



END TB CAMPAIGN 2025/26: OPERATIONAL PLAN

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Contents

1. Background.....	2
2. Rationale for Increased Testing	2
3. Aim and Objectives	2
4. Testing Targets.....	3
5. National Workplan.....	5
6. Provincial implementation guidance	8
7. Roles and Responsibilities.....	12
7.1. National Department of Health (NDoH).....	12
7.2. National Health Laboratory Service (NHLS).....	12
7.3. Provincial Departments of Health	13
7.4. District Departments of Health.....	13
7.5. Donors and Implementing Partners	13
7.6. Civil Society Organisations	13
7.7. TB-Multisectoral Accountability Framework (TB-MAF).....	13
7.8. Private Sector	13
8. Monitoring & Evaluation	14
8.1. Indicators	14
8.2. Data Sources	15
8.3. Reporting.....	16
8.4. Accountability Mechanisms	16
9. Risks and mitigation Measures for the End TB Campaign.....	17
9.1. Reaching Underserved Populations	17
9.2. Sustaining Funding and Resources	18
9.3. Ensuring Linkage to Care and Treatment Adherence	18
9.4. Addressing TB Stigma.....	18
10. Projected Impacts of Reaching 5 Million TB Tests	19
11. Conclusion: A Collaborative Effort to End TB in South Africa	19

1. Background

South Africa has a high burden of TB. While incidence has been reduced, mortality remains high and the country is not on track to meet End TB goals. The incidence rate has already reached the 2025 End TB target; however, mortality is far from the 2025 target. In 2023, there were an estimated 270,000 incident TB cases in South Africa (427 per 100 000 population). More than half of those cases occurring in HIV-infected people (145,000 cases)¹. The TB mortality rate among HIV-negative individuals was 39 per 100,000, and 49 per 100,000 among people living with HIV (PLHIV). TB remains one of the leading causes of death in South Africa².

National TB Programme efforts over the past decade have resulted in important gains in TB control. The current package of interventions prioritised by South Africa's National Strategic Plan (NSP) for HIV, TB & STIs will reduce incidence by 31% and mortality by 42% by 2035 (relative to 2024); however, this is far from End TB targets.

2. Rationale for Increased Testing

To achieve End TB targets, South Africa needs to significantly scale up TB testing. This will require a multi-pronged approach:

To find the missing TB cases: An estimated 58,000 people with TB were not diagnosed in 2023. These missing patients are disproportionately represented by adults ≥ 65 years, males < 35 years, children and young adolescents (< 15 years). Increased testing will help to find these missing cases and ensure that they receive treatment.

To reduce TB incidence and mortality: Modelling indicates that increasing testing to 5 million people annually, along with other interventions, could reduce TB incidence by 29% and mortality by 41% by 2035.

To reach End TB targets: South Africa is not on track to meet the End TB targets. Increased testing is essential to achieving these targets.

To improve retention in care: By identifying and treating TB cases early, the campaign can improve retention in care and prevent the spread of the disease.

3. Aim and Objectives

The aim of the End TB Campaign is to substantially reduce TB incidence and mortality in South Africa by 2035. By testing 5 million people in 2025/26, we would diagnose an additional 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.

The objectives include:

¹ Global TB Report 2024. Geneva: World Health Organization; 2024

² Mortality and causes of death in South Africa, 2020: Findings from death notification. Pretoria: Statistics South Africa; 2024

1. Launch the End TB Campaign in South Africa on World TB Day (24 March 2025) with a high-profile event that includes key government officials, healthcare leaders, TB champions, and representatives from partner organisations.
2. Develop and implement a multi-channel social and behaviour change communication (SBCC) campaign targeting the general public, people living with HIV, household contacts of confirmed TB cases, and those with previous TB. The campaign will raise awareness of TB symptoms, and the importance of testing.
3. Secure the funding required to test 5 million people for TB in 2025/26. This will be achieved through advocating for increased Global Fund allocations for TB NAAT tests across all districts, establishing contracts between NHLS and NDoH for reimbursement for testing, supporting provinces to improve conditional grant planning to increase TB NAAT testing, developing a business case to advocate to the National Treasury for greater funding for TB NAAT, and exploring innovative financing mechanisms to supplement government funding.
4. Ensure that the National Health Laboratory Service (NHLS) has the capacity to process 5 million TB tests in 2025/26 with a turnaround time of less than 48 hours. This will be achieved through addressing human resource needs, including recruitment, training, and retention of laboratory staff; ensuring an adequate supply of TB testing kits and reagents; optimising laboratory infrastructure and workflows; and implementing systems to minimise specimen rejection and duplicate testing.
5. Address the socio-economic determinants of TB and improve access to social grants and nutrition programmes for 100% of TB patients diagnosed in 2025/26. This will be achieved through collaboration with the Department of Social Development.
6. Develop and implement a comprehensive Monitoring and Evaluation (M&E) framework to track the progress of the End TB Campaign by 1 April 2025. Implement accountability mechanisms to ensure that provinces, districts, and partners meet their targets and implement activities effectively.

