



End TB Plan 1.0

April 2026 - March 2027

TB Control and Management Cluster
National Department of Health



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



DOCUMENT REFERENCE

End TB Plan 1.0

April 2026 – March 2027

DATE

April 2026

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ACKNOWLEDGEMENTS

We gratefully acknowledge the National Department of Health TB Control and Management Cluster for their leadership and guidance in developing the End TB Plan, and the TB Technical Support Unit (Genesis Analytics) funded by The Gates Foundation, for their technical support. We thank the donors, implementing partners and researchers for their unwavering commitment to strengthening TB services across the country. We extend our sincere appreciation to provincial and district health teams, TB nurses and doctors, and all frontline healthcare workers whose dedication ensures that TB services reach those in need. We also recognize the invaluable contributions of people with TB, TB survivors, and community champions, whose voices, experiences, and advocacy inspire action and drive progress in the fight against TB. Their collective efforts have been instrumental in advancing South Africa's mission to end TB.

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Preface

Tuberculosis (TB) remains a pressing public health challenge in South Africa. TB continues to be the leading cause of death from an infectious disease and remains a major contributor to preventable illness and mortality. Ending TB therefore remains a national public health priority.

Over the past two decades, the epidemiology of TB in South Africa has undergone significant change. As highlighted in the Global TB Report, TB incidence and mortality increased sharply prior to 2009, largely driven by the HIV epidemic. The subsequent scale-up of antiretroviral treatment (ART) has played a pivotal role in reversing this trend. Between 2015 and 2024, the TB incidence rate declined by 61%, from 988 per 100,000 population to 389 per 100,000. This progress reflects the impact of the national ART rollout, which protects people living with HIV (PLHIV) who account for approximately 54% of incident TB cases. During the same period, TB deaths declined by 17% from 65,000 to 54,000. While deaths among PLHIV declined substantially, deaths among HIV-uninfected individuals increased, underscoring the need for renewed focus across all population groups.

Encouraging progress has also been made since the launch of the TB Recovery Plan in 2022. Important advances have strengthened TB diagnosis in recent years, including the introduction and scale-up of new diagnostic technologies, notably the diversification of TB nucleic acid amplification tests (NAATs) and routine testing for second-line drug resistance. Together with the launch of the End TB Campaign, these improvements contributed to the expansion of TB testing across the country. Preliminary data indicate that approximately 3.6 million TB tests were conducted in 2025, representing a 10% increase compared to 2024. The campaign also introduced a public-facing TB dashboard hosted on the National Institute for Communicable Diseases (NICD) website to promote transparency and data-driven action. Additional programmatic gains include the introduction of a shorter four-month drug-susceptible TB (DS-TB) treatment regimen for children and the adoption of a six-month drug-resistant TB (DR-TB) regimen as the standard of care, which has contributed to improved treatment outcomes, with treatment success reaching 79% in the 2024 cohort. A comprehensive 2025 report detailing the progress achieved during the first three years of the TB Recovery Plan provides important lessons to guide the next phase of implementation.

These achievements reflect the collective commitment of government, implementing partners, civil society organisations, researchers, healthcare workers, and communities affected by TB. Their continued collaboration remains essential to strengthening South Africa's TB response.

This work takes place within a broader strategic framework. South Africa is currently midway through the National TB Strategic Plan 2023-2028, aligned with the National Strategic Plan for HIV, TB and STIs, and remains committed to achieving the targets of the World Health Organization's End TB Strategy. With ten years remaining to achieve the global goal of ending TB as a public health threat by 2035, the launch of the National End TB Plan marks a renewed commitment to accelerate progress. This first implementation plan outlines the key priorities and activities for the financial year April 2026 to March 2027 and provides a roadmap for coordinated action across the TB programme. More collaboration will be required with all branches and clusters in the national department of health. This plan contains several key activities that will facilitate further integration of TB within the branch HIV/AIDS, TB & MCWH's and with the primary health care branch. There are also more activities related to TB in the mines.

The coming decade will be decisive. Achieving our national and global commitments will require sustained political leadership, strengthened partnerships, and intensified efforts to expand prevention, improve early detection, ensure timely treatment, and address the social drivers of TB. Together, with urgency and shared resolve, we must accelerate progress and reaffirm our collective commitment to ending TB in South Africa.

Yes! You and I Can End TB.

Prof. Norbert NDJEKA

Chief Director: TB Control & Management

Acronyms

COVID	Coronavirus Disease
ACSM	Advocacy, Communication, and Social Mobilisation
ART	Antiretroviral treatment
BPaL-L	Bedaquiline, Pretomanid, Linezolid, and Levofloxacin
CCMDD	Central Chronic Medicines Dispensing and Distribution
DBE	Department of Basic Education
DCS	Department of Correctional Services
dCXR	Digital Chest X-ray
DHET	Department of Higher Education and Training
DMRE	Department of Mineral Resources and Energy
DS-TB	Drug-Susceptible Tuberculosis
DR-TB	Drug-Resistant Tuberculosis
FY	Financial Year
GF-PMU	Global Fund Programme Management Unit
GF-SR	Global Fund Subrecipients
HIV	Human Immunodeficiency Virus
LTF	Loss to Follow-up
M&E	Monitoring and evaluation
MDR-TB	Multidrug-resistant
NAGI	National Advisory Group on Immunization
NDoH	National Department of Health
NEMLC	National Essential Medicines List Committee
NHLS	National Health Laboratory Services
NICD	National Institute of Communicable Diseases
nPoC	Near Point-of-Care
NTP	National TB Programme
PHC	Primary Healthcare
PLHIV	People living with HIV
PDoh	Provincial Department of Health
QI	Quality Improvement
RIMES	Research, Information, Monitoring, Evaluation, and Surveillance
RR-TB	Rifampicin-Resistant Tuberculosis
SAHPRA	South African Health Products Regulatory Authority
SANAC	South African National AIDS Council
SAMA	South African Medical Association
SBCC	Social and Behaviour Change Communication
SDGs	Sustainable Development Goals
TB	Tuberculosis
TB NAAT	Tuberculosis Nucleic Acid Amplification Test
TBTT	TB Think Tank
THP	Traditional Health Practitioner
TPT	TB Preventive Treatment
TSU	Technical Support Unit
TUTT	Targeted Universal TB Testing
uLAM	Urine Lipoarabinomannan
UNHLM	United Nations High Level Meeting
WHO	World Health Organization



