Table S1: Resources for TB control and prevention in EU/EEA countries

Question	Response	%
Does the national TB control and prevention programme have its own costed budget?	Yes	19.4% (6/31)
	No, but some parts of the programme have their own budgets	22.6% (7/31)
	No	58.1% (18/31)
Has an impact assessment for national TB control and prevention been done?	Yes, as documented in national TB control plan/strategy	16.1% (5/31)
	Yes, but not documented in national TB control plan/strategy	12.9% (4/31)
	No, but impact assessment for some parts of the programme have been done	22.6% (7/31)
	No	48.4% (15/31)
Do you have a strategy for training and developing a specialist TB workforce?	Yes, as documented in national TB control plan/strategy	16.1% (5/31)
	Yes, but not documented in national TB control plan/strategy	35.5% (11/31)
	No	48.4% (15/31)
Do you have a strategy for introducing and implementing new tools for TB control and prevention?	Yes, as documented in national TB control plan/strategy	12.9% (4/31)
	Yes, but not documented in national TB control plan/strategy	38.7% (12/31)
	No	48.4% (15/31)
Do you have a strategy for ensuring continuity of TB drug supply?	Yes, as documented in national TB control plan/strategy	25.8% (8/31)
	Yes, but not documented in national TB control plan/strategy	38.7% (12/31)
	No	35.5% (11/31)

Table S2: Specific populations for TB control and prevention and TB screening in EU/EEA countries

	Programmes for vulnerable groups	Screening for active TB[†]	Testing for latent TB infection (LTBI) [‡]
Population group	n=26	n=31	n=30
Documented migrants (at point of entry, i.e. on arrival)	18 (69.2%)	10 (32.3%)	6 (20.0%)
Documented migrants (post-entry)		13 (41.9%)	5 (16.7%)
Undocumented migrants	15 (57.7%)	8 (25.8%)	4 (13.3%)
Refugees	20 (76.9%)	22 (71.0%)	8 (26.7%)
Asylum seekers	23 (88.5%)	24 (77.4%)	10 (33.3%)
Homeless people	20 (76.9%)	15 (48.4%)	4 (13.3%)
People with alcohol problems	12 (46.2%)	4 (12.9%)	2 (6.7%)
People with drug problems	15 (57.7%)	9 (29.0%)	6 (20.0%)
People with mental health problems	5 (19.2%)	2 (6.5%)	1 (3.3%)
Current prisoners	22 (84.6%)	23 (74.2%)	8 (26.7%)
Former prisoners	5 (19.2%)	1 (3.2%)	1 (3.3%)
Minority ethnic groups	7 (26.9%)	3 (9.7%)	3 (10.0%)

[†] Two countries (6.5%) had no targeted screening for active TB

[‡] The majority of countries (86.7% (26/30)) tested for LTBI in contacts of cases; 36.7% (11/30) of respondents mentioned screening for LTBI prior to commencing immunosuppressive therapies. One country did not provide a response, and this was treated as ‘missing’ rather than ‘no screening/testing’

Table S3: Priority actions for TB control and prevention in EU/EEA countries

	Priority rating		
Action area[†]	**Low**	**Medium**	**High**
Training and developing a specialist TB workforce	5 (16.7%)	10 (33.3%)	15 (50.0%)
Introducing and implementing new tools for TB control	3 (10.0%)	13 (43.3%)	14 (46.7%)
External quality assurance for laboratory services	7 (23.3%)	11 (36.7%)	12 (40.0%)
Implementing electronic TB case registries	7 (23.3%)	5 (16.7%)	18 (60.0%)
Staffing and expertise for national TB surveillance	7 (23.3%)	11 (36.7%)	12 (40.0%)
Establishing or managing local TB control boards	13 (43.3%)	12 (40.0%)	5 (16.7%)
Publishing and disseminating clinical guidelines[‡]	6 (20.7%)	12 (41.4%)	11 (37.9%)
Raising awareness of TB at community or primary care level	3 (10.0%)	14 (46.7%)	13 (43.3%)
Reaching vulnerable population groups	0 (0.0%)	6 (20.0%)	24 (80.0%)
TB control in prisons	6 (20.0%)	10 (33.3%)	14 (46.7%)
Latent TB infection screening in high risk population groups	2 (6.7%)	13 (43.3%)	15 (50.0%)
Targeted screening for active TB in high risk population groups	1 (3.3%)	10 (33.3%)	19 (63.3%)
Ensuring continuity of TB drug supply	7 (23.3%)	9 (30.0%)	14 (46.7%)
Screening for active TB in migrants from high-incidence countries	2 (6.7%)	11 (36.7%)	17 (56.7%)
Contact tracing and outbreak investigation	0 (0.0%)	12 (40.0%)	18 (60.0%)
BCG vaccination	17 (56.7%)	9 (30.0%)	4 (13.3%)
MDR-TB	2 (6.7%)	10 (33.3%)	18 (60.0%)
HIV/TB[‡]	4 (13.8%)	11 (37.9%)	14 (48.3%)