4. Testing Targets

Table 1 outlines the roadmap for reaching the ambitious target of 5 million TB tests. We will achieve this by focusing on specific groups with a higher likelihood of having TB. The largest group consists of individuals presenting at clinics with symptoms suggestive of TB. This group alone will account for over 3 million tests. In addition to these symptomatic individuals, we will implement targeted testing for high-risk groups, including people living with HIV (PLHIV), those re-initiating antiretroviral therapy (ART), and household contacts of confirmed TB cases. The estimated number of tests for each of these groups is based on careful analysis of data and modelling.

Our strategy also includes testing individuals with a history of TB in the past two years (Prev TB), as they have an elevated risk of recurrence. We will also be employing digital chest x-ray technology to screen a large number of people efficiently. Those with suspicious findings on x-ray will then undergo targeted testing. A further element of our plan is systematic testing in informal settlements within the eight metros with the highest TB burden. This focused approach aims to reach those living in densely populated areas with limited access to healthcare, where TB transmission is often higher. By implementing this comprehensive testing strategy, we project a case finding (CF) yield of 271,735 new TB cases.

Table 1: National TB NAAT targets for End TB Campaign

Categories for testing		Number to be tested	Rationale for estimate
2025 Clinic symptomatic		3 014 854	TB test targets based on 2022 number of tests (pre-TUTT), positivity and percentage of the population tested
Additional testing TUTT groups	20% ART coverage asymptomatic	1 113 475	Assumes routine testing eg in ART clubs. 20% coverage assumes testing in asymptomatic PLHIV
	ART welcome back 20% not on ART	435 745	NAOMI estimates of HIV and TROA May 24 used to estimate patients not on ART. Assumes 20% tested with ART re-initiation
	95% HH contacts GF/USAID 65% HH contacts others	430 563	HH contacts estimated based on average HH size and number PWTB in 2022.
	20% Prev TB	86 788	TB in last 2 years estimated from 2022 notification
Digital chest x-ray (27% tested)		199 800	Assumes 50 patients screened per day, 20 days per month for 12 months. 27% tested. 53 GF units. 8 USAID units
Metro informal settlement systematic testing 20%		829 809	Assumes systematic testing in informal settlements (8 metros with highest numbers)
TOTAL DISTRICT TARGETS (Excl informal settlements)		5 081 425	Total number of TB tests
ESTIMATED CF (Excl informal settlements)		271 735	Assumes following yields: 6% clinic symptomatic; 2% ART asymptomatic; 10% ART welcome back; 5% HH contacts; 4% prev TB; 6% DCXR screen pos (conservative estimates)
TOTAL DISTRICT TARGETS (Incl informal settlements)		5 911 233	Includes testing of 20% living in informal settlements in 8 metros
ESTIMATED CF (Incl informal settlements)		288 331	Assumes yield of 2% in informal settlements (2x national prevalence)

Table 2. Provincial TB NAAT testing and targets

PROVINCE	2023 TOTAL TESTED	2024 YTD (Q1-Q3) TOTAL TESTED	2025 EndTB CAMPAIGN	%Increase 2023 vs 2025
Eastern Cape	412,229	328,272	794,542	93%
Free State	85,118	67,394	204,490	140%
Gauteng	505,654	431,214	919,233	82%
KwaZulu-Natal	968,813	655,250	1,503,186	55%
Limpopo	126,951	92,066	330,562	160%
Mpumalanga	168,458	154,775	370,809	120%
North West	118,926	103,905	259,214	118%
Northern Cape	76,578	60,493	131,732	72%
Western Cape	282,823	255,151	567,655	101%

National	2,745,550	2,148,520	5,081,423	85%
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5. National Workplan

This section will outline the national coordination activities needed to achieve the ambitious goal of testing 5 million people for TB in 2025.

Objective 1: Launch of the End TB Campaign in South Africa on World TB Day (24 March 2025) with a high-profile event.

Activity	Timeline	Responsible Organisation
Secure a prominent venue and confirm influential speakers	January 2025	NDoH, TB-MAF
Develop a detailed programme for the launch event, including symbolic gestures	February 2025	NDoH, Implementing Partners
Launch a dedicated social media campaign using the hashtag #EndTBinSA	March 2025	NDoH, Implementing Partners, Civil Society Organisations
Hold a media workshop to announce the campaign launch and highlight its key messages	20 March 2025	NDoH, TB Champions
Organise community engagement activities in high-burden communities, offering free TB screening	24 March 2025	NDoH, Implementing Partners, Civil Society Organisations
Conduct awareness sessions in educational institutions	March - April 2025	NDoH, Department of Basic Education, Department of Higher Education and Training

Objective 2: Develop and implement a Social behaviour change communication campaign to raise awareness of TB symptoms, and the importance of testing.

