

DATA DRIVEN TB CONTROL

THE USE OF TB DATA FOR DECISION-MAKING IN SOUTH AFRICA

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Overview of the presentation



- TB situation
- National TB Programme
- TB Response: from TB Recovery Plan 1.0 - 4.0 to END TB Plan 1.0
- END TB Campaign
- Conclusion

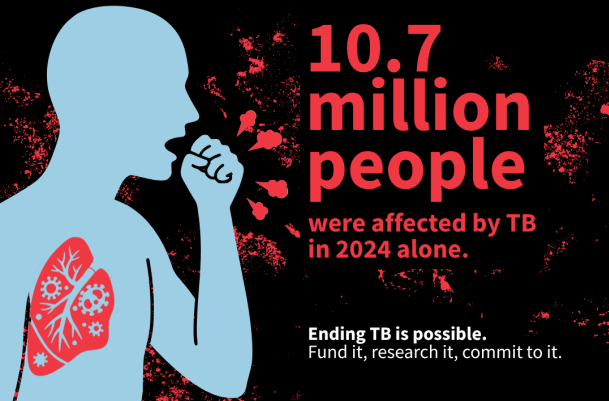


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Since 2000,
83 million lives
have been saved through TB treatment.

But there is more progress to be made.



10.7 million people

were affected by TB in 2024 alone.

Ending TB is possible.
Fund it, research it, commit to it.

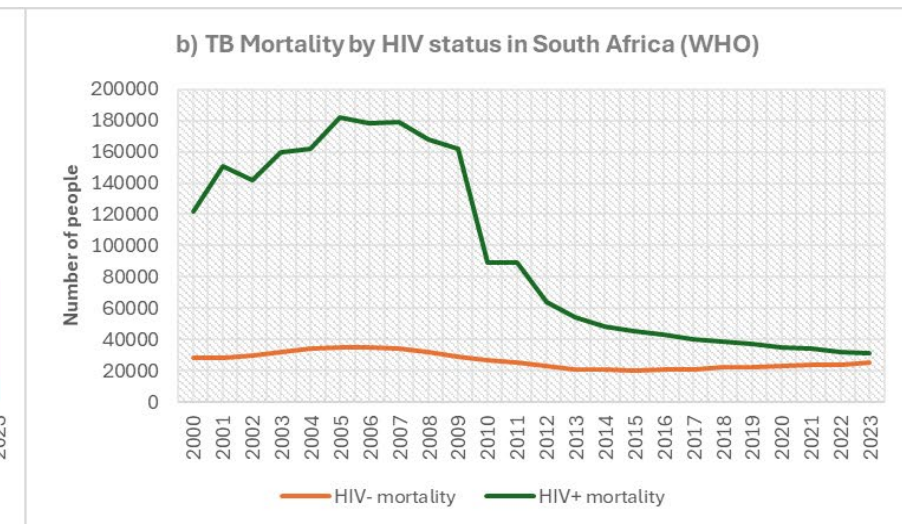
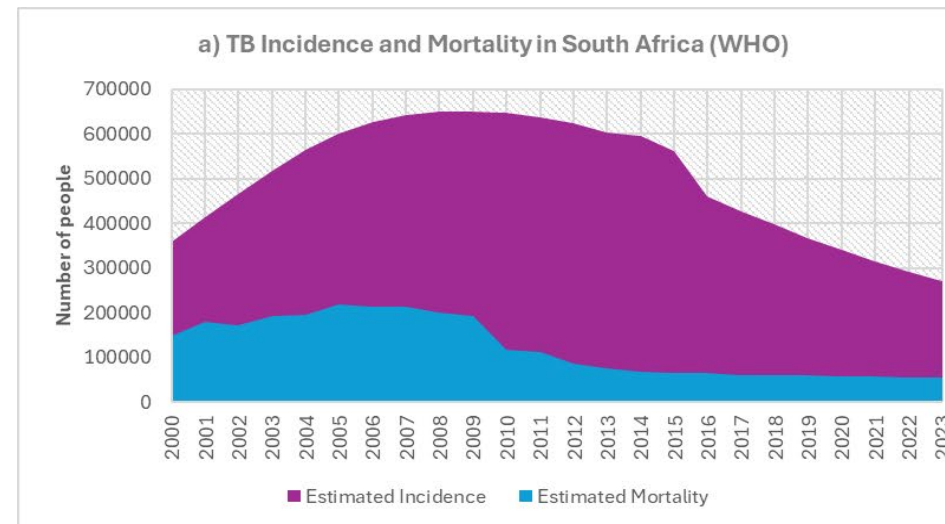
Tuberculosis is the world's top infectious killer.

