Tuberculosis Control and Management Programme

TB Recovery Plan 3.0 Report

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AUTHORS

Norbert Ndjeka
Waasila Jassat
Hlengani Mathema

In design collaboration with

RBS Design Studio (Reneé Bollen-Smith)
Beetroot Design (Gerda Lombaard)

www.genesis-analytics.com

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Acronyms

COVID	Coronavirus Disease
DHIS	District Health Information System
DR-TB	Drug-Resistant Tuberculosis
DS-TB	Drug-Susceptible Tuberculosis
EDRWeb	Electronic Drug-Resistant Tuberculosis Register
E-Registers	Electronic Treatment Registers (EDRWeb & TIER.Net)
GF	Global Fund
HIV	Human Immunodeficiency Virus
LTF	Loss to follow-up
MDR-TB	Multidrug-Resistant Tuberculosis
NDoH	National Department of Health
NICD	National Institute for Communicable Diseases
NMC	Notifiable Medical Condition
NTP	National Tuberculosis Programme
PLHIV	People Living with HIV
PWTB	People with Tuberculosis
RR-TB	Rifampicin-Resistant Tuberculosis
SANAC	South African National AIDS Council
SMS	Short Message Service
TB	Tuberculosis
TB NAAT	Tuberculosis Nucleic Acid Amplification Test
TIER.Net	Three Interlinked Electronic Registers
TPT	Tuberculosis Preventive Treatment
TRP	TB Recovery Plan
ULAM	Urinary Lipoarabinomannan
USG	United States Government
WHO	World Health Organization
XDR-TB	Extensively Drug-Resistant Tuberculosis

Executive Summary

Introduction

Tuberculosis (TB) remains a significant public health challenge in South Africa, which continues to rank among the top 10 high-burden countries globally. While notable progress has been made in reducing TB incidence, persistent gaps in mortality reduction, case detection, and treatment outcomes underscore the urgency of the National TB Recovery Plan (TRP) to accelerate efforts towards achieving the End TB Strategy targets. The TRP 3.0 (April 2024 – March 2025) focused on reversing COVID-19-related setbacks, scaling up interventions, and strengthening systems to identify, treat, and prevent TB across all provinces.

Pillar I: Communicate & Advocate: The NDoH successfully launched the **End TB Campaign** and associated **social and behaviour change communication (SBCC) plan**, promoting testing, treatment adherence, and TB prevention while reducing stigma. The digital platform **My TB Story** created a safe space for individuals to share TB experiences, amplifying survivor voices and fostering community support. Complementary activities included a national **Message Design Workshop**, development of branded campaign materials, and a **media advocacy workshop**, equipping journalists and communicators with accurate, stigma-sensitive TB messaging. Community engagements with traditional, religious, and civil society leaders strengthened grassroots mobilization, while **higher education institution activations** targeted adolescents and young adults, engaging over 600 students in TB awareness, screening, and prevention. Together, these initiatives enhanced national visibility of TB, fostered community ownership, and prepared the public for increased TB testing efforts.

Pillar II: Find & Link: TRP 3.0 prioritized scaling up TB detection through **nucleic acid amplification tests (NAATs)**, **digital chest X-ray (DCXR) screening**, and **urine lipoarabinomannan (ULAM) testing**. National TB NAATs reached **nearly 3 million in 2024**, representing a 5% increase from 2023, with most provinces surpassing targets. The DCXR programme screened over 285,000 individuals, identifying asymptomatic TB cases that would otherwise remain undiagnosed. ULAM testing supported improved diagnosis among PLHIV. Despite infrastructural and operational challenges—including limitations in mobile DCXR placement and suboptimal SMS notification coverage—TRP 3.0 successfully initiated **202,484 individuals on treatment**, achieving 91% of the set target. Notification among children and adolescents under 15 years reached 7%, just below the 10% target, highlighting the need for intensified paediatric case finding.

Pillar III: Treat & Retain: The introduction and scale-up of **shorter treatment regimens** for paediatric drug-susceptible (DS-TB) and rifampicin-resistant TB (RR-TB) were central to improving retention and outcomes. The 6-month RR-TB regimen reached 77% of the 2024 cohort, surpassing the 73% treatment success target, while four provinces achieved the DS-TB success rate target of 83%. Despite stagnation in RR-TB outcomes overall, early adoption of shorter regimens demonstrates potential for improved programmatic outcomes. Continued adherence to diagnostic and treatment algorithms, combined with strengthened laboratory surveillance, remains essential to optimize patient outcomes and reduce loss to follow-up.

Pillar IV: Prevent & Prepare: TB preventive treatment (TPT) coverage among contacts remains limited, with 76,963 contacts initiating TPT in 2024 (35% of target). While coverage among children under 5 years showed slight decreases, the number of older contacts receiving TPT has increased steadily since reporting began in April 2023. These interventions, combined with household and community-based prevention activities, form the foundation for reducing TB transmission and future disease burden. Strategic focus on high-risk populations—including PLHIV, miners, and mobile populations—remains critical for preventive impact.

Pillar V: Monitor & Assess: TRP 3.0 emphasized improved monitoring and data-driven decision-making, including surveillance of TB in the mining sector. Progress included establishing a **TB in the Mines Working Group**, integration of mining stakeholders into provincial and national forums, and plans for a dedicated DR-TB & TB in Mines directorate. Data challenges persist, including incomplete capture of second-line drug resistance results and surveillance gaps for some interventions. Strengthening information systems and ensuring timely, accurate data flow are critical priorities to inform interventions, track progress, and guide resource allocation.

Conclusion and Priorities

TRP 3.0 achieved substantial progress in TB detection, awareness, and treatment, laying a strong foundation for accelerated progress toward End TB targets. Key lessons include the importance of:

- Scaling End TB Campaign, testing 5 million people annually particularly among asymptomatic and high-risk populations;
- Strengthening person-centred SBCC interventions and linking them to measurable outcomes;
- Expanding shorter treatment regimens and improving adherence;
- Intensifying TPT coverage and preventive activities;
- Enhancing surveillance systems to provide real-time, actionable data across all levels of care.

Moving forward, TRP 4.0 will focus on reaching **5 million people with TB testing**, improving paediatric case detection, increasing TPT uptake, expanding digital and community-based interventions, and further integrating mining sector activities to address TB among high-risk populations. These efforts aim to consolidate gains, reduce TB mortality, and accelerate South Africa's progress towards ending TB as a public health threat.

Table 1: TB Recovery Plan 3.0 Performance Highlights

TRP 3.0 Indicator	TB NAAT Tests Conducted		SMS Notifications	TB Notifications (DS + DR)	TB Notifications <15 years	DR-TB 6-Month Regimen Enrolment	DS-TB Success	DR-TB Success (Full Cohort)	DR-TB Success (Short Regimens)
Source	(NICD)		(NICD)	(E-Registers)	(E-Registers)	(EDRWeb)	(TIER.Net)	(EDRWeb)	(EDRWeb)
Period	Jan - Dec '24		Jan - Jun '24	Jan - Dec '24	Jan - Dec '24	Jan - Dec '24	Jan - Dec '23	Jan - Dec '22	Jan - Dec '23
District/ Province	Tests	%	%	Started treatment	%	%	%	%	%
Eastern Cape	458 852	69	38	43 461	5	82	79	61	72
Free State	92 971	61	29	6 585	8	83	77	62	64
Gauteng	578 006	132	40	31 489	6	82	85	63	71
KwaZulu-Natal	908 393	147	54	36 648	7	70	85	68	77
Limpopo	117 749	100	50	10 076	6	91	82	65	74
Mpumalanga	207 987	131	53	10 138	5	88	84	68	75
Northern Cape	85 079	68	11	7 305	7	80	77	64	73
North West	141 396	80	48	10 604	8	79	86	67	79
Western Cape	400 701	68	43	46 178	11	71	78	54	57
SOUTH AFRICA	**2 991 134**	**98**	**45**	**202 484**	**7**	**77**	**81**	**62**	**71**

1. Introduction

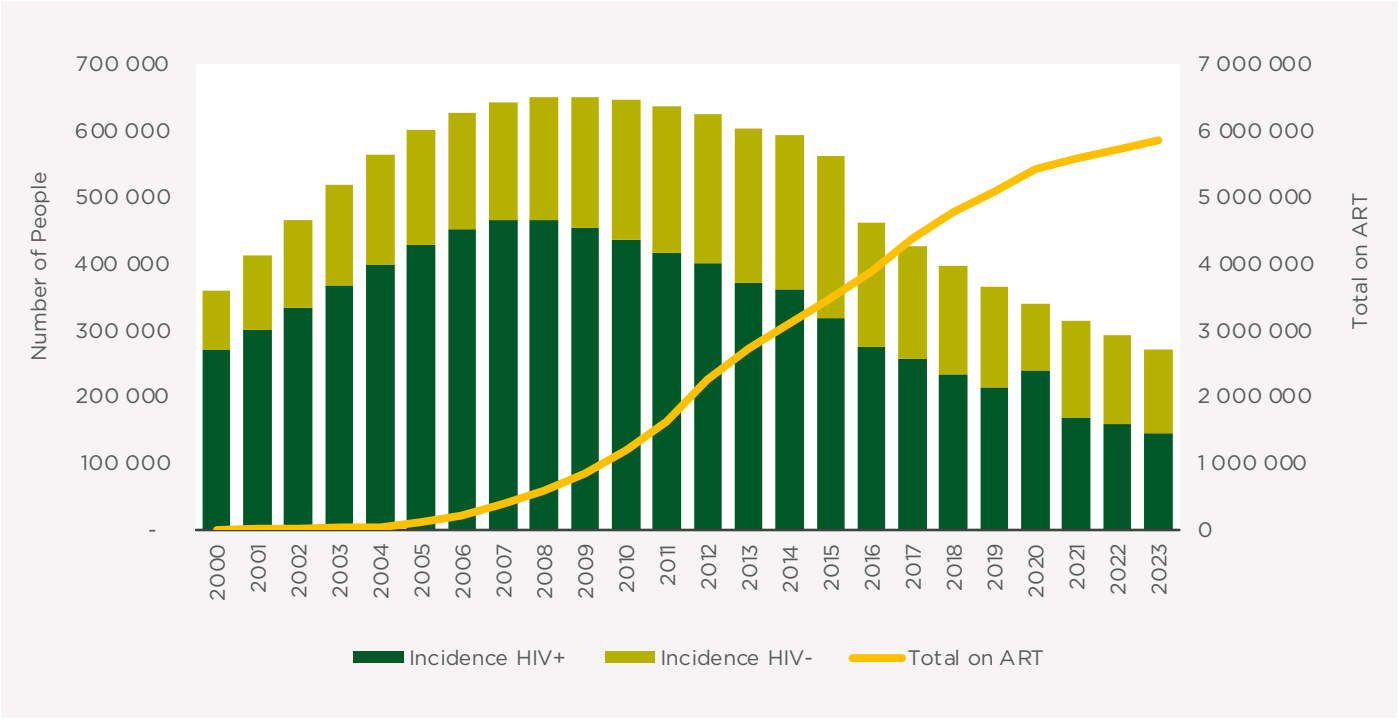
1.1. TB Burden: Global & Regional

Tuberculosis (TB) is an epidemic of global concern as one of the top 10 causes of death and the leading cause of death from a single infectious agent [1]. Globally, the World Health Organization (WHO) estimated that there were 10.8 million people with TB disease (PWTB) in 2023. TB notifications increased from 7.5 million in 2022 to 8.2 million in 2023, only achieving a treatment coverage of 76%. It was estimated that 400,000 people developed rifampicin-resistant/multidrug-resistant TB (RR/MDR-TB), yet only 175,923 (44%) people were started on treatment for RR/MDR-TB. TB mortality was estimated to be 1.25 million in 2023. The African continent is disproportionately affected by TB, accounting for 24% of the global burden and 32% of the deaths.

1.2. TB Burden: South Africa

TB is particularly a concern for South Africa as one of the 10 countries globally with high TB incidence, high TB incidence among people living with the human immunodeficiency virus (PLHIV), and high incidence of RR/MDR-TB [1]. TB incidence and mortality in South Africa increased sharply pre-2009, driven mostly by HIV. The scale-up of antiretroviral treatment (ART) contributed to a reversal in this trend (Figure 1). 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 PLHIV than in HIV-uninfected individuals (59% vs. 54% respectively).

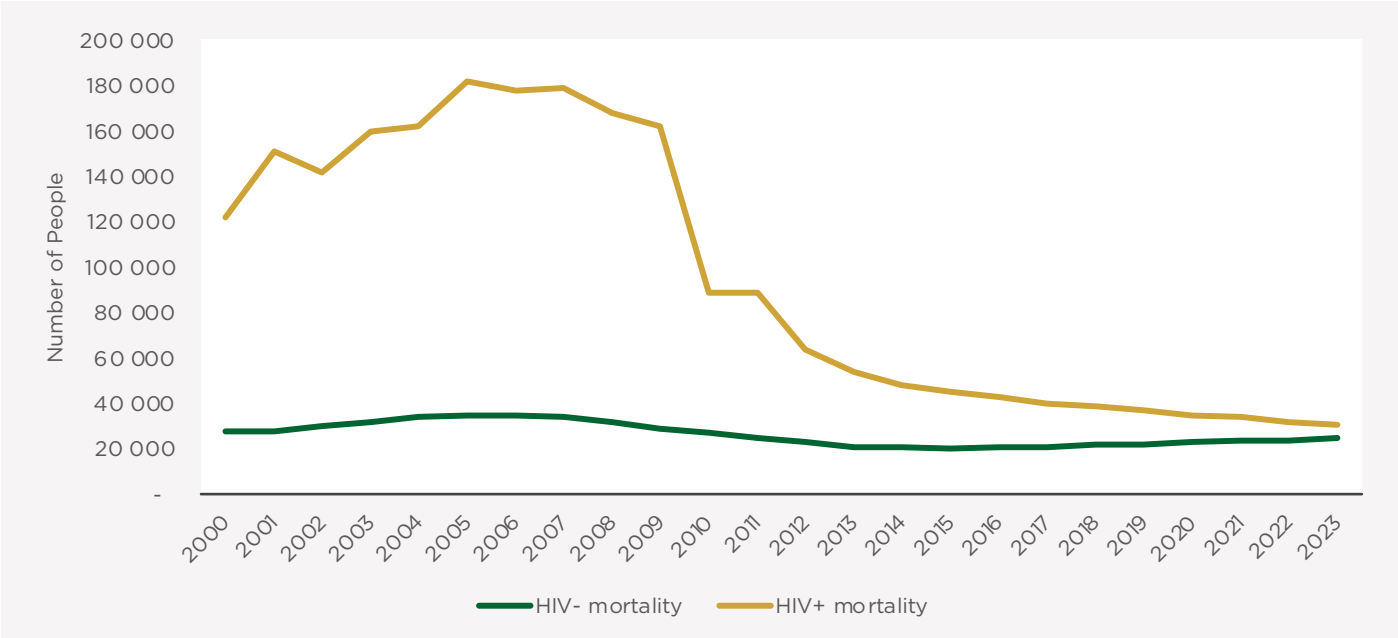
Figure 1: Trends of Estimated TB Incidence by HIV Status and ART Coverage in South Africa
(Source: WHO Global TB Report 2024)



It is estimated that over half a million PWTB in South Africa died between 2015 and 2023, with just over one in five PWTB dying in 2023 (case fatality rate = 22%) [1]. TB deaths declined by 16%, from 66,000 in 2015 to 56,000 in 2023, driven by a 31% decline among PLHIV. TB deaths increased by 25% in HIV-uninfected individuals from 20,000 in 2015 to 25,000 in 2023 (Figure 2).

For several years, Statistics South Africa reported TB as the leading cause of death in the country based on death notification data [2]. In 2019, TB became the second leading cause of death after diabetes mellitus [3]. The latest data published for 2021 show TB dropping out of the top five causes of death, even after excluding coronavirus disease (COVID) which was the leading cause of death during the recent COVID-19 pandemic. However, given the mortality estimates above, as well as the ongoing challenges with finding PWTB and death classification, it is believed that TB causes significantly more deaths than currently reported.

Figure 2: Trends of Estimated TB Deaths by HIV Status in South Africa
(Source: WHO Global TB Report 2024)



1.3. Progress Toward End TB Strategy and Ongoing Challenges in the National TB Programme

The End TB Strategy launched by WHO in 2014 provides a global roadmap to reduce TB incidence, mortality, and financial hardship, emphasizing patient-centred care, universal health access, and health system integration. South Africa has made notable progress in controlling TB. Since 2015, TB incidence rate has declined by 57% ahead of its 2025 milestone (Table 2). Treatment coverage improved significantly from 42% in 2000 to 79% in 2023. However, TB-related deaths have only declined by 16%, and over half (56%) of TB-affected households still face catastrophic costs in accessing care. South Africa has not been able to reach even the 2020 milestones for both indicators [1]. These disparities highlight the urgent need for improved treatment success rates, better financial protection, and stronger community-based support mechanisms.

Table 2: END TB Strategy Milestones and Targets for South Africa

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%

The National TB Programme (NTP) is affected by health system constraints, including staff attrition and increasingly complex client needs. Several inter-connected challenges related to prevention, diagnostic and treatment around HIV-associated TB, paediatric TB, extrapulmonary TB, and drug-resistant TB (DR-TB) require immediate attention [4]:

- Inadequate testing of PWTB;
- Limited case finding in children and young adolescents (linked to health worker uncertainty around interpretation of clinical investigations and difficulty getting samples from young children);
- High loss to follow-up (LTF) both pre- and post-treatment initiation, driven by access barriers, client mobility, a lack of system integration, and limited ability of programme staff to track clients moving between facilities;
- Low adherence to treatment, driven by the lack of a systematic person-centred adherence approach, stigma, catastrophic costs, clinic congestion, misunderstanding of TB among clients, conflicting health beliefs, alcohol and substance use, and mental illness;
- Persistent high mortality among people with TB, driven by delays in diagnosis, advanced HIV, which may relate to access barriers, late presentation, use of alternative medicine, and gaps between levels of the health system;
- Poor uptake of TB preventive treatment (TPT) in close contacts.

1.4. Priority Populations and Social Determinants of TB

The burden of TB is not distributed evenly across South Africa, either geographically or across the population. High priority groups include adolescents, older people, migrants, refugees, mobile populations, undocumented individuals, mineworkers and peri-mining communities, sex workers, people living with undernutrition, people living with disabilities or mental health conditions, people with harmful alcohol use, and people who were or are smokers.

Various comorbidities also increase the risk of TB, including HIV and diabetes. In 2023, 54% of people with incident TB were already living with HIV. Over the past decade, the sharpest declines in TB incidence and mortality have been among people living with HIV, largely due to the success in scaling up antiretroviral therapy.

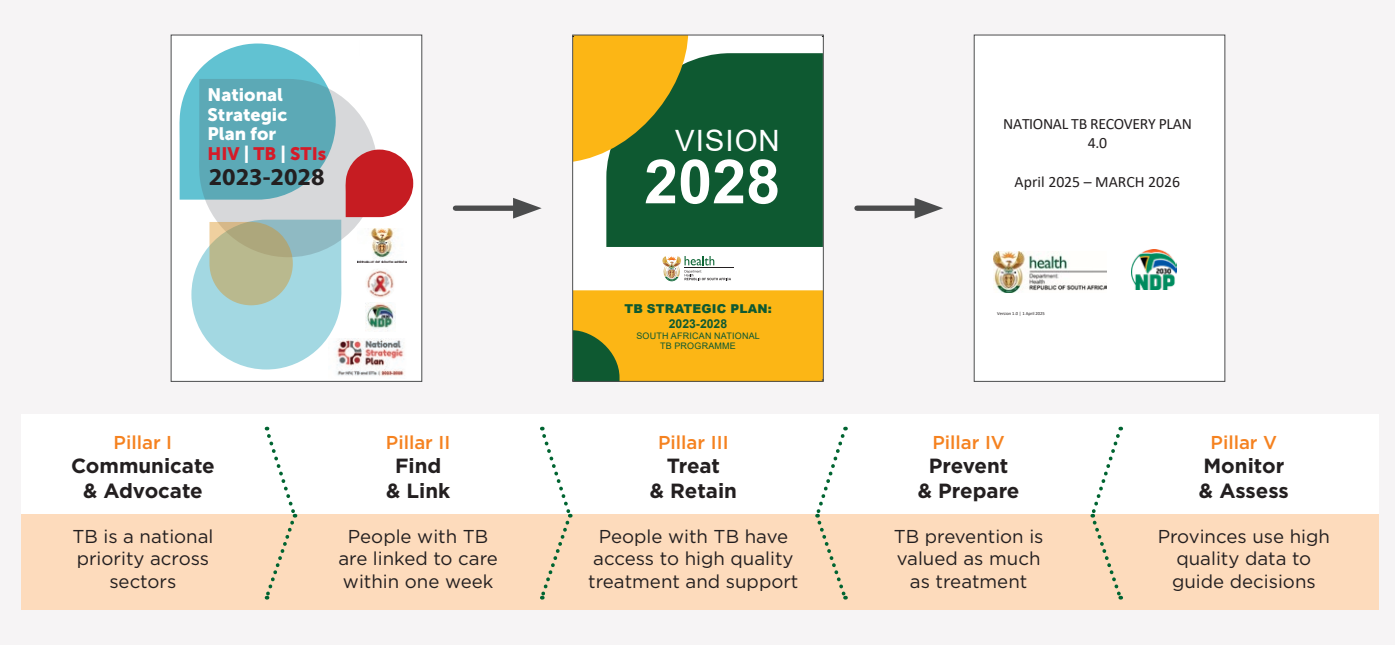
The South African national TB prevalence survey conducted in 2018 revealed high prevalence among men, young adults aged 15-24 years, and among HIV uninfected individuals [5].