Activity	Timeline	Responsible Organisation
Develop End TB Campaign SBCC plan	Ongoing	NDoH, Implementing Partners, Civil Society Organisations, TB-MAF
Develop and disseminate targeted information materials on TB to specific audiences, including people living with HIV, household contacts of confirmed TB cases, and those with previous TB.	Ongoing	NDoH, Implementing Partners, Civil Society Organisations

Engage community leaders and influencers to promote TB testing and treatment.	Ongoing	NDoH, Implementing Partners, Civil Society Organisations
Strengthen the role of TB champions at all levels.	Ongoing	NDoH, Implementing Partners, Civil Society Organisations
Strengthen implementation of #MyTBStory, the platform to amplify stories from TB survivors, families and health care workers	Ongoing	NDoH, SANAC, Civil Society Organisations
Implement awareness campaigns and testing programmes in schools and universities.	Ongoing	NDoH, Department of Basic Education, Department of Higher Education and Training
Implement training programme for traditional health practitioners.	Jul 2025	NDoH NTP, Traditional Medicine Directorate

Objective 3: Secure the funding required to test 5 million people for TB in 2025/26.

Activity	Timeline	Responsible Organisation
Advocate for Global Fund increased allocation for TB NAAT tests across all districts, not just supported districts.	January - June 2025	NDoH, TB-MAF
Establish contracts between NHLS and NDoH for reimbursement for testing.	February - March 2025	NDoH, NHLS
Support provinces to improve conditional grant planning, to increase TB NAAT testing.	April - June 2025	NDoH, Provincial Departments of Health
Develop a business case to advocate to the National Treasury for greater funding for TB NAAT	February – September 2025	NDoH
Explore innovative financing mechanisms to supplement government funding.	Ongoing	NDoH, Donors and Implementing Partners

Objective 4: Ensure that the National Health Laboratory Service (NHLS) has the capacity to process 5 million TB tests in 2025/26 with a turnaround time of less than 48 hours.

Activity	Timeline	Responsible Organisation
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Address human resource needs, including recruitment, training, and retention of laboratory staff.	Ongoing	NHLS
Ensure an adequate supply of TB testing kits and reagents.	Ongoing	NHLS
Engage with manufacturers to secure adequate testing materials based on a demand plan.	January - June 2025	NHLS
Optimise laboratory infrastructure and workflows.	Ongoing	NHLS
Implement systems to minimise specimen rejection and duplicate testing.	Ongoing	NHLS, NDoH, Provinces

Objective 5: Address the socio-economic determinants of TB and improve access to social grants and nutrition programmes for 100% of TB patients diagnosed in 2025/26.

Activity	Timeline	Responsible Organisation
Engage the Department of Social Development to improve access to social grants and nutrition programmes for TB patients.	Ongoing	NDoH, Department of Social Development, TB-MAF
Develop and implement a referral system to link TB patients with social services.	April - June 2025	NDoH, Department of Social Development, Implementing Partners
Train healthcare workers on the importance of addressing social determinants of TB.	Ongoing	NDoH, Implementing Partners

Objective 6: Develop and implement a comprehensive Monitoring and Evaluation (M&E) framework to track the progress of the End TB Campaign.

Activity	Timeline	Responsible Organisation
Develop and implement a comprehensive M&E framework with clearly defined performance indicators.	By 1 April 2025	NDoH, NICD, Implementing Partners
Set clear district-level targets based on TB burden and the overall national target of 5 million tests.	By 1 April 2025	NDoH
Develop and share dashboards and conduct regular engagements to monitor progress against targets.	From 1 April 2025	NDoH, NICD, Implementing Partners, Provincial Departments of Health

Use data to inform programme planning and decision-making.	Ongoing	NDoH, NICD, Implementing Partners
Conduct regular performance reviews at the provincial, district, sub-district and facility levels.	Quarterly	NDoH, Provincial Departments of Health, District Departments of Health, Implementing Partners
Establish awards and recognition programmes to acknowledge high-performing districts, facilities, and individuals.	From 1 July 2025	NDoH
Publicly report on progress towards the 5 million testing target and the campaign's overall impact through press releases, media briefings, and annual reports.	Ongoing	NDoH

6. Provincial implementation guidance

This section will outline the provincial and district coordination activities needed to achieve the ambitious goal of diagnosing 250,000 new TB cases in 2025/26 through targeted testing of 5 million people. This will be achieved by strengthening implementation of TUTT to reach people living with HIV, household contacts of confirmed TB cases, and those with previous TB; expanding TB services to informal settlements through community-based screening and testing initiatives; conducting community-wide systematic screening of 10 million people in high-burden geographies using digital chest x-ray (dCXR) with artificial intelligence (AI); and expanding access to TB testing through public-private partnerships with general practitioners (GPs).