TB caused **1.23 million deaths** in 2024.

Ending TB is possible.
Fund it, research it, commit to it.

TB Situation – South Africa (WHO)

- TB incidence decreased to **249,000** which is 389/100,000 people in 2024
- The 249,000 includes **14,000 Drug-Resistant TB** (increasing estimate)
- People living with HIV (PLHIV) account for 54% of SA TB burden
- Treatment coverage: 74 % in 2024 (5% drop)
- TB mortality: 54,000 in 2024 (**ONE in FIVE people with TB die in SA**)
- % Households experiencing catastrophic costs is **56 %** (2021, unchanged)



Introduction (1)



- National TB Programme (NDoH) – 5 Directorates
- Coverage: 9 provinces, 52 districts
- ~3,700 DS-TB facilities; extensive DR-TB network
- NHLS supports national diagnostic system
- Decentralised, PHC-based delivery
- Testing → Diagnosis → Linkage → Treatment → Retention
- Universal NAAT testing implemented
- Strong treatment systems in place
- Key gap: undiagnosed/missed TB cases
- Priority: close cascade gaps using data



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Introduction (2)



- Scale TB testing to ~5 million annually
- Target high-risk populations and hotspots
- Targeted Universal TB Testing (TUTT)
- Community mobilisation and stigma reduction
- Public TB dashboard for accountability
- Real-time national TB dashboard
- Tracks testing, positivity, linkage, treatment
- Identifies gaps rapidly
- Drives provincial & district accountability
- Supports faster decision-making

TB Recovery Plan 4.0



PILLAR I

Communicate & Advocate



PILLAR II

Find & Link



PILLAR III

Treat & Retain



PILLAR IV

Prevent & Prepare



PILLAR V

Monitor & Assess

Implement End-TB Campaign

Engage all stakeholders in TB

Conduct **5 million** TB NAAT tests

Ensure TB testing among PLHIV reengaged in care

Monitor TUTT implementation

Monitor DCXR implementation

Scale up TB testing in children and young adolescents

Increase TB NAAT SMS notification coverage

Strengthen tracing of bacteriologically confirmed TB patients

Increase proportion of people <15years started on treatment

Scale up shorter paediatric DS-TB regimen

Increase and monitor access to CCMDD for eligible TB patients

Monitor and reduce loss to follow-up: strengthen tracing and reengagement in care

Monitor initiation of TPT for TB contacts

Participate in quarterly meetings of NAGI TB Vaccines Working Group

Convene WHO TB vaccine country workshop and develop implementation roadmap

Host G20 side events on TB vaccine finance and access

Convene quarterly data review meetings

Review quarterly provincial programme reports

Develop public-facing TB dashboard

Support TB operational research

Prepare for external programme review in next financial year

Prepare for TB drug resistance survey



Strengthen TB programme in the mining sector

Conduct situational analysis of TB in small to medium sized mines

Develop plan to strengthen TB management in the mines

TB Recovery Plan 4.0 Targets



District / Province	TB NAAT Target	TB Notification Target (All Forms)
Eastern Cape	776 359	38 582
Free State	179 463	7 863
Gauteng	947 457	44 965
KwaZulu-Natal	1 371 792	65 362
Limpopo	369 991	18 022
Mpumalanga	390 329	18 227
Northern Cape	129 232	6 630
North West	244 730	11 225
Western Cape	590 649	30 412
South Africa	5 000 000	241 289

- Proportion of clients screened with DCXR with abnormalities suggestive of TB (no target)
- **TB NAAT SMS Coverage – 60%**
- **Proportion of children and young adolescents (<15years) notified – 10%**
- **DS-TB treatment success – 85%**
- **DR-TB (6-month regimen) treatment success – 75%**
- **Proportion of DS-TB patients lost to follow-up – 8%**
- **Proportion of DR-TB patients on 6-month regimen lost to follow-up – 9%**
- Number of patients enrolled on the CCMDD system (no target)
- Number of children treated with 4-month DS-TB regimen (no target)
- Number of TB contacts initiated on TPT (no provincial target)
- Number of quarterly programme reports submitted to NDoH (RIMES) – 36



End TB Plan 1.0 – Aims & Objectives



- The aim of the End TB Plan is to accelerate South Africa's progress towards ending TB by strengthening prevention, early detection, person-centred treatment, and programme monitoring, through integrated, high-quality, and evidence-informed interventions across all levels of the health system.