Poverty and inequality remain the primary drivers of South Africa's TB epidemic. The first national TB patient cost survey found that more than half (56%) of PWTB face catastrophic costs, rising to nearly two-thirds (64%) for patients treated for DR-TB [6]. Pre-treatment unemployment among PWTB was 48% and further increased to 68% during the TB treatment episode.

1.5. Strategic Context and National TB Recovery Plans

In 2022, the *National TB Recovery Plan (TRP)* was developed in consultation with a wide range of stakeholders. It aimed to reverse the losses incurred during the COVID-19 pandemic and associated lockdowns, and to accelerate efforts towards attaining the End TB Strategy targets. It has since evolved into the annual vehicle driving implementation of the *National Strategic Plan for HIV, TB and STIs: 2023 – 2028* and South Africa's *TB Strategic Plan: 2023 – 2028*. Every year key objectives and activities are selected based on the five strategic pillars (Figure 3). South Africa is currently implementing the fourth iteration of the TRP.

Figure 3: Strategic Context for South Africa's National TB Recovery Plans



1.6. TB Control and Management Cluster

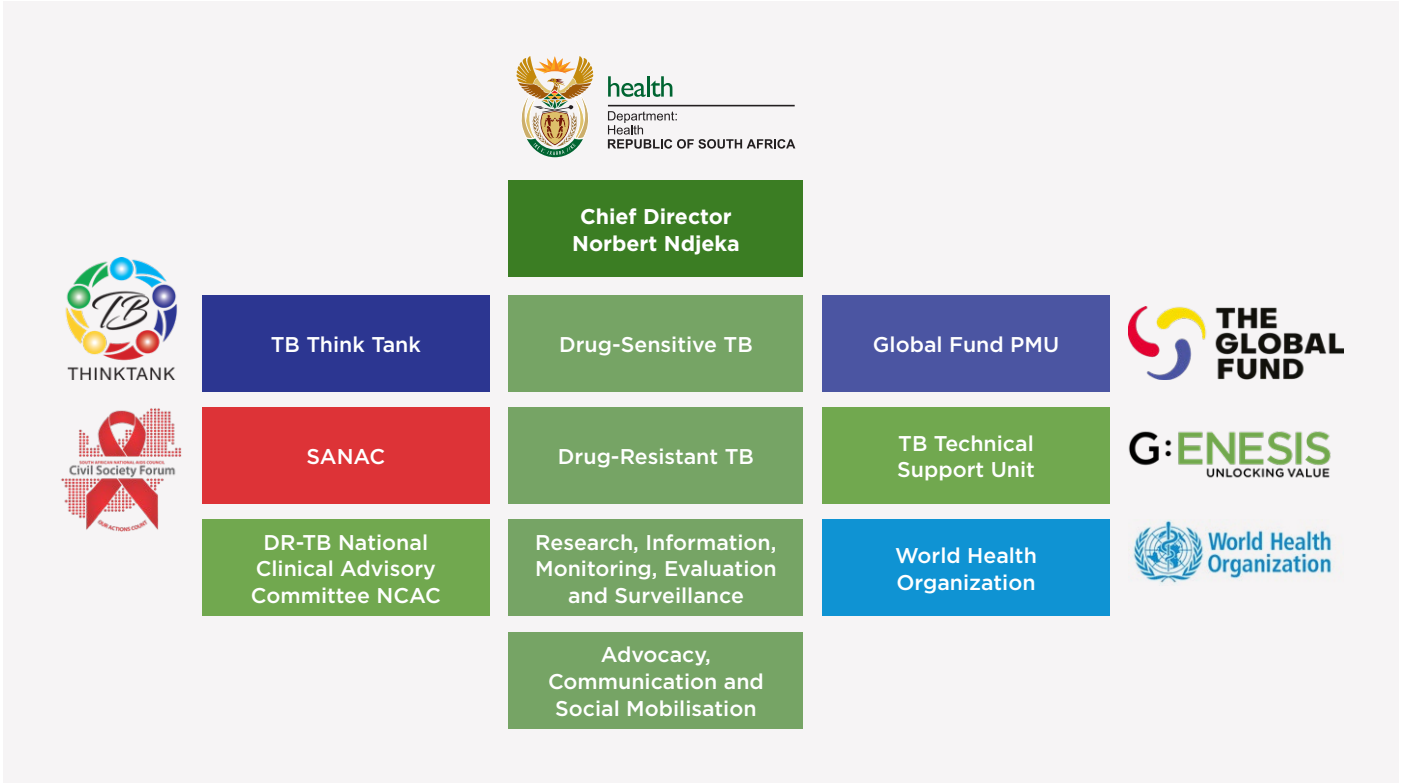
The National Department of Health TB Cluster provides strategic leadership and coordination of South Africa's TB response, ensuring alignment with national priorities and the End TB Strategy. This effort is supported by the TB Think Tank, which facilitates technical guidance and multisectoral collaboration. The TB Think Tank has several task teams that focus on key areas of tuberculosis control, including Finding the Missing TB Patients, Optimising Treatment Outcomes, TB Prevention, Epidemiology, Modelling, and Health Economics, and Data Systems and Innovation. There are also specific working groups, such as the one for Child, Adolescent and Maternal TB, and the TB in the Mines working group. Each team works on specific parts of the TB response, from improving diagnostics to developing new prevention strategies.

This Drug-Resistant TB National Clinical Advisory Committee (NCAC) offers expert guidance on clinical management of DR-TB.

SANAC strengthens accountability and fosters coordinated action across government, civil society, and communities through its TB Technical Task Team comprising five TWGs: Strategic Information, TB Multisectoral Accountability Framework (TB-MAF), TB Prevention, TB Treatment, and TB Community Engagement.

The Global Fund contributes critical financial and technical support, enabling the scale-up of high-impact interventions, while the TB Technical Support Unit (TSU), funded by Genesis Analytics, provides on-the-ground technical assistance, data analysis, and implementation support to provinces and districts. Together, these partners create a robust framework for driving progress, addressing gaps, and accelerating South Africa's efforts to find, treat, and prevent TB.

Figure 4: TB Control and Management Cluster and support structures



1.7. Aim of Report

This report aims to assess and document the implementation progress of the TRPs by reporting performance against defined objectives, activities, and targets, with primary focus on TRP 3.0 (April 2024 – March 2025). It provides an overview of achievements, challenges, and lessons learned, with the purpose of informing strategic adjustments, strengthening accountability, and guiding continued efforts to accelerate TB recovery and improve outcomes across all provinces.

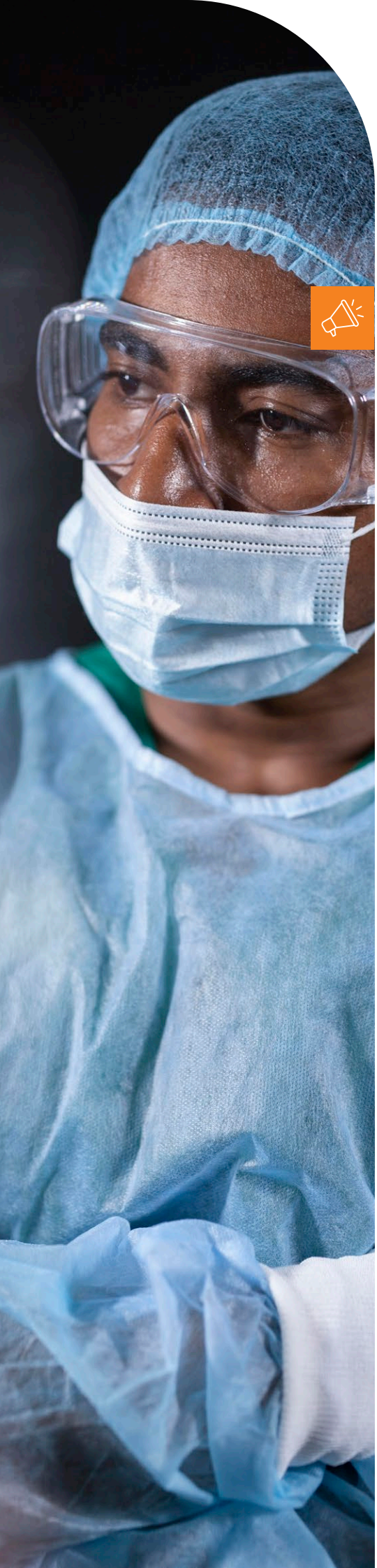
2. Methods

This report draws on a mixed-methods approach combining quantitative and qualitative data sources to assess progress. Activities and progress are described under the strategic pillars to allow for the inclusion of updates and data from previous TRPs as they provide context to the current report or allow for trend analysis. Annexure 1 illustrates the continuity of some activities between TRPs, provides some notes on the inclusion of information that falls outside the scope of TRP 3.0, and flags exclusion from the report. The performance monitoring framework for TRP 3.0 is outlined in Annexure 2.

Quantitative data were obtained from the NTP routine information systems, including the District Health Information System (DHIS), the National Institute for Communicable Diseases (NICD), and electronic treatment registers (E-Registers) for drug-susceptible TB (DS-TB; TIER.Net) and DR-TB (EDRWeb). These data were reviewed to track performance indicators and measure progress against defined targets. National and provincial performance highlights for key indicators are summarized for TRP 1.0, TRP 2.0 and TRP 3.0 in Annexure 3, Annexure 4 and Annexure 5, respectively. District performance highlights are summarized by province for all TRPs in Annexure 6, and provincial and district TB nucleic acid amplification test (TB NAAT) positivity rates and TB notification rates for 2024 are documented in Annexure 7.

Qualitative insights were gathered through a document review of NTP implementation plans, progress reports, as well as meeting minutes from the Chief Director's office and the NTP Directorates:

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



3. TB Recovery Plan Performance

3.1. Pillar I: Communicate & Advocate

The ACSM Directorate leads all activities under the first strategic pillar fulfilling a cross-cutting role by creating demand for TB testing and treatment, reducing stigma, strengthening advocacy, and mobilizing communities.

During the 2024/25 financial year, the NTP developed and launched the End TB Campaign, and associated social and behaviour change communication (SBCC) plan designed to realize the following goals:

- Create demand for TB testing to increase case detection.
- Promote treatment adherence and improve retention in care.
- Strengthen TB prevention, including TB preventive treatment (TPT) and infection prevention and control (IPC).
- Foster community ownership, reduce stigma, and build multi-sectoral partnerships.

Key activities implemented during the reporting period are described below.

3.1.1. My TB Story Digital Platform

In June 2024, the National Department of Health (NDoH) launched the *My TB Story* platform (www.mytbstory.co.za) at the 8th South African TB Conference.

This groundbreaking digital platform marked a pivotal shift towards person-centred approaches in TB programming, creating a safe, interactive space for individuals to share their TB journeys. By personalizing and humanizing the TB narrative, the platform aligned with the TB Recovery Plan's commitment to reducing stigma, strengthening demand creation, and fostering community support.

To further boost engagement and amplify the platform's reach, the NDoH introduced the *"Share Your TB Story"* competition, which ran from October to December 2024. The Competition aimed to increase story submissions to the My TB Story platform; enhance user interaction and visibility of TB narratives; and strengthen the digital presence of the End TB Campaign and foster a supportive online community.

Stories of TB champions gained traction nationally, humanizing the TB experience and reducing stigma. The goal is for the platform to become a hub for collective advocacy, amplifying the voices of TB survivors and families. TB stories on the platform continue to serve as advocacy tools, reinforcing the importance of person-centred storytelling in the fight against TB.

3.1.2. Branding the End TB Campaign

In May 2024, the NTP contracted a service provider to develop a branding concept for the End TB Campaign. The branding was developed, providing a strong foundation for multimedia campaigns, community activations, and social mobilization efforts under the TRP.

Specific outputs for this activity include:

- A professional, and recognizable End TB brand with a tagline, look and feel. This is a visual identity that serves to position TB as a priority public health issue across platforms, and enhanced visibility of TB through high-quality branded materials that will resonate with diverse audiences.
- Basic campaign collaterals i.e. posters, flyers, social media posts.
- A campaign playbook to guide the End TB Corporate Identity guidelines for partner agencies and developers to ensure brand consistency across all platforms.

3.1.3. Message Design Workshop

On 14 August 2024, the NTP convened a Message Design Workshop as part of preparations for the national roll-out of the End TB Campaign. The workshop brought together experts, communicators, civil society advocates, and stakeholders from multiple sectors to co-create key messages addressing behavioural gaps across the TB care cascade. Participants collaborated to design messages aimed at increasing demand for TB testing, promoting treatment adherence, and strengthening TB prevention. The outcome of the workshop was a comprehensive Message Brief that now guides the production of campaign materials across multimedia platforms.

3.1.4. End TB Campaign SBCC Plan

The End TB SBCC plan serves to guide provinces in implementing impactful communication and demand for TB Testing, Linkage to care, and treatment adherence. The SBCC Plan provides a unified framework to guide communication and mobilization efforts across all provinces. It ensures that TB messaging is consistent, stigma-sensitive, and action-oriented, while allowing for local adaptation. By aligning communication with TB programme priorities, the plan positions SBCC as a critical driver of case finding, retention, and prevention.

3.1.5. Development of Information, Education, and Communication (IEC) Materials

To support the roll-out of the End TB Campaign nationally, the NDoH commissioned the design, production, and distribution of a comprehensive set of IEC and branding materials. These materials were developed to ensure consistent campaign visibility and to strengthen demand creation for TB testing, linkage to care, adherence, and prevention.

A wide range of products were produced, including, flyers, posters, banners, leaflets, all designed to promote TB testing, increase awareness of TB signs and symptoms, promote linkage to care and TB prevention.

Through these IEC and branding materials, the End TB Campaign achieved greater visibility in public spaces and strengthened communication efforts across multiple levels of the health system, from national launches to provincial and community-level engagements.

3.1.6. End TB Campaign Launch & Media Advocacy Workshop

The NDoH officially launched the End TB Campaign on World TB Day, 24 March 2025. The launch served as a pivotal moment to raise awareness, mobilize stakeholders, and affirm South Africa's commitment to testing 5 million people for TB in 2025/26. The campaign was unveiled with strong media presence, billboard activations, social media engagement, and community participation. The Deputy President, Minister of Health and key partners emphasized the urgency of addressing TB mortality, stigma, and treatment gaps, aligning with the TRP.

Prior to the campaign launch, a Media Advocacy Workshop was convened on 19 March. The workshop brought together a wide range of stakeholders including journalists, public health experts, communicators, influencers, civil society organisations, and government representatives. The aim was to empower media professionals with up-to-date knowledge on TB epidemiology, challenges, and national response strategies. The workshop also served to introduce the End TB Campaign: with a bold call to action to test 5 million people and diagnose 250,000 TB cases in 2025/26. NDoH outlines key target audiences and the new campaign branding, thereby strengthening partnership with the media by exploring their role in amplifying campaign messages, shifting public perceptions, and reducing TB stigma.

Journalists were equipped with media toolkits and provided access to technical experts to ensure that reporting on TB is accurate, stigma-sensitive, and impactful. The session also included discussions on ethical reporting, survivor storytelling, and leveraging media platforms to create urgency and public accountability around TB testing and care.

By engaging the media as strategic allies, the workshop reinforced the importance of collective action to achieve the campaign's ambitious target of "5 Million Tests to End TB."

3.1.7. Community Engagements

As part of strengthening multisectoral action and stakeholder engagement under the End TB Campaign, the NDoH convened community engagements with traditional leaders, traditional health practitioners, religious leaders, and civil society organizations in Eastern Cape, Free State, KwaZulu-Natal, Northern Cape, and North West. These dialogues aimed to foster collective ownership of the TB response and to leverage the influence of community leadership structures in raising awareness, finding missing TB patients, and supporting adherence.

Each engagement followed a structured agenda that included presentations on the TB epidemic at national, provincial, and district levels; an overview of the End TB Campaign; and facilitated discussions on how leadership can contribute to TB prevention, testing, and care. Participants explored their role in screening, referral, education, and advocacy, with a focus on strengthening referral pathways, and reviving community-level TB advocacy.

The sessions also provided opportunities for dialogue and problem-solving around how communities can support retention in care, mobilize households and congregations for TB awareness, and address stigma. These engagements were critical in building consensus and working arrangements with influential community structures to ensure that the End TB Campaign is rooted in grassroots participation, cultural sensitivity, and sustained community mobilization.

3.1.8. Higher Education Institution Activations

In recognition of the unique vulnerability of adolescents and young adults to tuberculosis, the NDoH, in partnership with provincial health authorities and the Department of Higher Education, convened a Higher Education Institution TB Activation in the Northern Cape (Sol Plaatjie University in Kimberly) and Limpopo (University of Limpopo and University of Venda).

The activation engaged students directly in TB prevention, testing, and stigma reduction. Activities included dialogue sessions, entertainment-led health education, TB ambassador testimonies, and live TB screening services delivered on campus. Students participated in interactive competitions such as composing songs with TB messages, engaging in Q&A sessions with prizes, and sharing peer-to-peer testimonies on TB experiences.

The event leveraged the strong social networks and digital fluency of youth to amplify TB messages across campuses and social media platforms. Pre-recorded messages by the Minister of Health and speeches from TB Ambassadors further encouraged youth participation in TB testing, treatment adherence, and healthy lifestyles.

The activations reached over 600 students, increased awareness of TB risk factors among young people, created platforms for open dialogue on TB and mental health, and contributed to increased uptake of TB screening services among youth in higher education settings.

3.2. Pillar II: Find & Link

3.2.1. TB Testing with TB NAATs

Despite significant declines in TB testing and diagnoses during the COVID-19 pandemic, the TRP facilitated sustained efforts that have led to an increase in first-line TB NAATs being conducted. Table 3 shows the percentage change in TB NAATs conducted between 2022 and 2024. There was a 12% increase from 2022 (2.53 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 but still achieved >100% of their testing targets.

Table 3: Annual TB Testing Trends in South Africa, 2022-2024 *(NICD)*

Province	TB NAATs Conducted			% Change in TB NAATs	
	2022	2023	2024	2023 vs 2022	2024 vs 2023
Eastern Cape	395 331	433 578	458 852	10%	6%
Free State	73 966	83 656	92 971	13%	11%
Gauteng	377 569	508 955	578 006	35%	14%
KwaZulu-Natal	954 796	1 016 846	908 393	6%	-11%
Limpopo	120 716	124 818	117 749	3%	-6%
Mpumalanga	146 413	167 023	207 987	14%	25%
Northern Cape	73 076	75 378	85 079	3%	13%
North West	101 049	117 393	141 396	16%	20%
Western Cape	287 645	316 415	400 701	10%	27%
SOUTH AFRICA	2 530 561	2 844 062	2 991 134	12%	5%

The national TB NAAT positivity rate was 6.8% in 2024, with district rates ranging from 1.7% (Umzinyathi, KwaZulu-Natal) to 16.3% (West Coast, Western Cape).

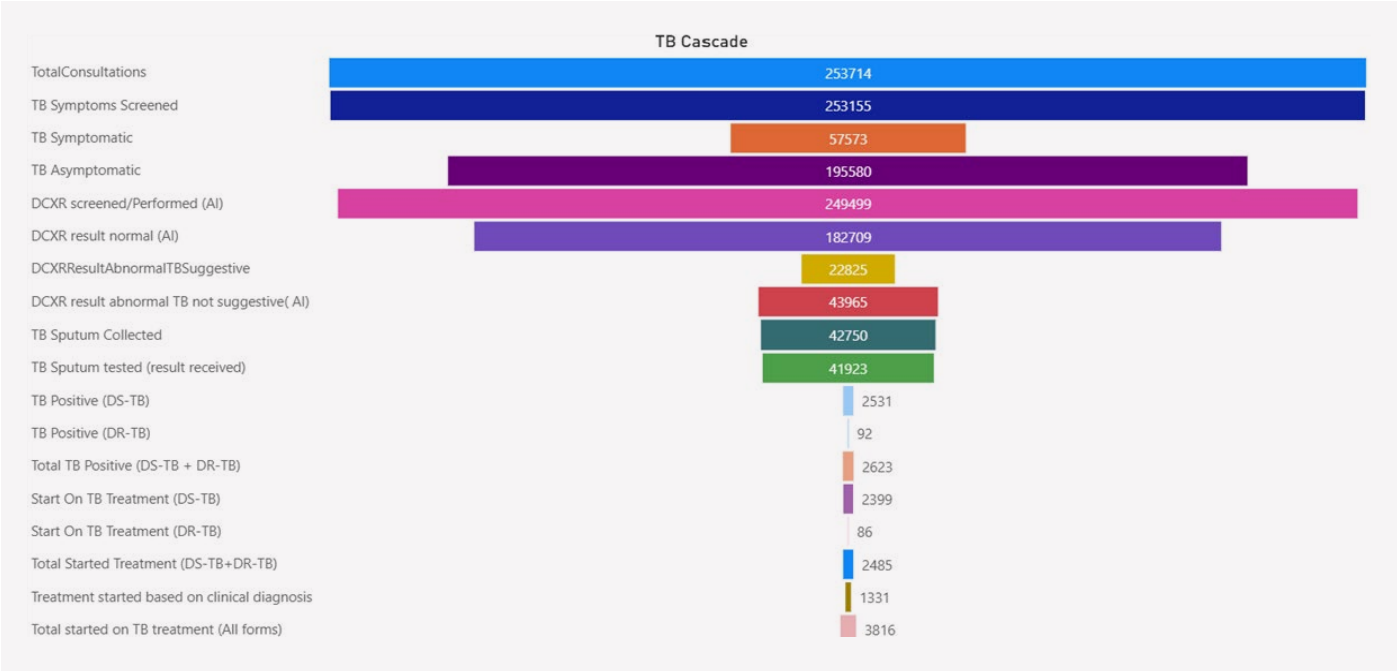
3.2.2. Community Screening – TB Health Check

The TB Health Check tool is an NDoH initiative accessed via WhatsApp or a USSD code that allows users to self-screen for TB symptoms. It asks users questions about their symptoms and risk factors and provides guidance on whether they should get tested, aiming to increase access to TB testing and reduce the number of undiagnosed cases. Since the inception of the TRP, the aim was to have one million people screened using the tool, however the tool did not perform as hoped, and monitoring was discontinued after the second TRP. The reported number of people screened was 28,271 (3% of target) in 2022, and 52,789 (5% of target) in 2023.

