NATIONAL TB RECOVERY PLAN 4.0

April 2025 – MARCH 2026

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

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PREFACE

Tuberculosis (TB) remains one of the most pressing public health challenges in South Africa. South Africa remains on the three lists of **30 high burden countries** for **TB, HIV-associated TB (TB/HIV), and drug-resistant TB (DR-TB)**, accounting for a significant share of the global TB epidemic. In 2023, an estimated **270,000 people developed TB**, including **13,000 (5%) with DR-TB**. Additionally, more than **half of notified TB patients (54%) were co-infected with HIV**, highlighting the need for **an integrated response** to both epidemics. While South Africa's extensive **antiretroviral therapy (ART) programme** has contributed to lowering TB incidence and mortality, **56,000 people died** in 2023. More targeted interventions are required to close remaining gaps in prevention, diagnosis, and treatment.

South Africa has made **notable progress** in controlling TB. Since 2015, TB incidence rate has **declined by 57%**, and **treatment coverage has increased to 79%**. However, TB-related deaths have **only declined by 16%**, and **over half (56%) of TB-affected households still face catastrophic costs** in accessing care. These disparities highlight the urgent need for **improved treatment success rates, better financial protection, and stronger community-based support mechanisms**.

Significant efforts have been made to restore services impacted by the **COVID-19 pandemic**, with **2.99 million Tuberculosis Nucleic Acid Amplification Tests (TB NAATs) conducted in 2024** to strengthen case detection. Moving forward, it is critical to enhance **linkage to care**, and **treatment retention**.

To accelerate progress, the National Department of Health has launched the **End TB Campaign**, a nationwide effort to **intensify case-finding and treatment enrolment**. The campaign aims to test **5 million people for TB in 2025/26**, expanding active case-finding through community and facility-based screening. This includes TB testing that will be done in collaboration with the **HIV Cluster** as they lead the rollout of the national **Close the Gap Campaign** to **reinitiate 1.1 million people on ART and ensure all are tested for TB**, reinforcing the critical integration of TB and HIV services.

South Africa has been a **leader in TB innovation**, introducing **new diagnostics** and **shorter, more effective treatment regimens**. The rollout of **the six-month BPAL-L regimen for DR-TB**, initiated in September 2023, has already benefitted over **7,400 patients**. We also introduced **a four-month TB regimen for children** in 2024. Additionally, the introduction of the short-course TB preventive treatments (3HP and 3RH) has the potential to **significantly reduce new infections** if widely implemented. With several **promising novel TB vaccines** now in advanced clinical trials, South Africa has a key opportunity to further strengthen its TB response by preparing for their introduction and ensuring equitable access once approved.

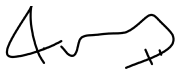
The **World Health Organization (WHO) End TB Strategy**, launched in 2014, provides a global roadmap to reduce TB incidence, mortality, and financial hardship, emphasizing **patient-centred care, universal access, and health system integration**. South Africa's **TB Strategic Plan 2023–2028**, aligned with the **National Strategic Plan for HIV, TB, and STIs**, underscores the

National Department of Health's commitment to ending TB by **2035** through targeted interventions and equitable access to high-quality services.

The **TB Recovery Plan 4.0** outlines **strategic priorities for the 2025–2026 financial year**, ensuring that recovery efforts remain on track to meet the **2025 milestones**. This version builds on previous achievements, refining interventions to accelerate impact. However, **recent United States Government funding terminations** on key TB and other programs pose a significant challenge to sustaining progress, underscoring the need for a unified and collective effort to mitigate disruptions and keep the TB response on track. The success of this plan hinges on the **collective efforts** of national and provincial health departments, healthcare workers, district support partners, civil society, TB advocates, communities, and donors. I urge all stakeholders to collaborate and take decisive action to implement the interventions outlined in this plan.

By working together, we can accelerate our progress and bring South Africa closer to ending TB. We must act now—our communities depend on it.

Yes! You and I Can End TB.



Prof. Norbert Ndjeka
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The National Department of Health gratefully acknowledges the contribution of the following stakeholders in the development of the National TB Recovery Plan 4.0:

World Health Organization
Global Fund
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National TB Think Tank
SANAC Civil Society Forum

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
BPaL-L	Bedaquiline, Pretomanid, Linezolid, Levofloxacin regimen
COVID-19	Coronavirus Disease 2019
DOT	Direct Observed Treatment
DS-TB	Drug-Susceptible Tuberculosis
DR-TB	Drug-Resistant Tuberculosis
FY	Financial Year
HIV	Human Immunodeficiency Virus
MDGs	Millennium Development Goals
M&E	Monitoring and evaluation
MDR-TB	Multidrug-Resistant Tuberculosis
MERL	Monitoring, evaluation, reporting and learning
MMD	Multi Month Distribution
NAGI	National Advisory Group on Immunization
NDoH	National Department of Health
NHLS	National Health Laboratory Services
NICD	National Institute of Communicable Diseases
PLHIV	People living with HIV
PDOH	Provincial Department of Health
RR-TB	Rifampicin-Resistant Tuberculosis
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
STI	Sexually Transmitted Infection
TB	Tuberculosis
TB NAAT	Tuberculosis Nucleic Acid Amplification Test
UN	United Nations
UNHLM	United Nations High Level Meeting
UVGI	Ultraviolet Gamma Irradiation
WHO	World Health Organization

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1. INTRODUCTION

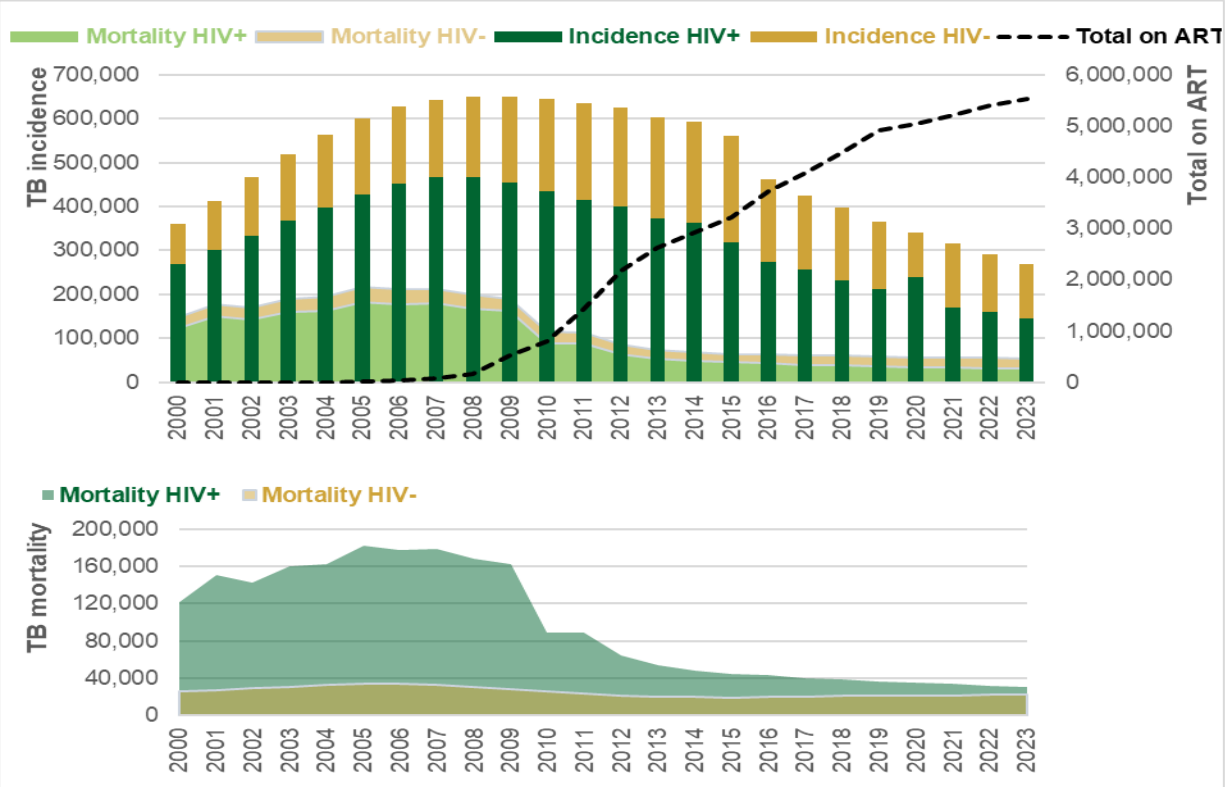
1.1. Global and regional burden of TB

Globally, there were an estimated 10.8 million people with TB in 2023, of whom only 8.2 million were notified (76% treatment coverage). TB notification increased from 7.5 million in the previous year. It was estimated that 400,000 people developed multidrug-resistant/rifampicin-resistant TB (MDR/RR-TB) in 2023, yet only 175,923 (44%) people were started on treatment for MDR/RR-TB during the same year. TB mortality was estimated to be 1.25 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 403,000 (32%) deaths in 2023 (WHO Global TB Report, 2024).

