



## **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.....	4
6. Provincial implementation guidance .....	6
7. Roles and Responsibilities .....	10
7.1. National Department of Health (NDoH).....	10
7.2. National Health Laboratory Service (NHLS) .....	11
7.3. Provincial Departments of Health .....	11
7.4. District Departments of Health .....	11
7.5. Donors and Implementing Partners .....	12
7.6. SANAC TB Technical Task Team (TTT).....	12
7.7. Civil Society Organisations .....	12
8. Monitoring & Evaluation .....	12
8.1. Indicators .....	12
8.2. Data Sources .....	13
8.3. Reporting.....	14
8.4. Accountability Mechanisms .....	15
9. Risks and mitigation Measures for the End TB Campaign.....	15
9.1. Reaching Underserved Populations .....	15
9.2. Sustaining Funding and Resources .....	16
9.3. Ensuring Linkage to Care and Treatment Adherence .....	16
9.4. Addressing TB Stigma.....	17
10. Projected Impacts of Reaching 5 Million TB Tests .....	17
11. Conclusion: A Collaborative Effort to End TB in South Africa .....	17
Appendix A – Provincial and District Targets.....	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)<sup>1</sup>. 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 Africa<sup>2</sup>.

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 and ensure completion of the cascade of care. 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  $\geq 65$  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 linkage to care:** By identifying and treating TB cases early, the campaign can improve treatment success 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 241,289 TB cases, representing a 20% increase in case finding.

The objectives include:

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.

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<sup>1</sup> Global TB Report 2024. Geneva: World Health Organization; 2024

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

2. Develop and implement a multi-channel social and behaviour change communication (SBCC) campaign to raise awareness of TB symptoms and the importance of testing, and to disseminate information about the campaign.
3. Secure the funding required to test 5 million people for TB in 2025/26.
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.
5. Develop and implement a comprehensive Monitoring and Evaluation (M&E) framework to track the progress of the End TB Campaign.

It is worth noting that our National TB Diagnostic Algorithm does not stop with a TB-NAAT particularly in HIV population, where if symptomatic further diagnostic work-up is required such as TB Culture - therefore the 5 million TB-NAAT considers all additional diagnostic work-up.

## 4. Testing Targets

Table 1 outlines the provincial 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. 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. Our strategy also includes testing individuals with a history of TB in the past year (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 abnormal 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 241,289 new TB cases.

Table 1. Provincial TB NAAT testing and targets

PROVINCE	2023 TOTAL TESTED	2024 TOTAL TESTED	2025 END TB CAMPAIGN TARGETS
Eastern Cape	433,572	458,852	776,359
Free State	83,648	92,971	179,463
Gauteng	508,929	578,006	947,457
KwaZulu-Natal	1,016,795	908,393	1,371,792
Limpopo	124,818	117,749	369,991
Mpumalanga	167,005	207,987	390,329
Northern Cape	75,377	85,079	129,232
North West	117,384	141,396	244,730
Western Cape	316,448	400,701	590,649
<b>National</b>	<b>2,843,976</b>	<b>2,991,134</b>	<b>5,000,000</b>

## 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 2025/26.

**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 multi-channel SBCC campaign to raise awareness of TB symptoms and the importance of testing, and to disseminate information about the campaign.**

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
Develop campaign materials to promote awareness of the campaign	Jul 2025	NDoH NTP
Disseminate updates on campaign progress to media and stakeholders through press releases, media briefings, and annual reports.	Ongoing	NDoH NTP, Communications

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

Activity	Timeline	Responsible Organisation
Develop a business case to advocate to the National Treasury for greater funding for TB NAAT, TB culture and drug susceptibility test (DST).	February – September 2025	NDoH, NDoH Finance
Institute an online workshop with each province to review their final conditional grant business plans to identify opportunities for increasing the TB NAAT allocations.	April - June 2025	NDoH, Provincial Departments of Health
Engage provincial TB Hospitals budget holders on the high HR portions of their budgets and advocate for reallocating budget lines towards TB NAAT.	July - October 2025	NDoH, Provincial Departments of Health
Advocate for Global Fund increased allocation for TB-testing 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
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
Address human resource needs, including recruitment, training, and retention of laboratory staff.	Ongoing	NHLS
Optimise laboratory infrastructure and workflows.	Ongoing	NHLS
Implement systems to minimise specimen rejection, duplicate testing, and follow on DR-TB reflex testing.	Ongoing	NHLS, NDoH, Provinces

**Objective 5: 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, NTBRL/NICD, Implementing Partners
Set clear district- and facility-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, NTBRL/NICD, Implementing Partners, Provincial Departments of Health
Conduct regular performance reviews and disseminate reports at the provincial, district, sub-district and facility levels.	Monthly	NDoH, Provincial Departments of Health, District Departments of Health, Implementing Partners
Establish awards and recognition programmes to acknowledge high-performing provinces, districts, and facilities.	From 1 July 2025	NDoH

## 6. Provincial implementation guidance

This section will outline the provincial and district coordination activities needed to achieve the ambitious goal of diagnosing 241,289 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 people in high-burden geographies using digital chest x-ray (dCXR) with artificial intelligence (AI); and expanding access to TB testing through public-private models with general practitioners (GPs).