3.2.3. Digital Chest X-ray Screening (DCXR)

The DCXR screening programme was rolled out in 12 Global Fund (GF) supported districts following the findings of the national TB prevalence survey [4] where more than half of the bacteriologically confirmed TB was in asymptomatic people. The DCXR project started in 2021, and since the inception of the TRP, the aim has been to screen 300,000 people. DCXR screening was scaled up and the number of people screened with DCXR was 79,067 (3%) in 2022, 97,461 (3%) in 2023, and 285,353 (95%) in 2024. Figure 5 alongside shows the DCXR screening cascade from GF districts (excludes data from 5 units unable to disaggregate data as illustrated).

Figure 5: DCXR screening cascade in 12 GF districts, 2024 *(NDoH Global Fund Cluster)*



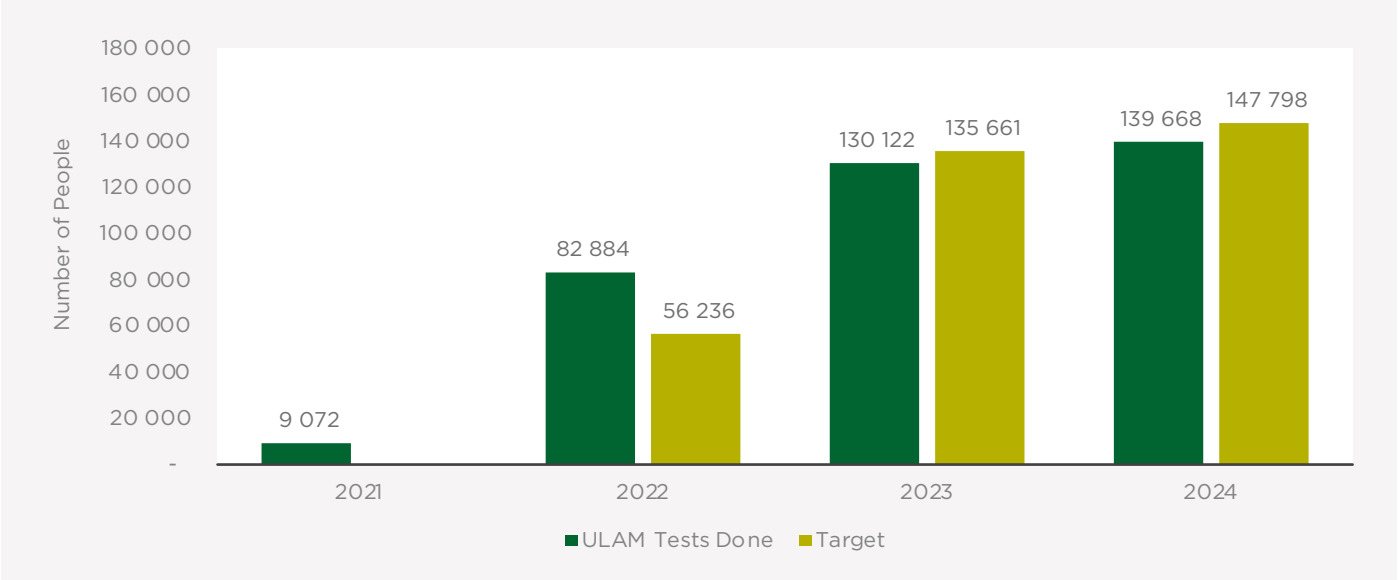
Asymptomatic clients made up 45% (1,175) or those testing positive for TB, and 42% (1,620) of those started on treatment (includes clinically diagnosed).

One challenge faced in the programme is that many facilities have infrastructural challenges that prevent them from hosting the immovable DCXR containers, sometimes leading them to be placed in areas that are hard to reach for patients. Another challenge comes with the request of the mobile DCXR vans by the districts to go into campaigns instead of following TB hotspots mapping, as this leads to screening that has low yield. These challenges diminish the capacity of the containers in meeting their daily TB screening targets, which will later affect the ability of the programme to meet its targets.

3.2.4. Urine Lipoarabinomannan (ULAM)

ULAM is a rapid, point-of-care test that detects a component of the TB bacterium in a patient's urine, providing results in about 25 minutes. It is particularly useful for PLHIV and severely ill patients who cannot produce sputum.

Figure 6: ULAM testing trends against targets *(NTP Reports)*



There has been a steady increase in the use of ULAM in the country suggesting improvements in attempts to diagnose TB in PLHIV, however due to limitations with data flow and systems, the yield using this method is unknown. Data from TIER.Net shows that in 2024, 17,192 (10%) patients were started on TB treatment following a ULAM test. This percentage has grown from 2,9% in 2021 to 7,3% in 2022 and 8,6% in 2023.

3.2.5. Bedaquiline Resistance Testing

As of March 2023, all RR-TB patients are required to be tested for fluoroquinolone (FLQ) and bedaquiline (BDQ) resistance in line with the diagnostic algorithm. This helps ensure that patients are being placed on appropriate treatment.

Table 4: Capturing of second-line drug sensitivity results in EDRWeb, 2024

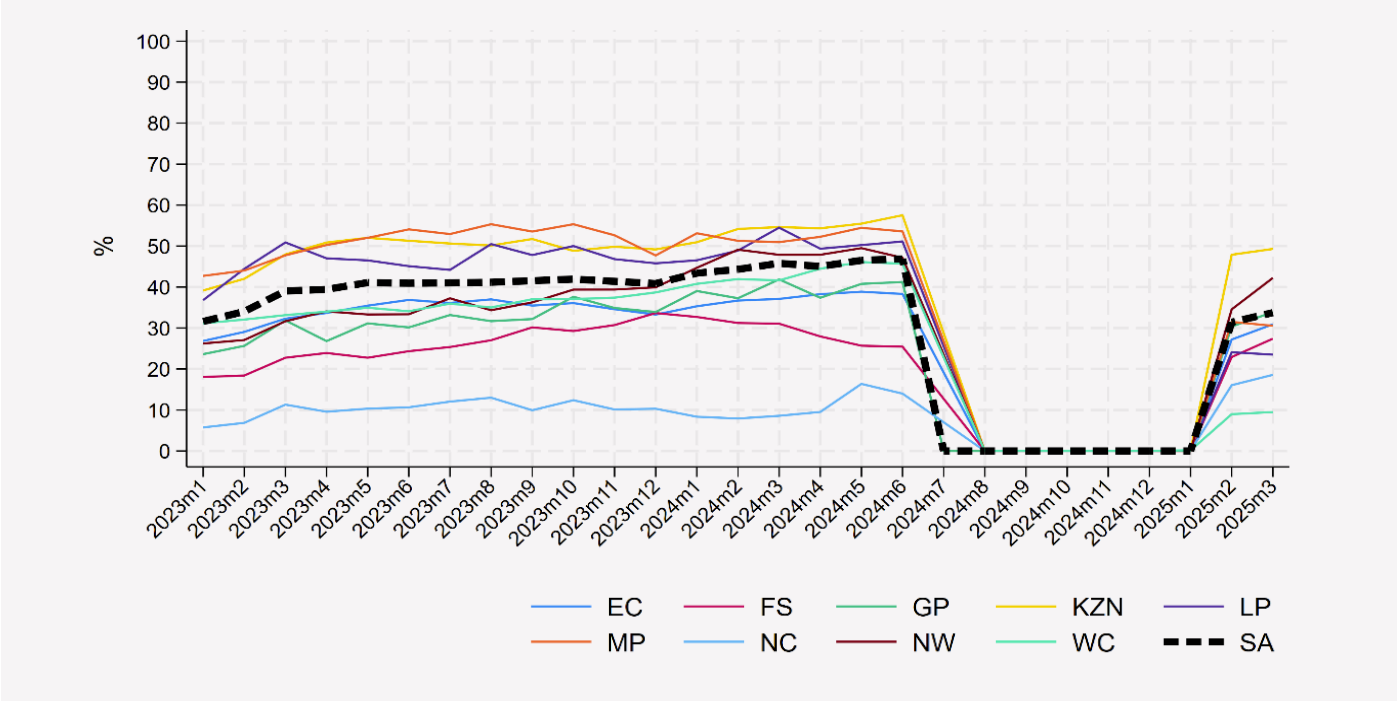
BDQ Results Captured	FLQ Results Captured		
	No	Yes	Total
No	2156	2980	5136
Yes	80	1295	1375 (21%)
Total	2236	4275 (66%)	6511

In 2024, 21% of RR-TB patients had BDQ results captured in EDRWeb against a target of 50%. Data from the NICD suggests that many more patients are getting their second-line drug sensitivities tested, particularly in high burden provinces, but these are not being captured for reporting.

3.2.6. SMS Notifications

In August 2022, the NHLS with the support of the NICD implemented automated sending of SMS to people undergoing TB-NAATs for presumptive TB as part of the TRP. The purpose of the TB SMS notifications is to strengthen systems for linkage of people diagnosed with TB to appropriate treatment, thereby, reducing the initial loss to follow up (LTFU) by prompting patients to return to the health care facility when their results are available. Figure 7 shows that the 60% target has never been achieved nationally or provincially through all iterations of the TRP. Moreover, the NHLS breach that occurred mid-2024 disrupted provision of results by SMS for 7 months.

Figure 7: Percentage TB NAAT SMS delivery trends by month and province (NICD)

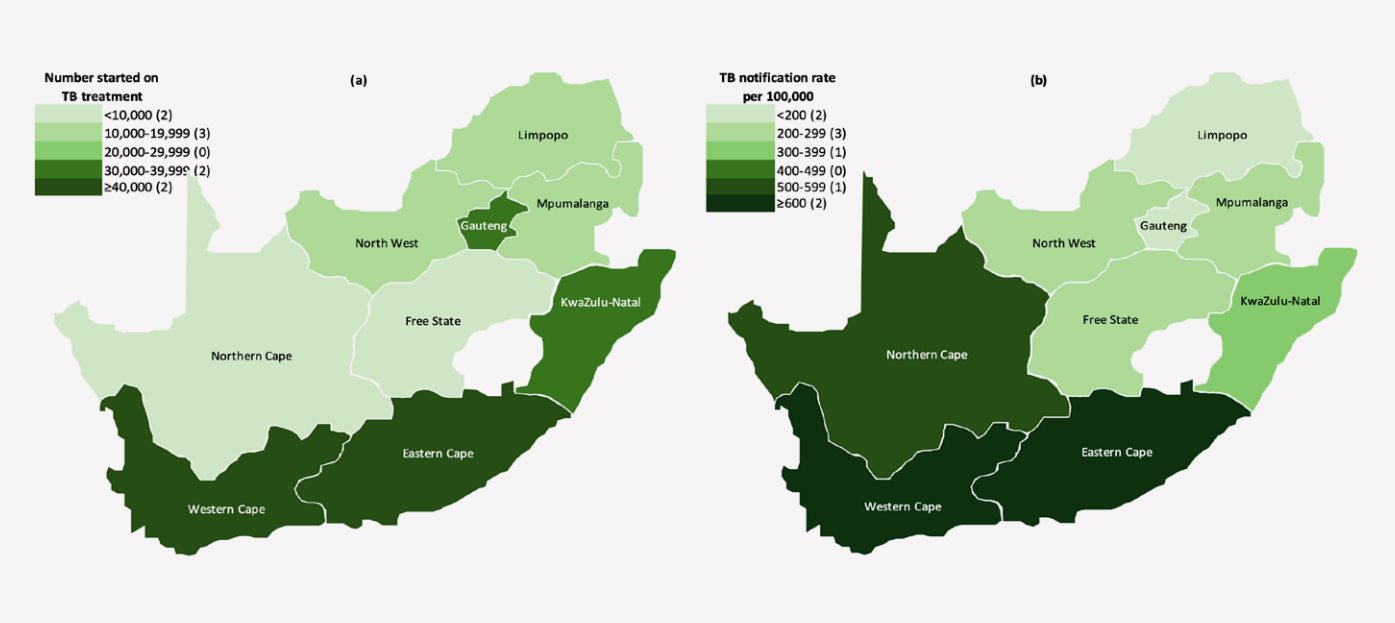


3.2.7. TB Notifications

A total of 202,484 were started on treatment for all forms of TB in 2024, reaching 91% of the set target. There was a 9% reduction in TB notifications compared to 2023 (9% reduction for DS-TB, 16% reduction for RR-TB). Laboratory surveillance data signalled that the disproportionate drop in RR-TB appears to be due to the diversification of TB NAATs leading to decreased identification of rifampicin resistance due to an unusually high detection of indeterminant and unreportable RR-TB results.

The national TB notification rate was 325 per 100,000 population. The Eastern Cape, Gauteng, KwaZulu-Natal and Western Cape provinces are noted as high burden provinces based on numbers started on treatment. However when considering the notification rate per 100,000 population, Gauteng and KwaZulu-Natal were replaced by the Northern Cape province (Figure 8).

Figure 8: Provincial distribution of TB burden in South Africa, 2024 *(E-Registers, Statistics South Africa)*



Only 14,845 (7%) of the cohort was made of children and young adolescents under the age of 15 years, missing the target of 10% (Table 5).

Table 5: Characteristics of PWTB started on treatment in 2024 *(E-Registers)*

	DS-TB (TIER.Net)		RR-TB (EDRWeb)	
	N	%	N	%
Notifications	195 973	-	6 511	-
Pulmonary	170 241	86,9	6 315	97,0
Bacteriologically-confirmed	105 806	62,2	6 073	96,2
Patient Category				
New	167 810	85,6	3 852	59,2
Relapse	14 044	7,2	1 378	21,2
Retreat after Loss to Follow-up	9 418	4,8	644	9,9
Retreat after Treatment Failure	1 282	0,7	540	8,3
Other	3 419	1,7	97	1,5
Sex[a]				
Male	97 565	49,8	3 932	60,4
Age				
<15 years	14 553	7,4	292	4,5
HIV Status[b]				
Positive	90 366	46,1	3 853	59,2
On ART	87 831	97,2	3 740	97,1

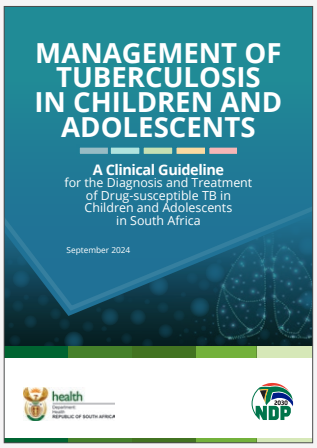
[a] missing data for 31,707 (all except 1 from the Western Cape)

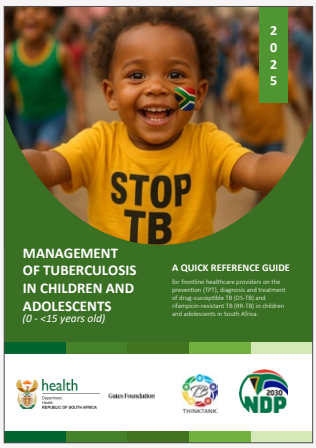
[b] missing data for 68,809 (DS-TB; 40% from the Western Cape), 66 (RR-TB)

3.3. Pillar III: Treat & Retain

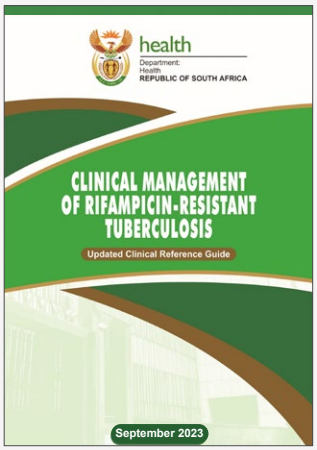
3.3.1. Shorter Treatment Regimens

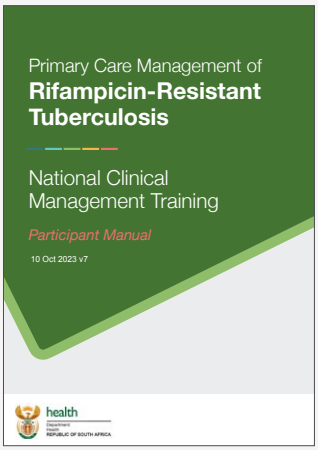
In September 2024, the guidelines on the ***Management of Tuberculosis in Children and Adolescents*** were released, making provision for the much-anticipated 4-month DS-TB regimen. Since the release, training was conducted in all provinces and children are receiving the regimen. However, due to limitations with the surveillance system, data are not available to track uptake of the regimen.

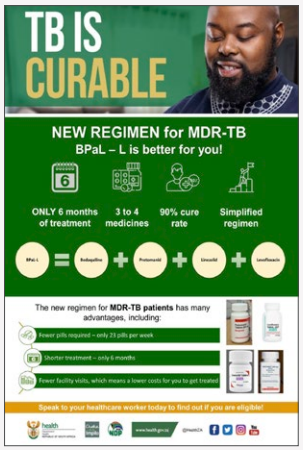




In September 2023, South Africa officially launched the ***6-month BPaL-L (Bedaquiline- Pretomanid- Linezolid-Levofloxacin) regimen for rifampicin-resistant TB***, marking a major shift to shorter, all-oral treatment for DR-TB. Scale up of the BPAL 6-month regimen for RR-TB also continued during TRP 3.0 as shown in Figure 9. 77% of the 2024 cohort were initiated on a 6-month regimen.

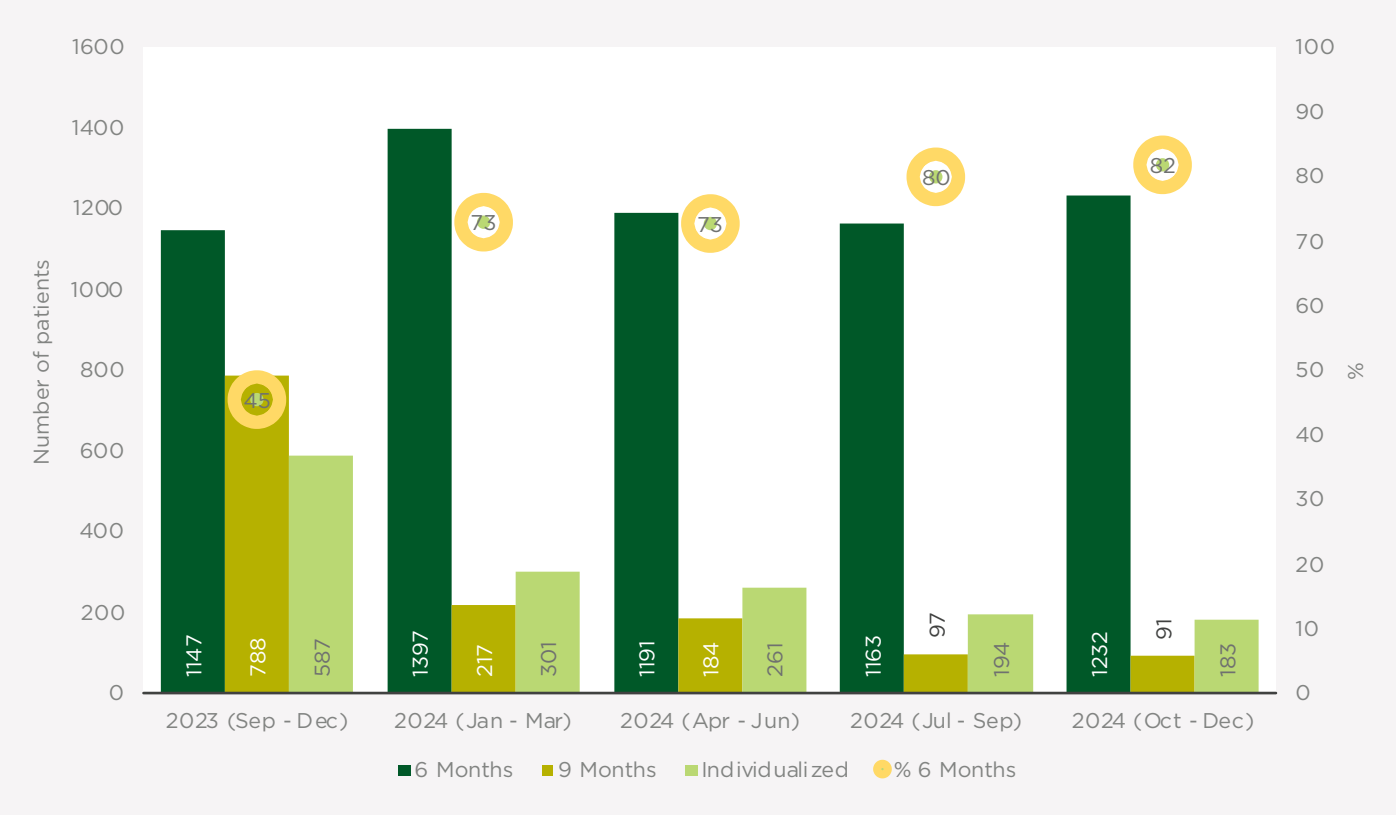






Ms. Nokwe initiating BPaL-L patient at Jose Pearson.