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END TB PLAN 1.0



- Scale TB testing to ~5 million annually
- 2026–2027 implementation period
- 5 pillars: Communicate, Find, Treat, Prevent, Monitor
- Focus on prevention and person-centred care
- Strengthening data systems & partnerships
- Institutionalising gains from campaign



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Cross-cutting Enablers – Quality Improvement



- NDoH and partners to conduct QI in high-burden districts, focusing on those that are underperforming
 - Conduct data-driven QI workshops for provincial and district teams to identify bottlenecks and implement solutions.
 - Conduct facility- and district-level QI cycles to improve TB screening, diagnosis, treatment initiation, and retention in care.
 - Establish routine monitoring and mentorship visits to support QI implementation and sustainability.
- Scale up best practices identified through QI initiatives to other districts and provinces.
 - Monitor and disseminate QI initiatives from districts supported by GF-SR, TSU, and other partners



END TB Campaign



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#EndTBSA

#5MillionTests

#TestForTB



AIM:

Test 5 million people in the next year, with the hope of diagnosing 250,000 TB cases, representing a 20% increase in case finding.

Modelling has suggested that this will result in a 29% reduction in TB incidence and 41% reduction in mortality by 2035.



- Focus on groups that are at high risk of TB.
- Targeted Universal TB Testing (TUTT): Scale up TB testing for people living with HIV, household contacts, and those who have had TB in the past.
- Focus on high-risk areas, such as informal settlements and high-burden provinces.



