There is an urgent need to improve the outcomes of M/XDR TB treatment. For the first time in decades, there are a number of new and repurposed drugs now available that have the potential to improve the outcomes. These include bedaquiline and linezolid. Randomized Controlled Clinical Trial data is eagerly awaited as to how to incorporate these drugs into effective regimens. However, there is a need to provide access to these more urgently to patients with few treatment options remaining. Adequate measures need to be taken to assess both safety and efficacy. In addition, injudicious use of the new drugs without an optimized background regimen may result in resistance. With a background HIV prevalence of at least 10% in most provinces in South Africa, the new drugs would need to be combined with antiretrovirals in many patients. This session describes the how bedaquiline was introduced into the National programme in South Africa following a successful clinical access programme. With careful attention paid to the regulatory framework and ethical consideration, the National Department decided to embark on an access programme. In collaboration led by the National Department of Health of South Africa, Janssen Pharmaceutica and other partners including Right to Care and Médecins Sans Frontiers, access was provided to bedaquiline to over 200 patients prior to registration. Following registration in October 2014, a bold decision was made to provide access as broadly as possible within South Africa. Input from experts in South Africa was used to decide on a framework for introduction of new drug and new drug regimens for the treatment of Drug Resistant TB in South Africa. We also describe the mechanism adopted to ensure the ongoing protection of the drug and monitoring for resistance.