1. Burden of TB

1.1. Global

Globally, there were an estimated 10.7 million people with TB in 2024, of whom only 8.2 million were notified (78% treatment coverage). TB notification increased from 8.2 million in the previous year. It was estimated that 390,000 people developed rifampicin-resistant/multidrug-resistant TB (RR/MDR-TB) in 2024, yet only 164,545 (42%) people were started on treatment during the same year. TB mortality was estimated to be 1.23 million in 2023, making TB one of the top 10 causes of death globally and the leading cause of death from a single infectious agent. The African continent is significantly affected by TB, accounting for 24% of the global burden and 34% deaths in 2024 (Global TB Report, 2025).

1.2. South Africa

TB incidence and mortality in South Africa increased sharply pre-2009, driven mostly by HIV. However, the TB incidence rate declined by 61% from 988 per 100,000 in 2015 to 389 per 100,000 in 2024 in large part due to the national rollout and scale up of antiretroviral treatment (ART) which protects people living with HIV (PLHIV) who account for 54% of incident TB. The number of TB deaths which declined by 17%, from 65,000 in 2015 to 54,000 in 2024, with a 36% decline among PLHIV, and a 25% increase in HIV-uninfected individuals from 20,000 to 25,000.

2. National TB Response Highlights

2.1. End TB Strategy Milestones and Targets

The World Health Organization (WHO) End TB Strategy, launched in 2014, provides a global roadmap to reduce TB incidence, mortality, and financial hardship, emphasizing patient-centred care, universal access, and health system integration. By 2024, South Africa had already exceeded the 2025 milestones for incidence reduction (Table 1). Performance data for 2025 is yet to be published, but TB mortality and catastrophic costs associated with TB treatment remain unacceptably high.

Table 1: End TB Strategy Milestones and Targets for South Africa

Indicators	Milestones	Performance	Milestones	Milestones	Targets
	2020	2024	2025	2030 (SDG)	2035 (End TB)
Percentage reduction in TB incidence rate from 2015 baseline	20%	61%	50%	80%	90%
TB incidence Target per 100,000 population SA	790	389	494	198	99
Percentage reduction in TB mortality from 2015 baseline	35%	17%	75%	90%	95%
TB mortality targets SA	41,600	54,000	16,000	6,400	3,200
% TB-affected households experiencing catastrophic costs	0%	56%	0%	0%	0%

2.2. UNHLM Targets

The 2023 United Nations High-Level Meeting (UNHLM) on TB set ambitious 2023–2027 targets to end the epidemic, aiming to treat nearly 1.2 million people for TB disease and provide nearly four million people with TB preventive treatment (TPT) in South Africa alone over the five-year period.

Table 2 shows performance against targets for 2023 and 2024. So far, South Africa is doing reasonably well with notifications for all forms of TB but struggles with case-finding for children and RR-TB, as well as provision of TPT for TB contacts and PLHIV.

Table 2: UNHLM TB Targets and Performance for South Africa

Indicators	2023			2024		
	Target	Achievement (N)	Achievement (%)	Target	Achievement (N)	Achievement (%)
Notifications – All TB	220,000	222,119	101	239,476	202,511	85
Notifications – Children (<15 years)	21,129	15,066	71	23,948	14,849	62
Notifications – DR-TB	8,718	7,626	87	12,309	6,538	53
TPT – Contacts ≥ 5 years	128,810	24,979	19	120,003	58,439	49
TPT – Contacts < 5 years	30,934	15,814	51	29,710	18,524	62
TPT – Contacts ≥ 5 years	465,806	246,756	53	618,841	271,128	44

