Heath Bulletin: National Tuberculosis Control Program Performance Period: Q2 (April-June 2026)

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Tuberculosis continues to be a significant public health challenge. To address this, the National TB Control Program has strengthened its nationwide response through an integrated strategy emphasizing prevention, early detection, prompt treatment initiation and continuity of care. In addition, greater emphasis is being placed on active case finding, contact investigation, TB preventive treatment, digital reporting and surveillance systems and community awareness to ensure timely identification and management of TB cases. By aligning its interventions with global standards and the End TB Strategy, the program aims to accelerate progress toward ending TB while ensuring equitable, accessible, and high-quality care for all populations, including children, women, marginalized communities and other vulnerable groups.

The TB case notification rate from the 1st Quarter of 2024 to the 2nd Quarter of 2026 shows an overall pattern of gradual increase up to 3rd quarter-2025, followed by a marked decline toward early 2026.

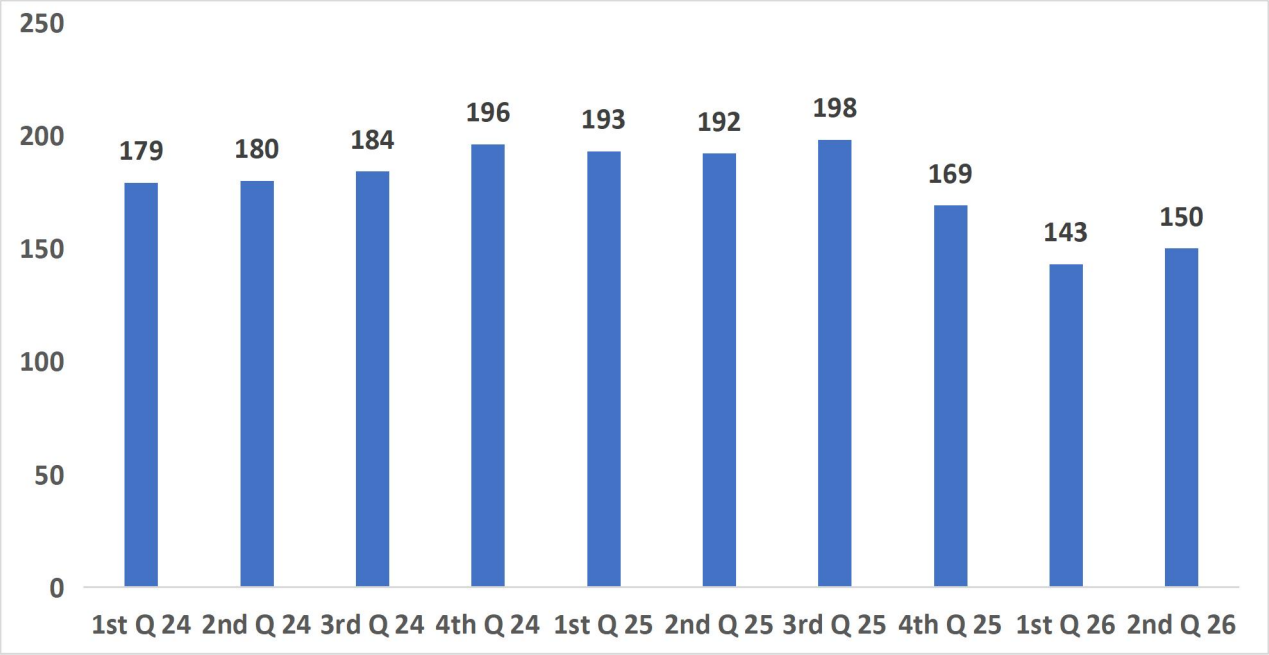

Fig 1: Quarter wise National CNR from 1st Q 2024 to 2nd Q 2026

From the 1st Quarter of 2024 to the 4th Quarter of 2024, the notification rate increased steadily from 179 to 196, suggesting improvements in TB case detection, reporting, and/or service

utilization during 2024. The rate remained relatively high throughout most of 2025, reaching its peak of 198 in the 3rd Quarter of 2025.

However, a notable decline was observed after the 3rd Quarter of 2025. The rate dropped to 169 in the 4th Quarter of 2025 and further decreased to 143 in the 1st Quarter of 2026. In the 2nd Quarter of 2026, the CNR little increased to 150.