1.2. Burden of TB in South Africa

TB incidence and mortality in South Africa increased sharply pre-2009, driven mostly by HIV. The scale-up of antiretroviral treatment contributed to a reversal in this trend. The TB incidence rate declined by 57% from 988 per 100,000 in 2015 to 427 per 100,00 in 2023, with a higher rate of decline among people living with HIV (PLHIV) than in HIV-uninfected individuals (59% vs. 54% respectively). Figure 1 shows the trends of the numbers of incident TB, as well as TB deaths which declined by 16%, from 66,000 in 2015 to 56,000 in 2023, with a 31% decline among PLHIV, and a 25% increase in HIV-uninfected individuals from 20,000 to 25,000 (Fig 1b).

FIGURE 1: TRENDS IN TB INCIDENCE AND MORTALITY, SOUTH AFRICA, 2000-2023



SOURCE:

1. HISTORICAL TO CURRENT TB INCIDENCE AND MORTALITY FROM WHO TB BURDEN ESTIMATES

2. TOTAL ON ART FROM DHIS. DATA ELEMENT: ART CLIENT REMAIN ON ART END OF MONTH – SUM. MONTHLY

2. NATIONAL TB PROGRAMME PERFORMANCE

2.1. TB testing and case-finding

Despite significant declines in TB testing and diagnoses during the COVID-19 pandemic, sustained efforts have led to an increase in first-line TB nucleic acid amplification tests (TB NAATs) being conducted. Table shows the percentage change in TB NAATs conducted between 2022 and 2024. There was a 12% increase from 2022 (2.52 million) to 2023 (2.84 million), and a further 5% increase in 2024 (2.99 million). KwaZulu-Natal and Limpopo are the only provinces that experienced a decline in TB NAATs conducted in 2024.

TABLE 1: ANNUAL CHANGES IN TB TESTING, 2022-2024

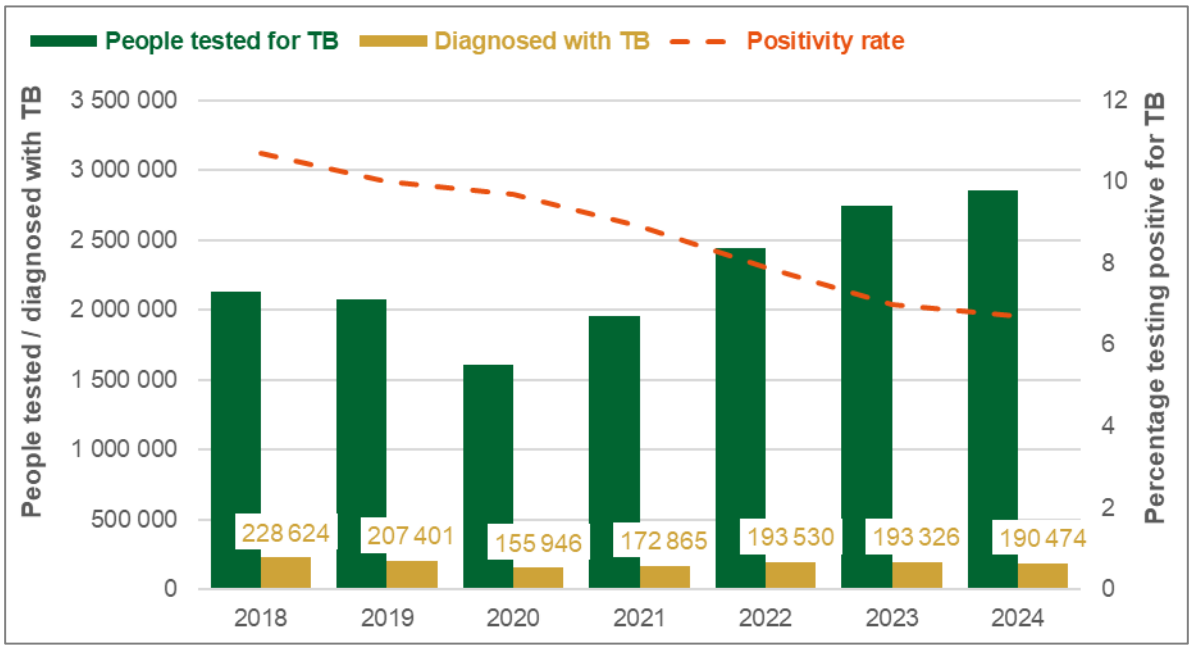
Province	% Change in total TB NAAT Tests	
	2023 vs 2022	2024 vs 2023
EC	10%	6%
FS	13%	11%
GP	35%	14%
KZN	6%	-11%
LP	3%	-6%
MP	14%	25%
NC	3%	13%
NW	16%	20%
WC	10%	27%
SA	**12%**	**5%**

SOURCE: NHLS / NICD CENTRE FOR TB

In 2024, the number of people (not tests) tested for TB by any method increased by 33% compared to 2023, reaching over 3.64 million (Figure 2). However, the number of people diagnosed with laboratory-confirmed pulmonary TB decreased from 193,326 in 2023 to 190,474 in 2024, mainly due to decreases in the Eastern Cape and KwaZulu-Natal provinces.

South Africa's TB burden varies across provinces and districts. Four provinces accounted for 77% of people diagnosed with laboratory-confirmed pulmonary TB in 2024 (Eastern Cape, Gauteng, KwaZulu-Natal, and Western Cape), with Eastern Cape and Western Cape alone accounting for 46%. The district-level breakdown in Table shows several key points about the geographic distribution of TB in South Africa, including that metros account for most TB, the top ten districts account for 52% of TB, and that 27 of the 52 districts make up 80% of total laboratory-diagnosed pulmonary TB.

FIGURE 2: TRENDS IN THE NUMBER OF PEOPLE TESTED AND DIAGNOSED WITH TB, SOUTH AFRICA, 2018-2024



SOURCE: NHLS / NICD CENTRE FOR TB

NOTE: THESE ARE CASE-BASED SURVEILLANCE DATA FOR ALL LABORATORY-CONFIRMED PULMONARY TB, WHICH ARE DE-DUPLICATED AND PROCESSED BY THE NICD.

TABLE 2: LABORATORY-CONFIRMED PULMONARY TB IN SOUTH AFRICA BY DISTRICT, 2024

Rank	Province	District	Lab-confirmed PTB cases, 2024	Cumulative N	Cumulative %
1	WC	City of Cape Town Metro	23 577	23 577	12%
2	KZN	eThekwini Metro	15 455	39 032	20%
3	EC	Nelson Mandela Bay Metro	11 466	50 498	27%
4	GP	City of Johannesburg Metro	8 867	59 365	31%
5	EC	O R Tambo	7 768	67 133	35%
6	WC	Cape Winelands	6 996	74 129	39%
7	GP	Ekurhuleni Metro	6 866	80 995	43%
8	EC	Buffalo City Metro	6 667	87 662	46%
9	EC	Sarah Baartman	5 372	93 034	49%
10	WC	Garden Route	5 273	98 307	52%
11	EC	Amathole	4 925	103 232	54%
12	GP	City of Tshwane Metro	4 587	107 819	57%
13	EC	Chris Hani	4 034	111 853	59%
14	WC	West Coast	3 814	115 667	61%
15	MP	Ehlanzeni	3 389	119 056	63%
16	KZN	Ugu	3 261	122 317	64%
17	KZN	uMgungundlovu	3 249	125 566	66%
18	NW	Dr Kenneth Kaunda	3 127	128 693	68%
19	NW	Ngaka Modiri Molema	3 127	131 820	69%
20	EC	Alfred Nzo	2 852	134 672	71%
21	FS	Mangaung Metro	2 823	137 495	72%
22	NC	Frances Baard	2 791	140 286	74%
23	NW	Bojanala Platinum	2 654	142 940	75%
24	MP	Nkangala	2 581	145 521	76%
25	KZN	King Cetshwayo	2 503	148 024	78%

Rank	Province	District	Lab-confirmed PTB cases, 2024	Cumulative N	Cumulative %
26	NW	Dr Ruth Segomotsi Mompati	2 281	150 305	79%
27	WC	Overberg	2 166	152 471	80%
28-52		Remaining 25 districts	38 003	190 474	100%
Total laboratory-confirmed PTB			**190 474**		

