**Heath Bulletin: National Tuberculosis Control Program Period: Q1 (Jan-Mar 2026)**

**Date of issue: 14th May 2026**

Tuberculosis remains a major public health priority. In response, the National TB Control Program has intensified its efforts through a comprehensive approach focused on prevention, early diagnosis, and treatment across the country. By strengthening service delivery, expanding partnerships, improving diagnostic and treatment services, and aligning with global standards, the program aims to speed up progress toward ending TB while ensuring equitable, high-quality care for everyone, including children and other vulnerable populations.

The TB case notification rates from 1st Quarter 2024 to 1st Quarter 2026 shows an overall pattern of gradual increase up to mid-2025, followed by a sharp decline toward early 2026.

From 1st Q 2024 to 4th Q 2024, the notification rate increased steadily from 179 to 196, suggesting improved TB case detection, reporting, or service utilization during 2024. The rate remained relatively high through most of 2025, reaching the highest point of 198 in 3rd Q 2025.

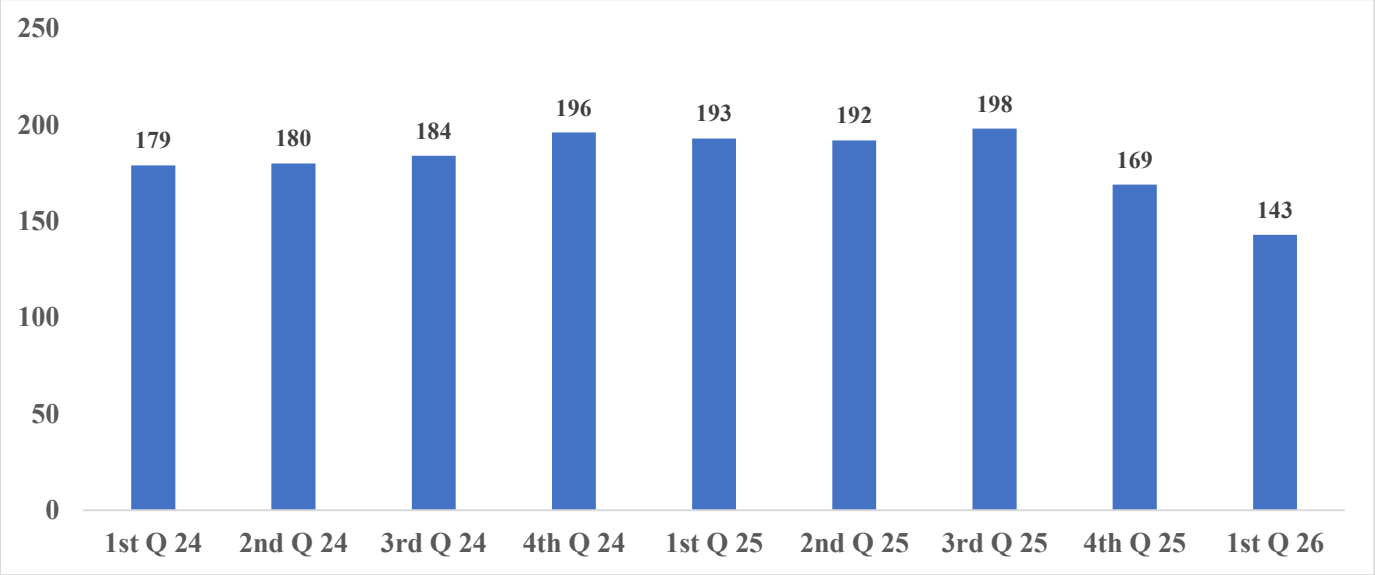


**Fig 1: Quarter wise National CNR from 1st Q 2024 to 1st Q 2026**

Overall, TB notification performance remained stable during 2024 upto the 3rd quarter of 2025 followed by a slight decline after that. However, the notified TB cases remain lower than the latest available estimated TB burden from WHO. This highlights the need for sustainable approaches and dedicated interventions to identify the missing TB cases in line with the national

estimated burden.

