentage of people with notified TB who have a CI initiated comparisons
- Scatterplot comparing coverage of people with TB with CI done and CI completed for contacts identified





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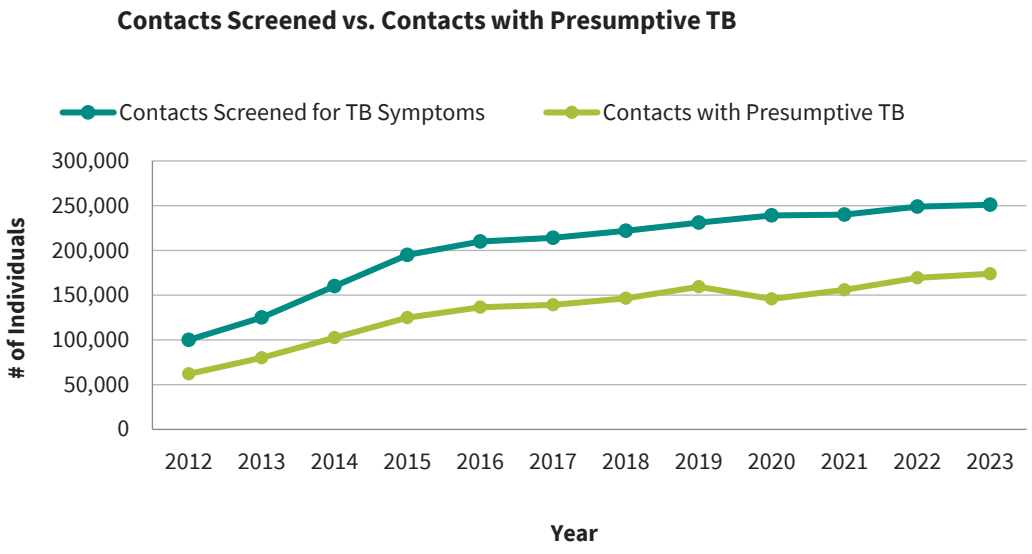
# Indicator name	DT_CON_PRES: Number of contacts with presumptive TB	
Definition	Number of contacts to a person with notified pulmonary TB who have signs or symptoms of TB, as defined by the World Health Organization (WHO) 4 symptom screen or the National TB Program (NTP) (i.e., have presumptive TB). Presumptive TB: a person who has one or more signs or symptoms of active TB disease and should be referred for diagnostic testing to diagnose or rule out active disease.	
Numerator	Number of contacts with presumptive TB	*PBMEF data element: DT_CON_PRES*
Denominator	N/A	*N/A*
Category	REACH	
Indicator type	Outcome	
PBMEF level	National Level	
Unit of measure	Number of contacts	
Data type	Integer	
Disaggregate by	Age (0–4, 5–14, 15+), sex	
Reporting level	National Level indicators should be reported at the national level; data may also be reported subnationally or at the project level if national data is not available.	
Reporting frequency	This indicator should be reported on an annual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.	
Data source(s)	Data sources may include the TB register, contact investigation (CI) register, laboratory register, and electronic management information systems available at the health facility and district level.	
Importance	CI will reduce TB incidence and transmission in the community through early identification and treatment of people with active TB disease and identification and initiation of TB preventive treatment (TPT) for people with TB infection (TBI). This indicator provides data for an important step in the CI cascade and allows users to measure the percentage of contacts who are presumptive for active TB. Together with CON_TST and CON_DX, the percentage of contacts with presumptive TB who receive diagnostic testing, and the percentage who are diagnosed with active TB disease can be monitored over time. These trends are important measures of how well CI programs are functioning by documenting TB case finding yield of Cis.	
Data use and visualizations	The number of contacts with presumptive TB can be used to calculate the percentage of contacts with presumptive TB by dividing this indicator by the number of contacts who were screened for TB (reported as the numerator in the core indicator on CI). When combined with the number of contacts diagnosed with active TB disease, this indicator can inform programs on the positive diagnostic yield of a CI program. Example charts/graphs: • CI cascade • Trends over time comparisons	



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# Indicator name	**DT_CON_TEST: Number of contacts who received TB diagnostic testing** Previously [CI-10]	
Definition	Number of contacts to a person with notified pulmonary TB with signs or symptoms of TB (e.g., presumptive TB) who received diagnostic testing for TB. Diagnostic testing includes smear, culture or a World Health Organization recommended rapid diagnostics test (WRD) such as FluoroType® MTB (Hain), Loopamp™ MTBC detection kit (TB-LAMP), Xpert® MTB/RIF, Xpert® MTB/RIF Ultra, Truenat® MTB, RealTime MTB (Abbott), BD MAX™ MDR-TB, cobas® MTB (Roche), or LF-LAM.	
Numerator	Number of contacts to a person with notified pulmonary TB who received diagnostic testing for presumed TB.	*PBMEF data element: DT_CON_TST*
Denominator	NA	*N/A*
Category	REACH	
Indicator type	Outcome	
PBMEF level	National Level	
Unit of measure	Number of contacts	
Data type	Integer	
Disaggregate by	Age (0–4, 5–14, 15+), sex	
Reporting level	National Level indicators should be reported at the national level; data may also be reported subnationally or at the project level if national data is not available.	
Reporting frequency	This indicator should be reported on an annual basis at a minimum. More frequent monitoring on a quarterly, monthly, or weekly basis is recommended.	
Data source(s)	Data sources may include the TB register, contact investigation (CI) register, laboratory register, and electronic management information systems available at the health facility and district level.	
Importance	CI is important both for active case finding and TB preventive treatment (TPT). CI identifies people recently exposed to TB with a high risk of developing TB disease or TB infection (TBI) and can help early detection and treatment and reduce the spread of TB in a community. This indicator along with the number of presumptive bacteriologically confirmed provides a measure of the yield of Cis, allowing a calculation of the numbers needed to screen (NNS) and the number needed to test (NNT) to find a person with TB.	
Data use and visualizations	The number of contacts with presumptive TB who received diagnostic testing and who tested positive provides an important data point when analyzing the CI cascade. Example charts/graphs: • CI cascade • Trends over time comparisons	

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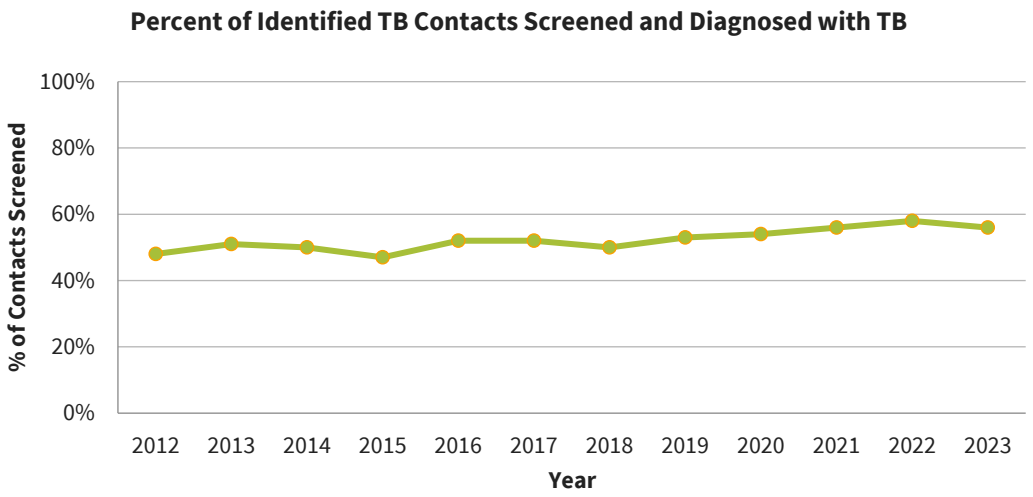
# Indicator name	**DT_CON_DX: Number of contacts diagnosed with active TB disease** Previously [CI-4]	
Definition	Number of contacts diagnosed with TB disease (both bacteriologically and clinically confirmed) among all contacts who were screened for TB disease during the reporting period.	
Numerator	Number of contacts who were diagnosed with TB disease (both bacteriologically and clinically confirmed).	*PBMEF data element: DT_CON_DX* *WHO data element: newinc_con_tb.*
Denominator	N/A	*N/A*
Category	REACH	
Indicator type	Outcome	
PBMEF level	National Level	
Unit of measure	Number of contacts	
Data type	Integer	
Disaggregate by	Age (0–4, 5–14, 15+), sex	
Reporting level	National Level indicators should be reported at the national level; data may also be reported subnationally or at the project level if national data is not available.	
Reporting frequency	This indicator should be reported on an annual basis at a minimum. More frequent monitoring on a quarterly, monthly, or weekly basis is recommended.	
Data source(s)	TB register, contact investigation (CI) register, laboratory register, and electronic patient management information systems available at the health facility and district level.	
Importance	CI is important both for active case finding and TB preventive treatment (TPT). CI identifies people recently exposed to TB with a high risk of developing TB disease or TB infection (TBI) and can help early detection and treatment and reduce the spread of TB in a community. This indicator provides the yield of TB detection from all contacts evaluated for TB disease, which is an important indicator to monitor over time as different case finding approaches are used in context. Research suggests that up to 5% of all contacts of people with bacteriologically confirmed TB may be found to have TB disease, so this threshold could be used to identify major outliers and potential gaps in CI activities.	
Data use and visualizations	The number of contacts detected with active TB disease can be divided by the total number of contacts to provide the TB detection yield from CI activities. When analyzed over time, it can provide insights on gaps in CI; for example, a sudden decrease or increase should be explored to identify any changes in CI that should be considered. It can be analyzed as a trend over time or to understand contact-tracing performance across subnational levels. Example charts/graphs: • CI cascade • Trends over time comparisons	



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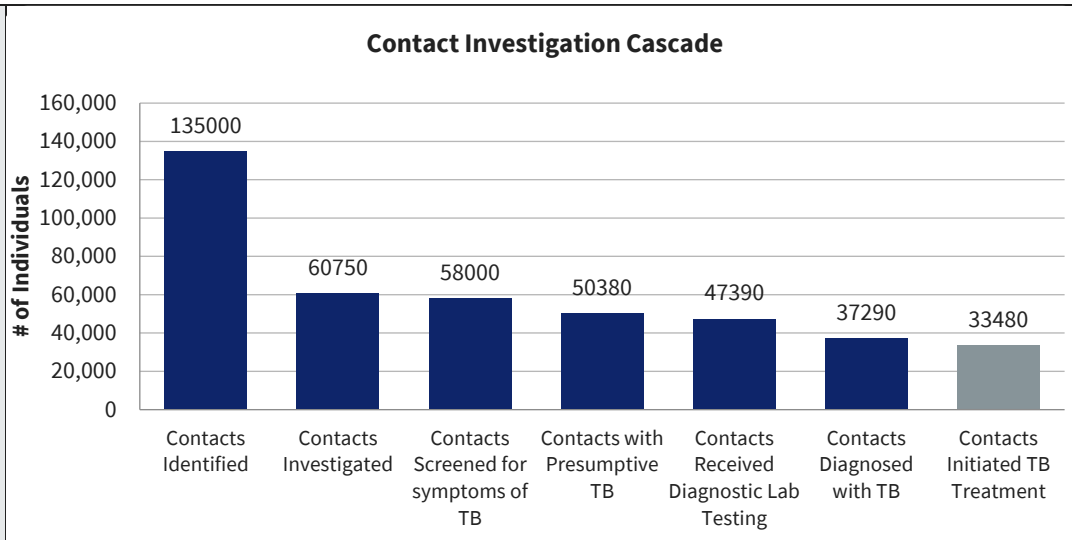
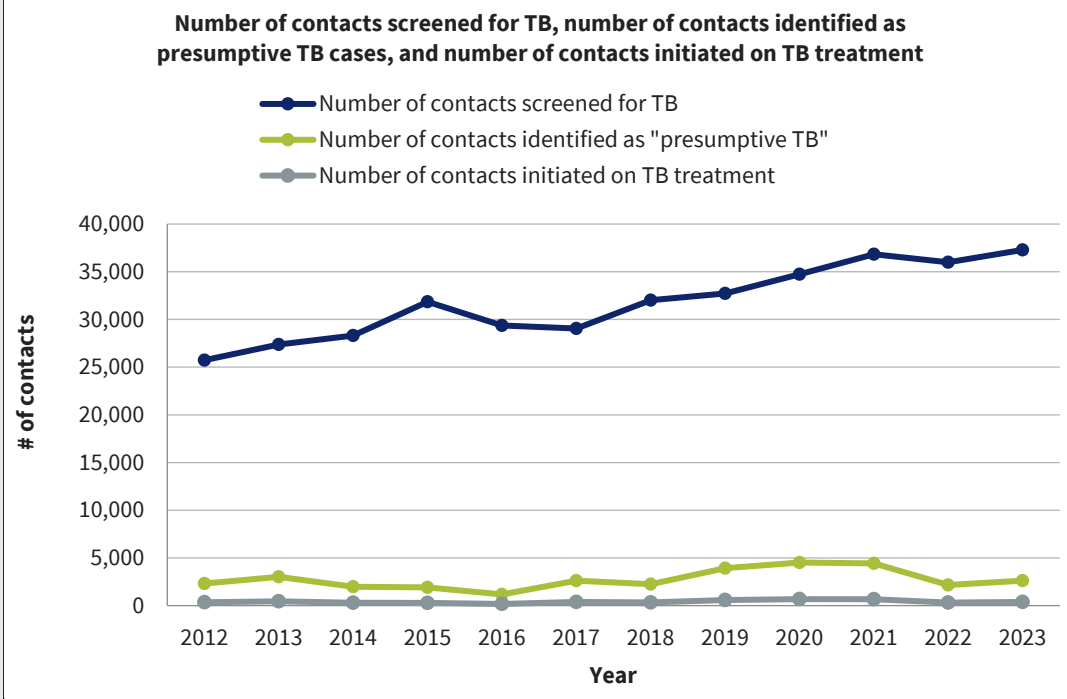
# Indicator name	**DT_CON_TX: Number of contacts who initiated TB treatment** *Previously [CI-11]*	
Definition	Number of contacts diagnosed with active TB disease who initiated TB treatment.	
Numerator	Number of contacts who initiated TB treatment.	*PBMEF data element: DT_CON_TX* *WHO data element: newinc_con_tb*
Denominator	NA	*N/A*
Category	REACH	
Indicator type	Outcome	
PBMEF level	National Level	
Unit of measure	Number of contacts	
Data type	Integer	
Disaggregate by	Age (0–4, 5–14, 15+), sex	
Reporting level	National Level indicators should be reported at the national level; data may also be reported subnationally or at the project level if national data is not available.	
Reporting frequency	This indicator should be reported on an annual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.	
Data source(s)	TB register, contact investigation (CI) register, laboratory register, and electronic management information systems are available at the health facility and district level.	
Importance	CI is important both for active case finding and TB preventive treatment (TPT). CI identifies people recently exposed to TB with a high risk of developing TB disease or TB infection (TBI). This indicator provides information on how well a program's CI efforts are linking contacts who are diagnosed with TB to TB treatment.	
Data use and visualizations	The number of contacts who were initiated on TB treatment provides an important data point when analyzing the CI cascade. Example charts/graphs: • CI cascade • Trends over time comparisons	





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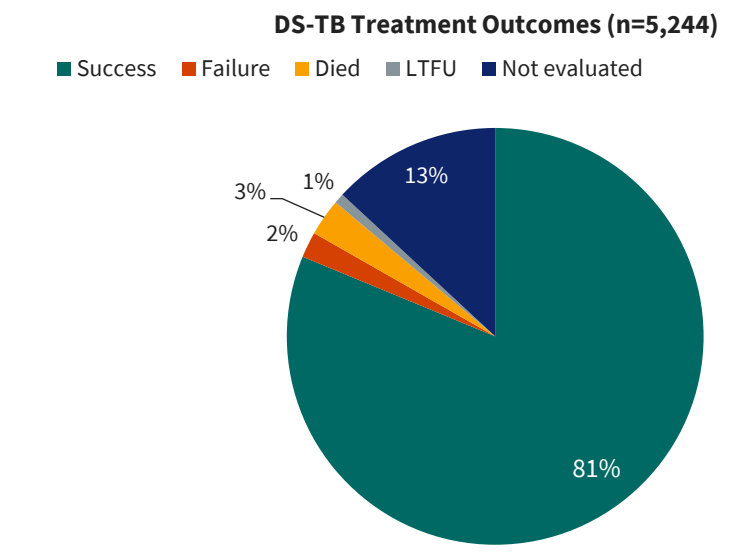
% Indicator name	**TX_DS_OUT: DS-TB treatment outcomes** *Previously [SN-2 through SN-5]*	
Definition	Number of people with drug- sensitive (DS) TB (new and recurrent), all forms, with each defined DS-TB treatment outcome, among the cohort of people who were initiated DS-TB treatment during a reporting period. Cohort reporting: Treatment outcomes are defined by the time of initiation on treatment; e.g., "2018 cohort successfully treated" reflect those who were initiated on treatment in 2018, even though treatment may have extended into 2019. For this reason, reports of treatment outcome data lag by one year. DS-TB Treatment outcomes: Successfully treated: Cure or completed treatment. Cure: A patient with pulmonary TB 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. "Bacteriological response" refers to bacteriological conversion with no reversion: • "Bacteriological conversion" describes a situation in a patient with bacteriologically confirmed TB where at least 2 consecutive cultures or smears taken on different occasions at least 7 days apart are negative; and • "Bacteriological reversion" describes a situation where at least 2 consecutive cultures or smears taken on different occasions at least 7 days apart are positive either after the bacteriological conversion or in patients without bacteriological confirmation of TB. Completed treatment: A patient who completed treatment as recommended by the national policy but whose outcome does not meet the definition for cure or treatment failure. Lost to follow-up (LTFU): A patient who did not start treatment or whose treatment was interrupted for 2 consecutive months or more. 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: • No clinical response or no bacteriological response, or both • Adverse drug reaction (ADR) • Evidence of additional drug-resistance to medicines in the regimen Died: A patient who died for any reason before starting treatment or during the course of treatment. Not Evaluated: A person with TB disease to whom no treatment outcome was assigned, excluding those lost to followup. WHO Consolidated guidance on tuberculosis data generation and use: Module 1: https://iris.who.int/bitstream/handle/10665/376612/9789240075290-eng.pdf?sequence=1	
Numerator	Number of people with DS-TB (new and recurrent), all forms, with each defined DS-TB treatment outcome (defined above), among the cohort of people who were initiated DS-TB treatment during a reporting period.	*PBMEF data element: NEWREL_SUCC, NEWREL_LTFU, NEWREL_FAIL, NEWREL_DIED, NEWREL_NE* *WHO data element: newrel_succ; newrel_lost; newrel_fail; newrel_died; newrel_neval*
Denominator	Number of people with new and recurrent DS-TB (bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary) who initiated treatment in the same period.	*PBMEF data element: NEWREL_COH* *WHO indicator: newrel_coh*

Category	CURE
Indicator type	Outcome
PBMEF level	National Level
Unit of measure	Percent of people
Data type	Percentage
Disaggregate by	Age (<15, 15+), sex, HIV status, treatment outcome (defined above)
Reporting level	National Level indicators should be reported at the national level; data may also be reported subnationally or at the project level if national data is not available.
Reporting frequency	This indicator should be reported on an annual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.
Data source(s)	The data sources are the TB register or electronic management information systems available at the health facility and district level. Quarterly cohort analysis reports may also be used if these analyses are being conducted.
Importance	Systematic analysis of treatment outcomes for people initiated on DS-TB treatment is an important activity to track the quality of TB services and measures the National TB Program's (NTP) ability to ensure successful completion of TB treatment. Monitoring various treatment outcomes reported under this indicator is useful in understanding reasons for suboptimal treatment success, which is a key outcome in the USAID TB strategy. As a WHO standard indicator, the percentage of people with DS-TB who died during treatment allows countries to monitor their progress in reducing the number of deaths due to TB among those who are diagnosed and initiating treatment. High death rates in a treatment cohort may be indicative of long delays in diagnosis and treatment regimens, problems with selected treatment regimens, or lack of support for those on TB treatment.
Data use and visualizations	Cohort analysis of treatment outcomes is a major management tool for monitoring the effectiveness of the NTP. The treatment success rate (a core indicator) is a useful way to monitor success of treatment. The treatment success rate is a subset of data from this indicator. The data reported for each treatment outcome in this indicator should be compared to the cohort size which is reported with the core indicator for TSR; to determine the percentage of people with each outcome, divide the number of people with the outcome by the number of people in the treatment cohort (newrel_coh). The percent LTFU can also be a useful metric for analysis. Ideally, there should be no LTFU during treatment, and a high rate of LTFU (5% or above) may warrant further investigation. The percentage of people who died during TB treatment can also be analyzed as a trend showing whether the rate of death is increasing or decreasing over time. Monitoring this indicator is important as countries strive to reach zero deaths due to TB but it can also prompt NTPs to implement additional or better-targeted treatment support services with the aim of improving DS-TB treatment outcomes. This indicator should also be considered in the context of HIV prevalence or other co- infections, since a high percent of HIV-associated TB (or other comorbidities) will result in a greater number of deaths. Death rates above 5% may warrant a formal analysis of deaths that occur while on treatment, to ensure those on DS-TB treatment do not have DR-TB. Example charts/graphs: • TB outcome pie chart • Trend over time comparisons • TB treatment cascade



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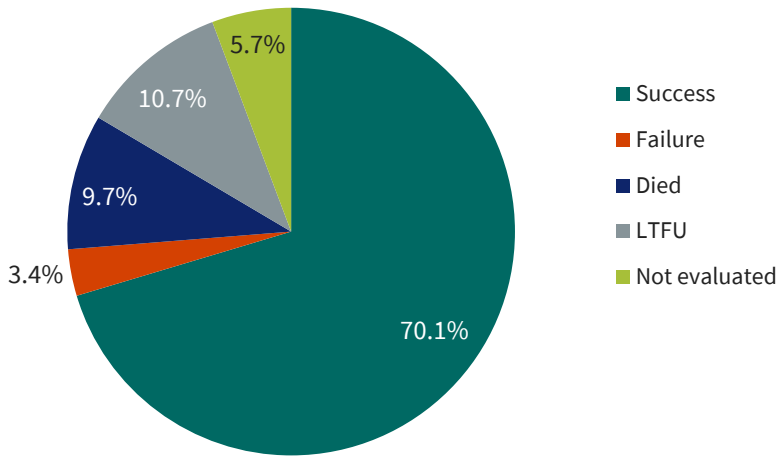
% Indicator name	**TX_DR_OUT: DR-TB treatment outcomes** *Previously [RS-2 through RS-5]*	
Definition	Number of people with drug-resistant (DR) TB (rifampicin-resistant [RR] and multidrug- resistant [MDR] and pre-extensively drug-resistant [pre-XDR] and extensively drug-resistant [XDR] TB) with each of the defined DR-TB treatment outcomes, among the cohort of people who were initiated on DR-TB treatment during a defined reporting period. Cohort reporting: Treatment outcomes are defined by the time of initiation on treatment; e.g., "2018 cohort successfully treated" reflect those who were initiated on treatment in 2018, even though treatment may have extended into 2019 or 2020. For this reason, reports of DR-TB treatment outcome data lag by 1–2 years. DR-TB Treatment outcomes: Successfully treated: Cure or completed treatment. Cure: 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. • "Bacteriological response" refers to bacteriological conversion with no reversion: • "Bacteriological conversion" describes a situation in a patient with bacteriologically confirmed TB where at least 2 consecutive cultures taken on different occasions at least 7 days apart are negative; and • "Bacteriological reversion" describes a situation where at least 2 consecutive cultures taken on different occasions at least 7 days apart are positive either after the bacteriological conversion or in patients without bacteriological confirmation of TB. Completed treatment: A patient who completed treatment as recommended by the national policy but whose outcome does not meet the definition for cure or treatment failure. Lost to follow-up (LTFU): A patient who did not start treatment or whose treatment was interrupted for 2 consecutive months or more. 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: • No clinical response or no bacteriological response, or both • Adverse drug reaction (ADR) • Evidence of additional drug-resistance to medicines in the regimen Died: A patient who died for any reason before starting treatment or during the course of treatment. Not Evaluated: A person with TB disease to whom no treatment outcome was assigned, excluding those lost to followup. World Health Organization [WHO] Consolidated guidance on tuberculosis data generation and use: Module 1. https://iris.who.int/bitstream/handle/10665/376612/9789240075290-eng.pdf?sequence=1.	
Numerator	Number of people with DR-TB (RR/MDR-TB and pre-XDR/XDR-TB) with each of the treatment outcomes (defined above), among the cohort of people who were initiated on DR-TB treatment during a defined reporting period.	*PBMEF data elements: DR_SUCC, DR_LTFU, DR_FAIL, DR_DIED, DR_NEVAL* *WHO data elements:* *Successfully treated: mdr_succ + xdr_succ LTFU: mdr_def + xdr_def* *Treatment failed: mdr_fail + xdr_fail* *Died: mdr_died + xdr_died* *Not Evaluated: c_mdr_neval + c_xdr_neval*

Denominator	Number of people with DR-TB (RR/MDR-TB and pre-XDR/XDR-TB) who were initiated on DR-TB treatment during the same reporting period.	*PBMEF data element: DR_COH* *WHO indicator: mdr_coh* plus *xdr_coh*
Category	CURE	
Indicator type	Outcome	
PBMEF level	National Level	
Unit of measure	Percent of people	
Data type	Percentage	
Disaggregate by	Age (<15, 15+), sex, HIV status, RR/MDR vs pre-XDR/XDR, treatment outcome (defined above)	
Reporting level	National Level indicators should be reported at the national level; data may also be reported subnationally or at the level if national data is not available.	
Reporting frequency	This indicator should be reported on an annual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.	
Data source(s)	The data sources are basic management unit DR-TB register or electronic management information systems available at the health facility and district level. Quarterly DR-TB cohort analysis reports may also be used if these analyses are being conducted.	
Importance	Systematic analysis of treatment outcomes for people initiated on DR-TB treatment is an important activity to track the quality of TB services and measures the National TB Program's (NTP) ability or inability to support people to successfully complete DR-TB treatment. Monitoring various treatment outcomes reported under this indicator is useful in understanding reasons for suboptimal treatment success, which is a key outcome in the USAID TB strategy. High death rates may be indicative of people who were not identified with DR-TB early enough, problems with treatment regimens, or poor treatment management. High treatment failure rates can be indicative of problems with choice of second-line treatment regimen, drug quality, poor clinical management of DR-TB and/or a lack of treatment adherence support services. High LTFU can be indicative of poor treatment management and/or a lack of treatment support services; high numbers of people not evaluated can also be indicative of poor patient management or poor documentation practices.	
Data use and visualizations	Cohort analysis of treatment outcomes is a major management tool for monitoring the effectiveness of the National TB Program. The data reported for each treatment outcome in this indicator should be compared to the cohort size which is reported with the core indicator for DR-TB TSR; to determine the percentage of people with each outcome, divide the number of people with the outcome by the number of people in the cohort (mdr_coh + xdr_coh). The percentage of people who experienced each DR-TB treatment outcome can be analyzed as a trend to show improvements in treatment outcomes over time. Monitoring this indicator is important as countries strive to reach zero deaths due to TB, but it can also prompt NTPs to implement additional or better-targeted treatment support services for people with DR-TB, with the aim of improving treatment outcomes. Example charts/graphs: • DR-TB outcome pie chart • Trend over time comparisons • DR-TB treatment cascade	



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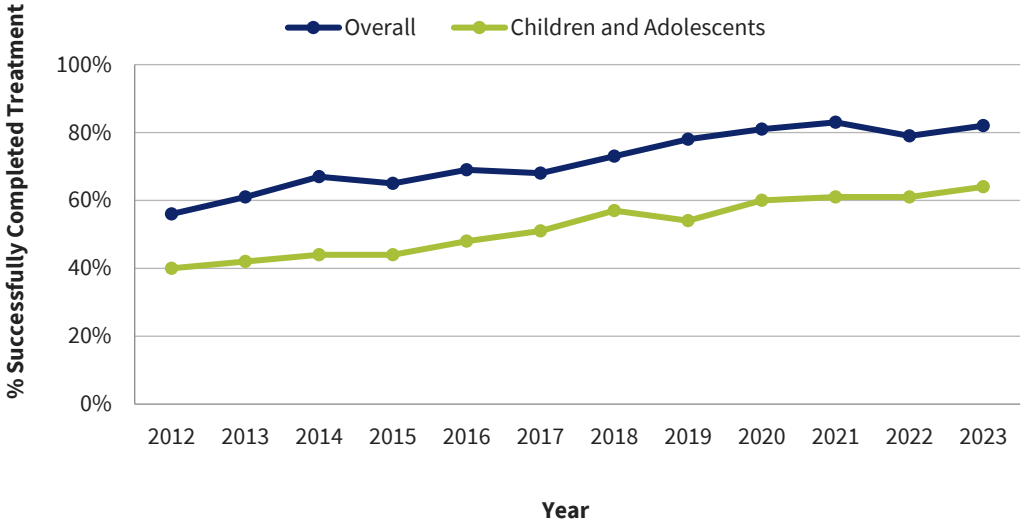
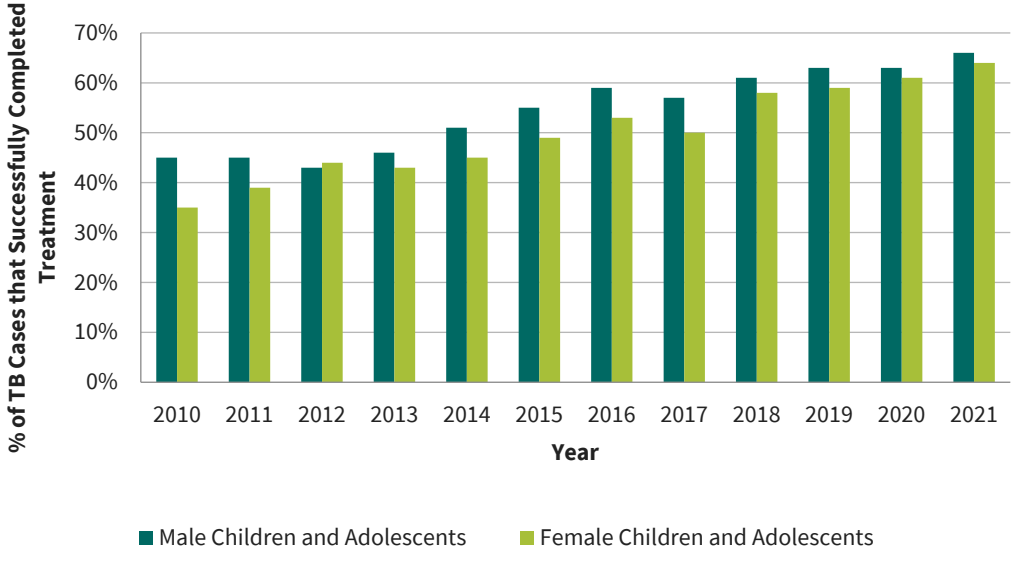
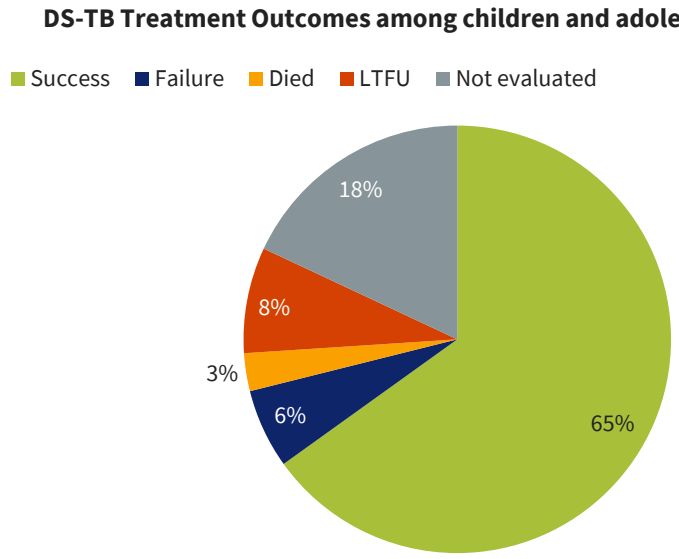
% Indicator name	PEDS_TSR: Treatment success rate in children and adolescents (0–14 years)	
Definition	Percentage of children and adolescents (0–14 years) who were cured or completed treatment for drug- sensitive (DS) TB among the total number of children and adolescents (0–14 years) with new and recurrent TB who were initiated on treatment for DS-TB during the same reporting period (excluding those moved to drug-resistant [DR] TB treatment cohort). Treatment outcomes are defined by the time of initiation on treatment; e.g., "2018 cohort successfully treated" reflect those who were initiated on treatment in 2018, even though treatment may have extended into 2019. For this reason, reports of treatment outcome data lag by one year. This indicator is a subset of the data reported in the core indicator "Treatment success rate" (TSR).	
Numerator	Number of children and adolescents (0–14) with new and recurrent TB (bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary), who were registered in a specified period that were cured or completed treatment.	*PBMEF data element: PEDS_SUCC*
Denominator	Number of children and adolescents (0–14) with new and recurrent TB (bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary) who initiated treatment in the same period.	*PBMEF data element: PEDS_COH*
Category	CURE	
Indicator type	Outcome	
PBMEF level	National Level	
Unit of measure	Percent of children	
Data type	Percentage	
Disaggregate by	Sex	
Reporting level	National Level indicators should be reported at the national level; data may also be reported subnationally or at the project level if national data is not available.	
Reporting frequency	This indicator should be reported on an annual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.	
Data source(s)	This indicator is reported by National TB Program (NTP) official records. *Quarterly report on TB treatment outcomes in the basic management unit* and *Form 07: Combined annual outcomes report for basic TB and for RR-/multidrug-resistant (MDR)-TB.*	
Importance	TSR among children and adolescents aged 0–14 years is an important indicator of the quality of TB services, as it measures the NTP's capacity to support young patients through a complete course of treatment with a favorable outcome. Successful treatment requires a stable supply of appropriate, child-friendly TB medications; management of side effects; and various efforts to support children with TB and their caregivers so they can complete the full course of treatment. This indicator measures the successful treatment of a cohort of people with TB, which is essential to reducing morbidity and mortality due to TB and to prevent the further spread of the infection. TSR allows countries to monitor progress towards meeting global and national treatment outcome targets and to determine whether more resources are required to improve treatment outcomes by reducing death, loss to follow-up (LTFU), and the percentage of children with an outcome that is not evaluated. Detecting and successfully treating a large percentage of people with TB should have an immediate impact on TB prevalence and mortality. Low TSRs may indicate that providers are not prescribing and administering appropriate treatment regimens, poor management of side effects and adverse events, or comorbidities leading to death or LTFU. An understanding of why treatment success may be low is important to be able to implement solutions for improving patient care.	

Data use and visualizations	TSR in children and adolescents can be analyzed as a trend showing whether treatment success is stable, improving or decreasing over time, and to compare the rate to national and global TSR targets. A comparison of children with TB initiated on treatment and successfully completing treatment using a cascade of care will highlight the gap in the cascade where some people were lost during the treatment phase. The gap between treatment initiation and treatment success can be further broken down to understand why pediatric patients had unfavorable treatment outcomes (e.g., death, LTFU, treatment failure, or unknown outcomes). Below are examples one can use when presenting this indicator. **Treatment Success Rate for DS-TB, Adults vs. Children and Adolescents**  **Treatment Success Rate of DS-TB Cases Male vs. Female Child and Adolescents** 



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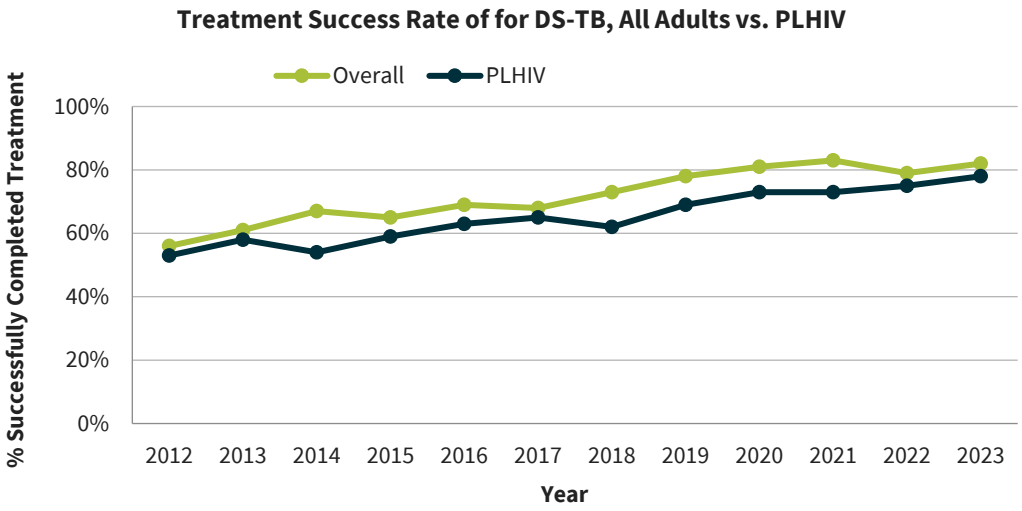
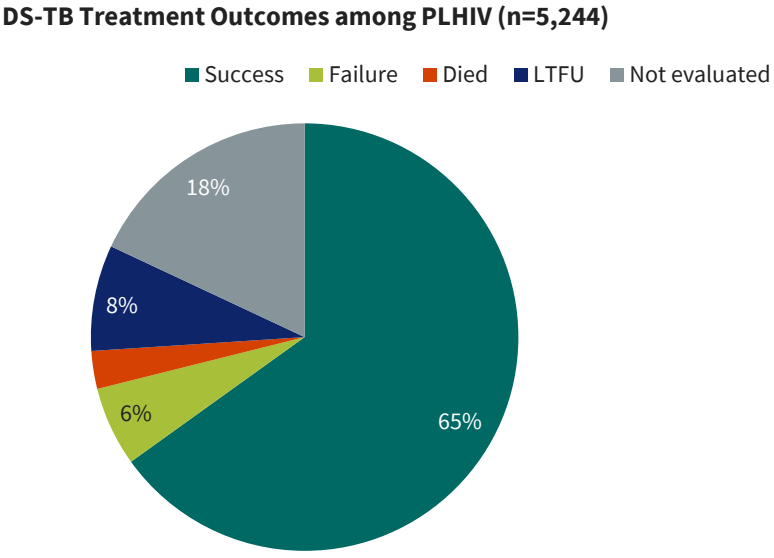
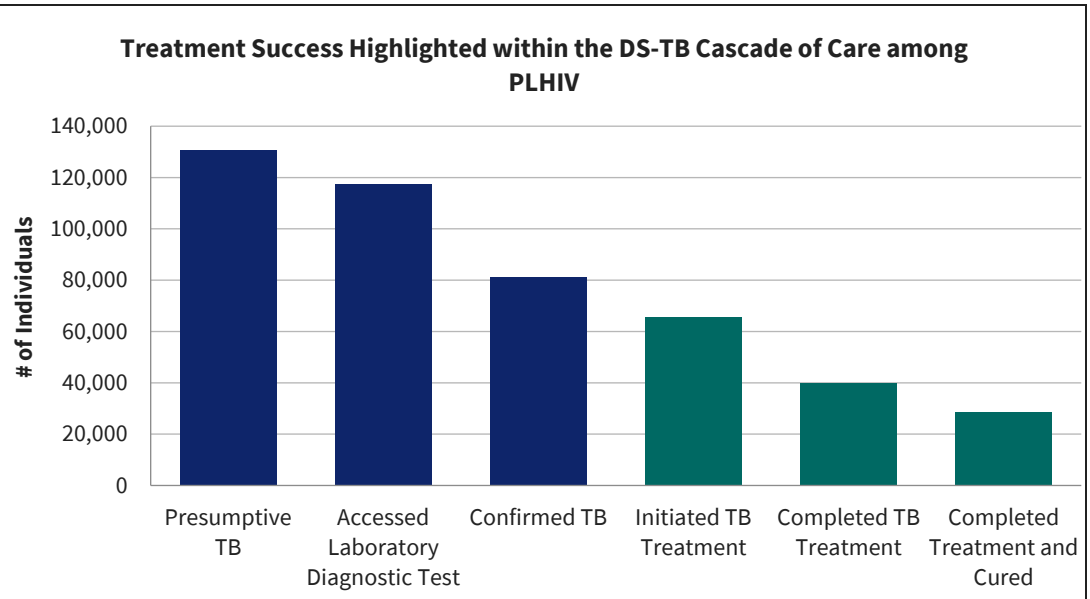
% Indicator name	PLHIV_TSR: Treatment success rate among PLHIV	
Definition	Percentage of people living with HIV (PLHIV) with new and recurrent[14] TB among PLHIV (bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary) who were notified in a specified period that were cured or treatment completed, among the total number of people with new and relapse TB (bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary) who were initiated on treatment during the same reporting period (excluding those moved to RR-TB treatment cohort). Treatment outcomes are defined by the time of initiation on treatment, e.g., "2018 cases successfully treated" reflect those who were initiated on treatment in 2018, even though treatment may have extended into 2019. For this reason, reports of treatment outcome data lag by one year. Calculation: (Numerator/Denominator) x 100	
Numerator	Number of PLHIV with new and recurrent TB (bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary), who were registered in a specified period that were cured or treatment completed.	*PBMEF data element: PLHIV_SUCC*
Denominator	Number of PLHIV with new and recurrent TB (bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary) who initiated treatment in the same period.	*PBMEF data element: PLHIV_COH*
Category	CURE	
Indicator type	Outcome	
PBMEF level	National Level	
Unit of measure	Percent of PLHIV	
Data type	Percentage	
Disaggregate by	Age (<15, 15+), sex	
Reporting level	National Level indicators should be reported at the national level; data may also be reported subnationally or at the project level if national data is not available.	
Reporting frequency	This indicator should be reported on an annual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.	
Data source(s)	This indicator is reported by National TB Program (NTP) official records. *Quarterly report on TB treatment outcomes in the basic management unit* and *Form 07: Combined annual outcomes report for basic TB and for RR-/multidrug-resistant (MDR)-TB.*	
Importance	Treatment success is an important indicator of the quality of TB services, as it measures the National TB Program's (NTP) capacity to support patients through a complete course of treatment with a favorable outcome. Successful treatment requires a stable supply of TB medications, management of side effects and various efforts to support people with TB so they can complete the full course of treatment. This indicator measures the successful treatment of a cohort of people with TB, which is essential to prevent the spread of the infection. The treatment success rate (TSR) allows countries to monitor progress towards meeting global and national targets and to determine whether more resources are required to improve treatment outcomes by reducing death, loss to follow-up (LTFU), and the percentage of people with an outcome that is not evaluated. Detecting and successfully treating a large percentage of people with TB should have an immediate impact on TB prevalence and mortality. Low TSRs may indicate problems with the treatment regimens being administered, poor treatment management, adverse side effects, or comorbidities	

[14] Previously "relapse"

	leading to death or LTFU. An understanding of why treatment success may be low is important to be able to implement solutions for improving patient care.
Data use and visualizations	TB TSR can be analyzed as a trend showing whether treatment success is stable, improving or decreasing over time, and to compare the rate to national and global treatment success rate targets. A comparison of people with TB who initiated treatment and successfully completed treatment using a cascade of care will highlight the gap in the cascade where some people were lost during the treatment phase. The gap between treatment initiation and treatment success can be further broken down to understand why people were unsuccessful with treatment (e.g., death, LTFU, treatment failure, or unknown outcomes). TSRs can also be compared between drug-sensitive (DS) and drug-resistant (DR) TB and TB/HIV, but differences in treatment outcomes among these cohorts should be interpreted with caution; differences in TB epidemiology at the national level, resistance profile, HIV program context and other factors should be considered.  



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# Indicator name	TX_DS_ENROLL: DS-TB treatment initiations	
Definition	Number of people with laboratory-confirmed or clinically diagnosed drug- sensitive (DS) TB who initiated treatment for DS-TB during the reporting period.	
Numerator	Number of people with laboratory-confirmed or clinically diagnosed DS-TB who initiated treatment for DS-TB during the reporting period.	*PBMEF data element: TX_DS_ENROLL* *WHO data element: nrr_tx*
Denominator	NA	*N/A*
Category	REACH/CURE	
Indicator type	Outcome	
PBMEF level	National Level	
Unit of measure	Number of people	
Data type	Integer	
Disaggregate by	Age (<15, 15+), sex, HIV status, public or private	
Reporting level	National Level indicators should be reported at the national level; data may also be reported subnationally or at the project level if national data is not available.	
Reporting frequency	This indicator should be reported on an annual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.	
Data source(s)	The data sources are basic management unit TB register and electronic management information systems available at the health facility and district level.	
Importance	This indicator measures a TB program's ability to ensure people diagnosed with TB are initiated on TB treatment. This is a very important measure of the effectiveness of the National TB Program (NTP) in terms of improving access to TB treatment. This indicator is also critical in monitoring progress towards the USAID TB Strategy goal of "90% of people with TB diagnosed and initiated on treatment." The indicator should be analyzed alongside the number of TB notifications to measure the gap between the number of people diagnosed with DS-TB and the subset of those diagnosed who are initiated on TB treatment, with the goal that all who are diagnosed are linked to treatment. The data are also valuable for planning first-line drug (FLD) procurement and prioritizing supervision. The indicator provides data for a critical step in cascade analysis for DS-TB case detection.	
Data use and visualizations	This indicator can be used to track performance of the NTP in linking people who are diagnosed with TB to treatment. It is important for guiding programmatic decisions on scale up of treatment services for management of DS-TB. It can be presented and visualized using tables, charts, line graphs, etc. This indicator can be compared to the number of TB notifications in the same year to assess what percentage were initiated on treatment. It can also be compared to the DS-TB treatment cohort size (on a year lag, when cohort data is available), which is the denominator for all the DS-TB treatment outcomes (i.e. treatment success, lost-to follow-up, etc.). The gap between the number of people initiated on DS-TB treatment and the subsequent cohort size reported can also be visualized and sizable gaps should be interrogated to determine reasons for discrepancies.	

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# Indicator name	**TPT_CON_04: Number of TPT initiations among contacts <5** *Previously [PT-7]*	
Definition	Number of household contacts under 5 years old of bacteriologically confirmed pulmonary new and recurrent[15] TB cases notified in the reporting period who were started on TB preventive treatment (TPT).	
Numerator	Number of household contacts under 5 years old of bacteriologically confirmed pulmonary new and recurrent TB cases notified in the reporting period who were started on TPT.	*PBMEF data element: TPT_CON_04* *WHO data element: newinc_con04_prevtx*
Denominator	N/A	*N/A*
Category	PREVENT	
Indicator type	Outcome	
PBMEF level	National Level	
Unit of measure	Percent of contacts <5 years	
Data type	Percentage	
Disaggregate by	Sex	
Reporting level	National and subnational	
Reporting frequency	Annually, quarterly, monthly	
Data source(s)	The data sources for this indicator may vary country to country. In some settings, data will be found in basic management unit TB registers, TPT register, community health worker, contact investigation (CI) registers, or electronic management systems at the health facility and district level.	
Importance	Analysis of TPT coverage for priority populations is important for National TB Programs (NTPs) to monitor and manage TB prevention efforts. This indicator is a disaggregation of the core indicator, TPT Coverage that includes children under the age of 5 years old. Children under 5 years of age are at high risk of becoming infected with TB and progressing from infection to disease upon exposure to a bacteriologically confirmed household contact. This indicator provides information on how well the NTP is reaching this priority population.	
Data use and visualizations	Ongoing monitoring of the percentage of children under 5 years of age who are household contacts of TB cases and initiate TPT provides key information on the coverage and successful implementation of TPT services. This indicator can be visualized with basic graphs to show trends in TPT coverage for household contacts under 5 years of age over time. This data can also be plotted alongside TPT coverage for household contacts between the ages of 5 and 14 years as well as TPT coverage for adult household contacts. Example charts/graphs: • Graph of TPT coverage among household contacts under 5 • Graph of TPT coverage among household contacts for: children under 5, children 5–14 and adults	

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[15] Previously “relapse”

# Indicator name	**TPT_PLHIV_ENROLL: Number of TPT initiations among PLHIV** *Previously [PT-8]*	
Definition	Number of people living with HIV (PLHIV) who were started on TB preventive treatment (TPT) during the reporting period.	
Numerator	Number of PLHIV who were started on TPT during the reporting period.	*PBMEF data element: TPT_PLHIV_ENROLL* *WHO data element: hiv_all_tpt*
Denominator	N/A	*N/A*
Category	PREVENT	
Indicator type	Outcome	
PBMEF level	National Level	
Unit of measure	Number of individuals	
Data type	Integer	
Disaggregate by	Age (0–4, 5–14, 15+), sex	
Reporting level	National Level indicators are expected to be reported at the subnational level for subnational units where the implementing partner is operating. National data may also be reported if available.	
Reporting frequency	This indicator should be reported on an annual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.	
Data source(s)	The data sources for this indicator may vary country to country. In some settings, data will be found in basic management unit TB or HIV registers, TPT register, or electronic management systems at the health facility and district level.	
Importance	Understanding the specifics of TPT coverage within a given country/region is key for National TB Programs (NTPs) to monitor and manage TB prevention efforts. This indicator is a drilled down view into the core indicator, TPT Coverage (PT-4). Because PLHIV are at such a high risk of developing TB infection (TBI), it is essential that they have access to TPT. Thus, beyond overall TPT coverage, this indicator functions to specifically look at the TPT coverage among PLHIV. This is particularly important for a country's ability to assess the success of their TPT implementation strategies, particularly among PLHIV.	
Data use and visualizations	This indicator can be used to track the progress of efforts to increase and/or maintain TPT coverage among PLHIV. This indicator can be visualized using basic graphs to show trends in TPT coverage among PLHIV over time that can be presented for a particular region or country or alongside multiple regions and countries for comparison. It can also be plotted with TPT coverage among household contacts under the age of 5 years compared to adolescent and adult household contacts to show the trend for these 3 important populations over time. Example charts/graphs: • TPT coverage among PLHIV over time for country X (may be plot against global coverage TPT among PLHIV coverage) • TPT coverage among PLHIV, adult contacts, and child contacts over time	

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# Indicator name	SN_CQI: CQI programs in place	
Definition	Existence of a continuous quality improvement (CQI) platform(s) at all levels of the health system for 1) TB clinical care, 2) TB laboratory, 3) TB commodities, and 4) other whereby TB service delivery and relevant data and indicators are systematically monitored, their quality assessed, and decisions are made to address any operational problems or challenges identified. CQI programs may take multiple forms; one example may be regular or systematic data review and monitoring meetings that National TB Programs (NTPs) conduct at district, provincial, and national levels where problems, gaps, bottlenecks, delays, etc., that impact patient care are assessed. Impacts on patient care could include impacts on case detection, treatment outcomes, TB preventive treatment (TPT) completion, etc., thereby encompassing multiple steps in the TB care and prevention cascade.	
Numerator	Existence of CQI platform(s) at all levels of the health system for the following: • TB clinical care CQI program? Yes/No • TB laboratory CQI program? Yes/No • TB commodities CQI program? Yes/No • Other CQI? Yes/No (if yes, please describe)	*PBMEF data element: SN_CQI*
Denominator	N/A	*N/A*
Category	SUSTAIN	
Indicator type	Outcome	
PBMEF level	National Level	
Unit of measure	Yes/No	
Data type	Boolean	
Disaggregate by	N/A	
Reporting level	National Level indicators should be reported at the national level; data may also be reported subnationally or at the project level if national data is not available.	
Reporting frequency	This indicator should be reported on an annual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.	
Data source(s)	Documented quality improvement processes and tools geared to increase and maintain quality implementation and performance (i.e., Reports of Laboratory QMS, procurement and supply chain QMS, pharmacy QMS, program audits).	
Importance	"CQI is a progressive incremental improvement of processes, safety, and patient care. The goal of CQI may include improvement of operations, outcomes, systems processes, improved work environment, or regulatory compliance." "CQI project development commonly includes defining the problem, benchmarking, setting a goal, then iterative quality improvement projects."[1] It is a means to determine and track program integrity and effectiveness. It is important because it guides quality operations; ensures safe environments and high quality of services; supports in meeting standards and regulations; and assists institutional programs and services to meet annual goals, objectives, and targets. [1]O'Donnell B, Gupta V. Continuous Quality Improvement. [Updated 2023 Apr 3]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK559239/	
Data use and visualizations	To pinpoint and address the gaps, analytical tools like run charts, fish-bone diagrams, and flow charts may be helpful. CQI processes are proactive, and methods are able to identify and remediate latent or future program challenges and requirements. CQI programs should use	

	performance data to inform an iterative and incremental transition toward an optimally performing system by building on successes and improving suboptimal activities and outputs.