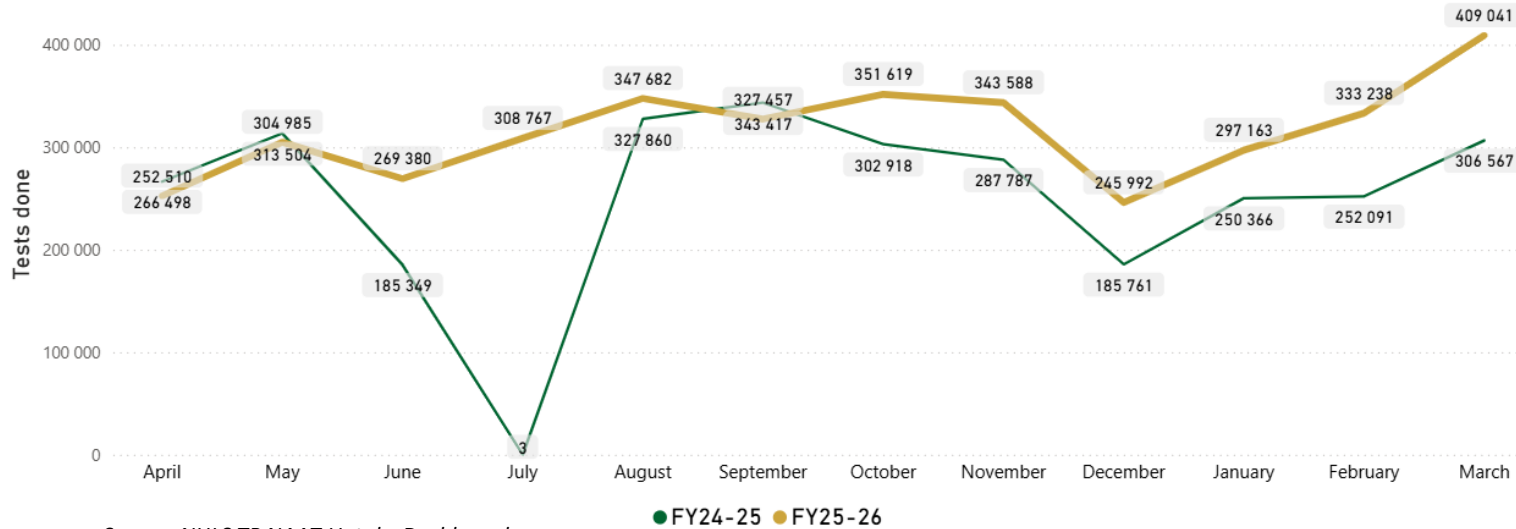
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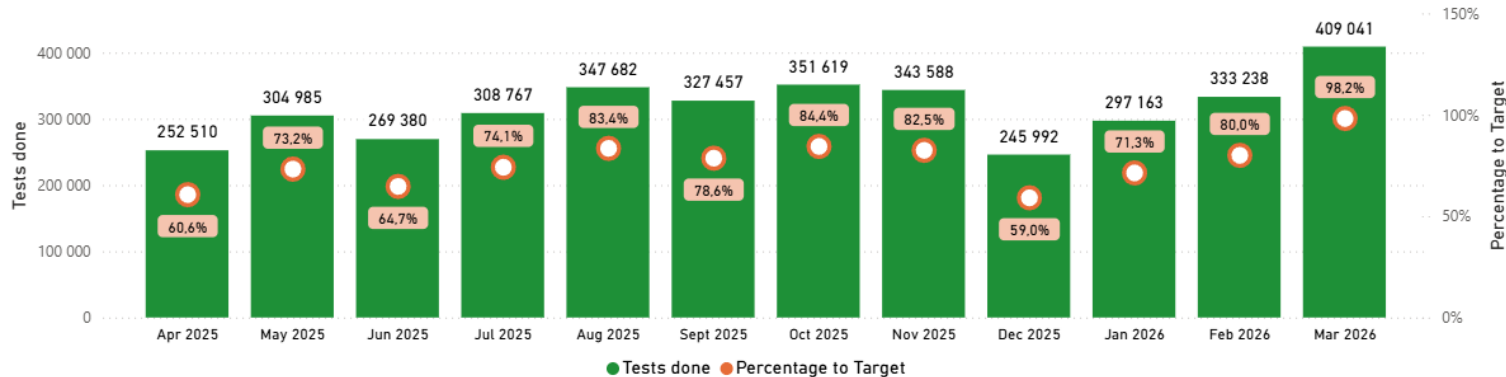
Tests Completed

South Africa TB NAAT Tests Done by Financial Year



Source: NHLS TB NAAT Uptake Dashboard
Date of extraction: 07-05-2026

South Africa TB NAAT Tests Done by Month - FY25-26



Source: NHLS TB NAAT Uptake Dashboard
Date of extraction: 07-05-2026

Apr 2025 – Mar 2026 Update

→ **3,791,422** Tests completed

→ **75,8%** of target achieved

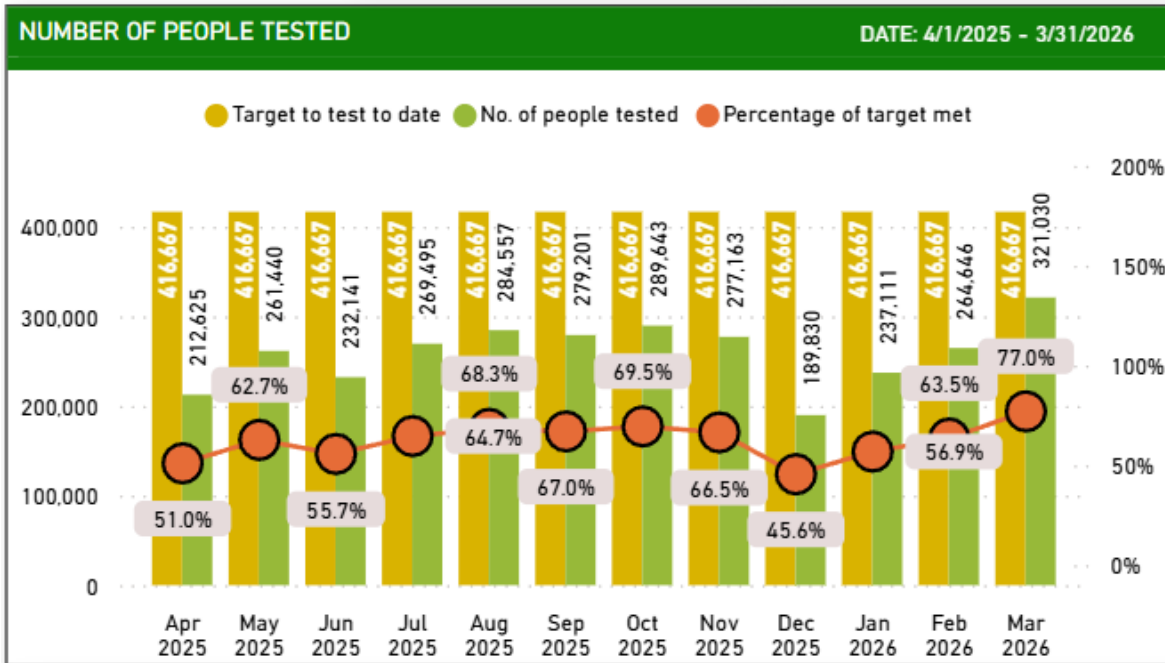
→ March 2026 had highest tests done – 409,041 tests completed (98% of monthly target)

