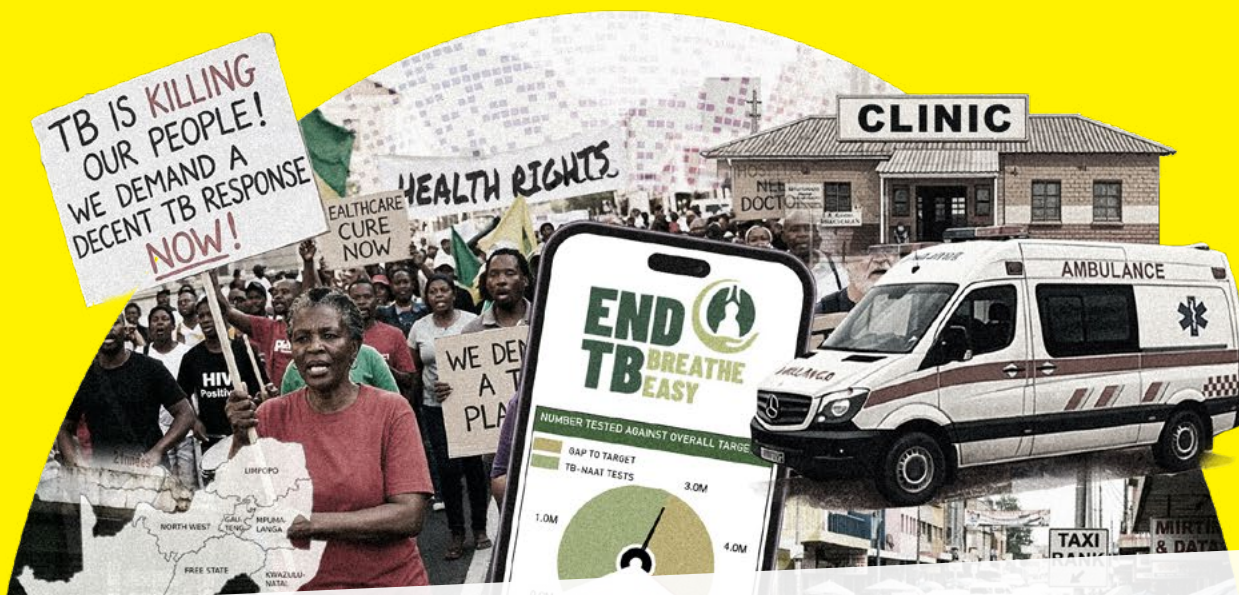




**Accountability
Consortium**

THE 5TH ANNUAL STATE OF TB IN SOUTH AFRICA REPORT 2026



Unlocking the TB Dashboard

**HOW DATA
CAN DRIVE
ADVOCACY AND
ACCOUNTABILITY**



Acknowledgements

Bringing together the many voices shaping South Africa's TB response around a shared national advocacy agenda, the TB Accountability Consortium's (TBAC) collective goal has been clear: to ensure tuberculosis is recognised and addressed as the national health priority it must be.

TBAC works to strengthen the visibility, transparency and accountability of the TB programme by advancing advocacy grounded in evidence, community experience and public data. As South Africa enters a new era of data-driven accountability through the national TB dashboard, partnerships across the advocacy ecosystem remain essential in ensuring that information translates into action.

We extend our sincere gratitude to Dr Shaheed Vally Omar at the National Institute for Communicable Diseases at the National Health Laboratory Services along with the National TB Programme who assisted with critical discussions about the dashboard. We are also grateful to our TBAC partners and collaborators for sharing their perspectives and reflections that continue to guide our advocacy.

This report is dedicated to all South Africans impacted by TB. A particular dedication to men, who bear the highest burden of TB disease and need to be engaged with, offered testing and initiated onto treatment. Without them, we will be unable to end an epidemic that is both curable and preventable.

Together, through data, accountability and collective action, we are building the evidence and momentum needed to drive stronger advocacy, better policy decisions, and ultimately a future where TB is no longer a public health threat in South Africa.

Contents

01 FOREWORD: Let's celebrate a turning point in the fight against TB	2
02 ANALYSIS: Decoding the data in SA's TB dashboard: here's what we found	8
03 TB VOICES: What the dashboard means to South Africa's TB community	20
04 RECOMMENDATIONS: Making the numbers count . .	30



This report was compiled by the TB Accountability Consortium, an initiative of the Rural Health Advocacy Project (RHAP). RHAP is part of the WITS Health Consortium.

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01

FOREWORD

For decades, South Africa's fight against tuberculosis has been guided by national strategies, technical innovations and a strong community advocacy movement. Yet one of the persistent challenges in the response has been the limited availability of timely, publicly accessible data that could guide action and accountability. Change has come.

**Let's celebrate
a turning point
in the fight
against TB**

For the past four years, the TB Accountability Consortium's (TBAC) State of TB in South Africa Report has served a singular purpose: to ask difficult questions about why a disease that is both preventable and curable continues to claim tens of thousands of lives each year. Each edition of this report has responded to a specific moment in South Africa's TB response, shaped by recovery, reflection, resolve and crisis.

In 2022, as the country emerged from the shadow of COVID-19, we asked what it would take to regain momentum after TB services had been sidelined, diagnoses plummeted, and deaths increased for the first time in over a decade. In 2023, we turned our attention to governance, recognising that strong policies and technical tools mean little without accountability, oversight and transparency. In 2024, we confronted the most uncomfortable question of all: who is dying from TB and why, exposing the silent failures across the TB care cascade. And in 2025, on the back of the funding crisis that hit South Africa and the rest of the world, we unpacked the need for accelerating TB testing in line with the country's ambitious campaign of scaling up testing to 5 million people as part of its goal to end TB.

Across all four previous reports, there has been a common thread: data matters. Not only for reporting's sake, and not locked away in spreadsheets or siloed systems, but data that is visible, interrogated, shared and used to drive action. And the calls for access and transparency are clear.

The issue of data within the TB landscape is not new.

In addition to its State of TB in South Africa reports, in 2024, TBAC and its partners published an open letter to the Ministry of Health calling for a national, public-facing TB dashboard.



And later that year, TBAC in conjunction with Stellenbosch University published A Call to Action: Open Access to Key Facility-Level TB Indicators — a report emphasising the need for access to TB data and for data transparency. It highlighted how uncertainty and bureaucratic processes often limit timely access to routine health data, creating gaps in the ability of policymakers, researchers, clinicians and civil society to monitor TB trends and respond effectively to the country's leading infectious disease killer. It also highlighted how routine TB indicators were often released only in aggregated national formats or after long delays, making it difficult to monitor trends at provincial, district or facility level.

The final recommendation in that report called for strengthening the accountability of the TB programme's implementation by improving access to TB data for health user groups and the public and routinely reporting on progress at public fora.