[†] These were presented in two groups of nine, under the question "Please rate the priority of each of the 9 action areas listed below"

[‡] This item had missing data for one country, hence denominator is 29 countries

Table S4: Priority populations for TB control and prevention in EU/EEA countries

	Unmet need for TB detection			Unmet need for TB treatment		
Population group	**Low**	**Medium**	**High**	**Low**	**Medium**	**High**
Documented migrants	14 (46.7%)	10 (33.3%)	6 (20.0%)	17 (56.7%)	9 (30.0%)	4 (13.3%)
Undocumented migrants	7 (23.3%)	9 (30.0%)	14 (46.7%)	10 (33.3%)	7 (23.3%)	13 (43.3%)
Refugees	15 (50.0%)	10 (33.3%)	5 (16.7%)	17 (56.7%)	9 (30.0%)	4 (13.3%)
Asylum seekers	15 (50.0%)	9 (30.0%)	6 (20.0%)	14 (46.7%)	10 (33.3%)	6 (20.0%)
Homeless people	9 (29.0%)	16 (51.6%)	6 (19.4%)	12 (38.7%)	11 (35.5%)	8 (25.8%)
People with alcohol problems	10 (32.3%)	17 (54.8%)	4 (12.9%)	16 (51.6%)	9 (29.0%)	6 (19.4%)
People with drug problems	12 (38.7%)	16 (51.6%)	3 (9.7%)	19 (61.3%)	7 (22.6%)	5 (16.1%)
People with mental health problems	13 (43.3%)	14 (46.7%)	3 (10.0%)	18 (58.1%)	9 (29.0%)	4 (12.9%)
Current prisoners	18 (60.0%)	9 (30.0%)	3 (10.0%)	20 (66.7%)	6 (20.0%)	4 (13.3%)
Former prisoners	15 (48.4%)	12 (38.7%)	4 (12.9%)	22 (71.0%)	6 (19.4%)	3 (9.7%)
Minority ethnic groups	14 (50.0%)	9 (32.1%)	5 (17.9%)	17 (60.7%)	8 (28.6%)	3 (10.7%)

Table S5: Barriers to TB control and prevention in EU/EEA countries

	Factors which impede TB control		
	No	**Yes**	**Unsure**
Recipients of care			
Vulnerable population groups have limited access to health facilities	17 (63.3%)	8 (26.7%)	3 (10.0%)
People in vulnerable/high risk groups lack knowledge about TB	3 (9.7%)	23 (74.2%)	5 (16.1%)
Acceptability of TB screening to vulnerable/high risk groups	16 (51.6%)	8 (25.8%)	7 (22.6%)
Low motivation to seek treatment in vulnerable/high risk groups	7 (22.6%)	18 (58.1%)	6 (19.4%)
Low motivation to adhere to treatment in vulnerable/high risk groups	6 (20.0%)	21 (70.0%)	3 (10.0%)
Health care system is not fully trusted by vulnerable/high risk groups	16 (51.6%)	8 (25.8%)	7 (22.6%)
Providers of care			
Varying degree of knowledge about TB clinical guidelines	15 (48.4%)	14 (45.2%)	2 (6.5%)
Varying degree of adherence to TB clinical guidelines	18 (58.1%)	11 (35.5%)	2 (6.5%)
Need for specialist training of doctors in TB diagnosis and management	15 (50.0%)	13 (43.3%)	2 (6.7%)
Need for specialist training of nurses in TB patient care	10 (33.3%)	17 (56.7%)	3 (10.0%)
Negative beliefs regarding vulnerable/high risk population groups	19 (63.3%)	7 (23.3%)	4 (13.3%)
Social and political constraints			
Lack of recognition of TB control as a public health priority at top level of government/health ministry	17 (54.8%)	11 (35.5%)	3 (9.7%)
High TB risk lacks credibility among community/opinion leaders in vulnerable groups	13 (43.3%)	7 (23.3%)	10 (33.3%)
Political focus on tertiary (hospital) care, i.e. treatment rather than control & prevention	17 (54.8%)	8 (25.8%)	6 (19.4%)
Clinical emphasis on tertiary (hospital) care, i.e. treatment rather than control & prevention	19 (61.3%)	6 (19.4%)	6 (19.4%)
Negative societal attitudes to high risk population groups	12 (40.0%)	9 (30.0%)	9 (30.0%)
Insufficient evidence to demonstrate cost effectiveness of TB control programme	18 (58.1%)	7 (22.6%)	6 (19.4%)