Provincial-Level Activities	District-Level Activities
<b>1. Planning &amp; Coordination</b>	
Develop a Provincial TB Testing Scale-Up Plan, incorporating Accelerated TUTT.	Assign testing targets per facility and mobile team, ensuring equity in rural, peri-urban, and urban settings.
Data-Driven Focus Areas : Identify the highest-burden districts using epidemiological data and prioritize interventions accordingly.	Conduct district-level mapping to identify high-yield TB testing areas using routine data and overlay community demographics with TB case detection trends. We also need to consider low activity, essentially a cold spot where testing needs to be boosted.
Conduct geospatial mapping to identify high-burden areas, population densities, informal settlements, and priority populations (PLHIV, household contacts, previous TB cases).	Develop district microplans for targeting high-risk populations using mobile dCXR vans, CHW outreach, and facility-based intensified case finding.
Establish provincial TB Task Teams to oversee campaign implementation, including sub-committees on laboratory capacity, logistics, demand generation, and monitoring.	Establish referral linkages between community-based screening initiatives, PHC facilities, and NHLS labs for specimen processing.
Engage provincial DoH Finance to align funding for increased TB testing needs.	
<b>2. Capacity Building</b>	
Include implementing partners in planning and capacity building for increased testing.	Train CHWs and outreach teams on door-to-door TB screening and referral processes for high-risk groups (PLHIV, household contacts, previous TB patients).
Train district teams, CHWs, and healthcare providers on Accelerated TUTT, including symptom screening, dCXR use, AI interpretation, and TB NAAT testing protocols.	Train mobile clinic teams to conduct AI-assisted dCXR screenings and immediate sputum collection.
Train traditional health practitioners on TB and importance of testing and referrals.	Provide regular supportive supervision and mentorship to healthcare workers and implementing partners.



Provincial-Level Activities	District-Level Activities
Train private sector partners (GPs, pharmacies) on TB case detection and integration into NHLS reporting systems. NICD is already receiving data dumps for TB testing from private sector, resources are needed to strengthen this activity.	
<b>3. Testing Expansion &amp; Service Delivery</b>	
Scale up Accelerated TUTT in all ART clinics, maternal health programs, correctional facilities, and TB high-burden hospitals.	Implement district-wide door-to-door screening campaigns focusing on informal settlements, migrant worker communities, and peri-urban areas.
Deploy mobile dCXR units to conduct screenings in high-burden geographies using AI-assisted interpretation.	Deploy community-based mobile clinics equipped with dCXR and rapid TB testing capacity.
Establish formal partnerships with private GPs, pharmacies, mining health services, and occupational health clinics to provide walk-in TB testing services.	Expand weekend and after-hours testing services in clinics to increase accessibility.
Expand TB testing services to informal settlements, farms, and hard-to-reach communities using CHW-led screening and testing teams.	Activate community referral systems using CHWs and TB ambassadors to ensure people with symptoms complete testing.
<b>4. Messaging, SBCC &amp; Demand Creation</b>	
Launch province-wide TB awareness campaigns using mass media, social media, and local influencers (traditional leaders, faith-based organizations, and popular personalities).	Implement hyper-localized demand-creation activities through community dialogues, radio talk shows, and social media challenges.
Develop and distribute customized IEC materials emphasizing TB symptoms, testing locations, and the benefits of early testing.	Distribute information through community WhatsApp groups and engage local influencers to drive TB testing messages.
Conduct social mobilization in high-burden districts through door-to-door visits, taxi rank activations, and workplace TB awareness days.	Partner with community-based organizations (CBOs), churches, and stokvels to promote testing and link symptomatic individuals to services.
<b>5. Monitoring &amp; Data Systems</b>	
Utilize the End TB Campaign dashboard to inform performance monitoring and remedial action.	Use geospatial data to identify and monitor the coverage of dCXR screening vans and mobile testing teams.