After much deliberation, the dashboard has arrived. It comes at a time when South Africa's health system is on the brink of a transition.

The funding withdrawals mean that South Africa's health budget is tightening despite

the disease burden growing. The population is aging; non-communicable diseases are rising; HIV and TB require coordinated management; and the pace of technology is reshaping care.

The moment requires South Africa to rethink how it delivers healthcare services — how it can be smarter, adaptable, more agile and more responsive.

The launch of the TB dashboard marks a profound shift. For the first time, TB data is no longer the preserve of a few institutions or buried deep within bureaucratic reporting cycles. It is visible, shared, and, crucially, it can now be used.

Already, the early signs are encouraging. Since the launch of the dashboard, South Africa has recorded a 10% increase in TB testing. That figure matters. It represents hundreds of thousands of people who would have gone untested, and who might otherwise have remained undiagnosed — people whose illness could have worsened, whose families could have been affected, and whose communities could have faced ongoing transmission. This increase tells us that when data is visible, it creates momentum. It sharpens focus. It drives action.

But the true value of the dashboard lies not only in what it shows us we are doing — it lies in what it reveals about what we are not doing.

The dashboard allows us to ask better questions. Where are testing gains being made, and where are they stagnating? Which provinces and districts are advancing, and which need more support to achieve their targets? Who is being tested — and, just as importantly, who is not? These questions are not abstract. They are fundamental to whether we succeed or fail in changing the trajectory of TB in South Africa.

Data has the power to illuminate blind spots. It can expose inequities that averages conceal. It can challenge assumptions that have gone untested for years. And it can force us to confront

**For the first time,
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uncomfortable truths about the populations the health system continues to miss.

The dashboard also strengthens the hand of advocates — at every level of the TB response.

For grassroots advocates and TB survivors working in communities, data provides validation and direction. It strengthens storytelling with evidence. It allows lived experience to be paired with concrete proof of where services are failing or succeeding. When a community advocate encourages someone to test, they are no longer acting in isolation; they are part of a broader, data-informed effort to close gaps that the dashboard has made visible.

For civil society organisations engaging provincial health departments, the dashboard provides a common reference point. It allows conversations to move beyond anecdote and denial, towards shared facts and accountability. For TB Champions and activists, data becomes a tool not just for critique, but for constructive engagement.

At the national level, the dashboard plays an equally critical role. Policymakers, legislators and parliamentary oversight committees cannot meaningfully exercise their mandate without a clear understanding of how and where the TB epidemic is evolving. The dashboard enables parliamentarians to ask sharper questions, to track progress against commitments, and to hold the executive accountable not only for policy promises, but for outcomes.

In this way, the dashboard democratises TB data. It collapses the distance between communities and Parliament, between lived experience and legislative oversight. That is no small achievement.

Importantly, better data also lays the foundation for innovation and intervention.

South Africa stands on the cusp of adopting new and more effective TB tools — but innovation cannot be rolled out blindly. One such innovation is near point-of-care testing for TB, which brings diagnostic services closer to patients rather than requiring multiple clinic visits. In South Africa, near point-of-care TB testing is currently being piloted in selected clinic and community settings, allowing individuals to be tested and receive results more quickly, reducing loss to follow-up and improving linkage to care. These pilots show promise, but their impact will depend on our ability to use data to guide where, how and for whom these technologies are deployed.

A robust TB dashboard helps answer those questions. And it can inform where new tools could make the greatest difference. Without data, innovation risks reinforcing existing inequities. With data, it becomes a lever for change.

This is why the dashboard must be understood not as an endpoint, but as a starting point.

Data alone does not save lives. What saves lives is what we do with it. The dashboard will only fulfil its promise if it is actively used — interrogated by researchers, leveraged by

advocates, internalised by policymakers, and responded to by the government. It must inform planning, budgeting, oversight and service delivery. It must be updated, improved and expanded. And it must remain accessible to those whose lives are most affected by the disease, and those most able to support change.

As this report shows, the dashboard already offers valuable insights, but it also reveals gaps — in coverage, in interpretation, and in action. These gaps should not discourage us. They should focus us. They show us where to dive deeper, where to ask harder questions, and where to concentrate our efforts.

The path forward is clear.

First, we must continue to strengthen the quality, completeness and transparency of TB data, ensuring that it reflects realities at district and community level. Second, we must invest in building the capacity of advocates, officials and policymakers to use data — not just to consume it. Third, we must deliberately design testing and care strategies that reach those we continue to miss, particularly men and young people. And finally, we must use data to guide the responsible adoption of new tools and innovations that can accelerate progress.

South Africa has shown before that when evidence, political will and community action align, extraordinary progress is possible. The TB dashboard gives us a chance to align these forces once again.

The opportunity before us is not simply to monitor TB better — it is to fight TB smarter. This report is offered in that spirit: as an invitation to use data not as a mirror of failure, but as a map toward a future in which TB no longer claims the lives of those it should never have taken.

Yours in advocacy,

Russell Rensburg
Project Director: TB Accountability Consortium



Anyone can access the TB dashboard: the public, activists, academics and policy makers. The question is what we will do with it next.

Photo: Nano Banana

TB Programme

Clinic Data



**FOR THE FIRST
TIME, TB DATA
BELONGS TO
EVERYONE —
TO COMMUNITIES,
TO ADVOCATES,
TO PARLIAMENT.
THE DASHBOARD
HAS ARRIVED.
NOW WE MUST
DECIDE WHAT
WE DO WITH IT.**

02

ANALYSIS

After 10 months of South Africa's public facing dashboard, some critical insights can be drawn from the data to help guide the country's TB response

Decoding the data in SA's TB dashboard: here's what we found

The first ten months of data in South Africa's public facing TB dashboard provides an early opportunity to assess both progress and challenges in the country's ambitious TB testing campaign.

By looking at the national TB testing dashboard between 1 April 2025 and 31 January 2026 to examine testing coverage, case detection, and the demographic patterns in TB diagnoses, we hoped to answer several key questions:

- Are current TB testing efforts reaching the populations most affected by TB?
- Are national testing targets being achieved?
- Are there differences in TB burden between men and women?
- How do these patterns vary across provinces?

What we found through a basic analysis of the dashboard data over the first ten months of its existence is that based on a testing target of about 4.17 million tests being conducted in the period, there were about 2.53 million people tested for TB. Simply put, that means by month 10 of the dashboard being available, the programme had achieved 60.8% of its target.

And secondly, among those tested, 135,137 people — or 5.3% of people tested — were found to have TB. This positivity rate reflects both the continuing burden of TB in South Africa and the importance of sustained case-finding efforts.