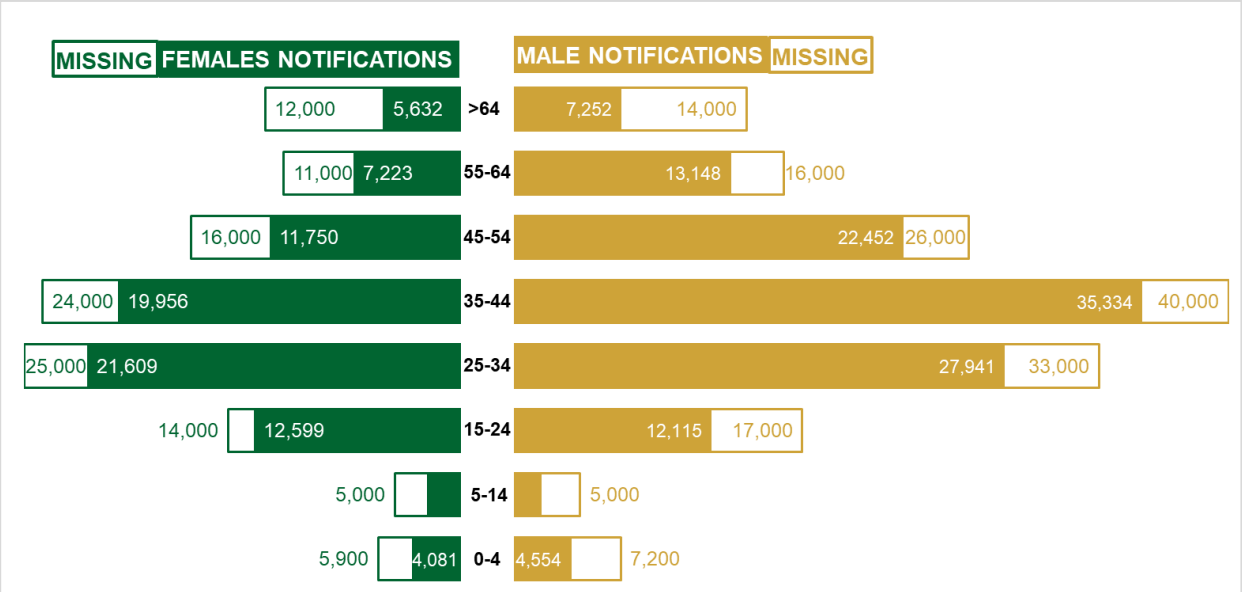
SOURCE: NHLS / NICD CENTRE FOR TB

NOTE: THESE ARE CASE-BASED SURVEILLANCE DATA FOR ALL LABORATORY-CONFIRMED PULMONARY TB, WHICH ARE DE-DUPLICATED AND PROCESSED BY THE NICD.

2.2. TB notification in South Africa

In South Africa, a TB notification refers to a TB patient that has been diagnosed, started on treatment, and recorded in the electronic TB surveillance systems for drug-susceptible TB (DS-TB; TIER.Net) and DR-TB (EDRWeb). According to the WHO Global TB Report 2024, treatment coverage in South Africa increased to 79% in 2023 (from 77% in 2022), and the estimated number of people missing with TB decreased to 58,290 (from 65,705 in 2022). However, there are many missing people, as shown in Figure . There are more missing people among males (55% of total missing people), and 15-35-year-olds accounted for 42% of missing people in 2023.

FIGURE 3: TB INCIDENCE-NOTIFICATION GAPS BY AGE GROUP AND SEX, 2023

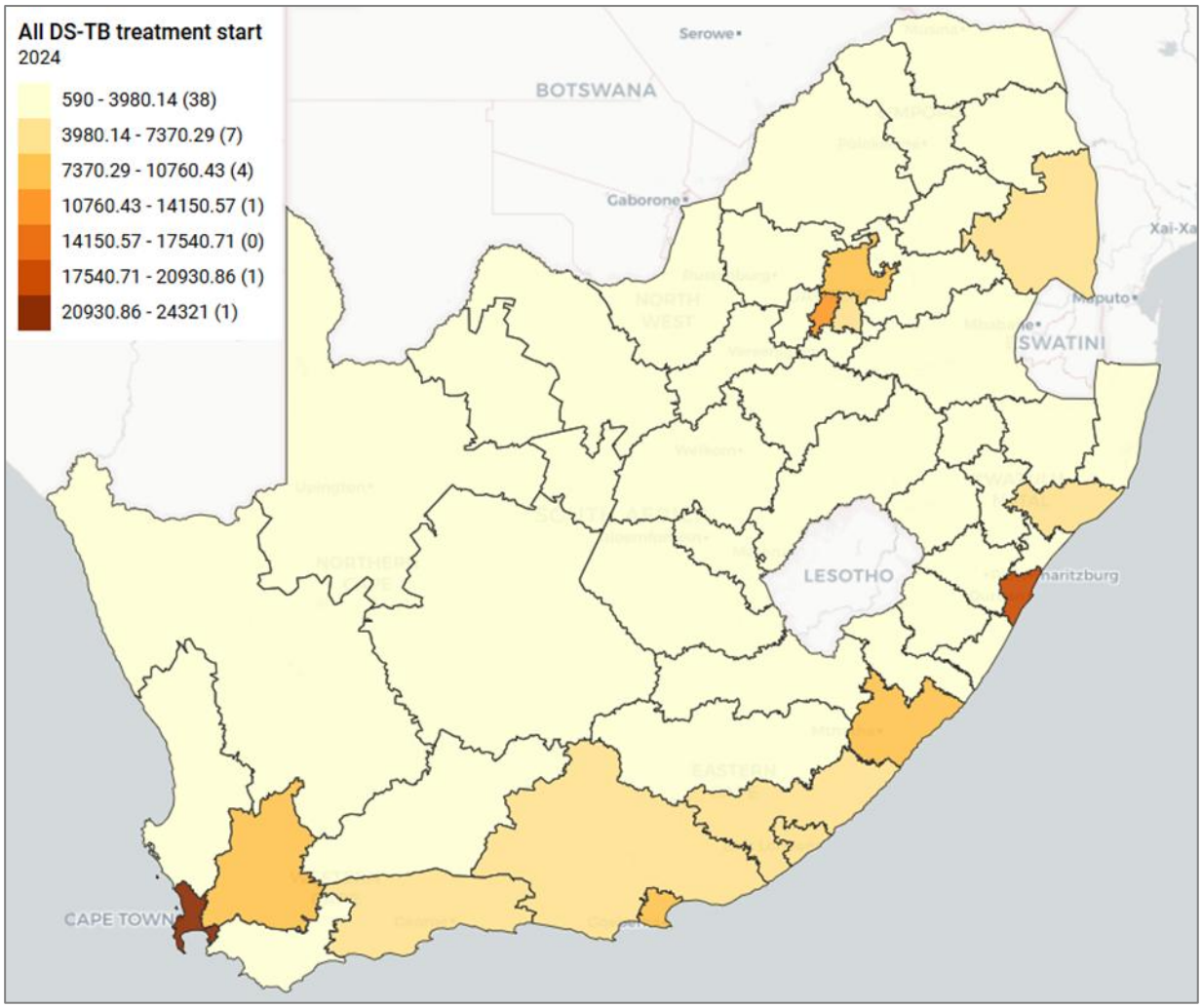


SOURCE: WHO GLOBAL TB REPORTS, 2024

South Africa reported a total of 217,275 people with all types of TB (DS-TB: 210,827; DR-TB: 6,448). This is equivalent to 98% of the TB Recovery Plan notifications target for 2024. Nevertheless, there remain concerns around treatment coverage.

Figure 4 further illustrates that the number of DS-TB patients started on treatment varies significantly by district. The Global TB Report 2025 will publish data for 2024.