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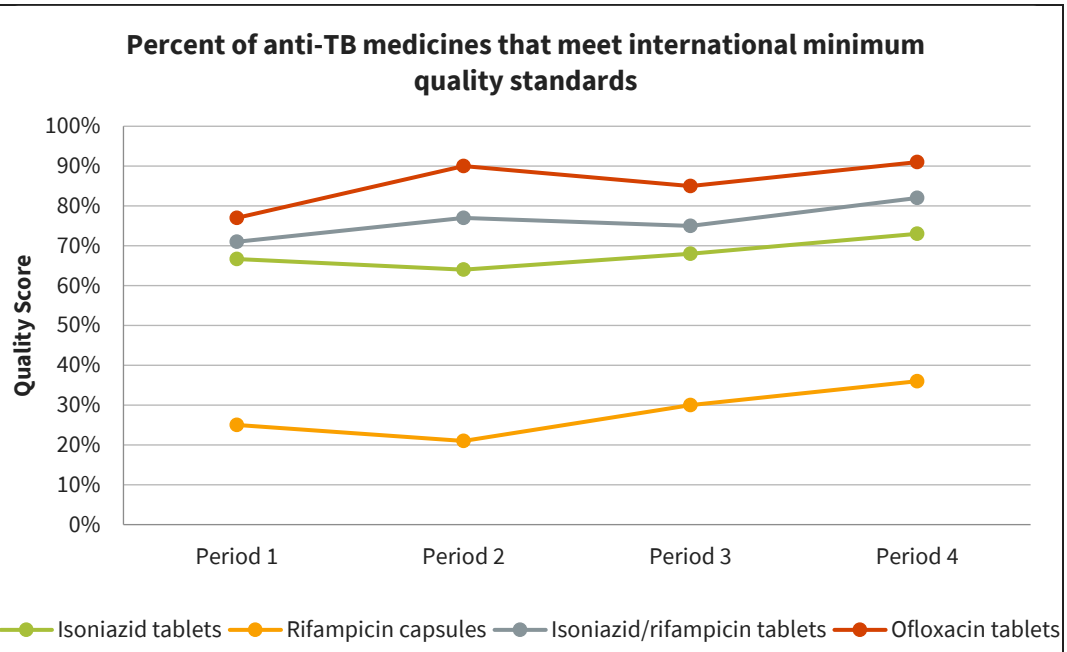
% Indicator name	PCT_SN_MQS: TB drugs meeting international minimum quality standards	
Definition	Percentage of anti-TB medicines procured locally or internationally which meet international minimum quality standards within a country. "International minimum quality standards" are defined and documented in the batch certificate. Standards and the reference organizations considered to be acceptable include the World Health Organization (WHO) Prequalification of Medicines Programme (PQP)/ stringent regulatory authorities (SRAs)/ Expert Review Panel (ERP). Calculation: (Numerator/Denominator) x 100	
Numerator	Number of batches of anti-TB medicines procured locally or internationally for which a batch certificate showed acceptable results during the reporting period.	*PBMEF data element: SN_MQS*
Denominator	Number of batches received of anti-TB medicines (procured during the reporting period)	*PBMEF data element: SN_TB_MEDS*
Category	SUSTAIN	
Indicator type	Outcome	
PBMEF level	National Level	
Unit of measure	Percent of anti-TB medicines	
Data type	Percentage	
Disaggregate by	N/A	
Reporting level	National Level indicators should be reported at the national level; data may also be reported subnationally or at the project level if national data are not available.	
Reporting frequency	This indicator should be reported on an annual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.	
Data source(s)	Data for this indicator can be obtained from public and private sector procurement agents.	
Importance	In accordance with Good Manufacturing Practices (GMP), a manufacturer should produce a batch certificate for each batch of its product. The batch certificate documents the results of quality analysis and inspection for each batch of the product. The agency that procures the medicine should request and review the batch certificate to ensure the data are acceptable. "Acceptable" data would demonstrate the batch is of adequate quality to be used in the TB program. In order to prevent emergence of drug-resistant (DR) TB and to sustain the treatment successes achieved to date by using quality assured medicines, we must ensure countries procuring TB medicines with domestic funding should procure drugs according to these 'International minimum quality standards.'	
Data use and visualizations	The percentage of anti-TB medicines that meet international minimum quality standards can be analyzed as a trend over time either on its own or against country targets. Procurement agents should be sensitized to the importance of obtaining and reviewing this documentation as basic evidence of the quality of medicine that they procure. Receipt of this documentation can be specified as a requirement in procurement contracts to help ensure the quality of medicines on the market. Example charts/graphs: • Trend over time comparisons	



	Isoniazid tablets	Rifampicin capsules	Isoniazid/ rifampicin tablets	Ofloxacin tablets
Period 1				
Total # of batches	45	40	42	39
# meeting adequate quality	30	10	30	30
Period 1 Quality Score	67%	25%	71%	77%
Period 2				
Total # of batches	50	38	48	39
# meeting adequate quality	32	8	37	35
Period 2 Quality Score	64%	21%	77%	90%

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PBMEF Subnational Level Indicators: Standard IRS

DT_SCRN_COMM: Number of people screened for TB disease outside of health facilities

DT_SCRN: Number of people screened for TB

DT_PRES: Number of people with presumptive TB

DT_TEST: Number of people with presumptive TB who received diagnostic testing

DT_WRD: Number of people with presumptive TB who were tested with a rapid diagnostic test

DT_CXR: Number of people with presumptive TB who received a chest X-ray (CXR)

NNS: Number needed to screen NNT: Number needed to test

NNT: Number needed to test

PCT_CR_CI_INIT: Percentage of people with DR-TB who had contact investigations initiated

CON_TBI_TEST: Number of contacts tested for TBI

CON_TBI_POS: Number of contacts tested positive for TBI

PCT_TX_DR_SUPPORT: Percentage of people on DR-TB treatment who received treatment support

PCT_TX_DS_SUPPORT: Percentage of people on DS-TB treatment who received treatment support

PCT_HCW_SCRN: Percentage of HCWs screened for TB

PCT_HWC_TBI_POS: Percentage of HCWs diagnosed with TBI

PCT_HCW_TRN: Percentage of HCWs who received TB-related training

PCT_PR_BAC_CONF: Percentage bacteriologically confirmed in private sector

TPT_ADR: Number of people with adverse reactions to TPT

PTC_SN_IPC: Congregate settings with IPC

PCT_MH_SCRN: Percentage of people diagnosed with TB and screened for mental health disorders

PCT_MH_TX: Percentage of people with TB who received psychotherapeutic interventions

PCT_DM_SCRN_POS: Percentage screened positive for diabetes among people with confirmed TB

PCT_TAT_SUBMIT: Turnaround time (TAT): Percentage of specimens submitted to a laboratory within specified target timeframe

PCT_TAT_TST: Turnaround time (TAT): Percentage of specimens received at testing laboratory and tested within specified target timeframe

PCT_TAT_RPRT: Turnaround time (TAT): Percentage of specimens tested and results reported to the referring facility (or provider) within specified target timeframe

STKOUT_FLD: Stockout of any first-line TB treatment drugs

STKOUT_SLD: Stockout of any second-line TB treatment drugs

STKOUT_WRD: Stockout of TB rapid molecular tests and related commodities

SN_STGMA_NSP: TB stigma reduction in NSP

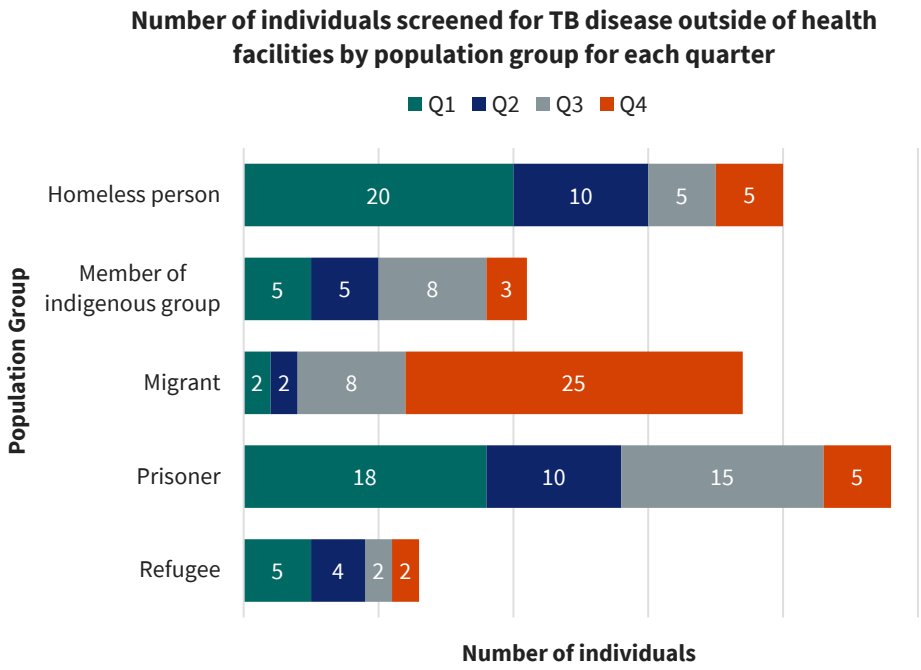
SN_STGMA_ASSESS: TB stigma assessment/gap analysis available

# Indicator name	**DT_SCRN_COMM: Number of people screened for TB disease outside of health facilities** *Previously [PV-1]*	
Definition	Number of people screened for TB disease outside of health facilities by a community health worker or other qualified person (according to national screening protocols) during the reporting period. “Outside health facility” refers to TB screening activities in the community, including in and outside household or occupational settings (e.g., as part of contact investigation [CI]). It may also refer to routine outreach and event- or location-based screening carried out by community health workers or any other trained/qualified health personnel; for example, a community health fair or prison-based screening activity. Additionally, this term could refer to screening efforts targeted to specific populations that may not have access to facility based testing and are at high risk for TB. "Screening" is defined at a minimum as verbal screening for TB symptoms to identify people to be referred for further clinical evaluation or testing for TB disease. It may include mobile chest X- ray (CXR), an increasingly important intervention in high TB burden settings. It may also include testing for TB infection (TBI) by tuberculin skin test (TST) or interferon-gamma release assay (IGRA).	
Numerator	Number of people screened for TB disease outside of health facilities by a community health worker or other qualified person during the reporting period.	*PBMEF data element: DT_SCRN_COMM*
Denominator	N/A	*N/A*
Category	REACH	
Indicator type	Outcome	
PBMEF level	Subnational Level	
Unit of measure	Number of people	
Data type	Integer	
Disaggregate by	Age (0–4, 5–14, 15+), sex, location type (e.g., workplace, prison, community outreach, school, etc.), population group (e.g., migrant, prisoner, mineworker, member of a tribal population, etc.)	
Reporting level	National, subnational	
Reporting frequency	Quarterly, monthly	
Data source(s)	The data sources for this indicator may vary country to country. In some settings, data will be found in community health worker registers, CI registers, or screening registers at the health facility and district level.	
Importance	Screening for active TB at the community level or other locations outside of health facilities is important for improving early TB detection in specific groups that are at high risk of TB, have poor access to health care facilities, or both. Detecting people with TB only from persons presenting themselves to health facilities with suggestive symptoms is not sufficient to close the case detection gap, particularly among vulnerable populations (e.g. migrants, refugees, prisoners, homeless, members of indigenous groups). Additionally, the persistence of delays in diagnosis and the accompanying continued transmission in the community highlight the need for active approaches to detect TB early. This indicator helps track the extent of a TB screening program by capturing the number of people screened in nonhealthcare settings. These may include community settings, prisons, shelters, other congregate settings (such as the military), refugee camps, and workplaces.	
Data use and visualizations	This indicator is one of 4 indicators reported to the U.S. Congress requested on an annual basis. See *Report to Congress on the Prevention of Tuberculosis*. Comparing the current	

number of people screened outside of health facilities to previous years can reveal the growth of efforts to improve systematic screening in different risk groups and outside formal healthcare settings. If this data is disaggregated and analyzed by subpopulation, and yield of new TB cases detected, evaluators can assess if previously identified subpopulations or high-risk groups are being sufficiently reached.

Example charts/graphs:

- TB preventive treatment cascade
- Trends over time comparisons by subpopulations



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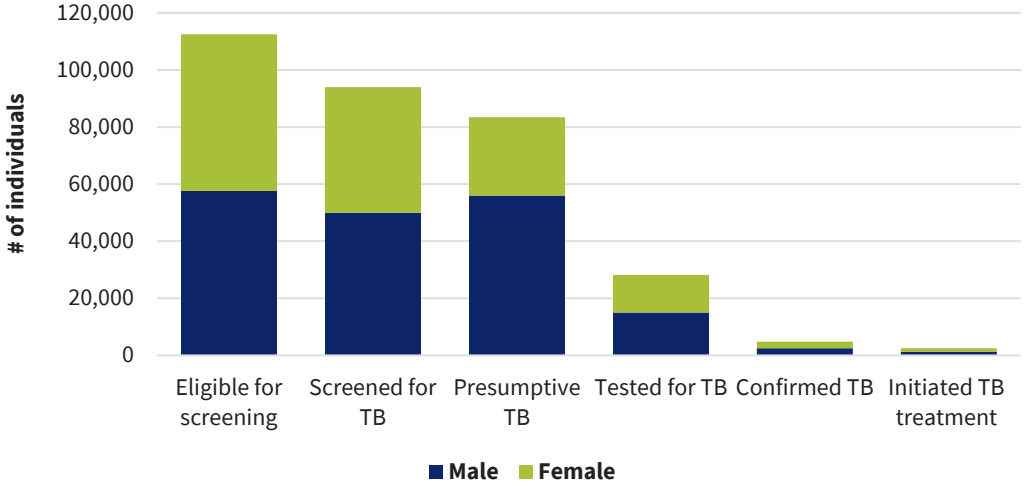
# Indicator name	**DT_SCRN: Number of people screened for TB** *Previously [PS-1]*	
Definition	The number of people who are screened for signs or symptoms of active TB disease either by verbal screening or other methods including chest X-ray (CXR). "Screening" is defined as verbal screening for signs and symptoms of TB which identifies persons who are symptomatic, or radiologic screening using CXR and further referral for clinical evaluation and/or diagnostic testing. Screening may also include assessment for TB infection combined with or without testing by tuberculin skin test (TST) or interferon-gamma release assay (IGRA).	
Numerator	Number of people screened for TB during the reporting period.	*PBMEF data element: DT_SCRN*
Denominator	NA	*N/A*
Category	REACH	
Indicator type	Output	
PBMEF level	Subnational Level	
Unit of measure	Number of people	
Data type	Integer	
Disaggregate by	Age (0–4, 5–14, 15+), sex, screening method (symptoms only, CXR), location of screening (health facility, community)	
Reporting level	National and subnational	
Reporting frequency	Monthly, Quarterly	
Data source(s)	The data sources are basic management unit TB register, screening register, presumptive TB register, cough register, outpatient department registers, or electronic management information systems available at the health facility and district level.	
Importance	Active case finding (ACF) or systematic screening for TB is an important tool to reach missing people with TB. It helps to reduce diagnosis and treatment delays and prevents the spread of the disease. Screening for active TB may reduce TB incidence, prevalence, and mortality; however, yield of ACF interventions varies substantially across populations. Passive case finding, putting the burden of care seeking for TB on the patient, alone will not achieve the 90% treatment coverage target set out in many national strategic plans (NSPs) and global strategies. In high burden TB settings and among populations with poor access and uptake of TB diagnosis and care, systematic screening of people, particularly those in high-risk groups (i.e. HIV positive, contacts, prisoners), at both health facility-based and community-based levels are crucial. Careful monitoring of TB screening is needed to continuously evaluate and improve ACF activities to ensure effective planning and implementation.	
Data use and visualizations	This indicator should be evaluated in relation to the number of people eligible for screening. When the percentage of people screened is low, then ACF strategies should be evaluated in a way to reach target populations (i.e. more community-based volunteers, better screening tools at facilities, etc.). Understanding the cascade from ACF TB program data is crucial in order to correct gaps that could result in missing TB diagnoses and steps to take in addressing the barriers. Improved case finding is only relevant when people are initiated on treatment and when they successfully complete their treatment. Example chart/graphs: • Trends over time and comparisons by risk group, geographic areas and by location (i.e.	

community-based or facility-based)

- ACF cascade
  - Number of people eligible for screening
  - Number of people screened for TB
  - Number of people with presumptive TB
  - Number of people with presumptive TB tested
  - Number of people with presumptive TB diagnosed with TB
  - Number of people with confirmed TB starting TB treatment



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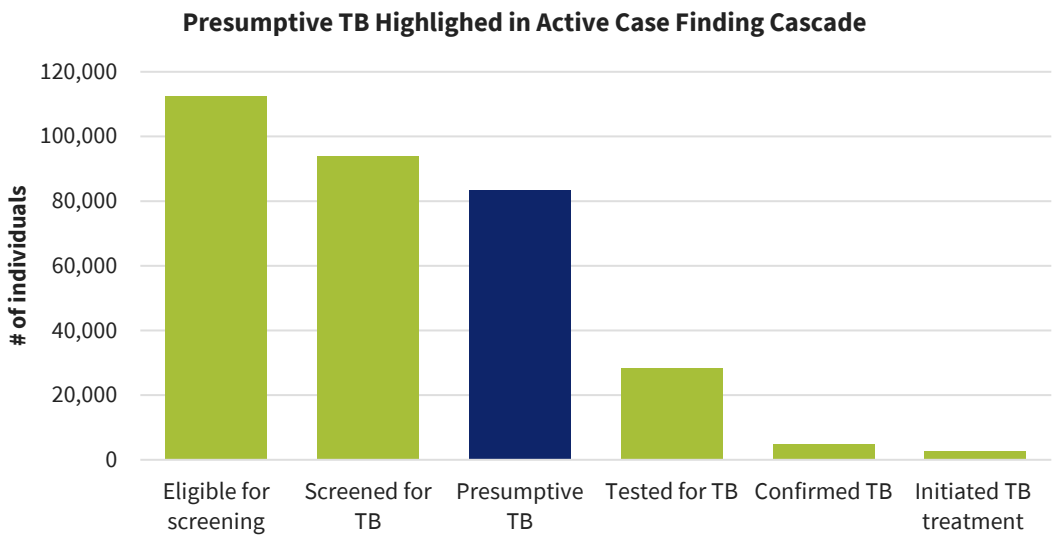
# Indicator name	**DT_PRES: Number of people presumptive TB** *Previously [PS-2]*	
Definition	Number of people with presumptive TB identified during the reporting period. Presumptive TB: people who screened positive for any signs or symptoms of TB are considered to have suspected TB disease and are said to have presumptive TB; these people should receive diagnostic testing with a WHO-recommended rapid diagnostic (WRD).	
Numerator	Number of people with presumptive TB identified during the reporting period.	*PBMEF data element: DT_PRES*
Denominator	NA	*N/A*
Category	REACH	
Indicator type	Output	
PBMEF level	Project Level	
Unit of measure	Number of people	
Data type	Integer	
Disaggregate by	Age (0–4, 5–14, 15+), sex	
Reporting level	National and subnational	
Reporting frequency	Monthly, quarterly	
Data source(s)	The data sources are basic management unit TB register, screening register, presumptive TB register, cough register, outpatient department registers, contact investigation (CI) register, or electronic management information systems available at the health facility and district level.	
Importance	Active case finding (ACF) or systematic screening for TB is an important tool to reach missing people with TB. It helps to reduce diagnosis and treatment delays and prevents the spread of the disease. Screening for active TB may reduce TB incidence, prevalence, and mortality; however, yield of ACF interventions varies substantially across populations. Passive case finding, putting the burden of care seeking for TB on the patient, alone will not achieve the 90% treatment coverage target set out in many national strategic plans (NSPs) and global strategies. In high burden TB settings and among populations with poor access and uptake of TB diagnosis and care, systematic screening of people, particularly those in high risk groups (i.e. HIV positive, contacts, prisoners), at both health facility-based and community based levels are crucial. To achieve universal access to early accurate diagnosis of TB and enhancing case finding efficiency, identification of people with presumptive TB at the first point of care and linking them to the best available diagnostic tests is essential to program management and strategy of patient centered care.	
Data use and visualizations	The indicator helps to demonstrate how effective the screening process is at identifying people who might have TB. Screening and diagnosing patients with appropriate tests and strategies will largely help project and national program response to TB case finding. It measures case detection efforts by the National TB Program (NTP) and stakeholders. A high rate of presumptive TB can mean that clinicians only send patients with advanced disease for diagnostic testing and are unaware of the symptoms of TB. On the contrary, if the rate is low, the screening tools have a low specificity and are not picking up people who are likely to have TB. Cascade analysis of the screening and diagnosis program data will be helpful to highlight the gaps in case finding and steps to take in addressing the barriers. In addition, trend analyses will be appropriate to help the use of information.	

Example charts/graphs:

- Trends over time and comparisons by risk group, geographic areas and by location (i.e. community-based or facility-based)
- ACF cascade
    - Number of people eligible for screening
    - Number of people screened for TB
    - Number of people with presumptive TB
    - Number of people with presumptive TB tested
    - Number of people with presumptive TB diagnosed with TB
    - Number of people with confirmed TB starting TB treatment



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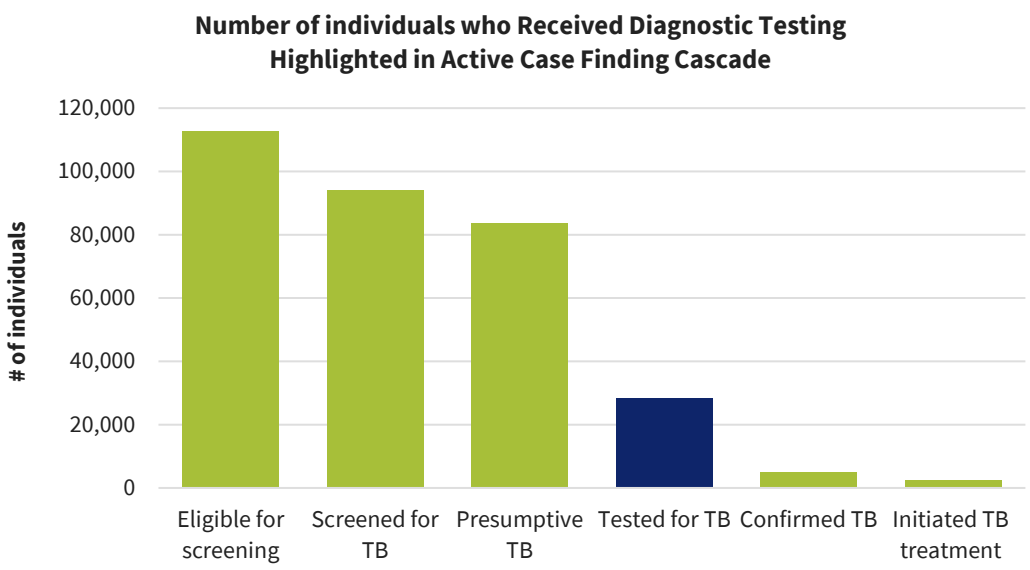
# Indicator name	**DT_TEST: Number of people with presumptive TB who received diagnostic testing** *Previously [PS-3]*	
Definition	Number of people with presumptive TB who received diagnostic testing to confirm or exclude active TB disease during the reporting period. Diagnostic testing for active TB disease includes smear, culture, and WHO-recommended rapid diagnostics (WRD): FluoroType® MTBDR (Hain), Loopamp™ MTBC detection kit (TB-LAMP), Xpert® MTB/RIF, Xpert® MTB/RIF Ultra, Truenat® MTB or MTB Plus, RealTime MTB (Abbott), BD MAX™ MDR-TB, cobas® MTB (Roche), or LF-LAM.	
Numerator	Number of people with presumptive TB who were tested for TB during the reporting period.	*PBMEF data element: DT_TEST*
Denominator	N/A	*N/A*
Category	REACH	
Indicator type	Output	
PBMEF level	Subnational Level	
Unit of measure	Number of people	
Data type	Integer	
Disaggregate by	Age (0–4, 5–14, 15+), sex, diagnostic test type	
Reporting level	National and subnational	
Reporting frequency	Monthly, quarterly	
Data source(s)	The data sources are basic management unit TB register, screening register, presumptive TB register, laboratory register, or electronic management information systems available at the health facility and district level.	
Importance	Active case finding (ACF) or targeted systematic screening is an important method to find undiagnosed TB among people in a community. ACF reduces time to diagnosis and initiation of treatment and prevents further spread of the disease. Screening for active TB may reduce TB incidence, prevalence, and mortality; however, yield of ACF interventions varies substantially across populations. Passive case finding, putting the burden of care seeking for TB on the patient, alone will not achieve the 90% treatment coverage target set out in many national strategic plans (NSPs) and global strategies. In high burden TB settings and among populations with poor access and uptake of TB diagnosis and care, systematic screening of people, particularly those in high risk groups (i.e. HIV positive, contacts, prisoners), at both health facility-based and community based levels are crucial. To achieve universal access to early accurate diagnosis of TB and enhancing case finding efficiency, identification of people with presumptive TB at the first point of care and linking them to the best available diagnostic tests is essential to program management and strategy of patient centered care.	
Data use and visualizations	This indicator measures access to laboratory services and how many of the identified presumptive TB patients get tested for TB in a timely manner using WRD. This is about availability of testing services and accessibility by the community. Cascade analysis of the screening and diagnosis program data will be helpful to highlight the gaps in case finding and steps to take in addressing the barriers. In addition, trend analyses will be appropriate to help the use of information. Additional information can be collected on (1) number who submitted specimens, (2) number of specimens sent to the lab, and (3) number of results reported.	

Example charts/graphs:

- Trends over time and comparisons by risk group, geographic areas and by location (i.e. community-based or facility-based)
- ACF cascade



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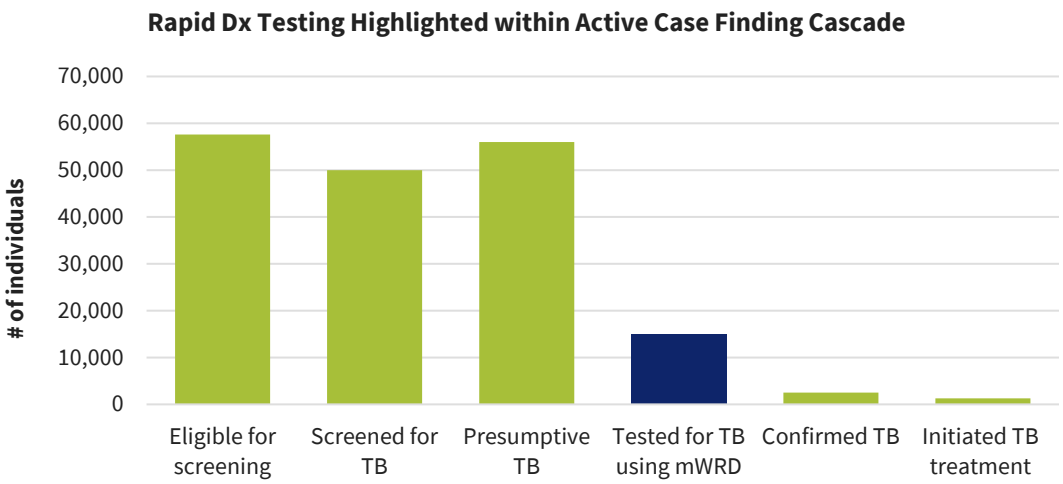
# Indicator name	**DT_WRD: Number of people with presumptive TB who were tested with a rapid diagnostic test** *Previously [DT-4]*	
Definition	Number of people who screened positive with signs and symptoms of TB (i.e., presumptive TB) and who were tested with a rapid diagnostic test to confirm or exclude active TB disease during the reporting period. Rapid diagnostic testing for active TB disease includes WHO-recommended rapid diagnostics (WRD) WHO-recommended diagnostic test (WRD): FluoroType® MTBDR (Hain), Loopamp™ MTBC detection kit (TB-LAMP), Xpert® MTB/RIF, Xpert® MTB/RIF Ultra, Truenat® MTB or MTB Plus, RealTime MTB (Abbott), BD MAX™ MDR-TB, cobas® MTB (Roche), or LF-LAM.	
Numerator	Number of people with presumptive TB who were tested for TB with a WRD during the reporting period.	*PBMEF data element: DT_WRD*
Denominator	N/A	*N/A*
Category	REACH	
Indicator type	Output	
PBMEF level	Subnational Level	
Unit of measure	Number of people	
Data type	Integer	
Disaggregate by	Age (0–4, 5–14, 15+), sex, diagnostic test type	
Reporting level	National and subnational	
Reporting frequency	Monthly, quarterly	
Data source(s)	The data sources are basic management unit TB register, screening register, presumptive TB register, laboratory register, or electronic management information systems available at the health facility and district level	
Importance	Active case finding (ACF) or systematic screening for TB is an important tool to reach missing people with TB. It helps to reduce diagnosis and treatment delays and prevents the spread of the disease. Screening for active TB may reduce TB incidence, prevalence, and mortality; however, yield of ACF interventions varies substantially across populations. Passive case finding, putting the burden of care seeking for TB on the patient, alone will not achieve the 90% treatment coverage target set out in many national strategic plans (NSPs) and global strategies. In high burden TB settings and among populations with poor access and uptake of TB diagnosis and care, systematic screening of people, particularly those in high risk groups (i.e. HIV positive, contacts, prisoners), at both health facility-based and community based levels are crucial. To achieve universal access to early accurate diagnosis of TB and enhancing case finding efficiency, identification of people with presumptive TB at the first point of care and linking them to the best available diagnostic tests is essential to program management and strategy of patient centered care.	
Data use and visualizations	This indicator measures access to laboratory services and how many of the identified presumptive TB patients get tested for TB in a timely manner using WRD. This is about availability of testing services and accessibility by the community. Cascade analysis of the screening and diagnosis program data will be helpful to highlight the gaps in case finding and steps to take in addressing the barriers. In addition, trend analyses will be appropriate to help the use of information. Additional information can be collected on (1) number who submitted specimens, (2) number of	

specimens sent to the lab, and (3) number of results reported.

Example charts/graphs:

- Trends over time and comparisons by risk group, geographic areas and by location (i.e. community-based or facility-based)
- ACF cascade



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# Indicator name	**DT_CXR: Number of people who received a chest X-ray (CXR)** *Previously [PS-7]*	
Definition	Number of people who had a chest X-ray (CXR) to rule out active TB disease during the reporting period. Note: CXR may also be used as a screening approach	
Numerator	Number of people who had a CXR to screen for TB disease during the reporting period.	*PBMEF data element: DT_CXR*
Denominator	N/A	*N/A*
Category	REACH	
Indicator type	Output	
PBMEF level	Subnational Level	
Unit of measure	Number of people	
Data type	Integer	
Disaggregate by	Age (0–4, 5–14, 15+), sex	
Reporting level	National, subnational	
Reporting frequency	Quarterly, monthly	
Data source(s)	The data sources are basic management unit TB register, contact investigation (CI) register, screening register, and electronic management information systems available at the health facility and district level.	
Importance	TB screening is essential for public health and its final step is enabling the detection of people with active TB. The screening procedure used influences the percentage of evaluated people who are diagnosed with TB. A screening procedure that identifies only people at high risk for TB (e.g. cough lasting more than 2 weeks) may result in a high diagnostic rate, but it also misses many people with TB that do not have such strong signs of TB risk. A screening procedure that identifies more people for testing (e.g., any TB symptom and/or abnormal CXR) may result in a lower diagnostic rate, but it may also be successful in diagnosing more people with TB. This indicator provides the next layer of granular data and helps to supplement the Core and Core Plus as well as monitoring, evaluation, and learning (MEL) national indicators for measuring the ability of National TB Programs (NTPs) to systematically identify and screen for active TB. Reporting of these indicators enables conducting detailed analysis such as constructing cascade analysis for better understanding of the programmatic performance and to track progress for improving TB preventive treatment.	
Data use and visualizations	The number of people with a CXR performed provides data to evaluate the use of CXR in screening for and diagnosing TB. It can be analyzed as a trend over time or compared across regions to understand contact-tracing performance. Comparisons with a country's screening targets will provide the impetus to further strengthen the implementation of enhanced screening strategies within an NTP. Example charts/graphs: • Trends over time by geographic area, risk group, and by location (i.e. community-based or facility-based)	

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# Indicator name	**NNS: Number needed to screen** *Previously [AF-7]*	
Definition	The number needed to screen (NNS) is the number of people that must be screened for symptoms of active TB disease to identify one person with TB during the reporting period. "Screening" is defined at a minimum as verbal screening for TB symptoms to identify people to be referred for further clinical evaluation or testing for TB disease. It may include mobile chest X-ray (CXR), an increasingly important intervention in high TB burden settings. Calculation: Numerator/Denominator	
Numerator	Number of people screened for TB in a given reporting period.	*PBMEF data element: DT_SCRN*
Denominator	Number of people diagnosed with TB in a given reporting period.	*PBMEF data element: DSTB_NOTIF + DRTB_NOTIF*
Category	REACH	
Indicator type	Output	
PBMEF level	Subnational Level	
Unit of measure	Number of people	
Data type	Integer	
Disaggregate by	Age, sex, setting	
Reporting level	National, subnational	
Reporting frequency	Quarterly, monthly	
Data source(s)	The data sources are basic management unit TB register, screening register, presumptive TB register, laboratory register, or electronic management information systems available at tbe health facility and district level.	
Importance	USAID invests in a variety of case finding approaches with the goal of closing the gap between estimated and notified people with TB. This indicator is important to help identify how effective these case finding strategies are.	
Data use and visualizations	The screening procedure used influences the percentage of evaluated people who are diagnosed with TB. A screening procedure that identifies only people at high risk for TB (e.g. cough lasting more than 2 weeks) may result in a low number NNS, but it also misses many people with TB that do not have such strong signs of TB risk. A screening procedure that identifies more people for testing (e.g., any TB symptom and/or abnormal CXR) may result in a higher number NNS, but it may also be successful in diagnosing more people. As the incidence of TB falls, it should become more difficult to find active TB. As a result, it is reasonable to expect that if the comprehensive approach to TB succeeds in reducing TB incidence over time, the percentage of people diagnosed with TB will decrease. This is not to say that active case finding efforts should be halted. Example charts/graphs: • Trends over time and comparisons • Comparisons public vs private, rural vs urban and high risk subgroups	

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# Indicator name	**NNT: Number needed to test** *Previously [AF-8]*	
Definition	The number needed to test (NNT) is the number of individuals that must be tested with a bacteriological test to identify one person with TB during the reporting period. These tests include all WHO-recommended rapid diagnostic (WRD) testing options, including: FluoroType® MTB (Hain), Loopamp™ MTBC detection kit (TB-LAMP), Xpert® MTB/RIF, Xpert® MTB/RIF Ultra, Truenat® MTB, RealTime MTB (Abbott), BD MAX™ MDR-TB, cobas® MTB (Roche), or LF-LAM. Calculation: Numerator/Denominator	
Numerator	Number of people with presumptive TB with a test result indicating bacteriological confirmation of TB disease during the reporting period or for a specific case finding approach.	*PBMEF data element: DT_TEST*
Denominator	Number of people with bacteriologically confirmed TB during the reporting period or for a specific case finding approach.	*PBMEF data element: BAC_CONF*
Category	REACH	
Indicator type	Output	
PBMEF level	Subnational Level	
Unit of measure	Number of people	
Data type	Integer	
Disaggregate by	Age, sex, setting	
Reporting level	National, subnational	
Reporting frequency	Quarterly, monthly	
Data source(s)	The data sources are basic management unit TB register, screening register, presumptive TB register, laboratory register, or electronic management information systems available at the health facility and district level.	
Importance	USAID invests in a variety of diagnostic technologies and case finding approaches with the goal of closing the gap between the number of estimated and notified people with TB. This indicator is important to help identify the most promising case finding strategies that will reach the population in need in the most efficient manner.	
Data use and visualizations	The screening and testing algorithm used influences the percentage of evaluated people who are diagnosed with TB. An algorithm that identifies only people at high risk for TB (e.g. cough lasting more than 2 weeks) may result in a low number NNT, but it also misses many people with TB that do not have such strong signs of TB risk. An approach that identifies more people for testing (e.g., any TB symptom and/or abnormal chest x-ray [CXR]) may result in a higher number NNT, but it may also be successful in diagnosing more people. As the incidence of TB falls, it should become more difficult to find active TB. As a result, it is reasonable to expect that if the comprehensive approach to TB succeeds in reducing TB incidence over time, the percentage of people diagnosed with TB will decrease. This is not to say that active case finding efforts should be halted Example charts/graphs: • Trends over time and comparisons • Comparisons public vs private, rural vs urban and high risk subgroups	

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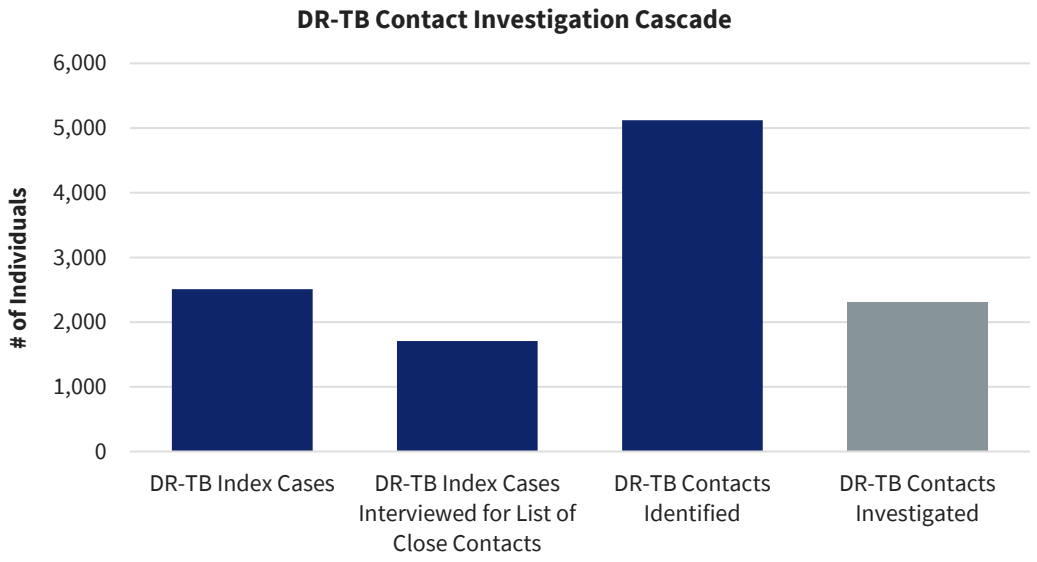
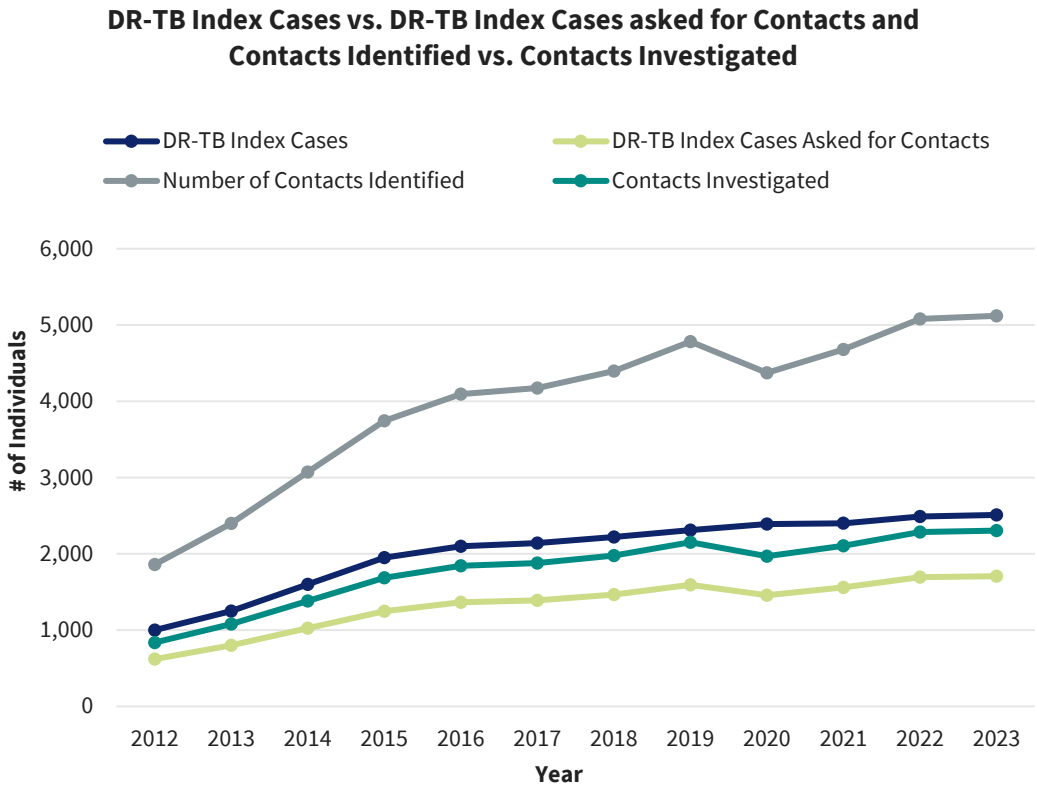
% Indicator name	**PCT_DR_CI_INIT: Percentage of people with DR-TB who had contact investigations initiated** *Previously [CI-8]*	
Definition	Percentage of people with notified drug-resistant (DR) TB (rifampicin-resistant [RR] and multidrug-resistant [MDR] TB and pre-extensively drug-resistant [pre-XDR] and extensively drug-resistant [XDR] TB) who had a contact investigation (CI) initiated. CI initiated: For the purposes of this indicator, "initiated" refers to the process of enumeration of all known contacts to an index DR-TB case. CI will also include the evaluation of those contacts to determine if any have active TB disease or TB infection (TBI) through symptom screening, diagnostic testing, chest X-ray (CXR), or clinical evaluation. Index case: Person with DR-TB who is notified to health authorities.	
Numerator	Number of people with notified DR-TB (RR/MDR-TB and pre-XDR/XDR-TB) during the reporting period who had a CI initiated.	*PBMEF data element: DR_CI_INIT*
Denominator	Number of people with notified DR-TB (RR/MDR-TB and pre-XDR/XDR-TB) during the reporting period.	*PBMEF data element: DRTB_NOTIF*
Category	REACH	
Indicator type	Outcome	
PBMEF level	Subnational Level	
Unit of measure	Percent of people	
Data type	Percentage	
Disaggregate by	Age (0–4, 5–14, 15+), sex This indicator is a subset of the National-Level indicator "DT_CI_INIT".	
Reporting level	National, subnational, health facility, project	
Reporting frequency	Quarterly, monthly, weekly (at health facility/project level)	
Data source(s)	The data sources are basic management unit TB register, CI register, laboratory register, and electronic management information systems available at the health facility and district level.	
Importance	CI is important both for active case finding and TB preventive treatment (TPT). DR-TB patients should all have a CI initiated to identify additional people who may have DR-TB and reduce community spread. This indicator provides data to identify gaps in the first step of CI service delivery, specifically to DR-TB patients.	
Data use and visualizations	The percentage of people with DR-TB with CI initiated is calculated from the number of people with notified DR-TB who had a CI initiated divided by the total number of people with notified DR-TB. This metric provides a measure of how thoroughly programs are conducting CI activities among DR-TB patients. When analyzed over time, it can provide insights into gaps in case detection or opportunities to identify contacts that may require a TPT regimen specific for exposure to a person with DR-TB. It can be analyzed as a trend over time or between subnational units to understand contact-tracing performance trends and inform plans for scale up. Example charts/graphs: • CI cascade • Trends over time comparisons • Scatterplot comparing coverage of people with TB with CI done and CI completed for	

contacts identified





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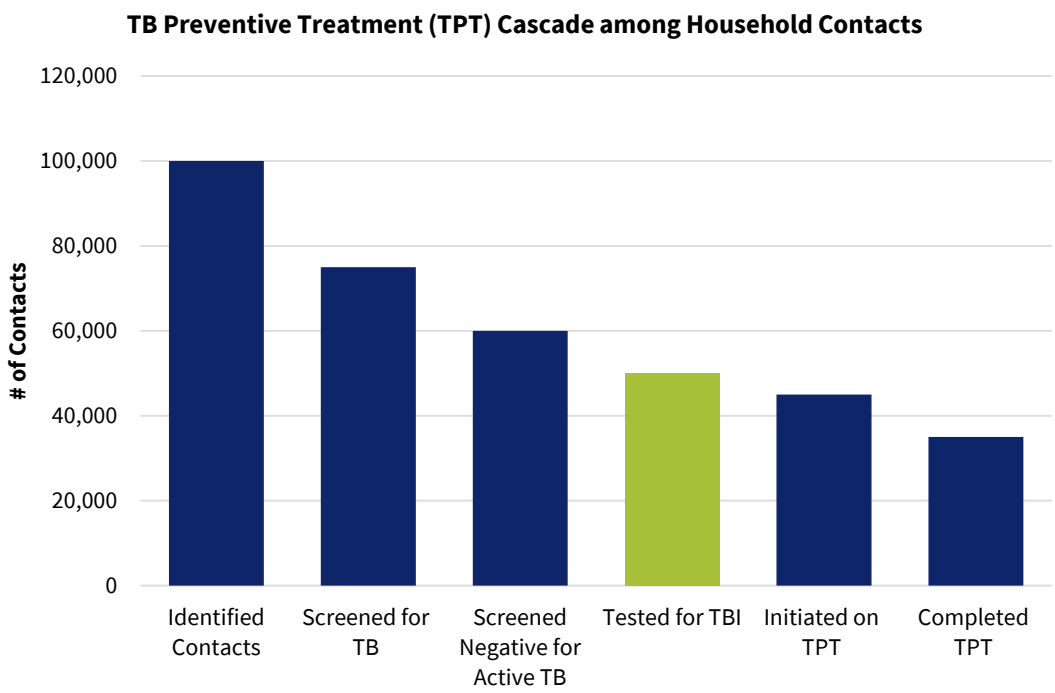
# Indicator name	CON_TBI_TEST: Number of contacts tested for TBI	
Definition	Number of contacts of new and recurrent[16] pulmonary TB patients who were tested for TB infection (TBI) during the reporting period (TBI testing includes tuberculin skin test [TST], interferon-gamma release assay [IGRA]).	
Numerator	Number of contacts of new/relapse pulmonary TB patients who were tested for TBI during the reporting period (TBI testing includes TST, IGRA).	*PBMEF data element: CON_TBI_TEST*
Denominator	N/A	*N/A*
Category	REACH	
Indicator type	Output	
PBMEF level	Subnational Level	
Unit of measure	Number of people	
Data type	Integer	
Disaggregate by	Age (0–4, 5–14, 15+), sex, diagnostic method (bacteriologically confirmed vs. clinically diagnosed)	
Reporting level	National, subnational	
Reporting frequency	Quarterly, monthly	
Data source(s)	The data sources are basic management unit TB register, screening register, presumptive TB register, cough register, outpatient department registers, contact investigation (CI) register, or electronic management information systems available at the health facility and district level.	
Importance	This indicator provides data for TBI testing in the process of evaluating contacts and provides the next layer of granular data to understand screening practices. It helps to supplement the Core and Core Plus as well as monitoring, evaluation, and learning (MEL) national indicators for measuring the ability of National TB Programs (NTPs) to systematically identify and screen for TBI. Reporting of these indicators enables conducting detailed analysis such as constructing CI cascade analyses for better understanding of the programmatic performance and to track progress for enabling TB preventive treatment (TPT) initiations.	
Data use and visualizations	The number of contacts who were tested for TBI provides a good comparison to determine the magnitude of individuals who are infected with TB but do not have active TB disease. In some settings, this is an important first step for initiating TPT. It can be analyzed as a trend over time or compared across regions to understand performance in TBI testing among contacts. Comparisons with a country's targets for TBI testing will provide the impetus to strengthen the implementation of CI strategies within an NTP. Example charts/graphs: • Trends over time by geographic area, risk group, and by location (i.e. community-based or facility-based) • CI Cascade	