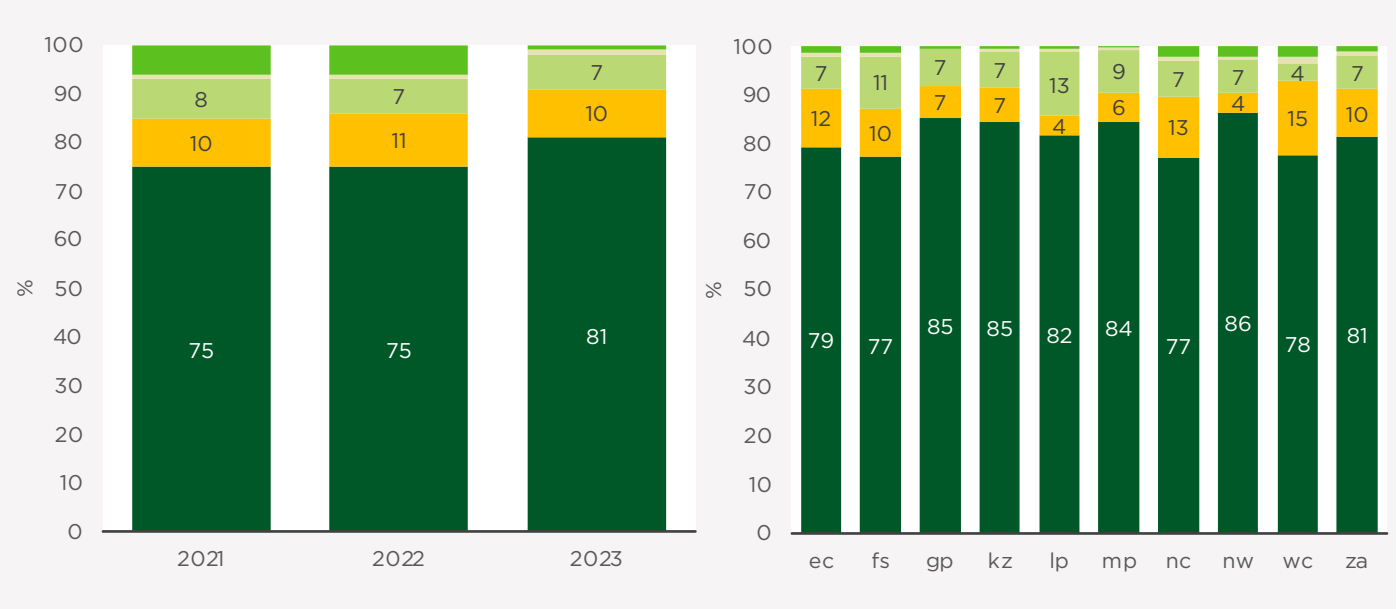
***Figure 9: Scale up of 6-month RR-TB treatment regimen in South Africa** (EDRWeb)*



3.3.2. Treatment Outcomes

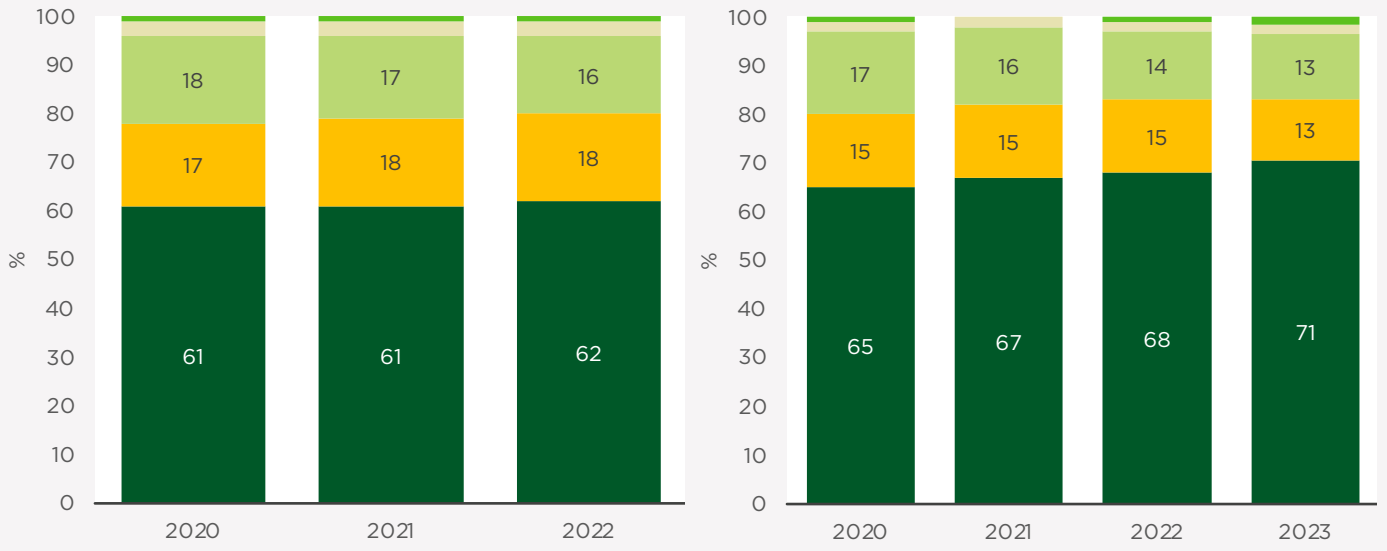
In 2023, 81% of the DS-TB cohort was successfully treated (may not reflect an improvement in outcomes due to change in reporting source from DHIS to TIER.Net). Four provinces, Gauteng, KwaZulu-Natal, Mpumalanga and North West, achieved the TRP 3.0 target of 83%.

***Figure 10: DS-TB Treatment Outcomes, (a) from 2021-2023; and (b) by province in 2023** (TIER.Net)*



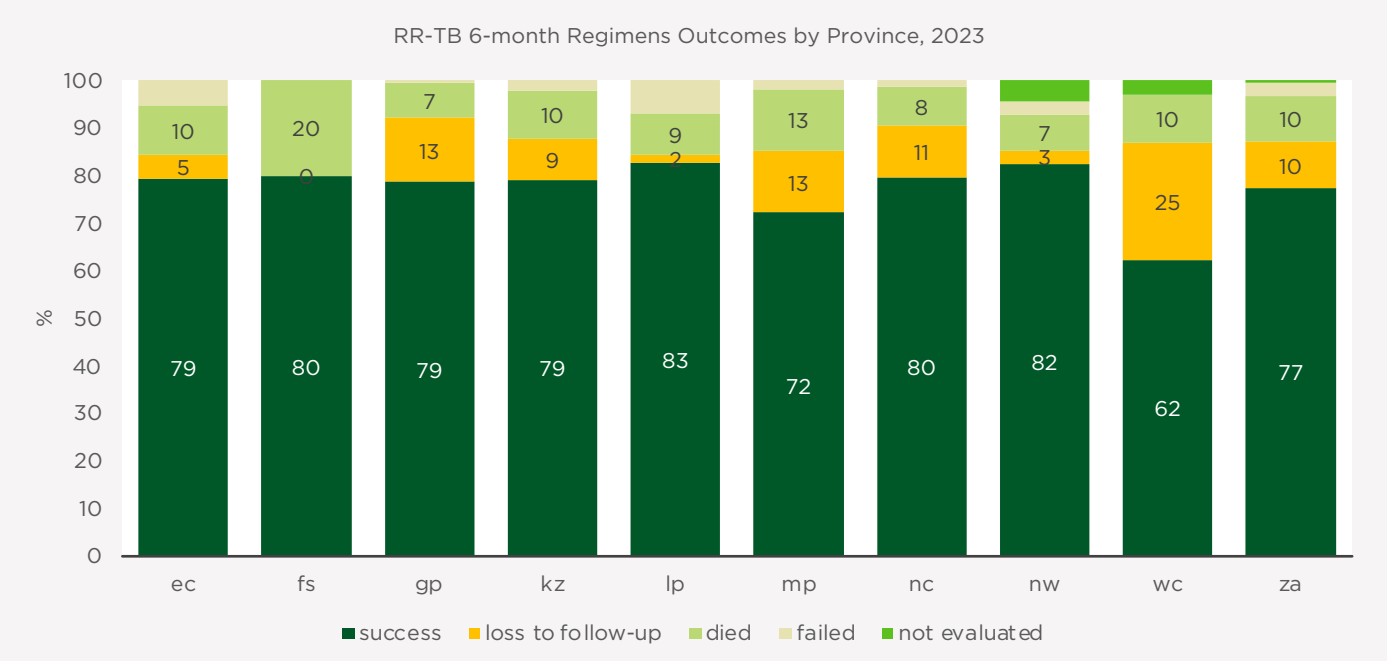
Overall RR-TB treatment outcomes appear to be stagnant for both the individualized regimens and the 9-month regimen (Figure 11). However, the introduction of the 6-month regimen in 2023 showed promise, with outcomes starting to mirror those seen in the DS-TB programme.

***Figure 11: RR-TB Treatment Outcome Trends** (EDRWeb)*



In the last four months of 2023, 1,151 patients were initiated on 6-month regimens across the country. Treatment success in this cohort significantly improved compared to previous cohorts, reaching a national average of 77%, exceeding the 73% target. Only two provinces (Mpumalanga and Western Cape) did not achieve the treatment success target (Figure 12).

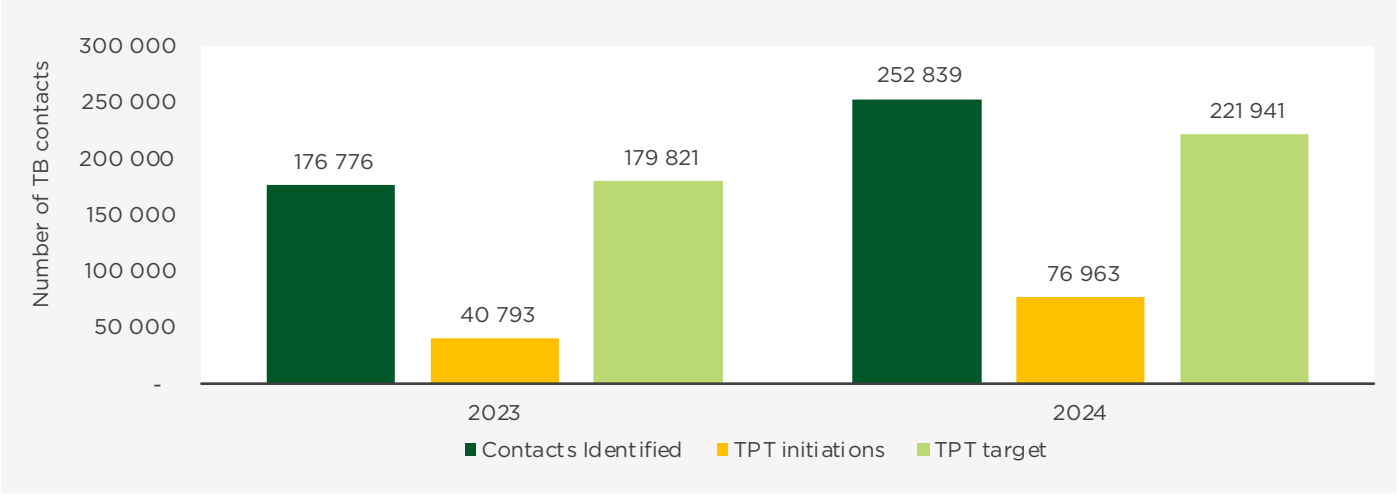
***Figure 12: Treatment Outcomes for RR-TB Patients Initiated on 6-month Regimens, September – December 2023** (EDRWeb)*



3.4. Pillar IV: Prevent & Prepare

TPT coverage among TB contacts remains poor. In 2024, 76,963 contacts initiated TPT (35% of target; 30% of contacts identified) (Figure 13). There have been slight decreases in the number of TB contacts under 5 years of age initiating TPT over time (data not shown), but steady increases for TB contacts identified and TB contacts 5 years and older initiated on TPT (which started being reported in April 2023).

Figure 13: TPT Initiation for TB Contacts (DHIS)



3.5. Pillar V: Monitor & Assess – TB in the Mines

Progress in terms of planned activities for TB in the mines has been slow, however there are a few noteworthy updates related to the TRP objective of strengthening the TB programme in the mines:

- Created a TB in the Mines Working Group under the TB Think Tank.
- Hired a Technical Assistant who has resigned after serving for a short period of time hence it was not possible to compile a full report on TB in the informal mining sector.
- Included TB in the mining sector stakeholders to be part of the NTP & Provincial TB forum whereby they present and get updated on overall TB activities in the country.
- Provinces are working closely with the mining sector and are working toward getting data shared between districts and mining services in their areas. This is happening in provinces like North West, Northern Cape, Gauteng and Limpopo, with plans to scale up in all provinces.
- The NTP is in the process of hiring a Director for DR-TB & TB in the Mines to strengthen TB activities in the mining sector.

4. Discussion

The main aims of the TRPs were to reverse the losses incurred during the COVID-19 pandemic and associated lockdowns, as well as to accelerate efforts towards attaining the End TB Strategy milestones and targets, particularly those for TB incidence and mortality. The 2024 End TB data are yet to be published by the WHO, but data from 2023 shows that notable progress has been made in controlling TB, as the incidence had declined by 57%, exceeding the 2025 milestone. However, mortality only declined by 16%, failing to even reach the 2020 milestone [1].

Despite these shortcomings, incredible work has been completed under the first three TRPs, with a major thrust to "find TB to end TB" (End TB Campaign slogan). The NTP ACSM Directorate and TSU have been very busy innovating and implementing SBCC communication and advocacy interventions to prime the nation for real and sustained progress toward ending TB. As implementation matures and SBCC toolkits become readily available, monitoring and evaluation activities should be included to, where possible, quantitatively demonstrate the link between SBCC interventions and TB testing and detection, treatment adherence, retention in care, and TB prevention.

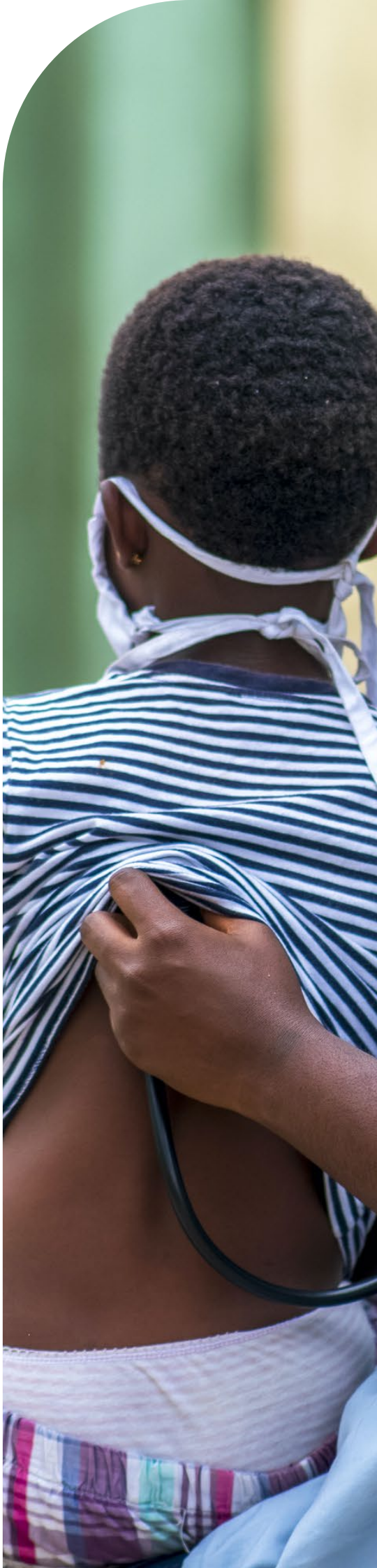
South Africa has successfully scaled up the TB testing programme by conducting three million TB NAATs in 2024. The thrust to test five million people with TB NAATs annually under the End TB Campaign is an epidemiologically sound one given that there has only been an 8% reduction in bacteriological confirmation of TB versus a 40% increase in testing when comparing pre-pandemic levels (2019) to 2024 (NICD Reports). Many TB cases remain undiagnosed in communities. Outside of budget constraints, which can be addressed, various data sources suggest that it is possible to reach the five million target even if only restricting to high-risk groups (e.g., reaching total PLHIV remaining in care, TB contacts based on average household size published by Statistics South Africa, post-treatment follow-up of previously successfully treated clients). Data from the DCXR programme also confirms findings from the national TB prevalence survey that a large proportion of TB is asymptomatic/subclinical with 45% of those confirmed with TB being asymptomatic. While scaling TB testing has been shown to be one of the most cost-effective ways to reduce transmission and end TB, the inclusion of interventions like the DCXR is also clearly very valuable in high burden settings like South Africa, with modelling also showing good returns on investment if pursued on a large scale alongside the provision of TPT [7].

TB treatment outcomes have been stagnant for many years, but the advent of shorter DR-TB regimens provides glimmers of hope. Similar opportunities need to be grasped for DS-TB to make a larger impact in TB control. Adherence to the diagnostic algorithms will be key in ensuring that appropriate treatment is provided, and ongoing laboratory surveillance will provide the insights needed to strengthen TB testing diversification. Improvement to surveillance systems for TB is also long overdue and is also contributing to the lingering stagnation and uncertainties around DS-TB outcomes. The country urgently needs a real-time, web-based TB/HIV data management system to enhance timely reporting and faster decision making, and to support better resource allocation.

5. Conclusion

The TB Recovery Plan 3.0 has laid a strong foundation for sustained progress in South Africa's fight against TB, achieving notable advances in case detection, treatment initiation, and community engagement. As the NTP moves forward, key priorities include scaling up high-yield diagnostic interventions, particularly among asymptomatic and high-risk populations, to reach the target of five million TB tests annually. Strengthening person-centred SBCC interventions remains critical, ensuring that campaigns not only raise awareness but also drive testing, linkage to care, treatment adherence, and retention. Expanding the adoption of shorter treatment regimens for both paediatric DS-TB and RR-TB, alongside improved adherence support and monitoring, will be essential to improve treatment outcomes across all provinces.

In addition, preventive efforts must be intensified, with increased TPT coverage for contacts, particularly children under five and other high-risk groups. Enhancing surveillance and data systems, including complete capture of second-line drug resistance results and timely reporting from community- and facility-level interventions, will strengthen evidence-based decision-making and programme accountability. Continued integration of mining sector activities, targeted outreach to priority populations, and cross-sectoral collaboration will be critical to reducing TB transmission, closing gaps in care, and accelerating progress towards the End TB Strategy targets. These strategic priorities will guide TRP 4.0 and beyond, ensuring that gains are consolidated and South Africa moves closer to ending TB as a public health threat.



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Annexure 1:

TB Recovery Plan 3.0 Activities and Methodological Notes

The table below illustrates the continuity of some activities between TRPs, provides some notes on the inclusion of information that falls outside the scope of TRP3.0, and flags exclusion from the report.

- TRP objectives are indicated according to their numbering in respective plans (e.g., TRP3.1 refers to key objective one in TRP3.0).
- Critical enablers are indicated using the suffix "CE" (e.g., TRP2.CE).
- Objectives from TRP1.0 are from the implementation phase.

Strategic Pillar	Key Objective	Activities	Comments/Notes
 **Communicate & Advocate**	TRP1.CE TRP2.1 TRP3.1	Implement costed SBCC plan.	Plan finalized and implementation ongoing.
	TRP2.1 TRP3.1	Implement a TB advocacy and communication toolkit.	Ongoing development of communication materials.
	TRP3.1	Support national and Provincial TB caucuses.	Exclude from this report – led by SANAC.
	TRP3.1	Strengthen communication and coordination with private sector.	Exclude from this report – not done.
	TRP2.0 TRP3.1	Organize World TB Day commemorative activities.	The NTP has supported this event annually since 1996; excluded from this report.
 **Find & Link**	TRP1.1 TRP2.2 TRP3.2	Scale up the implementation of universal testing using TB-NAAT irrespective of TB symptoms for populations at risk.	Disaggregated data for TB testing not yet available (e.g., unable to directly monitor TUTT implementation per risk group) despite the plans to share such data since TRP1.0. TB NAAT positivity rates included in the report.
	TRP1.1 TRP3.2	Implement community level screening and testing targeting men, elderly, children, and adolescents.	Excluded from this report – no data for this outside of DCXR screening programme (reported separately). Section included on TB Health Check (TRP1.1, TRP2.2).
	TRP1.1 TRP2.2 TRP3.2	Scale up the use of DCXR screening at community level.	Included data and report prepared by GF Programme Management Unit within the NDoH; excluded data from USG-funded TB Accelerate sites.
	TRP3.2	Conduct an assessment of the urine LF-LAM assay implementation.	Excluded from this report – not done/deferred.
	TRP1.1 TRP2.2 TRP3.2	Scale up the implementation and the quality assurance programme of urine LAM assay.	Data included on testing only; scale up and QA programme not developed/rolled out due to financial constraints from USG CDC.
	TRP3.2	Test all confirmed RR/MDR-TB patients for Bedaquiline resistance.	Included data for capturing of FLQ results.
	TRP1.2 TRP2.3 TRP3.3	Increase TB SMS notification coverage.	Show trends across TRPs.
	TRP1.1 TRP2.3 TRP3.3	Notify 221,941 TB patients.	Reporting source for TB notifications changed from DHIS in the first two TRPs to E-Registers in TRP.3.0. This was done to more closely match the sources used for international data submissions e.g., WHO. TB notification rates (calculated using population data from Statistics South Africa) and descriptive data on notifications included in the report.
	TRP2.3 TRP3.3	Strengthen hospital – PHC TB patient referrals.	Excluded from this report – no data available.
	TRP3.3	Increase proportion of children and adolescents notified.	Refers to children and young adolescents (<15 years of age).