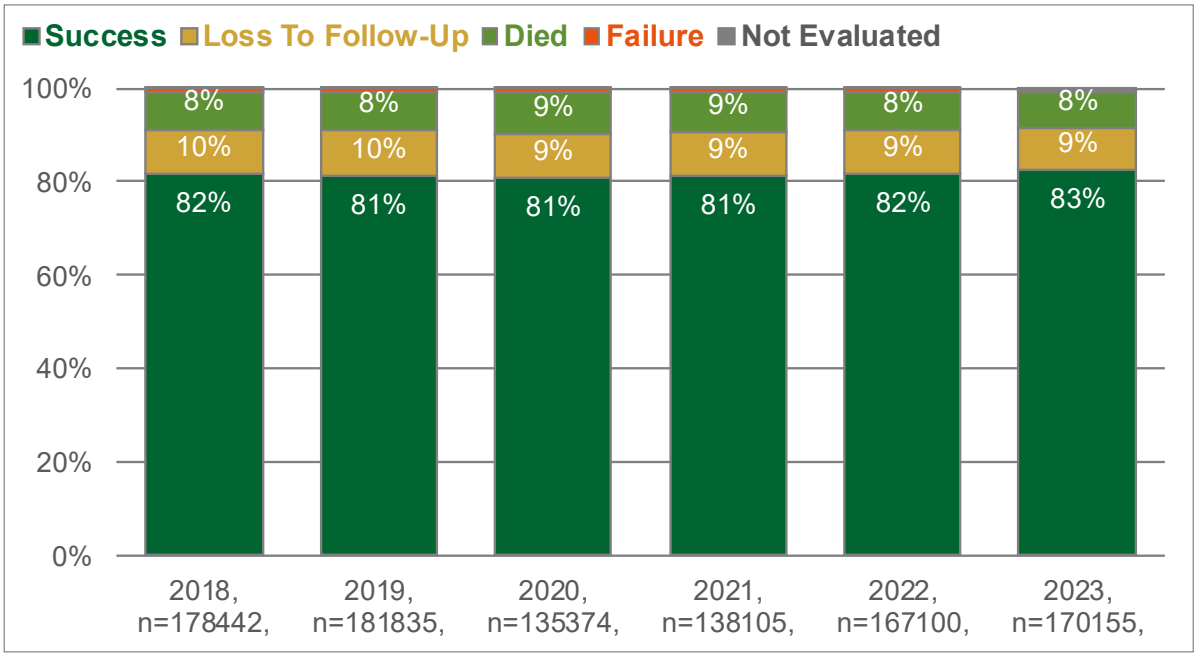
FIGURE 4: DISTRIBUTION OF DS-TB NOTIFICATIONS ACROSS DISTRICTS, 2024 (DHIS)



2.3. Drug-susceptible TB treatment outcomes

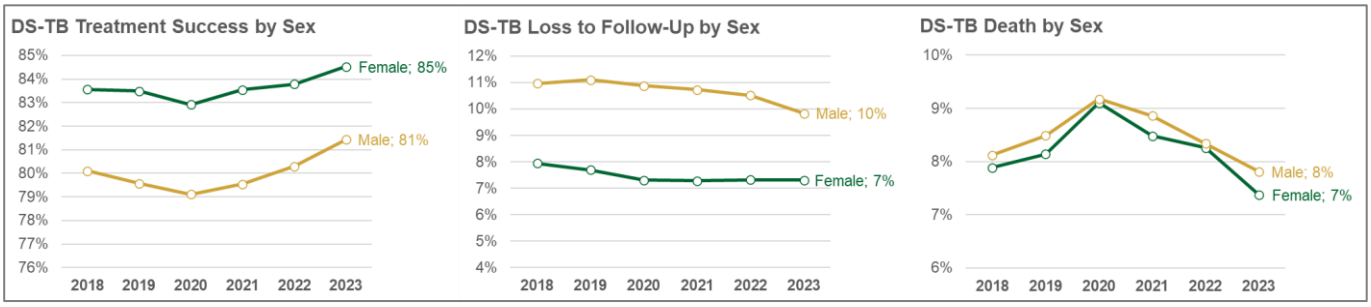
DS-TB treatment success rates in South Africa have remained stable at 81–83% over the past six years, with small variations in loss to follow-up and mortality (Figure 3). In 2023, 83% of patients in the DS-TB outcome cohort successfully completed treatment (meeting the treatment success rate target from the TB Recovery Plan 3.0), with 9% loss to follow-up and 8% mortality. These national averages mask important disparities by sex and HIV status. Men consistently had poorer outcomes than women, with lower treatment success (81% vs. 85%) and higher rates of both loss to follow-up (10% vs. 7%) and death (8% vs. 7%) in 2023 (Figure 4).

FIGURE 3: TOTAL DS-TB TREATMENT OUTCOME RATES, 2018-2023



SOURCE: TIER.NET (NATIONAL DEPARTMENT OF HEALTH INFORMATION CENTRE)

FIGURE 4: DS-TB TREATMENT OUTCOME RATES BY SEX, 2018-2023

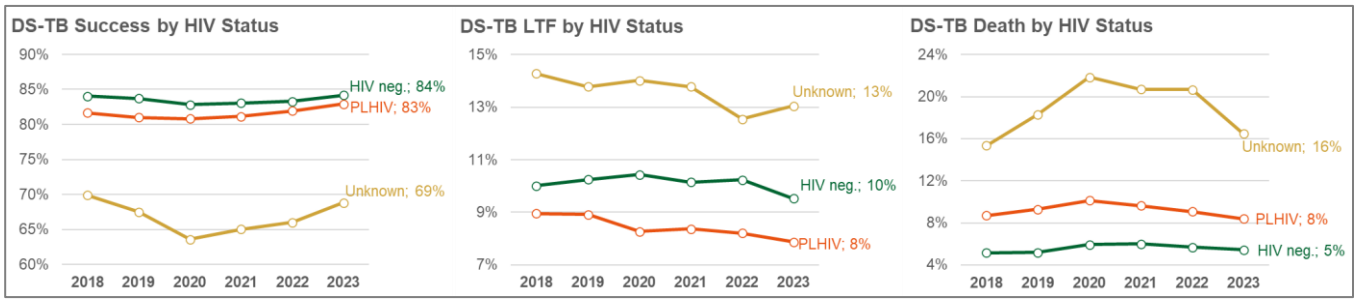


SOURCE: TIER.NET (NATIONAL DEPARTMENT OF HEALTH INFORMATION CENTRE)

HIV status is another major determinant of DS-TB treatment outcomes (

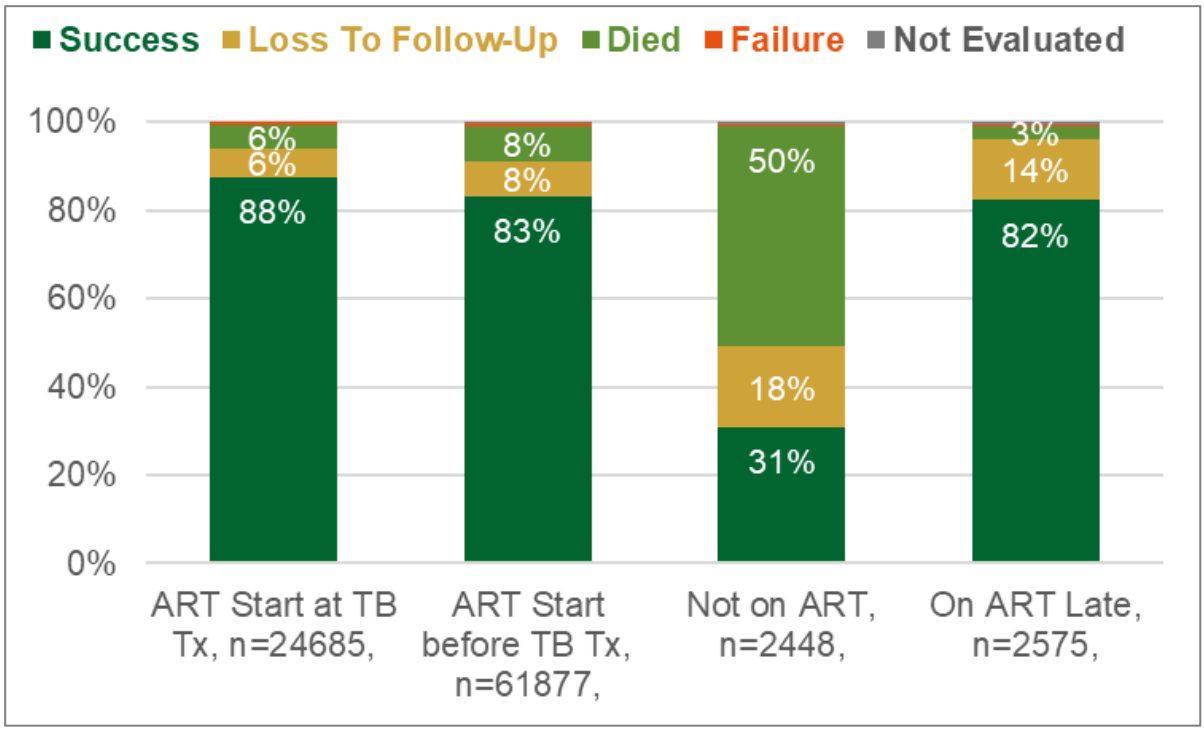
Figure 5). HIV-negative patients had the highest success rate in 2023 (84%), followed by PLHIV at 83%. Patients with unknown HIV status had the worst outcomes (albeit making up only 7% of the DS-TB treatment cohort in 2023), with only 69% treatment success, 13% loss to follow-up, and 16% mortality. Among PLHIV, ART status strongly influenced outcomes (Figure 6). Those started on ART at the time of TB treatment had the highest success rate (88%), while those already on ART achieved 83%. Outcomes were markedly worse for PLHIV not on ART with only 31% success and 50% mortality, highlighting the critical importance of ART access and adherence. Patients who initiated ART late had intermediate outcomes (82% success, 14% loss to follow-up), further reinforcing the benefits of early treatment integration.