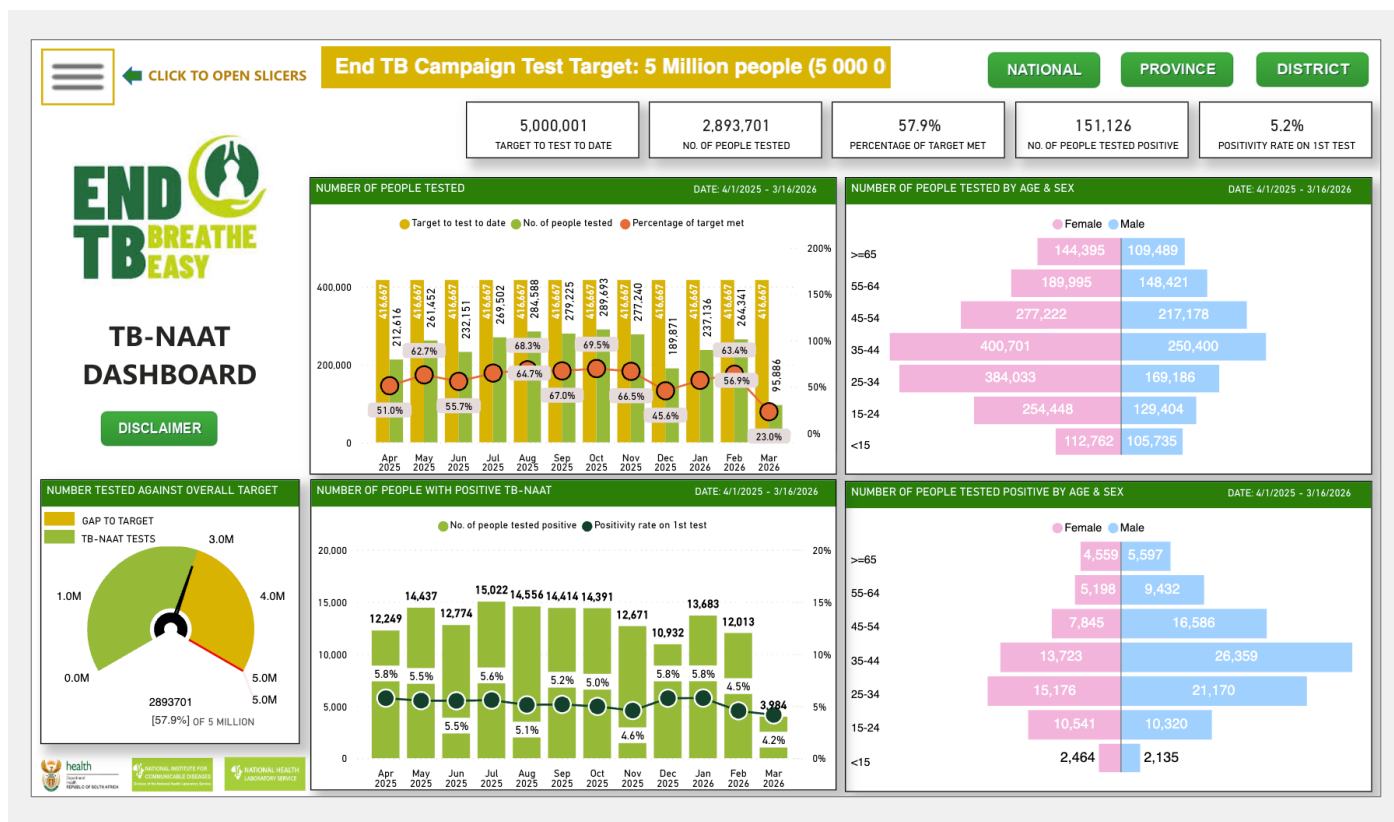
2.3. TB Programme Performance

A detailed report on programme implementation during the first three years of the TB Recovery Plan was published in November 2025 and provides a comprehensive overview of progress and lessons learned. While final programme data for the current financial year will only become available in the next quarter, several emerging trends are worth highlighting to illustrate both key achievements and important opportunities for improvement.

Efforts to strengthen advocacy, communication and social mobilisation (ACSM) were significantly expanded during the year. In particular, the launch of the End TB Campaign strengthened social and behaviour change communication (SBCC) activities and supported the expansion of the national SBCC toolkit. As part of this campaign, a public-facing TB dashboard was launched in October 2025 and is hosted on the National Institute for Communicable Diseases (NICD) website. The dashboard enhances transparency and provides stakeholders with timely access to programme performance data (see Figure 1 for illustrative snapshot; live dashboard available [here](#)).

These efforts have contributed to an expansion in TB testing across the country. A total of 3.6 million TB tests were conducted during the year, representing 72 % of the national target of five million tests and a 10% increase compared to 2024. Diagnostic strategies have also been strengthened through the scale-up of stool testing to improve TB diagnosis among young children, a population in whom bacteriological confirmation has historically been challenging.

Figure 1: End TB Campaign TB Testing Public Dashboard Snapshot (NICD)



Annual TB notifications have remained between 200,000 and 230,000 since 2022, and current projections suggest this trend will continue in 2025. While this stability may reflect improvements in case detection associated with the testing campaign, it also signals that a substantial proportion of incident TB cases may still be undiagnosed or untreated, highlighting the need for further expansion of screening and diagnostic efforts.

Treatment outcomes show mixed progress. Drug-susceptible TB (DS-TB) treatment success remains below the national target of 85% (81% in 2024) and has largely stagnated in recent years. Loss to follow-up among DS-TB patients also remains slightly above the national target of 8%. In contrast, encouraging progress has been observed in the management of drug-resistant TB (DR-TB). Among patients initiated on six-month DR-TB regimens in 2024, treatment success reached 79%, exceeding the national target of 75%, while the loss-to-follow-up rate met the programme target of 9%, dropping below 10% for the very first time in the programme’s history.






Preventive services remain an important area for improvement. Coverage of TPT among household contacts remains low, with only 31% of eligible contacts initiated on TPT (78,738/256,157), well below the national target.

Overall, the programme has continued to make important progress across the five strategic pillars of the TB response. At the same time, significant opportunities remain to strengthen prevention, detection and treatment efforts. With ten years remaining to achieve the global targets of the End TB Strategy by 2035, sustained commitment and intensified action will be essential to accelerate progress toward ending TB as a public health threat.