→ **15,2%** increase in **Tests**

Done from Previous Year

*(excludes July in comparison due to 2024 data breach)

Tests Completed vs People Tested



Source: End TB Campaign Dashboard
Date of extraction: 18-05-2026

3,791,422 Tests Completed

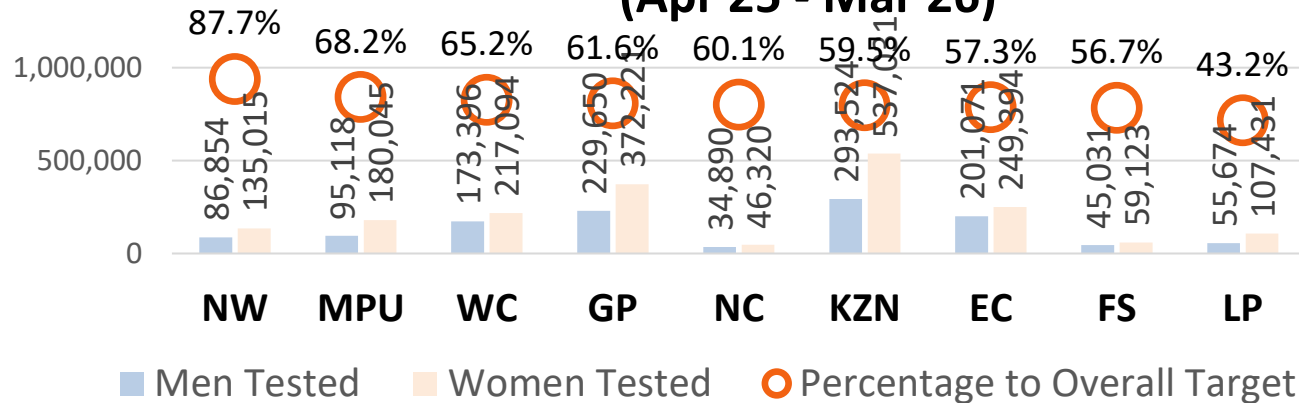
3,118,882 People Tested

Apr 2025 – Mar 2026 Update

- **3,118,882** people tested
- **62,4%** of target achieved
- **5,1%** Positivity rate on 1st test (159,551) people tested positive
- **82%** of all tests are on unique individuals and completed correctly on file