Strategic Pillar	Key Objective	Activities	Comments/Notes
 Treat & Retain	TRP1.3 TRP2.4 TRP3.4	Introduce shorter paediatric DS-TB regimen.	Implementation and scale up of 6-month RR-TB regimens also included (TRP2.4) as it was being monitored according to M & E framework.
	TRP1.3 TRP2.4 TRP3.4	Strengthen adherence counselling (including risk assessments for PWTB).	Adherence counselling toolkit printed and disseminated; no further details in report.
	TRP1.3 TRP3.4	Support implementation of differentiated models of care.	Excluded from this report – data not available for this (e.g., CCMDD not yet implemented for TB patients).
 Prevent & Prepare	TRP1.4 TRP2.5 TRP3.5	Scale up treatment of latent TB infection.	Disaggregated data by regimen type not yet available due to data flow limitations from TPT registers and limitations with TIER.Net.
	TRP3.5	Participate in TB vaccine evidence reviews (NAGI).	Excluded from this report, but NAGI TB Vaccine Working Group formed and active.
 Monitor & Assess	TRP2.6 TRP3.6	Conduct situational analysis to determine the state of the TB programme implementation in the mines.	Incorporate under strategic Pillar V.
		Develop and disseminate a plan to strengthen TB management in the mines.	
	TRP2.7 TRP3.7	Compile annual TB Recovery Plan report.	None completed previously.
	TRP3.7	Provide annual progress reports on End TB targets at District and sub-District levels.	Excluded from this report, consult RIMES Directorate.
	TRP2.7 TRP3.7	Undertake data quality assessments at facility- and District-level (e.g. audits).	Detailed reports available from RIMES Directorate.
	TRP1.CE TRP2.7 TRP3.7	Convene quarterly programme review meetings with provinces and implementation partners.	Details excluded from this report, but ongoing activity.
	TRP1.CE TRP2.7 TRP3.7	Conduct four provincial support visits (Western Cape, Northern Cape, North West and Limpopo).	During implementation the first three TRPs 8 of 9 provinces had support visits (North West Province was outstanding by March 2025); no further details in report.
	TRP1.CE TRP2.CE TRP3.7	Develop and share TB data platforms and products/ reports as appropriate.	Excluded from this report – the primary aim of this activity was about developing a public facing TB dashboard which was not completed by March 2025.
	TRP3.7	Develop national standards and metrics for TB care and data quality.	Excluded from this report – not done.

Annexure 2:
TB Recovery Plan 3.0 Monitoring & Evaluation Framework

Objective 1: Create demand for TB testing and treatment services through advocacy and communication				
Indicators	**Baseline**	**Target 2024/25**	**Data Source**	**Reporting Frequency**
Develop implementation plan for SBCC Strategy	n/a	Finalized plan	Plan disseminated	Once off
Develop a TB communication toolkit	n/a	Toolkit available for implementing entities	Toolkit available	Ongoing
Number of districts implementing SBCC Strategy	n/a	12	ACSM Reports	Quarterly

Objective 2: Increase the number of people identified with TB				
Indicators	**Baseline**	**Target 2024/25**	**Data Source**	**Reporting Frequency**
Number of TB NAATs conducted	2,843,976 (2023)	3,046,254	NICD Reports	Quarterly
Number of people screened with DCXR	97,461 (2023)	300,000 (not revised)	DCXR Information Systems	Quarterly
Number of urine-LAM tests undertaken	130,122 (2023)	147,798	Conditional Grant Reports	Quarterly
Proportion of DR-TB patients initiated on treatment that have a bedaquiline resistance test done	11%	50%	EDRWeb	Monthly

Objective 3: Establish reliable linkage pathways				
Indicators	**Baseline**	**Target 2024/25**	**Data Source**	**Reporting Frequency**
Increase GeneXpert SMS coverage	40% (2023)	60%	NICD Reports	Monthly, Quarterly
Total number of TB cases notified	222,119 (2023)	221,491	TIER.Net, EDRWeb	Quarterly
Proportion of children and young adolescents notified as a proportion of all TB notifications	7% (2023)	10%	TIER.Net, EDRWeb	Quarterly

Objective 4: Improve retention in care				
Indicators	**Baseline**	**Target 2024/25**	**Data Source**	**Reporting Frequency**
Improve treatment success	DS-TB (75%, 2022); DR-TB (61%, 2021)	DS-TB (83%); DR-TB (73%)	TIER.Net, EDRWeb	Quarterly
Number of patients enrolled on the CCMDD system	No data	No target	SYNCH	Quarterly
Proportion of eligible DR-TB patients started on 6-month treatment regimen	40% (2023)	100%	EDRWeb	Weekly
Proportion of children diagnosed with DS-TB initiated on 4-month regimen	New	No target	TIER.Net	Quarterly

Objective 5: Strengthen TB prevention				
Indicators	**Baseline**	**Target 2024/25**	**Data Source**	**Reporting Frequency**
Number of people started on 3HP	13,306 (2022)	No target	TPT Register	Quarterly
Number of people started on 3RH	New	No target	TPT register	Quarterly
Number of household contacts started on TPT (sum of contacts <5years and contacts 5years and older)	41,536 (2023)	221,941	DHIS	Monthly
Number of PLHIV initiated on TPT	241,485 (2023)	259,845	DHIS	Monthly

Objective 6: Strengthen TB programme in the mines				
Indicators	**Baseline**	**Target 2024/25**	**Data Source**	**Reporting Frequency**
Conduct situational analysis of TB in the mines	n/a	Situational analysis report	Report	Once off
Develop plan to strengthen TB in the mines	n/a	Finalized plan	Plan	Once off

Objective 7: Increase the use of data for monitoring and decision making				
Indicators	**Baseline**	**Target 2024/25**	**Data Source**	**Reporting Frequency**
Compile TB Recovery Plan updates and report	n/a	4	Presentations, Report	Quarterly, Annual
Convene programme review meetings with TB partners	n/a	4	Minutes	Quarterly
National standards for TB care and data quality	n/a	TBD	Metrics	Once off
Share TB data platforms and products/reports	n/a	TBD	Dashboard(s)/Reports	TBD

Annexure 3:
TB Recovery Plan 1.0 Poster & Performance Highlights

Figure A3.1: TB Recovery Plan 1.0 Poster

SOUTH AFRICA'S TUBERCULOSIS RECOVERY PLAN 2022-2023
A TARGET-DRIVEN APPROACH

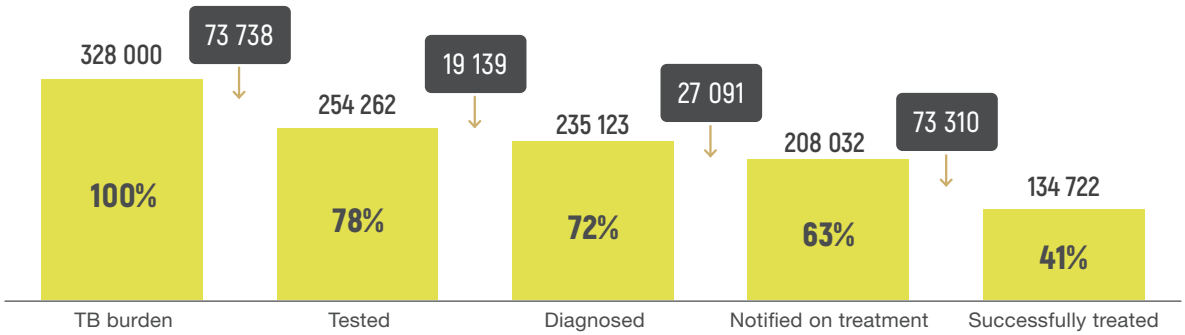
health
Department:
Health
REPUBLIC OF SOUTH AFRICA

2030 NDP

South Africa is yet to close the gaps in the TB care cascade.

Disruptions resulting from COVID-19 have meant fewer patients being tested, diagnosed and successfully treated. Now, more than ever, we recognise the need to act.

SOUTH AFRICA'S TB CARE CASCADE (2020)



The TB Recovery Plan aims to recover losses in TB care due to COVID-19 disruptions and accelerate efforts towards End TB targets

OUR TARGET-DRIVEN PROGRAMMATIC GOALS ARE TO:

1 FIND

People with undiagnosed TB

- 1 million screens through TB Health Check
- 60% PLHIV tested and 215 900 patients notified through routine annual TB tests for PLHIV, household contacts and previously treated TB patients
- 300 000 digital chest x-ray screens
- +56 000 urine LAM-assays

2 TREAT

Strengthen linkage to TB treatment

- 85% lab diagnosed patients on treatment
- SMS TB results notification system
- DS-TB module on Notifiable Medical Conditions application
- Strengthen PHC referrals from hospitals

3 RETAIN

Strengthen retention in care

- 85% DS-TB treatment success through strengthened adherence counselling package
- 10% coverage of shortened (6-month) MDR-TB treatment regime
- 50% coverage of TB medication dispensing through Central Chronic Medicines Dispensing and Distribution (CCMDD) system

4 PREVENT

Strengthen TB prevention efforts

- TB prevention therapy, including: 200 000 on 3HP and 215 359 contacts on TPT
- 100% coverage of infection control prevention in health facilities

We will ensure

SUCCESS = ENGAGE + TRAIN + MONITOR + TROUBLESHOOT + SHARE
stakeholders staff targets obstacles learnings

Figure A3.2: TB Recovery Plan 1.0 Performance Highlights

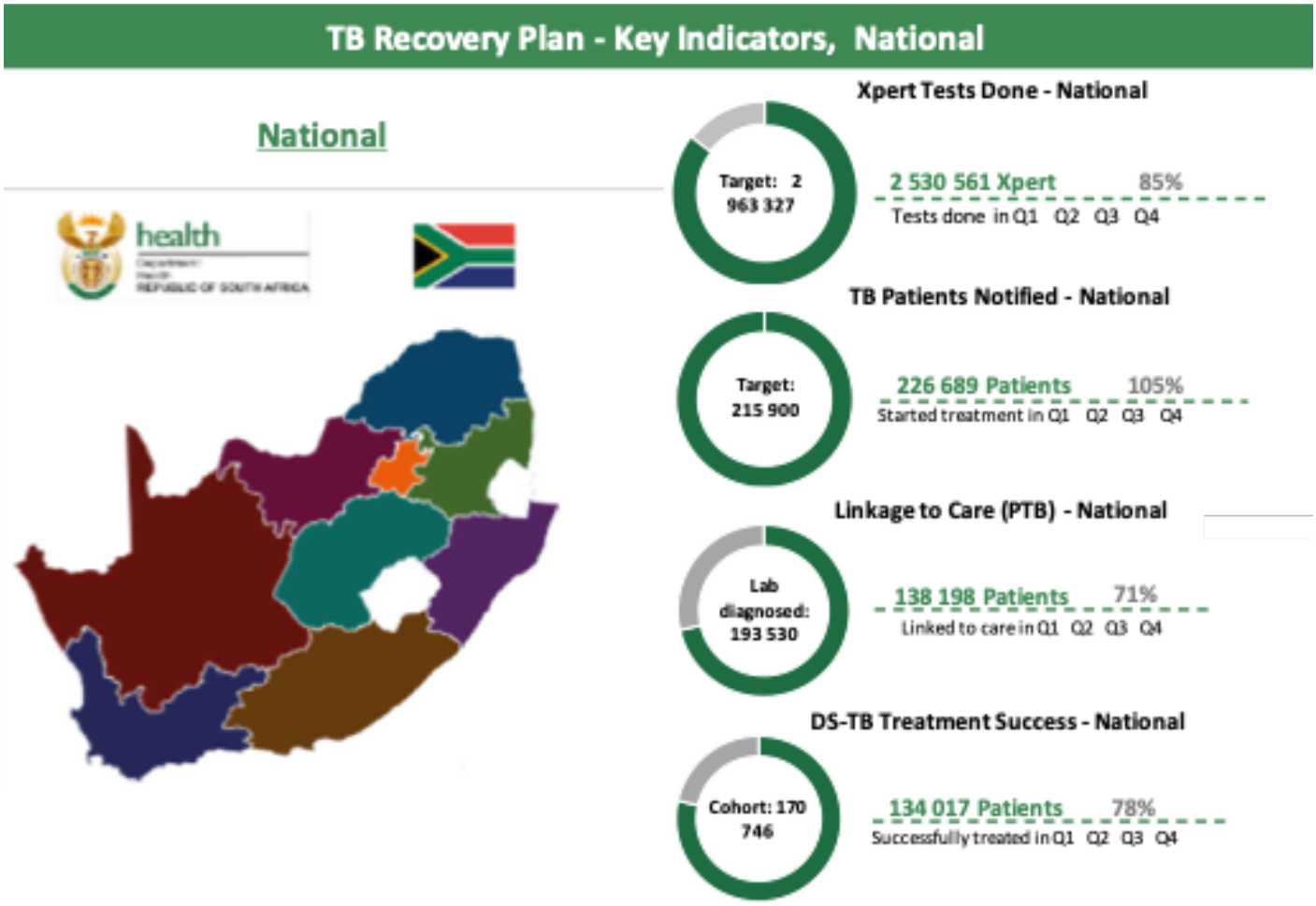


Table A3.1: TB Recovery Plan 1.0 Provincial Performance Highlights

TRP 1.0 Indicator	TB NAAT Tests Conducted			TB Notifications (DS + DR)			Lab-diagnosed PTB Linkage to Care (DS + DR)			DS-TB Success		
Source	(NICD)			(DHIS)			(E-Registers, NICD)			(DHIS)		
Period	Jan - Dec '22			Jan - Dec '22			Jan - Dec '22			Jan - Dec '21		
District/ Province	Tests	Targets	%	Started treatment	Targets	%	Started treatment	PTB confirmed	%	Success	Cohort	%
Eastern Cape	395 331	638 433	62	46 877	46 514	98	33 421	45 255	74	27 194	35 442	77
Free State	73 966	152 746	48	10 090	11 129	91	6 667	9 065	74	5 685	7 785	73
Gauteng	377 569	424 532	89	31 773	30 930	103	16 196	24 570	66	18 477	22 017	84
KwaZulu-Natal	954 796	598 858	159	49 215	43 631	113	30 034	39 200	77	31 264	37 840	83
Limpopo	120 716	118 134	102	13 420	8 607	156	4 867	7 884	62	5 793	7 333	79
Mpumalanga	146 413	155 772	94	11 593	11 349	102	6 370	8 753	73	7 266	8 712	83
Northern Cape	73 076	122 929	59	7 130	8 956	80	5 744	8 721	66	3 786	5 740	66
North West	101 049	175 396	58	12 014	12 779	94	7 537	11 417	66	7 956	9 652	82
Western Cape	287 645	576 527	50	44 577	42 004	106	27 362	38 665	71	26 596	36 225	73

Annexure 4:
TB Recovery Plan 2.0 Poster & Performance Highlights

Figure A4.1: TB Recovery Plan 2.0 Poster

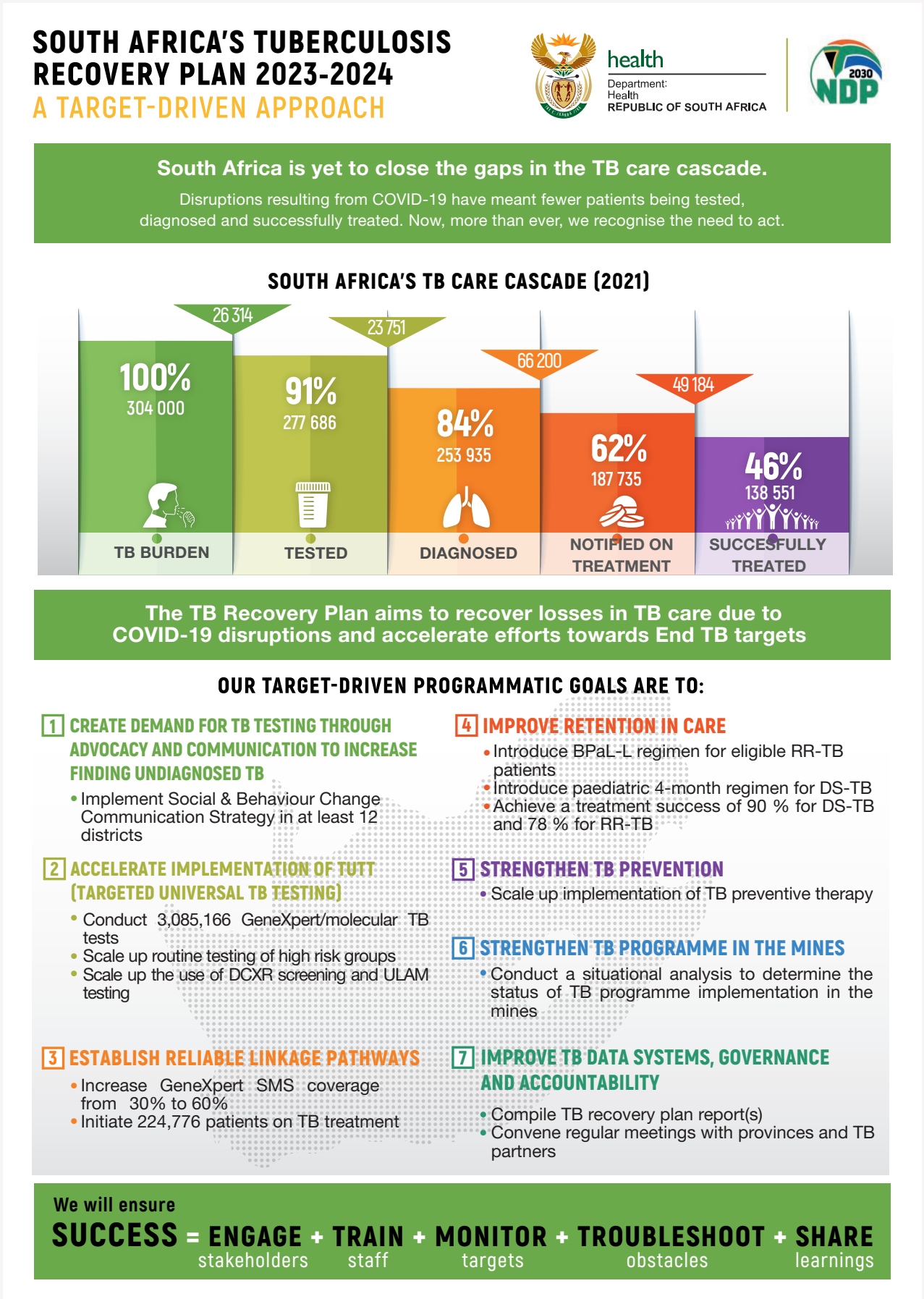


Figure A4.2: TB Recovery Plan 2.0 Performance Highlights

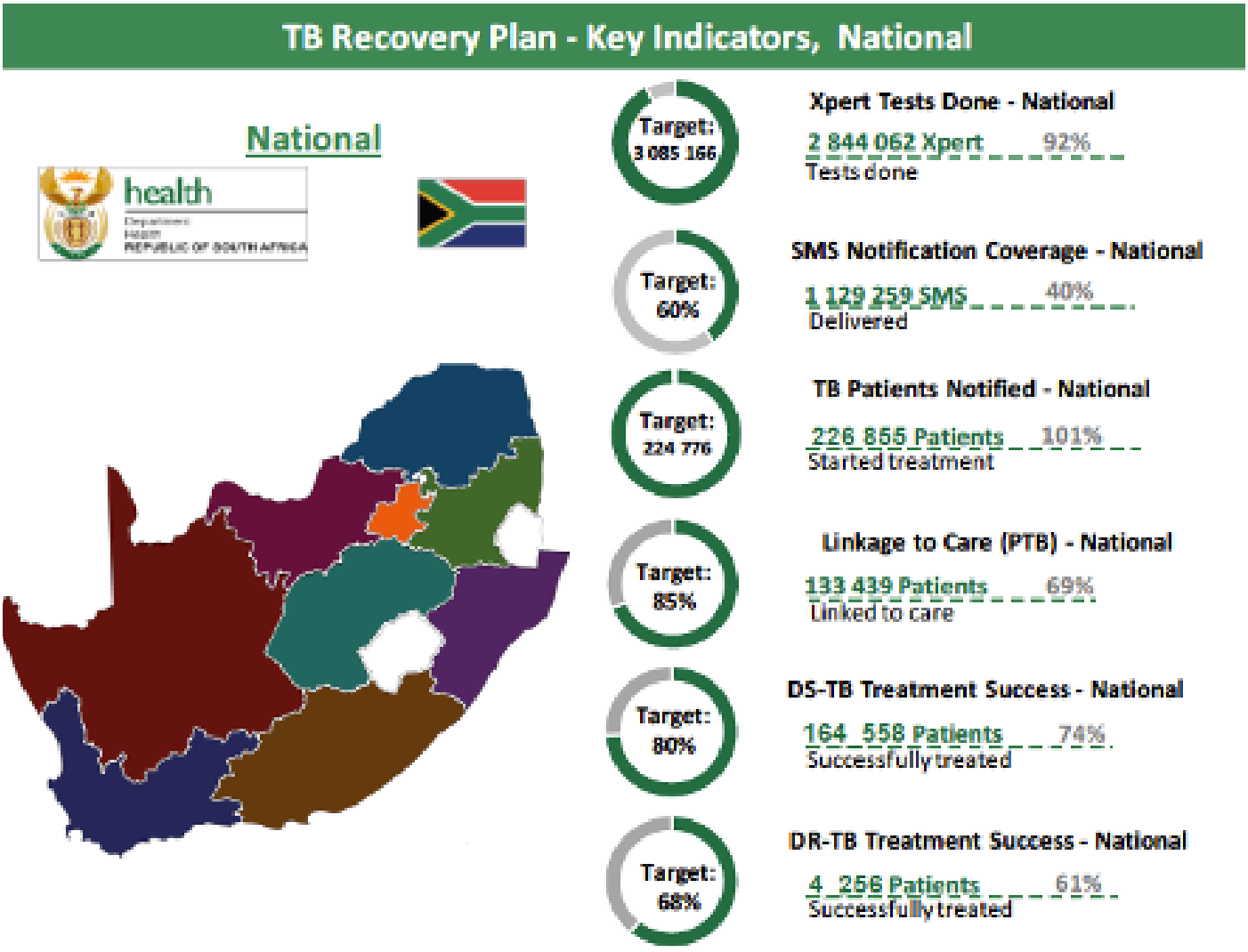


Table A4.1: TB Recovery Plan 2.0 Provincial Performance Highlights

TRP 2.0 Indicator	TB NAAT Tests Conducted			SMS Notifications	TB Notifications (DS + DR)			Lab-diagnosed PTB Linkage to Care (DS + DR)			DS-TB Success			DR-TB Success (Full Cohort)		
Source	(NICD)			(NICD)	(DHIS)			(E-Registers, NICD)			(DHIS)			(EDRWeb)		
Period	Jan - Dec '23			Jan - Dec '23	Jan - Dec '23			Jan - Dec '23			Jan - Dec '22			Jan - Dec '21		
District/ Province	Tests	Targets	%	%	Started treatment	Targets	%	Started treatment	PTB confirmed	%	Success	Cohort	%	Success	Cohort	%
Eastern Cape	433 578	674 800	64	34	47 928	49 164	97	33 856	46 137	73	32 591	45 098	72	965	1 621	60
Free State	83 656	155 059	54	26	10 069	11 297	89	6 537	8 484	77	7 042	9 830	72	155	256	61
Gauteng	508 955	444 129	115	31	33 725	32 358	104	16 733	24 838	67	23 147	30 630	76	460	712	65
KwaZulu-Natal	1 016 846	623 894	163	49	46 944	45 455	103	28 326	37 394	76	35 687	48 026	74	1 142	1 718	66
Limpopo	124 818	119 923	104	47	12 165	8 737	139	4 764	7 473	64	9 086	13 216	69	133	208	64
Mpumalanga	167 023	161 377	103	51	11 303	11 757	96	5 912	8 046	73	8 413	11 217	75	278	393	71
Northern Cape	75 378	126 200	60	10	7 699	9 195	84	5 863	8 075	73	5 473	7 355	74	167	295	57
North West	117 393	180 046	65	34	12 344	13 118	94	7 673	11 281	68	9 817	11 698	84	211	322	66
Western Cape	316 415	599 739	53	35	44 678	43 695	102	23 775	41 406	57	33 302	44 664	75	745	1 409	53