3. Aim and Key Objectives of End TB Plan 1.0

The aim of the End TB Plan 1.0 is to accelerate South Africa’s progress towards ending TB by strengthening prevention, early detection, person-centred treatment, and programme monitoring, through integrated, high-quality, and evidence-informed interventions across all levels of the health system. The key objectives are outlined in Table 3 below.

Table 3: Strategic Pillars and Key Objectives for End TB Plan 1.0

Strategic Pillars	Key Objectives
PILLAR 1 Communicate & Advocate 	Strengthen demand creation for TB prevention, screening, testing, and treatment services
	Enhance strategic communication and coordination with internal and external TB stakeholders
	Strengthen leadership, governance, accountability, and sustainable financing for the TB response
PILLAR 2 Find & Link 	Increase early detection and diagnosis of people with TB
	Strengthen and institutionalize reliable linkage-to-care pathways for all individuals diagnosed with TB
PILLAR 3 Treat & Retain 	Deliver integrated, person-centred TB treatment and care services across the continuum of care
	Reduce TB treatment loss to follow-up and mortality through strengthened clinical management and patient support
PILLAR 4 Prevent & Prepare 	Expand access to and uptake of effective TB prevention interventions, including TB preventive therapy, and infection prevention and control
	Strengthen national preparedness for the introduction and scale-up of new TB vaccines
PILLAR 5 Monitor & Assess 	Strengthen the quality and access to routine TB data
	Strengthen TB programme monitoring and evaluation
	Strengthen the routine use of TB data for programme improvement
	Strengthen TB programmes in mines and mining communities through improved monitoring, coordination, and accountability



4. Implementation of the End TB Plan 1.0


4.1. Implementation Plan

The implementation period of the End TB Plan 1.0 starts from 1st April 2026 to 31st March 2027. The primary responsibility for achieving the set objectives in the End TB Plan lies the National TB Programme (NTP) and will assumed through its five Directorates:


- Advocacy, Communication, and Social Mobilization (ACSM) Directorate
- DS-TB Directorate
- DR-TB and TB in the mines Directorate
- Research, Information, Monitoring, Evaluation, and Surveillance (RIMES) Directorate
- TB Technical Support Unit (TSU)

Activities are laid out by strategic pillar and key objective in the Table 4 below. The Monitoring and Evaluation Framework for the plan is detailed in Annexure A, while the roles and responsibilities of the stakeholders of the TB response are outlined in Annexure B. National, provincial and district testing and notification targets are available in Annexure C. Epidemiological data like case finding and treatment outcomes will be reported using the calendar year.


Table 4: Implementation Plan for April 2026 – March 2027


Key Objectives	Activities	Timeframe	Responsibility	Key Partners	Performance Measure		
 <p>PILLAR 1 Communicate & Advocate</p> <hr/> <p>Strengthen demand creation for TB prevention, screening, testing, and treatment services</p>	Engage TB patients, TB survivors, and community structures to promote TB awareness, testing, and retention in care	Ongoing	ACSM	TSU GF-SR	Expanded SBCC toolkit Number of demand creation campaigns conducted		
	Implement targeted community outreach and demand creation campaigns to increase uptake of TB screening and testing among high-risk populations			TSU GF-SR			
	Integrate TB demand creation messaging into community health worker outreach, HIV programmes, and PHC services			TSU GF-SR			
	Develop and disseminate culturally appropriate TB communication materials to improve TB literacy and reduce stigma			TSU GF-SR			
	Build capacity of Traditional Health Practitioners (THPs) to conduct TB symptom screening and refer individuals to primary healthcare (PHC) facilities for testing and care			ACSM DS-TB		TSU	Number of capacity strengthening sessions convened Number of THPs trained
	Strengthen partnerships with the private health sector to promote TB screening, testing and treatment			ACSM		TSU	Number of stakeholder engagements conducted


Key Objectives	Activities	Timeframe	Responsibility	Key Partners	Performance Measure
Enhance strategic communication and coordination with internal and external TB stakeholders	Develop and disseminate coordinated TB communication and advocacy messaging for national, provincial, and community stakeholders	Ongoing	ACSM	TSU	Expanded SBCC toolkit
	Liaise with professional councils and associations including SAMA, interfaith councils, labour unions, farmers' associations (e.g., AgriSA), and THP organisations to strengthen TB awareness, screening, and referral practices	Ongoing	NTP	TSU	Number of stakeholder engagements conducted Minutes
	Strengthen collaboration with SANAC, the Departments of Social Development (DSD), Mineral Resources and Energy (DMRE), and Correctional Services (DCS) to support coordinated TB responses				
	Collaborate with the Departments of Basic Education (DBE) and Higher Education and Training (DHET) to integrate TB awareness and prevention messaging in schools and tertiary institutions				
	Support the National and Provincial TB Caucuses to advocate for improved TB resources, accountability, and strengthened programme implementation				
Strengthen leadership, governance, accountability, and sustainable financing for the TB response	Mobilise and coordinate funding (domestic, Global Fund, etc.) to support implementation of TB programme priorities, including ACSM, surveillance, and service delivery innovations	Ongoing	NTP	TSU	Additional funding secured
	Liaise with NEMLC, SAHPRA, NAGI and research institutions to facilitate regulatory review and timely adoption of new TB diagnostics, treatments, and prevention tools	Minutes	ACSM	TSU	Minutes