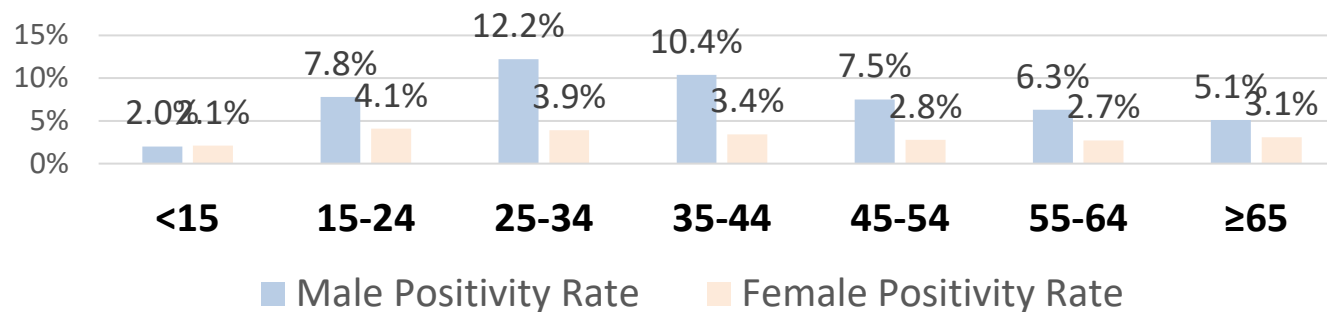
People Tested by Age & Gender

EndTB Campaign Provincial Update by Gender (Apr 25 - Mar 26)



Source: End TB Campaign Dashboard
Date of extraction: 18-05-2026

Positivity Rate by Gender and Age Group (Apr 25 - Mar 26)



Source: End TB Campaign Dashboard
Date of extraction: 18-05-2026

Apr 2025 – Mar 2026 Update

- **NW** highest percentage to target achieved (87,7%), **LP** lowest (43,2%)
- **LP, KZN** and **MPU** with lowest male contribution to testing (34%, 35% and 35% respectively), **EC** with the highest (45%)
- Highest tested subpopulation is **female – 35 – 44 years old (3,4% positivity rate)**
- Highest yield subpopulation is **male – 25-34 years old (12,2% positivity rate)**



District Level Overview

High Burdened

HIGH BURDENED DISTRICTS WITH TB-NAAT TESTS				
PROVINCE	DISTRICTS	TARGET TO TEST PEOPLE	PEOPLE TESTED	PERCENTAGE OF TARGET MET
WC	Cape Winelands	84,249	60,939	72.3%
WC	Garden Route	66,532	47,145	70.9%
GP	Ekurhuleni Metro	250,795	170,805	68.1%
WC	City of Cape Town Metro	357,514	224,730	62.9%
EC	O R Tambo	180,465	107,906	59.8%
EC	Buffalo City Metro	110,469	61,388	55.6%
EC	Sarah Baartman	74,580	39,525	53.0%
KZN	eThekweni Metro	408,969	207,121	50.6%
GP	City of Johannesburg Metro	384,364	180,249	46.9%
EC	Nelson Mandela Bay Metro	142,634	58,382	40.9%
Total		2,060,570	1,158,190	56.2%

Source: End TB Campaign Dashboard
Date of extraction: 18-05-2026

Top 5 Districts (Apr 25 - Mar 26)

Province	District	People Tested	Target	Percentage to Target
WC	Central Karoo	8 965	6 751	133%
NW	Bojanala Platinum	104 967	91 808	114%
NW	Dr Kenneth Kaunda	56 465	55 941	101%
EC	Chris Hani	67 274	72 099	93%
MPU	Gert Sibande	66 501	72 628	92%

Source: End TB Campaign Dashboard
Date of extraction: 18-05-2026

Bottom 5 Districts (Apr 25 - Mar 26)

Province	District	People Tested	Target	Percentage to Target
LP	Mopani	20 686	79 605	26%
LP	Sekhukhune	17 708	63 247	28%
LP	Waterberg	19 219	52 399	37%
FS	Manaung	21 375	57 374	37%
EC	Nelson Mandela Bay Metro	58 382	142 634	41%

Apr 2025 – Mar 2026 (High Burdened Districts)