But in doing a deeper dive into the numbers, our analysis found three key insights:

- Women are being tested far more frequently than men but that men account for the majority of TB cases.
- The highest positivity rates occur among men between the ages of 25–34 years, where nearly 13% of those tested are diagnosed with TB, but for whom testing coverage is the lowest in the country.
- And lastly, that there are variations in testing coverage and incidence across the provinces, showing that a one-size-fits-all approach to TB testing services and control will not be sufficient. Instead, the country will need differentiated strategies that respond to local realities.

What this means is that men who are tested are more than twice as likely to be diagnosed with TB compared with women. And what is most concerning about this pattern is that these same groups of men also have the lowest testing coverage. In other words, the populations most likely to have TB are also those least likely to be tested.

These insights are critical because TB control depends on one fundamental principle: the earlier people with TB are found and treated, the more transmission is prevented and the more lives are saved.

Understanding these patterns is essential for strengthening the country's response to TB. Ultimately, data are not merely a tool for reporting progress—they are a tool for identifying where progress is still needed.



60.8%
of test target met

2.53 million people were tested in first ten months of the campaign

135,137
people diagnosed with TB

5.3% diagnosed with TB — confirming that the epidemic is far from over



1 in 8
men tested were
diagnosed with TB

Men aged 25–34 — the group least likely to get tested

DOUBLE CHECKING THE NUMBERS

The aggregate testing numbers provided in the dashboard, however, do not tell the full story. Understanding who is being tested—and whether testing efforts are reaching those most at risk—is critical for interpreting these results.

The dashboard provides detailed geographic and demographic breakdowns, including data by province, district, age, and gender. This level of disaggregation allows programmes and advocates to identify where testing efforts may need strengthening and helps guide targeted interventions toward populations and locations with the greatest need.

But the way the data is presented relies largely on raw testing and case counts without incorporating population denominators. Without adjusting for population size, it is difficult to determine whether a population group is truly under- or over-tested relative to its size. In addition, testing numbers and case detection figures alone do not fully capture the epidemiologic context of TB transmission and burden. As a result, the data cannot on their own indicate whether testing efforts are appropriately aligned with underlying TB risk.

To further unpack these figures, TBAC took a few additional steps in its analysis. In addition to examining the first ten months of data publicly available from the [National TB Dashboard](https://www.nicd.ac.za/tb-naat-dashboard/)¹, we extracted the dashboard data by sex, age group and province and calculated basic descriptive statistics showing how many people were tested and how many tested positive for TB.

Because raw testing numbers can be misleading

Testing numbers and case detection figures alone do not fully capture the epidemiologic context of TB transmission and burden.

when population sizes differ, we also calculated several population-adjusted indicators using Statistics South Africa's [2025 mid-year population estimates](#)² as the population denominator.

With these, we calculated the test coverage, defined as the number of people tested for TB per 100,000 population, and TB case rates, defined as the number of people testing positive per 100,000 population.

To understand whether testing efforts were meeting national goals, we also compared the reported number of people that tested positive with TB notification targets from the [National TB Recovery Plan 4.0](#)³, which were similarly converted into targets per 100,000 population.

And to assess the gender differences in TB testing coverage, we used the ratio of men tested per 100 women tested within each age group.

1. <https://www.nicd.ac.za/tb-naat-dashboard/>

2. https://www.statssa.gov.za/?page_id=1854&PPN=P0302&SCH=74263

3. <https://tbthinktank.org/wp-content/uploads/2025/05/TB-Recovery-Plan-4.0.pdf>

OUR FINDINGS: THE BIGGEST GAPS

One of the clearest patterns emerging from the dashboard data is a significant gender imbalance in TB testing. Across the country, women are being tested for TB at far higher rates than men.

Across all age groups combined, 60.7% of people tested for TB were girls or women, while only 39.3% were boys or men.

In raw numbers, about 1.54 million women and girls were tested compared with 995,490 boys and men. When expressed as a ratio, this means that only 65 boys or men were tested for every 100 girls or women tested.

This gender imbalance is visible across nearly all age groups, indicating that women consistently access TB testing services more frequently than men. This imbalance is particularly striking when considered alongside the epidemiology of TB. Globally and in South Africa, men consistently have higher rates of TB disease and mortality than women. Yet the data shows that the populations most affected by TB are not being reached by testing services at the same levels.

When the testing data is broken down by age group, the disparity becomes even more pronounced. Among people aged 15 to 44 years, men are dramatically underrepresented among those tested. In several age bands within this group, fewer than half as many men are tested compared with women of the same age. For example, among individuals aged 25 to 34, the number of men tested for every 100 women tested drops to around 45.

This pattern suggests that current TB testing strategies are reaching people who are already interacting with the health system—particularly women accessing reproductive health services or child health programmes—while missing large segments of the male population.

Gender imbalances

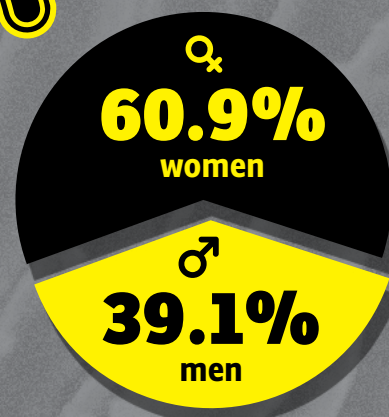
Based on raw numbers



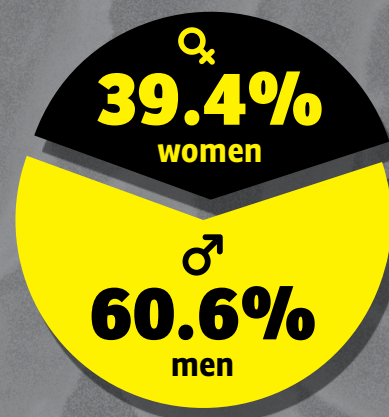
More women than men got tested, but more men tested positive for TB.



TESTING BY GENDER



DIAGNOSIS BY GENDER



The numbers are almost exactly flipped between testing and diagnosis.

Age & Gender

By population size

25–34 YEARS



For every 100 women, 44 men tested

15–24 YEARS



For every 100 women, 51 men tested

In practical terms, this means that many men with TB are likely to remain undiagnosed for longer periods. Delayed diagnosis increases the risk of severe illness and death for individuals and allows the disease to continue spreading within communities.

However, raw testing counts alone can be misleading because they do not account for differences in population size between groups. To better understand testing coverage, it is necessary to examine testing rates relative to the size of the population.

When testing numbers are adjusted for population size, some gender gaps becomes even more evident, and not always in the direction we assume. Across nearly all age groups between childhood and late adulthood, boys and men are tested for TB at substantially lower rates than girls and women of the same age.

The disparities are particularly pronounced among young adults and working-age men. For example:

- Among individuals aged 25–34 years, only 44 men are tested for every 100 women of the same age.
- Among those aged 15–24 years, just 51 men are tested for every 100 women.

