

Area to monitor	Branching logic	Data collection questions	Response options
0	Country information	0.1. Please select your country:	
		<p><i>NB: The European Center for Disease Prevention and Control (ECDC) and the Center of Excellence in Health, Immunity, and Infections (Rigshospitalet, Denmark) are collecting contact details for two main purposes: to send clarificatory questions concerning the questionnaire answers via email and to ask for permission to include the names of people who contributed to the monitoring questionnaire in the acknowledgment section of prospective publications.</i></p> <p><i>You will be asked in a structured way to list four key focal points who responded to the questionnaire. If more than four people contributed to the completion of the questionnaire, you can list them in a comment section at the end of the questionnaire.</i></p>	
		0.2. First name:	
		0.3. Surname:	
		0.4. Job Title:	
		0.5. Organization:	
		0.6. Organization type:	National TB Programme
			Civil society
			Government
			Health care
			Academia
		0.6.1.	Other (please, specify)
		0.7. Email Address:	
		0.8. Phone Number (optional):	
		0.9. Did other representatives from your country participate in completing this questionnaire and/or providing data?	Yes
			No
		Branching from "Yes" to 0.9	0.10. First name:
		Branching from "Yes" to 0.9	0.11. Surname:
		Branching from "Yes" to 0.9	0.12. Job Title:
		Branching from "Yes" to 0.9	0.13. Organization:
		Branching from "Yes" to 0.9	0.14. Organization type:
		Branching from "Yes" to 0.9	National TB Programme
		Branching from "Yes" to 0.9	Civil society
Branching from "Yes" to 0.9	Government		
Branching from "Yes" to 0.9	Health care		
Branching from "Yes" to 0.9	Academia		
Branching from "Yes" to 0.9	0.14.1.		
Branching from "Yes" to 0.9	0.15. Email Address:		
Branching from "Yes" to 0.9	0.16. Did other representatives from your country participate in completing this questionnaire and/or providing data?		
	Yes		
	No		

Branching from "Yes" to 0.16	0.17. First name:	
Branching from "Yes" to 0.16	0.18. Surname:	
Branching from "Yes" to 0.16	0.19. Job Title:	
Branching from "Yes" to 0.16	0.20. Organization:	
Branching from "Yes" to 0.16	0.21. Organization type:	National TB Programme
Branching from "Yes" to 0.16		Civil society
Branching from "Yes" to 0.16		Government
Branching from "Yes" to 0.16		Health care
Branching from "Yes" to 0.16		Academia
Branching from "Yes" to 0.16	0.21.1.	Other (please, specify)
Branching from "Yes" to 0.16	0.22. Email Address:	
Branching from "Yes" to 0.16	0.23. Did other representatives from your country participate in completing this questionnaire and/or providing data?	Yes
		No
Branching from "Yes" to 0.23	0.24. First name:	
Branching from "Yes" to 0.23	0.25. Surname:	
Branching from "Yes" to 0.23	0.26. Job Title:	
Branching from "Yes" to 0.23	0.27. Organization:	
Branching from "Yes" to 0.23	0.28. Organization type:	National TB Programme
Branching from "Yes" to 0.23		Civil society
Branching from "Yes" to 0.23		Government
Branching from "Yes" to 0.23		Health care
Branching from "Yes" to 0.23		Academia
Branching from "Yes" to 0.23	0.28.1.	Other (please, specify)
Branching from "Yes" to 0.23	0.29. Email Address:	
Branching from "Yes" to 0.29	0.30. If other representatives from your country participated in completing this questionnaire and/or providing data, please list the individual(s) here and provide the same information as you have done for the representatives listed above (first name, surname, job title, organisation, email):	

Area to monitor	Indicator	Branching logic	Data collection questions	Response option(s)	
1	Enabling environment	1.1. Percentage of Member States with a fully funded National TB Control Strategy (either standalone or as part of a broader strategy)		<p>1.1.1. Does your country have a national strategy, plan, or policy for the prevention and control of TB?</p> <p><i>NB: The National TB Control Strategy is a comprehensive framework guiding a country's efforts in TB prevention, diagnosis, treatment, and elimination. It usually describes policy planning, surveillance, prevention, capacity building, research, and advocacy to reduce the TB burden and move towards its elimination.</i></p>	Yes (standalone)
					Yes (integrated within broader [health/reproductive or sexual health/infectious disease/other] strategy)
					Under development
					No
				1.1.1.1.	Other (please, specify)
			Branching from "Yes" to 1.1.1	1.1.2. If yes, please indicate the year of publication (after the latest revision) of the national strategy, plan, or policy currently in place in your country.	Year
			Branching from "Yes" to 1.1.1	1.1.3. When your country was developing or revising its national strategy, plan, or policy for the prevention and control of TB, were the actions outlined in the TB action plan for the WHO European Region 2023-2030 considered?	Yes
					No
					Don't know
			Branching from "Yes" to 1.1.1	1.1.4. If the document is publicly available, please upload it or provide a link below:	
			Branching from "Yes" to 1.1.1	1.1.5. If yes, are there funds allocated from the national budget to implement the strategy, plan, or policy?	Yes
					Yes, partly for some components
					No
					Don't know
				1.1.5.1.	Other (please, specify)
Branching from "Yes" to 1.1.1	1.1.6. Does the strategy, plan, or policy include targets and indicators?	Yes			
		No			

		Don't know
Branching from "Yes" to 1.1.6	1.1.6.1. Are those targets in line with the End TB Strategy targets for incidence and mortality?	Yes
		No
		Don't know
	1.1.6.1.1.	Other, please, specify
Branching from "No" to 1.1.1	1.1.7. If no, are there plans in place to develop a national strategy, plan, or policy for the prevention and control of TB in the next two years?	Yes
		No
		Don't know
	1.1.7.1.	Other (please, specify)
	1.1.8. Does your country have a national TB coordinator (or equivalent)? <i>NB: A National TB Coordinator oversees the implementation of TB control policies, coordinates with stakeholders, and ensures accurate data collection and resource management.</i>	Yes
		No
		Don't know
	1.1.8.1.	Other (please, specify)
	1.1.9. Do you have any other comments about the policy environment in your country relating to the prevention and control of TB?	
1.2. Percentage of Member States fully protecting TB-affected individuals from stigma and discrimination	NB: questions 1.2.1 - 1.2.5 are asked in a matrix. Each question should be responded separately	According to your national laws and regulations:
		1.2.1. Is there compulsory isolation because of a TB diagnosis?
		Yes
		No
		Don't know
		1.2.2. Is employment for people with TB protected (e.g., not being dismissed because of a TB diagnosis)?
		Yes
		No
		Don't know
		1.2.3. Is housing for people with TB protected (e.g., not being evicted from housing facilities because of a TB diagnosis)?
	Yes	
	No	
	Don't know	