Implementation Area	Provincial-Level Activities	District-Level Activities
1. Planning & Coordination	<p>Develop a Provincial TB Testing Scale-Up Plan, incorporating Accelerated TUTT.</p> <p>Data-Driven Focus Areas : Identify the highest-burden districts using epidemiological data and prioritize interventions accordingly.</p> <p>Conduct geospatial mapping to identify high-burden areas, population densities, informal settlements, and priority populations (PLHIV, household contacts, previous TB cases).</p>	<p>Conduct district-level mapping to identify high-yield TB testing areas using routine data and overlay community demographics with TB case detection trends.</p> <p>Develop district microplans for targeting high-risk populations using mobile dCXR vans, CHW outreach, and facility-based intensified case finding.</p> <p>Assign testing targets per facility and mobile team,</p>

	<p>Establish provincial TB Task Teams to oversee campaign implementation, including sub-committees on laboratory capacity, logistics, demand generation, and monitoring.</p> <p>Engage provincial treasury to align funding for increased TB testing needs.</p>	<p>ensuring equity in rural, peri-urban, and urban settings.</p>
<p>2. Capacity Building</p>	<p>Include implementing partners in planning and capacity building for increased testing.</p> <p>Ensure NHLS capacity to meet the increased demand for TB testing.</p> <p>Train district teams, CHWs, and healthcare providers on Accelerated TUTT, including symptom screening, dCXR use, AI interpretation, and GeneXpert testing protocols.</p> <p>Train traditional health practitioners on TB and importance of testing and referrals.</p> <p>Train private sector partners (GPs, pharmacies) on TB case detection and integration into NHLS reporting systems.</p>	<p>Train CHWs and outreach teams on door-to-door TB screening and referral processes for high-risk groups (PLHIV, household contacts, previous TB patients).</p> <p>Train mobile clinic teams to conduct AI-assisted dCXR screenings and immediate sputum collection.</p> <p>Provide regular supportive supervision and mentorship to healthcare workers and implementing partners.</p> <p>Establish referral linkages between community-based screening initiatives, PHC facilities, and NHLS labs for specimen processing.</p>
<p>3. Testing Expansion & Service Delivery</p>	<p>Scale up Accelerated TUTT in all ART clinics, maternal health programs, correctional facilities, and TB high-burden hospitals.</p> <p>Deploy mobile dCXR units to conduct screenings in high-burden geographies using AI-assisted interpretation.</p> <p>Establish formal partnerships with private GPs, pharmacies, mining health services, and occupational health clinics to provide walk-in TB testing services.</p> <p>Expand TB testing services to informal settlements, farms, and</p>	<p>Implement district-wide door-to-door screening campaigns focusing on informal settlements, migrant worker communities, and peri-urban areas.</p> <p>Deploy community-based mobile clinics equipped with dCXR and rapid TB testing capacity.</p> <p>Expand weekend and after-hours testing services in clinics to increase accessibility.</p> <p>Activate community referral systems using CHWs and TB</p>

	<p>hard-to-reach communities using CHW-led screening and testing teams.</p>	<p>ambassadors to ensure people with symptoms complete testing.</p>
<p>4. Messaging, SBCC & Demand Creation</p>	<p>Launch province-wide TB awareness campaigns using mass media, social media, and local influencers (traditional leaders, faith-based organizations, and popular personalities).</p> <p>Develop and distribute customized IEC materials emphasizing TB symptoms, testing locations, and the benefits of early testing.</p> <p>Conduct social mobilization in high-burden districts through door-to-door visits, taxi rank activations, and workplace TB awareness days.</p>	<p>Implement hyper-localized demand-creation activities through community dialogues, radio talk shows, and social media challenges.</p> <p>Distribute information through community WhatsApp groups and engage local influencers to drive TB testing messages.</p> <p>Partner with community-based organizations (CBOs), churches, and stokvels to promote testing and link symptomatic individuals to services.</p>
<p>5. Monitoring & Data Systems</p>	<p>Utilize the End TB Campaign dashboard to inform performance monitoring and remedial action.</p> <p>Conduct weekly provincial performance reviews, using geospatial analytics to compare testing rates vs. targets.</p> <p>Ensure test result turnaround times remain under 48 hours through NHLS process optimization.</p>	<p>Use geospatial data to monitor the coverage of dCXR screening vans and mobile testing teams.</p> <p>Conduct weekly performance reviews at the district level, ensuring rapid course correction for low-performing sites.</p> <p>Strengthen contact tracing efforts by linking all newly diagnosed TB cases to household and community screening teams.</p>
<p>6. Health Worker Motivation & Recognition</p>	<p>Monthly Recognition Programs: Implement "District of the Month" programs to highlight district performance.</p> <p>Storytelling & Media Campaigns: Feature frontline health workers in campaign promotions to boost morale and highlight their contributions.</p>	<p>Monthly Excellence Awards: Recognize outstanding healthcare workers, facilities, and community health teams with awards for excellence in TB testing.</p>
<p>7. Accountability for Performance</p>	<p>Establish quarterly provincial review meetings with NDoH,</p>	<p>Hold monthly district accountability meetings with</p>