[16] Previously "relapse"



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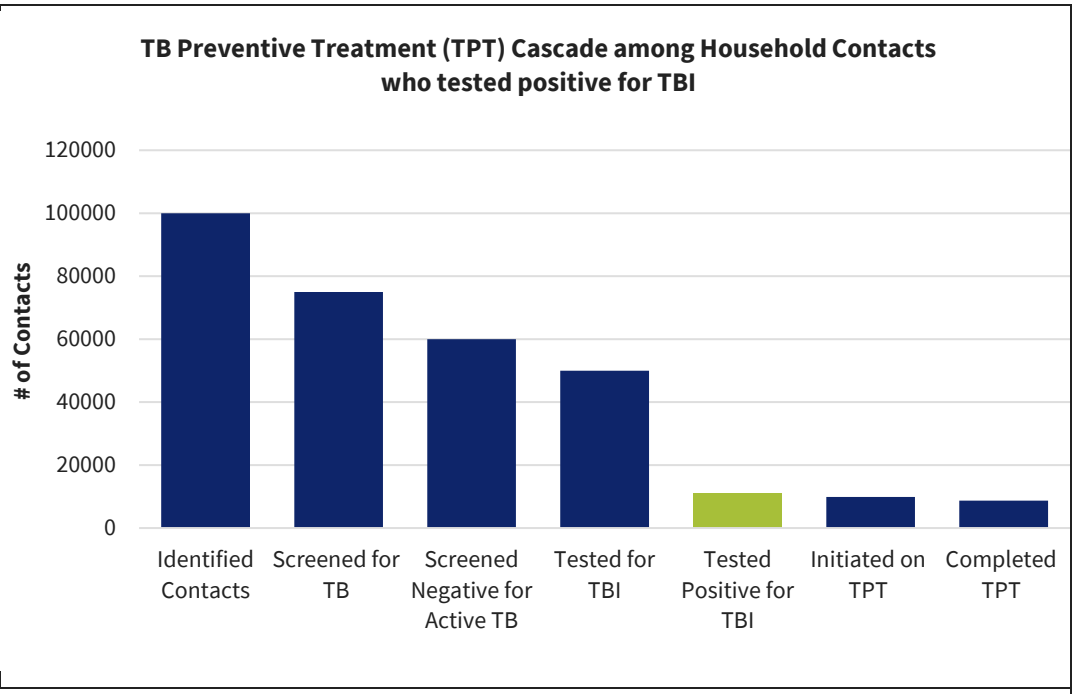
# Indicator name	**CON_TBI_POS: Number of contacts tested positive for TBI** Previously [PS-6]	
Definition	Number of contacts of people with new and recurrent[17] pulmonary TB who tested positive for TB infection (TBI) during the reporting period.	
Numerator	Number of contacts of people with new and recurrent pulmonary TB who tested positive for TBI during the reporting period.	*PBMEF data element: CON_TBI_POS*
Denominator	N/A	*N/A*
Category	REACH	
Indicator type	Output	
PBMEF level	Subnational Level	
Unit of measure	Number of people	
Data type	Integer	
Disaggregate by	Age (0–4, 5–14, 15+), sex	
Reporting level	National, subnational	
Reporting frequency	Quarterly, monthly	
Data source(s)	The data sources are basic management unit TB register, contact investigation (CI) register, laboratory register, and electronic management information systems available at the health facility and district level.	
Importance	This indicator presents the next in sequence after PS-5, provides the next layer of granular data, and helps to supplement the Core and Core Plus as well as monitoring, evaluation, and learning (MEL) national indicators for measuring the ability of National TB Programs (NTPs) to systematically identify and screen for TBI. Reporting of these indicators enables conducting detailed analysis such as constructing cascade analysis for better understanding of the programmatic performance and track progress for improving TB preventive treatment (TPT).	
Data use and visualizations	The number of contacts tested positive for TBI provides data on the number of people who do not have active TB disease but are confirmed to have latent TBI. This can be an important step for initiating TPT. It can be analyzed as a trend over time or compared across regions to understand TBI prevalence and positive yields of TBI testing. Comparisons with a country's CI TBI testing targets will provide the impetus to strengthen the use of TBI testing within an NTP. Example charts/graphs: • Trends over time by geographic area, risk group, and by location (i.e. community-based or facility-based) • CI Cascade	

[17] Previously "relapse"



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% Indicator name	**PCT_TX_DR_SUPPORT: Percentage of people on DR-TB treatment who received treatment support** *Previously [RS-7]*	
Definition	Percentage of drug-resistant (DR) TB patients (rifampicin-resistant [RR] and multidrug-resistant [MDR] TB and pre-extensively drug-resistant [pre-XDR] and extensively drug-resistant [XDR] TB) who received nonmedical interventions or benefits, aimed at improving treatment adherence and reduction of catastrophic cost during a specified period, among people with DR-TB who were initiated on treatment during the reporting period. This may include adherence support; food assistance; psychological, educational, or mental counseling; transportation reimbursement; or other social or economic support.	
Numerator	Number of people with DR-TB (RR/MDR-TB and pre-XDR/XDR-TB) who receive nonmedical interventions or benefits, aimed at improving treatment adherence and reduction of catastrophic cost during a specified period.	*PBMEF data element: TX_DR_SUPPORT*
Denominator	Number of people with DR-TB (RR/MDR-TB and pre-XDR/XDR-TB) who were on treatment during the same reporting period.	*PBMEF data element: DR_COH*
Category	CURE	
Indicator type	Output	
PBMEF level	Subnational Level	
Unit of measure	Percent of people	
Data type	Percentage	
Disaggregate by	Age (<15, 15+), sex	
Reporting level	National and subnational	
Reporting frequency	Annually, quarterly, monthly	
Data source(s)	The data sources for this indicator may vary country to country but will likely be found in a national or centralized registry for social support. Also, depending on whether TB support packages are rolled out nationwide or only through nongovernmental organizations (NGOs) or community organizations, this data could also be found in records kept by implementing partners (IPs).	
Importance	Treatment support for people on DR-TB treatment is essential to ensure successful outcomes. Support packages may include adherence support; food assistance; psychological, educational, or mental counseling; transportation reimbursement; or other social or economic support to people on DR-TB treatment. Support packages help to ensure that people on treatment have access to key nutritional assistance which can lead to better treatment outcomes; additionally, these packages work to minimize or prevent the catastrophic costs that can be associated with DR-TB. These associated costs can include the transport needed to get to and from the health facility; healthcare costs such as visit fees, medicine fees, or testing fees; and the loss of income due to illness or missing work in order to access the necessary care. Catastrophic costs incurred by people diagnosed with DR-TB can negatively affect their treatment and lead to long-term financial hardship even after successful DR-TB treatment. This is particularly important given the long duration of DR-TB treatment. This indicator works to measure efforts being undertaken by countries to minimize or prevent the catastrophic costs associated with DR-TB. Understanding the percentage of people on DR-TB treatment who have received these support packages demonstrate the reach of these support services and can highlight existing gaps.	
Data use and	The percentage of people on DR-TB treatment who have received support packages can help	

visualizations	countries monitor the reach of these support programs. When disaggregated, this indicator can help highlight differences or gaps in the distribution or utilization of these support services by multiple factors including reach in specific geographies, across specific populations, particularly high-risk groups, and between genders. Understanding who is and who is not receiving TB support packages can help National TB Programs (NTPs) identify populations or groups that need additional coverage and target their resources accordingly. For data visualizations, the percentage of DR-TB patients receiving TB support packages can be plotted over time for a particular country or regions. These visuals could also show important disaggregations such as gender. Example charts/graphs: • Graph of percentage of DR-TB patients receiving TB support packages over time for each region of a given country • Graph of percentage of DR-TB patients receiving TB support packages over time disaggregated by gender (stacked bar graph)
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% Indicator name	**PCT_TX_DS_SUPPORT: Percentage of people on DS-TB treatment who received treatment support** *Previously [SS-7]*	
Definition	Percentage of people with DS-TB who received nonmedical interventions or benefits, aimed at improving treatment adherence during the reporting period. This may include adherence support; food assistance; psychological, educational, or mental counseling; transportation reimbursement; or other social or economic support.	
Numerator	Number of people with new and recurrent[18] TB (all forms) who received any nonmedical treatment support during the reporting period.	*PBMEF data element: TX_DS_SUPPORT*
Denominator	Number of people with new and recurrent TB (all forms) enrolled on DS-TB treatment in the same reporting period.	*PBMEF data element: DS_COH*
Category	CURE	
Indicator type	Output	
PBMEF level	Subnational Level	
Unit of measure	Percent of people	
Data type	Percentage	
Disaggregate by	Age (<15, 15+), sex	
Reporting level	National and subnational	
Reporting frequency	Annually, quarterly, monthly	
Data source(s)	The data sources for this indicator may vary country to country but will likely be found in a national or centralized registry for social support. Also, depending on whether TB support packages are rolled out nationwide or only through nongovernmental organizations (NGOs) or community organizations, this data could also be found in records kept by implementing partners (IPs).	
Importance	Support for people with DS-TB is essential to ensure successful treatment for TB disease. TB support packages may include adherence support; food assistance; psychological, educational, or mental counseling; transportation reimbursement; or other social or economic support to people on TB treatment. Support packages help to ensure that people on treatment have access to key nutritional assistance which can lead to better treatment outcomes; additionally, these packages work to minimize or prevent the catastrophic costs that can be associated with TB. These associated costs can include the transport needed to get to and from the health facility; healthcare costs such as visit fees, medicine fees, or testing fees; and the loss of income due to illness or missing work in order to access the necessary care. Catastrophic costs incurred by people diagnosed with TB can negatively affect their TB treatment and lead to long-term financial hardship even after successful TB treatment. This indicator measures efforts being undertaken by countries to minimize or prevent the catastrophic costs associated with TB. Understanding the percentage of people on TB treatment who have received these economic or support packages demonstrate the reach of these support services and can highlight existing gaps.	
Data use and visualizations	The percentage of people on TB treatment who have received support packages can help countries monitor the reach of these support programs. When disaggregated, this indicator can help highlight differences or gaps in the distribution or utilization of these support services by multiple factors including reach in specific geographies, across specific populations, particularly high-risk groups, and between genders. Understanding who is and who is not receiving TB support	

[18] Previously “relapse”

	packages can help National TB Programs identify populations or groups that need additional coverage and target their resources accordingly. For data visualizations, the percentage of DS-TB patients receiving TB support packages can be plotted over time for a particular country or regions. These visuals could also show important disaggregations such as gender. Example charts/graphs: • Graph of percentage of DS-TB patients receiving TB support packages over time for each region of a given country • Graph of percentage of DS-TB patients receiving TB support packages over time disaggregated by gender (stacked bar graph)
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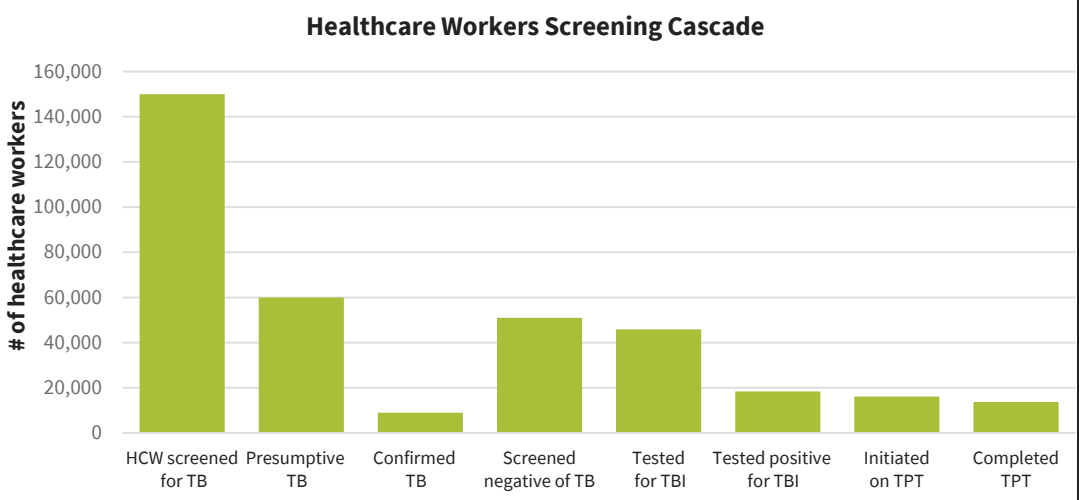
% Indicator name	**PCT_HCW_SCRN: Percentage of HCW screened for TB** *Previously [HW-1]*	
Definition	Percentage of healthcare workers (HCWs) screened for active TB disease during the reporting period, in line with national policies for HCWs. National policy for screening of HCWs may include specific high risk settings, e.g., TB clinics, outpatient departments (OPDs), emergency room (ER), staff providing inpatient care, laboratory workers, community health workers, or community-based volunteers (CBVs) involved with mobile outreach or TB contact investigations (TBCIs). HCW: A frontline HCW who is providing direct services including TB screening, contact evaluation, diagnosis, treatment, and patient care or support.	
Numerator	Number of HCWs screened for active TB disease in line with national policy during the reporting period.	*PBMEF data element: HCW_SCRN*
Denominator	Number of HCWs who were working in the country in the clinical or community settings in line with national policy during the reporting period.	*PBMEF data element: HCW_TOT* *WHO data element: hcw_tot*
Category	PREVENT	
Indicator type	Outcome	
PBMEF level	Subnational Level	
Unit of measure	Percent of HCWs	
Data type	Percentage	
Disaggregate by	Sex, workplace setting (hospital, TB clinic, TBCI staff, OPD, ER, other clinical or community setting), type of HCW [e.g., nurse, doctor, community health worker/CBV]), type of facility (private or public)	
Reporting level	Subnational Level indicators are expected to be reported at the subnational level for subnational units where the partner is operating. National data may also be reported if available.	
Reporting frequency	This indicator should be reported on an annual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.	
Data source(s)	The data sources are health care worker screening register, contact investigation (CI) register, and electronic management information systems available at the health facility and district level.	
Importance	HCWs are at an increased risk of occupational transmission of TB infection (TBI) from patients. They are known to be at high risk of latent TBI and active TB disease through occupational exposure to patients with active TB. Because of this increased risk, it is important that HCWs be regularly screened for TB to achieve the World Health Organization's (WHO) End TB Strategy goal of early detection and treatment of all TB patients and USAID's fundamental tenets of TB to detect, diagnose, treat, and prevent. This metric is one indicator that measures the robustness of a country's TB screening program.	
Data use and visualizations	The percentage of HCWs screened for TB can be analyzed over time and/or by comparing the percentage of HCWs screened by various disaggregations, such as subregion, private vs. public health facilities, sex of HCWs, or age of HCWs (e.g., under 30, 30–39, 40–49, 50–59, 60 and older). This can provide insight into which regions or facilities have strong HCW screening protocols and which ones may be lagging; if there are discrepancies in screening by age or sex of HCWs; or if screening HCWs has improved, declined, or maintained over time. Additionally, using a cascade analysis can indicate where there are gaps along the TB screening, notification, and treatment continuum for HCWs. This analysis will provide a useful explanation for why a country may or may not be achieving its targets, what course corrections may be needed to address nosocomial transmission of TB, and which gaps in programming may require additional resources.	

Examples of data visualizations:

- Bar graph of percentage of HCWs screened by type of HCW
- Bar graph of percentage of HCWs screened by region over a 10- or 20-year period
- Stacked bar graph of percentage of HCWs screened by region or by sex
- HCW screening cascade



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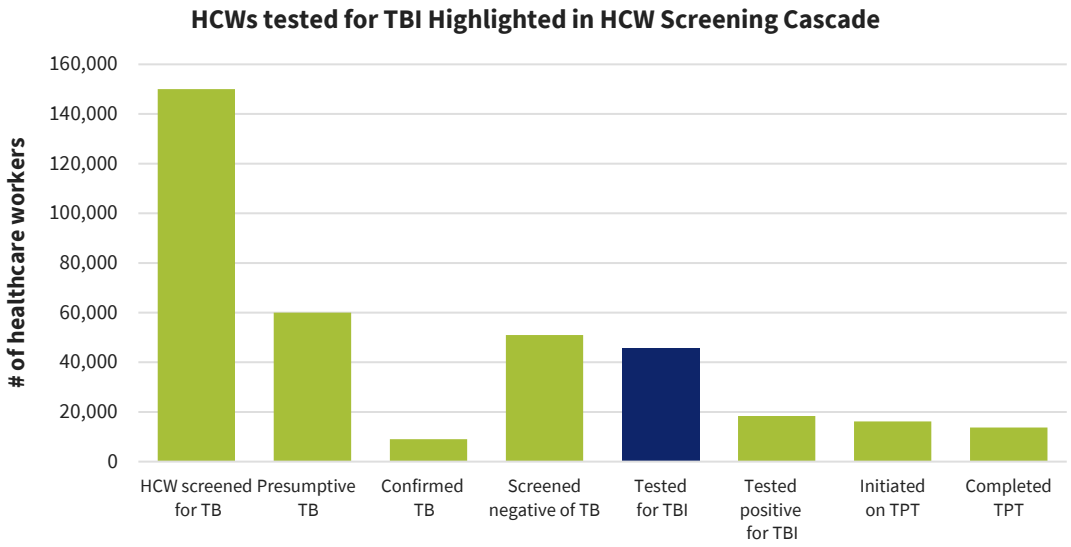
% Indicator name	**PCT_HCW_TBI_POS: Percentage of HCWs diagnosed with TBI** *Previously [HW-6]*	
Definition	Percentage of healthcare workers (HCWs) tested positive for TB infection (TBI) during the reporting period, among those who were tested for TBI. HCW: A frontline HCW who is providing direct services including TB screening, contact evaluation, diagnosis, treatment, and patient care or support.	
Numerator	Number of HCWs tested positive for TBI during the reporting period.	*PBMEF data element: HCW_TBI_POS*
Denominator	Number of HCWs who were tested for TBI during the reporting period.	*PBMEF data element: HCW_TBI_TEST*
Category	PREVENT	
Indicator type	Outcome	
PBMEF level	Subnational Level	
Unit of measure	Percent of HCWs	
Data type	Percentage	
Disaggregate by	Sex, type of HCW (e.g., nurse, doctor, community outreach worker), type of facility (private or public), TBI diagnostic method (e.g., tuberculin skin test [TST] or interferon-gamma release assay [IGRA])	
Reporting level	Subnational Level indicators are expected to be reported at the subnational level for subnational units where the partner is operating. National data may also be reported if available.	
Reporting frequency	This indicator should be reported on an annual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.	
Data source(s)	The data sources are basic management unit TB register, HCW screening register, contact investigation (CI) register, laboratory register, and electronic management information systems available at the health facility and district level.	
Importance	This indicator complements indicator HW-1, “Percentage of HCWs screened for TB.” It is important to diagnose TBIs in HCWs to prevent nosocomial transmission, particularly among immunocompromised patients. If HCWs are diagnosed with infectious TB, the impact of TB transmission at the health facility can be considerable because of immunocompromised patients in healthcare systems. Therefore, periodic screenings and preventive treatment for TBI for HCWs at high-risk of TBI are recommended. This metric is one indicator that measures the robustness of a country’s TB screening program.	
Data use and visualizations	The percentage of HCWs screened for TBI can be analyzed over time and/or by comparing the percentage of HCWs screened by various disaggregations, such as subregion, private vs. public health facilities, sex of HCWs, or age of HCWs (e.g., under 30, 30–39, 40–49, 50–59, 60 and older). This can provide insight into which regions or facilities have strong HCW screening protocols and which ones may be lagging; if there are discrepancies in screening by age or sex of HCWs; or if screening HCWs for TBI has improved, declined, or maintained over time. Additionally, using a cascade analysis can indicate where there are gaps along the TB screening, notification, and treatment continuum for HCW. This analysis will provide a useful explanation for why a country may or may not be achieving its targets, what course corrections may be needed to address nosocomial transmission of TB, and which gaps in programming may require additional resources. Examples of data visualizations: • Bar graph of percentage of HCWs screened for TBI by type of HCW	

- Bar graph of percentage of HCWs screened for TBI by region over a 10- or 20-year period
- Stacked bar graph of percentage of HCWs screened for TBI by region or by sex
- HCW screening cascade



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% Indicator name	PCT_HCW_TRN: Percentage of HCWs who received TB-related training	
Definition	Percentage of healthcare workers (HCWs) trained on the use of new TB diagnostic tools (e.g., POC testing, tuberculin skin test [TST], interferon-gamma release assay [IGRA]), digital C-rays); new treatment therapies as they become available; or approaches to expand TB active case finding, contact investigations (Cis), and patient support during the reporting period. HCW: A frontline HCW who is providing direct services including TB screening, contact evaluation, diagnosis, treatment, and patient care or support. Trained: This can refer to in-service training or continuous professional development in TB. "In-service training" refers to any training provided to HCWs who are currently employed in the health workforce to develop or update skills relevant to their job. "Continuous professional development" refers to the requirement by licensing bodies as a condition of renewing licensure that HCWs accumulate professional credits to keep their skills updated and perform to current standards.	
Numerator	Number of HCWs trained on the use of new TB diagnostic tools and treatment therapies, expanded TB active case finding, contact tracing, and patient support.	*PBMEF data element: HCW_TRN*
Denominator	Number of HCWs who were working in the country during the reporting period.	*PBMEF data element: HCW_TOT* *WHO data element: hcw_tot*
Category	SUSTAIN	
Indicator type	Outcome	
PBMEF level	Output	
Unit of measure	Subnational Level	
Data type	Percent of HCWs	
Disaggregate by	Percentage	
Reporting level	Sex, type of HCW (e.g., nurse, doctor, community outreach worker), training topic, type of facility (public or private)	
Reporting frequency	Subnational Level indicators are expected to be reported at the subnational level for subnational units where the partner is operating. National data may also be reported if available.	
Data source(s)	This indicator should be reported on an annual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.	
Importance	This indicator monitors the percentage of frontline HCWs that have already entered into the health workforce that receive training to develop a specific TB skill, such as through technical updates. The field of health is constantly evolving, and new national and international standards and technology are being introduced. This indicator provides information on how many HCWs in the country have received training to keep their TB skills up-to-date. Note that this indicator does not measure the quality of the training nor if the HCWs mastered relevant knowledge or skills as a result of the training.	
Data use and visualizations	This data can be used to monitor where HCWs are being trained and on which topics to strengthen human resources for TB care and services. When a new TB diagnostic tool is introduced, for example, by looking at number of HCWs trained by region or facility, one can see where trainings have been rolled out and where they are still needed. Example charts/graphs: • Trends over time by geographic coverage, by types of training, and by type of HCW trained	

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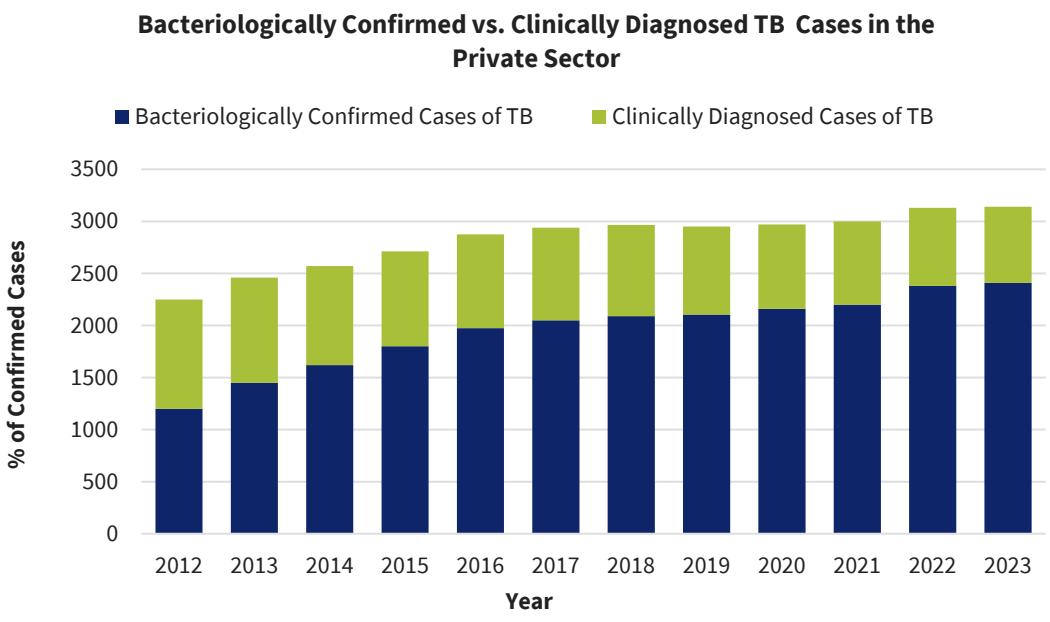
% Indicator name	PCT_PR_BAC_CONF: Percentage bacteriologically confirmed in private sector	
Definition	Percentage of new and recurrent[19] pulmonary TB notifications in the private sector that are bacteriologically confirmed. Bacteriologically confirmed: Smear positive for TB or culture positive for TB or positive for TB by a World Health Organization-recommended rapid diagnostics test (WRD): FluoroType® MTBDR (Hain), Loopamp™ MTBC detection kit (TB-LAMP), Xpert® MTB/RIF, Xpert® MTB/RIF Ultra, Truenat® MTB or MTB Plus, RealTi*m*e MTB (Abbott), BD MAX™ MDR-TB, cobas® MTB (Roche), or LF-LAM. Calculation: (Numerator/Denominator) x 100	
Numerator	Number of new and recurrent bacteriologically confirmed pulmonary TB notifications in the private sector (smear positive or culture positive or positive by (WRD) during the reporting period.	*PBMEF data element: PR_BAC_CONF*
Denominator	Number of new and recurrent pulmonary TB notifications in the private sector (bacteriologically confirmed plus clinically diagnosed) during the reporting period.	*PBMEF data element: PR_NOTIF* *WHO data element: priv_new_dx*
Category	REACH	
Indicator type	Outcome	
PBMEF level	Subnational Level	
Unit of measure	Percent of people	
Data type	Percentage	
Disaggregate by	Age (0–4, 5–14, 15+), sex	
Reporting level	Subnational Level indicators are expected to be reported at the subnational level for subnational units where the partner is operating. National data may also be reported if available.	
Reporting frequency	This indicator should be reported on an annual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.	
Data source(s)	The data sources for the private sector may vary country to country. Private sector facilities within the National TB Program (NTP) network should report their data to the NTP where it would be captured in the basic management unit TB register, laboratory register, and electronic management information systems at the health facility and district level.	
Importance	Engaging with private sector healthcare providers is essential to achieve universal access to TB prevention and care services. Countries that have prioritized private sector engagement show increases in the contribution of the private sector to overall TB case notifications. Global and national goals in TB cannot be achieved unless private providers are engaged on a large scale. This indicator measures the percentage of people with new and recurrent pulmonary TB who were notified by private non-NTP providers that are bacteriologically confirmed —which is the starting point for ensuring that people with TB identified by private providers will receive quality diagnosis and care. Contributions from private facilities and care providers to the total number of TB notifications should be regularly monitored. Introducing and using simplified case reporting for the private sector through electronic reporting or app-based reporting are some of the interventions to encourage private sector reporting, but intermediary agencies who can engage with diverse private providers	

[19] Previously “relapse”

	are typically also necessary.
Data use and visualizations	The percentage of people with privately notified pulmonary TB who are bacteriologically confirmed TB can be analyzed over time and/or between subregions. They can also be compared to the total number of TB notifications to determine the percentage of all TB notifications that are coming from the private sector. A further analysis of this indicator using granular data can also provide valuable insights into who these private providers are in terms of their geographic and institutional locations, as well as their share in private sector notifications. It may be possible that the majority of all private sector notifications come from just a few regular private sector institutions. Better understanding of these high and low performers may help to expand the private sector notification base. For countries with large contributions from private providers, a richer set of standard indicators could be used to distinguish contributions from (a) private for-profit vs. private not-for-profit; (b) providers at different levels of the healthcare system (pharmacies vs. primary care vs. secondary/tertiary care); and (c) private referrals vs. private case management. Limitations in data use include inconsistent reporting on private sector notifications from countries and non-disaggregated data on nonprofit and for-profit private providers. Below are examples one can use when presenting this indicator: • Percentage of public vs private sector bacteriologically confirmed TB case notifications (bar charts, or trend lines over time) • DS-TB cascade (disaggregated by public vs private) 

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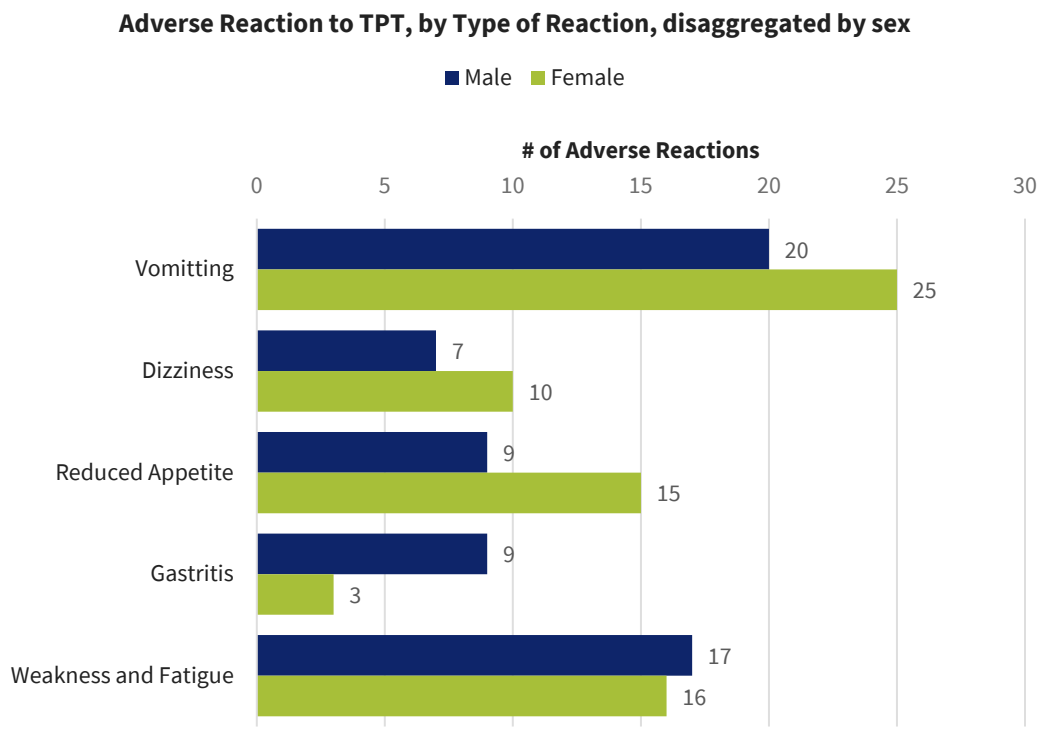
# Indicator name	TPT_ADR: Number of people with adverse reactions to TPT	
Definition	Number of people on TB preventive treatment (TPT) who developed at least one adverse drug reaction (ADR) to treatment during the reporting period. An ADR (often referred to as an "adverse event") is any negative medical occurrence that presents in a person during TB preventive treatment with a World Health Organization (WHO) approved regimen that may or may not have a causal relationship with the prescribed treatment. More information on ADR and grading ADRs can be found here.	
Numerator	Number of people on TPT who developed at least one ADR to treatment during the reporting period.	*PBMEF data element: TPT_ADR*
Denominator	N/A	*N/A*
Category	PREVENT	
Indicator type	Outcome	
PBMEF level	Subnational Level	
Unit of measure	Number of people	
Data type	Integer	
Disaggregate by	Age (0–4, 5–14, 15+), sex, type of adverse reaction (e.g., rash, nausea, vomiting, dizziness, reduced appetite, gastritis, jaundice), severity (1 = mild, 2 = moderate, 3 = severe (requiring hospitalization), 4 = life threatening, 5 = death), TPT regimen (1HP, 3HP, 3HR, 4R, 6H)	
Reporting level	Subnational Level indicators are expected to be reported at the subnational level for subnational units where the partner is operating. National data may also be reported if available.	
Reporting frequency	This indicator should be reported on an annual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.	
Data source(s)	The data sources are the TPT register or electronic management information systems at the health facility and district levels.	
Importance	Monitoring ADRs can help health programs with preventing and managing ADRs, reduce patient suffering, and improve treatment outcomes. ADRs can lead to people on TPT interrupting treatment before completion, resulting in ineffective preventive treatment. Therefore, it is important that adverse reactions be monitored in people taking TPT. Systematically gathering this data assists with drug safety monitoring and the ability to detect, manage, and report suspected or confirmed drug toxicities. Unlike other monitoring activities inherent to TB programs, programs have not consistently monitored adverse reactions to TPT in the past. Once monitoring of this aspect of TPT becomes more common, it is expected that its value will extend beyond the individual patient monitored, to benefit other patients from improved knowledge of the medicines tracked as well as endowing programs with a robust mechanism to enable the introduction of future TPT treatments at an accelerated pace.	
Data use and visualizations	Number of TPT patients who developed an ADR to treatment can be analyzed as a trend showing whether adverse reactions for TPT patients are improving or getting worse over time. This data can be disaggregated by type and severity of ADR to determine which adverse events are more likely to be associated with a specific TPT regimen. The data may also be analyzed by sex to see if males or females are disproportionately affected.	


Adverse Reaction to TPT, by Type of Reaction, disaggregated by sex
Male
Female
# of Adverse Reactions
0
5
10
15
20
25
30
Vomitting
20
25
Dizziness
7
10
Reduced Appetite
9
15
Gastritis
9
3
Weakness and Fatigue
17
16

% Indicator name	PCT_SN_IPC: Congregate settings with IPC	
Definition	Percentage of congregate settings with infection prevention and control (IPC) measures in place. Congregate settings: A mix of institutional (non-healthcare) settings where people reside in close proximity to each other. Congregate settings include correctional facilities (prisons and jails), homeless shelters, refugee camps, army barracks, dormitories, and nursing homes; data may be reported on these individual settings based on country prioritization and availability of data (WHO guidelines on tuberculosis infection prevention and control, 2019 update). IPC measures include designated IPC focal person, IPC facility committee and plan, regularly scheduled meetings, monitoring of healthcare workers (HCWs) for TB and TB infection (TBI) through annual screening with tuberculin skin test (TST), interferon-gamma release assay (IGRA), or chest X-ray (CXR). Calculation: (Numerator/Denominator) x 100	
Numerator	Number of congregate settings with IPC measures in place.	*PBMEF data element: SN_IPC*
Denominator	Number of congregate settings in the given area.	*PBMEF data element: CONGREGATE_SETTINGS*
Category	PREVENT	
Indicator type	Output	
PBMEF level	Subnational Level	
Unit of measure	Percent of congregate settings	
Data type	Percentage	
Disaggregate by	Congregate setting type where data is coming from (jails/prisons, homeless shelters, refugee camps, etc.)	
Reporting level	Subnational Level indicators are expected to be reported at the subnational level for subnational units where the partner is operating. National data may also be reported if available.	
Reporting frequency	This indicator should be reported on an annual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.	
Data source(s)	Data source may vary from country to country and include administrative reports from relevant ministry on congregate settings, National TB Program (NTP) reports, survey of congregate setting facilities, or supervision visits.	
Importance	TB is airborne disease and congregate settings are one of the high-risk environments for its transmission. Hence, TB prevention and control measures are among the major interventions to reduce transmission in areas with minimal circulation of air such as congregate settings. TB prevention and control measures consist of a combination of measures designed to minimize the risk of M. tuberculosis transmission within populations. A three-level hierarchy of controls comprising administrative controls, environmental controls, and respiratory protection has been shown to reduce and prevent the risk of transmission and exposure to M. tuberculosis (WHO guidelines on tuberculosis infection prevention and control, WHO, 2019). The use of respiratory isolation or separation measures applies to all settings with a high risk of M. tuberculosis transmission including congregate settings where healthcare services, including hospitalization, is provided, regardless of the burden of TB disease in the community. Similarly, respiratory hygiene measures apply to people with confirmed or presumptive TB in settings with a high risk of M. tuberculosis transmission including congregate settings such as correctional facilities and refugee and asylum centers. Such respiratory hygiene must be implemented at all times. The use of surgical masks, in particular, is of utmost importance in waiting areas, during transport, and in any situation which can lead to temporary exposure to M. tuberculosis (e.g., in physician offices). The use of poorly designed or poorly maintained ventilation systems leading to	

	inadequate airflow can result in healthcare associated transmission of M. tuberculosis. Inadequate ventilation also increases the risk of transmission in other non-healthcare congregate settings such as correctional facilities and refugee and asylum centers. Hence, this indicator measures the existence of infection control measures in the congregate settings, and it is one of the required reports for the End TB Now Act that specifically mentions hospitals, clinics, and prisons.
Data use and visualizations	Tracking the percentage of congregate settings with IPC measures in place can be indicative of the coverage and success of TBI control activities. It is usually measured and reported with focus on healthcare settings, and the purpose of including this indicator in the monitoring, evaluation, and learning (MEL) Subnational category is to emphasize the significance of implementing infection control in community settings, especially in those areas where the risk of transmission is very high. In terms of visualization, it can be visualized with basic graphs to show trends in IPC coverage in the defined congregate setting over a period of time. This data can also be plotted alongside geographical mapping of congregate settings and highlighting those where IPC measures are implemented. Since infection control includes a long list of interventions, data can also be presented with additional details depending on the scope of IPC measures in place in the particular setting and its degree of implementation. Example charts/graphs: • Trends over time by geographic coverage, types of facilities, types of infection control
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% Indicator name	PCT_MH_SCRN: Percentage of people diagnosed with TB and screened for mental health disorders	
Definition	Percentage of people diagnosed with TB during the reporting period who are screened for mental health disorders. Calculation: (Numerator/Denominator) x 100	
Numerator	Number of people with notified TB during the reporting period who were screened for mental health disorders.	*PBMEF data element: MH_SCRN*
Denominator	Number of people with notified TB during the reporting period.	*PBMEF data element: DSTB_NOTIF + DRTB_NOTIF*
Category	REACH	
Indicator type	Outcome	
PBMEF level	Subnational Level	
Unit of measure	Percent of people	
Data type	Percentage	
Disaggregate by	Age (<15, 15+), sex, mental health screening result (positive, negative)	
Reporting level	Subnational Level indicators are expected to be reported at the subnational level for subnational units where the partner is operating. National data may also be reported if available.	
Reporting frequency	This indicator should be reported on an annual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.	
Data source(s)	The data sources may be project databases (community, facility), electronic medical records (EMRs), or patient registers.	
Importance	This indicator allows programs to monitor detection of mental health disorders among patients with all forms of TB.	
Data use	Increase the detection of mental health disorders in people with TB and who are referred to appropriate services.	

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% Indicator name	PCT_MH_TX: Percentage of people with TB who received psychotherapeutic interventions	
Definition	Percentage of people diagnosed with TB during the reporting period who received evidence-based psychotherapeutic interventions, among those who were identified as having mental health disorders. Calculation: (Numerator/Denominator) x 100	
Numerator	Number of people with notified TB during the reporting period who received evidence-based psychotherapeutic interventions.	*PBMEF data element: MH_TX*
Denominator	Number of people with notified TB during the reporting period who were identified as having mental health disorders.	*PBMEF data element: MH_SCRN_POS*
Category	CURE	
Indicator type	Output	
PBMEF level	Subnational Level	
Unit of measure	Percent of people	
Data type	Percentage	
Disaggregate by	Age (<15, 15+), sex, mental health disorder, type of intervention	
Reporting level	Subnational Level indicators are expected to be reported at the subnational level for subnational units where the partner is operating. National data may also be reported if available.	
Reporting frequency	This indicator should be reported on an annual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.	
Data source(s)	The data sources may be project databases (community, facility), electronic medical records (EMRs), or patient registers.	
Importance	This indicator allows programs to monitor treatment coverage of mental health disorders among patients with all forms of TB. Additional resources from the World Health Organization (WHO) on mental health can be found below: • Mental health action plan for the WHO South-East Asia Region 2023–2030: https://www.who.int/publications/i/item/9789290210689 • Integrating psychosocial interventions and support into HIV services for adolescents and young adults: https://www.who.int/publications/i/item/9789240071476 • mhGAP Intervention Guide - Version 2.0: https://www.who.int/publications/i/item/9789241549790	
Data use	This indicator will provide information on the provision of quality, evidence-based interventions to patients with mental health disorders.	

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% Indicator name	PCT_DM_SCRN_POS: Percentage screened positive for diabetes among people with confirmed TB	
Definition	Percentage of people diagnosed with TB who were screened for diabetes before initiating TB treatment and who screened positive for diabetes. Screening for diabetes may include symptoms, e.g., polyuria, polydipsia, urine dipstick, blood glucose, or Hemoglobin A1c (HbA1c). Calculation: (Numerator/Denominator) x 100	
Numerator	Number of people diagnosed with TB who screened positive for diabetes before initiating TB treatment.	*PBMEF data element: DM_SCRN_POS*
Denominator	Number of people diagnosed with TB who were screened for diabetes.	*PBMEF data element: DM_SCRN*
Category	CURE	
Indicator type	Output	
PBMEF level	Subnational Level	
Unit of measure	Percent of people	
Data type	Percentage	
Disaggregate by	Age (<15, 15+), sex	
Reporting level	Subnational Level indicators are expected to be reported at the subnational level for subnational units where the partner is operating. National data may also be reported if available.	
Reporting frequency	This indicator should be reported on an annual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.	
Data source(s)	The data sources may be project databases, electronic medical records (EMRs) of the National TB Program (NTP), health management information systems (HMIS), etc.	
Importance	Diabetes mellitus (DM) is associated with a two- to threefold increase in the risk of developing TB disease, a twofold risk of death during TB treatment, a fourfold risk of TB relapse after treatment completion, and a twofold risk of MDR-TB. In 2019, over 15% of people with TB were estimated to have diabetes. Addressing comorbidities like diabetes is central to patient-centered, integrated care. This indicator allows programs to monitor the coverage of testing for diabetes among people diagnosed with TB. Though DM screening may occur at other times, this indicator captures screening for diabetes prior to treatment initiation to align with proposed global indicators on DM.	
Data use	Data from this indicator will be used to monitor diabetes diagnosis for people with TB and diabetes. Proper detection will enable early initiation of treatment for both conditions, which will ultimately improve both TB treatment adherence and positive TB treatment outcomes.	

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% Indicator name	**PCT_TAT_SUBMIT: Turnaround time (TAT): Percentage of specimens submitted to a laboratory within specified target timeframe** *Previously [DT-30]*	
Definition	Percentage of specimens submitted to a laboratory for WHO-recommended rapid diagnostic (WRD) testing within a specified target turnaround time (TAT) from collection to lab submission during the reporting period. The specified TAT should align with the National TB Program (NTP) standard for target TATs for specimen collection, submission, testing, and reporting, which may vary from country to country. Calculation: (Numerator/Denominator) x 100	
Numerator	Number of specimens submitted to a laboratory for WRD testing within a specified TAT for time from collection to submission.	*PBMEF data element: TAT_SUBMIT*
Denominator	Total number of specimens submitted to a laboratory for WRD testing during the reporting period.	*PBMEF data element: WRD_SPECIMENS*
Category	REACH	
Indicator type	Output	
PBMEF level	Subnational Level	
Unit of measure	Percent of specimens	
Data type	Percentage	
Disaggregate by	Type of specimen	
Reporting level	National, subnational	
Reporting frequency	Quarterly, monthly	
Data source(s)	The data sources for this indicator may vary country to country. In some settings, data will be found in basic management unit TB registers, laboratory registers, or electronic management systems at the health facility and district level.	
Importance	TAT acts as a quality indicator to evaluate the effectiveness and efficiency of the testing process. As countries intensify efforts to improve TB diagnosis and treatment and close the gap between the number of people with TB notified and the number estimated, the number of people with notified TB that are bacteriologically confirmed needs to be monitored to ensure that people are correctly diagnosed and started on the most effective treatment regimen as early as possible. This indicator measures a program's capacity for timely submission of specimens to the laboratory for WRD testing during the reporting period. This indicator is meant to measure the timeliness of specimen submission for diagnostic specimens only.	
Data use	Early detection of TB is critical to achieving desirable treatment outcomes and interrupting the chain of transmission in the community. Timely specimen collection and submission to a laboratory using a molecular WHO-recommended rapid diagnostic (mWRD) and reducing the time to TB diagnosis reflects multiple processes, including availability and access to adequate bacteriological diagnostic services (trained staff, equipment, etc.), quality of laboratory testing, and adherence to TB guidelines and functional sample transport system. By measuring this indicator, countries can track the efficiency of sample collection and submission, including sample transport systems. Additionally, this indicator can be compared against national and global standards or targets as a proxy for measuring laboratory performance or capacity within a country. Example charts/graphs: Trends over time comparisons; Infographics demonstrating TATs	

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% Indicator name	**PCT_TAT_TST: Turnaround time (TAT): Percentage of specimens received at testing laboratory and tested within specified target timeframe** *Previously [DT-31]*	
Definition	Percentage of specimens received at laboratories for WHO-recommended rapid diagnostic (WRD) testing and tested within specified target timeframe during the reporting period. The timeframe should align with the National TB Program (NTP) standard for target turnaround time (TAT) for specimen collection, submission, testing, and reporting, which may vary from country to country. Calculation: (Numerator/Denominator) x 100	
Numerator	Number of specimens received at the laboratory for WRD testing and tested within a specified target timeframe during the reporting period.	*PBMEF data element: TAT_TST*
Denominator	Number of specimens received at the laboratory for WRD testing during the reporting period.	*PBMEF data element: WRD_SPECIMENS*
Category	REACH	
Indicator type	Output	
PBMEF level	Subnational Level	
Unit of measure	Percent of specimens	
Data type	Percentage	
Disaggregate by	Type of specimen	
Reporting level	National, subnational	
Reporting frequency	Quarterly, monthly	
Data source(s)	The data sources for this indicator may vary country to country. In some settings, data will be found in basic management unit TB registers, laboratory registers, or electronic management systems at the health facility and district level.	
Importance	As countries implement efforts to improve TB diagnosis and treatment and close the gap between notified and estimated TB cases, the number of people with notified TB that are bacteriologically confirmed needs to be monitored to ensure that people are correctly diagnosed and started on the most effective treatment regimen as early as possible. This indicator measures a program's capacity for timely testing of specimens once they are received in the laboratory during the reporting period.	
Data use	Early detection of TB is critical to achieving desirable treatment outcomes and interrupting the chain of transmission in the community. Timely testing of specimens after they are collected and submitted to a laboratory using a molecular WHO-recommended rapid diagnostic (mWRD) and reducing the time to TB diagnosis reflects multiple processes, including availability and access to adequate bacteriological diagnostic services (trained staff, equipment, etc.), quality of laboratory testing, and adherence to TB guidelines and functional sample transport system. By measuring this indicator, countries can track the efficiency of sample processing in laboratories and identify bottlenecks to fast TAT. Additionally, this indicator can be compared against national and global standards or targets as a proxy for measuring laboratory performance or capacity within a country. Example charts/graphs: • Trends over time comparisons; Infographics demonstrating TATs	

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% Indicator name	**PCT_TAT_RPRT: Turnaround time (TAT): Percentage of specimens tested and results reported to the referring facility (or provider) within specified target timeframe** *Previously [DT-32]*	
Definition	Percentage of specimens tested at laboratories using a WHO-recommended rapid diagnostic (WRD) test and with results reported back to the referring facility or provider within specified target timeframe during the reporting period. The timeframe should align with the National TB Program (NTP) standard for target turnaround times (TATs) for specimen collection, submission, testing and reporting, which may vary from country to country. Calculation: (Numerator/Denominator) x 100	
Numerator	Number of specimens tested using a WRD with results reported to the referring facility (or provider) during the reporting period within specified target timeframe.	*PBMEF data element: TAT_RPRT*
Denominator	Number of specimens tested using a WRD with results reported to the referring facility (or provider) during the reporting period.	*PBMEF data element: WRD_SPECIMENS*
Category	REACH	
Indicator type	Output	
PBMEF level	Subnational Level	
Unit of measure	Percent of specimens	
Data type	Percentage	
Disaggregate by	Type of specimens	
Reporting level	National, subnational	
Reporting frequency	Quarterly, monthly	
Data source(s)	The data sources for this indicator may vary country to country. In some settings, data will be found in basic management unit TB registers, laboratory registers, or electronic management systems at the health facility and district level.	
Importance	This laboratory TAT is the time from when a sample is received at the laboratory to when the results are reported to the clinician. As countries implement efforts to improve TB diagnosis and treatment and close the gap between notified and estimated TB cases, the number of people with notified TB that are bacteriologically confirmed needs to be monitored to ensure that people are correctly diagnosed and started on the most effective treatment regimen as early as possible. This indicator measures a program's capacity for timely reporting of test results for specimens after they are processed in the laboratory. This is important to detect TB accurately and rapidly using new diagnostics and to increase the percentage of cases confirmed bacteriologically by scaling up the use of recommended diagnostics that are more sensitive than smear microscopy.	
Data use	Early detection of TB is critical to achieving desirable treatment outcomes and interrupting the chain of transmission in the community. Timely reporting of test results after specimens are collected, submitted, and processed using a molecular WHO-recommended rapid diagnostic (mWRD) and reducing the time to TB diagnosis reflects multiple processes. These include availability and access to adequate bacteriological diagnostic services (trained staff, equipment, etc.), quality of laboratory testing, adherence to TB guidelines, functional sample transport system, and communication systems to ensure that the results are reported to the provider so that they can make a treatment decision and the person may start the appropriate regimen as	

	quickly as possible. These systems may include connectivity solutions to facilitate reporting. By measuring this indicator, countries can track the efficiency of communication between laboratories and providers and identify bottlenecks to fast TAT. Additionally, this indicator can be compared against national and global standards or targets as a proxy for measuring laboratory performance or capacity within a country. Example charts/graphs: • Trends over time comparisons • Infographics demonstrating TATs
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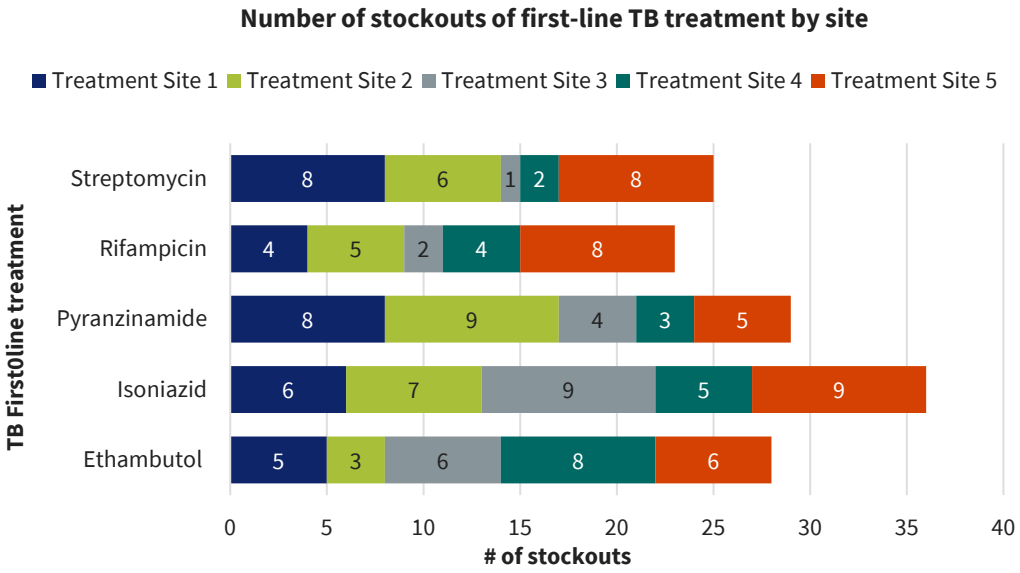
# Indicator name	**STKOUT_FLD: Stockout of any first-line TB treatment drugs** *Previously [DT-42]*	
Definition	Occurrence of stockout of one or more first-line drugs (FLDs) for TB treatment at any TB treatment site (i.e., basic management unit) or drug storage facility during the reporting period (quarter/annual). The World Health Organization (WHO) defines a stockout as the complete absence of a required drug at a storage point or delivery point for at least one day.	
Numerator	This is a Yes/No response for the initial part of the indicator. Only if Yes, then detailed disaggregated data should be provided: • Generic names of TB treatment drugs • Geographic locations • Treatment site/drug storage facility • Central/regional/district level	*PBMEF data element: STKOUT_FLD*
Denominator	N/A	*N/A*
Category	SUSTAIN	
Indicator type	Output	
PBMEF level	Subnational Level	
Unit of measure	Yes/No, if yes: name of FLD, location, site, level	
Data type	Boolean (Yes/No)	
Disaggregate by	Generic names of TB treatment drugs, treatment site/drug storage facility, central/regional/district level	
Reporting level	National, subnational	
Reporting frequency	Quarterly	
Data source(s)	Data for this indicator can be extracted from routine commodity management information systems, facility survey, or routine supervision reports at facility and district levels.	
Importance	A reliable, effective procurement and supply chain management (PSCM) system is the backbone of the TB program to ensure (1) all TB medicines are available to the patient for treatment without any interruption; (2) all TB diagnostics and supplies are available in the healthcare centers where presumptive TB patients are diagnosed; (3) regular and timely delivery of the TB products to the health centers; and (4) quality assurance is adhered to, and affordably priced products are delivered on time. An effective PSCM requires timely and reliable quantification of all TB products (medicines, diagnostics, consumables) based on regular inflow of information from the healthcare facility to the central ordering authority. This information should include the consumption, stock in balance, and the quantities needed for the next ordering cycle. Ideally, healthcare facilities would have tools available for quantification and timely placement of a procurement order including the necessary lead time.	
Data use	During visit to the program and for the purpose of evaluation; indication of an effective PSCM would be: • No STOCKOUT of any TB medicine • No STOCKOUT of any TB diagnostic product • No EXPIRY (expiration) of products both medicines and diagnostics as a result of	

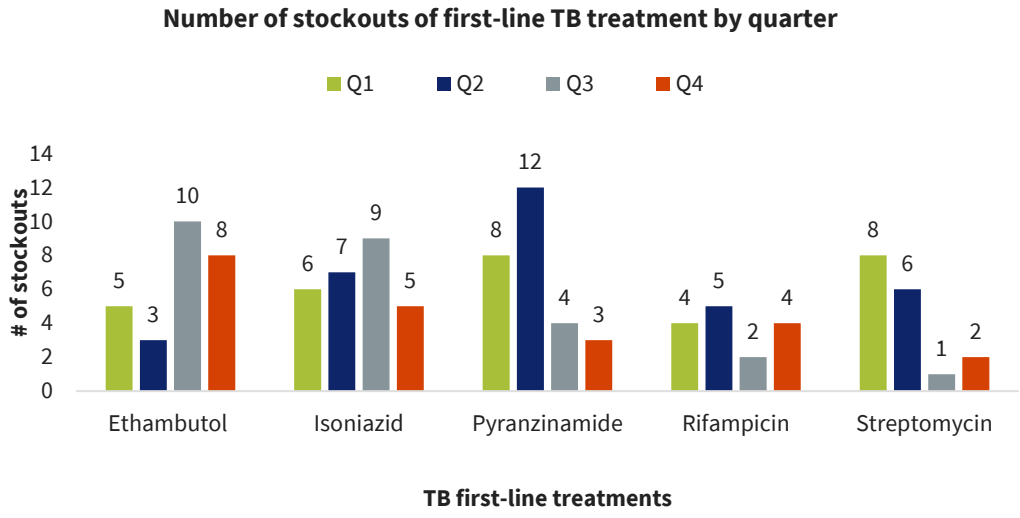
underutilization or overstocking due to incorrect quantification (over-ordering)

With overstocking, one would need to consider underutilization as a result of changes in the treatment regimens as recommended by the WHO; for example, shortened treatment regimens for drug-resistant (DR) TB, the use of second-line injectables that are no longer recommended, or a change in TB preventive treatment (TPT) regimen from 6H to 3HP.