	1.2.4. Is freedom of movement for people with TB protected (e.g., no restriction to access any congregate setting or transit through any geographical area because of a TB diagnosis)?	Yes	
		No	
		Don't know	
	1.2.5. Are parental rights for people with TB protected (e.g., not having parental rights over children affected in any way as a result of a TB diagnosis of a parent)?	Yes	
		No	
		Don't know	
	1.2.6. Do you have any other comments on your national laws and regulations concerning people with TB?		
1.3. Percentage of Member States providing social protection services for TB-affected individuals	1.3.1. Does your country have a national policy to specifically provide social protection services to TB-affected individuals (e.g., socioeconomic support, nutrition support, etc.)?	Yes	
		No	
		Don't know	
	1.3.2. Do you have any comments about the protection services for TB-affected individuals?		
1.4. Percentage of Member States with a standalone national TB research agenda or research priorities integrated into the national TB strategic plans or relevant policies	1.4.1. Does your country have a standalone approved national TB research agenda?	Yes	
		No	
		Don't know	
	Branching from "No" to 1.4.1	1.4.2. Does the national strategy, plan, or policy for the prevention and control of TB, or other relevant policy, define TB research priorities in your country?	Yes
		No	
		Don't know	
	1.4.3. Do you have any comments about TB research agenda in your country?		
1.5. Percentage of Member States that identified and prioritized risk groups for TB	1.5.1. Has your country identified and prioritized risk groups for TB (groups at high risk of exposure to TB, progression to TB disease, or with limited access to TB services)?	Yes	
		No	
		Don't know	

Branching from "Yes" to 1.5.1	1.5.2. The prioritized list is defined in: <i>Please, select all that apply</i>	National strategy, plan, or policy for the prevention and control of TB
		TB guidelines or TB testing guidelines
		Operational guidance for TB doctors
		Don't know
	1.5.2.1.	Other (please, specify)
Branching from "Yes" to 1.5.1	1.5.3. Which of the following risk groups are included in the prioritized list? <i>Please, select all that apply</i>	Household and close contacts of people with TB
		People living with HIV
		People currently or previously exposed to silica (mainly certain miners)
		Persons in detention or imprisonment
		None of the above
		Don't know
		Other (please, specify below)
Branching from "Other, please, specify below" to 1.5.3	1.5.3.1. Which of the following additional groups are prioritized risk groups for TB according to your policy guidance? (multiple choice) <i>Please, select all that apply</i>	Populations of geographical areas with a high prevalence of TB
		Ethnic minorities (e.g. Roma or other groups relevant to the country context)
		Subpopulations with limited access to health care and with structural risk factors for TB (e.g. poor urban communities, homeless communities etc.)
		People with diabetes mellitus
		People who smoke
		Undernourished people or people with a body mass index ≤ 18
		People with alcohol use disorder or drug use disorder

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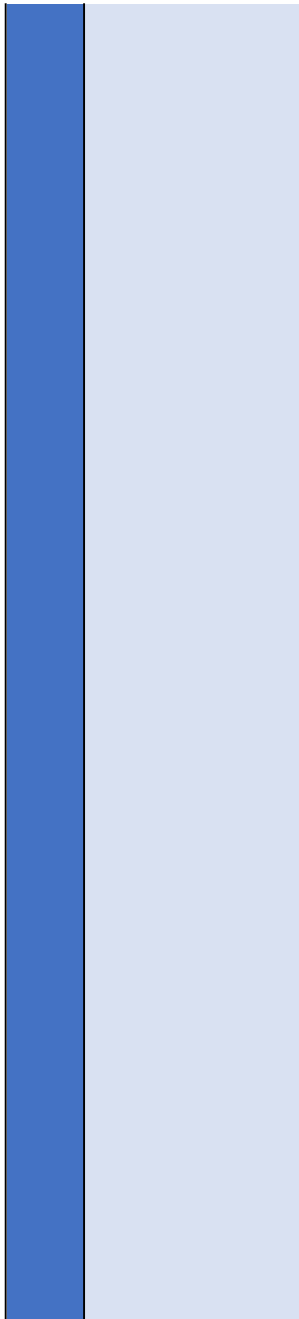
		People on treatments that compromise their immune system
		Older people (60 years and older)
		Women who are pregnant (and up to 3 months postpartum)
		Immigrants from settings with a high prevalence of TB
		People in refugee camps
		Internally displaced persons
		Migrant workers
		Prison guards and other workers in penitentiary facilities
		Health-care workers
		None of the above
		Don't know
	1.5.3.2.	Other (please, specify)
Branching from "Populations of geographical areas with a high prevalence of TB" to 1.5.3.1	1.5.3.1.1. What threshold is used in the country to identify area with a high prevalence of TB?	
Branching from "Yes" to 1.5.1	1.5.4. Please, upload documents or provide relevant links, if available:	
	1.5.5. Do you have any other comments about the prioritization of risk groups for TB?	
1.6. Percentage of Member States facilitating access to TB services for migrants	1.6.1. Do your national policies have specific provisions to facilitate access to TB services for migrants? (e.g., allow access to TB services for people without a social security number or medical insurance; provide information in native languages, etc.)	Yes
		No
		Don't know
	Branching from "Yes" to 1.6.1	1.6.2. Please provide details:

	1.6.3. Do your national policies have specific provisions to facilitate access to TB services for undocumented migrants?	Yes	
		No	
		Don't know	
Branching from "Yes" to 1.6.3	1.6.4. Please provide details:		
	1.6.5. Do you have any comments about the access to TB services for migrants and undocumented migrants?		
1.7. Percentage of Member States allocating a separate budget for the management of TB for migrants	1.7.1. Does your country allocate a separate budget for the management of TB among migrants?	Yes	
		No	
		Don't know	
	1.7.2. Do you have any comments about the budget for the management of TB for migrants?		
1.8. Percentage of Member States with a national TB register	1.8.1. Does your country have a national TB register? <i>N.B. A national TB register is a comprehensive database used to record and monitor cases of tuberculosis (TB) within a country. It typically includes detailed information on each reported case, such as patient demographics, laboratory results, treatment outcomes, and risk factors associated with TB.</i>	Yes	
		No	
		Don't know	
		Other (please, specify)	
	Branching from "Yes" to 1.8.1	1.8.2. Do all facilities diagnosing and treating people with TB (including private) report to the national TB register? <i>NB: Term private implies any non-state facilities, include non-profit ones.</i>	Yes
		No	
		Don't know	
	1.8.2.1.	Other (please, specify)	
	1.8.3. Do you have any comments about the national TB register?		