	<p>NHLS, and implementing partners to assess progress and challenges.</p> <p>Establish accountability scorecards for district performance monitoring.</p> <p>Implement peer-learning platforms where low-performing districts can learn from high-performing ones.</p> <p>Engage provincial treasury to ensure sustained funding for TB diagnostic capacity.</p>	<p>clinics, outreach teams, and CHW supervisors to review progress against testing targets.</p> <p>Strengthen community-led monitoring, ensuring patient advocacy groups track testing accessibility and turnaround times.</p>
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Integration of the End TB Campaign with HIV, Maternal and Child Health (MCWH), and District Health Services (DHS)

This approach ensures that the End TB Campaign effectively integrates with broader health services, maximizing impact through coordinated and comprehensive interventions.

Integration Area	Key Activities
Integration with HIV Programme	<p>Strengthen early identification and treatment of TB-HIV co-infection.</p> <p>Integrate TB testing at ART initiation and viral load assessments.</p> <p>Provide TB Preventive Treatment (TPT) for PLHIV without active TB.</p> <p>Implement TUTT for PLHIV not tested in the last 12 months.</p>
Integration with Maternal and Child Health Services	<p>Improve TB testing and treatment for children under 15 and strengthen adolescent-focused strategies.</p> <p>Align TB and HIV interventions within maternal and child health services.</p>
Integration with District Health Services	<p>Strengthen Ideal Clinic and Integrated Chronic Diseases Management initiatives.</p> <p>Support district-specific TB-HIV planning for high-burden areas.</p> <p>Partner with private providers to expand TB testing points.</p> <p>Implement targeted awareness campaigns for youth, men, and caregivers.</p>

	Utilize SANAC structures to coordinate multisectoral efforts.
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7. Roles and Responsibilities

The success of the End TB Campaign hinges on effective coordination and collaboration among all stakeholders.

- **Demand Generation:** The campaign's success depends on generating demand for TB testing. Civil society will be partnered for communication and social mobilisation strategies to raise awareness about TB, reduce stigma, and encourage people to get tested. addressing stigma, promoting health-seeking behaviours, and ensuring the campaign's effectiveness.
- **Resource Allocation:** Adequate funding and resource allocation for scaling up testing, treatment, and prevention efforts, requires collaboration between NDoH, Treasury, and donors.
- **Laboratory capacity:** To ensure NHLS has capacity to do 5 million tests, requires NDoH and NHLS to address laboratory readiness including human resources, training, supply chain and logistics, and infrastructure.
- **Reaching the 5 million target** requires expanding testing beyond traditional healthcare settings, to include community-based screening and testing initiatives, particularly in high-burden areas like informal settlements. Community engagement and participation are essential.
- **Public-Private Partnerships:** Leveraging the capacity and reach of the private sector, including general practitioners (GPs), will be crucial for expanding access to TB testing and treatment.
- **Addressing Socio-economic Determinants:** Efforts to End TB must address the underlying socio-economic factors that contribute to TB vulnerability, such as poverty, malnutrition, and poor living conditions. This requires a multisectoral approach involving government agencies, civil society organisations, and communities.

7.1. National Department of Health (NDoH)

- Overall leadership, strategic direction, and coordination of the campaign.
- Developing and implementing national TB policies and guidelines.
- Developing and implementing a multimedia campaign to reduce TB stigma and promote TB testing and treatment.
- Monitoring and evaluating the progress of the campaign.

7.2. National Health Laboratory Service (NHLS)

- Providing TB testing services.
- Ensuring adequate testing capacity.
- Adding private GPs as service points and collecting specimens from GPs.

7.3. Provincial Departments of Health

- Implementing the End TB Campaign at the provincial level.
- Providing TB testing through facility and community activities.
- Supervising and supporting implementing partners.
- Engaging civil society for demand generation activities.