Example charts/graphs:

- Charts or infographics by facility or aggregated by geographic location or heat maps





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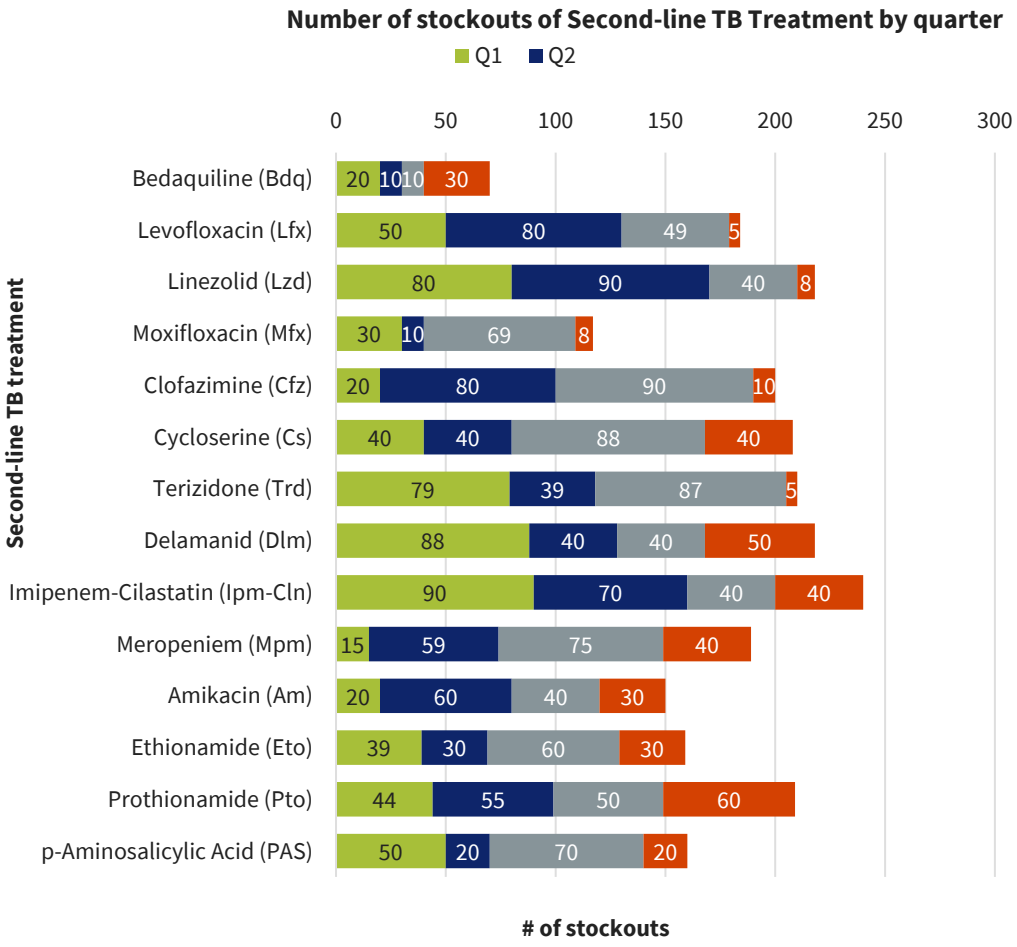
# Indicator name	**STKOUT_SLD: Stockout of any second-line TB treatment drugs** *Previously [DT-43]*	
Definition	Occurrence of stockout of one or more second-line drug (SLD) for TB treatment at any TB treatment site or drug storage facility during the reporting period (quarter/annual). The World Health Organization (WHO) defines a stockout as the complete absence of a required drug at a storage point or delivery point for at least one day.	
Numerator	This is a Yes/No response for the initial part of the indicator. Only if Yes, then detailed disaggregated data should be provided: • Generic names of TB treatment drugs • Geographic locations • Treatment site/drug storage facility • Central/regional/district level	*PBMEF data element: STKOUT_SLD*
Denominator	N/A	*N/A*
Category	SUSTAIN	
Indicator type	Output	
PBMEF level	Subnational Level	
Unit of measure	Yes/No, if yes: name of FLD, location, site, level	
Data type	Boolean (Yes/No)	
Disaggregate by	Generic names of TB treatment drugs, treatment site/drug storage facility, central/regional/district level	
Reporting level	National, subnational	
Reporting frequency	Quarterly	
Data source(s)	Data for this indicator can be extracted from routine logistic management information systems, facility survey (i.e., SARA or QTSA) or routine supervision reports at facility and district levels.	
Importance	A reliable, effective procurement and supply chain management (PSCM) is the backbone of the TB program to ensure (1) all TB medicines are available to the patient for treatment without any interruption; (2) all TB diagnostics and supplies are available in the healthcare centers where presumptive TB patients are diagnosed; (3) regular and timely delivery of the TB products to the health centers; and (4) quality assurance is adhered to and affordably priced products are delivered on time. An effective and reliable PSCM requires timely and reliable quantification of all TB products (medicines, diagnostics, consumables) based on a regular inflow of information from the healthcare facility to the central ordering authority. This information should include the consumption, stock in balance, and the quantities needed for the next ordering cycle. Ideally healthcare facilities would have tools available for quantification and timely placement of a procurement order including the necessary lead time.	
Data use	During visit to the program and for the purpose of evaluation; indication of an effective PSCM would be: • No STOCKOUT of any TB medicine • No STOCKOUT of any TB diagnostic product • No EXPIRY (expiration) of products both medicines and diagnostics as a result of	

underutilization or overstocking due to incorrect quantification (over-ordering)

With overstocking, one would need to consider underutilization as a result of changes in the treatment regimens as recommended by the WHO; for example, shortened treatment regimens for drug-resistant (DR) TB, the use of second-line injectables that are no longer recommended, or a change in TB preventive treatment (TPT) regimen from 6H to 3HP.

Example charts/graphs:

- Charts or infographics by facility or aggregated by geographic location
- Heat map



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# Indicator name	**STKOUT_WRD: Stockout of TB rapid molecular tests and related commodities** *Previously [DT-44]*	
Definition	Occurrence of stockout of one or more World Health Organization-recommended rapid diagnostic tests (WRDs) or related testing commodities at any facility (e.g., basic management unit) or storage facility (central or subnational) at the end of reporting period (quarter/annual). WHO defines a stockout as the complete absence of a required commodity at a storage point or delivery point for at least one day.	
Numerator	This is a Yes/No response for the initial part of the indicator. Only if Yes, then detailed disaggregated data should be provided: • Generic names of TB treatment drugs • Geographic locations • Treatment site/drug storage facility • Central/regional/district level	*PBMEF data element: STKOUT_WRD*
Denominator	N/A	*N/A*
Category	SUSTAIN	
Indicator type	Output	
PBMEF level	Subnational Level	
Unit of measure	Yes/No, if yes: name of FLD, location, site, level	
Data type	Boolean (Yes/No)	
Disaggregate by	Names of TB diagnosis commodities, locations, diagnostic site/commodity storage facility, central/regional/district level	
Reporting level	National, subnational	
Reporting frequency	Quarterly	
Data source(s)	Data for this indicator can be extracted from routine logistic management information systems, facility survey (i.e., SARA or QTSA) or routine supervision reports at facility and district level.	
Importance	A reliable, effective procurement and supply chain management (PSCM) is the backbone of the TB program to ensure (1) all TB medicines are available to the patient for treatment without any interruption; (2) all TB diagnostic reagents and consumables are available in the healthcare centers where presumptive TB patients are diagnosed or where specimens are collected for transport to a TB diagnostic facility; (3) regular and timely delivery of the TB products to the health centers; and (4) quality assurance is adhered to and affordably priced products are delivered on time. An effective and reliable PSCM requires timely and reliable quantification of all TB products (medicines; diagnostics; consumables) based on a regular inflow of information from the healthcare facility to the central ordering authority. This information should include the consumption, stock in balance, and the quantities needed for the next ordering cycle. Ideally, healthcare facilities would have tools available for quantification and timely placement of a procurement order including the necessary lead time.	
Data use	During visit to the program and for the purpose of evaluation; indication of an effective PSCM would be: • No STOCKOUT of any TB medicine • No STOCKOUT of any TB diagnostic product	

	• No EXPIRY (expiration) of products both medicines and diagnostics as a result of underutilization or overstocking due to incorrect quantification (over-ordering) With overstocking, one would need to consider underutilization as a result of changes in the treatment regimens as recommended by the WHO; for example, shortened treatment regimens for drug-resistant (DR) TB, the use of second-line injectables that are no longer recommended, or a change in TB preventive treatment (TPT) regimen from 6H to 3HP. Example charts/graphs: • Charts or infographics by facility or aggregated by geographic location • Heat map
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# Indicator name	**SN_STGMA_NSP: TB stigma reduction in NSP** *Previously [SN-32A]*	
Definition	TB stigma reduction is included in the National TB Program (NTP) annual plan and/or national strategic plan (NSP) and includes 3 elements: interventions, indicators, and assigned budget line. The NTP annual plan and/or NSP state that it is illegal to discriminate against anyone with TB, citing law where relevant, and includes interventions aimed at reducing stigma as a barrier to TB services; specifically: 5. The NTP/NSP mentions activities to reduce stigma, including stigma against vulnerable populations who may already be stigmatized when accessing the health system 6. The NTP/NSP provides data from a stigma assessment 7. Appropriate context-specific activities are described to respond to stigma 8. Indicators with targets are included to reduce stigma 9. A defined budget is allocated for stigma-reduction activities	
Numerator	Use the following scoring system: 0 = No mention of any of those 3 elements in the NTP annual plan/NSP 1 = 1 element (out of 3 elements) is included in the annual plan/ NSP 2 = 2 elements (out of 3 elements) are included in the annual plan/NSP 3 = All 3 elements are included in the annual plan/NSP	*PBMEF data element: SN_STGMA_NSP*
Denominator	N/A	*N/A*
Category	SUSTAIN	
Indicator type	Output	
PBMEF level	Subnational Level	
Unit of measure	Score 0–3	
Data type	Integer	
Disaggregate by	N/A	
Reporting level	Though this is a Subnational Level indicator, this data should be reported at the national level to reflect the country's NSP.	
Reporting frequency	Annually	
Data source(s)	The data sources for this indicator may include extracting information from a country's NSP for TB or NTP annual plan. The Stop TB Partnership also conducts an annual survey and publishes data relevant to this indicator in their report *"Governance of TB Programmes: An assessment of practices in 18 countries"*.	
Importance	Research highlights that stigma and discrimination limit access to TB services and have a negative impact on the quality of life for people with TB. It is essential for countries to understand the levels and dimensions of TB stigma in order to address the health disparities experienced by people with TB and inform interventions to end TB stigma. The Political Declaration of the United Nations High-Level Meeting (UNHLM) on TB commits to removing legal and social barriers in order to eliminate stigma and discrimination and promote TB responses guided by human rights principles.	

	Overcoming the legal and policy barriers that exacerbate the stigma associated with TB and the people affected by it will reduce a key barrier to services and will enable access to quality, affordable, and timely TB care, as well as a return to normal life. There is a need to scale up interventions aimed at reducing stigma that promote enabling legal environments, identify and overcome legal barriers to TB services, and build comprehensive social protection systems. In 2021, the Stop TB Partnership assessed practices related to governance of TB programs in 22 countries including policy frameworks to reduce TB stigma. An important next step is the design and implementation of both policy and programmatic interventions to address stigma, along with monitoring of the response to such interventions.
Data use	This indicator measures whether TB stigma reduction is featured and measured in the NTP annual plan and/or NSP highlighting the following 3 elements: interventions, indicators, and assigned budget line. This is a companion indicator to 32B. Indicator 32B measures whether a stigma assessment or gap analysis has been conducted that would provide information for critical activities that need to be included and addressed in the NTP annual plan or NSP.
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# Indicator name	**SN_STGMA_ASSESS: TB stigma assessment/gap analysis available** *Previously [SN-32B]*	
Definition	Stigma assessment/gap analysis conducted; the National TB Program (NTP) annual plan or national strategic plan (NSP) mentions the findings of stigma assessment and clearly aligns the findings to TB stigma reduction activities and communication strategy.	
Numerator	Use the following scoring system: 0 = No assessment conducted 1 = Assessment conducted 2 = Assessment conducted and annual plan/NSP mentions the findings of stigma assessment; communication strategy/interventions align with the NTP annual plan or NSP and specifically mention stigma as one of the objectives of communication	*PBMEF data element: SN_STGMA_ASSESS*
Denominator	N/A	*N/A*
Category	SUSTAIN	
Indicator type	Output	
PBMEF level	Subnational Level	
Unit of measure	Score 0–2	
Data type	Integer	
Disaggregate by	N/A	
Reporting level	Though Subnational level indicators are expected to be reported at the subnational level for subnational units where the partner is operating, these assessments are generally done at the national level and reporting should reflect the availability of results nationally.	
Reporting frequency	This indicator should be reported on an annual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.	
Data source(s)	The data sources for this indicator may include extracting information from a country's NSP for TB, NTP annual plan, or Stigma Assessment Report. The Stop TB Partnership also conducts an annual survey and publishes data relevant to this indicator in their report *"Governance of TB Programmes: An assessment of practices in 18 countries".*	
Importance	Research highlights that stigma and discrimination limit access to TB services and have a negative impact on the quality of life for people with TB. It is essential for countries to understand the levels and dimensions of TB stigma in order to address the health disparities experienced by people with TB to inform interventions to end TB stigma. The Political Declaration of the United Nations High-Level Meeting (UNHLM) on TB commits to removing legal and social barriers in order to eliminate stigma and discrimination and promote TB responses guided by human rights principles. Overcoming the stigma associated with TB will reduce a key barrier to services and enable access to quality, affordable, and timely TB care, as well as a return to normal life. The need to scale up interventions aimed at reducing stigma is a priority. In 2021, the Stop TB Partnership assessed practices related to governance of TB programs in 22 countries including policy frameworks to reduce TB stigma. An important next step is the design and implementation of both policy and programmatic interventions to address stigma, along with monitoring of the response to such interventions. The TB Stigma Measurement Guidance is a resource developed by KNCV Tuberculosis Foundation with USAID support that can be utilized in the design, implementation, and monitoring and evaluation (M&E) of these activities.	

Data use	This indicator measures whether a stigma assessment/gap analysis has been conducted and whether it is mentioned in the NTP annual plan or NSP. These analyses are important to highlight critical activities that need to be included and addressed in these documents.
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Appendix D.

Indicator Reference Sheets for the Extended Indicators

The IRS are categorized by technical area:
Case Finding | Contact Investigation | Childhood TB | Private Sector | TB Diagnosis | TB/HIV | DR-TB Treatment | Prevention | Healthcare Workers (HCW) | Sustain

Case Finding IRS

SCRN_ELIGIBLE: Number of individuals eligible for TB screening

CXR_ELIGIBLE: Number of people eligible for TB screening with chest X-ray

DT_SCRN: Number of people screened for TB

DT_SCRN_COMM: Number of people screened outside health facilities

PCT_CXR_SCRN: Percentage of people eligible for CXR screening who were screened

PCT_DT_SCRN: Percentage of people screened among risk groups

PCT_HCW_SCRN: Percentage of HCWs screened for TB

DT_CXR: Number of people who were screened for TB using chest X-ray (CXR)

DT_PRES: Number of people with presumptive TB

DT_TEST: Number of people with presumptive TB who received diagnostic testing

DT_WRD: Number of people with presumptive TB tested with a rapid diagnostic test

DSTB_CNR: TB Case Notification Rate (CNR)

DT_RT: TB Detection Rate (Treatment Coverage)

DSTB_NOTIF: TB Case Notifications

PEDS_NOTIF: Childhood TB Notifications

PR_NOTIF: Private Sector TB Notifications

DR_DT_RT: DR-TB Treatment Coverage Rate

MDR_NOTIF: RR/MDR-TB Notifications

PEDS_MDR_NOTIF: RR/MDR-TB Notifications among those aged 0-14 years

XDR_NOTIF: pre-XDR/XDR-TB Notifications

NNS: Number needed to screen

NNT: Number needed to test

PCT_NOTIF_COMM: Percentage of cases referred by community health workers or community volunteers

HF_PRES: Number of facilities reporting on people with presumptive TB

PCT_EPTB_NOTIF: Percentage of notified cases with extrapulmonary TB

HF_EPTB: Number of facilities reporting extrapulmonary TB cases

PCT_PRISONERS_SCRN: Percentage of prisoners screened per national guidelines

PCT_MINERS_SCRN: Percentage of miners screened per national guidelines

% Indicator name	PCT_DT_SCRN: Percentage of people screened among risk groups *Previously [AF-3]*	
Definition	Percentage of individuals screened for TB among the estimated number of people in the defined risk group category during the reporting period. A risk group is any group of people in which the prevalence or incidence of TB is significantly higher than in the general population. These risk groups could be people living in urban slum areas, remote and hard-to-reach areas, PLHIV, sex workers, prisoners, military personnel, healthcare workers (HCWs), miners, etc. This information can be collected from census data, prevalence surveys, government statistics, special studies, etc. For information on established risk groups is available in WHO's Consolidated Guidance on Tuberculosis Data Generation and Use document.	
Numerator	Number of individuals in a defined risk group category who were screened for TB during the reporting period.	*PBMEF data element: DT_SCRN*
Denominator	Estimated number of people in a defined risk group category during the reporting period who are eligible for TB screening.	*PBMEF data element: SCRN_ELIGIBLE*
Category	REACH	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	N/A	
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% Indicator name	PCT_HCW_SCRN: Percentage of HCWs screened for TB
Note:	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

# Indicator name	SCRN_ELIGIBLE: Number of individuals eligible for TB screening *Previously [AF-1]*	
Definition	Estimated number of people in a defined risk group category during the reporting period who are eligible for TB screening according to the national algorithms and guidelines. Identification of target population should be based on risk groups. A risk group is any group of people in which the prevalence or incidence of TB is significantly higher than in the general population. These risk groups could be people living in urban slum areas, remote and hard-to-reach areas, PLHIV, sex workers, prisoners, military personnel, healthcare workers (HCWs), miners, etc. This information can be collected from census data, prevalence surveys, government statistics, special studies, etc. For information on established risk groups is available in WHO's Consolidated Guidance on Tuberculosis Data Generation and Use document.	
Numerator	Estimated number of people in a defined risk group category during the reporting period who are eligible for TB screening according to the	*PBMEF data element: SCRN_ELIGIBLE*

	national algorithms and guidelines.	
Denominator	N/A	*N/A*
Category	REACH	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	N/A	
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# Indicator name	**CXR_ELIGIBLE: Number of people eligible for TB screening with chest X-ray**	
Definition	Number of people eligible for TB screening with chest X-ray, according to the national algorithm and guidelines.	
Numerator	Number of people eligible for TB screening with chest X-ray, according to the national algorithm and guidelines.	*PBMEF data element: CXR_ELIGIBLE*
Denominator	*N/A*	*N/A*
Category	REACH	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	N/A	
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# Indicator name	**DT_SCRN: Number of people screened for TB**
Note:	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

# Indicator name	**DT_SCRN_COMM: Number of people screened outside health facilities**
Note:	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

% Indicator name	**PCT_CXR_SCRN: Percentage of people eligible for CXR screening who were screened**

Definition	Percentage of people who were screened for TB using chest X-ray (CXR) during the reporting period, among those eligible for CXR screening during the same reporting period according to the national algorithm and guidelines.	
Numerator	Number of people eligible for TB screening with chest X-ray during the reporting period, according to national algorithm and guidelines.	*PBMEF data element: CXR_ELIGIBLE*
Denominator	N/A	*N/A*
Category	REACH	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	N/A	
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# Indicator name	**DT_CXR: Number of people who were screened for TB using chest X-ray (CXR)**
Note:	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

# Indicator name	**DT_PRES: Number of people with presumptive TB**
Note:	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

# Indicator name	**DT_TEST: Number of people with presumptive TB who received diagnostic testing**
Note:	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

# Indicator name	**DT_WRD: Number of people with presumptive TB tested with a rapid diagnostic test**
Note:	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

% Indicator name	**DSTB_CNR: TB Case Notification Rate (CNR)** *Previously [DT-2]*
Definition	Percentage of people with new and relapse TB (and with unknown previous TB treatment history), all forms (bacteriologically confirmed plus clinically diagnosed, pulmonary and extra pulmonary), who were notified in the reporting period per 100,000 population.

Numerator	Number of people with new and relapse TB (and with unknown previous TB treatment history), all forms (bacteriologically confirmed plus clinically diagnosed, pulmonary and extra pulmonary), who were notified in the reporting period	*PBMEF data element: TB_NOTIF* *WHO database: c_newinc*
Denominator	Number of persons (estimated population) in the same reporting period	*PBMEF data element: E_POP_NUM* *WHO indicator: e_pop_num*
Category	REACH	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	N/A	
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% Indicator name	DT_RT: TB Detection Rate (Treatment Coverage)
Note:	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

# Indicator name	DSTB_NOTIF: TB Case Notifications *Previously [DT-1]*	
Definition	Number of people with new and relapse TB (and with unknown previous TB treatment history), all forms (bacteriologically confirmed plus clinically diagnosed, pulmonary and extra pulmonary), who were notified in the reporting period	
Numerator	Number of people with new and relapse TB (and with unknown previous TB treatment history), all forms (bacteriologically confirmed plus clinically diagnosed, pulmonary and extra pulmonary), who were notified in the reporting period	*PBMEF data element: TB_NOTIF* *WHO data element: c_newinc*
Denominator	*N/A*	*N/A*
Category	REACH	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	N/A	
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# Indicator name	PEDS_NOTIF: Childhood TB Notifications

Note:	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

# Indicator name	PR_NOTIF: Private Sector TB Notifications
Note:	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

% Indicator name	DR_DT_RT: DR-TB Treatment Coverage Rate *Previously [RN-2]*	
Definition	Percentage of people with DR-TB (rifampicin-resistant (RR) and multidrug-resistant (MDR), as well as pre-extensively drug resistant (XDR) and XDR) who enrolled on DR-TB treatment during the reporting period, out of the estimated number of incident rifampicin-resistant TB cases in reporting period. RR/MDR TB: RR-TB is TB caused by Mycobacterium Tuberculosis (M. tuberculosis) strains that are resistant to rifampicin; MDR-TB strains are resistant to at least both rifampicin and isoniazid. Note: This indicator is calculated using the WHO data elements for the number of people with DR-TB who started treatment instead of the number of people with notified DR-TB because the WHO data element for DR-TB notifications only includes those that are lab-confirmed, whereas the estimate (*e_inc_rr_num*) does not have this restriction. To calculate a coverage comparison, the treatment indicators designated should be used.	
Numerator	Number of people with rifampicin-resistant (RR) and multidrug-resistant (MDR) TB who were started on DR-TB treatment during the reporting period.	*PBMEF data element: TX_DR_ENROLL* *WHO data element: unconf_rr_nfqr_tx + conf_rr_nfqr_tx + conf_rr_fqr_tx*
Denominator	Estimated incidence of rifampicin-resistant TB during the reporting period	*PBMEF data element: E_INC_RR_NUM* *WHO data element: e_inc_rr_num*
Category	REACH	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	N/A	
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# Indicator name	MDR_NOTIF: RR/MDR-TB Notifications
Note:	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

# Indicator name	PEDS_MDR_NOTIF: RR/MDR-TB Notifications among those aged 0-14 years

Note:	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

# Indicator name	XDR_NOTIF: pre-XDR/XDR-TB Notifications
Note:	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

% Indicator name	NNS: Number needed to screen
Note:	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

% Indicator name	NNT: Number needed to test
Note:	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

% Indicator name	PCT_NOTIF_COMM: Percentage of cases referred by community health workers or community volunteers *Previously [DT-8]*	
Definition	Percentage of new and relapse notified TB cases referred by community health workers/community volunteers in the Basic Management Units with data on referrals by community health workers, out of all new and relapse TB cases notified in those Basic Management Units during the reporting period. 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.	
Numerator	Number of new and relapse TB cases referred by community health workers/community volunteers among the cases in the Basic Management Units with data on referrals by community health workers during the reporting period	*PBMEF data element: NOTIF_REF_COMMUNITY* *WHO database: notified_ref_community*
Denominator	Number of new and relapse TB cases notified in the Basic Management Units with data on referrals by community health workers during the reporting period.	*PBMEF data element: NOTIF_REF* *WHO database: notified_ref*
Category	REACH	
Indicator type	Outcome	

PBMEF level	Extended
Unit of measure	Percent of people
Disaggregate by	N/A
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% Indicator name	**PCT_HF_PRES: Percentage of facilities reporting on people with presumptive TB** *Previously [PS-8]*	
Definition	Percentage of health facilities reporting on the number of people with presumptive TB during the reporting period, among all health facilities.	
Numerator	Number of health facilities reporting on the number of people with presumptive TB during the reporting period.	*PBMEF data element: HF_PRES*
Denominator	Number of health facilities during the reporting period.	*PBMEF data element: HF_TOT*
Category	REACH	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Percent of facilities	
Disaggregate by	N/A	
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% Indicator name	**PCT_EPTB_NOTIF: Percentage of notified cases with extrapulmonary TB** *Previously [DT-4]*	
Definition	Percentage of notified cases (new and recurrent, bacteriologically confirmed or clinically diagnosed) that are extrapulmonary during the reporting period among all TB cases notified during a specified period.	
Numerator	Number of extrapulmonary TB cases (new and recurrent, bacteriologically confirmed or clinically diagnosed) notified during the reporting period.	*PBMEF data element: EPTB_NOTIF* *WHO database: new_ep* plus *ret_rel_ep*
Denominator	Number of people with new and recurrent TB (and with unknown previous TB treatment history), all forms (bacteriologically confirmed plus clinically diagnosed, pulmonary and extra pulmonary), who were notified in the reporting period.	*PBMEF data element: TB_NOTIF* *WHO database: c_newinc*
Category	REACH	

Indicator type	Output
PBMEF level	Extended
Unit of measure	Percent of people
Disaggregate by	N/A
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# Indicator name	**HF_EPTB: Number of facilities reporting extrapulmonary TB cases** *Previously [DT-7]*	
Definition	Number of facilities reporting extrapulmonary TB cases during the reporting period	
Numerator	Number of facilities reporting extrapulmonary TB cases during the reporting period	*PBMEF data element: HF_EPTB*
Denominator	N/A	*N/A*
Category	REACH	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of facilities	
Disaggregate by	N/A	
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% Indicator name	**PCT_PRISONERS_SCRN: Percentage of prisoners screened per national guidelines**	
Definition	Percentage of prisoners screened for TB according to national policy among the number of prisoners during the reporting period. Screening can include at entry, periodically and at discharge depending on national guidelines.	
Numerator	Number of prisoners screened for TB according to national policy during the reporting period.	*PBMEF data element: PRISONERS_SCRN* *WHO data element: prisoners_screen*
Denominator	Number of prisoners in the reporting period.	*PBMEF data element: PRISONERS* *WHO data element: prisoners*
Category	REACH	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Percent of prisoners	

Disaggregate by	N/A
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% Indicator name	PCT_MINERS_SCRN: Percentage of miners screened per national guidelines	
Definition	Percentage of miners screened for TB according to national policy among the number of miners during the reporting period.	
Numerator	Number of miners screened for TB according to national policy during the reporting period.	*PBMEF data element: MINERS_SCRN* *WHO data element: miners_screen*
Denominator	Number of miners in the reporting period.	*PBMEF data element: MINERS* *WHO data element: miners*
Category	REACH	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Percent of miners	
Disaggregate by	N/A	
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Contact Investigation (CI) IRS

E_HH_SIZE: Estimated average household size

DT_CI_INIT: Number of people with bacteriologically confirmed TB with a contact investigation initiated

DT_CI_INIT_ALL: Number of people with TB with a contact investigation initiated

CON_SCRN: Number of contacts to bacteriologically confirmed TB screened for active TB

CON: Number of contacts to bacteriologically confirmed TB identified

CON_SCRN_ALL: Number of ontacts screened for active TB disease

CON_ALL: Number of contacts to pulmonary TB identified

PCT_DR_CON_SCRN: Percentage of DR-TB contacts who were screened for TB

PCT_CON_PRES: Percentage of contacts with presumptive TB

CON_TST_WRD: Number of contacts tested with mWRD

CON_BAC_CONF: Number of contacts bacteriologically confirmed

CON_CLIN_DX: Number of contacts who were clinically diagnosed with TB

CON_SCRN_NEG: Number of contacts screened negative for TB

DR_CI_INIT: Number of people with DR-TB who had a contact investigation initiated

DR_CON_DX: Number of DR-TB contacts who were diagnosed with TB

DR_CON_DXDR: Number of DR-TB contacts who were diagnosed with DR-TB

DR_CON_DXDS: Number of DR-TB contacts who were diagnosed with DS-TB

PEDS_SOURCE: Percentage of childhood TB notified with a source case detected

# Indicator name	E_HH_SIZE: Estimated average household size	
Definition	Estimated average number of household contacts identified per one notified new episode of bacteriologically confirmed pulmonary TB (new, recurrent) during the reporting period.	
Numerator	Estimated average number of household contacts identified per one notified new episode of bacteriologically confirmed pulmonary TB (new, recurrent) during the reporting period.	*PBMEF data element: E_HH_SIZE* *WHO data element: e_hh_size*
Denominator	N/A	PBMEF data element: N/A
Category	REACH	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	Age, sex	
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# Indicator name	DT_CI_INIT: Number of people with bacteriologically confirmed TB with a contact investigation initiated	
Definition	Number of people with bacteriologically confirmed TB with a contact investigation initiated during the reporting period. CI initiated: For the purpose of this indicator, "initiated" refers to the process of enumeration of all known contacts to an index TB case. CI will include the evaluation of those contacts to determine if any have active TB disease or TB infection (TBI) through symptom screening, diagnostic testing, chest X-ray (CXR), or clinical evaluation. Index case: Person with pulmonary TB who is notified to health authorities.	
Numerator	Number of people with bacteriologically confirmed TB with a contact investigation initiated during the reporting period.	PBMEF data element: DT_CI_INIT
Denominator	N/A	N/A
Category	REACH	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	This indicator could be reported as a disaggregate of DT_CI_INIT.	
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# Indicator name	DT_CI_INIT_ALL: Number of people with TB with a contact investigation initiated	
Definition	Number of people with pulmonary TB (bacteriologically confirmed or clinically diagnosed) with a contact investigation initiated during the reporting period. CI initiated: For the purpose of this indicator, "initiated" refers to the process of enumeration of all known contacts to an index TB case. CI will include the evaluation of those contacts to determine if any have active TB disease or TB infection (TBI) through symptom screening, diagnostic testing, chest X-ray (CXR), or clinical evaluation. Index case: Person with pulmonary TB who is notified to health authorities.	
Numerator	Number of people with pulmonary TB (bacteriologically confirmed or clinically diagnosed) with a contact investigation initiated during the reporting period	*PBMEF data element: DT_CI_INIT_ALL*
Denominator	N/A	*N/A*
Category	REACH	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	This indicator could be reported as a disaggregate of DT_CI_INIT.	

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# Indicator name	CON_SCRN_ALL: Number of contacts screened for TB disease	
Definition	Number of contacts to people with pulmonary TB (bacteriologically confirmed or clinically diagnosed) who were screened for active TB disease during the reporting period.	
Numerator	Number of contacts to people with pulmonary TB (bacteriologically confirmed and clinically diagnosed) who were screened for active TB disease during the reporting period.	*PBMEF data element: CON_SCRN_ALL*
Denominator	N/A	*N/A*
Category	REACH	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	Age, sex	

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# Indicator name	CON_ALL: Number of contacts identified	
Definition	Number of contacts to people with pulmonary TB (bacteriologically confirmed and clinically diagnosed) identified in the reporting period.	
Numerator	Number of contacts to people with pulmonary TB (bacteriologically confirmed and clinically diagnosed) identified in the reporting period.	*PBMEF data element: CON_ALL*
Denominator	N/A	*PBMEF data element: N/A*
Category	REACH	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	Age, sex	
« Back to Contact Investigation Extended Indicator List		

# Indicator name	CON_SCRN: Number of contacts to bacteriologically confirmed TB screened for TB disease	
Definition	Number of contacts of people with bacteriologically confirmed pulmonary TB (new, recurrent) who were screened for active TB disease during the reporting period.	
Numerator	Number of contacts of people with notified new episode of bacteriologically confirmed pulmonary TB (new, recurrent) who were screened for active TB disease during the reporting period.	*PBMEF data element: CON_SCRN*
Denominator	N/A	*N/A*
Category	REACH	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	Age, sex	
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# Indicator name	CON: Number of contacts to bacteriologically confirmed TB identified
Definition	Number of contacts to people with pulmonary TB (bacteriologically confirmed and clinically diagnosed) identified in the reporting period.

Numerator	Number of contacts to people with pulmonary TB (bacteriologically confirmed and clinically diagnosed) identified in the reporting period.	*PBMEF data element: CON*
Denominator	N/A	*PBMEF data element: N/A*
Category	REACH	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	Age, sex	
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% Indicator name	**PCT_DR_CON_SCRN: Percentage of DR-TB contacts who were screened for TB**	
Definition	Percentage of DR-TB contacts who were screened for TB during the reporting period.	
Numerator	Number of DR-TB contacts who were screened for TB during the reporting period.	*PBMEF data element: DR_CON_SCRN*
Denominator	Number of contacts to people with pulmonary DR-TB identified in the reporting period.	*PBMEF data element: DR_CON_ALL*
Category	REACH	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	Age, sex This indicator could be reported as a disaggregate of CON_SCRN.	
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% Indicator name	**PCT_CON_PRES: Percentage of contacts with presumptive TB**
Definition	Percentage of contacts to a person with notified TB who screened positive for TB (i.e. have presumptive TB) among the number of contacts to pulmonary TB identified during the reporting period. Presumptive TB: A person who has one or more signs or symptoms of active TB disease and should be referred for diagnostic testing to diagnose or rule out active disease; a person can be determined to have presumptive TB using various screening methods including the WHO four symptom screen and chest x-ray, depending on country guidelines.

Numerator	Number of contacts to a person with TB who had presumptive TB identified during the reporting period.	*PBMEF data element: DT_CON_PRES*
Denominator	Number of contacts to pulmonary TB identified during the reporting period.	*PBMEF data element: CON_ALL*
Category	REACH	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	Age, sex	
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# **Indicator name**	**CON_TST_WRD: Number of contacts tested with mWRD**	
Definition	Number of contacts who were tested using a WHO-recommended rapid diagnostic test (WRD): FluoroType® MTBDR (Hain), Loopamp™ MTBC detection kit (TB-LAMP), Xpert® MTB/RIF, Xpert® MTB/RIF Ultra, Truenat® MTB or MTB Plus, RealTime MTB (Abbott), BD MAX™ MDR-TB, cobas® MTB (Roche), or LF-LAM at the time of initial TB diagnosis (regardless of test result).	
Numerator	Number of contacts who were tested using a WHO-recommended rapid diagnostic test (WRD): FluoroType® MTBDR (Hain), Loopamp™ MTBC detection kit (TB-LAMP), Xpert® MTB/RIF, Xpert® MTB/RIF Ultra, Truenat® MTB or MTB Plus, RealTime MTB (Abbott), BD MAX™ MDR-TB, cobas® MTB (Roche), or LF-LAM at the time of initial TB diagnosis (regardless of test result).	*PBMEF data element: CON_TST_WRD*
Denominator	N/A	*N/A*
Category	REACH	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	N/A	
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# **Indicator name**	**CON_BAC_CONF: Number of contacts bacteriologically confirmed**

Definition	Number of contacts bacteriologically confirmed (smear positive or culture positive or positive by WRD) during the reporting period. Bacteriologically confirmed: Smear positive for TB or culture positive for TB or positive for TB by a World Health Organization-recommended rapid diagnostics test (WRD): FluoroType® MTBDR (Hain), Loopamp™ MTBC detection kit (TB-LAMP), Xpert® MTB/RIF, Xpert® MTB/RIF Ultra, Truenat® MTB or MTB Plus, RealTime MTB (Abbott), BD MAX™ MDR-TB, cobas® MTB (Roche), or LF-LAM. Note: LF-LAM is included as a recommended TB test for people living with HIV (PLHIV). LF-LAM is not recommended to confirm TB in all populations and notably should not be used in outpatient settings for adults, adolescents, and children without symptoms of TB or in those with a CD4 count > 200 cells/mm3. At the time of this publication, Alere Determine™ TB LAM Ag is the only commercially available LF- LAM test. Full guidance on the use of LF-LAM can be found at: www.who.int/publications/i/item/9789241550604	
Numerator	Number of contacts bacteriologically confirmed (smear positive or culture positive or positive by WRD) during the reporting period.	*PBMEF data element: CON_BAC_CONF*
Denominator	N/A	*N/A*
Category	REACH	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	Type of diagnostic test	
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# Indicator name	**CON_CLIN_DX: Number of contacts who were clinically diagnosed with TB**	
Definition	Number of contacts who were clinically diagnosed with TB during the reporting period.	
Numerator	Number of contacts who were clinically diagnosed with TB during the reporting period.	*PBMEF data element: CON_CLIN_DX*
Denominator	N/A	*N/A*
Category	REACH	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	Age, sex	
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# Indicator name	**CON_SCRN_NEG: Contacts screened negative for TB** *[Previously CI-12]*	
Definition	Number of contacts screened negative for TB during the reporting period	
Numerator	Number of contacts screened negative for TB during the reporting period	*PBMEF data element: CON_SCRN_NEG*
Denominator	N/A	*PBMEF data element: N/A*
Category	REACH	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	Age, sex	

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# Indicator name	**DR_CI_INIT: Number of people with DR-TB who had a contact investigation initiated**	
Definition	Number of people with notified DR-TB (RR/MDR-TB and pre-XDR/ADR-TB) in the reporting period who had a contact investigation initiated. CI initiated: For the purpose of this indicator, "initiated" refers to the process of enumeration of all known contacts to an index TB case. CI will include the evaluation of those contacts to determine if any have active TB disease or TB infection (TBI) through symptom screening, diagnostic testing, chest X-ray (CXR), or clinical evaluation. Index case: Person with pulmonary TB who is notified to health authorities.	
Numerator	Number of people with notified DR-TB (RR/MDR-TB and pre-XDR/ADR-TB) in the reporting period who had a contact investigation initiated.	*PBMEF data element: DR_CI_INIT*
Denominator	N/A	*N/A*
Category	Reach	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	This indicator could be reported as a disaggregate of DT_CI_INIT.	

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# Indicator name	DR_CON_DX: Number of DR-TB contacts who were diagnosed with TB	
Definition	Number of DR-TB contacts who were diagnosed with TB during the reporting period.	
Numerator	Number of DR-TB contacts who were diagnosed with TB during the reporting period.	*PBMEF data element: DR_CON_DX*
Denominator	N/A	*N/A*
Category	REACH	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	DS-TB vs DR-TB diagnosis This indicator could be reported as a disaggregate of DT_CON_DX.	
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# Indicator name	DR_CON_DXDR: Number of DR-TB contacts who were diagnosed with DR-TB	
Definition	Number of DR-TB contacts who were diagnosed with DR-TB during the reporting period.	
Numerator	Number of DR-TB contacts who were diagnosed with DR-TB during the reporting period.	*PBMEF data element: DR_CON_DXDR*
Denominator	N/A	*N/A*
Category	REACH	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	This indicator could be reported as a disaggregate of DR_CON_DX.	
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# Indicator name	DR_CON_DXDS: Number of DR-TB contacts who were diagnosed with DS-TB
Definition	Number of DR-TB contacts who were diagnosed with DS-TB during the reporting period.