 <p>PILLAR 2 Find & Link</p> <hr/> <p>Increase early detection and diagnosis of people with TB</p>	Screen and test at least 5 million people for TB	Ongoing	NTP Provinces	NHLS/NICD	Number of people tested using first-line TB NAATs
	Implement near point-of-care (nPoc) testing pilot, review findings, and develop a plan for scaled implementation to improve diagnostic access	March 2027	DS-TB	NHLS/NICD	Pilot report available
	Scale up access to non-sputum-based TB diagnostic modalities for children (stool testing)	Ongoing	NTP Provinces	NHLS/NICD GF-SR	Number of children tested using first-line TB NAATs [on stool]
	Monitor quality of urine lipoarabinomannan (uLAM) testing				Quality assurance report
	Monitor implementation of digital chest X-ray (dCXR) screening			GF-SR	Proportion of clients screened for TB using dCXR with abnormalities suggestive of TB

Key Objectives	Activities	Timeframe	Responsibility	Key Partners	Performance Measure
Strengthen and institutionalize reliable linkage-to-care pathways for all people diagnosed with TB	Support implementation of the HPRS by ensuring verification of the HPRN	Ongoing	Provinces	GF-SR NHLS/NICD	Proportion of people diagnosed with TB in the NHLS with an HPRN
	Conduct an assessment of the TB-NAAT SMS notification system	March 2027	DS-TB	NHLS/NICD TSU	Assessment report available
	Monitor and reduce initial loss to follow-up (iLTF) using routine programme data and strengthened responses to Results for Action reports	Ongoing	NTP	TSU NHLS/NICD	Proportion of people diagnosed with TB but not initiated on treatment

 PILLAR 3 Treat & Retain	Implement differentiated care models for people with TB, guided by risk assessment, treatment complexity, and patient needs	Ongoing	NTP Provinces	GF-SR CCMDD	Number of people enrolled on CCMDD system
	Strengthen post-treatment follow-up and monitoring for children, PLHIV, and DR-TB patients			NHLS/NICD GF-SR	Proportion of successfully treated DR-TB patients that are tested for TB 6-months post-treatment
Reduce TB treatment loss to follow-up and mortality through strengthened clinical management and patient support	Build the capacity of clinicians to manage TB, advanced drug-sensitive (DS-TB) and drug-resistant TB (DR-TB), including NIMDR and advanced HIV disease (AHD) management	Ongoing	NTP	-	Number of clinical training sessions conducted Number of clinicians trained
	Monitor treatment interruptions using routine programme data and develop targeted intervention strategies	Ongoing	NTP Provinces	GF-SR	Proportion of patients lost to follow-up
	Conduct clinical and mortality audits to improve treatment outcomes	March 2027			Number of audits conducted

 PILLAR 4 Prevent & Prepare	Review, print and disseminate the TB infection prevention and control guidelines	March 2027	DS-TB DR-TB	TBTT	Reviewed guidelines drafted
	Scale up TPT for all eligible populations	Ongoing	NTP Provinces	GF-SR	Number of TB contacts initiated on TPT Number of PLHIV initiated on TPT
Strengthen national preparedness for the introduction and scale-up of new TB vaccines	Finalise and disseminate the TB vaccine country roadmap to guide national implementation planning	September 2027	NTP	TSU	TB vaccine country roadmap available
	Coordinate and support TB vaccine research, clinical trials, and implementation studies to inform scale-up and policy decisions	Ongoing			Minutes

Key Objectives	Activities	Timeframe	Responsibility	Key Partners	Performance Measure
 <p>PILLAR 5 Monitor & Assess</p> <hr/> <p>Strengthen the quality of, and access to, routine TB data</p>	Improve access to TB data at all levels	Ongoing	RIMES	NHLS/NICD GF-SR TSU	Functional TB dashboards
	Conduct regular data audits to assess data quality and reporting accuracy				Number of data quality audits conducted
	Improve the quality and completeness of TB data across information systems				
<p>Strengthen TB programme monitoring and evaluation</p>	Develop provincial- and district-level cascades to guide targeted interventions	December 2026	RIMES	TSU	Subnational cascades available
	Conduct joint TB/HIV supervisory visits and quarterly meetings with provincial managers to strengthen cross-programme performance	Quarterly	NTP Provinces	GF-PMU	Supervisory visit reports Number of provincial managers meetings convened
	Monitor resistance patterns across districts during nPoC implementation	Quarterly	NTP	NHLS/NICD	NHLS reports
	Prepare for, and participate in, External Programme Review (EPR)	October 2026	RIMES	GF-PMU WHO	EPR report drafted
	Review conditional grant business plans, monitor implementation, and compile progress reports	Quarterly	NTP	-	Quarter reports submitted
<p>Strengthen the routine use of TB data for programme improvement</p>	Identify TB hotspots using geographical information systems for targeted interventions	Biannually	RIMES	NHLS/NICD TSU	TB hotspot reports available
	Translate audit, quarterly programme reviews and cascade review findings into actionable recommendations	Ongoing	NTP	TSU	Audit/Review reports Minutes
	Build capacity of TB coordinators/programme managers in data-driven decision-making and quality improvement methodologies	Monthly	NTP	TSU	Number of TB Coordinator Leadership Programme workshops conducted
	Monitor trends in testing, linkage, treatment outcomes and implement QI interventions	Ongoing	NTP	GF-SR TSU	Minutes
<p>Strengthen TB programmes in mines and mining communities through improved monitoring, coordination, and accountability</p>	Conduct situational analyses of TB services and needs in small- and medium-sized mining operations in five provinces (Free State, Gauteng, Limpopo, Northern Cape, North West)	March 2027	DR-TB	TBTT	Situational analyses reports drafted
	Strengthen coordination with the DMRE to inform TB policies, prevention, and treatment in the mining industry	March 2027	NTP	-	Meeting minutes
	Develop a referral pathway for ex-mineworkers who screen positive for TB	March 2027	DR-TB	TBTT	SOP for referral drafted
	Review the monitoring framework for TB programmes in mines (DMR 164)	March 2027	RIMES	-	Reviewed DMR 164 form approved