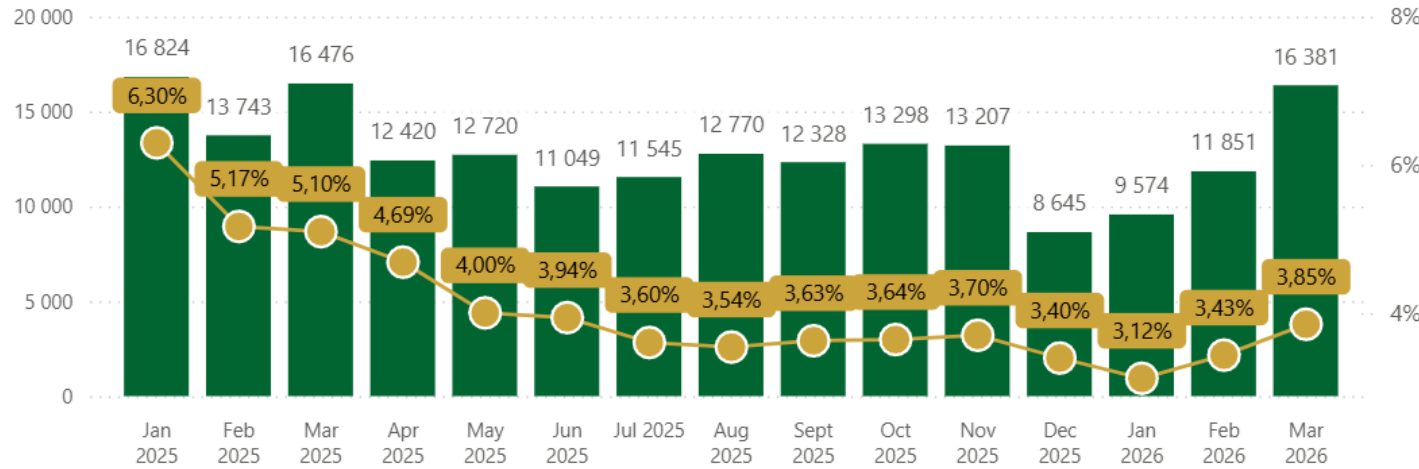
- Nelson Mandela Bay Metro lowest percentage to target (**41%**) and highest Pos Rate (**14,8%**)
- High burdened districts collectively achieved **66%** of target in Mar 2026, highest since campaign start

Apr 2025 – Mar 2026 (All Districts)

- Central Karoo with highest percentage to target (133%) and Mopani with lowest percentage to target (26%)
- 2 of top 5 districts from **NW**
- 3 of bottom 5 districts from **LP**

TB NAAT Rejections Jan 25 – Mar 26

South Africa National TB NAAT Rejections & Rejection Rate by Month



Source: NHLS TB NAAT Rejection Dashboard
Date of extraction: 07-05-2026

Apr 2025 – Mar 2026 Update

3,791,422 Tests Completed

145,788 Tests Rejected

3,70% Rejection Rate

Jan 2025 – Mar 2026 Update

- Rejection rate has stabilised since Jan 2025 (6,3%) to 3,7% for FY25-26
- All provinces reduced Rejection Rate between Jan 25 and Jan 26
- **KZN** with reduction of **5,8%** in Rejection Rate from Jan 2025 to Mar 2026
- **EC** and **LP** with highest Rejection Rates (4,95% & 4,70% respectively) for FY25-26