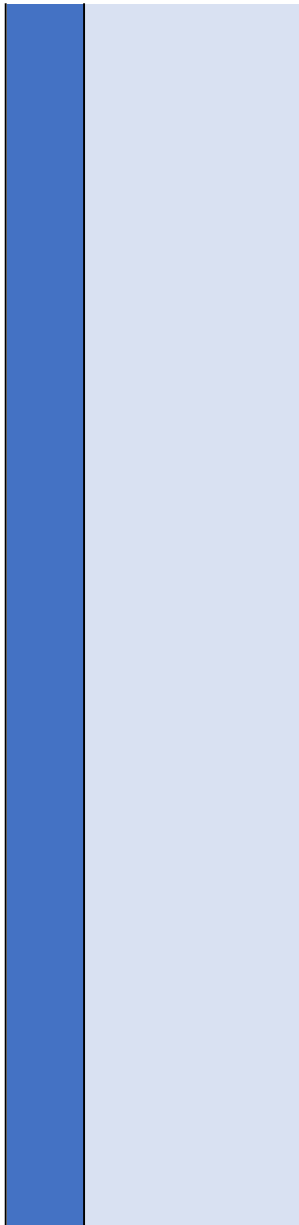
	1.9. Percentage of Member States collaborating with prison sector to deliver TB services		1.9.1. Is collaboration of health sector providing TB services with prison sector (e.g. information exchange, regular meetings, training, linkage/referral of people with TB etc.) established in your country?	Yes
				No
				Don't know
			1.9.1.1.	Other (please, specify)
			1.9.2. Do you have any other comments on the management of TB in prison sector?	
			1.10. Do you have any other comments on the instrument "Enabling environment"?	

Area to monitor		Indicator	Branching logic	Data collection questions	Response option(s)
2	Prevention	2.1. Percentage of Member States with national policy guidance on tuberculosis infection (TBI) screening and TB preventive treatment	Whole indicator not to be asked in 2025		
		2.2. Percentage of Member States offering free-of-charge testing for TBI for all individuals		2.2.1. Does your country offer testing for tuberculosis infection (TBI)?	Yes
					No
					Don't know
			Branching from "Yes" to 2.2.1	2.2.2. What are the costs to individuals for undergoing testing for TBI? <i>Please, select all that apply</i>	Available for free for all individuals
					Available for free if the individual has insurance
					Available for free for some population groups or if certain criteria are met – for example in some settings, if the person has symptoms, for certain age groups etc. (please, provide details below)
					Available at a cost (please, provide details below)
					Don't know
				2.2.2.1.	Other (please, specify)
			Branching from "Available for free for some population groups" to 2.2.2	2.2.2.2. If available for free for some population groups or if certain criteria are met please, provide details:	
			Branching from "Available at a cost" to 2.2.2	2.2.3. If available at a cost, please provide information on the current cost to individuals for TBI testing and specify the currency:	
			Branching from "Available for free" (all three options) to 2.2.2	2.2.4. Which groups are tested systematically for TBI free of charge in your country?	Close and household contacts
		Migrants			
		Persons experiencing homelessness			
		People living with HIV			

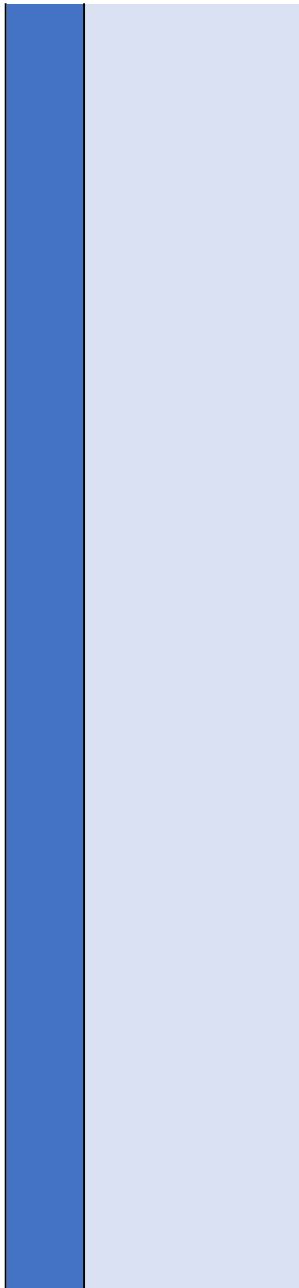
		Persons with medical conditions
		Persons in detention or imprisonment
		Health workers
		People who use drugs
		None of the above
		Don't know
	2.2.4.1.	Other (please, specify)
	Branching from “Available for free for some population groups”, “Available at a cost”, “Don't know” and “Other, please specify” to 2.2.1:	2.2.5. Is free-of-charge testing for tuberculosis infection (TBI) available in your country for people who are not covered by health insurance or do not have a valid social security number? Yes, for both
		Yes, for people not covered by health insurance
		Yes, for people without a valid social security number
		No
		Don't know
	2.2.6. Do you have any other comments about TBI testing in your country?	Free text
2.3a. Percentage of Member States recommending systematic prescription of TB preventive treatment as a comprehensive package of HIV care for adults and adolescents living with HIV	2.3.1. According to your national policies/guidance, which of the following groups should be prescribed TB preventive treatment if tested positive for TBI? <i>Please, select all that apply</i>	Children younger than 5 who are household contacts of people with bacteriologically confirmed TB
		Children aged 5-9 years who are household contacts of people with bacteriologically confirmed TB
		Adolescents who are household contacts of people with bacteriologically confirmed TB
		Migrants
		Persons experiencing homelessness



		Adults living with HIV
		Adolescents living with HIV
		Infants aged 12 months and older living with HIV
		Persons with medical conditions
		Persons in detention or imprisonment
		Health workers
		People who use drugs
		None of the above
		Don't know
	2.3.1.1.	Other (please, specify)
	2.3.2. Regardless of whether a policy exists or not, which of the following groups are systematically prescribed TB preventive treatment if tested positive for TB infection? Please, select all that apply	Children younger than 5 who are household contacts of people with bacteriologically confirmed TB
	NB: Systematic prescription implies prescription of TB preventive treatment for all those found eligible after testing for TBI.	
		Children aged 5-9 years who are household contacts of people with bacteriologically confirmed TB
		Adolescents who are household contacts of people with bacteriologically confirmed TB
		Migrants
		Persons experiencing homelessness
		Adults living with HIV
		Adolescents living with HIV
		Infants aged 12 months and older living with HIV
		Persons with medical conditions
		Persons in detention or imprisonment
		Health workers



		People who use drugs
		None of the above
		Don't know
	2.3.2.1.	Other (please, specify)
	<p>2.3.3. According to your national policies/guidance, which of the following groups should be systematically prescribed TB preventive treatment upon relevant clinical evaluation in your country, even if testing for TB infection is not available/not done?</p> <p><i>Please, select all that apply</i></p> <p>NB: Systematic prescription implies prescription of TB preventive treatment for all those found eligible after relevant clinical evaluation</p>	Children younger than 5 who are household contacts of people with bacteriologically confirmed TB
		Children aged 5-9 years who are household contacts of people with bacteriologically confirmed TB
		Adolescents who are household contacts of people with bacteriologically confirmed TB
		Migrants
		Persons experiencing homelessness
		Adults living with HIV
		Adolescents living with HIV
		Infants aged 12 months and older living with HIV
		Persons with medical conditions
		Persons in detention or imprisonment
		Health workers
		People who use drugs
		None of the above
		Don't know
	2.3.3.1.	Other (please, specify)