Key Objectives	Activities	Timeframe	Responsibility	Key Partners	Performance Measure
	Integrate mining TB programme data into national reporting systems for comprehensive oversight	Quarterly	RIMES	-	Mining reporting indicators monitored

4.2. Cross-cutting Enablers

Capacity building

Capacity building will strengthen the ability of healthcare workers and programme teams to deliver quality TB services across the cascade.

- Develop and disseminate standardised training toolkits and e-learning modules to support TB service delivery.
- Conduct mentorship and supportive supervision visits to reinforce training and ensure adherence to national guidelines.
- Build capacity in data management, dashboard utilisation, and data-driven decision-making for programme managers.
- Train provincial and district TB teams on SBCC, including patient engagement, stigma reduction, and adherence counselling.
- Train Traditional Health Practitioners (THPs) on TB screening, referral pathways, and patient support.
- Build capacity of TB coordinators at provincial, district, and subdistrict levels on programme management, monitoring, and QI methodologies.
- Provide continuous professional development through training sessions and webinars (e.g., Knowledge Hub) on updated TB guidelines, RR-TB management, and person-centred care.

Quality improvement

The National TB Programme will implement a data-driven, cascade-focused quality improvement approach to address gaps across the TB care continuum, including screening, diagnosis, linkage to care, treatment retention, and prevention.

- A differentiated approach will prioritise high-burden and underperforming districts, facilities, and priority populations, using routine data to identify bottlenecks and guide targeted interventions.
- The NDoH will provide strategic leadership, tools, and oversight, while provinces and districts will implement facility- and district-level QI cycles, integrated into routine supervision and performance reviews.
- Global Fund, TSU, and other partners will support QI implementation in priority districts through technical assistance, mentorship, and targeted interventions, including support for key strategies such as TUTT.
- QI efforts will be continuously monitored, with best practices documented and scaled up, and findings used to drive real-time programme improvement and strengthened performance across the TB cascade.

Annexure A

Monitoring and Evaluation Framework

Indicators	Baseline	Target 2026/27	Data Source	Reporting Frequency
KO1: Strengthen demand creation for TB prevention, screening, testing, and treatment services				
KO2: Enhance strategic communication and coordination with internal and external TB stakeholders				
Expanded SBCC toolkit available	n/a	No target	SBCC toolkit	Quarterly
Number of demand creation campaigns conducted	New	9	Directorate Reports	Quarterly
Number of THP capacity strengthening sessions convened	New	4	Directorate Reports	Quarterly
Number of THPs trained	New	No target	Directorate Reports	Quarterly
Number of stakeholder engagements conducted	n/a	No target	ACSM Reports/Minutes	Quarterly
KO 4: Increase early detection and diagnosis of people with TB				
Number of people tested using first-line TB NAATs	New (3,293,500 tests in 2025)	5,000,000	End TB Dashboard	Daily
nPoC testing pilot report	n/a	1	Pilot Report	Once off
Number of uLAM quality assurance reports	New	4	QA Reports	Quarterly
Proportion of clients screened for TB using dCXR with abnormalities suggestive of TB	9.0% (2024)	No target	dCXR Information Systems	Quarterly
KO 5: Strengthen and institutionalise reliable linkage to TB care				
Proportion of people diagnosed with TB with an HPRN	New	No target	NHLS/NICD Reports	Monthly
SMS notification system assessment report	n/a	1	Assessment Report	Once off
Proportion of people diagnosed with TB but not initiated on treatment	New	10%	NHLS/NICD RfA Reports TIER.Net EDRWeb	Quarterly
KO 6: Deliver integrated, person-centred TB treatment and care services across the continuum of care				
Number of people enrolled on the CCMDD system	New	No target	SYNCH	Quarterly
Proportion of successfully treated DR-TB patients that are tested for TB 6-months post-treatment	New	No target	EDRWeb	Quarterly
KO 7: Reduce TB treatment loss to follow-up and mortality through strengthened clinical management and patient support				
Number of clinical training sessions conducted	New	No target	Directorate Reports	Quarterly
Number of clinicians trained	New	No target	Directorate Reports	Quarterly
Proportion of TB patients successfully treated	2024: DS-TB (81%); DR-TB (79%)	DS-TB (88%); DR-TB (74%) [NSP]	TIER.Net EDRWeb	Quarterly
Proportion of TB patients lost to follow-up	2024: DS-TB (12%); DR-TB (9%)	DS-TB (7%); DR-TB (8%)		
Number of clinical and mortality audits conducted	DS-TB: 8; DR-TB:	DS-TB: 9; DR-TB: 18	Directorate Reports	Quarterly
KO 8: Expand access to, and uptake of, effective TB prevention interventions				
TB infection prevention and control guidelines drafted	n/a	1	Updated Guidelines	Once off
Number of TB contacts initiated on TPT	78,738 (2025)	286,587	DHIS	Monthly
Number of PLHIV initiated on TPT	212,996 (2025)	314,480	DHIS	Monthly
KO 9: Strengthen national preparedness for the introduction and scale up of new TB vaccines				
TB vaccine country roadmap	n/a	1	Roadmap	Once off