FIGURE 5: DS-TB TREATMENT OUTCOME RATES BY HIV STATUS, 2018-2023



SOURCE: TIER.NET (NATIONAL DEPARTMENT OF HEALTH INFORMATION CENTRE)

FIGURE 6: DS-TB TREATMENT OUTCOME RATES BY ART STATUS (PLHIV ONLY), 2023



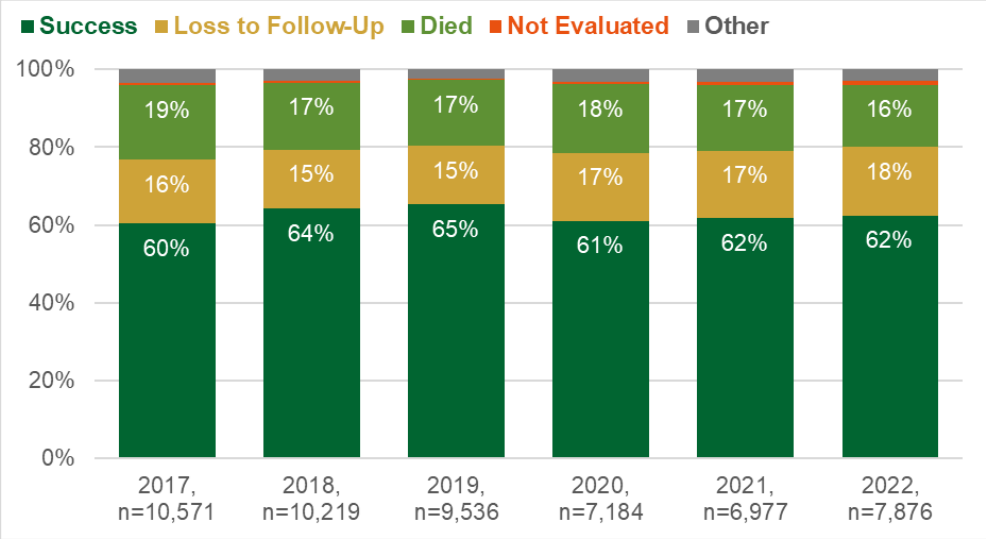
SOURCE: TIER.NET (NATIONAL DEPARTMENT OF HEALTH INFORMATION CENTRE)

2.4. Drug-resistant TB in South Africa

Treatment success for (DR-TB) improved modestly from 60% in 2017 to 62% in 2022, although outcomes remain well below the national tb recovery plan 3.0 target of 73% (

Figure 7). Mortality and loss to follow-up remain key contributors to poor performance, with 16% of patients dying and 18% loss to follow-up in 2022. Notably, treatment outcomes differ by sex and regimen type. In 2022, treatment success was slightly higher for females (63%) compared to males (62%), and males experienced higher loss to follow-up (19% vs. 15%) and marginally lower mortality (15% vs. 17%) (Figure 8).

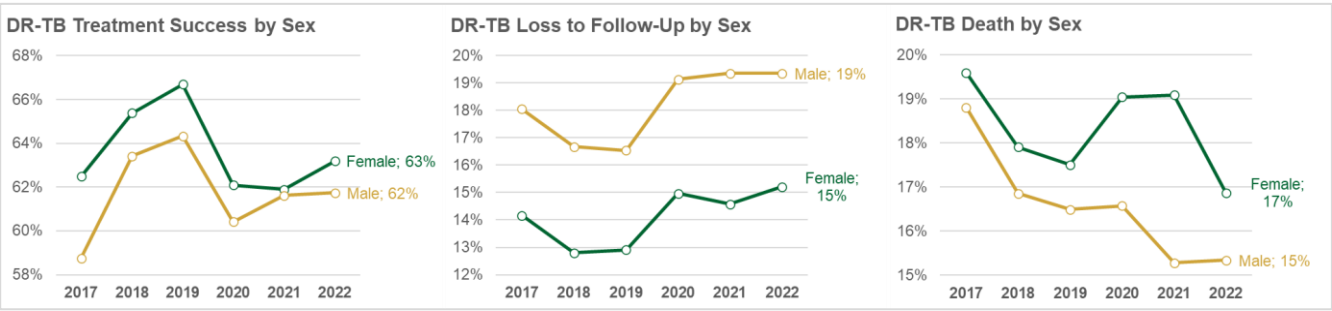
FIGURE 7: TOTAL DR-TB TREATMENT OUTCOME RATES, 2017-2022



SOURCE: EDRWEB

NOTE: OTHER = TREATMENT FAILURE + TRANSFER OUT

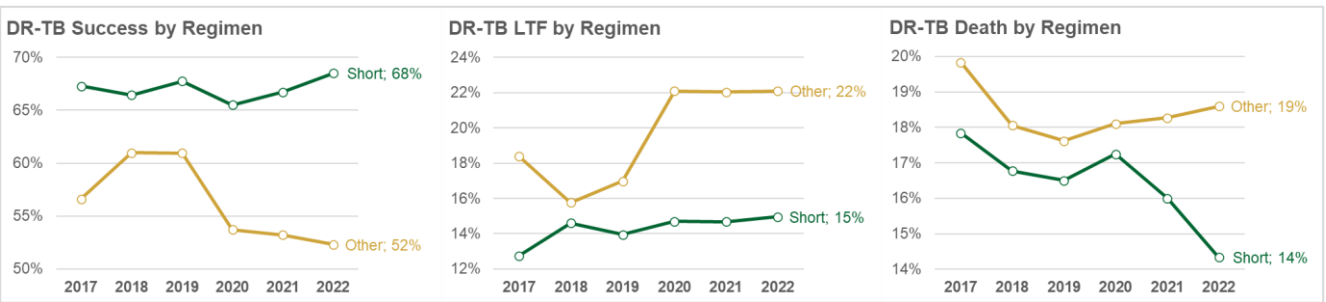
FIGURE 8: DR-TB TREATMENT OUTCOME RATES BY SEX, 2017-2022



SOURCE: EDRWEB

The introduction and scale-up of shorter regimens have led to improved outcomes over time (Figure 9). Patients on short regimens achieved a 68% treatment success rate in 2022, compared to just 52% among those on other regimens. Shorter regimens were also associated with lower loss to follow-up (15% vs. 22%) and lower mortality (14% vs. 19%), underscoring their programmatic value.