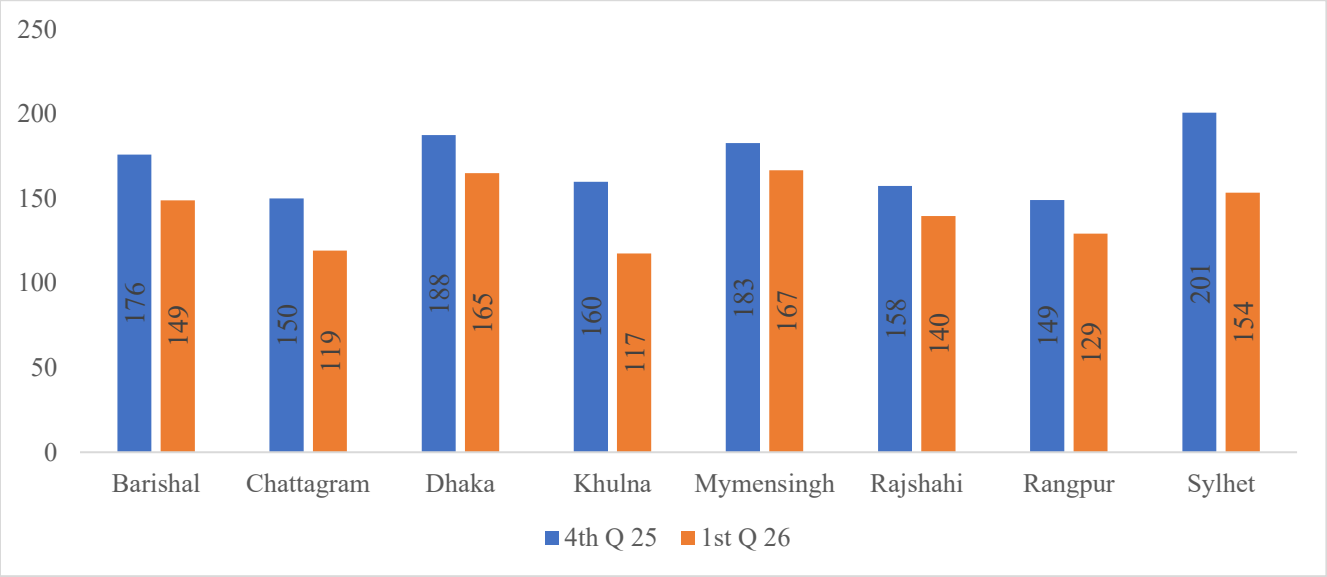


**Fig 2: The division wise comparison of Case Notification Rate (CNR) during 4th Q 25 and 1st Q 2026**

The average CNR declined from 170.6 in 4th Q 2025 to 142.5 in 1st Q 2026, a reduction of about 16.5%. Sylhet had the highest CNR in 4th Q 2025 at 201, but it declined sharply to 154 in 1st Q 2026. In 1st Q 2026, Mymensingh recorded the highest CNR at 167, followed by Dhaka at 165. The largest absolute decline was observed in Sylhet, with a drop of 47 points, followed by Khulna, which dropped by 43 points. The largest percentage decline was in Khulna, decreasing by 26.9%, followed by Sylhet, decreasing by 23.4%. Mymensingh showed the smallest decline, decreasing by only 8.7%, suggesting relatively better maintenance of TB case notification compared with other divisions. There was a decline in TB CNR across all divisions in 1st Q 2026 compared with 4th Q 2025.