	2.3.4. Regardless of whether a policy exists or not, which of the following groups are systematically prescribed TB preventive treatment upon relevant clinical evaluation in your country, even if testing for TB infection is not available/not done? <i>Please, select all that apply</i>	Children younger than 5 who are household contacts of people with bacteriologically confirmed TB
		Children aged 5-9 years who are household contacts of people with bacteriologically confirmed TB
		Adolescents who are household contacts of people with bacteriologically confirmed TB
		Migrants
		Persons experiencing homelessness
		Adults living with HIV
		Adolescents living with HIV
		Infants aged 12 months and older living with HIV
		Persons with medical conditions
		Persons in detention or imprisonment
		Health workers
		People who use drugs
		None of the above
		Don't know
	2.3.4.1.	Other (please, specify)
Branching from "Migrants" in 2.3.1, 2.3.2, 2.3.3 or 2.3.4	2.3.5. Is there an age threshold for provision of TPT to migrants?	No
		Yes, only for those above 35 years of age
		Yes, only for those below 65 years of age
		Yes, only for those between 35-65 years of age
		Don't know
	2.3.5.1.	Other (please, specify)

	2.3.6. Is TB preventive treatment included in the active case-finding package in your country (see definition below)?	Yes	
	<i>NB: Active case finding involves systematic screening and clinical evaluation of individuals who are at high risk of developing TB. This includes people who are contacts of TB patients or those living with HIV. The goal is to identify TB cases early, ensuring timely diagnosis and treatment to reduce transmission and improve health outcomes.</i>		
		No	
		No, country does not have a proper active case finding system in place	
		Don't know	
	2.3.7. Do you have any other comments about prescription of TB preventive treatment in your country?		
	2.4. Percentage of Member States with access to rifapentine-based TB preventive treatment regimens (3HP and 1HP)	2.4.1. Which of the following TB preventive treatment options are available in your country? <i>Please, select all that apply</i>	6H/9H - Daily isoniazid monotherapy
			4R - Daily rifampicin monotherapy for 4 months (4R)
			3HP - Weekly rifapentine plus isoniazid for 3 months (3HP)
			1HP - Daily rifapentine plus isoniazid for 1 month (1HP)
		3HR - Daily rifampicin plus isoniazid for 3 months (3HR)	
		6 months of daily levofloxacin for people exposed to multidrug- or rifampicin-resistant tuberculosis	
		None of the above	
		Don't know	
		Other treatment options for people exposed to multidrug- or rifampicin-resistant tuberculosis, please specify below	

Branching from "No" to 3HP and 1HP in 2.4.1	2.4.2. What are the reasons for not having 3HP and 1HP available in your country? <i>Please, select all that apply</i>	No access to procurement of rifapentine
		Cost of rifapentine
		No national policy guidance on the use of 1HP and 3HP
		None of the above
		Don't know
	2.4.2.1.	Other (please, specify)
Branching from "Other treatment options for people exposed to multidrug- or rifampicin-resistant tuberculosis" to 2.4.1	2.4.3. Please specify the treatment options used for people exposed to multidrug- or rifampicin-resistant tuberculosis.	
	2.4.4. Which of the following constraints, if any, are limiting or preventing the scale-up of tuberculosis preventive treatment (TPT) in your country? <i>Please, select all that apply</i>	Long waiting lists (for example, capacity constraints despite a national programme being in place)
		TPT is not available in all parts/regions of the country
		Difficulty reaching certain key population groups
		TB-related stigma and discrimination (including self-stigma)
		Cost of medicines
		Cost of service delivery
		Technical capacity to prescribe TPT is limited
		No constrains
		Don't know
	2.4.4.1.	Other (please, specify)
Branching from "Difficulty reaching certain key population groups" to 2.4.4	2.4.5. If you experience difficulties reaching certain key population groups, please, specify which ones:	Children younger than 5 who are household contacts of people with bacteriologically confirmed TB
		Children aged 5 and older who are household contacts of people with bacteriologically confirmed TB

		Adolescents who are household contacts of people with bacteriologically confirmed TB
		Migrants
		Persons experiencing homelessness
		Adults living with HIV
		Adolescents living with HIV
		Infants aged 12 months and older living with HIV
		Persons with medical conditions
		Persons in detention or imprisonment
		Health workers
		People who use drugs
		None of the above
		Don't know
	2.4.5.1.	Other (please, specify)
	2.4.6. Do you have any other comments about TB preventive treatment in your country?	
2.5. Percentage of Member States recommending counseling before initiating TB preventive treatment	2.5.1. According to your national policies/guidance, should counseling be provided before initiating TB preventive treatment?	Yes
		No
		Don't know
2.6. Percentage of Member States with a national register for TB infection	2.6.1. Does your country have a national register for TB infection (TBI)?	Yes
		No
		Don't know
	2.6.1.1.	Other (please, specify)
	Branching from "Yes" to 2.6.1	2.6.2. Do all facilities testing for TBI and prescribing TB preventive treatment (including private) report to the national register for TBI? <i>NB: Term private implies any non-state facilities, include non-profit ones.</i>
		No
		Don't know
	2.6.2.1.	Other (please, specify)

	2.6.3. Regardless of whether your country has a register for TBI, does your country collect data on TB infection notifications?	Yes
		No
		Don't know
Branching for "No" to 2.6.3.	2.6.4. If no data collected, please describe the barriers <i>Please, select all that apply:</i>	TBI is not a notifiable disease
		No TBI register in the country
		General data protection rules issues
		Insufficient human resource capacity
		No systematic screening to TB infection
		Don't know
	2.6.4.1.	Other (please, specify)
	2.6.5. Does your country collect data on TB Preventive Treatment prescription?	Yes
		No
		Don't know
Branching for "No" to 2.6.5.	2.6.6. If no data collected, please describe the barriers <i>Please, select all that apply:</i>	TBI is not a notifiable disease
		No TPT register in the country
		Data is responsibility of health insurance fund
		General data protection rules issues
		Insufficient human resource capacity
		No systematic TPT
	2.6.6.1.	Other (please, specify)
	2.6.7. Do you have any other comments about data collection on TBI and TB preventive treatment in your country?	
	2.7. Do you have any other comments on the instrument "Prevention"?	