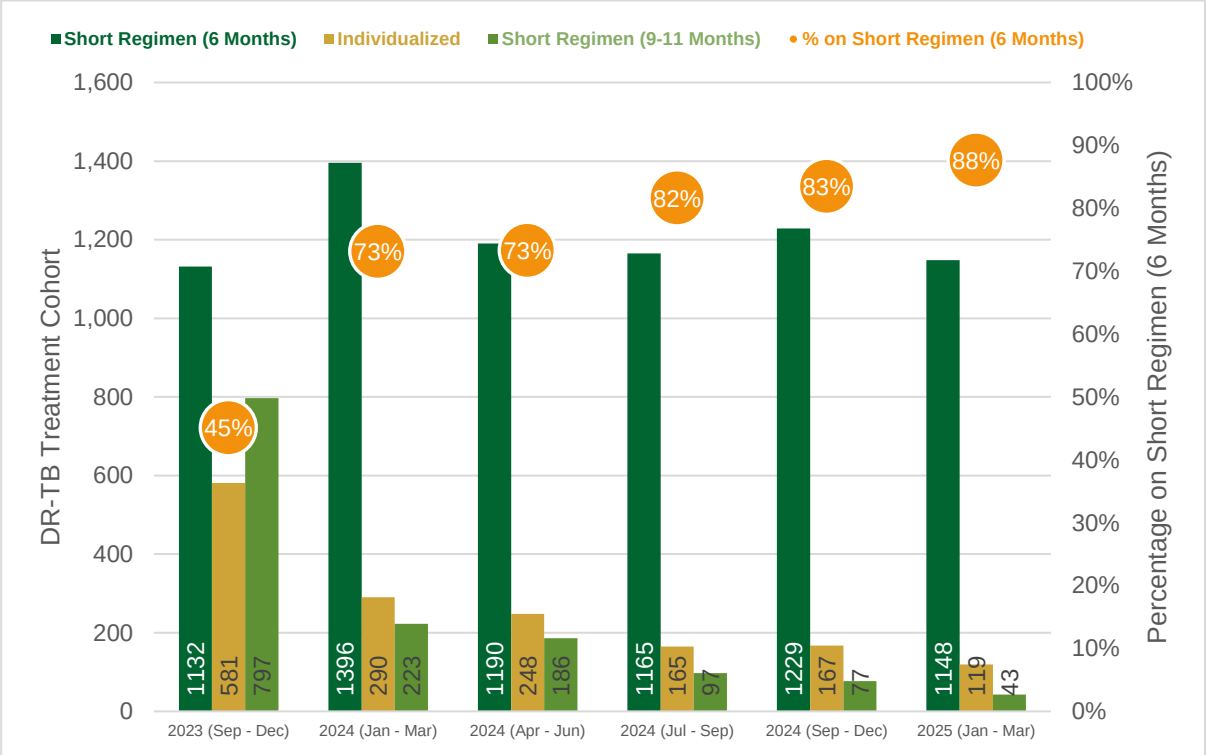
FIGURE 9: DR-TB TREATMENT OUTCOME RATES BY REGIMEN TYPE, 2017-2022



SOURCE: EDRWEB

Figure 10 shows that uptake of the 6-month regimen has been rapid since its introduction in September 2023. Nearly half (45%) of DR-TB patients were already initiated on BPaL-L during the last four months of 2023. This increased significantly to 88% by the end of March 2025, indicating strong programmatic adoption of the shorter, all-oral regimen.

FIGURE 10: DR-TB TREATMENT COHORT BY BPAL-L-TREATMENT, 1 SEPTEMBER 2023 - 31 MARCH 2025

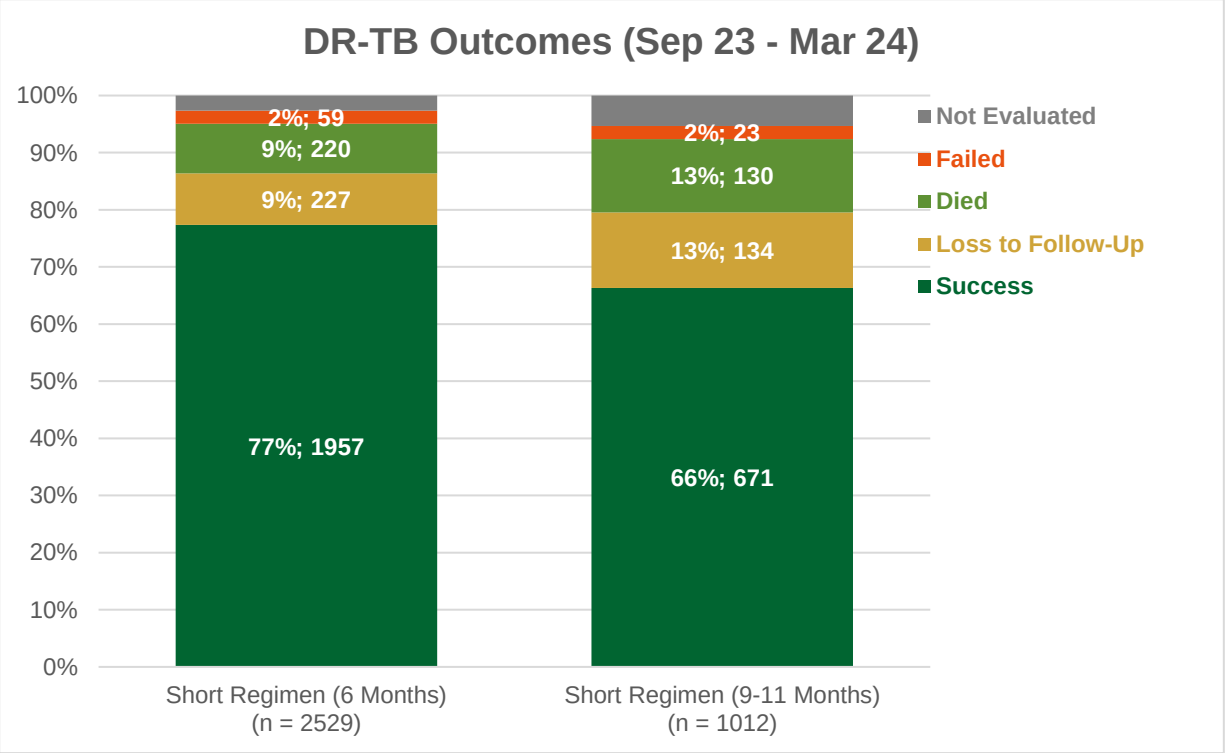


SOURCE: EDRWEB

Initial treatment outcomes for BPaL-L are highly encouraging. Among the 2,529 patients who started on a 6-month regimen between September 2023 and March 2024, 77% achieved treatment success compared to 66% for the old 9-month regimen (

Figure 11). This is a remarkable result, exceeding the national treatment success target of 73% for DR-TB. While these findings are preliminary, they signal the potential of BPaL-L to dramatically improve treatment outcomes and reduce the burden of DR-TB in South Africa.

FIGURE 11: TREATMENT OUTCOMES FOR SHORT REGIMENS, 1 SEPTEMBER 2023 - 31 MARCH 2024



SOURCE: EDRWEB

3. AIMS AND KEY OBJECTIVES OF TB RECOVERY PLAN 4.0

The TB Recovery Plan 4.0 **aims to accelerate reduction in TB incidence by 5% and reduction in TB mortality by 5%** towards the END TB Targets (Table 3). South Africa is already ahead of its 2025 incidence milestone as described above but will not be able to meet the milestone for TB mortality.

TABLE 3: END TB TARGETS AND INTERMEDIATE MILESTONES

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

In line with the national TB Strategic Plan: 2023 – 2028, the key objectives of the TB Recovery Plan 4.0 are outlined in Table 4 below.

TABLE 4: TB RECOVERY PLAN 4.0 KEY OBJECTIVES

TB Strategic Plan: 2023 - 2028 Pillars	TB Recovery Plan 4.0 Key Objectives
Communicate & Advocate	1. Create demand for TB services through advocacy and communication
Find & Link	2. Find people with TB
	3. Link to TB care
Treat & Retain	4. Retain in care
Prevent & Prepare	5. Prevent TB
	6. Prepare for the introduction of a TB vaccine
Monitor & Assess	7. Strengthen TB programme in the mines
	8. Use data for monitoring and decision making

4. KEY OBJECTIVES AND ACTIVITIES

4.1. Create demand for TB services through advocacy and communication

- Implement the End TB Campaign
- Engage all stakeholders in TB

4.2. Find people with TB

- Conduct 5 million TB tests
- Ensure TB testing among PLHIV reengaged in care (1.1 million Campaign)
- Monitor TUTT (Targeted Universal TB Testing) implementation

- Scale up TB testing in children and young adolescents
- Monitor implementation of DCXR (Digital Chest X-ray) screening

4.3. Link to TB care

- Increase TB NAAT SMS notification coverage.
- Strengthen tracing of bacteriologically confirmed TB patients
- Increase proportion of children and young adolescents initiated on TB treatment

4.4. Retain in care

- Scale up shorter paediatric DS-TB regimen
- Increase and monitor access to CCMDD for eligible TB patients
- Monitor and reduce loss to follow-up – strengthen tracing and reengagement in care

4.5. Prevent TB

- Monitor initiation of TPT for TB contacts (TB preventive treatment)

4.6. Prepare for the introduction of a TB vaccine

- Participate in quarterly meetings of NAGI TB Vaccines Working Group
- Convene WHO TB vaccine country workshop and develop implementation roadmap
- Host two G20 side events on TB vaccine finance and access

4.7. Strengthen TB programme in the mines

- Conduct situational analysis of TB in small to medium sized mines
- Develop plan to strengthen TB management in the mines

4.8. Use data for monitoring and decision making

- Convene quarterly data review meetings
- Review quarterly provincial programme reports, including reports on TB in the mines
- Develop consolidated public-facing TB dashboard
- Support TB operational research
- Prepare for external programme review in next financial year
- Prepare for TB drug resistance survey

5. CRITICAL ENABLERS

5.1. Improve surveillance for TB

- Strengthen the national surveillance system for TB, particularly the development and implementation of the Electronic Medical Record (EMR)
- Develop and implement a public-facing dashboard on TB testing, notification, and TB deaths
- Strengthen pharmacovigilance for TB

5.2. Adopt quality improvement approaches to close the gaps in the TB care cascade

- Disseminate South African TB Quality Improvement Guide
- Entrench the use of data and quality improvement methods to find, link and retain patients until completion of TB treatment
- Scale up and strengthen implementation of TB quality improvement nationally
- Scale up clinical and mortality audits

5.3. Guidelines/SOPs

- Develop SOP for upfront collection of two specimens for TB testing
- Develop SOP for DR-TB data quality management

5.4. Capacity building

- Develop training materials to support TB Recovery Plan activities.
- Expand the use of electronic media to rapidly scale-up training.