These figures indicate severe gender gaps in testing coverage among adolescent boys and young adult men. The pattern persists through middle age. Men aged 35–44 years are also substantially underrepresented in testing coverage, while moderate testing gaps continue among men aged 45–54 years.

Testing parity is reached only among adults aged 55–64 years, where men and women are tested at roughly equal rates. And interestingly, the pattern reverses among the oldest age group. Among individuals aged 65 years and older, men are tested more frequently than women.

These findings suggest that the current TB testing system disproportionately reaches women and older adults while missing many adolescent boys and working-age men.



A man provides a sputum sample for a tuberculosis test at a mobile testing facility.

Photo: ALEXANDER JOE/AFP via Getty Images



MEN BEAR THE BIGGEST BRUNT

While women are tested more frequently, the opposite pattern emerges when examining TB diagnoses. Between April 2025 and January 2026, 82,076 men and boys tested positive for TB compared to 53,041 women and girls who tested positive. When expressed as a ratio, 155 men were diagnosed with TB for every 100 women diagnosed.

Overall, 60.7% of all TB diagnoses occurred among boys and men, despite men being tested far less frequently. While men are underrepresented in testing numbers, the dashboard data shows that they carry a disproportionate share of the TB burden. This finding highlights a profound mismatch between who is being tested and who is actually affected by the disease. In other words, the health system is testing women more frequently, yet men are more likely to be diagnosed with TB when they are tested.

The incidence data further reinforces this pattern. In many age groups, particularly between 25 and 54 years, the incidence of TB among men who are tested is substantially higher than among women. In some provinces, the incidence among certain age groups of men FAR EXCEEDS 1,000 per 100,000 population.

This pattern suggests that TB control efforts must urgently address the barriers preventing men from accessing testing services. These may include personal barriers like workplace constraints, social norms that discourage men from seeking healthcare, as well as factors that are influenced by the health system such as the location and operating hours of clinics, human resource capacity and a failure to implement national guidelines effectively.

Without targeted interventions to reach men earlier in the course of disease, TB transmission will continue to occur within households and communities.



And after adjusting for population size, the data show that TB incidence is substantially higher among men than among women across nearly all adult age groups. The highest TB burden occurs among men aged 35–54 years, where incidence rates exceed 550 cases per 100,000 population at the national level and can exceed 1000 cases per 100,000 population in some provinces.

Across adult age groups, TB incidence among men is typically 1.5 to 2 times higher than among women.

The gender gap widens with age, reflecting the cumulative effects of risk factors such as occupational exposure, delayed healthcare seeking, smoking, alcohol use, and other social determinants of health. These findings highlight a central paradox in the national TB response: the populations with the highest TB burden are not the populations most frequently tested.



MEN ARE
1.5–2X
more likely than
women to have TB

550+
per 100,000 men
aged 35–54 have TB

PROVINCIAL DIFFERENCES IN TESTING COVERAGE

The dashboard also provides valuable insights into how testing coverage varies across provinces.

Between April 2025 and January 2026, the highest numbers of tests were conducted in provinces with the largest populations and highest TB burdens, including KwaZulu-Natal, Western Cape, Gauteng and the Eastern Cape. For example, KwaZulu-Natal conducted over 680,000 tests during the reporting period, while Gauteng conducted more than 480,000 tests.

However, when testing is analysed relative to provincial population sizes, significant disparities emerge. Some provinces are testing a far smaller proportion of their populations than others. These disparities may reflect differences in health system capacity, access to healthcare facilities, or the intensity of local testing campaigns.

Provincial data also highlights differences in gender testing patterns. In provinces such as Limpopo, Gauteng and Mpumalanga, the gender

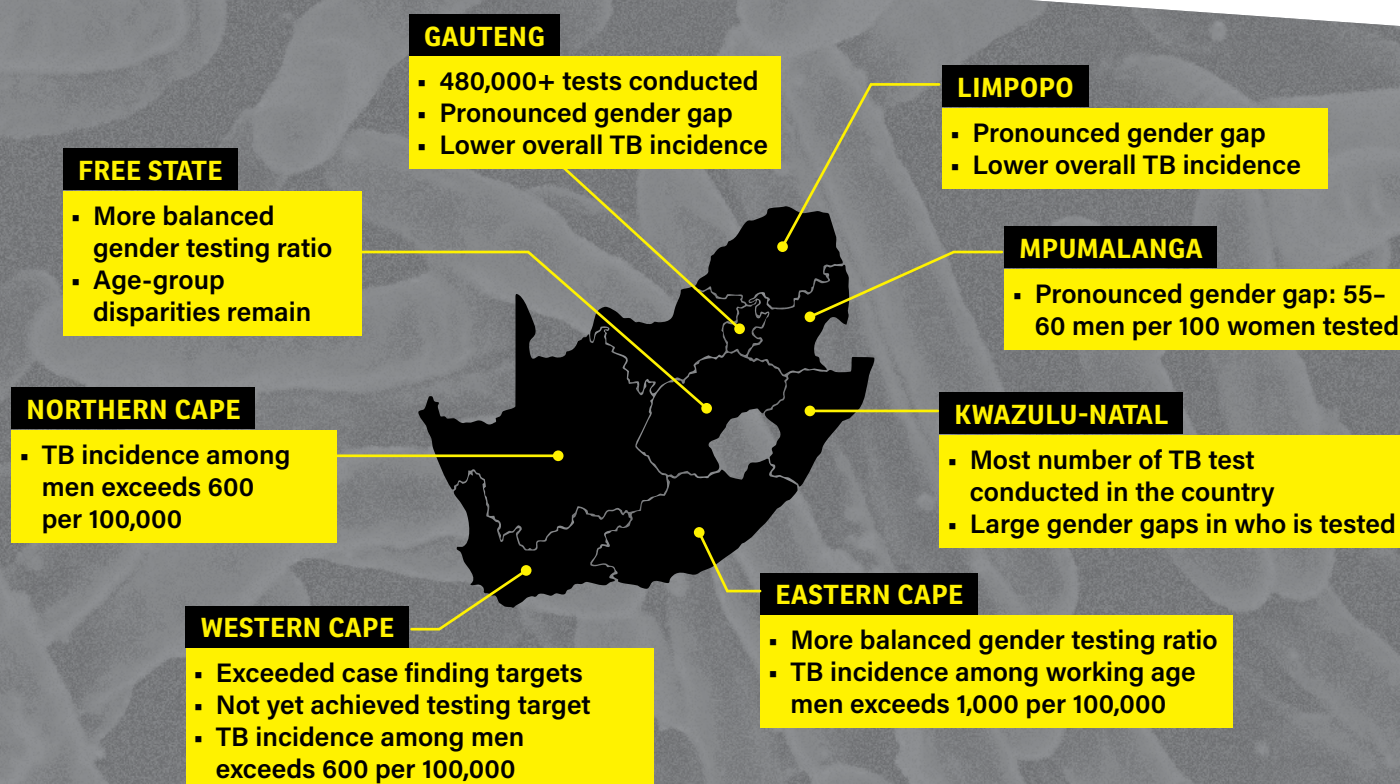
gap in testing is particularly pronounced, with only 55 to 60 men tested for every 100 women tested. In contrast, provinces such as the Free State and Eastern Cape show more balanced testing ratios, though disparities remain in specific age groups. These variations suggest that provinces may need tailored testing strategies rather than relying solely on national campaigns.