Area to monitor	Indicator	Branching logic	Data collection questions	Response option(s)		
3	Testing and diagnosis	3.1. Percentage of Member States with national policy or guidance on screening for TB disease		3.1.1. Does your country have a national policy guidance on screening for TB disease?	Yes, as part of the National TB Control Strategy	
					Yes, as standalone guidance or as part of TB guidelines	
					No, but WHO guidelines are followed	
					No, but international guidelines are followed	
					No	
					Don't know	
					3.1.1.1.	Other (please, specify)
			Branching for "No, but international guidelines are followed" in 3.1.1		3.1.2. Please indicate which international guidelines are followed in your country and, if available, provide a link:	
			Branching for "Yes, as standalone" to 3.1.1		3.1.3.0. If yes, please indicate the year of the latest revision:	
			Branching for "Yes, as standalone" to 3.1.1		3.1.3. If the document is publicly available, please upload it or provide a link below:	
					3.1.4. Which of the following screening tools are used to screen for TB disease in your country? <i>Please, select all that apply</i>	Symptom screening
						Chest X-Ray - human interpreted
						Computer-aided detection technologies (CAD)
						Molecular WHO-recommended rapid diagnostics for screening (Xpert® MTB/RIF, Xpert MTB/RIF Ultra, loop-mediated isothermal amplification (LAMP) and Truenat™ MTB and MTB Plus tests)
					3.1.4.1	Other nucleic acid amplification test for screening
					3.1.4.2	Other serological test
						C-reactive protein for adults and adolescents living with HIV
			None of the above			
			Don't know			
		3.1.5. Do you have any other comments about the guidance on screening for TB diseases in your country?				

3.2. Percentage of Member States conducting systematic screening for TB disease among main risk groups as recommended by WHO guidelines		3.2.1. Does your country conduct systematic screening for TB disease among certain groups? <i>NB: According to WHO, systematic screening for TB disease is defined as the proactive identification of individuals at risk for TB within a predetermined target group using rapid tests, examinations, or procedures. This approach aims to detect TB early and initiate treatment promptly to reduce transmission and improve health outcomes</i>	Yes
			No
			Don't know
	Branching for "Yes" to 3.2.1	3.2.2. Among which groups is systematic screening for TB disease conducted in your country?	Household and close contacts of people with TB
			People living with HIV
			People in prisons
			Migrants
			People currently or previously exposed to silica (mainly certain miners)
			None of the above
			Don't know
		3.2.2.1.	Other prioritized groups (please, specify)
		3.2.3. Do you have any comments about systematic screening for TB disease your country?	
	3.3. Percentage of Member States providing screening and testing for TB diseases free of charge for all individuals		3.3.1. What are the costs to the individual for undergoing screening and testing for TB disease? <i>Please, select all that apply</i>
			Available for free if the individual has insurance
			Available for free for some population groups or if certain criteria are met – for example in some settings, if the person has symptoms, for certain age groups etc.
			Available at a cost (branching to new question*)
			Don't know
		3.3.1.1.	Other (please, specify)

Branching for "Yes, for free for some populations" to 3.3.1:	3.3.2. Please specify the groups which benefit from free-of-charge screening and testing for TB diseases: <i>Please, select all that apply</i>	Close and household contacts
		Migrants
		Persons experiencing homelessness
		People living with HIV
		Persons with medical conditions
		Persons in detention or imprisonment
		Health workers
		People who use drugs
		People with excessive alcohol use
		People living in shelters
		None of the above
		Don't know
	3.3.2.1.	Other (please, specify)
Branching for "Available at a cost" to 3.3.1	3.3.3. If available at a cost, please provide information on the current cost to the individual for TB disease screening and testing and specify the currency:	
	3.3.4. Which of the following constraints, if any, are limiting screening for TB disease in your country? <i>Please select all that apply</i>	Difficulty reaching certain key population groups
		Limited access to screening tool (i.e. CAD)?
		Stigma and discrimination
		Lack of medical workers
		Lack of outreach workers
		Cost of service delivery
		No constrains
		Don't know
	3.3.4.1.	Other (please, specify)
Branching for "Difficulty reaching certain key population groups" to 3.3.4	3.3.5. If you experience difficulties reaching certain key population groups, please specify which: <i>Please, select all that apply</i>	Close and household contacts
		Migrants
		Persons experiencing homelessness
		People living with HIV
		Persons with medical conditions
		Persons in detention or imprisonment
		Health workers

		People who use drugs
		People with excessive alcohol use
		People living in shelters
		None of the above
		Don't know
	3.3.5.1.	Other (please, specify)
	3.3.6. Do you have outreach workers available to support screening for TB diseases efforts in hard to reach populations?	Yes
		No
		Don't know
	3.3.7. In which settings is screening for TB disease available?	Infectious disease clinics (public)
		NGO/community settings
		Primary care (public)
		Private clinics
		Public health clinics
		Sexual health clinics (public)
		Specialized HIV clinics (public)
		Mobile clinics (public or NGO/community)
		None of the above
		Don't know
	3.3.7.1.	Other (please, specify)
	3.3.8. Do you have any other comments about screening for TB disease in your country?	
	3.4.1. Does your country have a national policy/guidance on the diagnosis of TB disease?	Yes, as part of the National TB Control Strategy
		Yes, as standalone guidance or as part of TB guidelines
		No, but WHO guidelines are followed
		No, but international guidelines are followed
		No
		Don't know
	3.4.1.1.	Other (please, specify)
Branching for "No", but international guidelines are followed" to 3.4.1:	3.4.2. Please indicate which international guidelines are followed in your country and, if available, provide a link.	
Branching for "Yes" to 3.4.1	3.4.3.0. If yes, please indicate the year of the latest revision:	

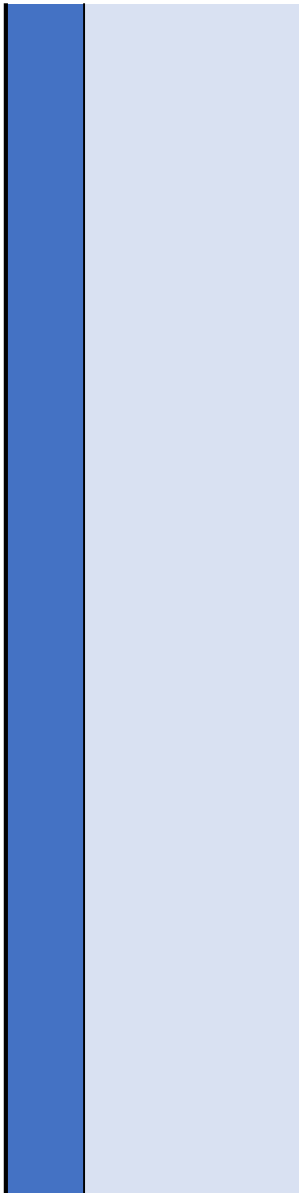
	Branching for "Yes" to 3.4.1	3.4.3. If the document is publicly available, please upload it or provide a link below:	
		3.4.4. Do you have any comments about the policy/guidance on the diagnosis of TB diseases in your country?	
3.5. Percentage of Member States with policy or guidance to test bacteriologically confirmed cases for rifampicin resistance	Branching for all except those answered "No" in 3.4.1	3.5.1. Does the policy/guidance you follow advise to test all bacteriologically confirmed cases for rifampicin resistance?	Yes
			No
			Don't know
	Branching for "No" to 3.4.1:	3.5.2. Does your country aim to test bacteriologically confirmed cases for rifampicin resistance?	Yes
			No
			Don't know
3.6. Percentage of Member States with policy or guidance to test bacteriologically confirmed rifampicin-resistant cases for fluoroquinolone resistance	Branching for all except those answered "No" to 3.4.1	3.6.1. Does the policy/guidance you follow advise testing all bacteriologically confirmed rifampicin-resistant cases for fluoroquinolone resistance?	Yes
			No
			Don't know
	Branching for "No" to 3.4.1:	3.6.2. Does your country aim to test all bacteriologically confirmed rifampicin-resistant cases for fluoroquinolone resistance?	Yes
			No
			Don't know
3.7. Percentage of Member States with guidance to test bacteriologically confirmed rifampicin-resistant cases for bedaquiline and linezolid resistance	Branching for all except those answered "No" to 3.4.1:	3.7.1. Does the policy/guidance you follow advise testing all bacteriologically confirmed rifampicin-resistant cases for bedaquiline resistance?	Yes
			No
			Don't know
	Branching for "No" to 3.4.1:	3.7.2. Does your country aim to test all bacteriologically confirmed rifampicin-resistant cases for bedaquiline resistance?	Yes
			No
			Don't know