Indicators	Baseline	Target 2026/27	Data Source	Reporting Frequency
KO 10: Strengthen the quality and access of routine TB data				
Functional TB dashboards maintained	3	3	TB Dashboards	Ongoing
Number of data quality audits conducted	55	12	Directorate Reports	Quarterly
Number of data quality improvement reports	New	4	Improvement Reports	Quarterly
KO 11: Strengthen TB programme monitoring and evaluation				
Provincial/District TB cascades developed	n/a	9	Cascades	Once off
Number of joint TB/HIV supervisory visit reports written	2	4	Visit Reports	Quarterly
Number of provincial managers meetings convened	2	4	Meeting Reports	Quarterly
Number of reports for TB drug resistance patterns	New	4	NHLS/NICD Reports	Quarterly
External Programme Review conducted	n/a	1	Review Report	Once off
Number of conditional grant reports submitted	4	4	Grant Reports	Quarterly
KO 12: Strengthen the routine use of TB data for programme improvement				
Number of TB hotspot reports available	New	2	Hotspot Reports	Biannually
Number of TB Coordinator Leadership Programme workshops conducted	New	7	Workshop Reports	Quarterly
KO 13: Strengthen TB programmes in mines and mining communities through improved monitoring, coordination, and accountability				
Number of situational analysis reports drafted	New	5	Situational Reports	Quarterly
Consultations convened with DMRE	n/a	4	Minutes	Quarterly
Referral SOP for ex-mineworkers drafted	n/a	1	Referral SOP	Once off
DMR 164 form reviewed and approved	n/a	1	New DMR 164	Once off
Mining TB indicators included in programme reports	New	4	DMRE Reports	Quarterly

Annexure B

TB Stakeholder Roles and Responsibilities

1. National Level

- Develop and approve national operational plans with budget allocations for all TB interventions.
- Support provinces to develop and implement provincial operational plans.
- Develop training materials, IEC materials, and advocacy resources for TB programmes.
- Support the implementation of a national TB communication and SBCC strategy.
- Engage communities, civil society, and key stakeholders to mobilize awareness and demand for TB services and reduce stigma.
- Liaise with SANAC, NHLS, NICD, PHC, pharmaceutical services, EPI, research institutions, technical partners, and donors to facilitate implementation of the End TB Plan.
- Provide technical guidance and support provincial capacity-building, training, and QI initiatives.

- Monitor implementation of the plan against national targets and produce monthly, quarterly, and annual progress reports.
- Identify emerging trends, innovations, and best practices in TB prevention, diagnosis, treatment, and data systems.
- Support integration of TB with HIV, MCWH, and other health programmes.

2. Provincial Level

- Develop costed provincial operational plans aligned with national TB priorities.
- Monitor implementation and performance of the TB programme across districts.
- Coordinate and conduct training for facility and district staff, including mentoring and supportive supervision.
- Monitor TB drug and commodity stock levels and ensure uninterrupted supply.
- Provide technical support to poorly performing districts and facilities.
- Develop and implement provincial TB communication strategies and campaigns.
- Disseminate IEC materials to patients and communities.
- Coordinate and monitor partner and stakeholder support for TB activities, including NGOs and DSPs.
- Support provincial QI initiatives and capacity-building activities.

3. District Level

- Develop costed district operational plans based on provincial guidance.
- Monitor quality and coverage of TB services provided at health facilities.
- Ensure continuous availability of TB drugs, laboratory commodities, and supplies.
- Strengthen integration of TB services at PHC level.
- Conduct supervisory and supportive visits to facilities.
- Coordinate training and mentorship activities for facility staff.
- Plan and implement targeted campaigns for priority and hard-to-reach populations.
- Engage and coordinate TB activities conducted by local leadership, NGOs, CBOs, and DSPs.
- Strengthen referral and counter-referral systems between community, PHC, and hospitals.
- Monitor implementation of facility TB infection prevention and control (IPC) plans.
- Oversee data quality, completeness, and timely reporting from facilities.

4. Facility Level

- Provide high-quality TB screening, testing, diagnosis, and treatment as per guidelines.
- Conduct risk assessment, counselling, and education for all TB patients.
- Trace patients who are not yet initiated on treatment or lost to follow-up.
- Establish linkages with community health workers, NGOs, CBOs, and local structures to strengthen outreach.
- Ensure availability of medicines and commodities.
- Conduct facility-level data quality assessments and timely reporting to the district.
- Enrol eligible patients into CCMDD or MMD programmes.
- Participate in facility-level QI cycles and mentorship programmes.

5. National Institute for Communicable Diseases

- Provide weekly TB alerts and Results for Action reports to national, provincial, and district managers.
- Conduct geospatial mapping of TB hotspots and outbreak surveillance.
- Support local TB outbreak response.
- Provide summary reports for national TB surveillance dashboards.
- Support diagnostic innovation projects.