7.4. District Departments of Health

- Implementing the End TB Campaign at the district level.
- Providing TB testing through facility and community activities.
- Supervising and supporting community health workers.
- Engaging civil society for demand generation activities.

7.5. Donors and Implementing Partners

- Providing funding and resources for TB services.
- Supporting the implementation of the End TB Campaign at the national, provincial, and district levels.
- Providing technical assistance and capacity building to the NDoH and provincial departments of health.

7.6. Civil Society Organisations

- Raising awareness of TB and the End TB Campaign.
- Mobilising communities to participate in TB testing and treatment.
- Advocating for increased funding and resources for TB services.

7.7. TB-Multisectoral Accountability Framework (TB-MAF)

- Civil society, the national and provincial TB caucuses, SANAC civil society forums, and TB Champions to advocate for increased TB awareness, testing and treatment.
- Department of Social Development to improve access to social grants and nutrition programmes.
- Department of Basic Education, Higher Education and Training to implement awareness campaigns and testing programmes in schools and universities.
- SANAC private sector forum to adopt public private mix for TB, expanding testing points to private sector pharmacies and GPs.

7.8. Private Sector

- Providing TB screening, testing and treatment at primary care level.
- Submitting data on TB testing to DoH.

8. Monitoring & Evaluation

The Monitoring and Evaluation (M&E) section will detail the systems and processes for tracking progress towards the 5 million testing target and assessing the campaign's overall impact. While the workplan will provide a detailed roadmap for achieving the 5 million testing target, the M&E framework will ensure that progress is closely monitored, results are measured, and the campaign remains accountable to its objectives. With a robust M&E framework, it will be possible to identify early positive trends at various levels which could be replicated if the methodology is recorded and distributed through supportive supervision. It will also be possible to identify early negative trends or lags in progress in districts which through DoH can be intensively supported in order to rectify obstacles and reach the targets set out.

8.1. Indicators

Performance Indicators: The M&E plan will define key performance indicators (KPIs), related to programme performance and SBCC measures.

Programme performance:

- Number of people tested with TB NAAT.
- Percentage of positive TB tests.
- Number of TB cases diagnosed.
- Proportion of TB patients successfully treated.
- TB incidence and mortality rates.

SBCC measures:

- Surveys: Awareness of TB and the End TB Campaign. Knowledge of TB symptoms, testing, and treatment. Health-seeking behaviours related to TB. Uptake of TB services.
- Reach and Exposure (Media Analytics & Campaign Penetration)
 - Total audience reached: Number of people exposed to campaign messages (via TV, radio, social media, billboards, community events).
 - Impressions: Number of times campaign content is displayed (digital and traditional media).
 - Engagement rates (digital media): Likes, shares, comments, and video views on social media platforms.
 - Website traffic: Visits to TB-related campaign pages (unique visitors, session duration, bounce rate).
 - My TB Story analytics: visits to website, stories uploaded, social media posts, news features, number of likes, shares, comments on social media.
 - TV & Radio reach: Estimated audience size based on broadcasting time and market penetration.
- Awareness and Knowledge Change (Survey-Based Indicators)
 - Percentage of target audience aware of TB symptoms before and after the campaign.
 - Percentage of target audience aware of TB testing locations before and after the campaign.
 - Changes in knowledge about TB transmission and risk factors among key target groups (PLHIV, household contacts, previous TB patients).

- Proportion of respondents who correctly identify at least three TB symptoms post-campaign.
- Behavioural Intent and Action (Self-Reported & Health Facility Data)
 - Self-reported intent to seek TB testing among those with symptoms (pre- vs. post-campaign surveys).
 - Increase in TB screening requests at health facilities.
 - Increase in the number of people diagnosed with TB following the campaign period.
 - Percentage of high-risk groups (PLHIV, household contacts) seeking TB testing post-campaign.
- Community Engagement and Advocacy
 - Number of community-based activations, dialogues, or awareness sessions conducted.
 - Number of community health workers trained to disseminate TB messages.
 - Proportion of community leaders, influencers, and health workers engaged in TB awareness activities.
- Message Effectiveness and Recall
 - Percentage of target audience who recall at least one key message from the campaign.
 - Sentiment analysis of social media mentions (positive vs. negative reactions).
 - Proportion of surveyed individuals who report discussing TB testing with family/friends after exposure to the campaign.

8.2. Data Sources

Data from routine health information systems will be used to track TB testing, diagnosis, treatment, and outcomes.