Annexure 5:
TB Recovery Plan 3.0 Performance Highlights

Table A5.1a: TB Recovery Plan 3.0 National and Provincial Performance Highlights

TRP 3.0 Indicator	TB NAAT Tests Conducted			SMS Notifications	TB Notifications (DS + DR)			TB Notifications <15 years		DR-TB 6-Month Regimen Enrolment			BDQ pDST Captured
Source	(NICD)			(NICD)	(E-Registers)			(E-Registers)		(EDRWeb)			(EDRWeb)
Period	Jan - Dec '24			Jan - Jun '24	Jan - Dec '24			Jan - Dec '24		Jan - Dec '24			Jan - Dec '24
District/ Province	Tests	Targets	%	%	Started treatment	Targets	%	<15	%	On 6-month regimen	Started treatment	%	%
Eastern Cape	458 852	666 340	69	38	43 461	48 548	90	2 344	5	1 304	1595	82	24
Free State	92 971	152 610	61	29	6 585	11 119	59	517	8	162	196	83	19
Gauteng	578 006	438 931	132	40	31 489	31 979	98	1 784	6	560	684	82	8
KwaZulu-Natal	908 393	616 531	147	54	36 648	44 919	82	2 514	7	967	1378	70	17
Limpopo	117 749	118 029	100	50	10 076	8 599	117	611	6	181	198	91	10
Mpumalanga	207 987	159 276	131	53	10 138	11 604	87	502	5	282	319	88	7
Northern Cape	85 079	124 564	68	11	7 305	9 075	80	542	7	191	240	80	32
North West	141 396	177 709	80	48	10 604	12 947	82	883	8	193	245	79	9
Western Cape	400 701	592 265	68	43	46 178	43 151	107	5 148	11	1 148	1615	71	28
SOUTH AFRICA	**2 991 134**	**3 046 254**	**98**	**45**	**202 484**	**221 942**	**91**	**14 845**	**7**	**4 988**	**6 470**	**77**	**19**

Table A5.1b: TB Recovery Plan 3.0 National and Provincial Performance Highlights

TRP 3.0 Indicator	DS-TB Success			DR-TB Success (Full Cohort)			DR-TB Success (Shorter Regimens)			TPT Initiation in Contacts <5 Years			TPT Initiation in Contacts 5+ Years		
Source	(TIER.Net)			(EDRWeb)			(EDRWeb)			(DHIS)			(DHIS)		
Period	Jan - Dec '23			Jan - Dec '22			Jan - Dec '23			Jan - Dec '24			Jan - Dec '24		
District/ Province	Success	Cohort	%	Success	Cohort	%	Success	Cohort	%	Started TPT	Contacts	%	Started TPT	Contacts	%
Eastern Cape	35 004	44 116	79	1 153	1 889	61	881	1 229	72	2 952	4 735	62	13 966	35 294	40
Free State	7 121	9 213	77	185	300	62	132	207	64	639	863	74	3 886	7 129	55
Gauteng	24 657	28 920	85	556	882	63	427	605	71	1 535	3 168	48	8 941	29 048	31
KwaZulu-Natal	34 305	40 580	85	1 265	1 853	68	874	1 131	77	3 912	11 761	33	13 257	71 258	19
Limpopo	8 384	10 259	82	156	239	65	167	225	74	589	946	62	2 038	6 393	32
Mpumalanga	8 300	9 836	84	264	386	68	226	301	75	1 071	1 543	69	3 259	8 282	39
Northern Cape	5 403	7 012	77	223	350	64	182	249	73	850	1 450	59	3 296	12 424	27
North West	10 163	11 780	86	246	368	67	212	270	79	728	1 136	64	4 157	6 877	60
Western Cape	34 967	45 028	78	869	1 613	54	548	957	57	6 248	8 077	77	5 639	42 455	13
SOUTH AFRICA	**168 304**	**206 744**	**81**	**4 917**	**7 880**	**62**	**3 649**	**5 174**	**71**	**18 524**	**33 679**	**55**	**58 439**	**219 160**	**27**

Annexure 6:
Annual District Performance Highlights by Province

Eastern Cape Province

Table A6 – EC1: TB Recovery Plan 1.0 Performance Highlights, Eastern Cape

TRP 1.0 Indicator	TB NAAT Tests Conducted			TB Notifications (DS + DR)			Lab-diagnosed PTB Linkage to Care (DS + DR)			DS-TB Success		
Source	(NICD)			(DHIS)			(E-Registers, NICD)			(DHIS)		
Period	Jan - Dec '22			Jan - Dec '22			Jan - Dec '22			Jan - Dec '21		
District/Province	Tests	Targets	%	Started treatment	Targets	%	Started treatment	PTB confirmed	%	Success	Cohort	%
Alfred Nzo	25 874	47 235	55	2 747	3 441	80	1 971	2 914	68	1 851	2 324	80
Amathole	37 698	61 378	61	4 256	4 472	95	3 151	4 542	69	2 437	3 086	79
Buffalo City	51 697	109 108	47	6 817	7 949	86	4 991	6 864	73	3 439	4 641	74
Chris Hani	37 070	54 989	67	3 620	4 006	90	2 574	3 974	65	2 309	3 058	76
Joe Gqabi	35 332	5 275	670	2 076	384	541	1 594	1 892	84	1 088	1 335	81
Nelson Mandela	72 979	169 195	43	12 231	12 327	99	8 950	11 733	76	6 789	8 906	76
Oliver Tambo	88 626	114 676	77	8 901	8 355	107	5 643	7 956	71	6 093	7 726	79
Sarah Baartman	46 055	76 578	60	6 229	5 579	112	4 547	5 380	85	3 188	4 366	73
EASTERN CAPE	**395 331**	**638 433**	**62**	**46 877**	**46 514**	**101**	**33 421**	**45 255**	**74**	**27 194**	**35 442**	**77**

Table A6 – EC2: TB Recovery Plan 2.0 Performance Highlights, Eastern Cape

TRP 2.0 Indicator	TB NAAT Tests Conducted			SMS Notifications	TB Notifications (DS + DR)			Lab-diagnosed PTB Linkage to Care (DS + DR)			DS-TB Success			DR-TB Success (Full Cohort)		
Source	(NICD)			(NICD)	(DHIS)			(E-Registers, NICD)			(DHIS)			(EDRWeb)		
Period	Jan - Dec '23			Jan - Dec '23*	Jan - Dec '23			Jan - Dec '23			Jan - Dec '22			Jan - Dec '21		
District/Province	Tests	Targets	%	%	Started treatment	Targets	%	Started treatment	PTB confirmed	%	Success	Cohort	%	Success	Cohort	%
Alfred Nzo	27 250	47 950	57	33	2 698	3 493	77	1 878	2 794	67	2 155	2 685	80	59	90	66
Amathole	45 840	64 663	71	39	4 793	4 711	102	3 579	4 829	74	2 800	4 199	67	26	50	52
Buffalo City	62 622	114 593	55	41	7 235	8 349	87	5 194	7 010	74	4 261	6 350	67	209	441	47
Chris Hani	41 173	55 821	74	29	3 668	4 067	90	2 654	4 143	64	2 567	3 534	73	69	123	56
Joe Gqabi	42 693	20 760	206	43	2 059	1 512	136	1 594	1 868	85	1 488	2 043	73	21	39	54
Nelson Mandela	84 157	171 757	49	37	12 559	12 514	100	9 328	12 133	77	8 744	11 414	77	338	523	65
Oliver Tambo	78 277	121 519	64	31	8 972	8 854	101	5 042	7 839	64	6 019	8 797	68	176	247	71
Sarah Baartman	51 566	77 738	66	27	5 944	5 664	105	4 587	5 521	83	4 557	6 076	75	67	108	62
EASTERN CAPE	**433 578**	**674 800**	**64**	**34**	**47 928**	**49 164**	**97**	**33 856**	**46 137**	**73**	**32 591**	**45 098**	**72**	**965**	**1 621**	**60**

Table A6 – EC3a: TB Recovery Plan 3.0 Performance Highlights, Eastern Cape

TRP 3.0 Indicator	TB NAAT Tests Conducted			SMS Notifications	TB Notifications (DS + DR)			TB Notifications <15 years		DR-TB 6-Month Regimen Enrolment			BDQ pDST Captured
Source	(NICD)			(NICD)	(E-Registers)			(E-Registers)		(EDRWeb)			(EDRWeb)
Period	Jan - Dec '24			Jan - Jun '24*	Jan - Dec '24			Jan - Dec '24		Jan - Dec '24			Jan - Dec '24
District/Province	Tests	Targets	%	%	Started treatment	Targets	%	<15	%	On 6-month regimen	Started treatment	%	%
Alfred Nzo	29 214	47 193	62	38	2 699	3 438	79	127	5	71	80	89	3
Amathole	57 192	64 239	89	46	3 474	4 680	74	186	5	89	112	79	19
Buffalo City	68 828	113 678	61	48	7 411	8 282	89	467	6	326	416	78	23
Chris Hani	40 018	54 940	73	30	3 007	4 003	75	129	4	59	72	82	21
Joe Gqabi	38 899	20 432	190	47	1 673	1 489	112	75	7	37	54	69	13
Nelson Mandela	84 831	169 045	50	38	11 210	12 316	91	688	6	395	477	83	34
Oliver Tambo	87 758	120 304	73	32	8 854	8 765	101	405	4	202	231	87	11
Sarah Baartman	52 112	76 510	68	25	5 131	5 574	92	267	7	125	153	82	35
EASTERN CAPE	**458 852**	**666 340**	**69**	**38**	**43 459**	**48 548**	**90**	**2 344**	**5**	**1 304**	**1 595**	**82**	**24**

Table A6 – EC3b: TB Recovery Plan 3.0 Performance Highlights, Eastern Cape

TRP 3.0 Indicator	DS-TB Success			DR-TB Success (Full Cohort)			DR-TB Success (Shorter Regimens)			TPT Initiation in Contacts <5 Years			TPT Initiation in Contacts 5+ Years		
Source	(TIER.Net)			(EDRWeb)			(EDRWeb)			(DHIS)			(DHIS)		
Period	Jan - Dec '23			Jan - Dec '22			Jan - Dec '23			Jan - Dec '24			Jan - Dec '24		
District/Province	Success	Cohort	%	Success	Cohort	%	Success	Cohort	%	Started TPT	Contacts	%	Started TPT	Contacts	%
Alfred Nzo	2 036	2 531	80	53	76	70	32	49	65	55	100	55	293	1 217	24
Amathole	3 321	4 173	80	40	79	51	27	52	52	220	364	60	1 159	2 730	42
Buffalo City	5 238	6 362	82	247	491	50	162	239	68	364	577	63	2 070	5 832	35
Chris Hani	2 971	3 741	79	72	140	51	51	82	62	182	365	50	942	1 974	48
Joe Gqabi	1 552	1 961	79	28	56	50	28	48	58	108	174	62	1 127	1 823	62
Nelson Mandela	9 131	11 986	76	437	633	69	354	428	83	1 183	1 621	73	4 232	9 680	44
Oliver Tambo	6 445	7 702	84	142	220	65	153	211	73	469	704	67	1 771	5 403	33
Sarah Baartman	4 310	5 660	76	134	194	69	74	120	62	371	830	45	2 372	6 635	36
EASTERN CAPE	**35 004**	**44 116**	**79**	**1 153**	**1 889**	**61**	**881**	**1 229**	**72**	**2 952**	**4 735**	**62**	**13 966**	**35 294**	**40**

Free State Province

Table A6 – FS1: TB Recovery Plan 1.0 Performance Highlights, Free State

TRP 1.0 Indicator	TB NAAT Tests Conducted			TB Notifications (DS + DR)			Lab-diagnosed PTB Linkage to Care (DS + DR)			DS-TB Success		
Source	(NICD)			(DHIS)			(E-Registers, NICD)			(DHIS)		
Period	Jan - Dec '22			Jan - Dec '22			Jan - Dec '22			Jan - Dec '21		
District/Province	Tests	Targets	%	Started treatment	Targets	%	Started treatment	PTB confirmed	%	Success	Cohort	%
Fezile Dabi	13 462	22 243	61	1 634	1 621	101	1 037	1 458	71	874	1 250	70
Lejweleputswa	13 902	37 380	37	2 167	2 723	80	1 543	2 109	73	1 445	1 988	73
Mangaung	21 947	53 592	41	3 530	3 905	90	2 211	3 079	72	1 890	2 599	73
T Mofutsanyane	17 861	30 783	58	1 948	2 243	87	1 337	1 724	78	1 118	1 417	79
Xhariep	6 794	8 748	78	811	637	127	539	695	78	358	531	67
FREE STATE	**73 966**	**152 746**	**48**	**10 090**	**11 129**	**91**	**6 667**	**9 065**	**74**	**5 685**	**7 785**	**73**

Table A6 – FS2: TB Recovery Plan 2.0 Performance Highlights, Free State

TRP 2.0 Indicator	TB NAAT Tests Conducted			SMS Notifications	TB Notifications (DS + DR)			Lab-diagnosed PTB Linkage to Care (DS + DR)			DS-TB Success			DR-TB Success (Full Cohort)		
Source	(NICD)			(NICD)	(DHIS)			(E-Registers, NICD)			(DHIS)			(EDRWeb)		
Period	Jan - Dec '23			Jan - Dec '23*	Jan - Dec '23			Jan - Dec '23			Jan - Dec '22			Jan - Dec '21		
District/Province	Tests	Targets	%	%	Started treatment	Targets	%	Started treatment	PTB confirmed	%	Success	Cohort	%	Success	Cohort	%
Fezile Dabi	14 901	22 580	66	32	1 612	1 645	98	1 118	1 448	77	1 100	1 596	69	31	50	62
Lejweleputswa	16 028	37 946	42	29	2 289	2 765	83	1 648	2 069	80	1 607	2 113	76	26	42	62
Mangaung	23 842	54 404	44	24	3 419	3 964	86	2 001	2 774	72	2 312	3 422	68	59	113	52
T Mofutsanyane	21 645	31 249	69	40	2 081	2 277	91	1 296	1 615	80	1 391	1 906	73	34	44	77
Xhariep	7 240	8 880	82	8	668	647	103	474	578	82	632	793	80	5	7	71
FREE STATE	**83 656**	**155 059**	**54**	**26**	**10 069**	**11 297**	**89**	**6 537**	**8 484**	**77**	**7 042**	**9 830**	**72**	**155**	**256**	**61**

Table A6 – FS3a: TB Recovery Plan 3.0 Performance Highlights, Free State

TRP 3.0 Indicator	TB NAAT Tests Conducted			SMS Notifications	TB Notifications (DS + DR)			TB Notifications <15 years		DR-TB 6-Month Regimen Enrolment			BDQ pDST Captured
Source	(NICD)			(NICD)	(E-Registers)			(E-Registers)		(EDRWeb)			(EDRWeb)
Period	Jan - Dec '24			Jan - Jun '24*	Jan - Dec '24			Jan - Dec '24		Jan - Dec '24			Jan - Dec '24
District/Province	Tests	Targets	%	%	Started treatment	Targets	%	<15	%	On 6-month regimen	Started treatment	%	%
Fezile Dabi	20 463	22 224	92	26	1 403	1 619	87	221	16	37	42	88	21
Lejweleputswa	17 162	37 347	46	32	989	2 721	36	52	5	30	33	91	21
Mangaung	25 441	53 545	48	21	1 841	3 901	47	93	5	59	83	71	20
T Mofutsanyane	22 571	30 755	73	35	1 779	2 241	79	86	5	27	29	93	7
Xhariep	7 334	8 740	84	11	573	637	90	65	11	9	9	100	22
FREE STATE	**92 971**	**152 610**	**61**	**29**	**6 585**	**11 119**	**59**	**517**	**8**	**162**	**196**	**83**	**19**

Table A6 – FS3b: TB Recovery Plan 3.0 Performance Highlights, Free State

TRP 3.0 Indicator	DS-TB Success			DR-TB Success (Full Cohort)			DR-TB Success (Shorter Regimens)			TPT Initiation in Contacts <5 Years			TPT Initiation in Contacts 5+ Years		
Source	(TIER.Net)			(EDRWeb)			(EDRWeb)			(DHIS)			(DHIS)		
Period	Jan - Dec '23			Jan - Dec '22			Jan - Dec '23			Jan - Dec '24			Jan - Dec '24		
District/Province	Success	Cohort	%	Success	Cohort	%	Success	Cohort	%	Started TPT	Contacts	%	Started TPT	Contacts	%
Fezile Dabi	1 168	1 503	78	38	55	69	32	46	70	208	226	92	1 366	1 867	73
Lejweleputswa	1 645	2 201	75	33	49	67	29	37	78	132	208	63	693	1 576	44
Mangaung	2 214	2 787	79	74	141	52	39	78	50	180	231	78	1 074	1 871	57
T Mofutsanyane	1 563	2 036	77	27	38	71	25	37	68	64	95	67	500	969	52
Xhariep	531	686	77	13	17	76	7	9	78	55	103	53	253	846	30
FREE STATE	**7 121**	**9 213**	**77**	**185**	**300**	**62**	**132**	**207**	**64**	**639**	**863**	**74**	**3 886**	**7 129**	**55**

Gauteng Province

Table A6 – GP1: TB Recovery Plan 1.0 Performance Highlights, Gauteng

TRP 1.0 Indicator	TB NAAT Tests Conducted			TB Notifications (DS + DR)			Lab-diagnosed PTB Linkage to Care (DS + DR)			DS-TB Success		
Source	(NICD)			(DHIS)			(E-Registers, NICD)			(DHIS)		
Period	Jan - Dec '22			Jan - Dec '22			Jan - Dec '22			Jan - Dec '21		
District/ Province	Tests	Targets	%	Started treatment	Targets	%	Started treatment	PTB confirmed	%	Success	Cohort	%
Johannesburg	140 297	163 240	86	12 099	11 893	102	6 064	9 023	67	7 310	8 694	84
Tshwane	62 178	67 865	92	6 653	4 944	135	2 727	4 299	63	3 861	4 726	82
Ekurhuleni	100 682	132 512	76	7 718	9 654	80	4 330	6 980	62	4 600	5 247	88
Sedibeng	34 103	29 473	116	2 911	2 147	136	1 575	2 150	73	1 330	1 816	73
West Rand	40 309	31 442	128	2 392	2 291	104	1 500	2 118	71	1 376	1 534	90
GAUTENG	**377 569**	**424 532**	**89**	**31 773**	**30 930**	**103**	**16 196**	**24 570**	**66**	**18 477**	**22 017**	**84**