TB Recovery Plan 4.0 Update



Pillar II

Find & Link

TB NAAT Testing

Tests Done	Target	%
3,118,882	5,000,000	62%

SMS Notifications

Percentage	Target
36%	60%

TB Notifications

Started Treatment	Target	%
199,657	180,000	111%



Pillar III

Treat & Retain

DS-TB Outcomes

Treatment Success (%)	LTF (%)
75,1%	10%

DR-TB Outcomes

Treatment Success (%)	LTF (%)
79%	9%



Pillar IV

Prevent & Prepare

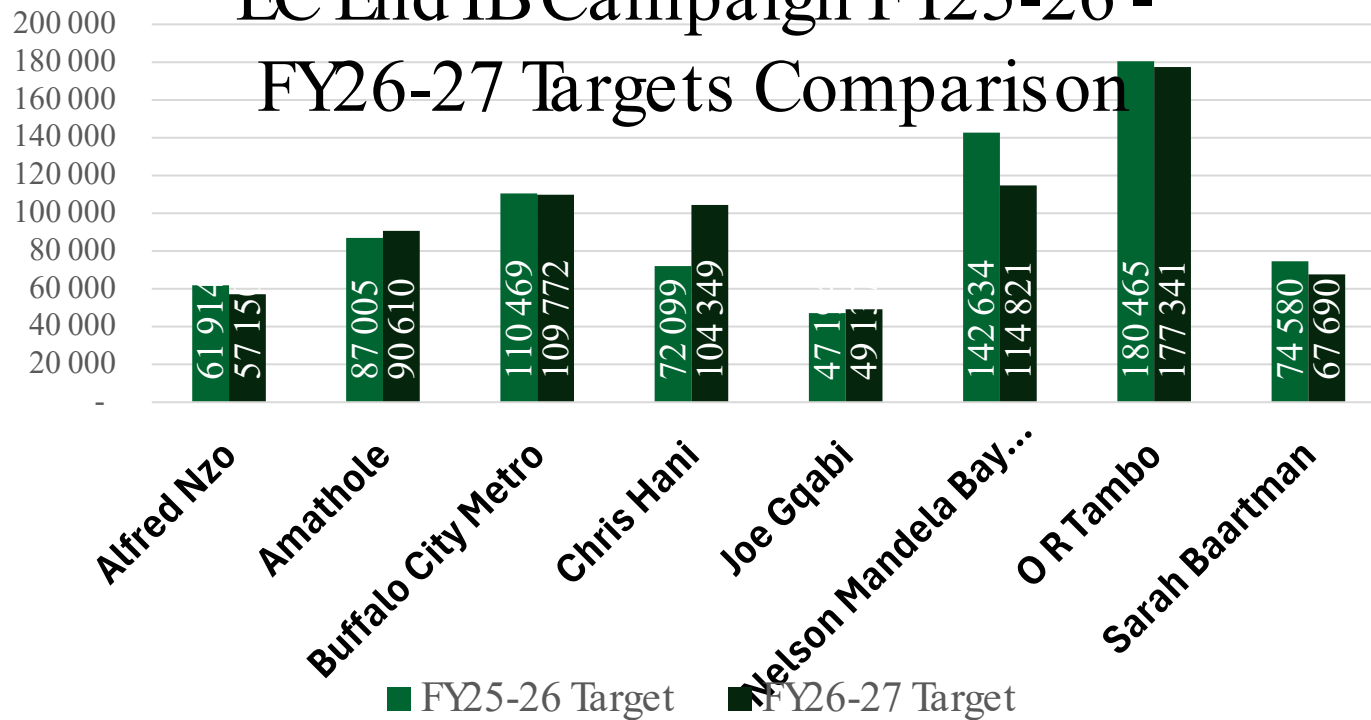
TPT Initiation in Contacts

Started TPT	Target	%
37 427	128 259	29%

- SA has met End TB Strategy 2025 milestone for incidence reduction ahead of schedule with **389 per 100,000** (61% reduction since 2015)
- Mortality declined by 17% between 2015 and 2024 (below target)
- Approximately 249,000 people fell ill with TB in 2024 with 74% found and initiated on treatment
- 55% of all TB patients living with HIV
- Concentrated burden, four provinces (EC, KZN, GP & WC) accounted for 77% of lab confirmed cases in 2024
- SBCC toolkit developed and to be implemented in new financial year
- SA is 1 of 2 countries globally to develop roadmap for introduction of new, novel TB vaccine

EC EndTB Campaign Updated Targets

EC EndTB Campaign FY25-26 - FY26-27 Targets Comparison



EndTB Campaign FY25-26 - FY26-27 Comparisons

Province	District	Percentage to Target FY25-26	% Change in Target FY25-26 - FY26-27
EC	Alfred Nzo	52%	-8%
EC	Amathole	60%	4%
EC	Buffalo City Metro	56%	-1%
EC	Chris Hani	93%	45%
EC	Joe Gqabi	67%	4%
EC	Nelson Mandela Bay Metro	41%	-19%
EC	O R Tambo	60%	-2%
EC	Sarah Baartman	53%	-9%

- Overall Target in EC decreased by 1% compared to previous year
- Chris Hani with highest percentage to target achieved in previous year (93%) assigned largest percentage increase in new target (45% increase)
- Nelson Mandela Bay assigned 19% decrease on previous year target
- 3/8 districts with percentage increase in target compared to previous year

Concluding remarks



- “We are making progress — but not fast enough.
- The real challenge is the people we are still missing.”
- “What has changed our response is visibility — real-time data that allows us to act quickly, identify gaps, and hold ourselves accountable.”
- “South Africa’s experience shows that when strong systems are combined with targeted case finding and real-time data for action, we can accelerate progress — and move decisively toward ending TB as a public health threat by 2030.”



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Thank You!



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