- NHLS TB NAAT Testing Report: This report contains data on TB testing at the district level.
- Tier.Net diagnosis export: This database contains information on TB diagnoses at the district level.
- Surveys: Surveys can be used to collect data on awareness, knowledge, attitudes, and practices related to TB.
- Digital & Social Media Analytics
 - Meta (Facebook & Instagram) Insights – Tracks reach, engagement, impressions, click-through rates (CTR), and audience demographics.
 - X (formerly Twitter) Analytics – Measures tweet impressions, engagement rates, and audience interactions.
 - YouTube Analytics – Provides video views, watch time, and audience retention for campaign videos.
 - Google Analytics – Monitors website traffic, referral sources, bounce rates, and user behaviour on TB-related campaign pages.
- Broadcast Media (TV & Radio)
 - Broadcast Audience Research Council (BARC) or Nielsen Ratings – Estimates TV audience reach and viewership of TB campaign ads.

- Radio Station Reports (e.g., RAMS - Radio Audience Measurement Surveys) – Provides listenership data for TB campaign radio spots.
- Community & Traditional Media
 - Billboard & Transit Advertising Reports (OOH Media Companies) – Tracks estimated impressions and visibility of physical advertisements.
 - Newspaper & Print Media Circulation Reports – Measures print ad distribution and readership impact.
- Public & Community Engagement Metrics
 - Event Participation Records – Attendance at TB awareness events and community activation sessions.
 - Call Center & WhatsApp Chat Logs – Tracks inquiries about TB testing after campaign exposure.

8.3. Reporting

Dashboards and Reporting: A TB NAAT testing dashboard will be developed and made available to provinces, districts, partners and civil society. Monthly reports will be disseminated to track progress against targets, identify challenges, and inform decision-making. These dashboards will also provide a comprehensive view of the high-burdened areas to ensure that the required improvements are being seen through the presented data. It will give opportunity to provide adequate support or further investigation if these requirements are not being met.

A public-facing dashboard will also be developed and hosted on the TB Think Tank website. This dashboard will provide data for advocacy to civil society, to inform community engagement and demand generation efforts.

- Regular reports will be produced to track the progress of the campaign.
- Dashboard and monthly reports will be shared with key stakeholders, including provinces and districts, implementing partners, donors, and civil society.
- Data will be analysed to identify trends and areas for improvement.
- Findings from data analysis will be used to inform programme planning and decision-making.

8.4. Accountability Mechanisms

The plan includes accountability mechanisms to ensure that provinces, districts, and partners are meeting their targets and implementing activities effectively. These accountability mechanisms, combined with a robust M&E framework, will be crucial for tracking progress, ensuring effective implementation, and ultimately achieving the goal of significantly reducing TB incidence and mortality in South Africa.

- District-Level Targets and Performance Monitoring: Setting clear targets for each district, based on their TB burden and the overall national target of 5 million tests, will promote accountability. Regularly monitoring performance against these targets using data from the National Health Laboratory Service (NHLS) will allow for early identification of districts and sub-districts that are falling behind.
- Regular Performance Reviews: Conducting regular performance reviews at the provincial, district, sub-district and facility levels will provide a platform for discussing

progress, identifying challenges, and developing solutions. These reviews should involve representatives from the NDoH, provincial and district health authorities, implementing partners, and community stakeholders.

- **Data Visualisation and Dashboards:** Developing interactive dashboards to visualise key performance indicators, such as testing numbers, positivity rates, and linkage to care rates, will enhance transparency and accountability. These dashboards can be used to track progress at different levels (national, provincial, district) and identify areas requiring attention.
- **Supportive Supervision and Mentorship:** Providing regular supportive supervision and mentorship to healthcare workers and implementing partners will strengthen capacity and improve the quality of data collection and reporting. This can help ensure data accuracy and reliability, which are essential for effective monitoring and evaluation.
- **Awards and Recognition Programmes:** Establishing awards and recognition programmes to acknowledge high-performing districts, facilities, and individuals can incentivise performance and foster a culture of accountability.
- **Community Participation and Feedback Mechanisms:** Engaging communities in the M&E process by establishing feedback mechanisms and involving them in data interpretation will promote transparency and accountability. Community feedback can provide valuable insights into the campaign's effectiveness and identify areas for improvement.
- **Public Reporting:** Publicly reporting on progress towards the 5 million testing target and the campaign's overall impact will enhance accountability and maintain stakeholder engagement. This can be done through regular press releases, media briefings, and annual reports.

9. Risks and mitigation Measures for the End TB Campaign

There are several challenges inherent in reaching the campaign's ambitious testing targets.

9.1. Reaching Underserved Populations

- Approximately 66,000 people with TB (PWTB) were 'missing' in 2022. These missing patients are disproportionately represented by adults aged 65 years and older, males younger than 35 years, and children and young adolescents (younger than 15 years).
- These groups may face barriers to accessing healthcare services, including stigma, poverty, and geographical isolation.