**Type of Cases:**

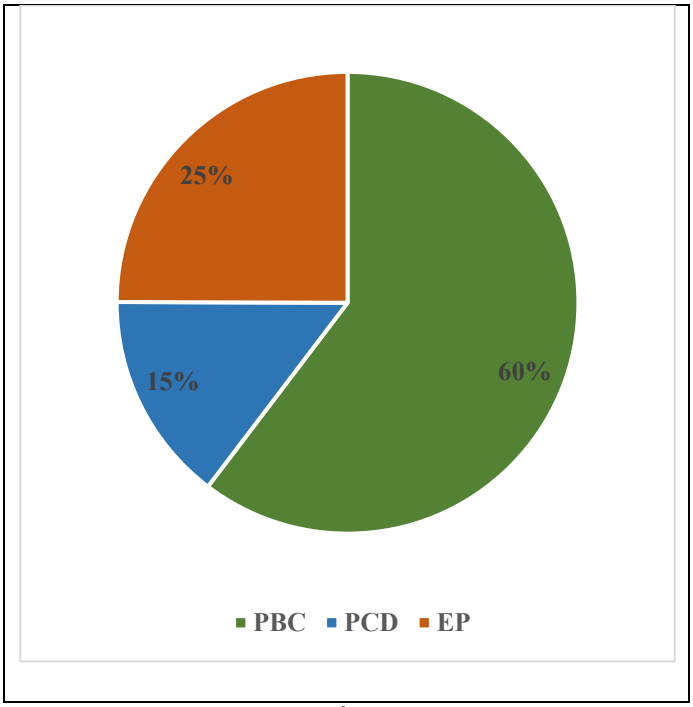


**Fig 3: The type of cases in 4th Quarter, 2025**

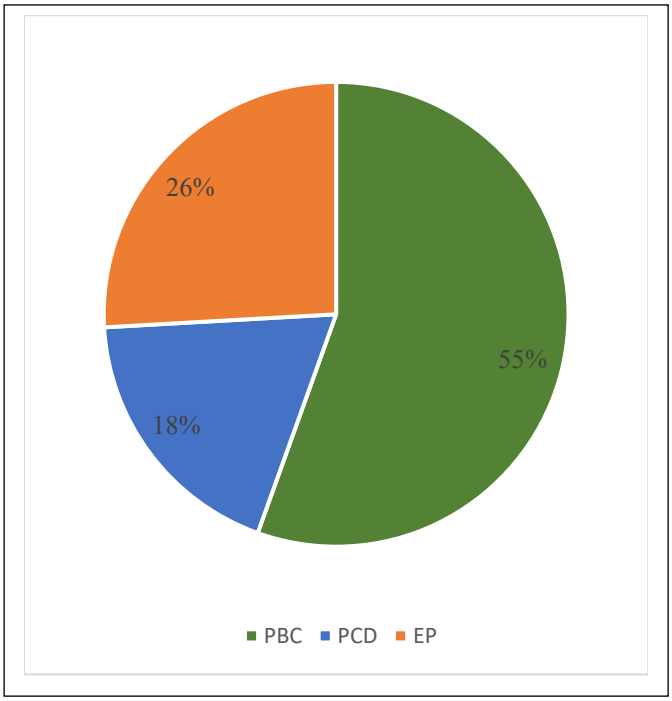


**Fig 4: The type of cases in 1st Q, 2026**

In the 1st quarter of 2026, a total of 61,800 TB cases were reported. Of these, 34,287 were PBC cases, 11,511 were PCD cases, and 16,002 were EP cases. In comparison, during the 4th quarter of 2025, the total number of cases was 72,429, of which 43,702 were PBC, 10,658 were PCD, and 18,069 were EP cases. Between Q4 2025 and Q1 2026, total TB notifications decreased by 14.7%, from 72,429 to 61,800 cases. This decline was mainly driven by a significant reduction in bacteriologically confirmed pulmonary TB (PBC) cases, which decreased by 21.5% (from 43,702 to 34,287), and extrapulmonary TB (EP) cases, which decreased by 11.4% (from 18,069 to 16,002). In contrast, clinically diagnosed pulmonary TB (PCD) cases increased by 8.0% (from 10,658 to 11,511)