Numerator	Number of DR-TB contacts who were diagnosed with DS-TB during the reporting period.	*PBMEF data element: DR_CON_DXDS*
Denominator	N/A	*N/A*
Category	REACH	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	This indicator could be reported as a disaggregate of DR_CON_DX.	
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% Indicator name	**PEDS_SOURCE: Percentage of childhood TB notified with a source case detected**	
Definition	Percentage of source TB cases to a child or adolescent aged 0-14 years notified with a new episode of TB (new, recurrent, or unknown previous treatment history), all forms, who were identified in the reporting period through a 'reverse' contact investigation.	
Numerator	Number of source TB cases to a child or adolescent aged 0-14 years notified with a TB, all forms, who were identified in the reporting period through a 'reverse' contact investigation.	*PBMEF data element: PEDS_SOURCE*
Denominator	Number of children and adolescents (0–14 years) with a new episode of TB (new, recurrent, or unknown previous treatment history), all forms, who were notified in a reporting period.	*PBMEF data element: PEDS_NOTIF* *WHO data element: newrel_f014 + newrel_m014*
Category	REACH	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	Age (0-4, 5-9, 10-14)	
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Childhood TB IRS

E_INC_NUM_014: Estimated TB incidence among children and adolescents (0-14 years)

E_MORT_NUM_014: Estimated number of TB deaths among children and adolescents (0-14 years)

PEDS_CLIN_EVAL: Children and adolescents (0-14 years) clinically evaluated for TB

PCT_PEDS_NOTIF: Percentage of new episodes of TB notified among children and adolescents (0-14 years)

PEDS_DT_RT: Childhood TB detection rate

PEDS_NOTIF: Childhood TB notifications

PEDS_NOTIF_04: Childhood TB (0-4 years) notifications

PEDS_NOTIF_514: Childhood TB (5-14 years) notifications

PCT_PEDS_EPTB: Percentage of childhood TB notifications that are extrapulmonary

PCT_PEDS_BAC_CONF: Percentage children and adolescents (0-14 years) bacteriologically confirmed

PEDS_TSR: Childhood treatment success rate

PEDS_DS_TSR_04: TSR for childhood TB (ages 0-4)

PCT_PEDS_DIED: Treatment outcome for childhood TB (ages 0-14): Died

PCT_PEDS_FAIL: Treatment outcome for childhood TB (ages 0-14): Treatment failed

PCT_PEDS_LTFU: Treatment outcome for childhood TB (ages 0-14): LTFU

PCT_PEDS_NE: Treatment outcome for childhood TB (ages 0-14): Not evaluated

PEDS_MDR_NOTIF: MDR-TB notifications among children and adolescents (0-14 years)

PEDS_TX_DR_ENROLL: Number of children and adolescents aged 0-14 years enrolled on DR-TB treatment

PEDS_DR_TSR: Childhood DR-TB treatment success rate

PCT_PEDS_DR_DIED: Treatment outcome for childhood DR-TB (ages 0-14): Died

PCT_PEDS_DR_FAIL: Treatment outcome for childhood DR-TB (ages 0-14): Failed

PCT_PEDS_DR_LTFU: Treatment outcome for childhood DR-TB (ages 0-14): LTFU

PCT_PEDS_DR_NE: Treatment outcome for childhood DR-TB (ages 0-14): Not evaluated

DS_PEDS_FORMULATIONS: Use of child-friendly formulations for DS-TB treatment (Yes/No)

DR_PEDS_FORMULATIONS: Use of child-friendly formulations for DR-TB treatment (Yes/No)

STKOUT_PEDS: Stockouts of child-friendly formulations for TB treatment

# Indicator name	**E_INC_NUM_014: Estimated TB incidence among children and adolescents (0-14 years)** *Previously [CH-1]*	
Definition	Estimated number of children and adolescents aged 0-14 years with incident TB (all forms) during the reporting period.	
Numerator	Estimated number of children and adolescents aged 0-14 years with incident TB (all forms) during the reporting period.	Estimated number of children and adolescents aged 0-14 years with incident TB (all forms) during the reporting period.
Denominator	N/A	*N/A*
Category	REACH	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	Sex; note WHO includes disaggregation by sex for this indicator.	
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# Indicator name	**E_MORT_NUM_014: Estimated number of TB deaths among children and adolescents (0-14 years)** *Previously [CH-2]*	
Definition	Estimated number of TB deaths among children and adolescents aged 0-14 years.	
Numerator	Estimated number of TB deaths among children and adolescents aged 0-14 years.	Estimated number of TB deaths among children and adolescents aged 0-14 years.
Denominator	N/A	*N/A*
Category	REACH	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	N/A	
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# Indicator name	**PEDS_CLIN_EVAL: Children and adolescents (0-14 years) clinically evaluated for TB** *Previously [CH-3]*	
Definition	Number of children and adolescents (0-14 years) who screened positive for signs or symptoms of TB and were evaluated clinically for TB disease using country diagnostic algorithms during the reporting period.	
Numerator	Number of children and adolescents (0-14 years) who screened positive for signs or symptoms of TB and were evaluated clinically for TB disease using country diagnostic algorithms during the reporting period.	*PBMEF data element: PEDS_CLIN_EVAL*
Denominator	N/A	*N/A*
Category	Reach	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	N/A	
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% Indicator name	**PCT_PEDS_NOTIF: Percentage of new episodes of TB notified among children and adolescents (0-14 years)** *Previously [CH-6]*	
Definition	Percentage of new episodes of TB notified (all forms) that is among children and adolescents aged 0-14 years. Country-specific percentages may be estimated based on age-specific epidemiological estimates, risk factors and understanding of the demographic structure of the population. On average, among people with new TB diagnoses the percent contributed by children and adolescents is between 5%–15% in low- and middle-income countries and <5% in high-income countries. These thresholds can be used to identify major outliers where under- or overdiagnosis of TB among children may be of concern.	
Numerator	Number of new episodes of TB (all forms) among children and adolescents aged 0-14 years notified during the reporting period.	Number of new episodes of TB (all forms) among children and adolescents aged 0-14 years notified during the reporting period.
Denominator	Total number of new episodes of TB (all forms) notified during the reporting period.	*PBMEF data element: DSTB_NOTIF* *WHO database: c_newinc*
Category	REACH	
Indicator type	Outcome	
PBMEF level	Extended	

Unit of measure	Percent of people
Disaggregate by	N/A
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% Indicator name	**PEDS_DT_RT: Childhood TB detection rate** *Previously [CH-7]*	
Definition	Percentage of children and adolescents aged 0-14 years with notified TB (all forms) during the reporting period, among the estimated TB incidence in children and adolescents aged 0-14 in the reporting period.	
Numerator	Number of children and adolescents aged 0-14 years with a notified episode of TB in a reporting period.	*PBMEF data element: PEDS_NOTIF* *WHO database: newrel_m014 + newrel_f014*
Denominator	Estimated TB incidence (all forms) among children and adolescents aged 0-14 years.	*PBMEF data element: E_INC_NUM_014* *WHO database: WHO database: Age group, Sex and Risk factor file: 0-14, a*, all* **Note this is also available disaggregated by sex from WHO database*
Category	REACH	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	Sex	
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# Indicator name	**PEDS_NOTIF: Childhood TB notifications**
Definition	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

# Indicator name	**PEDS_NOTIF_04: Childhood TB notifications (0-4 years) notifications** *Previously [CH-8]*	
Definition	Number of children aged 0-4 years with notified TB (all forms) during the reporting period.	
Numerator	Number of children aged 0-4 years with a notified episode of TB (all forms) during the reporting period.	Number of children aged 0-4 years with a notified episode of TB (all forms) during the reporting period.
Denominator	N/A	*N/A*

Category	REACH
Indicator type	Output
PBMEF level	Extended
Unit of measure	Number of people
Disaggregate by	This indicator could be reported as a disaggregate of PEDS_NOTIF.
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# Indicator name	**PEDS_NOTIF_514: Childhood TB notifications (5-14 years) notifications** *Previously [CH-9]*	
Definition	Number of children aged 5-14 years with notified TB (all forms) during the reporting period.	
Numerator	Number of children aged 5-14 years with a notified episode of TB (all forms) during the reporting period.	*PBMEF data element: PEDS_NOTIF_514* *WHO database: newrel_f514 + newrel_m514*
Denominator	N/A	*N/A*
Category	REACH	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	This indicator could be reported as a disaggregate of PEDS_NOTIF.	
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% Indicator name	**PCT_PEDS_EPTB: Percentage of childhood TB notifications that are extrapulmonary** *Previously [CH-12]*	
Definition	Percentage of children and adolescents aged 0-14 who had extrapulmonary TB, among all children and adolescents aged 0-14 who had notified TB during a reporting period	
Numerator	Number of children and adolescents aged 0-14 who had notified extrapulmonary TB during the reporting period.	*PBMEF data element: PEDS_NOTIF_EPTB*
Denominator	Number of children and adolescents aged 0-14 who had notified TB during the reporting period.	*PBMEF data element: PEDS_NOTIF* *WHO database: newrel_f014 + newrel_m014*
Category	REACH	
Indicator type	Outcome	

PBMEF level	Extended
Unit of measure	Percent of people
Disaggregate by	N/A
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% Indicator name	**PCT_PEDS_BAC_CONF: Percentage children and adolescents (0-14 years) bacteriologically confirmed** *Previously [CH-15]*
Note:	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

% Indicator name	**PEDS_TSR: Childhood treatment success rate** *Previously [CH-15]*
Note:	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

% Indicator name	**PEDS_DS_TSR_04: TSR for childhood TB (ages 0-4)** *Previously [CH-15]*	
Definition	Percentage of children and adolescents aged 0-4 years with TB (all forms) who were successfully treated (cured or treatment completed) among all children and adolescents aged 0-14 years who initiated TB treatment during the same reporting period.	
Numerator	Number of children and adolescents aged 0-4 years with TB (all forms) who were successfully treated (cured or treatment completed) during the reporting period.	*PBMEF data element: PEDS_DS_SUCC_04*
Denominator	Number of children and adolescents aged 0-4 years who initiated TB treatment during the same reporting period (treatment cohort).	*PBMEF data element: PEDS_DS_COH_04*
Category	CURE	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	This indicator could be collected as a disaggregate of DS_TSR.	
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% Indicator name	PCT_PEDS_DIED: Treatment outcome for childhood TB (ages 0-14): Died *Previously [CH-17]*	
Definition	Percentage of children and adolescents aged 0-14 years with TB (all forms) who died during TB treatment, among all children and adolescents aged 0-14 years who initiated TB treatment during the same reporting period.	
Numerator	Number of children and adolescents aged 0-14 years with TB (all forms) who died during treatment during the reporting period.	*PBMEF data element: PEDS_DIED*
Denominator	Number of children and adolescents aged 0-14 years who initiated TB treatment during the same reporting period (treatment cohort).	*PBMEF data element: PEDS_COH*
Category	CURE	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	N/A	
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% Indicator name	PCT_PEDS_DIED: Treatment outcome for childhood TB (ages 0-14): Treatment failed *Previously [CH-18]*	
Definition	Percentage of children and adolescents aged 0-14 years with TB (all forms) whose TB treatment failed, among all children and adolescents aged 0-14 years who initiated TB treatment during the same reporting period.	
Numerator	Number of children and adolescents aged 0-14 years with TB (all forms) whose treatment failed during the reporting period.	*PBMEF data element: PEDS_FAIL*
Denominator	Number of children and adolescents aged 0-14 years who initiated TB treatment during the same reporting period (treatment cohort).	*PBMEF data element: PEDS_COH*
Category	CURE	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	N/A	
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% Indicator name	PCT_PEDS_LTFU: Treatment outcome for childhood TB (ages 0-14): LTFU *Previously [CH-19]*	
Definition	Percentage of children and adolescents aged 0-14 years with TB (all forms) who were lost to follow up, among all children and adolescents aged 0-14 years who initiated TB treatment during the same reporting period.	
Numerator	Number of children and adolescents aged 0-14 years with TB (all forms) who were lost to follow up during the reporting period.	*PBMEF data element: PEDS_LTFU*
Denominator	Number of children and adolescents aged 0-14 years who initiated TB treatment during the same reporting period (treatment cohort).	*PBMEF data element: PEDS_COH*
Category	CURE	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	N/A	
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% Indicator name	PCT_PEDS_NE: Treatment outcome for childhood TB (ages 0-14): Not Evaluated *Previously [CH-20]*	
Definition	Percentage of children and adolescents aged 0-14 years with TB (all forms) whose treatment outcome was not evaluated, among all children and adolescents aged 0-14 years who initiated TB treatment during the same reporting period.	
Numerator	Number of children and adolescents aged 0-14 years with TB (all forms) whose treatment outcome was not evaluated during the reporting period.	*PBMEF data element: PEDS_NE*
Denominator	Number of children and adolescents aged 0-14 years who initiated TB treatment during the same reporting period (treatment cohort).	*PBMEF data element: PEDS_COH*
Category	CURE	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	N/A	

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# Indicator name	**PEDS_MDR_NOTIF: MDR-TB notifications among children and adolescents (ages 0-14 years)**
Note:	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

# Indicator name	**PEDS_TX_DR_ENROLL: Number of children and adolescents aged 0-14 years enrolled on DR-TB treatment** *Previously [CH-21]*	
Definition	Number of children and adolescents aged 0-14 years with DR-TB (all forms) who were enrolled on treatment for DR-TB during the reporting period.	
Numerator	Number of children and adolescents aged 0-14 years who were enrolled on treatment for DR-TB during the reporting period.	*PBMEF data element: PEDS_TX_DR_ENROLL*
Denominator	N/A	*N/A*
Category	CURE	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	Treatment regimen This indicator could be reported as a disaggregate of TX_DR_ENROLL.	

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% Indicator name	**PEDS_DR_TSR: Childhood DR-TB treatment success rate** *Previously [CH-22]*	
Definition	Percentage of children and adolescents aged 0-14 years with DR-TB who were successfully treated (cured or treatment completed) among all children and adolescents aged 0-14 years who initiated DR-TB treatment during the same reporting period.	
Numerator	Number of children and adolescents aged 0-14 years with DR-TB (all forms) who were successfully treated (cured or treatment completed) during the reporting period.	*PBMEF data element: PEDS_DR_SUCC*
Denominator	Number of children and adolescents aged 0-14 years who initiated treatment for DR-TB during the same reporting period (treatment cohort).	*PBMEF data element: PEDS_DR_COH*
Category	CURE	

Indicator type	Outcome
PBMEF level	Extended
Unit of measure	Percent of people
Disaggregate by	(Where feasible): Age (0–4, 5–9, 10–14), sex, HIV status, treatment regimen This indicator could be reported as a disaggregate of DR_TSR.

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% Indicator name	**PCT_PEDS_DR_DIED: Treatment outcome for childhood DR-TB (ages 0-14): Died** *Previously [CH-23]*	
Definition	Percentage of children and adolescents aged 0-14 years who died while on DR-TB treatment, among all children and adolescents aged 0-14 years who initiated DR-TB treatment during the same reporting period.	
Numerator	Number of children and adolescents aged 0-14 years with DR-TB (all forms) who died while on DR-TB treatment during the reporting period.	*PBMEF data element: PEDS_DR_DIED*
Denominator	Number of children and adolescents aged 0-14 years who initiated treatment for DR-TB during the same reporting period (treatment cohort).	*PBMEF data element: PEDS_DR_COH*
Category	CURE	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	This indicator could be reported as a disaggregate of PCT_PEDS_DIED.	

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% Indicator name	**PCT_PEDS_DR_FAIL: Treatment outcome for childhood DR-TB (ages 0-14): Failed** *Previously [CH-24]*	
Definition	Percentage of children and adolescents aged 0-14 years whose DR-TB treatment failed among all children and adolescents aged 0-14 years who initiated DR-TB treatment during the same reporting period.	
Numerator	Number of children and adolescents aged 0-14 years with DR-TB (all forms) whose DR-TB treatment failed during the reporting period.	*PBMEF data element: PEDS_DR_FAIL*
Denominator	Number of children and adolescents aged 0-14 years who initiated treatment for DR-TB during the same reporting period (treatment cohort).	*PBMEF data element: PEDS_DR_COH*

Category	CURE
Indicator type	Outcome
PBMEF level	Extended
Unit of measure	Percent of people
Disaggregate by	This indicator could be reported as a disaggregate of PCT_PEDS_FAIL.

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% Indicator name	**PCT_PEDS_DR_FAIL: Treatment outcome for childhood DR-TB (ages 0-14): LTFU** *Previously [CH-25]*	
Definition	Percentage of children and adolescents aged 0-14 years who were lost to follow up (LTFU), among all children and adolescents aged 0-14 years who initiated DR-TB treatment during the same reporting period.	
Numerator	Number of children and adolescents aged 0-14 years with DR-TB (all forms) who were lost to follow up during the reporting period.	*PBMEF data element: PEDS_DR_LTFU*
Denominator	Number of children and adolescents aged 0-14 years who initiated treatment for DR-TB during the same reporting period (treatment cohort).	*PBMEF data element: PEDS_DR_COH*
Category	CURE	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	This indicator could be reported as a disaggregate of PCT_PEDS_LTFU.	

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% Indicator name	**PCT_PEDS_DR_NE: Treatment outcome for childhood DR-TB (ages 0-14): Not evaluated** *Previously [CH-26]*	
Definition	Percentage of children and adolescents aged 0-14 years whose DR-TB treatment outcome was not evaluated, among all children and adolescents aged 0-14 years who initiated DR-TB treatment during the same reporting period.	
Numerator	Number of children and adolescents aged 0-14 years with DR-TB (all forms) whose treatment outcome was not evaluated during the reporting period.	*PBMEF data element: PEDS_DR_NE*
Denominator	Number of children and adolescents aged 0-14 years who initiated treatment for DR-TB during the same reporting period (treatment cohort).	*PBMEF data element: PEDS_DR_COH*

Category	CURE
Indicator type	Outcome
PBMEF level	Extended
Unit of measure	Percent of people
Disaggregate by	This indicator could be reported as a disaggregate of PCT_PEDS_NE.
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# Indicator name	**DS_PEDS_FORMULATIONS: Use of child-friendly formulations for DS-TB treatment (Yes/No)** *Previously [CH-27]*	
Definition	Does national policy include a provision to procure and supply child-friendly formulations for DS-TB treatment (Yes/No)?	
Numerator	Does the national policy include a provision to procure and supply child-friendly formulations for Ds-TB treatment (Yes/No)?	*PBMEF data element: DSTB_PEDS_FORMULATIONS*
Denominator	N/A	*N/A*
Category	CURE	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Boolean (Yes/No)	
Disaggregate by	N/A	
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Indicator name	**DS_PEDS_FORMULATIONS: Use of child-friendly formulations for DR-TB treatment (Yes/No)** *Previously [CH-28]*	
Definition	Does national policy include a provision to procure and supply child-friendly formulations for DR-TB treatment (Yes/No)?	
Numerator	Does the national policy include a provision to procure and supply child-friendly formulations for DR-TB treatment (Yes/No)?	*PBMEF data element: DR_PEDS_FORMULATIONS*
Denominator	N/A	*N/A*
Category	CURE	
Indicator type	Output	

PBMEF level	Extended
Unit of measure	Boolean (Yes/No)
Disaggregate by	N/A
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Indicator name	**STKOUT_PEDS: Stockouts of child-friendly formulations for TB treatment** *Previously [CH-28]*	
Definition	Occurrence of a stockout of one or more child-friendly formulations for TB treatment at any TB diagnostic site (e.g., Basic Management Unit) or drug storage facility at the end of reporting period (quarter/year). *World Health Organization (WHO) defines a stockout as the complete absence of a required drug at a storage point or delivery point for at least one day.*	
Numerator	This is a Yes/No response for the initial part of the indicator Only if yes, then the following detailed data should be provided: 1. Generic names of TB treatment drugs 2. Geographic locations 3. Treatment site/drug storage facility 4. Central/regional/district level	*PBMEF data element: STKOUT_PEDS*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Procurement and Supply Chain Management*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Boolean (Yes/No)	
Disaggregate by	N/A	
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Private Sector IRS

PCT_PR_NOTIF: Percentage of notified TB contributed by private sector

PCT_PR_MDR_NOTIF: Percentage of notified MDR-TB contributed by private sector

PR_NEWREL_DST: Number of privately notified people with new and relapse TB with DST

PR_RET_DST: Number of privately notified people with previously treated TB with DST

PR_DS_TSR: TB treatment success rate, private sector

PR_DR_TSR: DR-TB treatment success rate in private sector

PCT_PR_NEWREL_WRD: Percentage of privately notified pulmonary TB initially tested with WRD

PCT_PR_BC_WRD: Percentage of privately notified pulmonary TB initially tested with WRD

PR_GOV_DRUGS: Number of privately notified patients who receive government-procured TB drugs per NTP protocol

PCT_PR_CON_SCRN: Percentage of TB contacts of people with TB who were notified by the private sector who were started on TPT

PCT_PR_NOTIFYING: Percentage of private providers notifying >1 TB patient to NTP during reporting

% Indicator name	**PCT_PR_NOTIF: Percentage of notified TB contributed by private sector** *Previously [PR-2]*	
Definition	Percentage of people with new and recurrent TB (all forms) notified by private non-NTP providers, among all people with new and recurrent TB notified during the reporting period.	
Numerator	Number of people with new and recurrent TB (all forms) notified by private non-NTP providers	*PBMEF data element: PR_DSTB_NOTIF*
Denominator	Total number of people with new and recurrent TB (all forms) notified during the reporting period.	*PBMEF data element: DSTB_NOTIF*
Category	REACH	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	N/A	
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% Indicator name	**PCT_PR_MDR_NOTIF: Percentage of notified MDR-TB contributed by private sector** *Previously [PR-2]*	
Definition	Percentage of people with notified DR-TB that were contributed by private non-NTP providers, among all people with DR-TB notified during the reporting period	
Numerator	Number of people with DR-TB who were notified by private non-NTP providers during the reporting period.	*PBMEF data element: PR_MDR_NOTIF*
Denominator	Number of people with DR-TB notified during the reporting period.	*PBMEF data element: MDR_NOTIF*
Category	Reach	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	Laboratory confirmed	
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% Indicator name	**PR_NEWREL_DST: Number of privately notified people with new and recurrent TB with DST** *Previously [PR-5] (new and relapse)*
Note:	This indicator will be included for feedback with the diagnostics indicators as these are still under development.

% Indicator name	**PR_RET_DST: Number of privately notified people with previously treated TB with DST** *Previously [PR-5] (previously treated)*
Note:	This indicator will be included for feedback with the diagnostics indicators as these are still under development.

 **% Indicator name**	**PR_DS_TSR: TB treatment success rate, private sector** *Previously [PR-6]*	
Definition	Percentage of people with new and recurrent drug-sensitive tuberculosis (DS-TB) (bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary) who were notified and treated by private non-NTP providers in a specified period that were cured or treatment completed, among the total people with new and recurrent TB notified by private non-NTP providers who were initiated on treatment in the private sector during the same reporting period (excluding those moved to rifampicin-resistant (RR) treatment cohort). Treatment outcomes are defined by the time period of initiation on treatment; e.g., "2018 cases successfully treated" reflect those who were initiated on treatment in 2018, even though treatment may have extended into 2019. For this reason, reports of treatment outcome data lag by one year.	
Numerator	Number of people with new and recurrent DS-TB (bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary) notified and treated by private non-NTP providers who were cured or treatment completed in a specified reporting period.	*PBMEF data element: PR_DS_SUCC*
Denominator	Number of people with new and recurrent DS-TB (bacteriologically confirmed or clinically diagnosed, pulmonary or extrapulmonary) notified by private non-NTP providers who initiated treatment in the private sector in the same period.	*PBMEF data element: PR_DS_COH*
Category	CURE	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	N/A	

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% Indicator name	PR_DR_TSR: DR-TB treatment success rate in private sector *Previously [PR-7]*	
Definition	Percentage of people with drug-resistant tuberculosis (DR-TB) (rifampicin-resistant [RR-TB]/multidrug-resistant [MDR]-TB, pre-extensively drug-resistant [pre-XDR]-TB, and extensively drug-resistant [XDR]-TB) notified and treated by private non-NTP providers who were successfully treated (cured or treatment completed) among all people with DR-TB who were notified and treated by private non-NTP providers during the reporting period. Note: This indicator might include patients with polydrug resistant TB (PDR-TB) if they are part of the RR/MDR recording in the national database. However, if PDR-TB is reported separately, they should not be included in DR-TB TSR calculations. Treatment outcomes are defined by the time period of initiation on treatment; e.g., "2018 cohort successfully treated" reflect those who were initiated on treatment in 2018, even though treatment may have extended into 2020. For this reason, reports of treatment outcome data lag by 2 years.	
Numerator	Number of people with DR-TB (RR/MDR-TB and pre-XDR/XDR-TB) notified and treated by private non-NTP providers who were cured or treatment completed during the reporting period.	*PBMEF data element: PR_DR_SUCC*
Denominator	Number of people with DR-TB (RR/MDR-TB and pre-XDR/XDR-TB) notified by private non-NTP providers who were initiated on DR-TB treatment in the private sector during the same reporting period.	*PBMEF data element: PR_DR_COH*
Category	CURE	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	N/A	
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% Indicator name	PCT_PR_NEWREL_WRD: Percentage of privately notified pulmonary TB initially tested with WRD	
Definition	Percentage of privately notified patients with pulmonary TB tested using a WHO-recommended diagnostic test (mWRD): FluoroType® MTBDR (Hain), Loopamp™ MTBC detection kit (TB-LAMP), Xpert® MTB/RIF, Xpert® MTB/RIF Ultra, Truenat® MTB or MTB Plus, RealTime MTB (Abbott), BD MAX™ MDR-TB, cobas® MTB (Roche), or LF-LAM at the time of initial TB diagnosis (regardless of test result) among the total number of people with privately notified patients new and recurrent TB, both bacteriologically confirmed and clinically diagnosed, during the reporting period.	
Numerator	Number of privately notified patients with pulmonary TB tested using a WHO-recommended diagnostic test (WRD): FluoroType® MTBDR (Hain), Loopamp™ MTBC detection kit (TB-LAMP), Xpert® MTB/RIF, Xpert® MTB/RIF Ultra, Truenat® MTB or MTB Plus, RealTime MTB (Abbott), BD	*PBMEF data element: PR_NEWREL_WRD*

	MAX™ MDR-TB, cobas® MTB (Roche), or LF-LAM at the time of initial TB diagnosis (regardless of test result) during the reporting period.	
Denominator	Number of privately notified people with new and recurrent TB, both bacteriologically confirmed and clinically diagnosed during the reporting period.	*PBMEF data element: PR_NOTIF*
Category	REACH	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	This indicator would be reported as a disaggregate of NEWREL_WRD.	
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% Indicator name	**PCT_PR_BC_WRD: Percentage of privately notified pulmonary TB initially tested with WRD**	
Definition	Percentage of privately notified people with new and recurrent pulmonary bacteriologically confirmed TB who were tested using a WHO-recommended rapid diagnostic(WRD) (FluoroType® MTBDR (Hain), Loopamp™ MTBC detection kit (TB-LAMP), Xpert® MTB/RIF, Xpert® MTB/RIF Ultra, Truenat® MTB or MTB Plus, RealTime MTB (Abbott), BD MAX™ MDR-TB, cobas® MTB (Roche), or LF-LAM) at the time of initial TB diagnosis (regardless of test result), among the total number of people with pulmonary bacteriologically confirmed privately notified new and recurrent TB during the reporting period.	
Numerator	Number of privately notified people with new and recurrent pulmonary bacteriologically confirmed TB who were tested using a WHO-recommended diagnostic test (WRD): FluoroType® MTBDR (Hain), Loopamp™ MTBC detection kit (TB-LAMP), Xpert® MTB/RIF, Xpert® MTB/RIF Ultra, Truenat® MTB or MTB Plus, RealTime MTB (Abbott), BD MAX™ MDR-TB, cobas® MTB (Roche), or LF-LAM at the time of initial TB diagnosis (regardless of test result) during the reporting period.	*PBMEF data element: PR_BC_WRD*
Denominator	Number of people with new and relapse pulmonary bacteriologically confirmed TB notified in the private sector during the reporting period.	*PBMEF data element: PR_BAC_CONF*
Category	REACH	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	N/A	
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# Indicator name	PR_GOV_DRUGS: Number of privately notified patients who receive government-procured TB drugs per NTP protocol	
Definition	Number of privately notified patients who receive government-procured TB drugs per NTP protocol during the reporting period.	
Numerator	Number of privately notified patients who receive government-procured TB drugs per NTP protocol during the reporting period.	*PBMEF data element: PR_GOV_DRUGS*
Denominator	N/A	*N/A*
Category	Sustain	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	N/A	
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% Indicator name	PCT_PR_CON_SCRN: Percentage of TB contacts of people with TB who were notified by the private sector who were started on TPT	
Definition	Percentage of household or other close contacts of people with TB who were notified by the private sector who were started on TB preventive treatment (TPT), out of those eligible during the reporting period.	
Numerator	Number of household contacts or other close contacts of people with TB who were notified by the private sector with TB who were started on TB preventive treatment during the reporting period.	*PBMEF data element: PR_CON_SCRN*
Denominator	Number of eligible household contacts or other close contacts of people with TB who were notified by the private sector during the reporting period.	*PBMEF data element: PR_CON_ALL*
Category	REACH	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	N/A	
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% Indicator name	PCT_PR_NOTIFYING: Percentage of private providers notifying >1 TB patient to NTP during reporting	
Definition	Percentage of private providers notifying >1 TB patient to the National TB Program (NTP) during the reporting period.	
Numerator	Number of private providers notifying >1 TB patient to NTP during the reporting period.	*PBMEF data element:PR_NOTIFYING*
Denominator	Number of private providers offering TB diagnostic services.	*PBMEF data element: PR_PROVIDERS*
Category	REACH	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of providers	
Disaggregate by	Private primary provider vs private secondary/tertiary provider; private not-for-profit provider vs private for-profit provider	

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TB Diagnosis IRS

PCT_NEWREL_DST: Percentage of people with new or recurrent TB with DST results

PCT_RET_DST: Percentage of people with previously treated TB with DST results available

DT_TST: Number of people with presumptive TB who received diagnostic testing

PCT_BAC_CONF: Percentage bacteriologically confirmed

PCT_CLIN_DX: Percentage of pulmonary TB cases that are clinically diagnosed

DT_PRES: Number of people with presumptive TB

PCT_NEWREL_WRD_RR: Percentage of people with diagnostic WRD test results confirming rifampicin resistance (RR)

NEWREL_WRD_RR: Number of people with diagnostic WRD test results confirming rifampicin resistance (RR)

NEWREL_DST_INH: Number of people with TB with DST results for isoniazid

RET_DST_INH: Number of people with TB with DST results for isoniazid

NEWREL_DST_FQL: Number of people with TB with DST results for fluoroquinolones

RET_DST_FQL: Number of people with TB with DST results for fluoroquinolones

NEWREL_DST_BDQ: Number of people with TB with DST results for bedaquiline

RET_DST_BDQ: Number of people with TB with DST results for bedaquiline

NEWREL_DST_LZD: Number of people with TB with DST results for linezolid

RET_DST_LZD: Number of people with TB with DST results for linezolid

NEWREL_DST_PA: Number of people with TB with DST results for pretomanid

RET_DST_PA: Number of people with TB with DST results for pretomanid

EPTB_BAC_CONF: Number of people with bacteriologically confirmed extrapulmonary TB

EPTB_CLIN_DX: Number of people with clinically diagnosed extrapulmonary TB

% Indicator name	**PCT_NEWREL_DST: Percentage of people with new or recurrent TB with DST results** *Previously [PT-1]*	
Definition	Percentage of people with new and recurrent (relapse) pulmonary TB with drug susceptibility testingb(DST) results available, among those eligible for DST according to national guidelines. Note, this indicator is only meant to capture initial DST which would inform regimen choice.	
Numerator	Number of people with new and recurrent (relapse) pulmonary TB who have drug susceptibility testing (DST) results available during the reporting period.	*PBMEF data element: NEWREL_DST* *WHO data element: varies by country diagnostic algorithm*
Denominator	Number of people with new and recurrent (relapse) TB who are eligible for DST during the reporting period, according to national guidelines.	*PBMEF data element: NEWREL_DST_ELIGIBLE* WHO data element: *varies by country algorithm*
Category	REACH	
Indicator type	Outcome	
PBMEF level	Core Plus	
Unit of measure	Percent of people	
Disaggregate by	Age (0–4, 5–14, 15+), sex, HIV status, drug and/or drug class tested for (e.g.,fluoroquinolones, isoniazid, bedaquiline linezolid, and pretomanid); DST algorithm which determines DST eligibility, and type of DST is being done should be included when reporting this indicator.	
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% Indicator name	**PCT_RET_DST: Percentage of people with previously treated TB with DST results available**	
Definition	Percentage of people with previously treated pulmonary TB who have drug susceptibility testing (DST) results available, among those who are eligible for DST according to national guidelines. Note, this indicator is only meant to capture initial DST which would inform regimen choice.	
Numerator	Number of people with previously treated pulmonary TB who have drug susceptibility testing (DST) results available during the reporting period.	*PBMEF data element: RET_DST* WHO data element: *varies by country algorithm*
Denominator	Number of people with previously treated TB who are eligible for DST during the reporting period, according to national guidelines.	WHO data element: *varies by country algorithm* *PBMEF data element: RET_DST_ELIGIBLE*
Category:	REACH	

Indicator type:	Outcome
PBMEF level:	Core Plus
Unit of measure	Percent of people
Disaggregate by	Age (0–4, 5–14, 15+), sex, HIV status, drug and/or drug class tested for (e.g.,fluoroquinolones, isoniazid, bedaquiline linezolid, and pretomanid); DST algorithm which determines DST eligibility, and type of DST is being done should be included when reporting this indicator.
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# Indicator name	DT_TST: Number of people with presumptive TB who received diagnostic testing
Note:	Number of people with presumptive TB who received diagnostic testing to confirm or exclude active TB disease during the reporting period. (This indicator is an essential indicator and already has an associated PIRS).

# Indicator name	PCT_BAC_CONF: Percentage bacteriologically confirmed
Note:	Percentage of people with new and relapse pulmonary TB who are bacteriologically confirmed. (This indicator is an essential indicator and already has an associated PIRS)

% Indicator name	PCT_CLIN_DX: Percentage of notified pulmonary TB that is clinically diagnosed	
Definition	Percentage of notified pulmonary TB that is clinically diagnosed (i.e. not bacteriologically confirmed).	
Numerator	Number of people with new and recurrent pulmonary TB that was clinically diagnosed (i.e. not bacteriologically confirmed).	*PBMEF data element: CLIN_DX*
Denominator	Number of people with new and recurrent pulmonary TB (bacteriologically confirmed plus clinically diagnosed) during the reporting period.	*PBMEF data element: PTB_NOTIF* *WHO data element: new_clindx plus ret_rel_clindx plus new_labconf plus ret_rel_labconf*
Category:	REACH	
Indicator type:	Outcome	
PBMEF level:	Extended	
Unit of measure	Percent of people	
Disaggregate by	Age, sex	
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# Indicator name	DT_PRES: Number of people with presumptive TB

Note:	Number of people with presumptive TB identified during the reporting period. (This indicator is an essential indicator and already has an associated PIRS)

% Indicator name	**PCT_NEWREL_WRD_RR: Percentage of people with diagnostic WRD test results confirming rifampicin resistance (RR)**	
Definition	Percentage of people with new or recurrent TB who had diagnostic mWRD test results confirming rifampicin resistance (RR), among people with new or recurrent TB who received a mWRD for diagnostic testing.	
Numerator	Number of people with new or recurrent TB who had diagnostic WRD test results confirming rifampicin resistance (RR).	*PBMEF data element: NEWREL_WRD_RR*
Denominator	Number of people with new or recurrent TB who received a mWRD for diagnostic testing.	*PBMEF data element: NEWREL_WRD*
Category:	REACH	
Indicator type:	Outcome	
PBMEF level:	Extended	
Unit of measure	Number of people	
Disaggregate by	mWRD test type	
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# Indicator name	**NEWREL_WRD_RR: Number of people with diagnostic WRD test results confirming rifampicin resistance (RR)**	
Definition	Number of people with new or recurrent TB who had diagnostic mWRD test results confirming rifampicin resistance (RR).	
Numerator	Number of people with new or recurrent TB who had diagnostic WRD test results confirming rifampicin resistance (RR).	*PBMEF data element: NEWREL_WRD_RR*
Denominator	N/A	*N/A*
Category:	REACH	
Indicator type:	Outcome	
PBMEF level:	Extended	
Unit of measure	Number of people	
Disaggregate by	mWRD test type	
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# Indicator name	NEWREL_DST_INH: Number of people with TB with DST results for isoniazid	
Definition	Number of people with new and recurrent pulmonary TB who have drug susceptibility testing (DST) results available during the reporting period for isoniazid.	
Numerator	Number of people with new and recurrent treated pulmonary TB who have drug susceptibility testing (DST) results available during the reporting period for isoniazid.	*PBMEF data element: NEWREL_DST_INH* *WHO data element: Tested for Isoniazid: dst_rlt_new*
Denominator	N/A	*N/A*
Category:	REACH	
Indicator type:	Outcome	
PBMEF level:	Extended	
Unit of measure	Number of people	
Disaggregate by	DST type, test result, new and recurrent TB vs previously treated TB	
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# Indicator name	RET_DST_INH: Number of people with TB with DST results for isoniazid	
Definition	Number of people with previously treated pulmonary TB who have drug susceptibility testing (DST) results available during the reporting period for isoniazid.	
Numerator	Number of people with previously treated pulmonary TB who have drug susceptibility testing (DST) results available during the reporting period for isoniazid.	*PBMEF data element: RET_DST_INH* *WHO data element: Tested for Isoniazid: dst_rlt_ret*
Denominator	N/A	*N/A*
Category:	REACH	
Indicator type:	Outcome	
PBMEF level:	Extended	
Unit of measure	Number of people	
Disaggregate by	DST type, test result, new and recurrent TB vs previously treated TB	
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# Indicator name	NEWREL_DST_FQL: Number of people with TB with DST results for fluoroquinolones	
Definition	Number of people with new and recurrent pulmonary TB who have drug susceptibility testing (DST) results available during the reporting period for fluoroquinolones.	
Numerator	Number of people with new and recurrent treated pulmonary TB who have drug susceptibility testing (DST) results available during the reporting period for fluoroquinolones.	*PBMEF data element: NEWREL_DST_FQL*
Denominator	N/A	*N/A*
Category:	REACH	
Indicator type:	Outcome	
PBMEF level:	Extended	
Unit of measure	Number of people	
Disaggregate by	DST type, test result, new and recurrent TB vs previously treated TB	
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# Indicator name	RET_DST_FQL: Number of people with TB with DST results for fluoroquinolones	
Definition	Number of people with previously treated pulmonary TB who have drug susceptibility testing (DST) results available during the reporting period for fluoroquinolones.	
Numerator	Number of people with previously treated pulmonary TB who have drug susceptibility testing (DST) results available during the reporting period for fluoroquinolones.	*PBMEF data element: RET_DST_FQL*
Denominator	N/A	*N/A*
Category:	REACH	
Indicator type:	Outcome	
PBMEF level:	Extended	
Unit of measure	Number of people	
Disaggregate by	DST type, test result, new and recurrent TB vs previously treated TB	
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# Indicator name	NEWREL_DST_BDQ: Number of people with TB with DST results for bedaquiline
Definition	Number of people with new and recurrent pulmonary TB who have drug susceptibility testing (DST) results available during the reporting period for bedaquiline.

Numerator	Number of people with new and recurrent treated pulmonary TB who have drug susceptibility testing (DST) results available during the reporting period for bedaquiline.	*PBMEF data element: NEWREL_DST_BDQ*
Denominator	N/A	*N/A*
Category:	REACH	
Indicator type:	Outcome	
PBMEF level:	Extended	
Unit of measure	Number of people	
Disaggregate by	DST type, test result, new and recurrent TB vs previously treated TB	
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# Indicator name	RET_DST_BDQ: Number of people with TB with DST results for bedaquiline	
Definition	Number of people with previously treated pulmonary TB who have drug susceptibility testing (DST) results available during the reporting period for bedaquiline.	
Numerator	Number of people with previously treated pulmonary TB who have drug susceptibility testing (DST) results available during the reporting period for bedaquiline.	*PBMEF data element: RET_DST_BDQ*
Denominator	N/A	*N/A*
Category:	REACH	
Indicator type:	Outcome	
PBMEF level:	Extended	
Unit of measure	Number of people	
Disaggregate by	DST type, test result, new and recurrent TB vs previously treated TB	
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# Indicator name	NEWREL_DST_LZD: Number of people with TB with DST results for linezolid	
Definition	Number of people with new and recurrent pulmonary TB who have drug susceptibility testing (DST) results available during the reporting period for linezolid.	
Numerator	Number of people with new and recurrent treated pulmonary TB who have drug susceptibility testing (DST) results available during the reporting period for linezolid.	*PBMEF data element: NEWREL_DST_LZD*
Denominator	N/A	*N/A*

Category:	REACH
Indicator type:	Outcome
PBMEF level:	Extended
Unit of measure	Number of people
Disaggregate by	DST type, test result, new and recurrent TB vs previously treated TB
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# Indicator name	**RET_DST_LZD: Number of people with TB with DST results for linezolid**	
Definition	Number of people with previously treated pulmonary TB who have drug susceptibility testing (DST) results available during the reporting period for linezolid.	
Numerator	Number of people with previously treated pulmonary TB who have drug susceptibility testing (DST) results available during the reporting period for linezolid.	*PBMEF data element: RET_DST_LZD*
Denominator	N/A	*N/A*
Category:	REACH	
Indicator type:	Outcome	
PBMEF level:	Extended	
Unit of measure	Number of people	
Disaggregate by	DST type, test result, new and recurrent TB vs previously treated TB	
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# Indicator name	**NEWREL_DST_PA: Number of people with TB with DST results for pretomanid**	
Definition	Number of people with new and recurrent pulmonary TB who have drug susceptibility testing (DST) results available during the reporting period for pretomanid.	
Numerator	Number of people with new and recurrent treated pulmonary TB who have drug susceptibility testing (DST) results available during the reporting period for pretomanid.	*PBMEF data element: NEWREL_DST_PA*
Denominator	N/A	*N/A*
Category:	REACH	
Indicator type:	Outcome	
PBMEF level:	Extended	

Unit of measure	Number of people
Disaggregate by	DST type, test result, new and recurrent TB vs previously treated TB
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# Indicator name	**RET_DST_PA: Number of people with TB with DST results for pretomanid**	
Definition	Number of people with previously treated pulmonary TB who have drug susceptibility testing (DST) results available during the reporting period for pretomanid.	
Numerator	Number of people with previously treated pulmonary TB who have drug susceptibility testing (DST) results available during the reporting period for pretomanid.	*PBMEF data element: RET_DST_PA*
Denominator	N/A	*N/A*
Category:	REACH	
Indicator type:	Outcome	
PBMEF level:	Extended	
Unit of measure	Number of people	
Disaggregate by	DST type, test result, new and recurrent TB vs previously treated TB	
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# Indicator name	**EPTB_BAC_CONF: Number of people with bacteriologically confirmed extrapulmonary TB**	
Definition	Number of people with extrapulmonary TB that is bacteriologically confirmed (smear positive or culture positive or positive by WHO-recommended rapid diagnostic) during the reporting period.	
Numerator	Number of people with extrapulmonary TB that is bacteriologically confirmed (smear positive or culture positive or positive by WHO-recommended rapid diagnostic) during the reporting period.	*PBMEF data element: EPTB_BAC_CONF*
Denominator	N/A	*N/A*
Category:	REACH	
Indicator type:	Outcome	
PBMEF level:	Extended	
Unit of measure	Number of people	
Disaggregate by		

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# Indicator name	EPTB_CLIN_DX: Number of people with clinically diagnosed extrapulmonary TB	
Definition	Number of people with clinically diagnosed extrapulmonary TB during the reporting period.	
Numerator	Number of people with clinically diagnosed extrapulmonary TB during the reporting period.	*PBMEF data element: EPTB_CLIN_DX*
Denominator	N/A	*N/A*
Category:	REACH	
Indicator type:	Outcome	
PBMEF level:	Extended	
Unit of measure	Number of people	
Disaggregate by		

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TB/HIV IRS

Note on TB/HIV indicators: *For activities supported by PEPFAR, PEPFAR indicators should be used as written in the Monitoring, Evaluation, and Reporting (MER) Indicator Reference Guide and reported through appropriate PEPFAR channels. These indicators are offered in the PBMEF as a recommended way to analyze these data points and for use outside of PEPFAR programming. To avoid confusion, the PBMEF describes PEPFAR indicator equivalencies where they exist and adopts PEPFAR naming conventions rather than the PBMEF conventions.*

PCT_TX_CURR_SCRN: Percentage of PLHIV on ART screened for TB disease

TX_TB_D_MWRD: Number of PLHIV screened for TB with mWRD

TX_TB_D_CXR: Number of PLHIV screened for TB with chest X-ray

TX_TB_D_CRP: Number of PLHIV screened for TB with CRP

PCT_TX_TB_SCRN_POS: Percentage of PLHIV on ART, screened positive for TB disease

TX_TB_SCRN_POS_MWRD: Number of PLHIV screened TB positive with mWRD

TX_TB_SCRN_POS_CXR: Number of PLHIV screened TB positive with chest X-ray

TX_TB_SCRN_POS_CRP: Number of PLHIV screened positive for TB with CRP

PCT_TX_TB_TEST: Percentage of PLHIV on ART with a specimen sent

TX_TB_TEST_LAM: Number of PLHIV tested for TB with LF-LAM

PCT_TX_TB_TEST_POS: Percentage of PLHIV on ART with a positive TB result returned

PCT_TX_DRTB_TEST_POS: Percentage of PLHIV on ART with a positive DR-TB result returned

PCT_TX_TB: Percentage of PLHIV who enrolled on TB treatment

PCT_TX_DRTB: Percentage of PLHIV who enrolled on DR-TB treatment

PCT_TBHIV_OUT: TB/HIV coinfected treatment outcomes

TBHIV_TSR: Treatment success rate among PLHIV

PCT_TBHIV_DIED: TB/HIV coinfected treatment outcome: Died during treatment

PCT_TBHIV_FAIL: TB/HIV coinfected treatment outcome: Treatment failed

PCT_TBHIV_LTFU: TB/HIV coinfected treatment outcome: LTFU

PCT_TBHIV_NE: TB/HIV coinfected treatment outcome: Not evaluated

DRTBHIV_TSR: DR-TB/HIV coinfection treatment success rate

PCT_DRTBHIV_DIED: DR-TB/HIV coinfection treatment outcome: Died during treatment

PCT_DRTBHIV_FAIL: DR-TB/HIV coinfected treatment outcome: Treatment failed

PCT_DRTBHIV_LTFU: DR-TB/HIV coinfected treatment outcome: LTFU

PCT_DRTBHIV_NE: DR-TB/HIV coinfected treatment outcome: Not evaluated

PCT_TX_TB_SCRN_NEG: Percentage of PLHIV on ART, screened negative for TB

TB_PREV_D: Number of TPT initiations among PLHIV

PCT_TX_CURR_TPT: Percentage PLHIV enrolled on TPT

PCT_TB_PREV: Percentage of PLHIV completed TPT

PCT_TB_PREV_LTFU: Percentage of PLHIV on TPT: LTFU

PCT_TB_PREV_TB: Percentage of PLHIV on TPT developed TB during TPT

PCT_TB_PREV_ADR: Percentage of PLHIV on TPT, and TPT interrupted due to adverse drug reaction (ADR)

PCT_TB_PREV_AST: Percentage of PLHIV on TPT, with baseline AST/ALT tests

PCT_TB_STAT: Percent of people with TB with known HIV status

PCT_DRTB_STAT: Percent of people with DR-TB with known HIV status

PCT_TB_STAT_POS: Percentage of people with TB recorded as HIV-positive

PCT_DRTB_STAT_POS: Percentage of people with DR-TB recorded as HIV-positive

PCT_TB_ART: Percentage of HIV-positive people with TB on ART

PCT_DRTB_ART: Percentage of HIV-positive people with DR-TB on ART

PCT_TB_ART_AHD: PLHIV diagnosed with TB who have <200 CD4 baseline

PCT_TB_STAT_POS_VL: PLHIV diagnosed with TB with baseline viral load results

% Indicator name	PCT_TX_CURR_SCRN: Percentage of PLHIV on ART screened for TB disease *Previously [TH-1]*	
Definition	Percentage of people living with HIV (PLHIV) enrolled on antiretroviral therapy (ART) during the reporting period who were screened at least once for TB, among all PLHIV enrolled on ART during the same reporting period. Screening for TB and/or initiation of TB treatment may happen prior to ART initiation. Regardless of when screening occurs relative to ART initiation, the screening event should be documented under this indicator for all people who were enrolled on ART in the reporting period. Note: This indicator is equivalent to the PEPFAR indicators *TX_TB denominator / TX_CURR*. PEPFAR indicators should be used as written in the MER Reference Guide for activities that receive PEPFAR funding and report through PEPFAR channels; this indicator is offered in the PBMEF as a recommended way to analyze this data and for use outside of PEPFAR programming.	
Numerator	Number of PLHIV enrolled on ART who were screened at least once for TB during the reporting period	*PBMEF data element: TX_TB_D** **Note this is a PEPFAR indicator.*
Denominator	Number of PLHIV enrolled on ART during the reporting period	*PBMEF data element: TX_CURR** **Note this is a PEPFAR indicator.*
Category	REACH	
Indicator type	Outcome; calculated	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	Age, sex, screening type (mWRD, chest X-ray, CRP, LF-LAM, clinical signs/symptom screen alone), HIV treatment status (new vs previously enrolled on treatment for 6mo or longer)	
« Back to TB/HIV Extended Indicator List		

# Indicator name	TX_TB_D_MWRD: Number of PLHIV screened for TB with mWRD	
Definition	Number of PLHIV screened for TB with molecular WHO-recommended rapid diagnostic (mWRD). Note: This indicator is equivalent to the mWRD disaggregate for screening type in the denominator of the PEPFAR indicator TX_TB for those countries that are using systematic TB testing interventions regardless of symptoms in high-risk groups (ex. TUTT -Targeted Universal Testing for Tuberculosis). PEPFAR indicators should be used as written in the MER Reference Guide for activities that receive PEPFAR funding and report through PEPFAR channels; this indicator is offered in the PBMEF as a recommended way to analyze this data and for use outside of PEPFAR programming.	
Numerator	Number of PLHIV screened for TB with mWRD	Number of PLHIV screened for TB with mWRD
Denominator	N/A	N/A
Category	PREVENT	

Indicator type	Output
PBMEF level	Extended
Unit of measure	Number of people
Disaggregate by	This indicator could be recorded as a disaggregate of TX_TB_D.
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# Indicator name	**TX_TB_D_CXR: Number of PLHIV screened for TB with chest X-ray**	
Definition	Number of people living with HIV (PLHIV) screened for TB with chest X-ray Note: This indicator is equivalent to the CXR disaggregate for screening type in the denominator of the PEPFAR indicator *TX_TB*. PEPFAR indicators should be used as written in the MER Reference Guide for activities that receive PEPFAR funding and report through PEPFAR channels; this indicator is offered in the PBMEF as a recommended way to analyze this data and for use outside of PEPFAR programming.	
Numerator	Number of PLHIV screened for TB with chest X-ray	*PBMEF data element: TX_TB_D_CXR or TX_TB_D disaggregate** **Note this is a PEPFAR indicator disaggregate.*
Denominator	N/A	N/A
Category	PREVENT	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	This indicator could be recorded as a disaggregate of TX_TB_D.	
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# Indicator name	**TX_TB_D_CRP: Number of PLHIV screened for TB with CRP**	
Definition	Number of people living with HIV (PLHIV) screened for TB with C-reactive protein (CRP). Note: This indicator could be a disaggregate for the denominator of the PEPFAR indicator *TX_TB,* however PEPFAR does not include an option for CRP reporting. PEPFAR indicators should be used as written in the MER Reference Guide for activities that receive PEPFAR funding and report through PEPFAR channels; this indicator is offered in the PBMEF as a recommended way to analyze this data and for use outside of PEPFAR programming.	
Numerator	Number of PLHIV screened for TB with CRP	Number of PLHIV screened for TB with CRP

Denominator	N/A	N/A
Category	PREVENT	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	This indicator could be recorded as a disaggregate of TX_TB_D.	