Mitigation Measures:

- **Community-based screening:** Impactful, cost-effective, and scalable community-wide systematic screening models in high-burden metros, particularly in informal settlements, can help reach individuals who are less likely to present to clinics.
- **Targeted interventions:** Focus on high-risk groups, including people living with HIV, recent close contacts of people with TB, people with previous TB, people aged 65 years and older, and people in informal settlements, in primary healthcare settings.
- **Public-private partnerships:** Engage private general practitioners (GPs) to screen their patients for TB and provide testing and treatment services, leveraging their proximity to communities and flexible opening times.

9.2. Sustaining Funding and Resources

- The National TB Programme (NTP) budget for 2024/25 is ZAR 4.5 billion, with 67% coming from domestic sources.
- Maintaining this level of funding and ensuring adequate resources for testing, treatment, and support services is crucial for the long-term success of the campaign.
- The current TB NAAT budget allocations from the government and the Global Fund are insufficient to fund the additional tests required to meet the End TB Campaign testing targets.

Mitigation Measures:

- Secure long-term commitments from the Global Fund and other donors.
- Improve conditional grant planning and reporting by provinces.
- Develop a business case to advocate to the National Treasury for greater funding for TB NAAT
- Explore innovative financing mechanisms to supplement government funding.
- Optimise resource allocation to ensure efficiency and sustainability.

9.3. Ensuring Linkage to Care and Treatment Adherence

- Increased case finding through expanded testing must be accompanied by effective linkage to care and support services to ensure that diagnosed individuals receive prompt and appropriate treatment.
- Poor adherence to TB treatment can lead to treatment failure, the development of drug resistance, and continued transmission of the disease.

Mitigation Measures:

- Strengthen referral systems and patient tracking mechanisms.
- Provide patient-centred care and support services, including counselling, social support, and treatment adherence monitoring.
- Strengthen community-based treatment support programmes.

9.4. Addressing TB Stigma

- Stigma associated with TB can prevent individuals from seeking testing and treatment, leading to delayed diagnosis and further transmission.

Mitigation Measures:

- Implement comprehensive social and behaviour change communication (SBCC) campaigns to raise awareness about TB, reduce stigma, and promote health-seeking behaviours.
- Engage community leaders and influencers to promote positive messaging around TB.
- Provide training for healthcare workers on stigma reduction and patient communication.

By acknowledging and addressing these potential risks through the proposed mitigation measures, the End TB Campaign can strive to achieve its ambitious targets and contribute significantly to the fight against TB in South Africa.

10. Projected Impacts of Reaching 5 Million TB Tests

Achieving 5 million TB tests in 2025/26 in South Africa could lead to a significant reduction in TB incidence and mortality.

- **Increased Case Finding:** With a projected positivity rate of 5%, testing 5 million people could result in the diagnosis of 250,000 new TB cases. This represents a 20% increase in case finding.
- **Reduced Incidence:** Preliminary modelling indicates that achieving this testing target, in conjunction with optimising the coverage of Accelerated Targeted Universal TB Testing (TUTT), has the potential to reduce TB incidence by 29% by 2035. This strategy involves annually testing 5 million people living with HIV, 0.4 million household contacts, and 0.4 million individuals with previous TB.
- **Reduced Mortality:** The same modelling predicts a 41% reduction in TB mortality by 2035.

11. Conclusion: A Collaborative Effort to End TB in South Africa

South Africa faces a significant TB burden, and although incidence has been reduced, mortality remains high, putting the country off track to meet End TB goals. To address this challenge, the National TB Programme has formulated a plan centred around an ambitious “End TB Campaign” that aims to test 5 million people for TB in 2025/26. This plan, built on the foundation of the TB Recovery Plan, recognises that achieving End TB targets will require a multifaceted approach that addresses both demand and supply side factors.

The plan acknowledges the need for a “whole of society” approach. Success hinges on collaborative efforts from various stakeholders. The plan outlines several key strategies to reach the 5 million testing target. The plan promotes the use of routine testing of high-risk groups (TUTT), community-based screening, and leveraging public-private partnerships. These approaches aim to address the challenge of reaching underserved populations. Modelling suggests that these strategies, particularly the expansion of community-based screening, could significantly reduce TB incidence and mortality.

However, the plan acknowledges potential risks. These risks include reaching underserved populations, sustaining funding and resources, ensuring linkage to care and treatment adherence, and addressing TB stigma. In addition to expanded testing, the plan emphasises the importance of strengthening other critical aspects of TB control, such as linkage to care, TB treatment, and TB Preventive Therapy. It also underscores the need to address the socio-economic determinants of TB, including nutrition and social protection.

By embracing this comprehensive, multisectoral approach and proactively addressing potential challenges, the End TB Campaign can make significant strides towards reducing the burden of TB in South Africa. The collaborative efforts outlined in the plan are a testament to the commitment to achieving a TB-free South Africa.