**Child TB:**

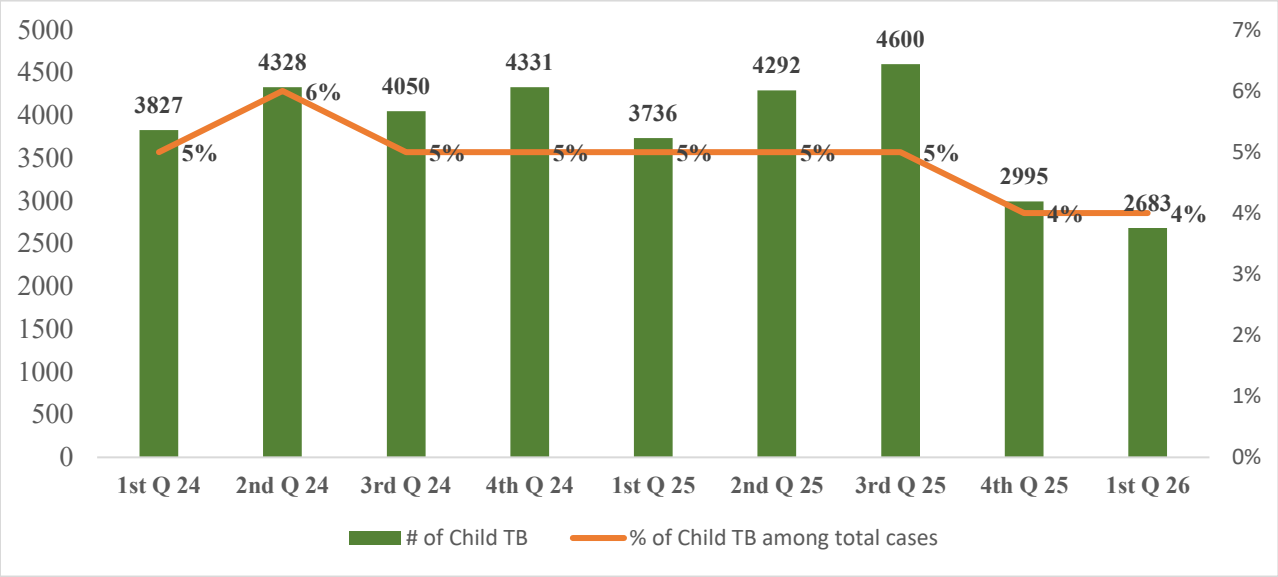


**Fig 5: Comparison of Quarter wise Child TB Notification**

Compared with previous quarters, Child TB cases were highest in Q3 2025 and then showed a declining trend in Q4 2025 and Q1 2026. The proportion of Child TB among total TB cases remained relatively stable at around 5% from Q3 2024 to Q3 2025, before declining to 4% in both Q4 2025 and Q1 2026. In Q4 2025 and Q1 2026, age-wise disaggregation shows that in the 0–4 year's age group, total cases decreased from 492 to 486, a reduction of 6 cases (1.2%). In other hand, the 5–14 years age group representing children more likely to be able to produce sputum showed a more marked decline from 2,505 to 2,202 cases, a reduction of 303 cases (12.1%), indicating a significant decrease in reported TB cases among this group during the period.

**JPRM (Joined Program Review Mission):**

The 2026 TB EPR aimed to assess Bangladesh's TB response, identify implementation gaps, and recommend actions to accelerate progress toward End TB Strategy targets. The review focused on updating TB epidemiological analysis; assessing national and subnational program achievements; identifying effective case-finding strategies across community, public, and private sectors; examining gaps in the TB care cascade; and providing practical recommendations to strengthen the NTP, refine the TB-NSP, and support development of the Global Fund GC8 request. The assessment used desk reviews,

field visits to four divisions Dhaka, Sylhet, Chittagong, and Rangpur health facility visits in public and private sectors, and key informant interviews. Findings were synthesized across five thematic areas: drug-susceptible TB, drug-resistant TB, childhood TB, TB prevention including IPC and TPT, and the health care system. Key findings and recommendations were shared with MoHFW and stakeholders during a dissemination workshop held at the Sheraton Hotel, Dhaka, on March 5, 2026.

The recommendation of the JPRM were:

- Sustain efforts to find and successfully treat all people with TB
- Strengthen integration of TB services into the health system
- Strengthening TB Burden Estimation and Surveillance
- Strengthen TB prevention
- Mobilize additional financial resources

**Fig 6: Epi Analysis team visit**

**Fig 7: Inauguration Program of 10th JPRM**

## Laboratory Network Strengthening

The National Tuberculosis Programme (NTP) remains strongly committed to achieving the End TB targets through the expansion and modernization of the national TB laboratory network. Over the past several years, the NTP has substantially strengthened molecular diagnostic capacity nationwide through the deployment of 840 GeneXpert and 150 Truenat machines across the country. As a result of this strategic expansion molecular diagnostic coverage has increased significantly from 26% in 2023 to nearly 60% in 2025, marking a major milestone toward universal access to rapid TB diagnosis.

To further advance decentralized and patient-centered diagnostics, NTP is planning to introduce near point-of-care molecular technologies, including MiniDock platforms, in the near future. This initiative aims to gradually replace conventional microscopy services which currently

account for approximately 40% of TB diagnostic testing nationwide and will further accelerate universal molecular testing coverage.

In addition, nine tertiary-level medical college and Sadar hospitals are serving as specialized extrapulmonary TB diagnostic centers using GeneXpert technology. These facilities utilize multidisciplinary clinical expertise and improved specimen collection systems to enhance the diagnosis of extrapulmonary TB cases.

Strengthening quality assurance remains a key priority for the NTP. The programme has successfully developed in-country capacity for the production of External Quality Assessment (EQA) panels for molecular diagnostics which was implemented successfully in 2025. To ensure sustainability, NTP is continuing efforts to institutionalize this system and with technical support from the National and Regional reference laboratories, plans to implement molecular EQA to all molecular laboratories nationwide in 2026.

Significant progress has also been achieved under the TB Strengthening Laboratory Management Toward Accreditation (TB SLMTA) programme. Four reference laboratories attained four-star ratings, while two achieved three-star ratings, reflecting substantial improvements in laboratory quality management systems. Building on these achievements, all six reference laboratories have applied to the Bangladesh Accreditation Board (BAB) for ISO 15189 accreditation on March 2026 for specific scopes of work. NTP is actively supporting and financing this accreditation process reaffirming its commitment to achieving internationally recognized laboratory quality standards and ensuring sustainable excellence in TB laboratory services nationwide

**World TB Day celebration:**

**Fig 8: Rally of  World TB Day**

Based on the findings and deliberations, several significant decisions were taken to address identified bottlenecks and enhance program effectiveness. Clear priority action points were agreed upon, along with defined responsibilities and timelines, to strengthen implementation, improve monitoring and evaluation processes, and ensure better alignment with national strategic goals.