Branching for "No" to 3.7.1 or 3.7.2:	3.7.3. Please provide details on which categories of people with TB get tested for bedaquiline resistance, if not all bacteriologically confirmed rifampicin-resistant cases.	
Branching for all except those answered "No" to 3.4.1:	3.7.4. Does the policy/guidance you follow advise testing all bacteriologically confirmed rifampicin-resistant cases for linezolid resistance?	Yes
		No
		Don't know
Branching for "No" to 3.4.1:	3.7.5. Does your country aim to test all bacteriologically confirmed rifampicin-resistant cases for linezolid resistance?	Yes
		No
		Don't know
Branching for "No" to 3.7.4 or 3.7.5:	3.8.7. Please, provide details on which categories of people with TB get tested for linezolid resistance, if not all bacteriologically confirmed rifampicin resistant cases:	
	3.7.6. Which diagnostic tools are used as the initial diagnostic test for TB in your country? <i>Please, select all that apply</i>	Microscopy
		Xpert MTB/RIF
		Xpert Ultra
		Liquid culture (MGIT)
		Solid culture (LJ)
		Truenat MTB
		Truenat MTB Plus
		Truenat MTB-RIF Dx
		Moderate complexity automated NAATs
		Loop-mediated isothermal amplification
		Lateral flow urine lipoarabinomannan assay for HIV-positive adults, adolescents and children
		None of the above
		Don't know
	3.7.6.1.	Other (please, specify)
	3.7.7. Which diagnostic tools are used to test for drug resistance in your country? <i>Please, select all that apply</i>	Xpert MTB/RIF

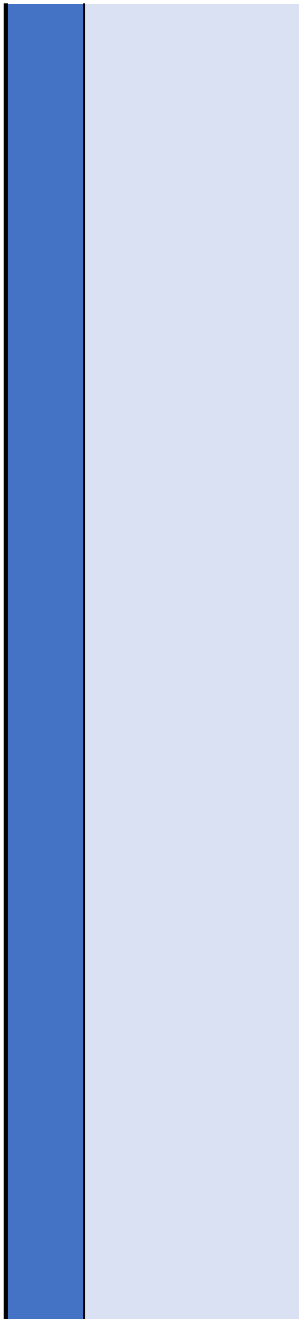
		Xpert Ultra
		Xpert MTB/XDR
		Phenotypic DST on liquid media (MGIT)
		Phenotypic DST on solid media (LJ)
		Line probe assay (Hain test) - first line
		Line probe assay (Hain test) - second line
		The Genoscholar PZA-TB LPA assay
		Truenat MTB
		Truenat MTB Plus
		Truenat MTB-RIF Dx
		Moderate complexity automated NAATs
		Deeplex® Myc-TB
		AmPORE-TB®
		Other targeted next-generation sequencing
		Whole genome sequencing
		None of the above
		Don't know
	3.7.7.1.	Other (please, specify)
	3.7.8. What is the average time from a person's initial contact with the health system after showing TB symptoms to the commencement of TB treatment in your country?	Number of days
	3.7.8.1. Please, indicate the source of data for Q3.7.8	
	3.7.9. Do you have any other comments on drug-resistance testing (sections 3.5-3.7)?	
	3.8. Do you have any other comments to the instrument "Testing and diagnosis"?	

Area to monitor	Indicator	Branching logic	Data collection questions	Response option(s)		
4	Treatment	4.1. Percentage of Member States with national policy/guidance on DS-TB treatment		4.1.1. Does your country have national treatment guidelines or recommendations available for drug-sensitive tuberculosis (DS-TB)?	Yes, as part of the National TB Control Strategy	
					Yes, as standalone guidance or as part of TB guidelines	
					No, but WHO guidelines are followed	
					No, but international guidelines are followed	
					No	
					Don't know	
					4.1.1.1.	Other (please, specify)
			Branching for "No, but international guidelines are followed" to 4.1.1		4.1.2. Please indicate which policy guidance is followed in your country:	
			Branching for "Yes" to 4.1.1		4.1.3.0. If yes, please indicate the year of the latest revision:	
			Branching for "Yes" to 4.1.1		4.1.3. If the document is publicly available, please upload it or provide a link below:	
					4.1.4. Regardless of whether treatment guidelines exist or not, which of the following treatment options for people with DS-TB are available in your country? <i>Please, select all that apply</i>	2HRZE/4HR
						4-month regimen of isoniazid, rifapentine, moxifloxacin and pyrazinamide for people aged 12 years or older with drug-susceptible pulmonary TB
						2HRZ(E)/2HR for children and adolescents between 3 months and 16 years of age with non-severe TB
						None of the above
						Don't know
			4.1.4.1.	Other (please, specify)		
Branching for "2HRZE/4HR" to 4.1.4			4.1.5. Is the fixed-dose combination containing rifampicin 250 mg, isoniazid 150 mg, pyrazinamide 400 mg, and ethambutol 250 mg available?	Yes		