6. IMPLEMENTATION OF THE TB RECOVERY PLAN 4.0

The implementation period of the TB Recovery Plan 4.0 starts from 1st April 2025 to 31st March 2026. Epidemiological data like case finding and treatment outcomes are reported on an annual basis using the calendar year.

Broad implementation activities are set out in Annexure A and the roles and responsibilities from national to facility and community level are set out in Annexure B. Provinces are expected to align their implementation plans with the broad national plan, whilst adapting these to suit their local context.

Strengthened monitoring and evaluation of the TB programme is a critical enabler for successful implementation of the TB Recovery Plan 4.0. Accurate and timely capture of patient level information from clinical records into Tier.NET and EDR Web will help us to evaluate progress to ensure that we reach the targets set out in Annexures C (Monitoring and Evaluation Framework) and Annexure D (District Level Targets).

ANNEXURE A: IMPLEMENTATION PLAN

The TB Recovery Plan 4.0 implementation period is from April 2025 to March 2026 during which activities will be rapidly scaled up.

Key Objectives	Activities	Timeframe	Responsibility	Key Partners	Performance Measure
Create demand for TB services through advocacy and communication	Implement the End TB Campaign	Ongoing	ACSM	TSU GF-SR	Number of provincial roadshows
	Engage all stakeholders in TB • Private sector, including mining sector • Public sector, including Higher Education, Basic Education, Social Development • Communities, including traditional leaders and healers	Ongoing	ACSM	TSU	Number of stakeholder sessions conducted; Number of stakeholders engaged
Find people with TB	Conduct 5 million TB tests	Ongoing	NTP, Provinces	NHLS	Number of TB-NAATs conducted
	Ensure TB testing among PLHIV reengaged in care (1.1 million Campaign)	Ongoing	NTP, HIV Cluster, Provinces	NHLS, DSPs, GF-SR	
	Monitor TUTT implementation	Ongoing	NTP, Provinces	NHLS, GF-SR	
	Scale up TB testing in children and young adolescents	Ongoing	NTP, Provinces	NHLS, GF-SR	

	Monitor implementation of DCXR screening	Ongoing	NTP, Provinces	GF-SR	Proportion of clients screened for TB using DCXR with abnormalities suggestive of TB
Link to TB care	Increase TB NAAT SMS notification coverage	Ongoing	NTP, Provinces	NHLS	SMS delivery notification coverage for TB NAATs conducted
	Strengthen tracing of bacteriologically confirmed TB patients	Ongoing	NTP, Provinces	GF-SR	Number of TB patients started on treatment
	Increase proportion of children and young adolescents initiated on treatment	Ongoing	NTP, Provinces	GF-SR	Proportion of patients started on treatment that are children and young adolescents
Retain in care	Scale up shorter paediatric DS-TB regimen	Ongoing	NTP, Provinces	GF-SR AMD	Number of children treated with 4 months regimen
	Increase and monitor access to CCMDD for eligible TB patients	Ongoing	NTP, provinces	GF-SR, CCMDD	Number of people enrolled on CCMDD system
	Monitor and reduce loss to follow-up	Ongoing	NTP Provinces	GF-SR	Proportion of patients LTF
Prevent TB	Monitor initiation of TPT	Ongoing	NTP, Provinces	GF-SR	Number of TB contacts initiated on TPT

Prepare for the introduction of a TB vaccine	Participate in quarterly meetings of NAGI TB Vaccines Working Group	Quarterly	NTP	TSU	Minutes
	Convene WHO TB vaccine country workshop and develop implementation roadmap	Quarterly	NTP	TSU	Minutes
	Host two G20 side events on TB vaccine finance and access	Biannual	NTP	TSU	Number of side events hosted
Strengthen TB programme in the mines	Conduct situational analysis of TB in small to medium sized mines	March 2026	NTP	TB Think Tank	Report
	Develop plan to strengthen TB management in the mines	March 2026	NTP	TB Think Tank	Drafted Plan
Use data for monitoring and decision making	Convene quarterly data review meetings	Quarterly	NTP	TSU	Minutes
	Review quarterly provincial programme reports, including reports on TB in the mines	Quarterly	RIMES	TSU	Reports
	Develop consolidated public-facing TB dashboard	Ongoing	RIMES	TSU	Dashboard available
	Support TB operational research	Ongoing	DR-TB	NHLS	Number of provinces participating in tNGS study
	Prepare for external programme review in next financial year	March 2026	NTP	TSU	Concept note drafted
	Prepare for TB drug resistance survey	March 2026	NTP	TSU, WHO, NICD	Protocol drafted

ANNEXURE B: ROLES AND RESPONSIBILITIES

1. National Level

- Development of national operational plans with budget allocation for key activities
- Support the development of provincial operational plans
- Develop training materials
- Develop IEC materials
- Liaise with SANAC, NHLS, NICD, pharmaceutical services, PHC, technical partners, donors and other key stakeholders to facilitate implementation of the TB Recovery Plan
- Develop and implement a national TB communication strategy
- Undertake community and civil society engagement and social mobilization activities
- Provide technical support to provinces
- Monitor implementation of the plan against performance targets
- Compile and disseminate monthly and quarterly progress reports

2. Provincial Level

- Develop provincial operational plans with budgets
- Monitor implementation of the TB programme in the province
- Coordinate and conduct training for facility staff
- Monitor TB drug stock levels at provincial level
- Provide technical support to poorly performing districts and health facilities
- Develop and implement a provincial TB communication strategy
- Disseminate IEC materials to TB patients and affected communities
- Plan and conduct TB awareness campaigns in priority districts and communities
- Coordinate and monitor Partner and stakeholder support in TB activities

3. District Level

- Develop costed district operational plans
- Monitor the quality TB services provided
- Monitor stock levels and ensure uninterrupted TB drug supplies
- Ensure the availability of laboratory commodities in health facilities and for community outreach services
- Monitor the quality and timeliness of data at facility level and ensure completeness of reports
- Strengthen integration of services at PHC level
- Conduct supervisory/support visits to health facilities
- Coordinate training activities
- Plan targeted campaigns for priority / hard to reach communities and groups
- Engage and coordinate TB activities conducted by local leadership, NGOs and DSPs

- Strengthen referral systems between community care, clinics, and hospitals
- Monitor implementation of facility TB infection control plans

4. Facility Level

- Provide quality TB screening, testing, and treatment services as per guidelines and SOPs
- Undertake timely tracing of patients that are not yet initiated on treatment or who are lost to follow-up
- Strengthen community outreach services by establishing linkages with community health workers, local NGOs/ CBOs and other community structures
- Ensure availability of medicines, commodities
- Undertake data quality assessments to strengthen the quality of routine TB data
- Compile facility TB data and ensure timely reporting to the next level
- Conduct TB patient risk assessment and provide education and counselling at diagnosis
- Enrolment of eligible patients on the CCMDD or MMD programmes

5. National Institute for Communicable Diseases

- Provide weekly TB alerts to national, provinces and district managers
- Conduct geo-mapping of TB hotspot areas
- Monitor and support local TB outbreak response
- Provide summary reports to populate the national TB surveillance dashboard

6. National Health Laboratory Services

- Strengthen the TB specimen collection system to reduce the turn-around time for results
- Monitor quality of the specimen collection bottles and provide guidance on proper closure to reduce spillages
- Provide regular line lists for DS and DR-TB to national, provincial and district levels
- Support provincial campaigns by providing on-site testing services
- Compile rejection reports for actioning by provinces

7. District Support Partners

- Support districts to implement their TB recovery plan activities
- Provide technical support to improve the quality of TB services
- Provide technical support to improve data quality
- Conduct training and mentoring of health facility staff
- Participate in district level supervisory visits to unsupported facilities and nerve centre meetings
- Support health facilities in risk assessments, development, and implementation of facility TB infection control plans

8. SANAC Technical Working Group

- Identify pitfalls and table issues concerning TB programme implementation, monitoring & evaluation
- Mobilize engagement and support across sectors (government, civil society, non-government organizations, private sector)
- Ensure TB programme links to the goals and targets of the NSP
- Promote inclusiveness and ownership at political, policy and implementation level
- Coordinate and monitor TB-MAF activities by Sectors