% Indicator name	**PCT_TX_TB_SCRN_POS: Percentage of PLHIV on ART, screened positive for TB** *Previously [TH-2]*	
Definition	Percentage of people living with HIV (PLHIV) enrolled on ART who were screened positive for TB, among all PLHIV enrolled on ART who were screened for TB during the same reporting period. Note: This indicator is equivalent to the PEPFAR indicators *TX_TB denominator screen positive (TX_TB POS) / TX_TB denominator*. PEPFAR indicators should be used as written in the MER Reference Guide for activities that receive PEPFAR funding and report through PEPFAR channels; this indicator is offered in the PBMEF as a recommended way to analyze this data and for use outside of PEPFAR programming.	
Numerator	Number of PLHIV enrolled on ART who screened positive for TB during the reporting period	*PBMEF data element: TX_TB_SCRN_POS** **Note this is a PEPFAR indicator disaggregate.*
Denominator	Number of PLHIV enrolled on ART who screened at least once for TB during the reporting period	*PBMEF data element: TX_TB_D** **Note this is a PEPFAR indicator.*
Category	REACH	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	Age, sex, screening type (mWRD, chest X-ray, clinical signs/symptom screen alone), HIV treatment status (new vs previously enrolled on treatment for 6mo or longer)	

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# Indicator name	**TX_TB_SCRN_POS_MWRD: Number of PLHIV screened TB positive with mWRD**
Definition	Number of people living with HIV (PLHIV) tested positive for TB using a molecular WHO-recommended rapid diagnostic (mWRD) that was used as a screening tool. Note: This indicator could be a further disaggregation for the screen positive disaggregate in the PEPFAR indicator *TX_TB,* however PEPFAR does not collect this data. This is for those

	countries which are using systematic TB testing interventions regardless of symptoms (such TUTT -Targeted Universal Testing for Tuberculosis) in high-risk groups. PEPFAR indicators should be used as written in the MER Reference Guide for activities that receive PEPFAR funding and report through PEPFAR channels; this indicator is offered in the PBMEF as a recommended way to analyze this data and for use outside of PEPFAR programming.	
Numerator	Number of PLHIV screened positive for TB with mWRD	*PBMEF data element: TX_TB_SCRN_POS_MWRD or TX_TB_SCRN_POS disaggregate** **Note this disaggregate is not included in the PEPFAR indicator.*
Denominator	N/A	N/A
Category	PREVENT	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	This indicator could be reported as a disaggregate of TX_TB_SCRN_POS.	
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# Indicator name	**TX_TB_SCRN_POS_CXR: Number of PLHIV screened TB positive with chest X-ray**	
Definition	Number of people living with HIV (PLHIV) screened positive for TB with chest X-ray. Note: This indicator could be a further disaggregation for the screen positive disaggregate in the PEPFAR indicator *TX_TB,* however PEPFAR does not collect this data. PEPFAR indicators should be used as written in the MER Reference Guide for activities that receive PEPFAR funding and report through PEPFAR channels; this indicator is offered in the PBMEF as a recommended way to analyze this data and for use outside of PEPFAR programming.	
Numerator	Number of PLHIV screened positive for TB with chest X-ray	*PBMEF data element: TX_TB_SCRN_POS_CXR or TX_TB_SCRN_POS disaggregate** **Note this disaggregate is not included in the PEPFAR indicator.*
Denominator	N/A	N/A
Category	PREVENT	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	This indicator could be reported as a disaggregate of TX_TB_SCRN_POS.	
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# Indicator name	TX_TB_SCRN_POS_CRP: Number of PLHIV screened positive for TB with CRP	
Definition	Number of people living with HIV (PLHIV) screened positive for TB with C-reactive protein (CRP). Note: This indicator could be a further disaggregation for the screen positive disaggregate in the PEPFAR indicator *TX_TB,* however PEPFAR does not collect this data. PEPFAR indicators should be used as written in the MER Reference Guide for activities that receive PEPFAR funding and report through PEPFAR channels; this indicator is offered in the PBMEF as a recommended way to analyze this data and for use outside of PEPFAR programming. Note that ART naïve patients are eligible for CRP.	
Numerator	Number of PLHIV screened positive for TB with CRP	*PBMEF data element: TX_TB_SCRN_POS_CRP or TX_TB_SCRN_POS disaggregate** **Note this disaggregate is not included in the PEPFAR indicator.*
Denominator	N/A	N/A
Category	PREVENT	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	This indicator could be reported as a disaggregate of TX_TB_SCRN_POS.	
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% Indicator name	PCT_TX_TB_TEST: Percentage of PLHIV on ART with a specimen sent *Previously [TH-3]*	
Definition	Percentage of people living with HIV (PLHIV) enrolled on ART who had a specimen sent for bacteriologic diagnosis of active TB disease, among PLHIV enrolled on ART who screened positive for TB during the reporting period. Note: This indicator is equivalent to the PEPFAR indicators *TX_TB denominator specimen sent / TX_TB denominator screen positive*. PEPFAR indicators should be used as written in the MER Reference Guide for activities that receive PEPFAR funding and report through PEPFAR channels; this indicator is offered in the PBMEF as a recommended way to analyze this data and for use outside of PEPFAR programming.	
Numerator	Number of PLHIV enrolled on ART who had a specimen sent for diagnosis of active TB disease during the reporting period	*PBMEF data element: TX_TB_TEST** **Note this is a PEPFAR indicator disaggregate.*
Denominator	Number of PLHIV enrolled on ART who screened positive for TB during the reporting period	*PBMEF data element: TX_TB_SCRN_POS** **Note this is a PEPFAR indicator disaggregate.*

Category	REACH
Indicator type	Outcome; calculated
PBMEF level	Extended
Unit of measure	Percent of people
Disaggregate by	Age, sex, screening type (mWRD, chest X-ray, clinical signs/symptom screen alone), HIV treatment status (new vs previously enrolled on treatment for 6mo or longer)
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% Indicator name	**PCT_TX_TB_TEST_MRD: Percentage of PLHIV on ART with a specimen sent for mWRD testing** *Previously [TH-3]*	
Definition	Percentage of people living with HIV (PLHIV) enrolled on ART who had a specimen sent for mWRD testing, among PLHIV enrolled on ART who screened positive for TB during the reporting period. Note: This indicator is equivalent to the PEPFAR indicators *TX_TB denominator mWRD tests / TX_TB denominator screen positive*. PEPFAR indicators should be used as written in the MER Reference Guide for activities that receive PEPFAR funding and report through PEPFAR channels; this indicator is offered in the PBMEF as a recommended way to analyze this data and for use outside of PEPFAR programming.	
Numerator	Number of PLHIV enrolled on ART who had a specimen sent for mWRD diagnostic testing during the reporting period	*PBMEF data element: TX_TB_TEST_MWRD** **Note this is a PEPFAR indicator disaggregate.*
Denominator	Number of PLHIV enrolled on ART who screened positive for TB during the reporting period	*PBMEF data element: TX_TB_SCRN_POS** **Note this is a PEPFAR indicator disaggregate.*
Category	REACH	
Indicator type	Outcome; calculated	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	Age, sex, screening type (mWRD, chest X-ray, clinical signs/symptom screen alone), HIV treatment status (new vs previously enrolled on treatment for 6mo or longer)	
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# Indicator name	**TX_TB_TEST_LAM: Number of PLHIV tested for TB with LF-LAM**
Definition	Number of eligible people living with HIV (PLHIV) tested for TB with LF-LAM. LF-LAM is included as a recommended TB test for people living with HIV (PLHIV). LF-LAM is not recommended to confirm TB in all populations and notably should not be used in outpatient settings for adults, adolescents, and children without symptoms of TB or in those

	with a CD4 count > 200 cells/mm3. At the time of this publication, Alere Determine™ TB LAM Ag is the only commercially available LF- LAM test. Full guidance on the use of LF-LAM can be found at:www.who.int/publications/i/item/ 9789241550604. Note: This indicator could be a disaggregate for the denominator of the PEPFAR indicator *TX_TB,* however PEPFAR does not include an option for LF-LAM reporting under TX_TB (though the indicator LAB_PTCQI does capture the number of LF-LAM specimens received for testing and could be used to infer information on people tested with LF-LAM). PEPFAR indicators should be used as written in the MER Reference Guide for activities that receive PEPFAR funding and report through PEPFAR channels; this indicator is offered in the PBMEF as a recommended way to analyze this data and for use outside of PEPFAR programming	
Numerator	Number of PLHIV tested for TB with LF-LAM	*PBMEF data element: TX_TB_TEST_LAM or TX_TB_TEST disaggregate** **Note this disaggregate is not included in the PEPFAR indicator.*
Denominator	N/A	*N/A*
Category	PREVENT	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	This indicator could be recorded as a disaggregate of TX_TB_TEST.	
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% Indicator name	**PCT_TX_TB_TEST_POS: Percentage of PLHIV on ART with a positive TB result returned** *Previously [TH-4]*	
Definition	Percentage of people living with HIV (PLHIV) enrolled on ART who had a positive result returned for bacteriologic diagnosis of active TB disease, among PLHIV enrolled on ART who had a specimen sent for TB diagnosis during the reporting period. Note: This indicator is equivalent to the PEPFAR indicators *TX_TB denominator positive result returned / TX_TB denominator specimen sent*. PEPFAR indicators should be used as written in the MER Reference Guide for activities that receive PEPFAR funding and report through PEPFAR channels; this indicator is offered in the PBMEF as a recommended way to analyze this data and for use outside of PEPFAR programming.	
Numerator	Number of PLHIV enrolled on ART who had a positive result returned for diagnosis of active TB disease during the reporting period	*PBMEF data element: TX_TB_TEST_POS** **Note this is a PEPFAR indicator disaggregate.*
Denominator	Number of PLHIV enrolled on ART who had a specimen sent for diagnosis of active TB disease during the reporting period	*PBMEF data element: TX_TB_TEST** **Note this is a PEPFAR indicator disaggregate.*
Category	REACH	

Indicator type	Outcome; calculated
PBMEF level	Extended
Unit of measure	Percent of people
Disaggregate by	Age, sex, screening type (mWRD, chest X-ray, clinical signs/symptom screen alone), HIV treatment status (new vs previously enrolled on treatment for 6mo or longer)
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# Indicator name	**TX_TB_TEST_POS_LAM: Number of PLHIV tested TB positive with LF-LAM**	
Definition	Number of people living with HIV (PLHIV) tested positive for TB with LF-LAM. LF-LAM is included as a recommended TB test for people living with HIV (PLHIV). LF- LAM is not recommended to confirm TB in all populations and notably should not be used in outpatient settings for adults, adolescents, and children without symptoms of TB or in those with a CD4 count > 200 cells/mm3. At the time of this publication, Alere Determine™ TB LAM Ag is the only commercially available LF- LAM test. Full guidance on the use of LF-LAM can be found at:www.who.int/publications/i/item/ 9789241550604. These screening tests with LF_LAM should happen in parallel, not sequentially with mWRDs. Note: This indicator could be a further disaggregation for the screen positive disaggregate in the PEPFAR indicator TX_TB, however PEPFAR does not collect this data. PEPFAR indicators should be used as written in the MER Reference Guide for activities that receive PEPFAR funding and report through PEPFAR channels; this indicator is offered in the PBMEF as a recommended way to analyze this data and for use outside of PEPFAR programming.	
Numerator	Number of PLHIV tested positive for TB with LF-LAM	*PBMEF data element: TX_TB_TEST_POS_LAM or TX_TB_TEST_POS disaggregate** **Note this disaggregate is not included in the PEPFAR indicator.*
Denominator	N/A	N/A
Category	PREVENT	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	This indicator could be reported as a disaggregate of TX_TB_TEST_POS.	
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% Indicator name	**PCT_TX_DRTB_TEST_POS: Percentage of PLHIV on ART with a positive DR-TB result returned**

Definition	Percentage of people living with HIV (PLHIV) enrolled on ART who had a positive result returned for bacteriologic diagnosis of active DR-TB disease, among PLHIV enrolled on ART who had a specimen sent for TB diagnosis during the reporting period. Note: This indicator is a disaggregate of PEPFAR's TX_TB disaggregate for positive results returned but is not included in PEPFAR reporting.	
Numerator	Number of PLHIV enrolled on ART who had a positive result returned for diagnosis of active DR-TB disease during the reporting period	*PBMEF data element: TX_DRTB_TEST_POS** **Note this disaggregate of TX_TB_D is not included in PEPFAR's indicator.*
Denominator	Number of PLHIV enrolled on ART who had a specimen sent for diagnosis of active TB disease during the reporting period	*PBMEF data element: TX_TB_TEST** **Note this is a PEPFAR indicator disaggregate.*
Category	REACH	
Indicator type	Outcome; calculated	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	This indicator is a disaggregate of PCT_TX_TB_TEST_POS.	
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% Indicator name	**PCT_TX_TB: Percentage of PLHIV who enrolled on TB treatment** ***Previously [TH-5]***	
Definition	Percentage of people living with HIV (PLHIV) enrolled on ART who were enrolled on TB treatment, among PLHIV who had a positive result returned for diagnosis of active TB disease during the reporting period. Note: This indicator is equivalent to the PEPFAR indicator *TX_TB*. PEPFAR indicators should be used as written in the MER Reference Guide for activities that receive PEPFAR funding and report through PEPFAR channels; this indicator is offered in the PBMEF as a recommended way to analyze this data and for use outside of PEPFAR programming.	
Numerator	Number of PLHIV enrolled on ART who were enrolled on TB treatment, during the reporting period	*PBMEF data element: TX_TB_N** **Note this is a PEPFAR indicator.*
Denominator	Number of PLHIV enrolled on ART who had a positive result returned for diagnosis of active TB disease during the reporting period	*PBMEF data element: TX_TB_TEST_POS** **Note this is a PEPFAR indicator.*
Category	CURE	
Indicator type	Outcome; calculated	
PBMEF level	Extended	
Unit of measure	Percent of people	

Disaggregate by	N/A
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% Indicator name	**PCT_TX_DRTB: Percentage of PLHIV who enrolled on DR-TB treatment** *Previously [TH-17]*	
Definition	Percentage of PLHIV enrolled on ART who were enrolled on DR-TB treatment, among PLHIV who had a positive result returned for diagnosis of active DR-TB disease during the reporting period.	
Numerator	Number of PLHIV enrolled on ART who were enrolled on DR-TB treatment, during the reporting period	*PBMEF data element: TX_DRTB_N** **Note this disaggregate of TX_TB_N is not included in PEPFAR's indicator.*
Denominator	Number of PLHIV enrolled on ART who had a positive result returned for diagnosis of active DR-TB disease during the reporting period	*PBMEF data element: TX_DRTB_TEST_POS** **Note this disaggregate of TX_TB_D is not included in PEPFAR's indicator.*
Category	CURE	
Indicator type	Outcome; calculated	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	This indicator could be recorded as a disaggregate of PCT_TX_TB.	
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% Indicator name	**PCT_TBHIV_OUT: TB/HIV coinfected treatment outcomes**	
Definition	Percentage of TB/HIV coinfected people with a new episode of TB (new, recurrent*) who had a treatment outcome recorded, among people coinfected with TB/HIV (all forms, new and recurrent) on treatment during the same reporting period.	
Numerator	Number of TB/HIV coinfected people (all forms) with a new episode of TB (new, recurrent) who had a recorded treatment outcome, during the reporting period; this should be disaggregated by the following outcomes: treatment success, died, LTFU, not evaluated	*PBMEF data element: TBHIV_SUCC* *WHO database: tbhiv_succ* *PBMEF data element: TBHIV_DIED* *WHO database: tbhiv_died* *PBMEF data element: TBHIV_FAIL* *WHO indicator: tbhiv_fail* *PBMEF data element: TBHIV_LOST* *WHO database: tbhiv_lost* *PBMEF data element: TBHIV_NA*
Denominator	Number of TB/HIV coinfected people with a new episode of TB (new, recurrent) (all forms) on treatment during the reporting period (cohort	*PBMEF data element: TBHIV_COH* *WHO indicator: tbhiv_coh*

	size)	
Category	CURE	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	This indicator could be reported as a disaggregate of PCT_PLHIV_OUT or as a disaggregate of TX_DS_OUT.	
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% Indicator name	**TBHIV_TSR: Treatment success rate among PLHIV**
Note:	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

% Indicator name	**PCT_TBHIV_DIED: TB/HIV coinfected treatment outcome: Died during treatment** *Previously [TH-20]*	
Definition	Percentage of TB/HIV coinfected people with a new episode of TB (new, recurrent*) who died during treatment, among people coinfected with TB/HIV (all forms, new and recurrent) on treatment during the same reporting period.	
Numerator	Number of TB/HIV coinfected people (all forms) with a new episode of TB (new, recurrent) who died during treatment, during the reporting period	*PBMEF data element: TBHIV_DIED* *WHO database: tbhiv_died*
Denominator	Number of TB/HIV coinfected people with a new episode of TB (new, recurrent) (all forms) on treatment during the reporting period (cohort size)	*PBMEF data element: TBHIV_COH* *WHO indicator: tbhiv_coh*
Category	CURE	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	This indicator could be reported as a disaggregate of PCT_PLHIV_OUT or as a disaggregate of TX_DS_OUT.	
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% Indicator name	PCT_TBHIV_FAIL: TB/HIV coinfected treatment outcome: Treatment failed *Previously [TH-21]*	
Definition	Percentage of TB/HIV coinfected people with a new episode of TB (new, recurrent*) whose treatment failed, among people coinfected with TB/HIV (all forms, new and recurrent) on treatment during the same reporting period.	
Numerator	Number of TB/HIV coinfected people (all forms) with a new episode of TB (new, recurrent) whose treatment failed, during treatment, during the reporting period	*PBMEF data element: TBHIV_FAIL* *WHO indicator: tbhiv_fail*
Denominator	Number of TB/HIV coinfected people with a new episode of TB (new, recurrent) (all forms) on treatment during the reporting period (cohort size)	*PBMEF data element: TBHIV_COH* *WHO indicator: tbhiv_coh*
Category	CURE	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	This indicator could be reported as a disaggregate of PCT_PLHIV_OUT or as a disaggregate of TX_DS_OUT.	

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% Indicator name	PCT_TBHIV_LTFU: TB/HIV coinfected treatment outcome: LTFU *Previously [TH-22]*	
Definition	Percentage of TB/HIV coinfected people with a new episode of TB (new, recurrent) who were LTFU, among people coinfected with TB/HIV (all forms, new and recurrent) on treatment during the same reporting period.	
Numerator	Number of TB/HIV coinfected people (all forms) with a new episode of TB (new, recurrent) who were LTFU, during treatment, during the reporting period	*PBMEF data element: TBHIV_LOST* *WHO database: tbhiv_lost*
Denominator	Number of TB/HIV coinfected people with a new episode of TB (new, recurrent) (all forms) on treatment during the reporting period (cohort size)	*PBMEF data element: TBHIV_COH* *WHO indicator: tbhiv_coh*
Category	CURE	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	This indicator could be reported as a disaggregate of PCT_PLHIV_OUT or as a disaggregate of TX_DS_OUT.	

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% Indicator name	**PCT_TBHIV_NE: TB/HIV coinfected treatment outcome: Not evaluated** *Previously [TH-23]*	
Definition	Percentage of TB/HIV coinfected people with a new episode of TB (new, recurrent) who were not evaluated, among people coinfected with TB/HIV (all forms, new and recurrent) on treatment during the same reporting period.	
Numerator	Number of TB/HIV coinfected people (all forms) with a new episode of TB (new, recurrent) who were not evaluated, during treatment, during the reporting period	*PBMEF data element: TBHIV_NE*
Denominator	Number of TB/HIV coinfected people with a new episode of TB (new, recurrent) (all forms) on treatment during the reporting period (cohort size)	*PBMEF data element: TBHIV_COH* *WHO indicator: tbhiv_coh*
Category	CURE	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	This indicator could be reported as a disaggregate of PCT_PLHIV_OUT or as a disaggregate of TX_DS_OUT.	

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% Indicator name	**DRTBHIV_TSR: DR-TB/HIV coinfection treatment success rate** *Previously [TH-24]*	
Definition	Percentage of DR-TB/HIV coinfected people (RR/MDR and pre/XDR) who were enrolled on DR-TB treatment during the reporting period and had a successful outcome (those with treatment outcome of cured and treatment outcome of completed).	
Numerator	Number of DR-TB/HIV coinfected people (RR/MDR and pre/XDR) who were enrolled on relevant DR-TB treatment during the reporting period, and had a successful outcome (cured and treatment completed).	*PBMEF data element: DRTBHIV_SUCC*
Denominator	Number of DR-TB/HIV coinfected people (RR/MDR and pre/XDR) who were enrolled on DR-TB treatment during the reporting period	*PBMEF data element: DRTBHIV_COH*
Category	CURE	
Indicator type	Outcome	
PBMEF level	Extended	

Unit of measure	Percent of people
Disaggregate by	This indicator could be reported as a disaggregate of PLHIV_TSR or DR_TSR.
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% Indicator name	**PCT_DRTB/HIV_DIED: DR-TB/HIV coinfection treatment outcome: Died during treatment** *Previously [TH-24]*	
Definition	Percentage of DR-TB/HIV coinfected people (RR/MDR and pre/XDR) who were enrolled on DR-TB treatment during the reporting period and died during treatment.	
Numerator	Number of DR-TB/HIV coinfected people (RR/MDR and pre/XDR) who were enrolled on DR-TB treatment during the reporting period, and died during treatment	*PBMEF data element: DRTBHIV_DIED*
Denominator	Number of DR-TB/HIV coinfected people (RR/MDR and pre/XDR) who were enrolled on DR-TB treatment during the reporting period	*PBMEF data element: DRTBHIV_COH*
Category	CURE	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	This indicator could be reported as a disaggregate of PCT_PLHIV_OUT, PCT_PLHIV_OUT_DIED, or TX_DR_OUT.	
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% Indicator name	**PCT_DRTBHIV_FAIL: DR-TB/HIV coinfected treatment outcome: Treatment failed** *Previously [TH-25]*	
Definition	Percentage DR-TB/HIV coinfected people (RR/MDR and pre/XDR) who were enrolled on DR-TB treatment during the reporting period, but treatment failed.	
Numerator	Number of DR-TB/HIV coinfected people (RR/MDR and pre/XDR) who were enrolled on DR-TB treatment during the reporting period, but treatment failed	*PBMEF data element: DRTBHIV_FAIL*
Denominator	Number of DR-TB/HIV coinfected people (RR/MDR and pre/XDR) who were enrolled on DR-TB treatment during the reporting period	*PBMEF data element: DRTBHIV_COH*
Category	CURE	
Indicator type	Outcome	

PBMEF level	Extended
Unit of measure	Percent of people
Disaggregate by	This indicator could be reported as a disaggregate of PCT_PLHIV_OUT, PCT_PLHIV_OUT_FAIL, or TX_DR_OUT.

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% Indicator name	**PCT_DRTBHIV_LTFU: DR-TB/HIV coinfected treatment outcome: LTFU** *Previously [TH-26]*	
Definition	Percentage of DR-TB/HIV coinfected people (RR/MDR and pre/XDR) who were enrolled on appropriate treatment during a specified period, but were LTFU.	
Numerator	Number of DR-TB/HIV coinfected people (RR/MDR and pre/XDR) who were enrolled on appropriate treatment during the reporting period, but were LTFU	*PBMEF data element: DRTBHIV_LTFU*
Denominator	Number of DR-TB/HIV coinfected people (RR/MDR and pre/XDR) who were enrolled on DR-TB treatment during the reporting period	*PBMEF data element: DRTBHIV_COH*
Category	CURE	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	This indicator could be reported as a disaggregate of PCT_PLHIV_OUT, PCT_PLHIV_OUT_LTFU, or TX_DR_OUT.	

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% Indicator name	**PCT_DRTBHIV_NE: DR-TB/HIV coinfected treatment outcome: Not evaluated** *Previously [TH-27]*	
Definition	Percentage of DR-TB/HIV coinfected people (RR/MDR and pre/XDR) who were enrolled on DR-TB treatment during the reporting period, but not evaluated (a person with TB disease to whom no treatment outcome was assigned, excluding those lost to follow-up).	
Numerator	Number of DR-TB/HIV coinfected people (RR/MDR and pre/XDR) who were enrolled on DR-TB treatment during the reporting period, but not evaluated (A person with TB disease to whom no treatment outcome was assigned, excluding those lost to follow-up)	*PBMEF data element: DRTBHIV_NE*
Denominator	Number of DR-TB/HIV coinfected people (RR/MDR and pre/XDR) who were enrolled on DR-TB treatment during the reporting period	*PBMEF data element: DRTBHIV_COH*
Category	CURE	

Indicator type	Outcome
PBMEF level	Extended
Unit of measure	Percent of people
Disaggregate by	This indicator could be reported as a disaggregate of PCT_PLHIV_OUT, PCT_PLHIV_OUT_NE, or TX_DR_OUT.
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% Indicator name	**PCT_TX_TB_SCRN_NEG: Percentage of PLHIV on ART, screened negative for TB** *Previously [TH-6]*	
Definition	Percentage of people living with HIV (PLHIV) enrolled on ART who screened negative for TB disease, among all PLHIV enrolled on ART who were screened for TB during the same reporting period. Note: This indicator is equivalent to the PEPFAR indicators *TX_TB denominator screen negative / TX_TB denominator*. PEPFAR indicators should be used as written in the MER Reference Guide for activities that receive PEPFAR funding and report through PEPFAR channels; this indicator is offered in the PBMEF as a recommended way to analyze this data and for use outside of PEPFAR programming.	
Numerator	Number of PLHIV enrolled on ART who screened negative for TB disease during the reporting period	*PBMEF data element: TX_TB_SCRN_NEG** **Note this is a PEPFAR indicator disaggregate.*
Denominator	PLHIV enrolled on ART who were screened for TB disease during the reporting period	*PBMEF data element: TX_TB_D** **Note this is a PEPFAR indicator.*
Category	REACH	
Indicator type	Outcome; calculated	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	This indicator could be recorded as a disaggregate of TX_TB or TX_TB_SCRN.	
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# Indicator name	**TB_PREV_D: Number of TPT initiations among PLHIV** *Previously [PT-8]*
Note:	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

% Indicator name	**PCT_TX_CURR_TPT: Percentage PLHIV enrolled on TPT** *Previously [PT-8]*

Definition	Percentage of people living with HIV (PLHIV) enrolled on ART who were started on TPT during the reporting period, among all PLHIV enrolled on ART. Note: This indicator is equivalent to the PEPFAR indicators *TB_PREV D / TX_CURR*. PEPFAR indicators should be used as written in the MER Reference Guide for activities that receive PEPFAR funding and report through PEPFAR channels; this indicator is offered in the PBMEF as a recommended way to analyze this data and for use outside of PEPFAR programming.	
Numerator	Number of PLHIV enrolled on ART who were started on TPT during the reporting period	*PBMEF data element: TB_PREV_D** *WHO indicator (2020 and beyond): hiv_all_tpt or hiv_new_tpt* **Note: this is a PEPFAR indicator.*
Denominator	Number of PLHIV enrolled on ART during the reporting period	*PBMEF data element: TX_CURR** *WHO indicator*: hiv_reg_all, hiv_reg_new2 **Note: this is a PEPFAR indicator.*
Category	Prevent	
Indicator type	Outcome; calculated	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	Age, sex, TPT regimen type	
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% Indicator name	**PCT_TB_PREV: Percentage of PLHIV completed TPT** *Previously [PT-12]*	
Definition	Percentage of people living with HIV (PLHIV) enrolled on ART who were started on TPT and completed treatment, among all PLHIV enrolled on ART who were started on TPT during the reporting period. Note: This indicator is equivalent to the PEPFAR indicator TB_PREV (% completion = numerator / denominator). PEPFAR indicators should be used as written in the MER Reference Guide for activities that receive PEPFAR funding and report through PEPFAR channels; this indicator is offered in the PBMEF as a recommended way to analyze this data and for use outside of PEPFAR programming.	
Numerator	Number of PLHIV enrolled on ART who were started on TPT and completed treatment during the reporting period	*PBMEF data element: TB_PREV_N** **Note: this is a PEPFAR indicator.*
Denominator	Number of PLHIV enrolled on ART who were started on TPT during the reporting period	*PBMEF data element: TB_PREV_D** *WHO indicator (2020 and beyond): hiv_all_tpt or hiv_new_tpt* **Note: this is a PEPFAR indicator.*
Category	PREVENT	
Indicator type	Outcome; calculated	
PBMEF level	Extended	

Unit of measure	Percent of people
Disaggregate by	Age, sex, TPT regimen type
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% Indicator name	**PCT_TB_PREV_LTFU: Percentage of PLHIV on TPT: LTFU** *Previously [TH-9]*	
Definition	Percentage of people living with HIV (PLHIV) who were started on TPT but were LTFU. Note defining patients as LTFU may vary by regimen type and country guidelines	
Numerator	Number of PLHIV who were started on TPT and were LTFU during the reporting period	*PBMEF data element: TB_PREV_LTFU** *Note: TB_PREV is a PEPFAR indicator but there is no disaggregate for LTFU.*
Denominator	Number of PLHIV who were started on TPT during the specified reporting period	*PBMEF data element: TB_PREV_D** *WHO indicator (2020 and beyond): hiv_all_tpt or hiv_new_tpt* **Note: this is a PEPFAR indicator.*
Category	PREVENT	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	Age, sex, TPT regimen type This indicator could be reported as a disaggregate of PCT_TPT_LTFU.	
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% Indicator name	**PCT_TB_PREV_TB: Percentage of PLHIV on TPT developed TB during TPT** *Previously [TH-10]*	
Definition	Percentage of people living with HIV (PLHIV) on TPT who developed TB during prevention therapy.	
Numerator	Total number of PLHIV who were started on TPT and developed TB during TPT, during the reporting period	Total number of PLHIV who were started on TPT and developed TB during TPT, during the reporting period
Denominator	Total number of PLHIV who were started on TPT during the specified reporting period	Total number of PLHIV who were started on TPT during the specified reporting period
Category	PREVENT	
Indicator type	Outcome	

PBMEF level	Extended
Unit of measure	Percent of people
Disaggregate by	Age, sex, TPT regimen type This indicator could be reported as a disaggregate of PCT_TPT_TB.
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% Indicator name	**PCT_TB_PREV_ADR: Percentage of PLHIV on TPT, and TPT interrupted due to adverse drug reaction (ADR)** *Previously [TH-11]*	
Definition	Percentage of people living with HIV (PLHIV) whose TPT was interrupted due to ADR (adverse drug reaction). An ADR (often referred to as an "adverse event") is any negative medical occurrence that presents in a person during TB preventive treatment with a World Health Organization (WHO) approved regimen that may or may not have a causal relationship with the prescribed treatment. More information on ADR and grading ADRs can be found here.	
Numerator	Total number of PLHIV who began on TPT but whose treatment was interrupted due to development of ADR, during the reporting period	Total number of PLHIV who began on TPT but whose treatment was interrupted due to development of ADR, during the reporting period
Denominator	Total number of PLHIV who were started on TPT during the specified reporting period	Total number of PLHIV who were started on TPT during the specified reporting period
Category	PREVENT	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	Age, sex, TPT regimen type This indicator could be reported as a disaggregate of TPT_ADR.	
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% Indicator name	**PCT_TB_PREV_AST: Percentage of PLHIV on TPT, with baseline AST/ALT tests** *Previously [TH-12]*	
Definition	Percentage of people living with HIV (PLHIV) on TB preventive treatment (TPT) who had a baseline alanine aminotransferase (ALT) and aspartate aminotransferase (AST) before initiation of prevention therapy.	
Numerator	Total number of PLHIV who had baseline AST/ALT tests before initiation of TPT, during the reporting period	*PBMEF data element: TB_PREV_AST** *Note: TB_PREV is a PEPFAR indicator but there is no disaggregate for AST/ALT.*

Denominator	Total number of PLHIV who were started on TPT during the specified reporting period	*PBMEF data element: TB_PREV_D** *WHO indicator (2020 and beyond): hiv_all_tpt or hiv_new_tpt* **Note: this is a PEPFAR indicator.*
Category	PREVENT	
Indicator type	Outcome; calculated	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	Age, sex, TPT regimen type This indicator could be reported as a disaggregate of PCT_TPT_AST.	
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% Indicator name	**PCT_TB_STAT: Percentage of people with TB with known HIV status** *Previously [TH-13]*	
Definition	Percentage of people with new and recurrent TB notified during the reporting period who were tested for HIV at the time of diagnosis or with known HIV status at the time of TB diagnosis, among all people with new and relapse TB (all forms) notified during the reporting period. Note: This indicator is equivalent to the PEPFAR indicator *TB_STAT*. PEPFAR indicators should be used as written in the MER Reference Guide for activities that receive PEPFAR funding and report through PEPFAR channels; this indicator is offered in the PBMEF as a recommended way to analyze this data and for use outside of PEPFAR programming.	
Numerator	Number of people with new and recurrent TB with a documented HIV status during the reporting period	*PBMEF data element: TB_STAT_N** *WHO data element: newrel_hivtest* **Note: this is a PEPFAR indicator.*
Denominator	Number of people with new and recurrent TB (all forms) notified during the reporting period	*PBMEF data element: TB_NOTIF* *WHO data element: c_newinc* **Note: this is a PEPFAR indicator.*
Category	PREVENT	
Indicator type	Outcome; calculated	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	Age, sex, DS-TB vs DR-TB	
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% Indicator name	PCT_DRTB_STAT: Percentage of people with DR-TB with known HIV status *Previously [TH-15]*	
Definition	Percentage of people with DR-TB with a documented HIV status, among all DR-TB patients notified during the reporting period.	
Numerator	Number of people with DR-TB who were tested for HIV at the time of diagnosis or with known positive or recently tested negative* HIV status at the time of DR-TB diagnosis during the reporting period. *Recently tested negative: people with DR-TB who have a recent negative test result and are not yet eligible for re-testing per country guidelines.	*PBMEF data element: TB_STAT disaggregate** **Note: TB_STAT is a PEPFAR indicator but this disaggregate is not included.*
Denominator	Number of people with laboratory-confirmed DR-TB notified during reporting year	*PBMEF data element: MDR_NOTIF + XDR_NOTIF* *WHO indicator: conf_rrmdr plus all_conf_xdr*
Category	CURE	
Indicator type	Outcome; calculated	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	Age, sex, HIV status for numerator (tested negative, tested positive, known positive, recent negative) This indicator is a disaggregate of PCT_TB_STAT.	
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% Indicator name	PCT_TB_STAT_POS: Percentage of people with TB recorded as HIV-positive *Previously [TH-14]*	
Definition	Percentage of people with new and relapse TB recorded as HIV-positive, among all people with new and relapse TB (all forms) with a documented HIV status during the reporting period. Note: This indicator is equivalent to the PEPFAR indicator *TB_STAT_POS / TB_STAT numerator*. PEPFAR indicators should be used as written in the MER Reference Guide for activities that receive PEPFAR funding and report through PEPFAR channels; this indicator is offered in the PBMEF	
Numerator	Number of people with new and relapse TB recorded as HIV-positive during the reporting period	*PBMEF data element: TB_STAT_POS** *WHO data element: newrel_hivpos* **Note this is a PEPFAR indicator.*
Denominator	Number of people with new and relapse TB with a documented HIV status, during the reporting period	*PBMEF data element: TB_STAT_N** *WHO data element: newrel_hivtest* **Note this is a PEPFAR indicator.*

Category	REACH, CURE, PREVENT, SUSTAIN, INNOVATE
Indicator type	Outcome
PBMEF level	Extended
Unit of measure	Percent of people
Disaggregate by	Age, sex
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% Indicator name	**PCT_DRTB_STAT_POS: Percentage of people with DR-TB recorded as HIV-positive** *Previously [TH-16]*	
Definition	Percentage of people with DR-TB documented as HIV-positive, among all people with DR-TB notified during the reporting period.	
Numerator	Number of people with DR-TB who were documented as HIV-positive during the reporting period	*PBMEF data element: DRTB_STAT_POS** **Note TB_STAT_POS is a PEPFAR indicator but the disaggregation for DR-TB is not included.*
Denominator	Number of people with DR-TB who had a documented HIV status during the reporting period	*PBMEF data element: DRTB_STAT_N** **Note TB_STAT_N is a PEPFAR indicator but the disaggregation for DR-TB is not included.*
Category	CURE	
Indicator type	Outcome; calculated	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	Age, sex	
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% Indicator name	**PCT_TB_ART: Percentage of HIV-positive people with TB on ART** *Previously [TH-18]*	
Definition	Percentage of HIV-positive people with TB started or continued on ART during the reporting period, among people with new and relapse TB recorded as HIV-positive during the reporting period. Note: This indicator is equivalent to the PEPFAR indicator *TB_ART*. PEPFAR indicators should be used as written in the MER Reference Guide for activities that receive PEPFAR funding and report through PEPFAR channels; this indicator is offered in the PBMEF as a recommended way to analyze this data and for use outside of PEPFAR programming.	
Numerator	Number of HIV-positive people with TB started or continued on ART during the reporting period	*PBMEF data element: TB_ART_N** *WHO data element: newrel_art, hiv_tbtx_art* **Note this is a PEPFAR indicator.*

Denominator	Number of people with new and relapse TB recorded as HIV-positive during the reporting period	*PBMEF data element: TB_STAT_POS** *WHO data element: newrel_hivpos* **Note this is a PEPFAR indicator.*
Category	PREVENT	
Indicator type	Outcome; calculated	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	Age, sex, DS-TB vs DR-TB	
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% Indicator name	**PCT_DRTB_ART: Percentage of HIV-positive people with DR-TB on ART** *Previously [TH-19]*	
Definition	Percentage of people with DR-TB started or continued on ART during the reporting period, among people with DR-TB documented as HIV-positive during the reporting period.	
Numerator	Number of HIV-positive people with DR-TB started or continued on ART during the reporting period	*PBMEF data element: DRTB_ART** **Note TB_ART is a PEPFAR indicator but the disaggregation for DR-TB is not included.*
Denominator	Number of people with DR-TB documented as HIV-positive during the reporting period	*PBMEF data element: DRTB_STAT_POS** **Note TB_STAT_POS is a PEPFAR indicator but the disaggregation for DR-TB is not included.*
Category	CURE	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	Age, sex	
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% Indicator name	**PCT_TB_ART_AHD: PLHIV diagnosed with TB who have <200 CD4 baseline** *Previously [TH-28]*
Definition	Percentage of people living with HIV (PLHIV) diagnosed with TB who have <200 CD4 baseline starting TB treatment, among HIV-positive people with TB started or continued on ART during the reporting period.

Numerator	Number of PLHIV diagnosed with TB who have <200 CD4 baseline starting treatment during the reporting period	*PBMEF data element: TB_ART_AHD** **Note TB_ART is a PEPFAR indicator but the disaggregate for AHD is not included.*
Denominator	Number of HIV-positive people with TB started or continued on ART during the reporting period	*PBMEF data element: TB_ART_N** *WHO data element: newrel_art, hiv_tbtx_art* **Note this is a PEPFAR indicator.*
Category	PREVENT	
Indicator type	Outcome; calculated	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	Age, sex	
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% Indicator name	**PCT_TB_STAT_POS_VL: PLHIV diagnosed with TB with viral load results** *Previously [TH-30]*	
Definition	Percentage of PLHIV diagnosed with TB with baseline viral load results (from within the last 12 months) available, among HIV-positive people with TB during the reporting period.	
Numerator	Number of PLHIV diagnosed with TB with baseline viral load results (from within the last 12 months) available	*PBMEF data element: TB_STAT_POS_VL*
Denominator	Number of people with new and relapse TB recorded as HIV-positive during the reporting period	*PBMEF data element: TB_STAT_POS** *WHO data element: newrel_hivpos* **Note this is a PEPFAR indicator.*
Category	CURE	
Indicator type	Outcome; calculated	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	Age, sex	
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DR-TB Treatment IRS

PCT_TX_MDR_ENROLL: RR/MDR-TB treatment enrollment coverage

PCT_TX_XDR_ENROLL: pre-XDR/XDR-TB treatment enrollment coverage

TX_XDR_ENROLL: pre-XDR/XDR-TB treatment initiations

TX_STR_ENROLL: DR-TB "all oral" short treatment regimen initiations

TX_LTR_ENROLL: DR-TB "all oral" longer treatment regimen initiations

TX_DR_ADR: Number of people with adverse reactions to DR-TB treatment

PCT_DR_TX_SUPPORT: Percentage of people on DR-TB treatment who received treatment support

YN_DR_TX_SUPPORT: National policy for DR-TB treatment support

TX_DR_OUT: DR-TB Treatment Outcomes

TX_DR_OUT_LTR: DR-TB treatment outcomes for all oral longer regimens

TX_DR_OUT_STR: DR-TB treatment outcomes for all oral short regimens

DR_TSR: DR-TB treatment success rate

DRTBHIV_TSR: DR-TB/HIV coinfection treatment success rate

% Indicator name	PCT_TX_MDR_ENROLL: RR/MDR-TB treatment enrollment coverage	
Definition	Percentage of people with RR/MDR-TB enrolled on DR-TB treatment in the reporting period, among people with RR/MDR-TB notified during the reporting period.	
Numerator	Number of laboratory-confirmed or clinically diagnosed people with RR/MDR-TB enrolled on DR-TB treatment during the reporting period	*PBMEF data element: TX_MDR_ENROLL* *WHO database: unconf_rr_nfqr_tx plus conf_rr_nfqr_tx*
Denominator	Number of people with RR/MDR-TB notified during the reporting period	*PBMEF data element: MDR_NOTIFWHO database: conf_rr_nfqr (lab-confirmed RR/MDR only)*
Category	CURE	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	Age, sex	
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% Indicator name	PCT_TX_XDR_ENROLL: pre-XDR/XDR-TB treatment enrollment coverage	
Definition	Percentage of people with pre-XDR/XDR-TB enrolled on DR-TB treatment in the reporting period, among people with pre-XDR/XDR-TB notified during the reporting period.	
Numerator	Number of laboratory-confirmed or clinically diagnosed people with pre-XDR or XDR-TB enrolled on DR-TB treatment during the reporting period	*PBMEF data element: TX_XDR_ENROLL* *WHO database: conf_rr_fqr_tx*
Denominator	Number of people with pre-XDR/XDR-TB notified during the reporting period	*PBMEF data element: XDR_NOTIF* *WHO database: conf_rr_fqr (lab-confirmed pre-XDR/XDR only)*
Category	CURE	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	Age, sex	
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# Indicator name	TX_MDR_ENROLL: RR/MDR-TB treatment initiations	
Definition	Number of people with rifampicin-resistant (RR) and multidrug-resistant (MDR) TB who initiated treatment for DR-TB during the reporting period. RR/MDR TB: RR-TB is TB caused by Mycobacterium Tuberculosis (M. tuberculosis) strains that are resistant to rifampicin; MDR-TB strains are resistant to at least both rifampicin and isoniazid.	
Numerator	Number of people with RR/MDR-TB who initiated treatment for DR-TB during the reporting period.	*PBMEF data element: TX_MDR_ENROLL* *WHO data element: unconf_rr_nfqr_tx plus conf_rr_nfqr_tx*
Denominator	N/A	*N/A*
Category	CURE	
Indicator type	Outcome	
PBMEF level	Core Plus	
Unit of measure	Number of people	
Data type	Integer	
Disaggregate by	Age, sex	
Reporting level	All Core Plus indicators should be reported at the national level; data may also be collected subnationally for more granular monitoring.	
Reporting frequency	This indicator should be reported on a semiannual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.	
Data source(s)	The data sources are basic management unit TB register, RR/MDR-TB register and electronic management information systems at the health facility and district levels.	
Importance	This indicator on initiation of people with RR/MDR-TB on treatment measures a TB program's ability to ensure people diagnosed with RR/MDR-TB are linked to care and started on appropriate second-line drug (SLD) regimens. This is a very important measure of the effectiveness of the NTP in terms of improving access to DR-TB treatment and improving quality of patient care. This indicator measures the gap between the number diagnosed with RR/MDR-TB and the subset of those diagnosed who are initiated on DR-TB treatment. This gap is a critical measure of TB programs. The data are valuable for planning SLD procurement and prioritizing supervision. The indicator provides data for a critical step in cascade analysis for DR-TB and treatment.	
Data use and visualization	This indicator can be used to track performance of the NTP in initiating people diagnosed with RR/MDR-TB on second-line treatment. It is important for guiding programmatic decisions on scale up of treatment services for management of DR-TB. It can be presented and visualized using tables, charts, line graphs, etc. This indicator can be compared to the RR/MDR-TB treatment cohort size. The gap between the number of people initiated on RR/MDR-TB treatment and the subsequent cohort size reported can also be visualized.	

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# Indicator name	TX_XDR_ENROLL: pre-XDR/XDR-TB treatment initiations	
Definition	Number of people with pre-extensively drug-resistant (pre-XDR) and extensively drug-resistant (XDR) TB who initiated treatment for DR-TB during the reporting period. Pre-XDR/XDR-TB: XDR-TB is caused by a strain of Mycobacterium Tuberculosis (M. tuberculosis) that is resistant to rifampicin (and may also be resistant to isoniazid), and that is also resistant to at least one fluoroquinolone (levofloxacin or moxifloxacin) and to at least one other "Group A" drug (bedaquiline or linezolid); pre-XDR-TB meets these qualifications but is resistant to a fluoroquinolone or a "Group A" drug, but not both.	
Numerator	Number of people with laboratory-confirmed or clinically diagnosed pre-XDR/XDR-TB who initiated treatment for DR-TB during the reporting period.	*PBMEF data element: TX_XDR_ENROLL* *WHO data element: conf_rr_fqr_tx*
Denominator	N/A	*N/A*
Category	CURE	
Indicator type	Outcome	
PBMEF level	Core Plus	
Unit of measure	Number of people	
Data type	Integer	
Disaggregate by	Age (<15, 15+), sex, HIV status	
Reporting level	All Core Plus indicators should be reported at the national level; data may also be collected subnationally for more granular monitoring.	
Reporting frequency	This indicator should be reported on a semiannual basis at a minimum. More frequent monitoring on a quarterly or monthly basis is recommended.	
Data source(s)	The data sources are basic management unit TB register, RR/MDR-TB register and electronic management information systems at the health facility and district levels.	
Importance	This indicator on initiation of people with pre-XDR/XDR-TB on treatment measures a TB program's ability to ensure people diagnosed with pre-XDR/XDR-TB are linked to care and started on appropriate second-line drug (SLD) regimens. This is a very important measure of the effectiveness of the NTP in terms of improving access to DR-TB treatment and improving quality of patient care. This indicator measures the gap between the number diagnosed with pre-XDR/XDR-TB and the subset of those diagnosed who are initiated on DR-TB treatment. This gap is a critical measure of TB programs. The data are valuable for planning SLD procurement and prioritizing supervision. The indicator provides data for a critical step in cascade analysis for DR-TB and treatment.	
Data use and visualization	This indicator can be used to track performance of the NTP in initiating people diagnosed with pre-XDR/XDR-TB on second-line treatment. It is important for guiding programmatic decisions on scale up of treatment services for management of DR-TB. It can be presented and visualized using tables, charts, line graphs, etc. This indicator can be compared to the pre-XDR/XDR-TB treatment cohort size. The gap between the number of people initiated on XDR-TB treatment and the subsequent cohort size reported can also be visualized.	

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# Indicator name	TX_STR_ENROLL: DR-TB "all oral" short treatment regimen initiations
Note	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

# Indicator name	TX_LTR_ENROLL: DR-TB "all oral" longer treatment regimen initiations
Note	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

# Indicator name	TX_DR_ADR: Number of people with adverse reactions to DR-TB treatment
Note:	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

ALREADY PUBLISHED SUBNATIONAL INDICATOR HERE FOR REFERENCE:

% Indicator name	PCT_DR_TX_SUPPORT: Percentage of people on DR-TB treatment who received treatment support	
Definition	Percentage of drug-resistant (DR) TB patients (rifampicin-resistant [RR] and multidrug-resistant [MDR] TB and pre-extensively drug-resistant [pre-XDR] and extensively drug-resistant [XDR] TB) who received nonmedical interventions or benefits, aimed at improving treatment adherence and reduction of catastrophic cost during a specified period, among people with DR-TB who were initiated on treatment during the reporting period. This may include adherence support; food assistance; psychological, educational, or mental counseling; transportation reimbursement; or other social or economic support.	
Numerator	Number of people with DR-TB (RR/MDR-TB and pre-XDR/XDR-TB) who receive nonmedical interventions or benefits, aimed at improving treatment adherence and reduction of catastrophic cost during a specified period.	*PBMEF data element: DR_TX_SUPPORT*
Denominator	Number of people with DR-TB (RR/MDR-TB and pre-XDR/XDR-TB) who were on treatment during the same reporting period.	*PBMEF data element: DR_COH*
Category	CURE	
Indicator type	Output	
PBMEF level	Subnational Level	
Unit of measure	Percent of people	
Data type	Percent	
Disaggregate by	Age (<15, 15+), sex	
Reporting level	National and subnational	
Reporting frequency	Annually, quarterly, monthly	

Data source(s)	The data sources for this indicator may vary country to country but will likely be found in a national or centralized registry for social support. Also, depending on whether TB support packages are rolled out nationwide or only through nongovernmental organizations (NGOs) or community organizations, this data could also be found in records kept by implementing partners (IPs).
Importance	Treatment support for people on DR-TB treatment is essential to ensure successful outcomes. Support packages may include adherence support; food assistance; psychological, educational, or mental counseling; transportation reimbursement; or other social or economic support to people on DR-TB treatment. Support packages help to ensure that people on treatment have access to key nutritional assistance which can lead to better treatment outcomes; additionally, these packages work to minimize or prevent the catastrophic costs that can be associated with DR-TB. These associated costs can include the transport needed to get to and from the health facility; healthcare costs such as visit fees, medicine fees, or testing fees; and the loss of income due to illness or missing work in order to access the necessary care. Catastrophic costs incurred by people diagnosed with DR-TB can negatively affect their treatment and lead to long-term financial hardship even after successful DR-TB treatment. This is particularly important given the long duration of DR-TB treatment. This indicator works to measure efforts being undertaken by countries to minimize or prevent the catastrophic costs associated with DR-TB. Understanding the percentage of people on DR-TB treatment who have received these support packages demonstrate the reach of these support services and can highlight existing gaps.
Data use and visualization	The percentage of people on DR-TB treatment who have received support packages can help countries monitor the reach of these support programs. When disaggregated, this indicator can help highlight differences or gaps in the distribution or utilization of these support services by multiple factors including reach in specific geographies, across specific populations, particularly high-risk groups, and between genders. Understanding who is and who is not receiving TB support packages can help National TB Programs (NTPs) identify populations or groups that need additional coverage and target their resources accordingly. For data visualizations, the Percentage of DR-TB patients receiving TB support packages can be plotted over time for a particular country or regions. These visuals could also show important disaggregations such as gender. Example charts/graphs: • Graph of percentage of DR-TB patients receiving TB support packages over time for each region of a given country • Graph of percentage of DR-TB patients receiving TB support packages over time disaggregated by gender (stacked bar graph)

# Indicator name	**YN_DR_TX_SUPPORT: National policy for DR-TB treatment support** *Previously [SN-17]*
Definition	National policies indicate treatment support for people receiving DR-TB treatment. Treatment support refers to nonmedical interventions or benefits, aimed at improving treatment adherence and reduction of catastrophic cost during a specified period. This may include adherence support; food assistance; psychological, educational, or mental counseling; transportation reimbursement; or other social or economic support. Use the following scoring system: 0 = No 1 = Yes

Numerator	National policies indicate treatment support for people receiving DR-TB treatment. Use the following scoring system: 0 = No 1 = Yes
Denominator	N/A
Category	SUSTAIN
Indicator type	Output
PBMEF level	Extended
Unit of measure	Boolean (Yes/No)
Disaggregate by	N/A
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% Indicator name	TX_DR_OUT: DR-TB Treatment Outcomes
Note:	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

# Indicator name	TX_DR_OUT_LTR: DR-TB treatment outcomes for all oral longer regimens
Definition	Number of people with drug-resistant (DR) TB (rifampicin-resistant [RR] and multidrug-resistant [MDR] and pre-extensively drug-resistant [pre-XDR] and extensively drug-resistant [XDR] TB) who were enrolled on "all oral" longer treatment regimens with each of the defined DR-TB treatment outcomes, among the cohort of people who were initiated on all oral longer treatment regimens for DR-TB during a defined reporting period. "Longer treatment regimens" refer to regimens with a duration of more than 12 months, usually lasting 18–24 months. Cohort reporting: Treatment outcomes are defined by the time of initiation on treatment; e.g., "2018 cohort successfully treated" reflect those who were initiated on treatment in 2018, even though treatment may have extended into 2019 or 2020. For this reason, reports of all oral longer regimens for DR-TB treatment outcome data lag by 1–2 years. DR-TB Treatment outcomes: Successfully treated: Cure or completed treatment. Cure: 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. "Bacteriological response" refers to bacteriological conversion with no reversion: • "Bacteriological conversion" describes a situation in a patient with bacteriologically confirmed TB where at least 2 consecutive cultures taken on different occasions at least 7 days apart are negative; and • "Bacteriological reversion" describes a situation where at least 2 consecutive cultures taken on different occasions at least 7 days apart are positive either after the

	bacteriological conversion or in patients without bacteriological confirmation of TB. Completed treatment: A patient who completed treatment as recommended by the national policy but whose outcome does not meet the definition for cure or treatment failure. Lost to follow-up (LTFU): A patient who did not start treatment or whose treatment was interrupted for 2 consecutive months or more. 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: • No clinical response or no bacteriological response, or both (see note 'b') • Adverse drug reaction (ADR) • Evidence of additional drug-resistance to medicines in the regimen Died: A patient who died for any reason before starting treatment or during the course of treatment. Not Evaluated: A person with TB disease to whom no treatment outcome was assigned, excluding those lost to followup. World Health Organization [WHO] Consolidated guidance on tuberculosis data generation and use: Module 1. https://iris.who.int/bitstream/handle/10665/376612/9789240075290-eng.pdf?sequence=1	
Numerator	Number of people with DR-TB (RR/MDR-TB and pre-XDR/XDR-TB) with each of the treatment outcomes (defined above), among the cohort of people who were initiated on all oral longer treatment regimens for DR-TB treatment during a defined reporting period.	*PBMEF data element:* *DR_SUCC_LTR* *DR_LTFU_LTR* *DR_FAIL_LTR* *DR_DIED_LTR* *DR_NE_LTR*
Denominator	Number of people with DR-TB (RR/MDR-TB and pre-XDR/XDR-TB) who were initiated on all oral longer treatment regimens for DR-TB treatment during the same reporting period.	*PBMEF data element:* *DR_COH_LTR*
Category	Outcome	
Indicator type	Cure	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	Age (<15, 15+), sex, HIV status, treatment outcome (defined above)	
« Back to DR-TB Extended Indicator List		

# Indicator name	TX_DR_OUT_STR: DR-TB treatment outcomes for all oral short regimens
Definition	Number of people with drug-resistant (DR) TB (rifampicin-resistant [RR] and multidrug-resistant [MDR] and pre-extensively drug-resistant [pre-XDR] and extensively drug-resistant [XDR] TB) who were enrolled on "all oral" short treatment regimens with each of the defined DR-TB treatment outcomes, among the cohort of people who were initiated on all oral short treatment regimens for DR-TB during a defined reporting period. "Short treatment regimens" refer to regimens with a duration of under 12 months.