PROVINCIAL PATTERNS IN TB INCIDENCE

The dashboard data also reveals important differences in TB incidence across provinces.

In several provinces—including the Western Cape, Eastern Cape and Northern Cape—TB incidence remains particularly high. In these provinces, incidence rates among men can exceed 600 cases per 100,000 population, and in some age groups climb above 1,000 cases per 100,000.

These figures underscore the continuing severity of the TB epidemic in parts of the country. High incidence rates suggest ongoing community



transmission and highlight the need for aggressive case finding and early treatment.

In contrast, provinces such as Limpopo and Gauteng show lower overall incidence rates, though the gender disparities in disease burden remain evident. The provincial data therefore reinforces the need for geographically targeted interventions that reflect local epidemiological realities.

WHY CLINIC-BASED TESTING IS NOT ENOUGH

One of the most important insights from the dashboard data is that current testing patterns likely reflect the populations already present in healthcare facilities and that TB testing must expand beyond clinic walls.

Women, particularly those aged 25 to 44, are more likely to access primary healthcare services for maternal and child health, family planning and HIV care. As a result, they are more likely to be screened and tested for TB during routine clinic visits. Men, by contrast, often have fewer interactions with the health system. When they do present to healthcare facilities, it is often later in the course of illness.

The dashboard data therefore suggests that a testing strategy relying primarily on clinic-based screening will continue to miss large numbers of men with TB, or diagnose them only once their illness is severe enough to warrant clinic attendance - neither of these options are appropriate.

To address this gap, TB testing must increasingly move beyond the clinic and into communities. Community-based testing strategies—including workplace screening, mobile clinics and testing services, in-home testing of household contacts of known TB patients and community outreach programmes—may be particularly effective in reaching populations that rarely interact with

If testing campaigns continue to focus primarily on populations already attending clinics, large numbers of TB cases will remain in the community.

formal health services. And targeted screening in high-risk settings will be critical. These could help identify TB cases earlier, reducing both disease severity and transmission.

These approaches are particularly important for reaching adolescent boys and working-age men, who currently experience both the highest TB burden and the lowest testing coverage. The current testing data suggests that South Africa is doing a relatively good job of testing women aged 25 to 44, but far less well at reaching boys and men aged 15 to 44. Early diagnosis is essential not only for improving patient outcomes but also for reducing TB transmission within communities.

If testing campaigns continue to focus primarily on populations already attending clinics, large numbers of TB cases will remain undetected.

This is why the concept of testing the right people in the right places at the right time is so important. Testing strategies must be designed not only to increase overall coverage, but to ensure that people who are most at risk for TB are adequately represented.

For TB control, this means prioritising outreach to men, young people and other groups that historically have been underserved by health services.



A man covers his nose and mouth at a protest action in Johannesburg in 2025.

Photo: Sharon Seretlo/Gallo Images via Getty Images



**MEN ARE MUCH
MORE LIKELY TO BE
DIAGNOSED WITH
TB, YET MANY MORE
WOMEN ARE
TESTED FOR TB.**

**SOUTH AFRICA'S
NATIONAL TB TESTING
CAMPAIGN IS MISSING
THE PEOPLE IT
MOST URGENTLY
NEEDS TO REACH.**

03

TB VOICES

The dashboard has been lauded for its ability to provide the TB community with access to the latest TB numbers. TBAC asked stakeholders across the TB fraternity how they felt about the dashboard and how they planned to use it. Here's what they had to say.

What the dashboard means to South Africa's TB community

To better understand the value of South Africa's public-facing TB dashboard, the TB Accountability Consortium invited a range of stakeholders across the TB response — including civil society leaders, researchers, community advocates and programme implementers — to share their reflections.

We asked them what they think about the dashboard, why they believe it matters in the fight against TB, and how they plan to use it in their work. Their responses highlight the growing recognition that accessible, transparent data can empower communities, strengthen advocacy, guide research and programme planning, and ultimately improve accountability across the TB response.

DR PRIASHNI SUBRAYEN

**Technical Director: TB, The Aurum Institute
and Head of the Secretariat of the South
African National TB Think Tank**

“

I am extremely encouraged by the introduction of the TB public-facing dashboard. For the first time in South Africa, we have access to near real-time TB diagnostic data at a national scale. This represents a major step forward for transparency, data accessibility and accountability. I commend the National Health Laboratory Service and the Department of Health for making this information openly available, as it strengthens our collective ability to respond effectively to the TB epidemic.

The dashboard is a critical tool because it enables granular analysis of TB testing data down to sub-district level. This level of detail allows us to assess testing rates, understand which populations and geographic areas we are successfully reaching, and identify gaps where people may be missed. Given the uneven distribution of TB across regions and communities, this kind of data is essential for responsive programme management, targeted interventions and more efficient allocation of resources.”



In our work, the dashboard supports monitoring progress toward the End TB targets and strengthens data-driven decision-making. It allows us to analyse indicators such as sputum rejection rates and TB test positivity rates, which are important measures of programme performance and diagnostic quality. By using age- and gender-disaggregated data, we can also identify populations that may be underserved and refine our strategies to ensure equitable access to TB services so that no groups are left behind.”



DR MMAMAPUDI KUBJANE

Epidemiologist and modeller, Health Economics and Epidemiology Research Office

“ I think the public-facing TB dashboard is a very positive and important initiative. Making TB data visible promotes transparency and accountability in the national TB response. Beyond reporting test and diagnosis numbers, tracking treatment initiation and follow-up outcomes would be valuable. Diagnosis is only one step in the TB care pathway, and effective treatment completion is critical to cutting transmission.

A public dashboard can be a powerful awareness and advocacy tool. If widely and effectively communicated to the public and key stakeholders — such as the health ministry, funders, policymakers, researchers, it reinforces that TB

remains a major public health challenge in South Africa and the urgency to respond.

Provincial and district-level data are also particularly useful for identifying geographic variation and guiding targeted interventions.