Table A6 – GP2: TB Recovery Plan 2.0 Performance Highlights, Gauteng

TRP 2.0 Indicator	TB NAAT Tests Conducted			SMS Notifications	TB Notifications (DS + DR)			Lab-diagnosed PTB Linkage to Care (DS + DR)			DS-TB Success			DR-TB Success (Full Cohort)		
Source	(NICD)			(NICD)	(DHIS)			(E-Registers, NICD)			(DHIS)			(EDRWeb)		
Period	Jan - Dec '23			Jan - Dec '23*	Jan - Dec '23			Jan - Dec '23			Jan - Dec '22			Jan - Dec '21		
District/ Province	Tests	Targets	%	%	Started treatment	Targets	%	Started treatment	PTB confirmed	%	Success	Cohort	%	Success	Cohort	%
Johannesburg	183 439	172 980	106	37	12 711	12 603	101	6 522	9 276	70	9 103	11 538	79	197	309	64
Tshwane	105 206	68 893	153	49	7 144	5 019	142	2 937	4 700	62	5 024	6 520	77	78	107	73
Ekurhuleni	134 809	140 419	96	30	8 124	10 230	79	4 340	6 703	65	5 400	7 340	74	118	193	61
Sedibeng	45 374	29 919	152	17	3 190	2 180	146	1 540	2 129	72	1 984	2 841	70	39	58	67
West Rand	40 127	31 919	126	42	2 556	2 325	110	1 394	2 030	69	1 636	2 391	68	28	45	62
GAUTENG	**508 955**	**444 129**	**115**	**31**	**33 725**	**32 358**	**104**	**16 733**	**24 838**	**67**	**23 147**	**30 630**	**76**	**460**	**712**	**65**

Table A6 – GP3a: TB Recovery Plan 3.0 Performance Highlights, Gauteng

TRP 3.0 Indicator	TB NAAT Tests Conducted			SMS Notifications	TB Notifications (DS + DR)			TB Notifications <15 years		DR-TB 6-Month Regimen Enrolment			BDQ pDST Captured
Source	(NICD)			(NICD)	(E-Registers)			(E-Registers)		(EDRWeb)			(EDRWeb)
Period	Jan - Dec '24			Jan - Jun '24*	Jan - Dec '24			Jan - Dec '24		Jan - Dec '24			Jan - Dec '24
District/ Province	Tests	Targets	%	%	Started treatment	Targets	%	<15	%	On 6-month regimen	Started treatment	%	%
Johannesburg	198 630	171 250	116	43	11 745	12 477	94	655	6	209	291	72	13
Tshwane	118 508	67 805	175	46	7 271	4 940	147	398	5	89	106	84	3
Ekurhuleni	164 421	139 014	118	30	7 514	10 128	74	358	5	163	176	93	5
Sedibeng	53 822	29 447	183	43	2 586	2 145	121	231	9	59	63	94	2
West Rand	42 625	31 415	136	48	2 371	2 289	104	142	6	40	48	83	13
GAUTENG	**578 006**	**438 931**	**132**	**40**	**31 487**	**31 979**	**98**	**1 784**	**6**	**560**	**684**	**82**	**8**

Table A6 – GP3b: TB Recovery Plan 3.0 Performance Highlights, Gauteng

TRP 3.0 Indicator	DS-TB Success			DR-TB Success (Full Cohort)			DR-TB Success (Shorter Regimens)			TPT Initiation in Contacts <5 Years			TPT Initiation in Contacts 5+ Years		
Source	(TIER.Net)			(EDRWeb)			(EDRWeb)			(DHIS)			(DHIS)		
Period	Jan - Dec '23			Jan - Dec '22			Jan - Dec '23			Jan - Dec '24			Jan - Dec '24		
District/ Province	Success	Cohort	%	Success	Cohort	%	Success	Cohort	%	Started TPT	Contacts	%	Started TPT	Contacts	%
Johannesburg	9 764	11 539	85	239	371	64	206	283	73	563	1 235	46	3 413	12 371	28
Tshwane	5 184	6 279	83	71	118	60	52	76	68	280	692	40	1 664	5 878	28
Ekurhuleni	5 788	6 343	91	159	257	62	105	143	73	452	782	58	2 218	7 224	31
Sedibeng	2 269	2 900	78	48	76	63	38	56	68	106	265	40	381	1 680	23
West Rand	1 652	1 859	89	39	60	65	26	47	55	134	194	69	1 265	1 895	67
GAUTENG	**24 657**	**28 920**	**85**	**556**	**882**	**63**	**427**	**605**	**71**	**1 535**	**3 168**	**48**	**8 941**	**29 048**	**31**

KwaZulu-Natal Province

Table A6 – KZN1: TB Recovery Plan 1.0 Performance Highlights, KwaZulu-Natal

TRP 1.0 Indicator	TB NAAT Tests Conducted			TB Notifications (DS + DR)			Lab-diagnosed PTB Linkage to Care (DS + DR)			DS-TB Success		
Source	(NICD)			(DHIS)			(E-Registers, NICD)			(DHIS)		
Period	Jan - Dec '22			Jan - Dec '22			Jan - Dec '22			Jan - Dec '21		
District/Province	Tests	Targets	%	Started treatment	Targets	%	Started treatment	PTB confirmed	%	Success	Cohort	%
Amajuba	30 120	25 443	118	2 399	1 854	129	1 386	1 741	80	1 296	1 593	81
eThekwini	228 454	290 958	79	18 949	21 198	89	12 025	16 953	71	12 742	15 134	84
Harry Gwala	37 005	19 622	189	1 846	1 430	129	976	1 328	73	1 015	1 310	77
iLembe	62 731	34 353	183	3 812	2 503	152	2 182	2 646	82	2 292	3 077	74
King Cetshwayo	73 940	39 885	185	4 236	2 906	146	2 303	2 743	84	2 557	3 297	78
Ugu	69 548	45 876	152	4 518	3 342	135	2 958	3 506	84	2 725	3 356	81
uMgungundlovu	133 782	52 439	255	4 418	3 821	116	2 589	3 317	78	2 693	3 224	84
uMkhanyakude	95 286	23 392	407	2 622	1 704	154	1 660	1 940	86	1 915	2 155	89
uMzinyathi	66 594	17 412	382	1 684	1 269	133	1 018	1 273	80	1 045	1 219	86
uThukela	43 840	19 477	225	1 987	1 419	140	1 120	1 419	79	1 149	1 372	84
Zululand	113 496	30 000	378	2 744	2 186	126	1 817	2 334	78	1 835	2 103	87
KWAZULU-NATAL	**954 796**	**598 858**	**159**	**49 215**	**43 631**	**113**	**30 034**	**39 200**	**77**	**31 264**	**37 840**	**83**

Table A6 – KZN2: TB Recovery Plan 2.0 Performance Highlights, KwaZulu-Natal

TRP 2.0 Indicator	TB NAAT Tests Conducted			SMS Notifications	TB Notifications (DS + DR)			Lab-diagnosed PTB Linkage to Care (DS + DR)			DS-TB Success			DR-TB Success (Full Cohort)		
Source	(NICD)			(NICD)	(DHIS)			(E-Registers, NICD)			(DHIS)			(EDRWeb)		
Period	Jan - Dec '23			Jan - Dec '23*	Jan - Dec '23			Jan - Dec '23			Jan - Dec '22			Jan - Dec '21		
District/Province	Tests	Targets	%	%	Started treatment	Targets	%	Started treatment	PTB confirmed	%	Success	Cohort	%	Success	Cohort	%
Amajuba	34 939	25 828	135	58	2 083	1 882	111	1 167	1 556	75	1 585	2 321	68	44	73	60
eThekwini	245 423	308 319	80	38	18 618	22 463	83	11 677	16 662	70	13 200	17 891	74	497	762	65
Harry Gwala	39 296	19 920	197	48	1 919	1 451	132	1 073	1 378	78	1 290	1 838	70	27	36	75
iLembe	66 493	34 873	191	48	3 402	2 541	134	1 904	2 407	79	2 777	3 662	76	77	117	66
King Cetshwayo	91 025	41 891	217	52	4 171	3 052	137	2 188	2 687	81	2 984	4 074	73	90	141	64
Ugu	67 158	48 182	139	58	4 017	3 510	114	2 630	3 139	84	3 121	4 374	71	83	127	65
uMgungundlovu	135 601	53 233	255	56	4 242	3 878	109	2 505	3 199	78	3 140	4 296	73	79	138	57
uMkhanyakude	107 472	23 746	453	63	2 113	1 730	122	1 389	1 734	80	2 046	2 553	80	66	74	89
uMzinyathi	75 801	17 676	429	52	1 450	1 288	113	979	1 221	80	1 319	1 932	68	35	48	73
uThukela	41 019	19 771	207	45	1 777	1 440	123	1 035	1 334	78	1 543	1 907	81	42	63	67
Zululand	112 619	30 454	370	48	3 152	2 219	142	1 779	2 077	86	2 682	3 178	84	102	139	73
KWAZULU-NATAL	**1 016 846**	**623 894**	**163**	**49**	**46 944**	**45 455**	**103**	**28 326**	**37 394**	**76**	**35 687**	**48 026**	**74**	**1 142**	**1 718**	**66**

Table A6 – KZN3a: TB Recovery Plan 3.0 Performance Highlights, KwaZulu-Natal

TRP 3.0 Indicator	TB NAAT Tests Conducted			SMS Notifications	TB Notifications (DS + DR)			TB Notifications <15 years		DR-TB 6-Month Regimen Enrolment			BDQ pDST Captured
Source	(NICD)			(NICD)	(E-Registers)			(E-Registers)		(EDRWeb)			(EDRWeb)
Period	Jan - Dec '24			Jan - Jun '24*	Jan - Dec '24			Jan - Dec '24		Jan - Dec '24			Jan - Dec '24
District/Province	Tests	Targets	%	%	Started treatment	Targets	%	<15	%	On 6-month regimen	Started treatment	%	%
Amajuba	36 240	25 420	143	64	1 960	1 852	106	207	11	41	44	93	14
eThekwini	225 105	305 236	74	51	14 471	22 239	65	1 051	7	426	715	60	22
Harry Gwala	40 904	19 605	209	61	1 713	1 428	120	99	6	29	34	85	0
iLembe	46 547	34 323	136	54	129	2 501	5	1	1	53	67	79	28
King Cetshwayo	84 760	41 556	204	58	4 030	3 028	133	393	10	92	110	84	10
Ugu	63 958	47 797	134	60	4 015	3 482	115	190	5	70	105	67	2
uMgungundlovu	114 939	52 392	219	56	3 655	3 817	96	198	5	86	94	91	17
uMkhanyakude	91 205	23 371	390	66	1 860	1 703	109	114	6	63	82	77	11
uMzinyathi	65 767	17 397	378	58	854	1 267	67	24	3	18	25	72	12
uThukela	35 123	19 459	180	47	1 279	1 418	90	60	5	38	43	88	19
Zululand	103 845	29 974	346	49	2 669	2 184	122	177	7	51	59	86	10
KWAZULU-NATAL	**908 393**	**616 531**	**147**	**54**	**36 635**	**44 919**	**82**	**2 514**	**7**	**967**	**1 378**	**70**	**17**

Table A6 – KZN3b: TB Recovery Plan 3.0 Performance Highlights, KwaZulu-Natal

TRP 3.0 Indicator	DS-TB Success			DR-TB Success (Full Cohort)			DR-TB Success (Shorter Regimens)			TPT Initiation in Contacts <5 Years			TPT Initiation in Contacts 5+ Years		
Source	(TIER.Net)			(EDRWeb)			(EDRWeb)			(DHIS)			(DHIS)		
Period	Jan - Dec '23			Jan - Dec '22			Jan - Dec '23			Jan - Dec '24			Jan - Dec '24		
District/Province	Success	Cohort	%	Success	Cohort	%	Success	Cohort	%	Started TPT	Contacts	%	Started TPT	Contacts	%
Amajuba	1 412	1 624	87	59	88	67	48	59	81	237	1 324	18	1 153	11 309	10
eThekwini	13 331	16 107	83	520	812	64	301	388	78	1 374	2 604	53	3 287	22 663	15
Harry Gwala	1 309	1 634	80	19	37	51	22	44	50	202	1 079	19	1 294	2 327	56
iLembe	2 527	3 096	82	105	134	78	58	75	77	113	2 034	6	497	3 453	14
King Cetshwayo	3 079	3 703	83	118	163	72	102	133	77	762	1 748	44	1 974	13 122	15
Ugu	2 967	3 377	88	83	138	60	65	82	79	469	1 413	33	1 315	5 293	25
uMgungundlovu	3 012	3 464	87	76	131	58	58	87	67	243	599	41	740	4 838	15
uMkhanyakude	1 725	1 889	91	91	105	87	87	94	93	143	361	40	1 087	2 402	45
uMzinyathi	1 088	1 254	87	40	53	75	25	34	74	115	160	72	932	2 236	42
uThukela	1 371	1 672	82	54	72	75	30	40	75	193	283	68	430	1 480	29
Zululand	2 484	2 760	90	100	120	83	78	95	82	61	156	39	548	2 135	26
KWAZULU-NATAL	**34 305**	**40 580**	**85**	**1 265**	**1 853**	**68**	**874**	**1 131**	**77**	**3 912**	**11 761**	**33**	**13 257**	**71 258**	**19**

Limpopo Province

Table A6 – LP1: TB Recovery Plan 1.0 Performance Highlights, Limpopo

TRP 1.0 Indicator	TB NAAT Tests Conducted			TB Notifications (DS + DR)			Lab-diagnosed PTB Linkage to Care (DS + DR)			DS-TB Success		
Source	(NICD)			(DHIS)			(E-Registers, NICD)			(DHIS)		
Period	Jan - Dec '22			Jan - Dec '22			Jan - Dec '22			Jan - Dec '21		
District/ Province	Tests	Targets	%	Started treatment	Targets	%	Started treatment	PTB confirmed	%	Success	Cohort	%
Capricorn	40 211	24 334	165	2 931	1 773	165	1 169	1 791	65	1 289	1 689	76
Mopani	15 603	25 469	61	2 721	1 856	147	682	1 349	51	1 168	1 428	82
Sekhukhune	18 398	19 263	96	2 517	1 403	179	1 144	1 573	73	1 068	1 310	82
Vhembe	31 621	23 134	137	2 646	1 685	157	831	1 545	54	1 133	1 467	77
Waterberg	14 883	25 933	57	2 605	1 889	138	1 041	1 626	64	1 135	1 439	79
LIMPOPO	**120 716**	**118 134**	**102**	**13 420**	**8 607**	**156**	**4 867**	**7 884**	**62**	**5 793**	**7 333**	**79**

Table A6 – LP2: TB Recovery Plan 2.0 Performance Highlights, Limpopo

TRP 2.0 Indicator	TB NAAT Tests Conducted			SMS Notifications	TB Notifications (DS + DR)			Lab-diagnosed PTB Linkage to Care (DS + DR)			DS-TB Success			DR-TB Success (Full Cohort)		
Source	(NICD)			(NICD)	(DHIS)			(E-Registers, NICD)			(DHIS)			(EDRWeb)		
Period	Jan - Dec '23			Jan - Dec '23*	Jan - Dec '23			Jan - Dec '23			Jan - Dec '22			Jan - Dec '21		
District/ Province	Tests	Targets	%	%	Started treatment	Targets	%	Started treatment	PTB confirmed	%	Success	Cohort	%	Success	Cohort	%
Capricorn	42 044	24 703	170	50	2 593	1 800	144	1 182	1 732	68	2 069	2 842	73	27	49	55
Mopani	16 362	25 854	63	22	2 544	1 884	135	688	1 264	54	1 930	2 662	73	19	32	59
Sekhukhune	19 913	19 555	102	47	2 339	1 425	164	1 129	1 585	71	1 662	2 486	67	23	33	70
Vhembe	30 047	23 484	128	54	2 686	1 711	157	862	1 469	59	1 696	2 718	62	39	56	70
Waterberg	16 452	26 326	62	32	2 003	1 918	104	903	1 423	63	1 729	2 508	69	25	38	66
LIMPOPO	**124 818**	**119 923**	**104**	**47**	**12 165**	**8 737**	**139**	**4 764**	**7 473**	**64**	**9 086**	**13 216**	**69**	**133**	**208**	**64**

Table A6 – LP3a: TB Recovery Plan 3.0 Performance Highlights, Limpopo

TRP 3.0 Indicator	TB NAAT Tests Conducted			SMS Notifications	TB Notifications (DS + DR)			TB Notifications <15 years		DR-TB 6-Month Regimen Enrolment			BDQ pDST Captured
Source	(NICD)			(NICD)	(E-Registers)			(E-Registers)		(EDRWeb)			(EDRWeb)
Period	Jan - Dec '24			Jan - Jun '24*	Jan - Dec '24			Jan - Dec '24		Jan - Dec '24			Jan - Dec '24
District/ Province	Tests	Targets	%	%	Started treatment	Targets	%	<15	%	On 6-month regimen	Started treatment	%	%
Capricorn	35 585	24 313	146	53	2 350	1 771	133	153	7	33	34	97	6
Mopani	14 276	25 446	56	37	2 235	1 854	121	128	6	41	43	95	5
Sekhukhune	20 245	19 246	105	53	2 030	1 402	145	151	7	41	42	98	10
Vhembe	31 636	23 114	137	58	2 221	1 684	132	139	6	33	34	97	0
Waterberg	16 007	25 910	62	35	1 226	1 888	65	38	3	33	45	73	24
LIMPOPO	**117 749**	**118 029**	**100**	**50**	**10 062**	**8 599**	**117**	**609**	**6**	**181**	**198**	**91**	**10**

Table A6 – LP3b: TB Recovery Plan 3.0 Performance Highlights, Limpopo

TRP 3.0 Indicator	DS-TB Success			DR-TB Success (Full Cohort)			DR-TB Success (Shorter Regimens)			TPT Initiation in Contacts <5 Years			TPT Initiation in Contacts 5+ Years		
Source	(TIER.Net)			(EDRWeb)			(EDRWeb)			(DHIS)			(DHIS)		
Period	Jan - Dec '23			Jan - Dec '22			Jan - Dec '23			Jan - Dec '24			Jan - Dec '24		
District/ Province	Success	Cohort	%	Success	Cohort	%	Success	Cohort	%	Started TPT	Contacts	%	Started TPT	Contacts	%
Capricorn	1 801	2 215	81	29	48	60	37	43	86	116	189	61	440	1 207	36
Mopani	1 786	2 231	80	32	45	71	40	56	71	119	187	64	292	2 074	14
Sekhukhune	1 525	1 910	80	40	59	68	28	36	78	143	200	72	494	853	58
Vhembe	1 727	2 118	82	26	38	68	26	34	76	126	200	63	623	1 110	56
Waterberg	1 545	1 785	87	29	49	59	36	56	64	85	170	50	189	1 149	16
LIMPOPO	**8 384**	**10 259**	**82**	**156**	**239**	**65**	**167**	**225**	**74**	**589**	**946**	**62**	**2 038**	**6 393**	**32**

Mpumalanga Province

Table A6 – MP1: TB Recovery Plan 1.0 Performance Highlights, Mpumalanga

TRP 1.0 Indicator	TB NAAT Tests Conducted			TB Notifications (DS + DR)			Lab-diagnosed PTB Linkage to Care (DS + DR)			DS-TB Success		
Source	(NICD)			(DHIS)			(E-Registers, NICD)			(DHIS)		
Period	Jan - Dec '22			Jan - Dec '22			Jan - Dec '22			Jan - Dec '21		
District/ Province	Tests	Targets	%	Started treatment	Targets	%	Started treatment	PTB confirmed	%	Success	Cohort	%
Ehlanzeni	93 141	72 920	128	6 166	5 313	116	3 112	4 069	76	4 077	4 808	85
Gert Sibande	22 932	32 926	70	2 506	2 399	104	1 497	2 044	73	1 422	1 702	84
Nkangala	30 340	49 926	61	2 921	3 637	80	1 761	2 640	67	1 767	2 202	80
MPUMALANGA	**146 413**	**155 772**	**94**	**11 593**	**11 349**	**102**	**6 370**	**8 753**	**73**	**7 266**	**8 712**	**83**

Table A6 – MP2: TB Recovery Plan 2.0 Performance Highlights, Mpumalanga

TRP 2.0 Indicator	TB NAAT Tests Conducted			SMS Notifications	TB Notifications (DS + DR)			Lab-diagnosed PTB Linkage to Care (DS + DR)			DS-TB Success			DR-TB Success (Full Cohort)		
Source	(NICD)			(NICD)	(DHIS)			(E-Registers, NICD)			(DHIS)			(EDRWeb)		
Period	Jan - Dec '23			Jan - Dec '23*	Jan - Dec '23			Jan - Dec '23			Jan - Dec '22			Jan - Dec '21		
District/ Province	Tests	Targets	%	%	Started treatment	Targets	%	Started treatment	PTB confirmed	%	Success	Cohort	%	Success	Cohort	%
Ehlanzeni	94 342	77 271	122	59	5 699	5 630	101	2 673	3 557	75	4 297	5 904	73	181	244	74
Gert Sibande	35 605	33 425	107	41	2 630	2 435	108	1 503	1 888	80	1 856	2 391	78	22	44	50
Nkangala	37 076	50 682	73	49	2 974	3 693	81	1 736	2 601	67	2 260	2 922	77	75	105	71
MPUMALANGA	**167 023**	**161 377**	**103**	**51**	**11 303**	**11 757**	**96**	**5 912**	**8 046**	**73**	**8 413**	**11 217**	**75**	**278**	**393**	**71**

Table A6 – MP3a: TB Recovery Plan 3.0 Performance Highlights, Mpumalanga

TRP 3.0 Indicator	TB NAAT Tests Conducted			SMS Notifications	TB Notifications (DS + DR)			TB Notifications <15 years		DR-TB 6-Month Regimen Enrolment			BDQ pDST Captured
Source	(NICD)			(NICD)	(E-Registers)			(E-Registers)		(EDRWeb)			(EDRWeb)
Period	Jan - Dec '24			Jan - Jun '24*	Jan - Dec '24			Jan - Dec '24		Jan - Dec '24			Jan - Dec '24
District/ Province	Tests	Targets	%	%	Started treatment	Targets	%	<15	%	On 6-month regimen	Started treatment	%	%
Ehlanzeni	105 019	76 498	137	60	4 830	5 573	87	268	6	168	198	85	6
Gert Sibande	57 316	32 897	174	40	2 424	2 397	101	99	4	63	66	95	12
Nkangala	45 652	49 881	92	53	2 884	3 634	79	134	5	51	55	93	5
MPUMALANGA	**207 987**	**159 276**	**131**	**53**	**10 138**	**11 604**	**87**	**501**	**5**	**282**	**319**	**88**	**7**