		No
		Don't know
Branching for "No" to 4.1.5	4.1.6. What is the reason for not having the fixed-dose combination available? Please select all that apply	No access to procurement
		Cost
		Low number/no eligible cases
		None of the above
		Don't know
	4.1.6.1.	Other (please, specify)
	4.1.7. Do you have child-friendly formulations of DS-TB medicines/regimens available?	Yes
		No
		Don't know
Branching for "No" to 4.1.7	4.1.8. What is the reason for not having child-friendly formulations of DS-TB medicines/regimens available? Please, select all that apply	No access to procurement
		Cost
		Low number/no eligible cases
		None of the above
		Don't know
	4.1.8.1.	Other (please, specify)
Branching for "No" to the 4-month regimen of isoniazid, rifapentine, moxifloxacin, and pyrazinamide in 4.1.4	4.1.9. Does your country plan to introduce the 4-month regimen of isoniazid, rifapentine, moxifloxacin, and pyrazinamide for people aged 12 years or older with drug-susceptible pulmonary TB in the next two years?	Yes
		No
		Don't know
Branching for "No" to 4.1.9:	4.1.10. Please explain why the 4-month regimen of isoniazid, rifapentine, moxifloxacin, and pyrazinamide will not be introduced:	
	4.1.11. Do you have any other comments about the policy/guidance on treatment of DS-TB in your country?	
4.2. Percentage of Member States with access to all WHO-recommended treatment options for DR-TB	4.2.1. Does your country have national treatment guidelines or recommendations available for drug-resistant tuberculosis (DR-TB)	Yes, as part of the National TB Control Strategy
		Yes, as standalone guidance or as part of TB guidelines



		No, but WHO guidelines are followed
		No, but international guidelines are followed
		No
		Don't know
	4.2.1.1.	Other (please, specify)
Branching for "No, but international guidelines are followed" to 4.2.1.	4.2.2. Please, indicate which policy guidance is followed in your country:	
Branching for "Yes" to 4.2.1	4.2.3.0. If yes, please indicate the year of the latest revision:	
Branching for "Yes" to 4.2.1	4.2.3. If the document is publicly available, please upload it or provide a link below:	
	4.2.4. Regardless of whether treatment guidelines exist or not, which of the following treatment options for people with drug-resistant tuberculosis (DR-TB) are available in your country programmatically (outside of operational or clinical research)? Please, select all that apply	6-month treatment regimen composed of bedaquiline, pretomanid, linezolid with or without moxifloxacin (BPaL(M)) for people with MDR/RR-TB and preXDR-TB
		6-month treatment regimen composed of bedaquiline, delamanid, linezolid with levofloxacin for people with MDR/RR-TB (BDLLfxC) for people with MDR/RR-TB and preXDR-TB
		Modified shorter all-oral regimens for MDR/RR-TB of 9 months duration (BLMZ, BLLfxCZ and BDLLfxZ or similar)
		Standard bedaquiline-containing regimen of 9-12 months duration for people with MDR/RR-TB



		Individualized longer treatment regimen consisting of WHO prioritized grouping of drugs constructed in line with person's TB resistance pattern
		6-months of 6(H)RZE-Lfx for rifampicin-susceptible, isoniazid-resistant TB (Hr-TB)
		None of the above
		Don't know
	4.2.4.1.	Other (please, specify)
Branching for "No" to BPaL(M) and BDLLfxC in 4.2.4:	4.2.5. Does your country plan to introduce the 6-month BPaL(M) or BDLLfxC regimens for drug-resistant tuberculosis (DR-TB) in the next two years?	Yes
		No
		Don't know
	4.2.5.1.	Other (please, specify)
Branching for "No" and "Don't know" to 4.2.5:	4.2.6. What are the reasons of not having BPaL(M) or BDLLfxC available in your country? <i>Please, select all that apply</i>	No access to procurement of bedaquiline
		No access to procurement of linezolid
		No access to procurement of pretomanid
		No access to procurement of moxifloxacin
		No access to procurement of levofloxacin
		No access to procurement of clofazimine
		No access to procurement of delamanid
		Cost of bedaquiline
		Cost of pretomanid
		Cost of delamanid
		Cost of other components of the regimens
		Low number/no eligible cases

		Lack of trust from clinicians in 6-months regimens
		None of the above
		Don't know
	4.2.6.1.	Other (please, specify)
Branching for "Yes" to BPAL(M) or BDLLfxC to 4.2.4:	4.2.7. Is the quantity of BPAL(M) or BDLLfxC regimens sufficient to cover needs of all eligible people with DR-TB?	Yes
		No
		Don't know
Branching for "No" to 4.2.7:	4.2.8. What are the reasons for not having the BPAL(M) or BDLLfxC regimens available for all eligible people with DR-TB Please, select all that apply	Challenges with access to procurement of bedaquiline
		Challenges with access to procurement of linezolid
		Challenges with access to procurement of pretomanid
		Challenges with access to procurement of moxifloxacin/levofloxacin
		Challenges with access to procurement of clofazimine
		Challenges with access to procurement of delamanid
		Cost of bedaquiline
		Cost of pretomanid
		Cost of delamanid
		Cost of other components of the regimen
		No national policy guidance on the use of the regimens
		Lack of trust from clinicians in 6-months regimens
		None of the above
		Don't know
	4.2.8.1.	Other (please, specify)
Branching for 'Yes' to Individualized longer treatment regimen in 4.2.4	4.2.9. Does your country have access to the procurement of bedaquiline for people with DR-TB to be used in individualized longer treatment regimens?	Yes
		No

		Don't know
Branching for 'Yes' to 4.2.9:	4.2.10. Is the quantity of bedaquiline sufficient to cover the needs of all eligible people with DR-TB?	Yes
		No
		Don't know
Branching for 'Yes' to Individualized longer treatment regimen in 4.2.4	4.2.11. Does your country have access to the procurement of linezolid for people with DR-TB to be used in individualized longer treatment regimens?	Yes
		No
		Don't know
Branching for 'Yes' to 4.2.11:	4.2.12. Is the quantity of linezolid sufficient to cover the needs of all eligible people with DR-TB?	Yes
		No
		Don't know
Branching for 'Yes' to Individualized longer treatment regimen in 4.2.4	4.2.13. Does your country have access to the procurement of delamanid for people with DR-TB to be used in individualized longer treatment regimens?	Yes
		No
		Don't know
Branching for 'Yes' to 4.2.13:	4.2.14. Is the quantity of delamanid sufficient to cover the needs of all eligible people with DR-TB?	Yes
		No
		Don't know
	4.2.15. Do you have any other comments about the guidance, procurement, and/or treatment of DR-TB in your country?	
4.3. Percentage of people with laboratory-confirmed pulmonary multidrug-resistant or rifampicin-resistant tuberculosis (MDR/RR-TB) without additional resistance to linezolid (LZD) and bedaquiline (BDQ) who have started on one of the WHO-recommended 6-month treatment regimens, by country	4.3.1. Numerator: Number of people with lab-confirmed pulmonary RR/MDR-TB and preXDR-TB who started treatment with one of 6-months regimens (BPAL(M) or BDLLfxC) in 2024:	