	Cohort reporting: Treatment outcomes are defined by the time of initiation on treatment; e.g., "2018 cohort successfully treated" reflect those who were initiated on treatment in 2018, even though treatment may have extended into 2019 or 2020. For this reason, reports of all oral longer regimens for DR-TB treatment outcome data lag by 1 year. DR-TB Treatment outcomes: Successfully treated: Cure or completed treatment. Cure: 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. "Bacteriological response" refers to bacteriological conversion with no reversion: • "Bacteriological conversion" describes a situation in a patient with bacteriologically confirmed TB where at least 2 consecutive cultures taken on different occasions at least 7 days apart are negative; and • "Bacteriological reversion" describes a situation where at least 2 consecutive cultures taken on different occasions at least 7 days apart are positive either after the bacteriological conversion or in patients without bacteriological confirmation of TB. Completed treatment: A patient who completed treatment as recommended by the national policy but whose outcome does not meet the definition for cure or treatment failure. Lost to follow-up (LTFU): A patient who did not start treatment or whose treatment was interrupted for 2 consecutive months or more. 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: No clinical response or no bacteriological response, or both (see note 'b') Adverse drug reaction (ADR) Evidence of additional drug-resistance to medicines in the regimen Died: A patient who died for any reason before starting treatment or during the course of treatment. Not Evaluated: A person with TB disease to whom no treatment outcome was assigned, excluding those lost to followup. World Health Organization [WHO] Consolidated guidance on tuberculosis data generation and use: Module 1. https://iris.who.int/bitstream/handle/10665/376612/9789240075290-eng.pdf?sequence=1.	
Numerator	Number of people with DR-TB (RR/MDR-TB and pre-XDR/XDR-TB) with each of the treatment outcomes (defined above), among the cohort of people who were initiated on all oral short treatment regimens for DR-TB treatment during a defined reporting period.	*PBMEF data element:* *DR_SUCC_STR* *DR_LTFU_STR* *DR_FAIL_STR* *DR_DIED_STR* *DR_NE_STR*
Denominator	Number of people with DR-TB (RR/MDR-TB and pre-XDR/XDR-TB) who were initiated on all oral short treatment regimens for DR-TB treatment during the same reporting period.	*PBMEF data element:* *DR_COH_STR*
Category	Outcome	
Indicator type	CURE	

PBMEF level	Extended
Unit of measure	Percent of people
Disaggregate by	Age (<15, 15+), sex, HIV status, treatment outcome (defined above)
« Back to DR-TB Extended Indicator List	

% Indicator name	**DR_TSR: DR-TB treatment success rate**
Note:	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

 **% Indicator name**	**DRTBHIV_TSR: DR-TB/HIV coinfection treatment success rate** *Previously [TH-24]*
Note:	Included in TB/HIV PIRS.

Prevention IRS

TPT_ENROLL: Number of TPT initiations

TPT_CON_ENROLL: Number of TPT initiations among contacts

TPT_CON04_ENROLL: Number of TPT initiations among contacts <5

TPT_PLHIV_ENROLL: Number of TPT initiations among PLHIV

PCT_TPT_ADR: Percentage of people with adverse reactions to TPT

PCT_TPT_LTFU: Percentage of people started on TPT who were LTFU

PCT_TPT_TB: Percentage of people who developed TB while on TPT

PCT_TPT_AST: Percentage of people started on TPT with baseline AST/ALT tests

TPT_CON_COMPL: Number of contacts who completed TPT

TPT_CON04_COMPL: Number of contacts <5 who completed TPT

TPT_CON5PLUS_COMPL: Number of contacts >5 who completed TPT

# Indicator name	TPT_ENROLL: Number of TPT initiations
Note	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

# Indicator name	TPT_CON_ENROLL: Number of TPT initiations among contacts
Note	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

# Indicator name	TPT_CON04_ENROLL: Number of TPT initiations among contacts <5
Note	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

# Indicator name	TPT_PLHIV_ENROLL: Number of TPT initiations among PLHIV
Note:	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

% Indicator name	PCT_TPT_ADR: Percentage of people with adverse reactions to TPT
Note:	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

% Indicator name	PCT_TPT_LTFU: Percentage of people started on TPT who were LTFU *Previously [PT-13]*	
Definition	Percentage of people who initiated TB preventive treatment (TPT) who were lost to follow-up (LTFU), among those who initiated TPT during the reporting period. A person may be considered LTFU if they have not returned to obtain a necessary refill of medication necessary to complete treatment or they have left the area or transferred to another health facility without updating locating information in their medical record; additional information on management of TPT and treatment interruptions can be found in the WHO updated Prevention Operational Handbook.	
Numerator	Number of people who initiated TPT and were lost to follow-up (LTFU) during the reporting period.	*PBMEF data element: TPT_LTFU*
Denominator	Number of people who initiated TPT during the reporting period.	*PBMEF data element: TPT_ALL_ENROLL*
Category	PREVENT	

Indicator type	Output
PBMEF level	Extended
Unit of measure	Percent of people
Disaggregate by	Risk group (contacts <5 years, contacts ≥5 years, PLHIV), TPT regimen type
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% Indicator name	**PCT_TPT_TB: Percentage of people who developed TB while on TPT** *Previously [PT-15]*	
Definition	Number of people started on TB preventive treatment (TPT) who developed TB while on TPT during the reporting period	
Numerator	Number of people started on TB preventive treatment (TPT) who developed TB while on TPT during the reporting period	*PBMEF data element: TPT_TB*
Denominator	Number of people who started TPT during the reporting period.	*PBMEF data element: TPT_ALL_ENROLL*
Category	PREVENT	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	Risk group (contacts <5 years, contacts ≥5 years, PLHIV), TPT regimen type	
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% Indicator name	**PCT_TPT_AST: Percentage of people who started TPT with baseline AST/ALT tests** *Previously [PT-16]*	
Definition	Percentage of people started on TB preventive treatment (TPT) with baseline AST/ALT tests during the reporting period	
Numerator	Number of people started on TB preventive treatment (TPT) with baseline AST/ALT tests during the reporting period.	*PBMEF data element: TPT_AST*
Denominator	Number of people who started TPT during the reporting period.	*PBMEF data element: TPT_ALL_ENROLL*
Category	PREVENT	
Indicator type	Output	

PBMEF level	Extended
Unit of measure	Percent of people
Disaggregate by	Risk group (contacts <5 years, contacts ≥5 years, PLHIV), TPT regimen type
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# Indicator name	**TPT_CON_COMPL: Number of contacts who completed TPT**
Note:	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

# Indicator name	**TPT_CON04_COMPL: Number of contacts <5 who completed TPT** *Previously [PT-10]*	
Definition	Number of contacts <5 years who completed TB preventive treatment (TPT) during the reporting period	
Numerator	Number of contacts <5 years who completed TB preventive treatment (TPT) during the reporting period.	*PBMEF data element: TPT_CON04_COMPL*
Denominator	N/A	*N/A*
Category	PREVENT	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of children <5	
Disaggregate by	This indicator could be reported as a disaggregate of TPT_COMPL.	
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# Indicator name	**TPT_CON5PLUS_COMPL: Number of contacts >5 who completed TPT** *Previously [PT-11]*	
Definition	Number of contacts aged 5 years and above who completed TB treatment during the reporting period.	
Numerator	Number of contacts aged 5 years and above who completed TB treatment during the reporting period.	*PBMEF data element: TPT_CON5PLUS_COMPL*
Denominator	N/A	*N/A*
Category	PREVENT	

Indicator type	Output
PBMEF level	Extended
Unit of measure	Number of children <5
Disaggregate by	This indicator could be reported as a disaggregate of TPT_COMPL.

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Health Care Workers (HCW) IRS

PCT_HCW_TRN: Percentage of HCWs who received TB-related training

HCW_TRN_TST: Number of HCWs trained on TB skin tests (TST)

HCW_TRN_CI: Number of HCWs trained on CI

HCW_TRN_IPC: Number of HCWs trained on IPC

PCT_HCW_SCRN: Percentage of HCWs screened for TB

HCW_ELIGIBLE: Number of HCWs who are eligible for TB screening

HCW_SCRN: Number of HCWs screened for TB disease or TB infection

PCT_HCW_TB_DX: Percentage of HCWs diagnosed with active TB disease

HCW_TB_DX: Number of HCWs diagnosed with active TB disease

HCW_TPT_ENROLL: Number of HCWs started on TPT

HCW_TPT_COMPL: Number of HCWs who completed TPT

HCW_SCRN_TBI: Number of HCWs screened for TB infection (TBI)

HCW_SCRN_TB: Number of HCWs screened for TB disease

HCW_TBI_POS: Number of HCWs tested positive for TB infection (TBI)

HF_IPC: Number of health facilities with an active IPC committee

% Indicator name	PCT_HCW_TRN: Percentage of HCWs who received TB-related training
Note:	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

# Indicator name	HCW_TRN_TST: Number of HCWs trained on TB skin tests (TST)	
Definition	Number of HCWs in clinical or community settings who were trained during the reporting period to place and read a TB skin test (TST). HCW: A frontline HCW who is providing direct services including TB screening, household visits, contact evaluation, diagnosis, treatment, and patient care or support. Trained: This can refer to in-service training or continuous professional development in TB. “Inservice training” refers to any training provided to HCWs who are currently employed in the health workforce to develop or update skills relevant to their job. “Continuous professional development” refers to the requirement by licensing bodies as a condition of renewing licensure that HCWs accumulate professional credits to keep their skills updated and perform to current standards	
Numerator	Number of HCWs in clinical or community settings who were trained during the reporting period to place and read a TB skin test (TST).	PBMEF data element: HCW_TRN_TST
Denominator	N/A	N/A
Category	Prevent	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of HCWs	
Disaggregate by	This indicator could be recorded as a disaggregate of HCW_TRN.	

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# Indicator name	HCW_TRN_CI: Number of HCWs trained on CI
Definition	Number of HCWs or CHWs in HFs or community settings who were trained to conduct contact investigations during the reporting period. HCW: A frontline HCW who is providing direct services including TB screening, household visits, contact evaluation, diagnosis, treatment, and patient care or support. Trained: This can refer to in-service training or continuous professional development in TB. “Inservice training” refers to any training provided to HCWs who are currently employed in the health workforce to develop or update skills relevant to their job. “Continuous professional development” refers to the requirement by licensing bodies as a condition of renewing licensure that HCWs accumulate professional credits to keep their skills updated and perform to current standards.

Numerator	Number of HCWs or CHWs in HFs or community settings who were trained to conduct contact investigations during the reporting period.	*PBMEF data element: HCW_TRN_CI*
Denominator	*N/A*	*N/A*
Category	Prevent	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of HCWs	
Disaggregate by	Type of training This indicator could be recorded as a disaggregate of HCW_TRN.	
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# Indicator name	**HCW_TRN_IPC: Number of HCWs trained on IPC**	
Definition	Number of HCWs in clinical or community settings who were trained in infection prevention control (IPC) during the reporting period. HCW: A frontline HCW who is providing direct services including TB screening, contact evaluation, diagnosis, treatment, and patient care or support. Trained: This can refer to in-service training or continuous professional development in TB. “Inservice training” refers to any training provided to HCWs who are currently employed in the health workforce to develop or update skills relevant to their job. “Continuous professional development” refers to the requirement by licensing bodies as a condition of renewing licensure that HCWs accumulate professional credits to keep their skills updated and perform to current standards.	
Numerator	Number of HCWs or CHWs in HFs or community settings who were trained in infection prevention control (IPC) during the reporting period.	*PBMEF data element: HCW_TRN_CI*
Denominator	*N/A*	*N/A*
Category	Prevent	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of HCWs	
Disaggregate by	Type of training This indicator could be recorded as a disaggregate of HCW_TRN.	
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% Indicator name	PCT_HCW_SCRN: Percentage of HCWs screened for TB
Note:	No feedback requested on this indicator as it is an essential indicator and already has an associated PIRS.

# Indicator name	HCW_ELIGIBLE: Number of HCWs who are eligible for TB screening	
Definition	Number of HCWs in clinical or community settings who are eligible for TB screening during the reporting period, according to national HCW screening policy.	
Numerator	Number of HCWs in clinical or community settings who are eligible for TB screening during the reporting period, according to national HCW screening policy.	*PBMEF data element: HCW_ELIGIBLE*
Denominator	*N/A*	*N/A*
Category	Prevent	
Indicator type	Output; numeric	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	Workplace (HF or community setting), job classification (healthcare provider, lab worker, CHW, other)	
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# Indicator name	HCW_SCRN: Number of HCWs screened for TB disease or TB infection *Previously [HW-2]*	
Definition	Number of HCWs evaluated for TB disease or TB infection (TBI) (depending on national HCW screening policy; evaluated for TBI includes TST or IGRA test or CXR, if known to have TBI by history or prior testing).	
Numerator	Number of HCWs evaluated for TB disease or TB infection (TBI) during the reporting period.	PBMEF data element: HCW_SCRN
Denominator	*N/A*	*N/A*
Category	Prevent	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	Workplace (HF or community setting), job classification (healthcare provider, lab worker, CHW, other)	

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% Indicator name	**PCT_HCW_TB_DX: Percentage of HCWs diagnosed with active TB disease** *Previously [HW-3]*	
Definition	Percentage of HCWs diagnosed with active TB disease during the reporting period, among all healthcare workers screened for TB during the reporting period.	
Numerator	Number of HCWs diagnosed with active TB disease during the reporting period.	PBMEF data element: HCW_TB_DX WHO data element: hcw_tb_infected
Denominator	Number of HCWs screened for active TB disease during the reporting period.	PBMEF data element: HCW_SCRN
Category	Prevent	
Indicator type	Outcome; calculated	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	Workplace (HF or community setting), job classification (healthcare provider, lab worker, CHW)	

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# Indicator name	**HCW_TB_DX: Number of HCWs diagnosed with active TB disease** *Previously [HW-3 numerator]*	
Definition	Number of HCWs diagnosed with active TB disease in line with national policy during the reporting period.	
Numerator	Number of HCWs diagnosed with active TB disease during the reporting period.	*PBMEF data element: HCW_TB_DX*
Denominator	*N/A*	*N/A*
Category	Prevent	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	Workplace (HF or community setting), job classification (healthcare provider, lab worker, CHW, Other)	

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# Indicator name	**HCW_TPT_ENROLL: Number of HCWs started on TPT** *Previously [HW-12]*	
Definition	Number of HCWs started on TPT during the reporting period.	
Numerator	Number of HCWs started on TPT during the reporting period.	*PBMEF data element: HCW_TPT_ENROLL*
Denominator	*N/A*	*N/A*
Category	Prevent	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	TPT regimen type (6H/9H, 3HP, 1HP, 3HR, 4R, 6Lfx)	

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# Indicator name	**HCW_TPT_COMPL: Number of HCWs who completed TPT** *Previously [HW-13]*	
Definition	Number of HCWs who completed TPT during the reporting period.	
Numerator	Number of HCWs who completed TPT during the reporting period.	*PBMEF data element: HCW_TPT_COMPL*
Denominator	*N/A*	*N/A*
Category	Prevent	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	TPT regimen type (6H/9H, 3HP, 1HP, 3HR, 4R, 6Lfx)	

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# Indicator name	**HCW_SCRN_TBI: Number of HCWs screened for TB infection (TBI)** *[Previously HW-5]*

Definition	Number of HCWs screened for TB infection (TBI) during the reporting period. TBI screening protocols may vary by country. Some countries may screen using a screening test such as TST or IGRA.	
Numerator	Number of HCWs screened for TB infection (TBI) during the reporting period	PBMEF data element: HCW_SCRN_TBI
Denominator	*N/A*	*N/A*
Category	Prevent	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	Test type (TST, IGRA), workplace (HF or community setting), job classification (healthcare provider, lab worker, CHW, other) This indicator could be collected under the "HCW_SCRN" indicator, or could be considered a disaggregate of this indicator depending on national HCW screening guidelines.	
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# Indicator name	**HCW_SCRN_TB: Number of HCWs screened for TB disease** *[Previously HW-5]*	
Definition	Number of HCWs screened for TB disease during the reporting period.	
Numerator	Number of HCWs screened for TB disease during the reporting period	*PBMEF data element: HCW_SCRN_TB*
Denominator	*N/A*	*N/A*
Category	Prevent	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	Workplace (HF or community setting), job classification (healthcare provider, lab worker, CHW, other) This indicator could be collected under the "HCW_SCRN" indicator or could be considered a disaggregate of this indicator depending on national HCW screening guidelines.	
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# Indicator name	**HCW_TBI_POS: Number of HCWs tested positive for TB infection (TBI)** *Previously [HW-6, numerator]*

Definition	Number of HCWs tested positive for TB infection (TBI) during the reporting period (disaggregated by TST/IGRA).	
Numerator	Number of HCWs tested positive for TB infection (TBI) during the reporting period.	*PBMEF data element: HCW_TBI_POS*
Denominator	N/A	*N/A*
Category	PREVENT	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of people	
Disaggregate by	Test type (TST, IGRA.), workplace (HF or community setting), job classification (healthcare provider, lab worker, CHW, Other)	
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# Indicator name	**HF_IPC: Number of health facilities with an active IPC committee**	
Definition	Number of health facilities with an active infection prevention control (IPC) committee during the reporting period.	
Numerator	Number of health facilities with an active infection prevention control (IPC) committee during the reporting period.	*PBMEF data element: HF_IPC*
Denominator	N/A	*N/A*
Category	PREVENT	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Number of health facilities	
Disaggregate by	Health facility type (primary clinic, secondary hospital or tertiary care facility).	
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Sustain IRS

PCT_TOT_DOMESTIC: Percentage of TB financing expected from domestic sources

RCVD_TOT_SOURCES: Total funding received for TB

SN_DOMESTIC_DRUGS: Domestic funding for drugs

SN_DOMESTIC_LAB: Domestic funding for lab commodities

NTP_ABSORPTION_DOM: Capacity of NTP for absorption of domestic funding (in reporting year)

NTP_ABSORPTION_GF: Capacity of NTP for absorption of funds from the Global Fund

SOCIAL_PROTECTION: Social protection scheme available

PCT_INSURED: Percentage of people with TB covered by insurance

PCT_CATASTROPHIC_COST: Catastrophic costs related to TB care

STKOUT_PEDS: Stockouts of child-friendly formulations for TB treatment

GUIDELINES_WRD: Use of rapid molecular diagnostic testing (WHO-recommended rapid test) WRD

GUIDELINES_DST: Universal drug susceptibility testing (DST)

GUIDELINES_DRTB: New WHO DR-TB treatment guidelines

POLICIES_PEDS_TX: Pediatric TB treatment

POLICIES_SELF_ADMIN: Self-administered DS-TB treatment

POLICIES_DRTB_NONADMIT: Non-admission to initiate DR-TB treatment

POLICIES_DRTB_SUPPORT: Special social support for DR-TB treatment

POLICIES_TB_SCRN: National Policies for TB screening

POLICIES_TPT_GROUPS: National guidelines indicate the following as targets groups for TB preventive treatment

POLICIES_TPT_REGIMENS: Shorter regimen for TB preventive treatment

PUBLIC_NTP_SITE: NTP ownership of tools for public visibility

PUBLIC_NOTIFS: Case notification data publicly available on NTP website/MOH

PUBLIC_GUIDELINES: TB technical guidelines publicly available on the NTP website/MOH

PUBLIC_NSP: TB NSP publicly available on the NTP website/web page

PUBLIC_BUDGET: Annual budget of NTP is publicly available

STATUS_JPR: Status of TB joint program review (JPR) or joint monitoring mission (JMM)

PARTNER_STATEMENT: Partnership statement adoption and implementation

MANDATED_REPORT: Mandatory TB notification

DRTB_NEML: Anti DR-TB drugs listed on the country’s national essential medicines list (NEML)

DRTB_FREE_TX: Anti DR-TB drug availability for people with TB for free

RIGHTS_TRAINING: TB training module/guidance contain information on human rights issues

NTP_EFFICIENCY: Approval process efficiency

NTP_HEIRARCHY: NTP manager empowerment in the organizational hierarchy

NTP_STAFF: NTP staff capacity

NTP_CAPACITY: Effective NTP capacity

SOCIAL_CONTRACT: Social contracting with government funds (NGOs/private sector)

INCL_KP: Inclusiveness of key populations (KPs)

INCL_CS: Inclusiveness of civil society/TB survivors

INCL_COMM: Inclusiveness of community (not organized) and subnational entities

INCL_GENDER: Inclusiveness of gender

EXPIRED_FLD: First-line TB treatment drugs past expiration

EXPIRED_SLD: Second-line TB treatment drugs past expiration

EXPIRED_DX: Replenishable TB diagnostic products past expiration

% Indicator name	**PCT_TOT_DOMESTIC: Percentage of TB financing expected from domestic sources** *Previously [SN-1]*	
Definition	Percentage of National TB Program's (NTP) budget expected to be funded from domestic sources out of all sources (domestic, the Global Fund (GF), USAID, and other sources including loans) during the reporting period (in US dollars).associated PIRS.	
Numerator	NTP's budget expected to be funded from domestic sources (including loans) during the reporting period (in US dollars)	*PBMEF data element: CF_TOT_DOMESTIC* *WHO data element: cf_tot_domestic*
Denominator	NTP's budget expected to be funded from all sources (domestic, the GF, USAID, and other sources including loans) during the reporting period (in US dollars)	*PBMEF data element: CF_TOT_SOURCES* *WHO data element: cf_tot_sources*
Category	SUSTAIN—Finance	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of funding	
Disaggregate by	N/A	
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# Indicator name	**RCVD_TOT_SOURCES: Total funding received for TB** *Previously [SN-2]*	
Definition	Total funding received during the reporting period (domestic, Global Fund (GF), USAID, and other sources).	
Numerator	Total funding received during the reporting period from all sources (domestic [including loans], GF, USAID, and other sources) (in US dollars)	*PBMEF data element: RCVD_TOT_SOURCES* *WHO data element: rcvd_tot_sources*
Denominator	N/A	*N/A*
Category	SUSTAIN--Finance	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	By domestic, GF, USAID, or other sources	
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# Indicator name	**SN_DOMESTIC_DRUGS: Domestic funding for drugs** *Previously [SN-4]*	
Definition	Use of domestic funding for TB front- line drugs (FLD) and/or second-line drugs (SLD) procurement during the reporting period. Specify if domestic funding was used to procure any FLDs, any SLDs, both, or neither. Use the following scoring system: 0 = No domestic funding for TB drugs 1 = Domestic funding for some FLDs 2 = Domestic funding for all FLDs 3 = Domestic funding for some or all SLDs but no FLDs 4 = Domestic funding for both FLDs and SLDs (but not all of them) 5 = Domestic funding for all FLDs and all SLDs *Note: This indicator is equivalent to TB FSI indicator 3.2.*	
Numerator	Choose corresponding score	*PBMEF data element: SN_DOMESTIC_DRUGS*
Denominator	N/A	*N/A*
Category	SUSTAIN--*Finance*	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	N/A	
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# Indicator name	**SN_DOMESTIC_LAB: Domestic funding for lab commodities** *[Previously [N-5]*	
Definition	Use of domestic funding for TB lab commodities procurement during the reporting period. Specify if domestic funding was used to procure any lab commodity procurement indicated below, answering Yes/No: 1 = Domestic funding for WHO-recommended rapid diagnostics (WRD) test cartridges and kits (e.g., Xpert® MTB/RIF, Truenat® MTB or MTB Plus, etc.): Yes/No 2 = Domestic funding for WRD instruments: Yes/No 3 = Domestic funding for non-WRD testing instruments and reagents (e.g., second-line drug susceptibility testing, culture, etc.): Yes/No 4 = Domestic funding for diagnostic data connectivity/management: Yes/No 5 = Domestic funding for sample transport systems: Yes/No *Note: This indicator is equivalent to TB FSI indicator 3.3.*	
Numerator	Score one point for each line item answered "Yes," with a maximum score of 5.	*PBMEF data element: SN_DOMESTIC_LAB*
Denominator	N/A	*N/A*

Category	SUSTAIN--*Finance*
Indicator type	Output
PBMEF level	Extended
Unit of measure	Integer
Disaggregate by	N/A
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# Indicator name	**NTP_ABSORPTION_DOM: Capacity of NTP for absorption of domestic funding (in reporting year)** *Previously [SN-6]*	
Definition	Capacity of National TB Program (NTP) for absorption of domestic funding is measured as the proportion of expenditure out of funding from domestic sources in the reporting year, expressed as a percentage. Use the following scoring system: 0 = <85% 1 = 85-94% 2 = 95% and above	
Numerator	Choose corresponding score	*PBMEF data element: NTP_ABSORPTION_DOM*
Denominator	N/A	*N/A*
Category	SUSTAIN--*Finance*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	N/A	
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# Indicator name	**NTP_ABSORPTION_GF: Capacity of NTP for absorption of funds from the Global Fund** *Previously [SN-6]*
Definition	Capacity of National TB Program (NTP) for absorption of funds from the Global Fund (GF) is measured as the proportion of expenditure out of most recent funding from GF, expressed as a percentage. Use the following scoring system: 0 = <85% 1 = 85-94% 2 = 95% and above

Numerator	Choose corresponding score	*PBMEF data element: NTP_ABSORPTION_GF*
Denominator	N/A	*N/A*
Category	SUSTAIN--*Finance*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	N/A	
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# Indicator name	**SOCIAL_PROTECTION: Social protection scheme available** *Previously [SN-8A]*	
Definition	The country has social protection schemes for people with TB. Total score is the sum of scores for A, B, and C, multiplied by ⅔. A – Employment protection B – Cash transfer/reimbursement C – Nutrition support Use the following scoring system for each: 0 = Not available 0.5 = Available partially 1 = Available for all people with TB Note: This indicator is equivalent to TB FSI indicator 4.6 but with a different scoring system.	
Numerator	Total score is the sum of scores for A, B, and C, multiplied by ⅔.	*PBMEF data element: SOCIAL_PROTECTION*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Finance*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	N/A	
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% Indicator name	**PCT_INSURED: Percentage of people with TB covered by insurance** *Previously [SN-9]*	
Definition	Percentage of people with new and relapse TB, whose TB clinical care (diagnosis and treatment) cost was covered by insurance, out of total number of TB people with new and relapse TB notified during the reporting period. *Note: This indicator is modified from TB FSI indicator 4.5.*	
Numerator	Total number of people with new and relapse TB notified during the reporting period whose clinical care (diagnosis and treatment) cost is paid by insurance	*PBMEF data element: INSURED*
Denominator	Total number of people with new and relapse TB notified during the reporting period	*PBMEF data element: TB_NOTIF* *WHO data element: c_newinc*
Category	SUSTAIN—*Finance*	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent of people	
Disaggregate by	Full coverage, partial coverage, age (0-14, 15 and above), gender	
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% Indicator name	**PCT_CATASTROPHIC_COST: Catastrophic costs related to TB care** *Previously [SN-9]*	
Definition	Percentage of TB-affected households who incur catastrophic costs due to TB. Costs included are not only direct medical payments for diagnosis and treatment, but also direct non-medical payments (e.g., for transportation and lodging) and indirect costs (e.g., lost income). Catastrophic total costs are defined as costs that account for 20% or more of total annual household income. For data sources please refer to the latest WHO data. *Note: This indicator is modified from TB FSI indicator 4.8.*	
Numerator	Total number of TB-affected households who incur catastrophic costs due to TB	*PBMEF data element: CATASTROPHIC_COST*
Denominator	Total number of TB-affected households	*PBMEF data element: TB_HOUSEHOLDS*
Category	SUSTAIN—*Finance*	
Indicator type	Outcome	
PBMEF level	Extended	
Unit of measure	Percent	
Disaggregate by	N/A	
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# Indicator name	**GUIDELINES_WRD: Use of rapid molecular diagnostic testing (WHO-recommended rapid test) WRD** *Previously [SN-11]*	
Definition	The national guidelines indicate use of a rapid molecular diagnostic test as the initial diagnostic test for all presumptive TB cases. Use the following scoring system: 0 = No 1 = Yes	
Numerator	Choose corresponding score	*PBMEF data element: GUIDELINES_WRD*
Denominator	N/A	*N/A*
Category	Sustain—*Policies and Guidelines: TB Diagnosis*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	N/A	
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# Indicator name	**GUIDELINES_DST: Universal drug susceptibility testing (DST)** *Previously [SN-12]*	
Definition	National guidelines indicate that every bacteriologically confirmed TB case is tested at least for rifampicin (RIF) resistance. Use the following scoring system: 0 = No 1 = Yes	
Numerator	Choose corresponding score	*PBMEF data element: GUIDELINES_DST*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Policies and Guidelines: TB Diagnosis*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	N/A	
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# Indicator name	**GUIDELINES_DRTB: Newest WHO DR-TB treatment guidelines adopted** *Previously [SN-13]*	
Definition	National TB Program (NTP) fully adopted the most recent World Health Organization (WHO) drug-resistant (DR) TB treatment guidelines. Use the following scoring system: 0 = No 1 = Yes	
Numerator	Choose corresponding score	*PBMEF data element: GUIDELINES_DRTB*
Denominator	N/A	*N/A*
Category	Sustain—*Policies and Guidelines: TB Treatment*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	N/A	
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# Indicator name	**POLICIES_PEDS_TX: Pediatric TB treatment** *Previously [SN-14]*	
Definition	National policies indicate using pediatric fixed-dose-combination (FDC) RHZ (75/50/150) to treat drug-sensitive (DS) TB. Use the following scoring system: 0 = No 1 = Yes	
Numerator	Choose corresponding score	*PBMEF data element: GUIDELINES_DRTB*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Policies and Guidelines: TB Treatment*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	N/A	
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# Indicator name	**POLICIES_SELF_ADMIN: Self-administered DS-TB treatment** *Previously [SN-15]*	
Definition	National policies allow people with drug-sensitive (DS) TB to take their TB medication as self-administered treatment. Use the following scoring system: 0 = No 1 = Yes	
Numerator	Choose corresponding score	*PBMEF data element: POLICIES_SELF_ADMIN*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Policies and Guidelines: Models of Care*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	N/A	
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# Indicator name	**POLICIES_DRTB_NONADMIT: Non-admission to initiate DR-TB treatment** *Previously [SN-16]*	
Definition	National policies do not require admission to initiate drug-resistant (DR) TB treatment. Use the following scoring system: 0 = No 1 = Yes	
Numerator	Choose corresponding score	*PBMEF data element: POLICIES_DRTB_NONADMIT*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Policies and Guidelines: Models of Care*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	N/A	
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# Indicator name	**POLICIES_DRTB_SUPPORT: Special social support for DR-TB treatment** *Previously [SN-17]*	
Definition	National policies indicate special social support for people receiving drug-resistant (DR) TB treatment. Use the following scoring system: 0 = No 1 = Yes	
Numerator	Choose corresponding score	*PBMEF data element:* *POLICIES_DRTB_SUPPORT*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Policies and Guidelines: Models of Care*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	N/A	
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# Indicator name	**POLICIES_TB_SCRN: National Policies for TB screening** *Previously [SN-18]*	
Definition	National policies indicate routine TB screening for all contacts (children and adults). Use the following scoring system: 0 = No 1 = Yes	
Numerator	Choose corresponding score	*PBMEF data element:* *POLICIES_TB_SCRN*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Policies and Guidelines: TB Prevention*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	N/A	
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# Indicator name	**POLICIES_TPT_GROUPS: National guidelines indicate the following as targets groups for TB preventive treatment** *Previously [SN-20]*	
Definition	National policies indicate the following as target groups for TB preventive treatment. Total score is the sum of scores for A, B, and C, using the following scoring system: A – Household contacts, age <5 B – Household contacts, age >5 C – PLHIV Use the following scoring system for each: 0 = No 1 = Yes	
Numerator	Total score is the sum of scores for A, B, and C.	*PBMEF data element: POLICIES_TPT_GROUPS*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Policies and Guidelines: TB Prevention*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	N/A	
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# Indicator name	**POLICIES_TPT_REGIMENS: Shorter regimen for TB preventive treatment** *Previously [SN-20]*	
Definition	National policies indicate the use of a shorter TB preventive treatment regimen (3HP, 3RH, 4R, 1HP). Use the following scoring system: 0 = No 1 = Yes	
Numerator	Choose corresponding score	*PBMEF data element: POLICIES_TPT_REGIMENS*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Policies and Guidelines: TB Prevention*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	N/A	

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# Indicator name	**PUBLIC_NTP_SITE: NTP ownership of tools for public visibility** *Previously [SN-21]*	
Definition	The National TB Program (NTP) has a website (or a web page on the Ministry of Health (MOH) website) that allows for public visibility. Use the following scoring system: 0 = No NTP website/web page available on MOH website and no organogram and contact details of NTP 1 = NTP Web page/ website is available, but no NTP organogram or contact details of NTP available 2 = Website/web page available and either organogram or contact details of NTP are available 3 = Website/web page available, and both organogram and contact details of NTP available 4 = A working NTP website with latest organogram and contact details of NTP, and contact details of individual NTP officials available	
Numerator	Choose corresponding score	*PBMEF data element: PUBLIC_NTP_SITE*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Governance: Transparency and Public Visibility*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	N/A	

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# Indicator name	**PUBLIC_NOTIFS: Case notification data publicly available on NTP website/MOH** *Previously [SN-22]*	
Definition	Public availability and visibility of latest case notification data on the NTP website/web page. Use the following scoring system: 0 = Data not available, or available but outdated (2 years old or more) 1 = Data available, but 1 year old 2 = Data available, recent (to last quarter), national level only 3 = Data available, recent (to last quarter), disaggregated by province (subnational data) 4 = Data available, provincial level, real-time data updated daily on the national website	
Numerator	Choose corresponding score	*PBMEF data element: PUBLIC_NOTIFS*
Denominator	*N/A*	*N/A*
Category	SUSTAIN—Governance: *Transparency and Public Visibility*	
Indicator type	Output	

PBMEF level	Extended
Unit of measure	Integer
Disaggregate by	N/A
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# Indicator name	**PUBLIC_GUIDELINES: TB technical guidelines publicly available on the NTP website/MOH** *Previously [SN-23]*	
Definition	Public availability and visibility of latest TB technical guidelines (for drug-resistant TB, and TB preventive therapy) on the National TB Program (NTP) website/web page. Refer to most recent guidelines by WHO to determine if national guidelines were updated or not. A – National DR-TB guidelines available B – National TB preventive treatment (TPT) guidelines available Use the following scoring system. 0 = Not published on the NTP website/web page 1 = Guidelines published on the website/web page but are outdated (2 years-old or more) 2 = Guidelines published on the website/ web page, and are updated (1 year-old or less)	
Numerator	The score is the total of A & B both, (each of which has a maximum score of 2)—maximum score for this indicator is 4	*PBMEF data element: PUBLIC_GUIDELINES*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Governance: Transparency and Public Visibility*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	N/A	
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# Indicator name	**PUBLIC_NSP: TB NSP publicly available on the NTP website/web page** *Previously [SN-24]*
Definition	Public availability and visibility of ***the most recent*** National strategic plan (NSP) on the National TB Program (NTP) website/ web page. Use the following scoring system: 0 = NSP not available on the website/web page, or available but outdated 1 = Draft NSP is available on the website 2 = Approved NSP (without budget) is available on the website 3 = Approved NSP (with budget) is available on

	the website	
Numerator	Choose corresponding score	*PBMEF data element: PUBLIC_NSP*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Governance: Transparency and Public Visibility*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	N/A	
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# Indicator name	**PUBLIC_BUDGET: Annual budget of NTP is publicly available** *Previously [SN-25]*	
Definition	Public availability and visibility of ***the most recent*** National strategic plan (NSP) on the National TB Program (NTP) website/ web page. Use the following scoring system: 0 = NSP not available on the website/web page, or available but outdated 1 = Draft NSP is available on the website 2 = Approved NSP (without budget) is available on the website 3 = Approved NSP (with budget) is available on the website	
Numerator	Choose corresponding score	*PBMEF data element: PUBLIC_NSP*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Governance: Transparency and Public Visibility*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	N/A	
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# Indicator name	**STATUS_JPR: Status of TB joint program review (JPR) or joint monitoring mission (JMM)** *Previously [SN-26]*
Definition	Joint Program Review (JPR) or Joint Monitoring Mission (JMM) is a periodic TB program review with the inclusion of external partners and stakeholders.

	STATUS_JPR A: JPR/JMM was conducted recently Use the following scoring system: 0 = JPR/JMM was conducted more than 3 years ago, or no JPR/JMM has been conducted 1 = JPR/JMM was conducted 2-3 years ago 2 = JPR/JMM was very recent—conducted less than 2 years ago **STATUS_JPR B: Availability of final JPR/JMM report** Use the following scoring system: 0 = No JPR/JMM report available, (or available report is outdated—related to a JPR/JMM conducted more than 3 years ago), or no JPR/JMM has been conducted 1 = Draft of most recent JPR/JMM report is available (debriefing PowerPoints are considered as draft) 2 = Final most recent JPR/JMM report is available (either publicly available on National TB Program (NTP) website/web page or document is available with NTP)	
Numerator	Total JPR/JMM status score is STATUS_JPR A plus B	*PBMEF data element: STATUS_JPR*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Governance: Transparency and Public Visibility*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	STATUS_JPR A and B can be reported separately.	
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# Indicator name	**PARTNER_STATEMENT: Partnership statement adoption and implementation** *Previously [SN-27]*	
Definition	Country partnership statement status. Use the following scoring system: 0 = No partnership statement signed yet 1 = Country partnership statement has been signed 2 = Country partnership meeting conducted (at least once) during the reporting period to discuss joint progress 3 = Country partnership statement updated	
Numerator	Choose corresponding score	*PBMEF data element: PARTNER_STATEMENT*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Governance: Transparency and Public Visibility*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	

Disaggregate by	STATUS_JPR A and B can be reported separately.
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# Indicator name	**MANDATED_REPORT: Mandatory TB notification** *Previously [SN-28]*	
Definition	TB notification is mandated by the government. Use the following scoring system: 0 = Not mandated by government 2 = Mandatory in some provinces, or in the process of being made mandatory (partial) 4 = Mandatory (full)	
Numerator	Choose corresponding score	*PBMEF data element: MANDATED_REPORT*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Governance: Legal Framework*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	N/A	
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# Indicator name	**DRTB_NEML: Anti DR-TB drugs listed on the country's national essential medicines list (NEML)** *Previously [SN-29]*	
Definition	Country has all World Health Organization (WHO) Group A and B drug-resistant (DR) TB drugs listed on their National Essential Medicines List (NEML). This is a Stop TB Partnership indicator (refer to guidelines (https://www.stoptb.org/resources/governance-of-tb-programs). Use the following scoring system: 0 = if marked Red 1 = if marked Orange 3 = if marked Green	
Numerator	Choose corresponding score	*PBMEF data element: DRTB_NEML*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Governance: Legal Framework*	
Indicator type	Output	
PBMEF level	Extended	

Unit of measure	Integer
Disaggregate by	N/A
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# **Indicator name**	**DRTB_FREE_TX: Anti DR-TB drug availability for people with TB for free** *Previously [SN-30]*	
Definition	All World Health Organization (WHO) Group A and B drug-resistant (DR) TB drugs listed on the Country's National Essential Medicines List (NEML) are available free for people with drug-resistant (DR) TB. This is a Stop TB Partnership indicator (refer to guidelines (https://www.stoptb.org/resources/governance-of-tb-programs). Use the following scoring system: 0 = Not free 1 = Available for free	
Numerator	Choose corresponding score	*PBMEF data element: FREE_DRTB_TX*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Governance: Legal Framework*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	N/A	
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# **Indicator name**	**RIGHTS_TRAINING: TB training module/guidance contain information on human rights issues** *Previously [SN-31]*
Definition	TB training module/guidance contain information on human rights issues for people with TB that address the following three elements: (1) Confidentiality, (2) Privacy, and (3) Freedom from discrimination. Use the following scoring system: 0 = None of the documents mention human rights or any of the three elements (or only mentioned in National Strategic Plan (NSP) 1 = One element (out of 3 elements) is addressed in patient charter, or TB guidelines/training materials 2 = Two elements (out of 3 elements) are addressed in patient charter, or TB guidelines/training materials 3 = All three elements are addressed in patient charter 4 = All three elements are addressed in any TB guidelines/training material (in addition to charter or standards of TB care)

Numerator	Choose corresponding score	*PBMEF data element: RIGHTS_TRAINING*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Governance: Legal Framework*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	N/A	
« Back to Sustain Extended Indicator List		

# Indicator name	**NTP_EFFICIENCY: Approval process efficiency** *Previously [SN-33]*	
Definition	The efficiency of the approval processes for National TB Program (NTP) training requests. **NTP_EFFICIENCY A**: Average number of authorization signatures required to complete the approval process of a request presented by NTP manager for organization of training. Use the following scoring system: 0 = 3 or more signatures are required to authorize process 1 = 1-2 signatures are required to authorize process 2 = No further signatures required **NTP_EFFICIENCY B:** Average time to obtain Ministry of Health (MOH) approval/authorization of training request authorized by NTP manager (process turnaround time). Use the following scoring system: 0 = 2 weeks or more 1 = 1 week to <2 weeks 2 = <1 week	
Numerator	Total score is the sum of SN-33A and SN-33B scores, with a maximum score of 4	*PBMEF data element: NTP_EFFICIENCY*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Governance: Process Efficiency and Effectiveness*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	NTP_EFFICIENCY A and B can be reported separately.	
« Back to Sustain Extended Indicator List		

# Indicator name	**NTP_HEIRARCHY: NTP manager empowerment in the organizational hierarchy** *[Previously [SN-34]*	
Definition	Number of officials in the hierarchy between the National TB Program (NTP) manager and health minister. Use the following scoring system: 0 = >2 officials in the hierarchy between the NTP manager and the health minister 2 = 2 officials or less are in the hierarchy between the NTP manager and the health minister	
Numerator	Choose corresponding score	*PBMEF data element: NTP_HEIRARCHY*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Governance: Process Efficiency and Effectiveness*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	N/A	
« Back to Sustain Extended Indicator List		

# Indicator name	**NTP_STAFF: NTP staff capacity** *Previously [SN-35]*	
Definition	Total number of National TB Program (NTP) staff and consultants (working for at least 1 year duration)	
Numerator	Total number of NTP staff and consultants (working for at least 1 year duration)	*PBMEF data element: NTP_STAFF*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Governance: Process Efficiency and Effectiveness*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	N/A	
« Back to Sustain Extended Indicator List		

# Indicator name	**NTP_CAPACITY: Effective NTP capacity** *Previously [SN-36]*	
Definition	National TB Program (NTP) has an effective capacity in relation to population, TB burden, and number of provinces. The total score is the sum of SN-36A, SN-36B, and SN-36C (each has score of 0 or 1) AND then multiply the total score by 4/3 to get a maximum score of 4. **NTP_CAPACITY A**: Effective capacity of NTP measured in relation to total population (in millions) is measured as follows: Population (in millions) divided by number of staff. Use the following scoring system: 0 = if >1 1 = if 1 or less in small countries (if 10 or less in big countries) (small countries are countries with population of 50M or less) **NTP_CAPACITY B:** Effective capacity of NTP measured in *relation to TB burden* is measured as follows: Total estimated TB incidence in numbers divided by number of staff. Use the following scoring system: 0 = if more than 10,000 1 = if 10,000 or less (if 50k or less in big countries) **NTP_CAPACITY C**: Effective capacity of NTP measured in *relation to number of provinces* is measured as follows: Number of provinces divided by number of staff. Use the following scoring system: 0 = if more than 0.5 1 = if 0.5 or less	
Numerator	The total score is sum of NTP_CAPACITY A-C (each has score of 0 or 1) AND multiply the total score by 4/3 to get a maximum score of 4.	*PBMEF data element: NTP_CAPACITY*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Governance: Process Efficiency and Effectiveness*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	NTP_CAPACITY A–C can be reported separately.	
« Back to Sustain Extended Indicator List		

# Indicator name	**SOCIAL_CONTRACT: Social contracting with government funds (NGOs/private sector)** *Previously [SN-37]*
Definition	Availability of social contracting with government funds (nongovernmental organizations (NGOs)/private sector). Group score is the average of SN-37A and SN-37B, ranging in score from 0 as least and 4 as

	most available. **SOCIAL_CONTRACT A:** Inclusiveness of NGOs in social contracting Social contracting mechanisms (policy, guidelines, tendering, and contracting) are available to contract NGOs with government funds (not Global Fund (GF) funds). There are 4 elements to consider: • Policy available • Guidelines available • Tendering: Contracting has been done at the national level only (evidence available) in the last 2 years • Tendering: Contracting done at more than 50% of the subnational entity Use the following scoring system: 0 = No policy or guidelines and no tendering have been done using government funds 1 = Either policy or guidelines are available or if tendering has been done at the national level, with no policies or guidelines 2 = 2 of 4 elements are present (policy, guidelines, and tendering at the national or subnational level) or if tendering has been done at the national and subnational levels without policy or guidance 3 = 3 of 4 elements are present 4 = All 4 elements are present—policy and guidelines are present and tendering has been done at national and more than 50% of the subnational levels **SOCIAL_CONTRACT B**: Inclusiveness of private sector in social contracting Social contracting mechanisms (policy, guidelines, tendering, and contracting) are available to contract the private sector with government funds (not GF funds). There are four elements to consider: • Policy available • Guidelines available • Tendering: Contracting has been done at the national level only (evidence available) in the last 2 years • Tendering: Contracting done at more than 50% of the subnational entity Use the following scoring system: 0 = No policy or guidelines and no tendering has been done using government funds 1 = Either policy or guidelines are available or if tendering has been done at the national level, with no policies or guidelines 2 = 2 of 4 elements are present (policy, guidelines, and tendering at the national or subnational levels) or if tendering has been done at the national and subnational levels without policy or guidance 3 = 3 of 4 elements are present 4 = All 4 elements are present—policy and guidelines are present and tendering has been done at national and more than 50% of the subnational levels	
Numerator	Group score is average of SOCIAL_CONTRACT A and B	*PBMEF data element: SOCIAL_CONTRACT*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Governance: Inclusiveness*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	SOCIAL_CONTRACT A and B can be reported separately	

« Back to Sustain Extended Indicator List

# Indicator name	**INCL_KP: Inclusiveness of key populations (KPs)** *Previously [SN-38]*	
Definition	National Strategic Plan (NSP) has activities, an indicator, or budget line, or a combination thereof included for the indicated key population (KP). The following four elements are considered for scoring: • Four or more TB key populations listed in NSP (children, prisoners, people living with human immunodeficiency virus (PLHIV), and any additional KP) • KP prioritization exercise done • Indicators and budget given in NSP for each KP • Action plan formulated Note: Each element carries a score of 1 (indicators and budget have 0.5 each). Use the following scoring system: 0 = if KPs not mentioned at all and no activity done for identification of KPs 1 = 1 of 4 elements is present 2 = 2 of 4 elements are present 3 = 3 of 4 elements are present 4 = All 4 elements are present: Four or more KPs for TB are listed in NSP, formal prioritization for TB key population has been done, indicators and budget are given individually for all KPs, and an action plan has been formulated.	
Numerator	Choose corresponding score	*PBMEF data element: INCL_KP*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Governance: Inclusiveness*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	N/A	

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# Indicator name	**INCL_CS: Inclusiveness of civil society/TB survivors** *Previously [SN-39]*
Definition	Civil societies and TB survivors are involved with National TB Programs (NTP). The score is a total of INCL_CS_TBSURV A–D. **INCL_CS A**: NTP consulted with TB civil society/TB survivors to review progress in the reporting year. Use the following scoring system: 0 = NTP did not consult with TB civil society/TB survivors to review progress in reporting year

	0.5 = Civil society/TB survivors were consulted at national or subnational level only 1 = Civil society/TB survivors were consulted at both national and subnational levels **INCL_CS B**: NTP invited TB civil society/TB survivors to participate in the most recent Joint Program Review (JPR)/Joint Monitoring Mission (JMM)/external reviews. Use the following scoring system: 0 = Civil society/TB survivors did not participate in the most recent JPR/JMM/external review 1 = Civil society/TB survivors participated in the most recent JPR/JMM/external review **INCL_CS C**: NTP consulted with civil society and TB survivors to develop the latest NSP and donor proposals. Use the following scoring system: 0 = NTP did not consult with civil society/TB survivors to develop the latest NSP and donor proposals 1 = NTP consulted with civil society/TB survivors to develop the latest NSP and donor proposals **INCL_CS D**: Civil society/TB survivors are involved in TB research development/planning, implementation, and dissemination. Use the following scoring system: 0 = Civil society/TB survivors have not participated in any research activity in the last two years 1 = Civil society/TB survivors have participated in research activity (research planning, implementation, or dissemination of research findings) in the last two years	
Numerator	Total score of INCL_CS A–D.	*PBMEF data element: INCL_CS*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Governance: Inclusiveness*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	INCL_CS A–D can be reported separately.	
« Back to Sustain Extended Indicator List		

# Indicator name	**INCL_COMM: Inclusiveness of community (not organized) and subnational entities** *Previously [SN-40]*
Definition	Availability of platforms to enable community (not organized) and subnational entities to provide feedback to the National TB Program (NTP). The score is a total of INCL_COMM A–B. **INCL_COMM A**: Community (not organized) feedback obtained Platform(s) exist(s) for obtaining feedback from the community– e.g., standing bodies, meetings, apps, etc. Use the following scoring system: 0 = No platform for feedback from the community 1 = Platform exists for community feedback (one-impact application, member of technical

	working group (TWG), people with TB feedback survey, etc.) **INCL_COMM B**: Subnational government entities feedback obtained Platform(s) exist(s) for obtaining feedback from subnational government entities and subnational entities make use of (National Strategic Plan (NSP) consultation, program review, Joint Program Review (JPR), Joint Monitoring Mission (JMM)). Use the following scoring system: 0 = Subnational entities does not participate in any of the three available platforms (NSP consultation, program review, JPR, JMM) 1 = Subnational entities participate in any one of the three available platforms (NSP consultation, program review, JPR, JMM) 2 = Subnational entities participate in two of the three available platforms 3 = Subnational entities participate in all three available platforms	
Numerator	Total score of SN-40A plus SN-40B	*PBMEF data element: INCL_COMM*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Governance: Inclusiveness*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	INCL_COMM A–B can be reported separately.	
« Back to Sustain Extended Indicator List		

# Indicator name	**INCL_GENDER: Inclusiveness of gender** *Previously [SN-41]*
Definition	Inclusiveness of gender in TB. Sum of scores of INCL_GENDER A–F (each with a score of 0–1), multiplied by ⅔.. **INCL_GENDER A**: NTP staff undertake TB and gender sensitization/training (within the last two years). Use the following scoring system: 0 = No training 1 = At least 50% of the staff have taken training **INCL_GENDER B**: Male-female ratio of National TB Program (NTP) and provincial managers. Use the following scoring system: 0 = Less than 50% of provincial TB managers are women 1 = 50% or more of provincial TB managers are women **INCL_GENDER C:** TB gender assessment report available for the country. Use the following scoring system: 0 = TB gender assessment report is NOT available for the country 1 = TB gender assessment report is available for the country **INCL_GENDER D**: National Strategic Plan (NSP) highlights gender inclusiveness in TB services and programs.