As a TB researcher and modeller working with the Thembisa TB model, I find the dashboard data useful for informing model assumptions and calibrating testing and diagnosis rates. Access to consistent, high-quality program data strengthens our ability to estimate TB burden and evaluate interventions. Including historical data would further improve trend analysis by showing the impact of our TB programmes' efforts over time.”



INGRID SCHOEMAN

Director, TB Proof

“

I am very excited about the TB dashboard. Civil society collectively asked for a public facing TB dashboard in our SANAC Civil Society Forum TB Task Team advocacy letter sent to the Minister of Health and it is wonderful to see such a significant development from the National Department of Health.

The TB dashboard advances the right to information and the right to health for communities. The National Department of Health's EndTB campaign aims to increase TB testing, and having access to data disaggregated by age, sex and district, provides valuable insights to strengthen TB testing strategies in high burden settings. To maximise its impact, it is important that facility managers, TB room staff and frontline health workers are capacitated to use the dashboard to inform decision making, and to partner with TB survivor networks, civil society organisations and local community leaders to communicate TB data in useful ways.

Community structures can use dashboard data as part of community-led monitoring efforts to keep the health system accountable at facility- and district-level.

TB Proof works closely with local community leaders and clinic and health committees to raise awareness about TB, increase TB testing, reduce TB stigma, and increase the quality of TB services. Having access to the dashboard data will position the TB champions to provide meaningful recommendations to facilities to increase TB testing using a person-centred care approach.

We will also use the dashboard data to inform community engagement strategies, tailor key messaging for local events, social media, and radio talks, and support accountability discussions with districts to drive increased TB testing and improved service quality.”



REUBEN MALATSI

TB Ambassador

“ I know about the TB dashboard. I know about it because the team explained it to me clearly and I understood. What I thoroughly understood is that it helps us know about TB interventions, whereby we are also able to explain to others and lead by example to the communities as ambassadors. I am happy that this was explained to us. I also like that it has a lot of information that can benefit our communities. I am excited that I will be able to help people.”



MABALANE MFUNDISI

Chairperson, SANAC CSF TB Task Team

“ The CSF TB Task Team views the End TB Campaign public-facing dashboard as a powerful tool for social accountability that turns complex TB data into accessible information communities can use. It empowers citizens to monitor progress in their own districts, strengthens transparency by making performance visible, and builds trust through open reporting.

By grounding advocacy in credible, shared evidence, the dashboard enables more constructive engagement with government and policymakers, shifting dialogue toward solutions. Ultimately, it advances participatory democracy in health by equipping communities to actively drive the fight to end TB.”



DR NOMBUSO MADONSELE-NWARUH

**Country Program Director, AIDS
Healthcare Foundation South Africa**

“A good tool is one that will speak to the community on areas of Hotspots of TB including TB. For the AIDS Healthcare Foundation South Africa, the TB dashboard will improve accountability and inform communities and stakeholders on increased TB incidence per catchment area to guide the community and public health response. We will use the TB Dashboard to identify areas to strengthen advocacy initiatives.”



MABUSI KGWETE

TB Ambassador

“As a community worker and TB Champion, I am encouraged to finally see current and accessible TB information available to the public. Having a public-facing dashboard means communities are no longer left behind, and we can monitor what is happening ourselves. In the fight against TB, knowledge is power.

When communities have access to information, it becomes empowering. It helps reduce stigma and encourages people to take responsibility for their health. For me, the dashboard has become a useful entry point during community dialogues. When we discuss government efforts to strengthen TB programmes, the data sparks conversation. People begin to recognise themselves within the numbers and say, ‘I am part of those statistics.’ That moment becomes an opportunity to encourage others to test for TB and to see themselves as part of the collective effort to end the disease. There is power in numbers.”



DR KARL LE ROUX

**Member of Parliament and member of
the Portfolio Committee on Health**

“

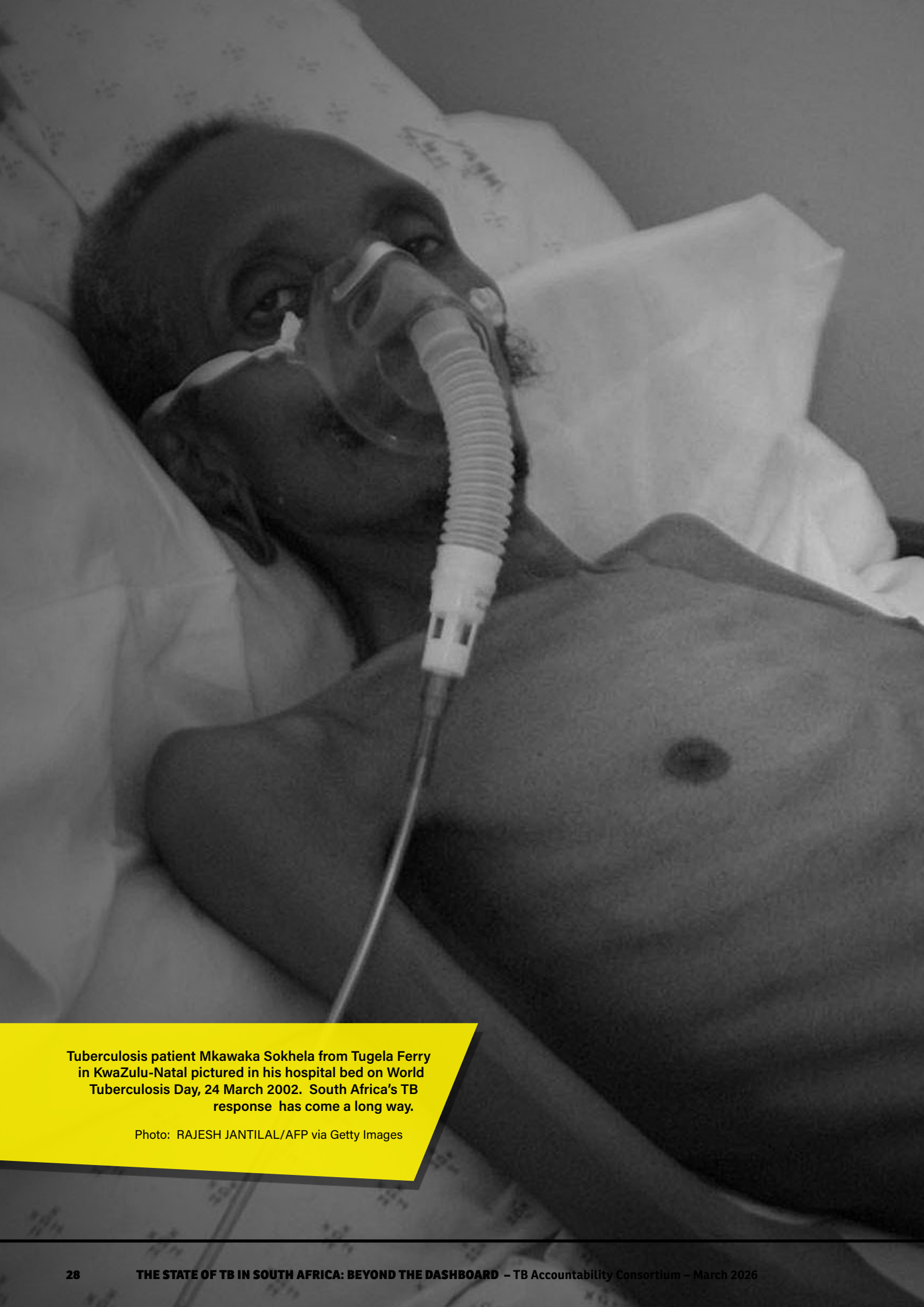
I think one of the things about a dashboard like this is that it makes information that is hidden in the crevices of databanks available to the public. When we collect data, we need to make it available to the public and to healthcare workers so that we can use it to plan and to analyze and to see how we're doing. So a dashboard like this can be extremely helpful to understand where we're doing well, where we're doing badly and where we can improve things.