6. National Health Laboratory Services

- Strengthen the TB specimen collection and transport system to reduce turnaround times.
 - Monitor TATs, quality of specimen collection materials and provide guidance to reduce errors and contamination.
 - Provide regular line lists for DS-TB and DR-TB to all levels.
 - Support provincial and district campaigns with on-site testing services.
 - Maintain sputum rejection dashboards and provide actionable feedback to facilities and provinces.
-

7. District Support Partners

- Support districts to implement End TB Plan activities.
 - Provide technical assistance to improve service quality and data quality.
 - Conduct training and mentoring of facility staff.
 - Participate in supervisory visits and district nerve centre meetings.
 - Support risk assessments and implementation of facility TB IPC plans.
-

8. SANAC TB Technical Task Team & Working Groups

- Identify and table programmatic challenges and recommendations.
 - Mobilize multi-sectoral engagement and support across government, civil society, NGOs, and the private sector.
 - Ensure TB programme alignment with NSP goals and targets.
 - Promote inclusive ownership at political, policy, and implementation levels.
 - Coordinate and monitor TB Multi-sector Accountability Framework (TB-MAF) activities.
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9. National TB Think Tank

- Review emerging evidence relevant to TB control and management.
 - Develop policy briefs and recommendations.
 - Assess research needs, including implementation science, new drug regimens, and cost-effectiveness studies.
 - Provide advisory support to the National TB Programme as required.
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10. DR-TB National Clinical Advisory Committee

- Provide evidence-based input for DR-TB policies, strategies, and treatment guidelines.
 - Advise on monitoring and evaluation of new DR-TB drugs and regimens.
 - Develop clinical monitoring protocols for novel agents.
 - Facilitate roll-out and scale-up of novel and repurposed DR-TB agents.
 - Monitor and evaluate treatment outcomes and adverse events.
 - Provide clinical guidance for complex DR-TB cases.
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11. Community leaders and civil society

- Conduct community education to raise awareness and demand for TB services.
 - Develop and implement TB stigma mitigation strategies.
 - Support local TB screening and testing campaigns.
 - Collaborate with district health teams and clinic committees to address service delivery gaps.
 - Advocate and hold government accountable for TB service provision.
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Annexure C

TB Testing and Treatment Targets

District / Province	Estimated Number of TB NAATs Required	TB Notification / Treatment Targets (All Patients)
A Nzo DM: DC44	57 150	3 417
Amathole DM: DC12	90 610	5 331
Buffalo City MM: BUF	109 772	6 642
C Hani DM: DC13	104 349	4 838
Joe Gqabi DM: DC14	49 137	1 260
N Mandela Bay MM: NMA	114 821	14 162
OR Tambo DM: DC15	177 341	9 069
Sarah Baartman DM: DC10	67 690	5 718
EASTERN CAPE PROVINCE	770 870	50 437
Fezile Dabi DM: DC20	40 060	2 232
Lejweleputswa DM: DC18	33 729	2 628
Mangaung MM: MAN	38 072	3 380
T Mofutsanyana DM: DC19	46 355	2 042
Xhariep DM: DC16	13 669	697
FREE STATE PROVINCE	171 886	10 978
Johannesburg MM: JHB	291 968	9 516
Tshwane MM: TSH	196 849	5 171
Ekurhuleni MM: EKU	275 157	6 857
Sedibeng DM: DC42	86 850	2 060
West Rand DM: DC48	79 990	2 059
GAUTENG PROVINCE	930 813	25 663
Amajuba DM: DC25	49 854	1 939
eThekweni MM: ETH	361 631	19 639
Harry Gwala DM: DC43	57 002	1 348
iLembe DM: DC29	75 478	2 886
King Cetshwayo DM: DC28	126 907	2 995
Ugu DM: DC21	103 691	4 621
uMgungundlovu DM: DC22	156 931	3 621
uMkhanyakude DM: DC27	118 322	1 760
uMzinyathi DM: DC24	77 788	1 039
uThukela DM: DC23	52 886	1 449
Zululand DM: DC26	130 122	2 087
KWAZULU-NATAL PROVINCE	1 310 612	43 383
Capricorn DM: DC35	68 086	1 852
Mopani DM: DC33	28 772	1 478
Sekhukhune DM: DC47	32 055	1 469
Vhembe DM: DC34	81 011	1 660
Waterberg DM: DC36	31 647	1 435
LIMPOPO PROVINCE	241 571	7 894

Ehlanzeni DM: DC32	192 081	3 220
G Sibande DM: DC30	93 771	2 061
Nkangala DM: DC31	83 958	3 066
MPUMALANGA PROVINCE	369 809	8 347
Frances Baard DM: DC9	53 070	3 187
JT Gaetsewe DM: DC45	20 521	1 401
Namakwa DM: DC6	15 240	794
Pixley Ka Seme DM: DC7	23 636	2 144
ZF Mgcaawu DM: DC8	34 446	2 675
NORTHERN CAPE PROVINCE	146 912	10 201
Bojanala Platinum DM: DC37	140 860	3 044
Dr K Kaunda DM: DC40	85 975	3 429
RS Mompoti DM: DC39	40 230	2 347
NM Molema DM: DC38	50 140	3 296
NORTH WEST PROVINCE	317 205	12 116
Cape Winelands DM: DC2	121 302	11 991
Central Karoo DM: DC5	14 557	825
Cape Town MM: CPT	424 028	35 714
Garden Route DM: DC4	86 282	7 202
Overberg DM: DC3	37 565	3 240
West Coast DM: DC1	56 586	6 177
WESTERN CAPE PROVINCE	740 321	65 149
NATIONAL	5 000 000	234 169





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