Overall, the trend reflects an initial improvement followed by a substantial decline, with early signs of recovery in the 2nd Quarter of 2026.

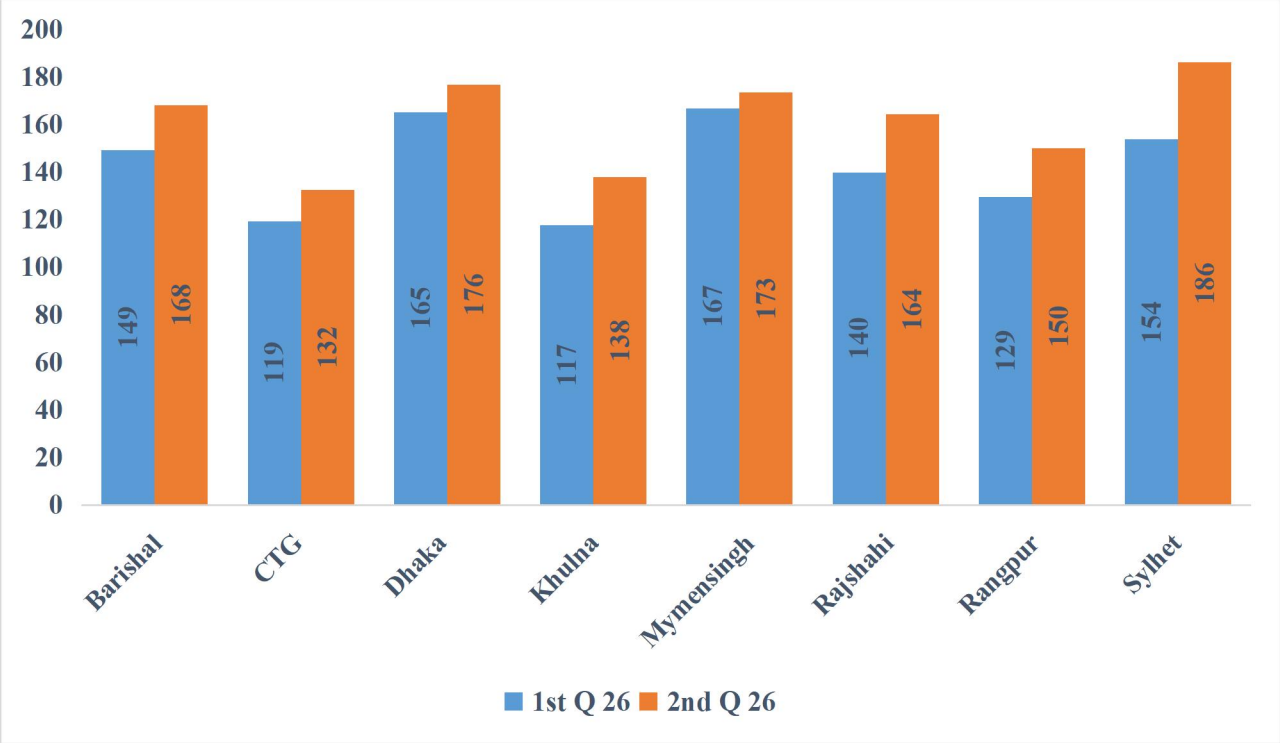

Fig 2: The division wise comparison of Case Notification Rate (CNR) during 1st Q 2026 and 2nd Q 2026

The division-wise comparison shows that the TB case notification rate (CNR) increased in all divisions in the 2nd Quarter of 2026 compared with the previous quarter, indicating a general improvement in TB case notification across the country.

Sylhet Division showed the highest increase, with the CNR rising by 21% from the 1st Quarter of 2026. It also recorded the highest CNR among all divisions in the 2nd Quarter of 2026.

Dhaka Division recorded the second-highest CNR at 176, followed by Mymensingh Division at 173.

In contrast, Chattogram Division recorded the lowest CNR in the 2nd Quarter of 2026, at 132. However, this still represents an improvement of 11% compared with the previous quarter.

Overall, the increase in CNR across all divisions suggests a positive recovery in TB case detection and reporting activities during the 2nd Quarter of 2026. The substantial increase observed in Sylhet may reflect strengthened case-finding efforts, improved reporting, or enhanced service utilization. Although Chattogram continued to have the lowest CNR, the observed increase indicates some improvement in TB notification performance compared with the preceding quarter.