Table S5: Barriers to TB control and prevention in EU/EEA countries (continued)

	Factors which impede TB control		
Health system constraints	**No**	**Yes**	**Unsure**
Funding of national TB control and prevention programme	16 (53.3%)	13 (43.3%)	1 (3.3%)
Funding of laboratory services	19 (61.3%)	8 (25.8%)	4 (12.9%)
Funding of medical facilities in prisons	22 (71.0%)	6 (19.4%)	3 (9.7%)
Funding of facilities and health care for vulnerable population groups	16 (51.6%)	12 (38.7%)	3 (9.7%)
Funding constraints in the wider healthcare system	14 (46.7%)	13 (43.3%)	3 (10.0%)
Insufficient numbers of specialist TB doctors	16 (51.6%)	10 (32.3%)	5 (16.1%)
Insufficient numbers of specialist TB nurses	13 (41.9%)	14 (45.2%)	4 (12.9%)
Insufficient numbers of microbiologists or laboratory staff	20 (64.5%)	9 (29.0%)	2 (6.5%)
Insufficient numbers of surveillance scientists	17 (56.7%)	11 (36.7%)	2 (6.7%)
Need for further training of existing microbiologists/lab staff	17 (54.8%)	11 (35.5%)	3 (9.7%)
Need for further training of existing surveillance scientists	16 (53.3%)	10 (33.3%)	4 (13.3%)
Communication between public health agency and clinical care providers	20 (64.5%)	9 (29.0%)	2 (6.5%)
Communication between levels of the health care system	18 (60.0%)	11 (36.7%)	1 (3.3%)
Communication between the health care and social care systems	13 (41.9%)	13 (41.9%)	5 (16.1%)
Communication between providers and recipients of health care	15 (50.0%)	11 (36.7%)	4 (13.3%)
Allocation of authority within national TB control programme	18 (60.0%)	8 (26.7%)	4 (13.3%)
Clear accountability for meeting TB control programme targets	16 (55.2%)	7 (24.1%)	6 (20.7%)
Inadequate management or leadership within health care system	22 (71.0%)	2 (6.5%)	7 (22.6%)
Inadequate systems to obtain timely and accurate surveillance information	24 (77.4%)	5 (16.1%)	2 (6.5%)
Inadequate systems for TB control programme monitoring and evaluation	21 (67.7%)	7 (22.6%)	3 (9.7%)
Inadequate processes for referring and transferring TB patients	25 (80.7%)	4 (12.9%)	2 (6.5%)
Inadequate systems for procuring and distributing TB drugs	27 (87.1%)	1 (3.2%)	3 (9.7%)
Inadequate systems for procuring and distributing laboratory supplies	28 (90.3%)	1 (3.2%)	2 (6.5%)
Bureaucracy in wider health care system	16 (53.3%)	8 (25.8%)	6 (20.0%)
Slow turnaround of diagnostic testing	24 (77.4%)	3 (9.7%)	4 (12.9%)
Inadequate quality control within laboratories	25 (80.7%)	3 (9.7%)	3 (9.7%)
Inadequate infection control within health care facilities	21 (67.7%)	7 (22.6%)	3 (9.7%)