4.4. Percentage of Member States starting antiretroviral therapy (ART) among people with tuberculosis (TB) living with HIV as soon as possible, within two weeks of initiating TB treatment		4.4.1. According to your national policies/guidance, should antiretroviral therapy (ART) should be initiated as soon as possible and within 2 weeks of starting tuberculosis (TB) treatment for all people with HIV-associated TB who are not already on ART regardless of the CD4 cell count?	Yes
		4.4.1.1.	No (please, provide details)
			Don't know
		4.4.2. Regardless of whether a policy/guidance exists or not, does your country practice starting ART as soon as possible and within 2 weeks of starting tuberculosis (TB) treatment for all people with HIV-associated TB who are not already on ART regardless of the CD4 cell count?	Yes, implemented in few (<50%) treatment sites
			Yes, implemented in many (50-95%) treatment sites
			Yes, implemented countrywide (>95%) treatment sites
			Not implemented in practice
			Don't know
		4.4.2.1.	Other (please, specify)
		4.4.3. Do you have any comments about ART provision for TB patients with HIV co-infection in your country?	
4.5. Percentage of Member States that do not require obligatory hospitalization of people starting TB treatment		4.5.1. According to your national policies/guidance, is hospitalization required for all people initiating DS-TB treatment?	Yes
			No
			Don't know
	Branching for "Yes" to 4.5.1:	4.5.2. If yes, indicate duration:	For the first two weeks
			Until culture conversion achieved (if culture positive)
			Until the end of treatment
			Don't know
		4.5.2.1.	Other (please, specify)
		4.5.3. Please, provide details if applicable:	
		4.5.4. According to your national policies/guidance, is hospitalization required for all people initiating DR-TB treatment?	Yes
		No	
		Don't know	

	Branching for "Yes" to 4.5.4:	4.5.5. If yes, indicate duration: Please select all that apply	For the first two weeks	
			Until culture conversion achieved (if culture positive)	
			Until the end of treatment	
			Don't know	
		4.5.5.1.	Other (please, specify)	
		4.5.6. Please, provide details if applicable:		
	4.6. Percentage of Member States recommending screening for viral Hepatitis C among people who are starting TB treatment		4.6.1. According to existing policies/guidance, should free-of-charge screening for viral hepatitis C be performed in your country among people who are starting TB treatment?	Yes
				No
				Don't know
			4.6.2. Regardless of whether a policy/guidance exists or not, is free-of-charge screening for viral hepatitis C be performed in your country among people who are starting TB treatment	Yes, implemented in few (<50%) treatment sites
			Yes, implemented in many (50-95%) treatment sites	
			Yes, implemented countrywide (>95%) treatment sites	
			Not implemented in practice	
			Don't know	
		4.6.2.1.	Other (please, specify)	
		4.6.3. Do you have any comments about screening for viral hepatitis C among TB patients in your country?		
4.7. Percentage of Member States enabling concomitant treatment of MDR/RR-TB and HCV for people with co-infection		4.7.1. Does your country's policy permit the concomitant treatment of MDR/RR-TB and HCV in people with co-infection?	Yes	
			No	
			Don't know	
		4.7.2. Regardless of whether a policy exists or not, is free-of-charge concomitant treatment of MDR/RR-TB and HCV in people with co-infection?	Yes, implemented in few (<50%) treatment sites	
			Yes, implemented in many (50-95%) treatment sites	
			Yes, implemented countrywide (>95%) treatment sites	

4.8. Percentage of Member States enabling free-of-charge tuberculosis treatment for people with tuberculosis who are not covered by health insurance or do not have a valid social security number		Not implemented in practice
		Don't know
	4.7.2.1.	Other (please, specify)
	4.7.3. Do you have any comments about treatment of viral hepatitis C among TB patients with co-infection in your country?	
	4.8.1. According to existing policies, can people with TB who are not covered by health insurance receive free-of-charge care and treatment for tuberculosis in your country for the whole duration of such treatment?	Yes
		No
		Don't know
	4.8.1.1. According to existing policies, can people with TB who do not have a valid social security number receive free-of-charge care and treatment for tuberculosis in your country for the whole duration of such treatment?	Yes
		No
		Don't know
	4.8.2. Regardless of whether a policy exists or not, can people with TB who are not covered by health insurance receive free-of-charge care and treatment for tuberculosis in your country for the whole duration of such treatment?	Yes, implemented in few (<50%) treatment sites
		Yes, implemented in many (50-95%) treatment sites
		Yes, implemented countrywide (>95%) treatment sites
		Not implemented in practice
		Don't know
	4.8.2.2.	Other (please, specify)
	4.8.2.1. Regardless of whether a policy exists or not, can people with TB who do not have a valid social security number receive free-of-charge care and treatment for tuberculosis in your country for the whole duration of such treatment?	Yes, implemented in few (<50%) treatment sites
		Yes, implemented in many (50-95%) treatment sites
		Yes, implemented countrywide (>95%) treatment sites

		Not implemented in practice
		Don't know
	4.8.2.2.	Other (please, specify)
	4.8.3. Do you have any comments about TB treatment for people who are not covered by health insurance or who do not have a valid social security number?	
4.9. Percentage of Member States aligning treatment guidelines for general population and for people in prison	4.9.1. According to existing policies, are treatment options for people in prison with drug-susceptible tuberculosis (DS-TB) and drug-resistant tuberculosis (DR-TB) fully aligned with the ones available to the general population?	Yes, for both
		Only for DS-TB
		Only for DR-TB
		No
		Don't know
	4.9.1.1.	Other (please, specify)
	4.9.2. Do you have any other comments about management of TB in prisons?	
4.10. Percentage of Member States performing post-treatment follow (clinical evaluation at 6 and/or 12 months after treatment completion) among people who completed TB treatment	4.10.1. According to existing policies/guidance, should post-treatment follow at 6 and/or 12 months) be performed among people who completed TB treatment?	Yes, among all people with TB
		Yes, only among people with DS-TB
		Yes, only among people with DR-TB
		No
		Don't know
	4.10.1.1.	Other (please, specify)
	4.10.2. According to existing policies/guidance, should screening for post-TB lung diseases be performed among people who completed TB treatment?	Yes
		No
		Don't know
	4.10.2.1.	Other (please, specify)
	4.10.3. If indicated, is management of post-TB lung diseases available free-of-charge for people who underwent TB treatment?	Yes
	No	
	Don't know	
4.10.3.1.	Other (please, specify)	

			4.10.4. Do you have any other comments about post-treatment follow up and management of post-TB lung diseases?	
			4.11. Do you have any other comments to the instrument "Treatment"?	