Type of Cases:

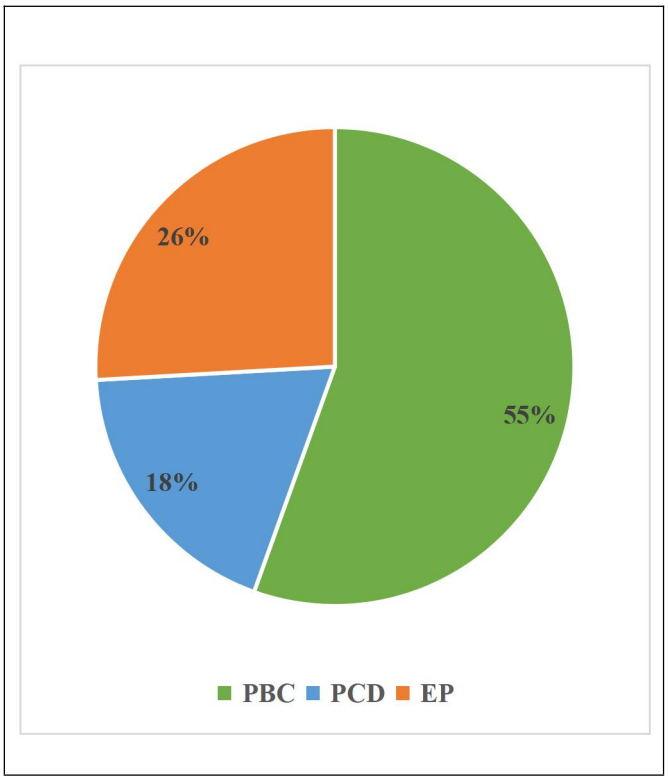

Fig 3: The type of cases in 1st Quarter, 2026

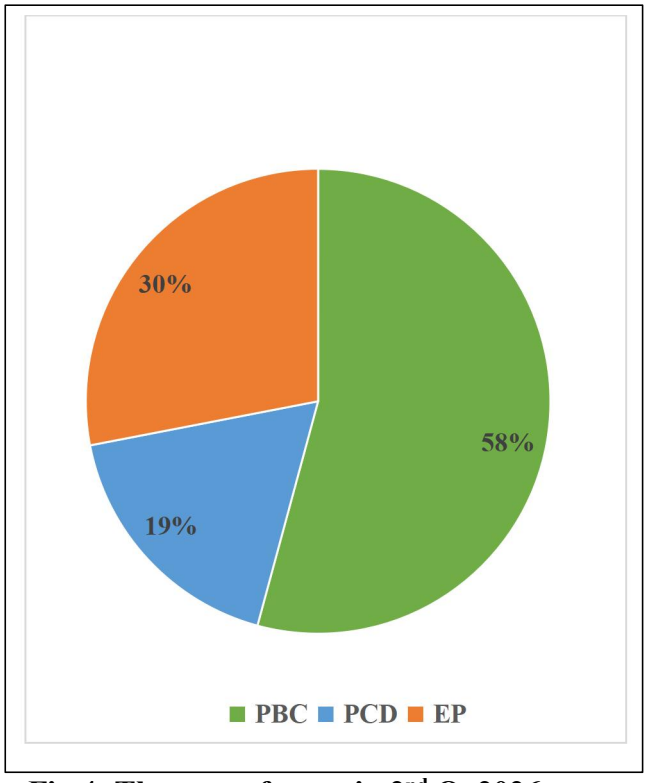

Fig 4: The type of cases in 2nd Q, 2026

In the 2nd Quarter of 2026, the proportion of PBC cases 58%, compared with 55% in the 1st Quarter of 2026, representing a 3% increase in bacteriologically confirmed TB cases.

PCD cases increased slightly from 18% to 19%, while EP cases showed a more notable increase from 26% to 30% between the 1st and 2nd Quarters of 2026.

The increase in the proportion of PBC cases suggests an improvement in bacteriological confirmation and diagnostic practices. The slight rise in PCD cases indicates relatively stable clinical diagnosis trends, while the increase in EP cases may reflect improved detection and reporting of extra-pulmonary TB cases during the 2nd Quarter of 2026.