	Use the following scoring system: 0 = NSP does NOT highlight gender inclusiveness in TB services and programs 1 = NSP highlights gender inclusiveness in TB services and programs **INCL_GENDER E**: Women TB survivors included in any NTP event in reporting year. Use the following scoring system: 0 = Women TB survivors were NOT included in any NTP event in reporting year 1 = Women TB survivors were included in any NTP event in reporting year **INCL_GENDER F**: Gender disaggregated data for treatment outcome available for most recent reported cohort. Use the following scoring system: 0 = Gender disaggregated data for treatment outcome NOT available for most recent reported cohort 1 = Gender disaggregated data for treatment outcome are available for most recent reported cohort	
Numerator	Sum of scores of INCL_GENDER A-F (each with a score of 0–1), multiplied by ⅔.	*PBMEF data element: INCL_GENDER*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Governance: Inclusiveness*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Integer	
Disaggregate by	INCL_GENDER A–F can be reported separately.	
« Back to Sustain Extended Indicator List		

# Indicator name	**EXPIRED_FLD: First-line TB treatment drugs past expiration** *Previously [SN-45]*	
Definition	Presence of a stock of one or more front-line drug (FLD) for TB treatment past expiration date at any TB treatment site (i.e., Basic Management Unit) or drug storage facility during the reporting period (quarter/year).	
Numerator	This is a Yes/No response for the initial part of the indicator. Only if yes, then the following detailed data should be provided: 1. Generic names of TB treatment drugs 2. Geographic locations 3. Treatment site/drug storage facility 4. Central/regional/district level	*PBMEF data element: EXPIRED_FLD*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Procurement and Supply Chain Management*	

Indicator type	Output
PBMEF level	Extended
Unit of measure	Boolean (Yes/No)
Disaggregate by	N/A
« Back to Sustain Extended Indicator List	

# Indicator name	**EXPIRED_SLD: Second-line TB treatment drugs past expiration** *Previously [SN-46]*	
Definition	Presence of a stock of one or more second-line drug (SLD) for TB treatment past expiration date at any TB treatment site (i.e., Basic Management Unit) or drug storage facility during the reporting period (quarter/year).	
Numerator	This is a Yes/No response for the initial part of the indicator. Only if yes, then the following detailed data should be provided: 1. Generic names of TB treatment drugs 2. Geographic locations 3. Treatment site/drug storage facility 4. Central/regional/district level	*PBMEF data element: EXPIRED_SLD*
Denominator	N/A	*N/A*
Category	SUSTAIN—*Procurement and Supply Chain Management*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Boolean (Yes/No)	
Disaggregate by	N/A	
« Back to Sustain Extended Indicator List		

# Indicator name	**EXPIRED_DX: Replenishable TB diagnostic products past expiration** *Previously [SN-47]*	
Definition	Occurrence of a stock of one or more replenishable TB diagnostic products past expiration date at any TB diagnostic site (e.g., Basic Management Unit) or drug storage facility at the end of reporting period (quarter/year).	
Numerator	This is a Yes/No response for the initial part of the indicator. Only if yes, then the following detailed data should be provided: 1. Generic names of TB treatment drugs	*PBMEF data element: SUPPLY_DX_EXPIRED*

	2. Geographic locations 3. Treatment site/drug storage facility 4. Central/regional/district level	
Denominator	N/A	*N/A*
Category	SUSTAIN—*Procurement and Supply Chain Management*	
Indicator type	Output	
PBMEF level	Extended	
Unit of measure	Boolean (Yes/No)	
Disaggregate by	N/A	
« Back to Sustain Extended Indicator List		

# Indicator name	**STKOUT_PEDS: Stockouts of child-friendly formulations for TB treatment** *Previously [SN-48]*
Note:	Already created under extended PEDS indicators

Appendix E.
PBMEF Indicator Maps and Cascades

Illustrative DS-TB Indicator Map

Adult (15+)

DT_SCRN (Subnational)

Screened for TB symptoms, CXR (+/- CAD) [1]

negative → *Continues to **TPT cascade***

positive

DT_PRES (Subnational)

Presumptive TB

DT_TEST (Subnational)

Received diagnostic testing (mWRD [2], smear, culture)

negative → Clinically evaluated for TB [3]

negative → *Continues to **TPT cascade***

positive

positive

DT_WRD (Subnational)

Tested with rapid diagnostic test (mWRD)

** Note: DT_WRD is a subset of DT_TST*

BAC_CONF (Core)

Bacteriologically Confirmed

Received drug susceptibility testing (DST) for first line drugs (FLD) [4]

positive → *Continues to **DR-TB***

negative

DSTB_NOTIF
Numerator of DT_RT (Core)

Notified DS-TB (Bac+ and Clinically Diagnosed)

NEWREL_WRD (Core Plus)

Tested with mWRD test at time of initial diagnosis*

** Note: NEWREL_WRD is a subset of DSTB_NOTIF and DT_WRD*

TX_DT_ENROLL (National)

Initiated DS-TB Treatment

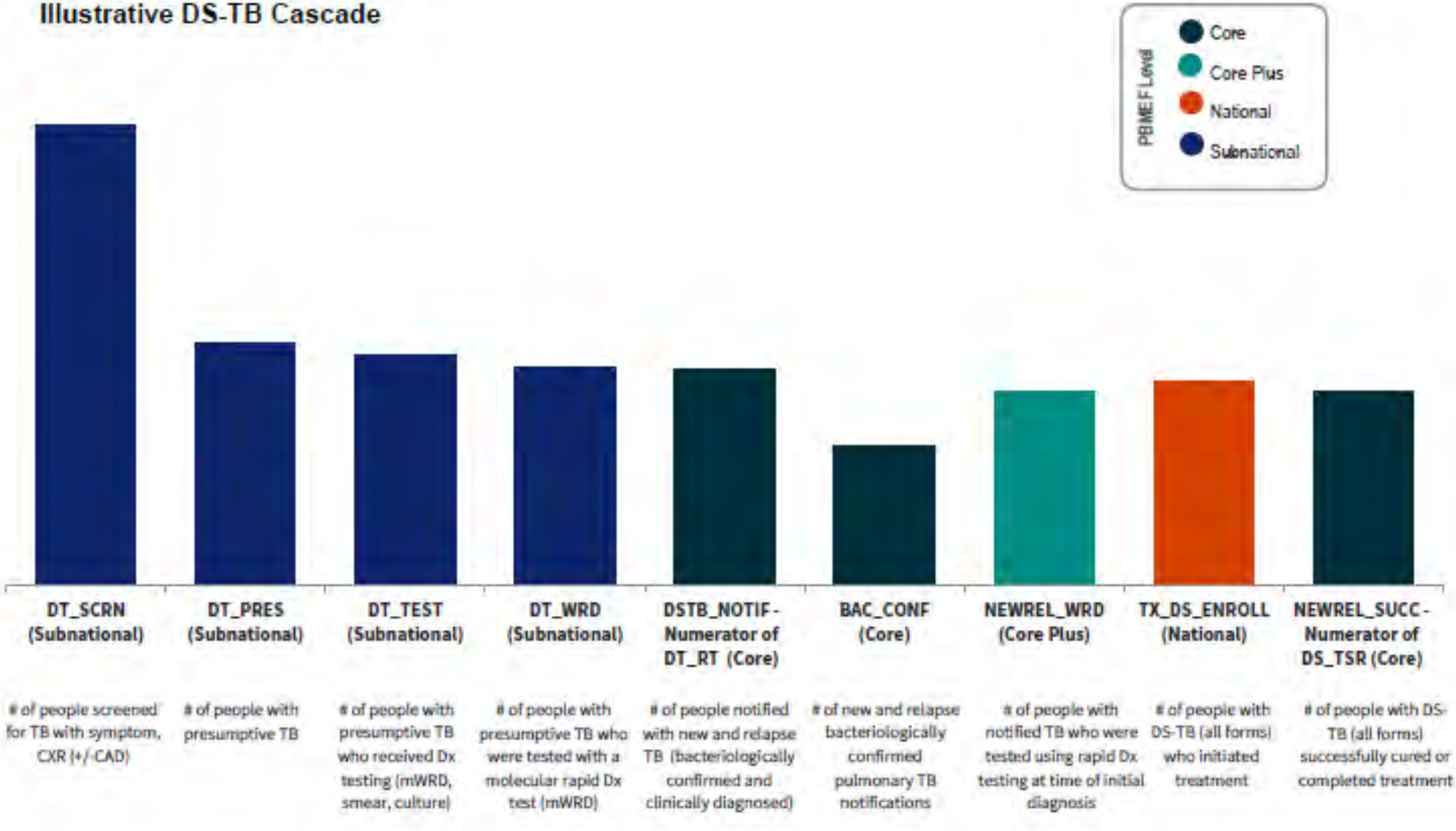
NEWREL_SUCC – *Numerator of DS_TSR* (Core)

Successfully Treated (Completed + Cured)

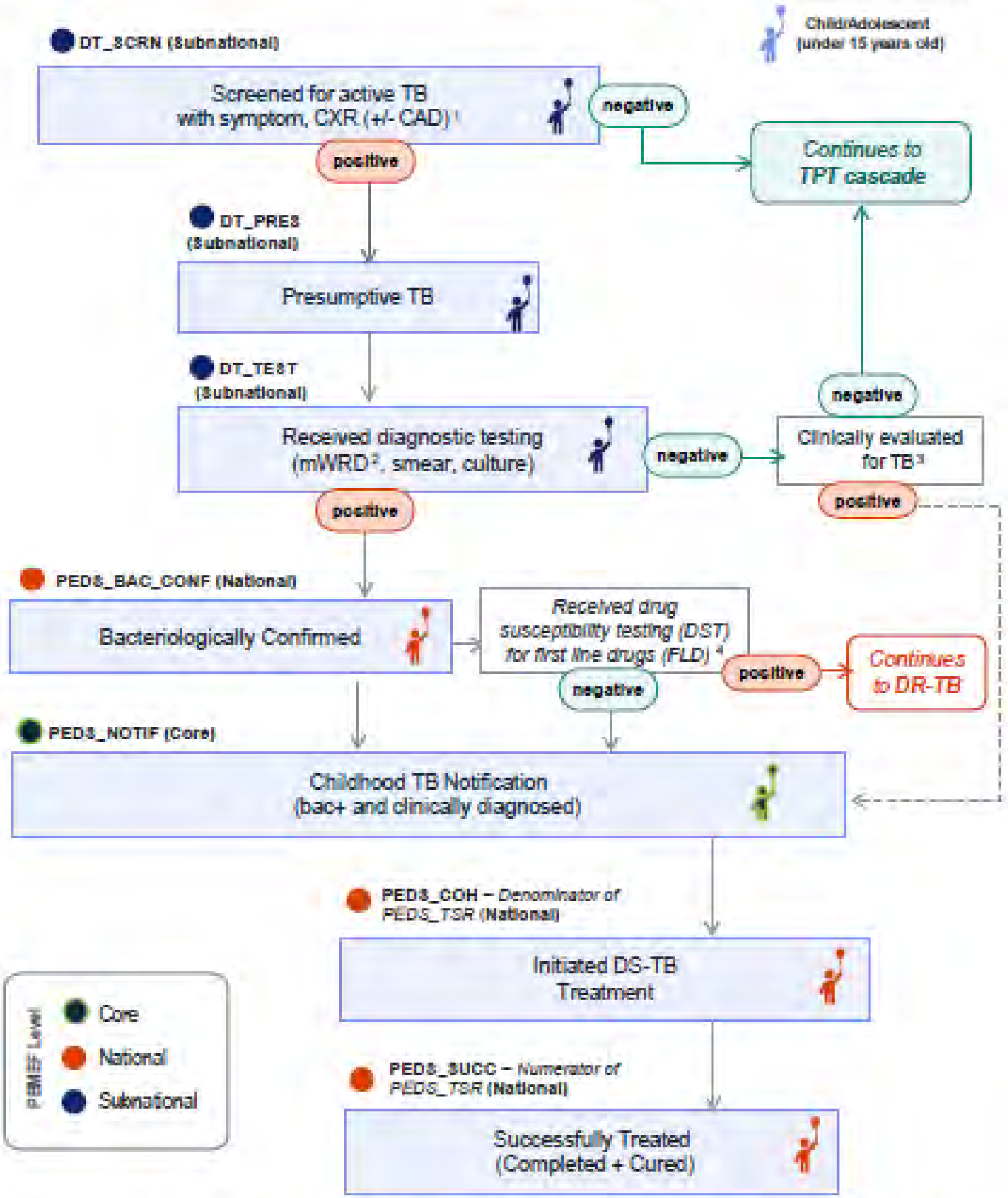
PBMEF Level
- Core
- Core Plus
- National
- Subnational

[1] CXR - chest radiography; CAD - computer aided detection of TB
[2] mWRD - molecular WHO-recommended rapid diagnostic test
[3] Clinically evaluated - process that includes clinical assessment and several diagnostic tests to rule out TB
[4] If Dx testing is smear or culture, DST for all FLD is required. mWRDs test for rifampicin, but additional FLDs tests are required.

Illustrative DS-TB Cascade

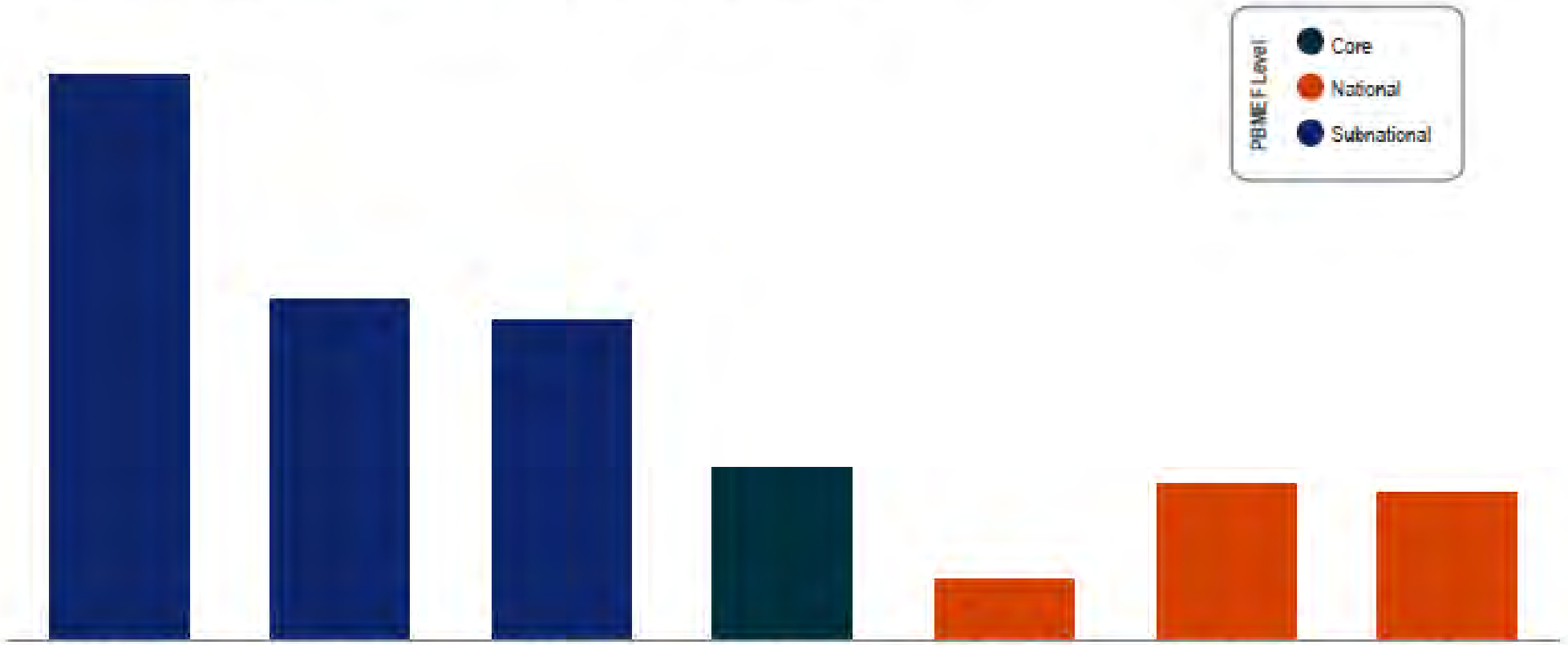


Illustrative Pediatric TB Indicator Map



[1] These indicators can be disaggregated further by age groups: young children from birth up to 5 y.o. and adolescents between 5-15 y.o.
[2] CXR - chest radiography; CAD - computer aided detection of TB
[3] mWRD - molecular WHO-recommended rapid diagnostic test
[4] Clinically evaluated - process that includes clinical assessment and several diagnostic tests to rule out TB
[5] If Dx testing is smear or culture, DS testing for all FLD is required. mWRDs test for rifampicin, but additional FLDs tests are required.

Illustrative Pediatric (under 15 years old*) DS-TB Cascade



DT_SCRN (Subnational)

# of children screened for TB with symptom, CXR (+/-CAD)

DT_PRES (Subnational)

# of children with presumptive TB

DT_TEST (Subnational)

# of children **with presumptive TB** who received Dx testing (mWRD, smear, culture)

PEDS-NOTIF (Core)

# of children with notified TB (bacteriologically confirmed + clinically diagnosed TB)

PEDS_BAC_CONF (National)

# of children bacteriologically confirmed

PEDS-COH - Denominator of PEDS-TS (National)

# of children who initiated TB treatment

PEDS_SUCC - Numerator of PEDS-TSR (National)

# of children successfully treated

*The indicators in this cascade can be disaggregated further by age groups: young children from birth up to 5 years old and adolescents between 5 - 15 years old.

Illustrative TB/HIV Indicator Map

PLHIV

TX_TB_D – *Numerator of PCT_TX_CURR_SCRN* **(Extended)**

PLHIV screened for TB with symptom, CRP, CXR (+/- CAD)

positive

negative

TX_TB_SCRN_POS (Extended)

PLHIV on ART who screened positive for TB

TX_TB_SCRN_NEG (Extended)

PLHIV screened negative for TB

TX_TB_TEST (Extended)

PLHIV on ART with a specimen sent for Dx testing (mWRD, smear, culture)

negative

positive

TB_PREV_D – *Denominator of PCT_TB_PREV* **(National)**

PLHIV on ART who started on TPT

TX_TB_TEST_POS (Extended)

PLHIV on ART with a positive TB result returned

TB_PREV_N – *Numerator of PCT_TB_PREV* **(National)**

PLHIV on ART who were started on TPT and completed treatment

TX_TB_N – *Numerator of PCT_TX_TB* **(Extended)**

PLHIV who are enrolled on TB treatment

TBHIV_SUCC – *Numerator of TBHIV_TSR* **(National)**

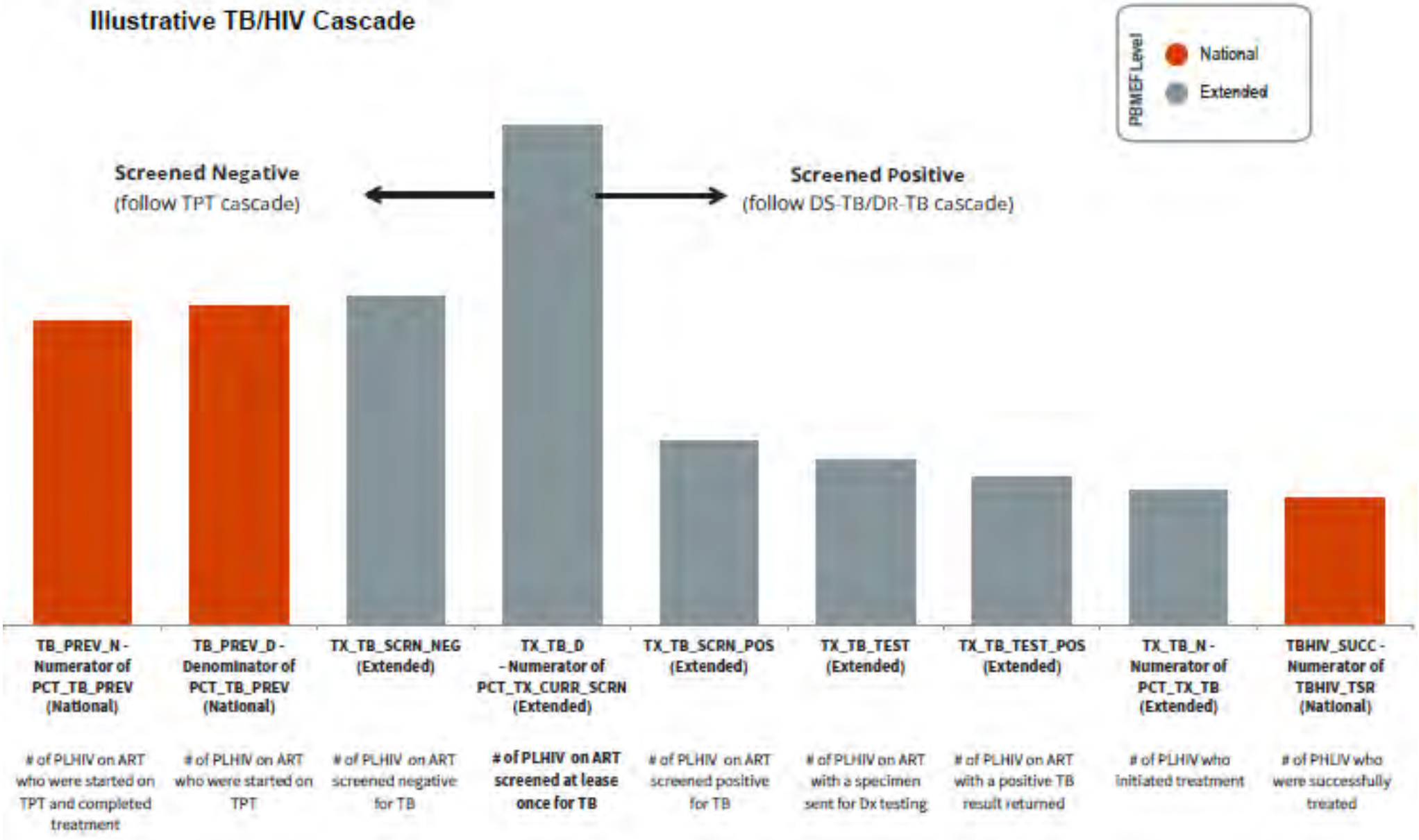
PLHIV successfully treated

PRIME Level

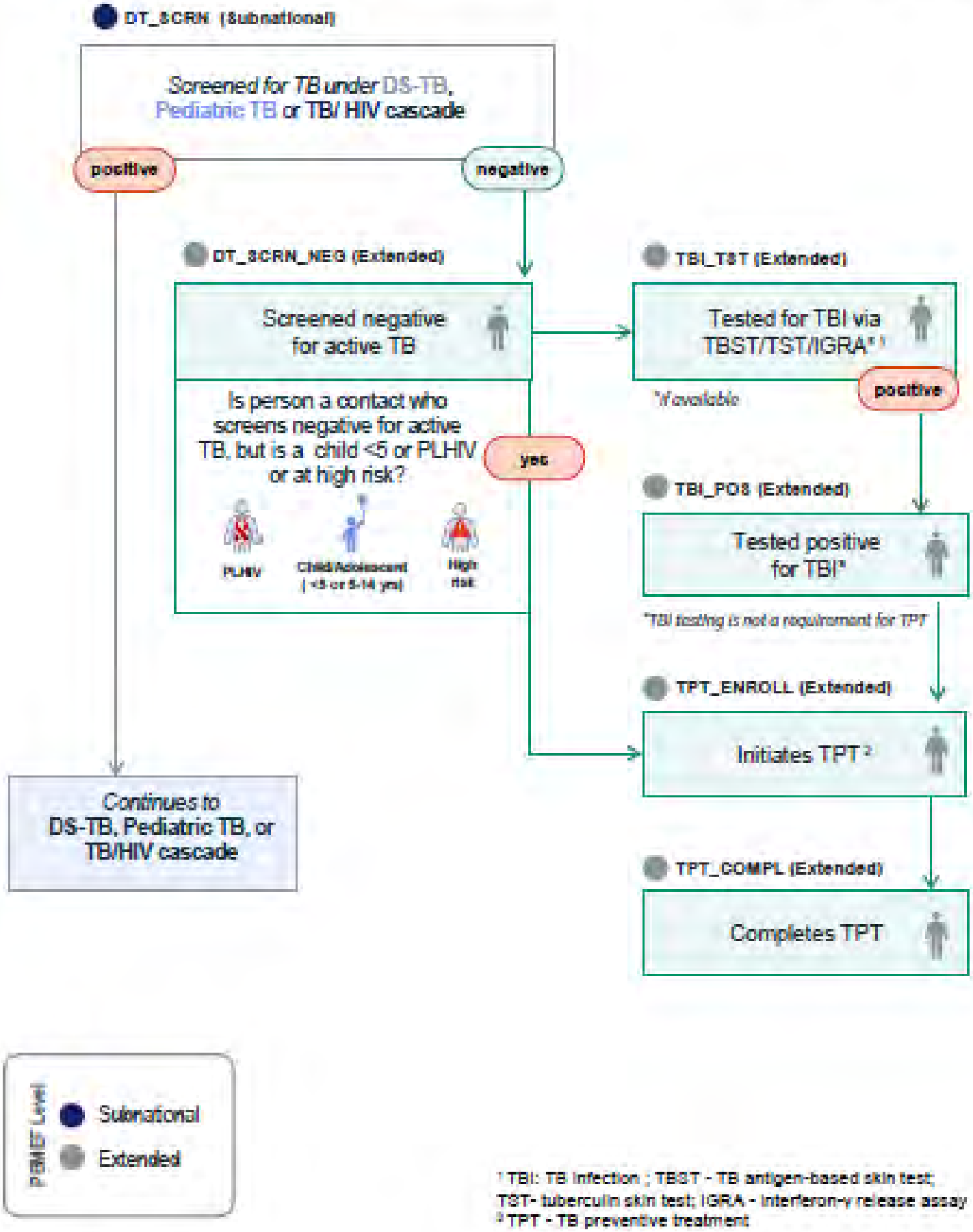
- National
- Extended

[1] PLHIV - person living with HIV; CRP - C-reactive protein; CXR - chest radiography; CAD - computer aided detection of TB; mWRD - molecular WHO-recommended rapid diagnostic test; TPT – TB preventive treatment

Illustrative TB/HIV Cascade

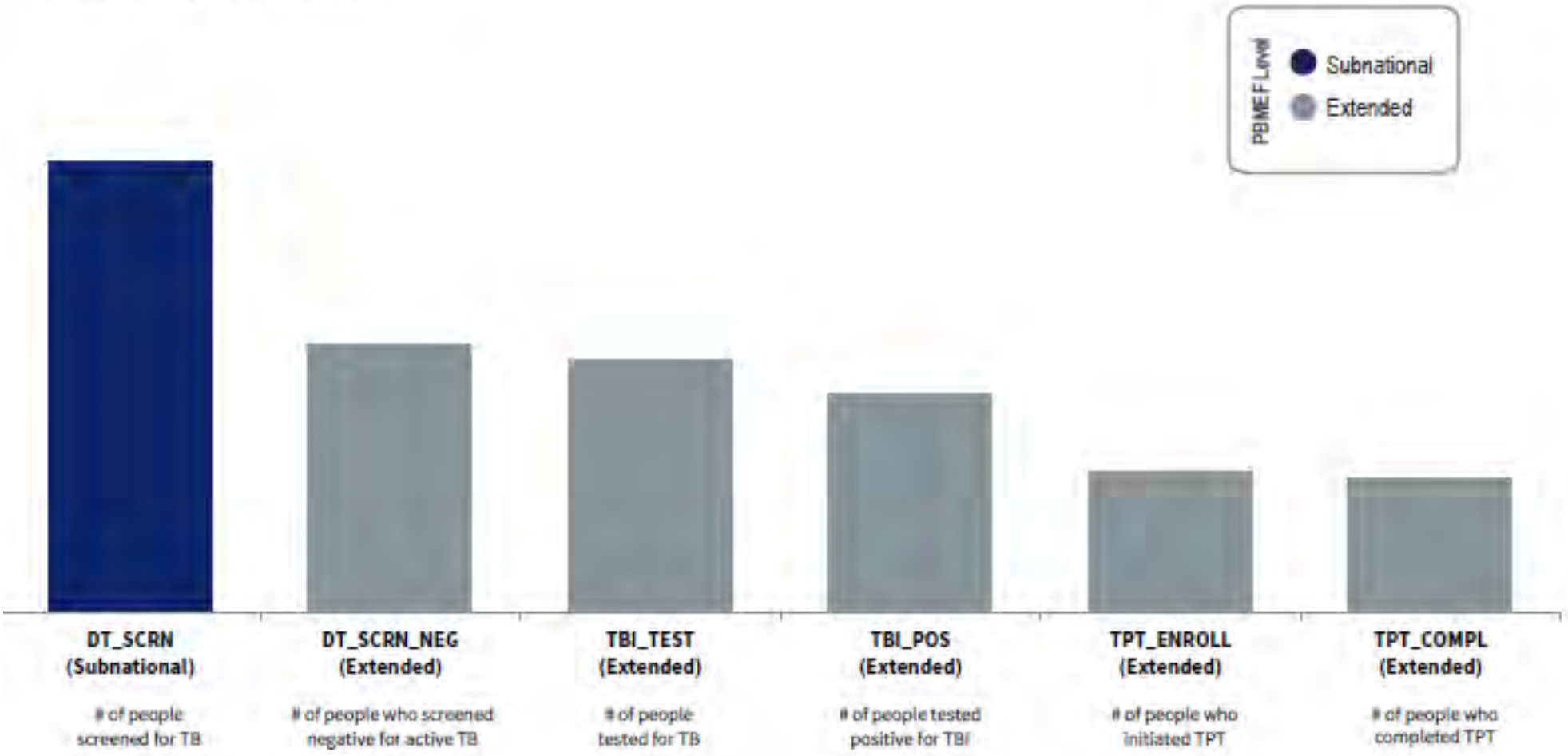


Illustrative TB Preventive Treatment (TPT) Indicator Map



[1] TBI: TB infection ; TBST - TB antigen-based skin test; TST- tuberculin skin test; IGRA - interferon-γ release assay
[2] TPT - TB preventive treatment

Illustrative TPT Cascade



Illustrative TB Contact Investigation (TBCI) Indicator Map

PTB_NOTIF – *Denominator of BAC_CONF* (Core)

Notified Pulmonary TB (index person*)

*This included people with bac+ and clinically diagnosed TB

DT_CI_INIT (National)

# of index cases with contact investigation initiated

CON_ALL – *Denominator of PCT_CON_SCRN* (Core)

# of contacts identified

CON_SCRN – *Numerator of PCT_CON_SCRN* (Core)

# of contacts screened for TB

negative

positive

CON_SCRN_NEG (Extended)

# of contacts screened negative for active TB

If contact is over 5 yrs old or HIV negative

If contact is under 5 yrs old or PLHIV or at high risk

DT_CON_PRES (National)

# of contacts with presumptive TB

negative

positive

DT_CON_DX (National)

# of contacts to people with pulmonary TB identified

CON_BAC_CONF (Extended)

# of contacts with bacteriologically confirmed TB

DT_CON_TX (National)

# of contacts with active TB who initiated TB treatment

CON_TBI_TEST (Subnational)

# of contacts tested for TBI via TBST/TST/IGRA*

*If available

CON_TBI_POS (Subnational)

# of contacts tested positive for TBI

CON_TPT_ENROLL (Core)

# of contacts who initiated TPT

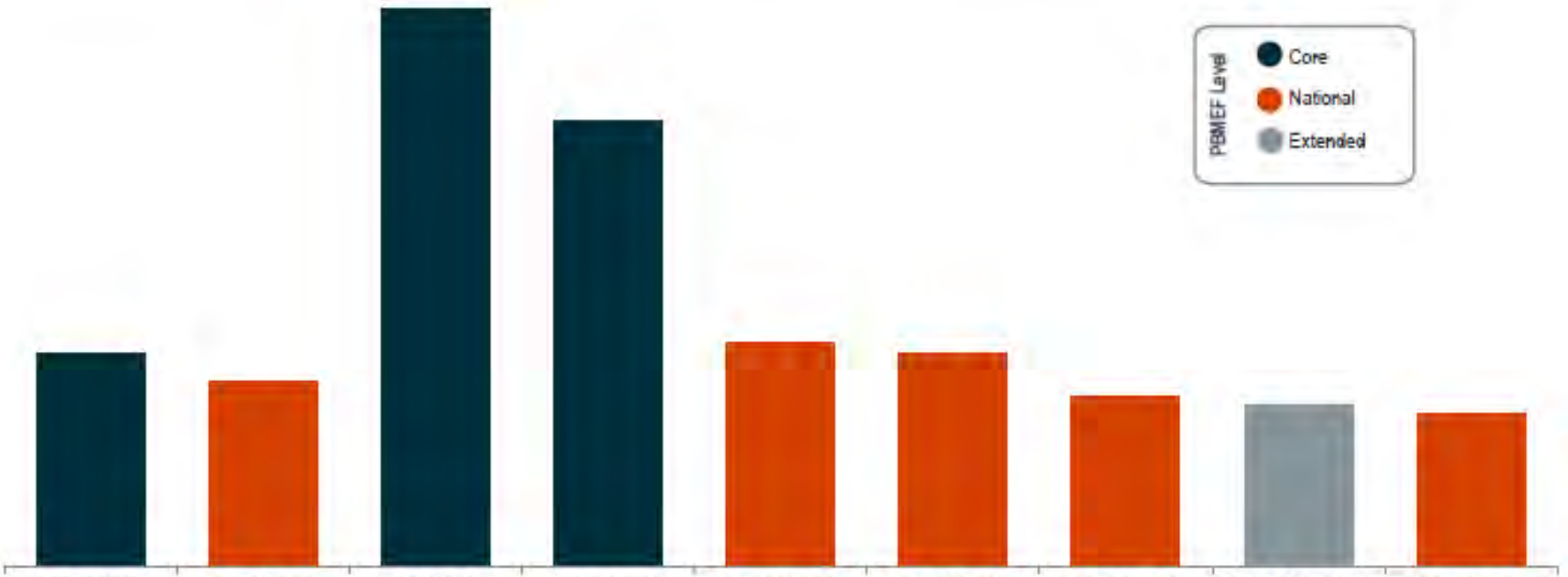
TPT_CON_COMPL (Core Plus)

# of contacts who completed TPT

PSMEF Level

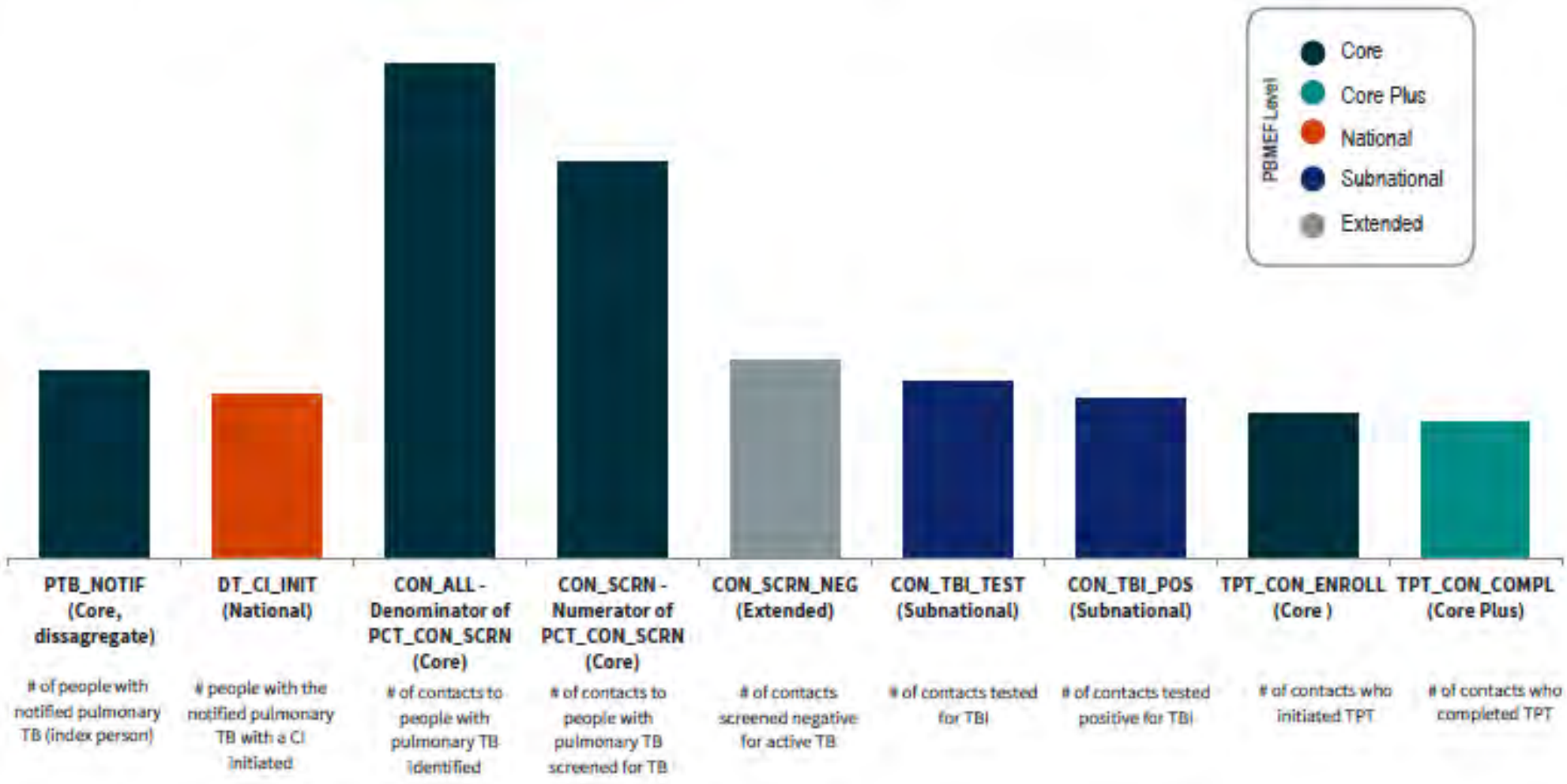
- Core
- Core Plus
- National
- Subnational
- Extended

Illustrative TBCI Cascade for Index Cases with Pulmonary TB (Contacts who screened positive)

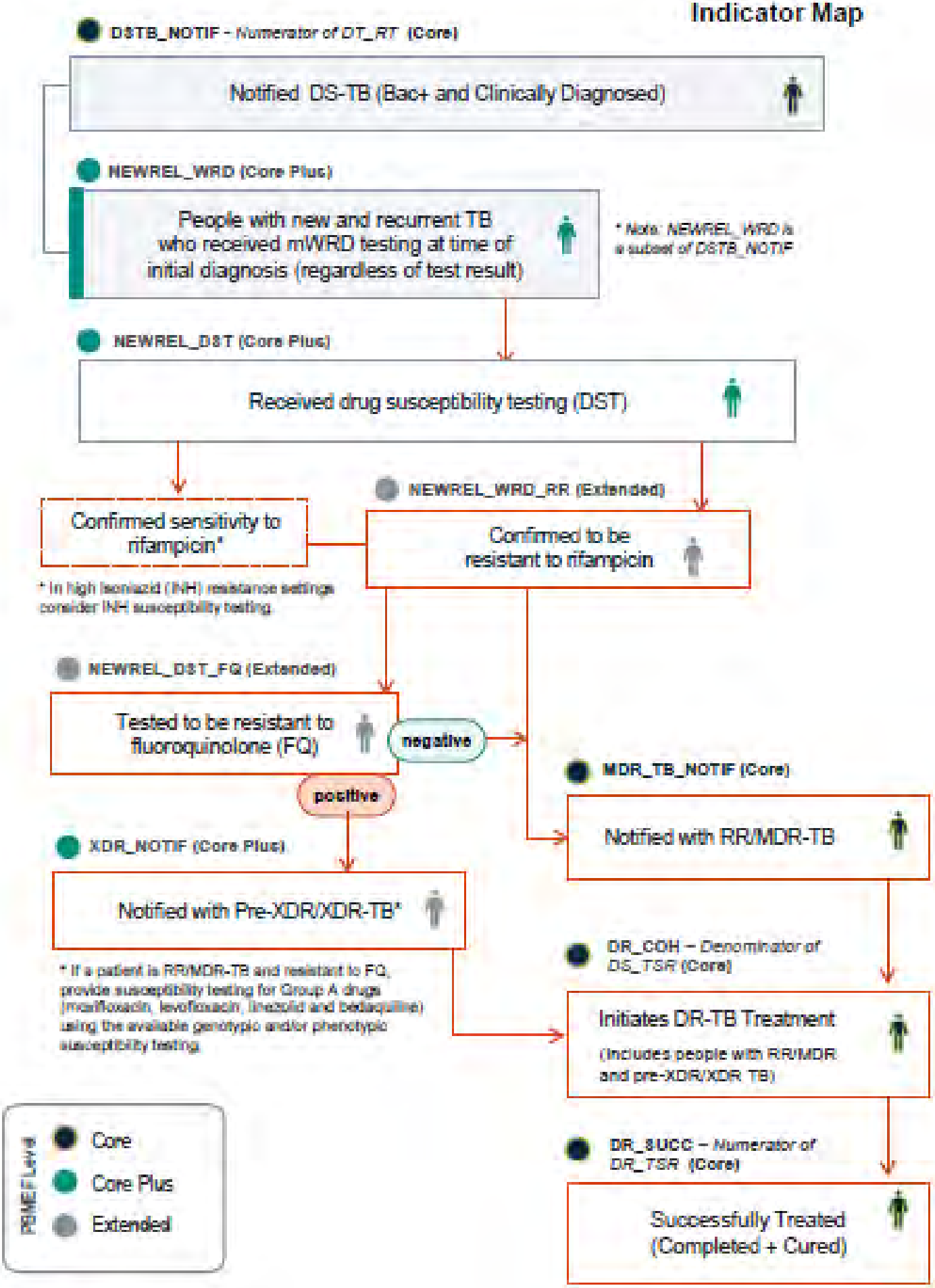


PTB_NOTIF– Denominator of BAC_CONF (Core)	DT_CI_INIT (National)	CON_ALL – Denominator of PCT_CON_SCRN (Core)	CON_SCRN – Numerator of PCT_CON_SCRN (Core)	DT_CON_PRES (National)	DT_CON_TEST (National)	DT_CON_DX (National)	CON_BAC_CONF (Extended)	DT_CON_TX (National)
# of people with notified pulmonary TB (index person)	# people with the notified pulmonary TB with a CI initiated	# of contacts to people with pulmonary TB identified	# of contacts to people with pulmonary TB screened for TB	# of contacts with presumptive TB	# of contacts with presumptive TB who received TB diagnostic testing	# of contacts diagnosed with active TB disease	# of contacts with bacteriologically confirmed TB	# of contacts with active TB disease who initiated TB treatment

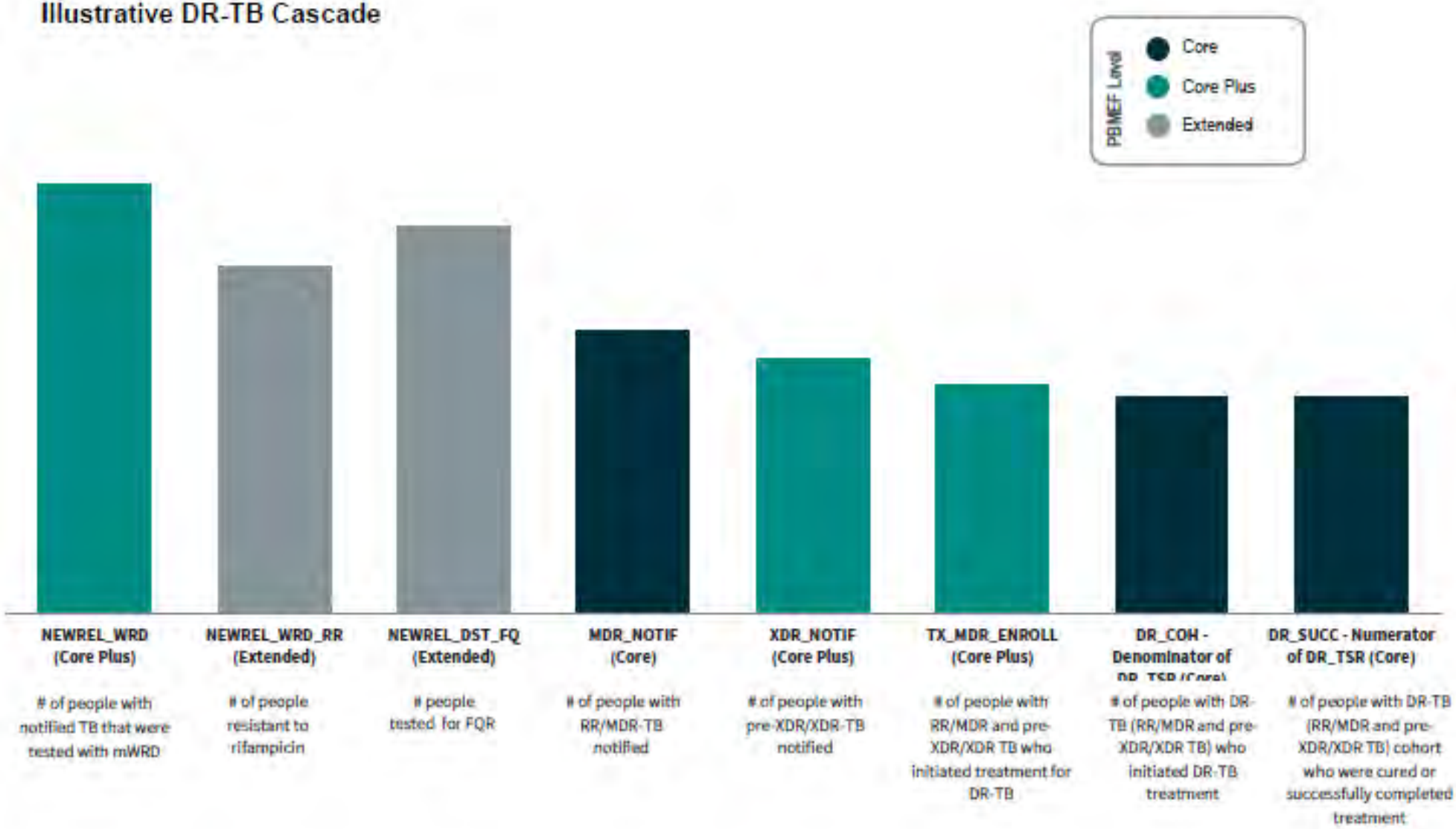
Illustrative TBCI Cascade for Index Cases with Pulmonary TB (Contacts who screened negative)



Illustrative DR-TB Indicator Map



Illustrative DR-TB Cascade



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