I would love to see a few more things in that dashboard like TB completion rates so we can see how we're doing with our treatment and treatment completions — that would be helpful. It gives us an indication of how well things are working and I think that's crucial. I think that we need to particularly focus on people with HIV and TB because they're probably our most vulnerable people. And something that we probably don't have data on yet but how many household contacts have been tested for TB and how many of them have received treatment. I think that that's where we are going to make the biggest difference. But it's probably going to take us a few years to get that. But that's where we're going to break the back of the TB.”



Protesters during an anti-austerity protest at Parliament ahead of the 2026 Budget Speech on February 25, 2026 in Cape Town.

Photo: Ziyaad Douglas/Gallo Images via Getty Images



Tuberculosis patient Mkawaka Sokhela from Tugela Ferry in KwaZulu-Natal pictured in his hospital bed on World Tuberculosis Day, 24 March 2002. South Africa's TB response has come a long way.

Photo: RAJESH JANTILAL/AFP via Getty Images



**WHEN
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04

RECOMMENDATIONS

There are several improvements that could strengthen the usefulness of the dashboard as a tool for guiding TB policy and programmatic action.

Making the numbers count

The first ten months of data from the TB dashboard provide an invaluable snapshot of South Africa's TB response at a moment of renewed ambition.

The data tells a good story. Although South Africa has missed the ambitious target of testing 5 million people in 2025, there has been some noted progress in the country's TB response: these include increased testing, an increase in the number of people notified of their TB status and as a result, more people in care.

But the data also reveals that much work remains. Men—particularly those aged 15 to 44—are still not being reached by current testing strategies. Provincial disparities in testing coverage and incidence persist. And the country is still some distance from achieving its testing targets.

The dashboard therefore serves as both a mirror and a map. It reflects the current state of the TB response, while also pointing to the path forward.

If South Africa can use these insights to redesign testing strategies, strengthen community outreach and target high-risk populations more effectively, the dashboard could become one of the most powerful tools in the country's fight against TB.

The challenge now is to ensure that the data does not simply sit on a screen. It must drive action—across clinics, communities and the highest levels of policymaking. Only then will the promise of the dashboard be fully realised.

In this regard, as TBAC, we have the following calls to action:

Men—particularly those aged 15 to 44—are still not being reached by current testing strategies. Provincial disparities in testing coverage persist. And the country is still some distance from achieving its testing targets.

A healthcare worker deposits a sputum sample into a special testing cartridge.

Photo: ALEXANDER JOE/AFP via Getty Images



RECOMMENDATIONS FOR FUTURE IMPROVEMENTS

First, the interpretation of testing data could be improved by disaggregating the 10-year age bands into 5-year age bands, while incorporating population denominators directly into the dashboard. Indicators such as testing coverage or case detection rates per 100,000 population would allow users to better assess whether testing levels are proportionate to population size and disease burden.

Second, testing data should be more clearly aligned with the epidemiologic need. Displaying national and provincial case-finding targets alongside testing and case detection figures would help users assess whether current testing efforts are sufficient to meet national TB control goals. This would also make it easier to identify where programmes are falling short and where additional resources or strategies may be required.

Third, the dashboard could be used more strategically to highlight populations where the mismatch between TB burden and testing coverage is greatest. Particular attention should be given to working-age men, who experience high TB incidence yet appear to be tested less frequently. Making these disparities visible would help guide targeted interventions and advocacy efforts.

Finally, dashboard data should be actively used to inform programmatic responses. Targeted testing strategies—such as community-based and workplace testing programmes, and mobile outreach services—could help reach populations that are less likely to access clinic-based services. By linking data insights to concrete action, the dashboard can become a powerful tool for strengthening the national TB response and ensuring that testing efforts reach the populations most at risk.

1

Refine the data

Disaggregate age bands to 5-year intervals and add population denominators to enable meaningful coverage and detection rate analysis.

2

Set the bar

Display case-finding targets alongside testing figures so gaps in the national TB response are immediately visible.

3

Name the gap

Make testing disparities explicit — particularly for working-age men — to drive targeted interventions and advocacy.