Child TB:

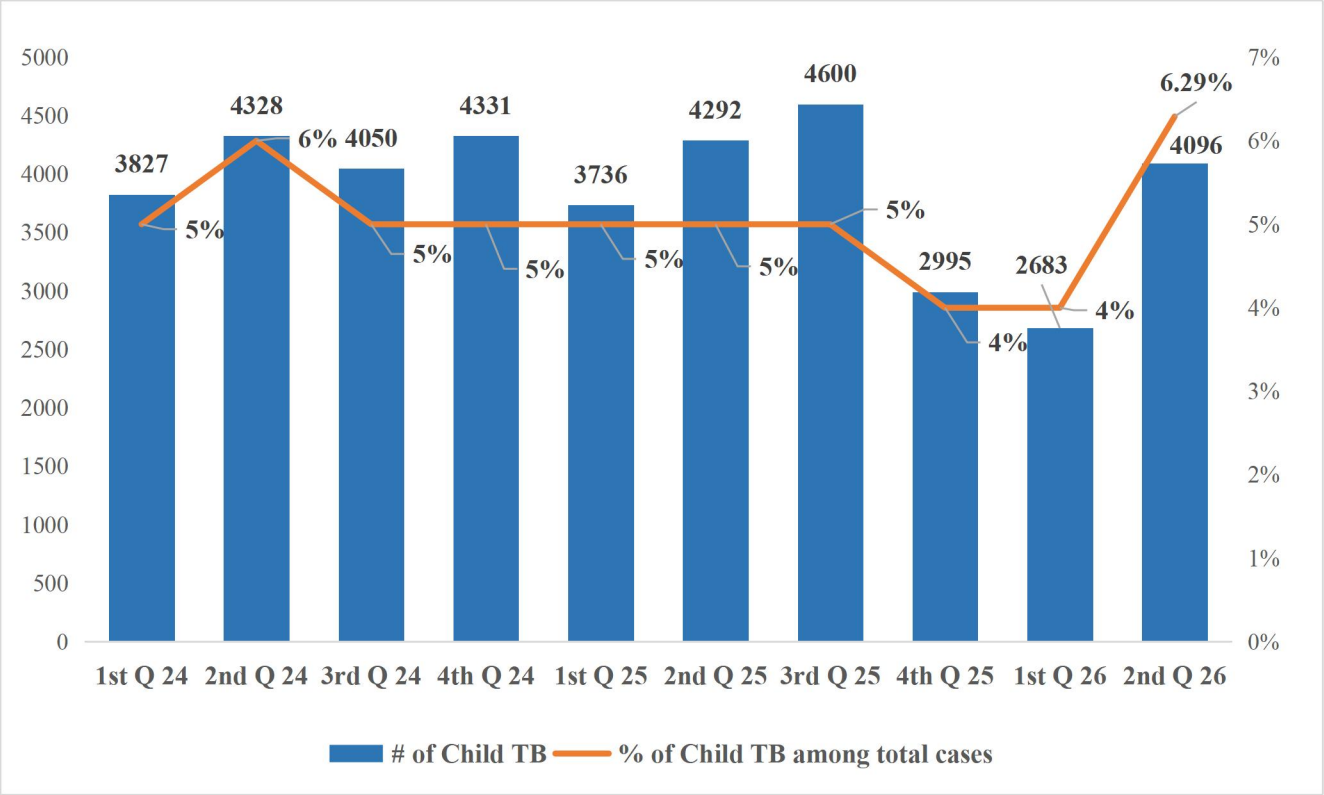

Fig 5: Comparison of Quarter wise Child TB Notification

Compared with the previous quarters, Child TB case notification was highest in 2nd Q 2026. The proportion of Child TB among total TB cases remained relatively stable at 5% from 3rd Q 2024 to 3rd Q 2025, but declined to 4% in both 4th Q 2025 and 1st Q 2026. It then increased to 6.29% in 2nd Q 2026. This indicates that both the number and proportion of Child TB cases decreased

during the two consecutive preceding quarters, followed by a notable increase in 2nd Q 2026, suggesting an improving trend in Child TB detection and notification.