9. National TB Think Tank

- Review emerging evidence and synthesise findings that are relevant to improving TB control efforts
- Develop policy briefs as required
- Assess research required to strengthen TB control efforts (implementation science research, new drug regimens, costing, etc)
- Provide advisory support to the National TB Programme as needed

10. DR-TB National Clinical Advisory Committee

- Provide evidence-based inputs in the formulation of policies, strategies and treatment guidelines for DR-TB
- Advise the TB Cluster Manager on the newly introduced DR-TB drugs or regimens, on monitoring and evaluation of these regimens
- Facilitate the development of the clinical monitoring protocols for novel agents and regimens
- Facilitate the roll-out of novel and repurposed agents
- Monitor and evaluate the implementation of novel agents and regimens
- Provide clinical guidance and oversight on the management of complex DR-TB patients

11. Community leaders and civil society

- Undertake community education to create awareness and demand for TB services
- Develop and implement TB stigma mitigation plans
- Support local TB screening and testing campaigns
- Work closely with district health management teams and clinic committees to address community and health service delivery challenges
- Hold government accountable for TB service delivery

11. National Quality Improvement Technical Working Group

- Set focus and agenda for TB QI Programme
- Build capacity for TB QI
- Develop MERL (monitoring, evaluation, reporting, learning) framework for TB QI

ANNEXURE C: MONITORING AND EVALUATION FRAMEWORK

Objective 1: Create demand for TB services through advocacy and communication				
Indicators	**Baseline**	**Target 2025/26**	**Data Source**	**Reporting Frequency**
Number of provincial End TB Campaign roadshows	n/a	9	Minutes/Reports	Monthly (Q1)
Number of stakeholder engagement sessions convened	n/a	n/a	Minutes/ACSM Reports	Quarterly
Number of stakeholders engaged	n/a	n/a	ACSM Reports	Quarterly
Objective 2: Find people with TB				
Indicators	**Baseline**	**Target 2025/26**	**Data Source**	**Reporting Frequency**
Number of TB NAATs conducted	2,991,134 (2024)	5,000,000	NICD Reports	Quarterly
Proportion of clients screened with DCXR with abnormalities suggestive of TB	11% (2024)	No target	DCXR Information Systems	Quarterly
Objective 3: Link to TB care				
Indicators	**Baseline**	**Target 2025/26**	**Data Source**	**Reporting Frequency**
Increase TB NAAT SMS coverage	45% (2024)	60%	NICD Reports	Monthly, Quarterly
Total number of TB patients started on treatment	217,275 (2024)	241,289	TIER.Net, EDRWeb	Quarterly
Proportion of patients started on treatment that are children and young adolescents	7% (2024)	10%	TIER.Net, EDRWeb	Quarterly

Objective 4: Retain in care				
Indicators	**Baseline**	**Target 2025/26**	**Data Source**	**Reporting Frequency**
Improve treatment success	DS-TB (83%, 2023) DR-TB (6 months, new indicator)	DS-TB (85%); DR-TB (6 months, 75%)	TIER.Net, EDRWeb	Quarterly
Proportion of patients lost to follow-up	DS-TB (9%, 2023) DR-TB (6 months, new indicator)	DS-TB (8%) DR-TB (6 months, 9%)	TIER.Net, EDRWeb	Quarterly
Number of patients enrolled on the CCMDD system	No data	No target	SYNCH	Quarterly
Number of children treated with 4-month regimen	New	No target	TIER.Net	Quarterly
Objective 5: Prevent TB				
Indicators	**Baseline**	**Target 2025/26**	**Data Source**	**Reporting Frequency**
Number of household contacts started on TPT (sum of contacts <5years and contacts 5years and older)	77,122 (2024)	256,157	DHIS	Monthly
Objective 6: Prepare for the introduction of a TB vaccine				
Indicators	**Baseline**	**Target 2025/26**	**Data Source**	**Reporting Frequency**
Number of NAGI TB Vaccine Working Group meetings	4 (2024)	4	Minutes	Quarterly
Number of WHO TB vaccine workshops hosted	n/a	4	Minutes	Quarterly
Number of TB Vaccine side events hosted at G20 meetings	n/a	2	Minutes/Reports	Biannually
Objective 7: Strengthen TB programme in the mines				
Indicators	**Baseline**	**Target 2025/26**	**Data Source**	**Reporting Frequency**
Conduct situational analysis of TB in small to medium sized mines	n/a	Situational analysis report	Report	Once off
Develop plan to strengthen TB management in the mines	n/a	Finalized plan	Plan	Once off

Objective 8: Use data for monitoring and decision making				
Indicators	**Baseline**	**Target 2025/26**	**Data Source**	**Reporting Frequency**
Convene data review meetings	n/a	4	Minutes	Quarterly
Number of quarterly programme reports received from provinces	16 (2024)	36	Provincial Reports	Quarterly
Consolidated public-facing TB dashboard available	n/a	Dashboard available	Dashboard	Once off
Number of provinces participating in tNGS study	n/a	6	NHLS	Quarterly
Draft concept note for external programme review available	n/a	Concept note available	NTP	Once off
Draft protocol for TB drug resistance survey available	n/a	Draft protocol available	NTP	Once off

ANNEXURE D: TB TESTING, NOTIFICATION & TREATMENT TARGETS

District / Province	Estimated Number of TB NAATs Required	TB Notification / Treatment Targets (All Patients)
A Nzo DM: DC44	61 914	2 870
Amathole DM: DC12	87 004	4 234
Buffalo City MM: BUF	110 469	5 513
C Hani DM: DC13	72 099	3 499
Joe Gqabi DM: DC14	47 194	2 388
N Mandela Bay MM: NMA	142 634	7 378
OR Tambo DM: DC15	180 466	8 850
Sarah Baartman DM: DC10	74 580	3 850
EASTERN CAPE PROVINCE	**776 359**	**38 582**
Fezile Dabi DM: DC20	30 399	1 320
Lejweleputswa DM: DC18	35 549	1 486
Mangaung MM: MAN	57 374	2 705
T Mofutsanyana DM: DC19	44 540	1 797
Xhariep DM: DC16	11 600	556
FREE STATE PROVINCE	**179 463**	**7 863**
Ekurhuleni MM: EKU	250 795	11 888
Johannesburg MM: JHB	384 364	18 501
Sedibeng DM: DC42	72 357	3 416
Tshwane MM: TSH	164 870	7 551
West Rand DM: DC48	75 070	3 610
GAUTENG PROVINCE	**947 457**	**44 965**
Amajuba DM: DC25	61 140	2 980
eThekwini MM: ETH	408 969	19 120
Harry Gwala DM: DC43	50 888	2 370
iLembe DM: DC29	86 625	4 182
King Cetshwayo DM: DC28	120 971	5 730
Ugu DM: DC21	106 957	5 133
uMgungundlovu DM: DC22	156 413	7 580
uMkhanyakude DM: DC27	110 795	5 371
uMzinyathi DM: DC24	75 121	3 698
uThukela DM: DC23	68 247	3 122
Zululand DM: DC26	125 666	6 078
KWAZULU NATAL PROVINCE	**1 371 792**	**65 362**

District / Province	Estimated Number of TB NAATs Required	TB Notification / Treatment Targets (All Patients)
Capricorn DM: DC35	90 352	4 440
Mopani DM: DC33	79 606	3 778
Sekhukhune DM: DC47	63 247	3 070
Vhembe DM: DC34	84 386	4 228
Waterberg DM: DC36	52 399	2 506
LIMPOPO PROVINCE	**369 991**	**18 022**
Ehlanzeni DM: DC32	221 167	10 606
G Sibande DM: DC30	72 627	3 040
Nkangala DM: DC31	96 535	4 581
MPUMALANGA PROVINCE	**390 329**	**18 227**
Frances Baard DM: DC9	43 053	2 192
JT Gaetsewe DM: DC45	21 045	1 048
Namakwa DM: DC6	11 729	618
Pixley Ka Seme DM: DC7	22 422	1 151
ZF Mgcawu DM: DC8	30 984	1 621
NORTHERN CAPE PROVINCE	**129 232**	**6 630**
Bojanala Platinum DM: DC37	91 808	4 023
Dr K Kaunda DM: DC40	55 941	2 611
NM Molema DM: DC38	51 736	2 590
RS Mompati DM: DC39	45 245	2 002
NORTH WEST ROVINCE	**244 730**	**11 225**
Cape Town MM: CPT	357 514	18 252
Cape Winelands DM: DC2	84 249	4 384
Central Karoo DM: DC5	6 751	352
Garden Route DM: DC4	66 532	3 462
Overberg DM: DC3	31 132	1 626
West Coast DM: DC1	44 471	2 335
WESTEN CAPE PROVINCE	**590 649**	**30 412**
NATIONAL	**5 000 000**	**241 289**