4

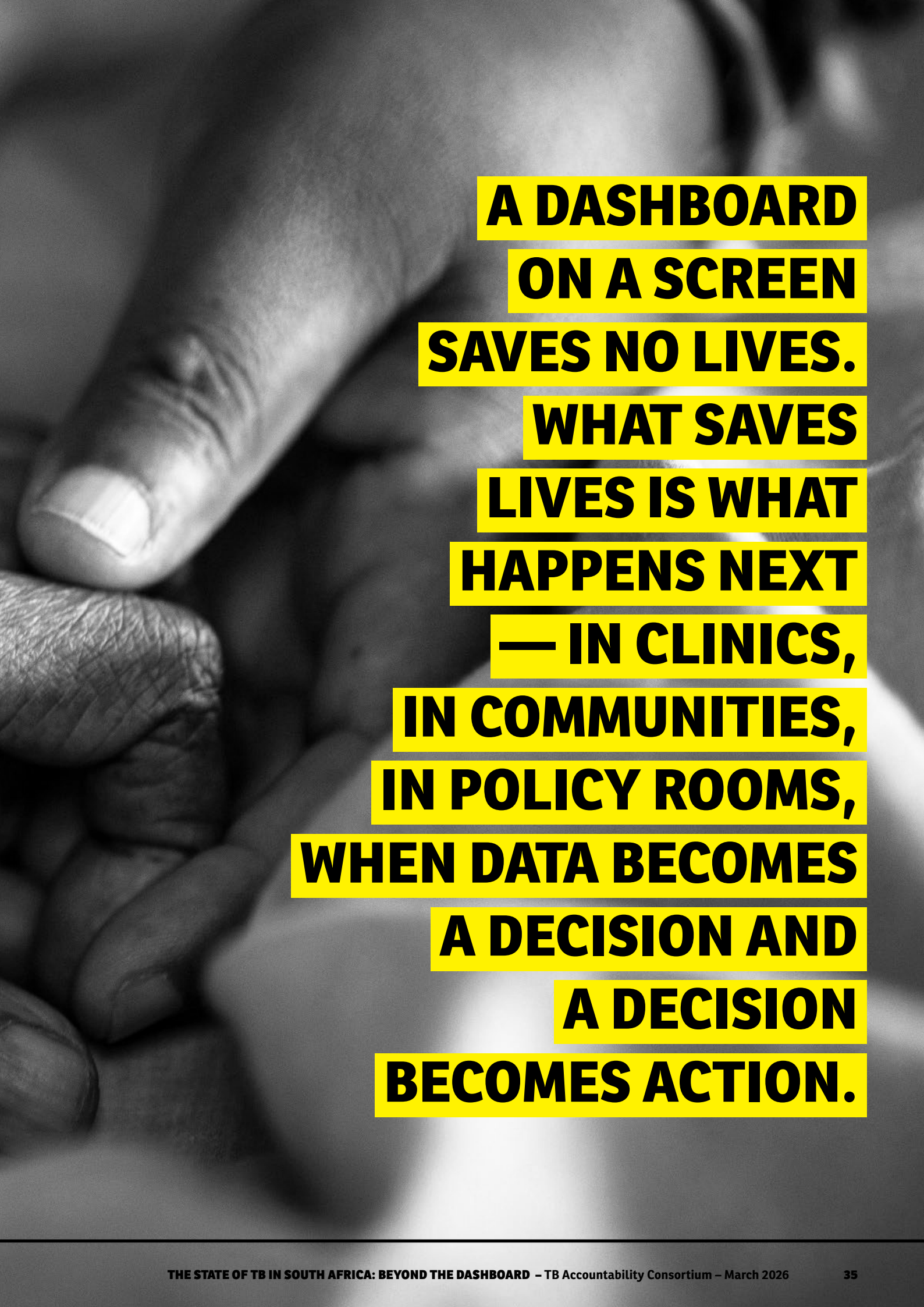
Close the loop

Use dashboard insights to activate community-based, workplace, and mobile testing strategies that reach those least likely to walk into a clinic.

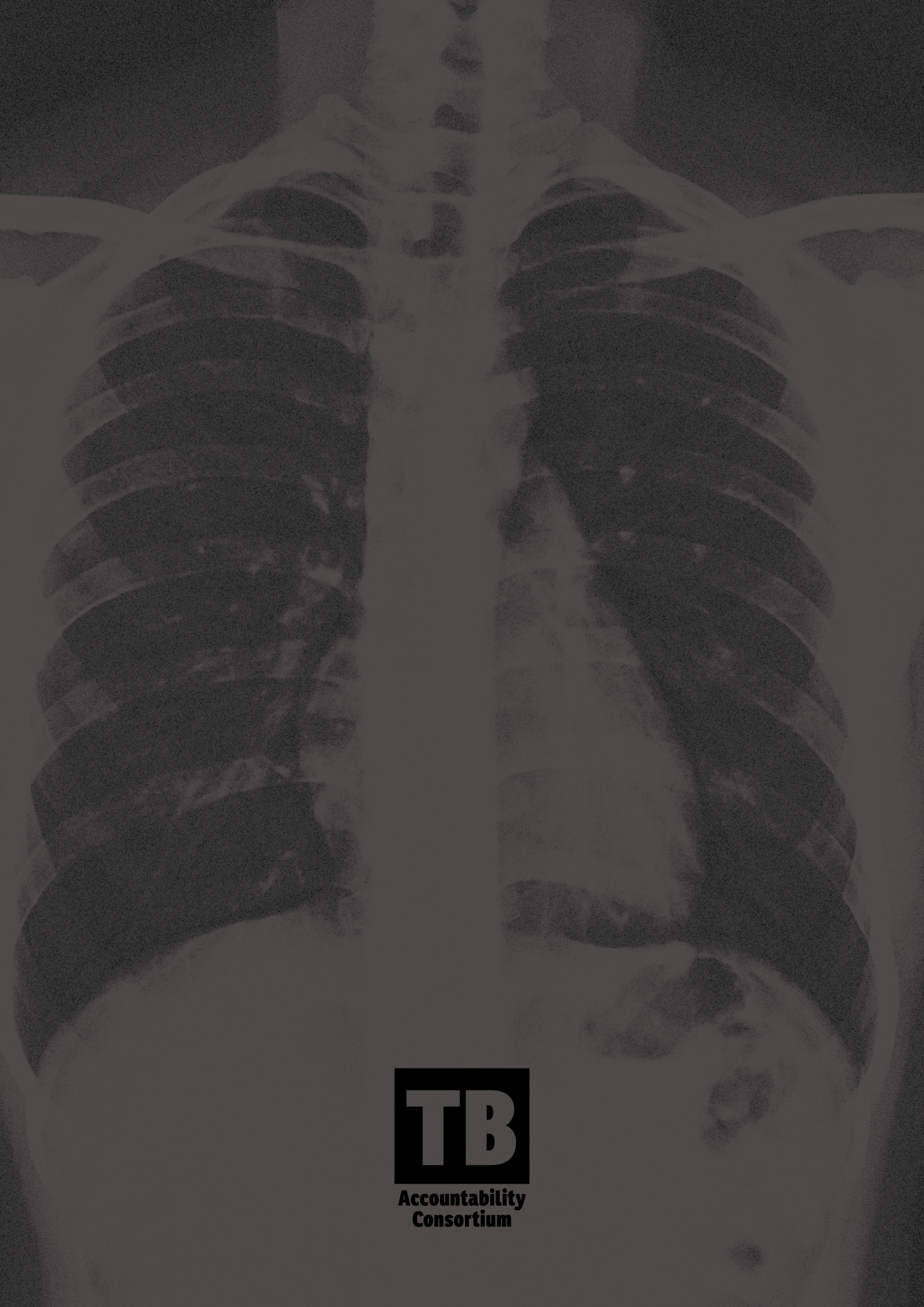


The numbers represents real people living and dying from TB. The question is how to turn data into appropriate action.

Photo: Per-Anders Pettersson/Getty Images



**A DASHBOARD
ON A SCREEN
SAVES NO LIVES.
WHAT SAVES
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— IN CLINICS,
IN COMMUNITIES,
IN POLICY ROOMS,
WHEN DATA BECOMES
A DECISION AND
A DECISION
BECOMES ACTION.**



**Accountability
Consortium**