Strengthening TB Laboratory Services and Accelerating Universal Molecular Diagnostic Coverage:

The National Tuberculosis Programme (NTP) remains committed to achieving the END TB targets through continued expansion and strengthening of the national TB laboratory network. Over the years, NTP has significantly expanded access to rapid molecular diagnostics nationwide through the deployment of 840 GeneXpert and 150 Truenat machines, achieving over 60% molecular diagnostic coverage by 2025. Shortly, seven additional Truenat laboratories will be introduced in the Forcibly Displaced Myanmar Nationals (FDMN) area, further strengthening access to rapid molecular TB diagnosis among key vulnerable population.
Currently, 158 laboratories also provide MTB/XDR testing, substantially strengthening the country's capacity for rapid detection of drug-resistant TB.

Accelerating the transition towards universal molecular diagnosis: In alignment with the national strategic targets for achieving 100% molecular diagnostic coverage and longer-term TB elimination commitments, NTP has taken a major step towards transitioning from microscopy-based diagnosis to molecular testing through the introduction of a near point-of-care (NPOC) molecular diagnostic platform. A total of 246 sites have been finalized for deployment of 605 MiniDock devices, with implementation planned to commence from July 2026. Procurement has already been initiated to support the rollout.

To ensure implementation readiness, NTP has planned a workshop in July 2026 to develop and finalize the necessary Standard Operating Procedures (SOPs), job aids, laboratory registers and reporting tools for the NPOC system. A Training of Trainers (ToT) is planned for the first week of July 2026 with presence of international technical consultant to build the capacity of the national team responsible for implementation, supervision and subsequent training. Following the ToT, end-user training will be rolled out in phases through a decentralized, divisional-level approach across the selected sites.

Strengthening capacity for phenotypic DST for newer anti-TB drugs: During June 2026, NTP conducted specialized training on liquid culture-based DST for personnel from the

reference laboratory network. Particular emphasis was placed on implementation of DST for Bedaquiline, using the newly introduced BACTEC-based testing system/kit, alongside capacity strengthening for DST of other newer and second-line anti-TB drugs. Following the training, the reference laboratories have initiated preparatory and implementation activities to establish routine Bedaquiline DST, further strengthening national capacity for management of drug-resistant TB.

Advancing laboratory quality management and ISO 15189 preparedness: Building on achievements under the TB-SLMTA programme—where four reference laboratories achieved four-star ratings and two achieved three-star ratings—NTP continued its pathway towards international laboratory quality standards during Q2 2026. All reference labs applied for ISO 15189 Accreditation to Bangladesh Accreditation Board (BAB) in March 2026 for specific scope of works. In June, all six reference laboratories were visited with technical support to assess their preparedness for ISO 15189 accreditation, review progress in laboratory quality management systems, and provide on-site support for implementation of liquid culture DST.

Expanding national EQA capacity for molecular diagnostics: Following the successful establishment of in-country capacity and implementation of External Quality Assessment (EQA) for molecular TB diagnostics in 2025, NTP has finalized an operational plan for the 2026 molecular EQA program. The National Tuberculosis Reference Laboratory (NTRL) and the Regional Reference Laboratory at the 250-Bedded TB Hospital Shyamoli have initiated preparations for production, coordination and implementation of EQA for GeneXpert and Truenat testing. The 2026 EQA cycle is planned for phased implementation from September to November 2026."

Events:

During the 2nd Quarter of 2026, NTP conducted meetings on MDR-TB, M&E, Child TB, TB/HIV, and TPT. The meetings resulted in several key decisions:

- Formulating strategies to improve recovery of dropped TB cases and strengthen case detection.
- Increasing Gene Xpert testing cycles from 2 to 3 to enhance diagnostic capacity.

- Ensuring initiation of appropriate treatment for all diagnosed RR/MDR-TB patients within seven days of diagnosis.

NTP and TIFA will further strengthen coordination to improve the functionality of the Janao app, enhance support for DR-TB case management, and undertake capacity-building activities to address the shortage of trained human resources in DR-TB services.

Conclusion:

Tuberculosis continues to be a significant public health challenge in Bangladesh, contributing substantially to illness and death. Considerable progress has been made through strengthened prevention efforts, timely diagnosis, and effective treatment services. Nevertheless, reaching the goal of ending TB will require sustained commitment, sufficient investment, ongoing innovation, and strong collaboration across multiple sectors. The National Tuberculosis Control Program (NTP), in partnership with stakeholders from both the public and private sectors, remains dedicated to strengthening TB control activities to preserve current achievements and accelerate progress toward national and global TB targets.