Table A6 – MP3b: TB Recovery Plan 3.0 Performance Highlights, Mpumalanga

TRP 3.0 Indicator	DS-TB Success			DR-TB Success (Full Cohort)			DR-TB Success (Shorter Regimens)			TPT Initiation in Contacts <5 Years			TPT Initiation in Contacts 5+ Years		
Source	(TIER.Net)			(EDRWeb)			(EDRWeb)			(DHIS)			(DHIS)		
Period	Jan - Dec '23			Jan - Dec '22			Jan - Dec '23			Jan - Dec '24			Jan - Dec '24		
District/ Province	Success	Cohort	%	Success	Cohort	%	Success	Cohort	%	Started TPT	Contacts	%	Started TPT	Contacts	%
Ehlanzeni	4 049	4 714	86	174	238	73	110	145	76	842	1 176	72	1 706	5 009	34
Gert Sibande	1 943	2 337	83	46	75	61	53	72	74	113	151	75	667	1 363	49
Nkangala	2 308	2 785	83	44	73	60	63	84	75	116	216	54	886	1 910	46
MPUMALANGA	**8 300**	**9 836**	**84**	**264**	**386**	**68**	**226**	**301**	**75**	**1 071**	**1 543**	**69**	**3 259**	**8 282**	**39**

Northern Cape Province

Table A6 – NC1: TB Recovery Plan 1.0 Performance Highlights, Northern Cape

TRP 1.0 Indicator	TB NAAT Tests Conducted			TB Notifications (DS + DR)			Lab-diagnosed PTB Linkage to Care (DS + DR)			DS-TB Success		
Source	(NICD)			(DHIS)			(E-Registers, NICD)			(DHIS)		
Period	Jan - Dec '22			Jan - Dec '22			Jan - Dec '22			Jan - Dec '21		
District/Province	Tests	Targets	%	Started treatment	Targets	%	Started treatment	PTB confirmed	%	Success	Cohort	%
Frances Baard	21 183	36 722	58	1 719	2 675	64	1 398	2 544	55	1 047	1 645	64
JT Gaetsewe	9 699	17 494	55	954	1 275	75	553	1 088	51	383	641	60
Namakwa	7 919	10 644	74	844	776	109	658	875	75	478	657	73
Pixley ka Seme	14 736	24 234	61	1 523	1 766	86	1 271	1 789	71	843	1 271	66
ZF Mgcawu	19 539	33 836	58	2 090	2 465	85	1 864	2 425	77	1 035	1 526	68
NORTHERN CAPE	**73 076**	**122 929**	**59**	**7 130**	**8 956**	**80**	**5 744**	**8 721**	**66**	**3 786**	**5 740**	**66**

Table A6 – NC2: TB Recovery Plan 2.0 Performance Highlights, Northern Cape

TRP 2.0 Indicator	TB NAAT Tests Conducted			SMS Notifications	TB Notifications (DS + DR)			Lab-diagnosed PTB Linkage to Care (DS + DR)			DS-TB Success			DR-TB Success (Full Cohort)		
Source	(NICD)			(NICD)	(DHIS)			(E-Registers, NICD)			(DHIS)			(EDRWeb)		
Period	Jan - Dec '23			Jan - Dec '23*	Jan - Dec '23			Jan - Dec '23			Jan - Dec '22			Jan - Dec '21		
District/Province	Tests	Targets	%	%	Started treatment	Targets	%	Started treatment	PTB confirmed	%	Success	Cohort	%	Success	Cohort	%
Frances Baard	23 321	38 687	60	14	2 445	2 819	87	1 762	2 358	75	1 426	1 925	74	105	169	62
JT Gaetsewe	9 603	17 758	54	7	950	1 294	73	599	1 007	59	712	968	74	-	-	-
Namakwa	9 831	10 805	91	15	989	787	126	722	944	76	645	875	74	-	-	-
Pixley ka Seme	14 303	24 600	58	8	1 505	1 792	84	1 201	1 624	74	1 193	1 565	76	-	-	-
ZF Mgcawu	18 320	34 348	53	6	1 810	2 503	72	1 579	2 142	74	1 497	2 022	74	62	126	49
NORTHERN CAPE	**75 378**	**126 200**	**60**	**10**	**7 699**	**9 195**	**84**	**5 863**	**8 075**	**73**	**5 473**	**7 355**	**74**	**167**	**295**	**57**

Table A6 – NC3a: TB Recovery Plan 3.0 Performance Highlights, Northern Cape

TRP 3.0 Indicator	TB NAAT Tests Conducted			SMS Notifications	TB Notifications (DS + DR)			TB Notifications <15 years		DR-TB 6-Month Regimen Enrolment			BDQ pDST Captured
Source	(NICD)			(NICD)	(E-Registers)			(E-Registers)		(EDRWeb)			(EDRWeb)
Period	Jan - Dec '24			Jan - Jun '24*	Jan - Dec '24			Jan - Dec '24		Jan - Dec '24			Jan - Dec '24
District/Province	Tests	Targets	%	%	Started treatment	Targets	%	<15	%	On 6-month regimen	Started treatment	%	%
Frances Baard	32 316	38 433	84	13	2 744	2 800	98	176	6	117	151	77	31
JT Gaetsewe	11 228	17 478	64	16	475	1 273	37	41	9	-	-	-	-
Namakwa	10 629	10 635	100	16	855	775	110	78	9	-	-	-	-
Pixley ka Seme	12 142	24 212	50	10	1 318	1 764	75	122	9	-	-	-	-
ZF Mgcawu	18 764	33 806	56	7	1 913	2 463	78	125	7	74	89	83	34
NORTHERN CAPE	**85 079**	**124 564**	**68**	**11**	**7 305**	**9 075**	**80**	**542**	**7**	**191**	**240**	**80**	**32**

Table A6 – NC3b: TB Recovery Plan 3.0 Performance Highlights, Northern Cape

TRP 3.0 Indicator	DS-TB Success			DR-TB Success (Full Cohort)			DR-TB Success (Shorter Regimens)			TPT Initiation in Contacts <5 Years			TPT Initiation in Contacts 5+ Years		
Source	(TIER.Net)			(EDRWeb)			(EDRWeb)			(DHIS)			(DHIS)		
Period	Jan - Dec '23			Jan - Dec '22			Jan - Dec '23			Jan - Dec '24			Jan - Dec '24		
District/Province	Success	Cohort	%	Success	Cohort	%	Success	Cohort	%	Started TPT	Contacts	%	Started TPT	Contacts	%
Frances Baard	1 768	2 212	80	144	206	70	118	151	78	395	580	68	2 137	4 822	44
JT Gaetsewe	371	553	67	-	-	-	-	-	-	104	167	62	187	689	27
Namakwa	730	947	77	-	-	-	-	-	-	70	176	40	366	1 915	19
Pixley ka Seme	1 200	1 560	77	-	-	-	-	-	-	148	274	54	210	1 836	11
ZF Mgcawu	1 334	1 740	77	79	144	55	64	98	65	133	253	53	396	3 162	13
NORTHERN CAPE	**5 403**	**7 012**	**77**	**223**	**350**	**64**	**182**	**249**	**73**	**850**	**1 450**	**59**	**3 296**	**12 424**	**27**

North West Province

Table A6 – NW1: TB Recovery Plan 1.0 Performance Highlights, North West

TRP 1.0 Indicator	TB NAAT Tests Conducted			TB Notifications (DS + DR)			Lab-diagnosed PTB Linkage to Care (DS + DR)			DS-TB Success		
Source	(NICD)			(DHIS)			(E-Registers, NICD)			(DHIS)		
Period	Jan - Dec '22			Jan - Dec '22			Jan - Dec '22			Jan - Dec '21		
District/Province	Tests	Targets	%	Started treatment	Targets	%	Started treatment	PTB confirmed	%	Success	Cohort	%
Bojanala Platinum	26 747	39 984	67	3 592	2 913	123	1 848	2 567	72	2 471	3 001	82
Dr K Kaunda	29 493	51 962	57	2 974	3 786	79	1 863	3 110	60	1 903	2 202	86
Dr RS Mompati	19 868	33 742	59	2 381	2 458	97	1 708	2 385	72	1 570	1 957	80
NM Molema	24 941	49 709	50	3 067	3 622	85	2 118	3 355	63	2 012	2 492	81
NORTH WEST	**101 049**	**175 396**	**58**	**12 014**	**12 779**	**94**	**7 537**	**11 417**	**66**	**7 956**	**9 652**	**82**

Table A6 – NW2: TB Recovery Plan 2.0 Performance Highlights, North West

TRP 2.0 Indicator	TB NAAT Tests Conducted			SMS Notifications	TB Notifications (DS + DR)			Lab-diagnosed PTB Linkage to Care (DS + DR)			DS-TB Success			DR-TB Success (Full Cohort)		
Source	(NICD)			(NICD)	(DHIS)			(E-Registers, NICD)			(DHIS)			(EDRWeb)		
Period	Jan - Dec '23			Jan - Dec '23*	Jan - Dec '23			Jan - Dec '23			Jan - Dec '22			Jan - Dec '21		
District/Province	Tests	Targets	%	%	Started treatment	Targets	%	Started treatment	PTB confirmed	%	Success	Cohort	%	Success	Cohort	%
Bojanala Platinum	33 489	40 589	83	54	3 357	2 957	114	1 717	2 466	70	2 999	3 510	85	53	84	63
Dr K Kaunda	37 314	54 743	68	26	3 670	3 988	92	2 248	3 316	68	2 296	2 828	81	88	131	67
Dr RS Mompati	21 986	34 253	64	29	2 354	2 496	94	1 727	2 437	71	1 935	2 360	82	40	58	69
NM Molema	24 604	50 462	49	43	2 963	3 676	81	1 981	3 062	65	2 587	3 000	86	30	49	61
NORTH WEST	**117 393**	**180 046**	**65**	**34**	**12 344**	**13 118**	**94**	**7 673**	**11 281**	**68**	**9 817**	**11 698**	**84**	**211**	**322**	**66**

Table A6 – NW3a: TB Recovery Plan 3.0 Performance Highlights, North West

TRP 3.0 Indicator	TB NAAT Tests Conducted			SMS Notifications	TB Notifications (DS + DR)			TB Notifications <15 years		DR-TB 6-Month Regimen Enrolment			BDQ pDST Captured
Source	(NICD)			(NICD)	(E-Registers)			(E-Registers)		(EDRWeb)			(EDRWeb)
Period	Jan - Dec '24			Jan - Jun '24*	Jan - Dec '24			Jan - Dec '24		Jan - Dec '24			Jan - Dec '24
District/Province	Tests	Targets	%	%	Started treatment	Targets	%	<15	%	On 6-month regimen	Started treatment	%	%
Bojanala Platinum	49 259	39 948	123	64	3 105	2 911	107	211	7	47	50	94	2
Dr K Kaunda	46 537	54 383	86	40	2 596	3 962	66	255	10	67	109	61	14
Dr RS Mompati	22 356	33 712	66	33	2 059	2 456	84	183	9	31	31	100	16
NM Molema	23 244	49 665	47	46	2 845	3 618	79	234	8	48	55	87	2
NORTH WEST	**141 396**	**177 709**	**80**	**48**	**10 605**	**12 947**	**82**	**883**	**8**	**193**	**245**	**79**	**9**

Table A6 – NW3b: TB Recovery Plan 3.0 Performance Highlights, North West

TRP 3.0 Indicator	DS-TB Success			DR-TB Success (Full Cohort)			DR-TB Success (Shorter Regimens)			TPT Initiation in Contacts <5 Years			TPT Initiation in Contacts 5+ Years		
Source	(TIER.Net)			(EDRWeb)			(EDRWeb)			(DHIS)			(DHIS)		
Period	Jan - Dec '23			Jan - Dec '22			Jan - Dec '23			Jan - Dec '24			Jan - Dec '24		
District/Province	Success	Cohort	%	Success	Cohort	%	Success	Cohort	%	Started TPT	Contacts	%	Started TPT	Contacts	%
Bojanala Platinum	2 993	3 424	87	61	90	68	57	76	75	160	216	74	879	1 270	69
Dr K Kaunda	2 648	3 224	82	98	156	63	84	109	77	337	496	68	1 417	2 758	51
Dr RS Mompati	2 045	2 387	86	43	61	70	34	40	85	153	265	58	610	1 509	40
NM Molema	2 477	2 745	90	44	61	72	37	45	82	78	159	49	1 251	1 340	93
NORTH WEST	**10 163**	**11 780**	**86**	**246**	**368**	**67**	**212**	**270**	**79**	**728**	**1 136**	**64**	**4 157**	**6 877**	**60**

Western Cape Province

Table A6 – WC1: TB Recovery Plan 1.0 Performance Highlights, Western Cape

TRP 1.0 Indicator	TB NAAT Tests Conducted			TB Notifications (DS + DR)			Lab-diagnosed PTB Linkage to Care (DS + DR)			DS-TB Success		
Source	(NICD)			(DHIS)			(E-Registers, NICD)			(DHIS)		
Period	Jan - Dec '22			Jan - Dec '22			Jan - Dec '22			Jan - Dec '21		
District/ Province	Tests	Targets	%	Started treatment	Targets	%	Started treatment	PTB confirmed	%	Success	Cohort	%
Cape Winelands	46 053	94 414	49	7 446	6 879	108	4 203	6 491	65	4 527	6 040	75
Central Karoo	4 211	8 592	49	697	626	111	517	641	81	389	544	72
Cape Town	155 093	325 251	48	25 064	23 697	106	14 868	20 438	73	14 911	20 825	72
Garden Route	38 407	68 325	56	5 428	4 978	109	3 766	5 333	71	3 077	4 145	74
Overberg	17 565	25 521	69	2 048	1 859	110	1 220	2 026	60	1 330	1 587	84
West Coast	26 316	54 424	48	3 894	3 965	98	2 788	3 736	75	2 362	3 084	77
WESTERN CAPE	**287 645**	**576 527**	**50**	**44 577**	**42 004**	**106**	**27 362**	**38 665**	**71**	**26 596**	**36 225**	**73**

Table A6 – WC2: TB Recovery Plan 2.0 Performance Highlights, Western Cape

TRP 2.0 Indicator	TB NAAT Tests Conducted			SMS Notifications	TB Notifications (DS + DR)			Lab-diagnosed PTB Linkage to Care (DS + DR)			DS-TB Success			DR-TB Success (Full Cohort)		
Source	(NICD)			(NICD)	(DHIS)			(E-Registers, NICD)			(DHIS)			(EDRWeb)		
Period	Jan - Dec '23			Jan - Dec '23*	Jan - Dec '23			Jan - Dec '23			Jan - Dec '22			Jan - Dec '21		
District/ Province	Tests	Targets	%	%	Started treatment	Targets	%	Started treatment	PTB confirmed	%	Success	Cohort	%	Success	Cohort	%
Cape Winelands	50 280	95 844	52	21	8 288	6 983	119	3 120	6 846	46	6 044	7 421	81	134	223	60
Central Karoo	4 684	8 722	54	22	713	635	112	353	655	54	558	695	80	8	20	40
Cape Town	171 656	344 657	50	45	23 922	25 111	95	15 072	22 087	68	17 795	25 403	70	437	847	52
Garden Route	42 703	69 360	62	36	5 566	5 053	110	2 685	5 726	47	4 139	5 247	79	83	168	49
Overberg	19 569	25 907	76	39	2 387	1 888	126	899	2 183	41	1 675	1 996	84	16	41	39
West Coast	27 523	55 249	50	33	3 802	4 025	94	1 646	3 909	42	3 091	3 902	79	67	110	61
WESTERN CAPE	**316 415**	**599 739**	**53**	**35**	**44 678**	**43 695**	**102**	**23 775**	**41 406**	**57**	**33 302**	**44 664**	**75**	**745**	**1 409**	**53**

Table A6 – WC3a: TB Recovery Plan 3.0 Performance Highlights, Western Cape

TRP 3.0 Indicator	TB NAAT Tests Conducted			SMS Notifications	TB Notifications (DS + DR)			TB Notifications <15 years		DR-TB 6-Month Regimen Enrolment			BDQ pDST Captured
Source	(NICD)			(NICD)	(E-Registers)			(E-Registers)		(EDRWeb)			(EDRWeb)
Period	Jan - Dec '24			Jan - Jun '24*	Jan - Dec '24			Jan - Dec '24		Jan - Dec '24			Jan - Dec '24
District/ Province	Tests	Targets	%	%	Started treatment	Targets	%	<15	%	On 6-month regimen	Started treatment	%	%
Cape Winelands	55 280	94 331	59	24	7 732	6 873	113	1 328	17	172	190	91	31
Central Karoo	7 551	8 584	88	23	870	625	139	139	16	26	31	84	55
Cape Town	238 510	341 211	70	52	26 155	24 860	105	2 251	9	749	1078	69	22
Garden Route	47 371	68 265	69	36	5 298	4 974	107	561	11	100	155	65	57
Overberg	24 086	25 498	94	52	2 490	1 858	134	408	16	40	60	67	53
West Coast	27 903	54 376	51	34	3 622	3 962	91	459	13	61	101	60	23
WESTERN CAPE	**400 701**	**592 265**	**68**	**43**	**46 167**	**43 151**	**107**	**5 146**	**11**	**1148**	**1615**	**71**	**28**

Table A6 – WC3b: TB Recovery Plan 3.0 Performance Highlights, Western Cape

TRP 3.0 Indicator	DS-TB Success			DR-TB Success (Full Cohort)			DR-TB Success (Shorter Regimens)			TPT Initiation in Contacts <5 Years			TPT Initiation in Contacts 5+ Years		
Source	(TIER.Net)			(EDRWeb)			(EDRWeb)			(DHIS)			(DHIS)w		
Period	Jan - Dec '23			Jan - Dec '22			Jan - Dec '23			Jan - Dec '24			Jan - Dec '24		
District/ Province	Success	Cohort	%	Success	Cohort	%	Success	Cohort	%	Started TPT	Contacts	%	Started TPT	Contacts	%
Cape Winelands	6 623	8 169	81	147	222	66	103	150	69	1 187	2 070	57	1 515	7 509	20
Central Karoo	584	702	83	10	20	50	4	6	67	130	284	46	293	1 736	17
Cape Town	18 761	24 627	76	509	976	52	313	573	55	3 636	3 145	116	2 624	16 465	16
Garden Route	4 300	5 485	78	92	182	51	39	81	48	527	1 036	51	565	8 022	7
Overberg	1 816	2 291	79	25	53	47	21	38	55	231	596	39	350	3 756	9
West Coast	2 883	3 754	77	86	160	54	68	109	62	537	946	57	292	4 967	6
WESTERN CAPE	**34 967**	**45 028**	**78**	**869**	**1 613**	**54**	**548**	**957**	**57**	**6 248**	**8 077**	**77**	**5 639**	**42 455**	**13**

Annexure 7:
TB NAAT Positivity Rates and TB Notification Rates

TERRITORY	POSITIVITY RATES 2024 (%)	TB NOTIFICATION RATES PER 100,000 (2024)
Eastern Cape	**10,0**	**614**
Alfred Nzo	10,1	291
Amathole	8,8	434
Buffalo City Metro	9,4	849
Chris Hani	10,1	414
Joe Gqabi	4,1	471
Nelson Mandela Bay Metro	14,3	887
O R Tambo	9,2	550
Sarah Baartman	10,3	981
Free State	**9,9**	**218**
Fezile Dabi	8,5	263
Lejweleputswa	11,4	142
Mangaung Metro	12,6	216
Thabo Mofutsanyana	7,5	221
Xhariep	8,4	423
Gauteng	**4,3**	**199**
City Of Johannesburg Metro	4,6	203
City Of Tshwane Metro	4,2	184
Ekurhuleni Metro	4,0	188
Sedibeng	3,8	247
West Rand	4,4	230
Kwazulu-Natal	**4,0**	**303**
Amajuba	4,8	324
Ethekwini Metro	6,9	335
Harry Gwala	3,2	340
Ilembe	4,7	18
King Cetshwayo	3,0	409
Ugu	5,6	490
Umgungundlovu	3,0	303
Umkhanyakude	2,0	263
Umzinyathi	1,7	142
Uthukela	3,7	176
Zululand	2,0	298
Limpopo	**6,3**	**160**
Capricorn	5,2	167
Mopani	8,8	178
Sekhukhune	7,9	154
Vhembe	4,5	147
Waterberg	8,0	150
Mpumalanga	**4,2**	**202**
Ehlanzeni	3,5	252
Gert Sibande	4,0	180
Nkangala	6,1	165

TERRITORY	POSITIVITY RATES 2024 (%)	TB NOTIFICATION RATES PER 100,000 (2024)
Northern Cape	**10,2**	**536**
Frances Baard	9,5	630
John Taolo Gaetsewe	11,2	162
Namakwa	7,8	664
Pixley Ka Seme	12,1	607
Zf Mgcawu	11,1	659
North West	**8,1**	**257**
Bojanala Platinum	5,3	159
Dr Kenneth Kaunda	7,6	326
Dr Ruth Segomotsi Mompati	9,9	436
Ngaka Modiri Molema	13,1	313
Western Cape	**12,9**	**615**
Cape Winelands	15,7	774
Central Karoo	10,8	1133
City of Cape Town Metro	12,3	529
Garden Route	12,5	795
Overberg	10,7	767
West Coast	16,3	732
SOUTH AFRICA	**6,8**	**325**

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