Provincial-Level Activities	District-Level Activities
Conduct monthly provincial performance reviews, using geospatial analytics to compare testing rates vs. targets.	Conduct monthly performance reviews at the district level, ensuring rapid course correction for low-performing sites.
Ensure test result turnaround times remain under 48 hours through NHLS process optimization.	Strengthen contact tracing efforts by linking all newly diagnosed TB cases to household and community screening teams.
<b>6. Health Worker Motivation &amp; Recognition</b>	
Monthly Recognition Programs: Implement "District of the Month" programs to highlight district performance.	Monthly Excellence Awards: Recognize outstanding healthcare workers, facilities, and community health teams with awards for excellence in TB testing.
Storytelling & Media Campaigns: Feature frontline health workers in campaign promotions to boost morale and highlight their contributions.	Storytelling & Media Campaigns: Feature frontline health workers in campaign promotions to boost morale and highlight their contributions.
<b>7. Accountability for Performance</b>	
Establish quarterly provincial review meetings with NDoH, NHLS, and implementing partners to assess progress and challenges.	Hold monthly district accountability meetings with clinics, outreach teams, and CHW supervisors to review progress against testing targets.
Establish accountability scorecards for district performance monitoring.	Establish accountability scorecards for sub-district performance monitoring.
Implement peer-learning platforms where low-performing districts can learn from high-performing ones.	Strengthen community-led monitoring, ensuring patient advocacy groups track testing accessibility and turnaround times.

### 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>Link to Close the Gap (1.1 million) Campaign to strengthen early identification and treatment of TB-HIV co-infection.</p> <ul style="list-style-type: none"> <li>Integrate TB testing at ART initiation and viral load assessments.</li> <li>Provide TB Preventive Treatment (TPT) for PLHIV without active TB.</li> <li>Implement TUTT for PLHIV not tested in the last 12 months.</li> </ul>

Integration with Maternal and Child Health Services	<p>Align TB and HIV interventions within maternal and child health services.</p> <ul style="list-style-type: none"> <li>• Improve TB testing and treatment for children under 15 and strengthen adolescent-focused strategies.</li> </ul>
Integration with District Health Services	<p>Strengthen Ideal Clinic and Integrated Chronic Services 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> <p>Utilize SANAC structures to coordinate multisectoral efforts.</p>

## 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.
- **Community Engagement:** 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. Engagement and participation is essential for the successful implementation of the campaign.
- **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 disseminating the toolkit for the implementation of the campaign.

- Orientation and training of provinces and districts on the toolkit and M&E framework
- Developing and implementing a multimedia campaign to reduce TB stigma and promote TB testing and treatment.
- Monitoring and evaluating the progress against campaign targets.
- Engagement and mobilisation of key stakeholders and partners.
- Resource mobilisation for the campaign.

## 7.2. National Health Laboratory Service (NHLS)

- Providing quality TB testing services.
- Ensuring adequate capacity for the increased number of TB tests to be conducted.
- Strengthen communication and collaboration with provinces through regional NHLS managers
- Implement the gatekeeping mechanism to prevent duplication of tests
- Ensure monthly updates of the TB testing dashboard to track progress against target, and laboratory sample rejections.
- Monitor the quality of TB testing conducted

## 7.3. Provincial Departments of Health

- Providing leadership and coordination campaign implementation.
- Facilitate the development of district and provincial campaign implementation plans.
- Ensure costing of the implementation plans.
- Mobilise resources required for the implementation of the campaign.
- Providing technical support and supervision to districts during implementation.
- Engaging civil society, partners and key government departments in supporting the campaign
- Print and disseminate the campaign toolkit to all districts and partners.
- Strengthen the campaign communication and SBCC strategies
- Monitor implementation of the campaign activities using NHLS and Programme/ Campaign dashboards within provincial nerve centres.
- Collaborating with NHLS regional managers on planned activities and monitoring of expenditure.

## 7.4. District Departments of Health

- Appointing a focal person or ambassador for the campaign at district level.
- Developing district implementation plans.
- Implementation of the End TB Campaign at the district level.
- Ensure support for campaign activities by technical partners.
- Monitor implementation of the campaign activities using NHLS and Programme/ Campaign dashboards within district nerve centres.
- Collaborating with NHLS regional managers on planned activities.
- Print and disseminate the campaign toolkit to all facilities.
- Engaging civil society, communities and key stakeholders in supporting the campaign.
- Supervising and supporting facilities and community organisations.
- Generate demand at community level by strengthening communication and SBCC strategies at local level.

### 7.5. Donors and Implementing Partners

- Allocating funding to reduce the funding gap for the campaign in supported districts.
- Supporting the implementation of the End TB Campaign at the national, provincial, district and facility levels.
- Providing technical assistance and capacity building to the facilities, districts and provinces on campaign implementation.
- Strengthen the nerve centre capacity to monitor implementation and progress against campaign targets.

### 7.6. SANAC TB Technical Task Team (TTT)

- Civil Society Forum, the national and provincial TB caucuses, and TB Champions to advocate for increased TB awareness, testing and treatment.
- Department of Social Development to increase TB awareness, testing and treatment.
- Department of Basic Education, Higher Education and Training to implement awareness campaigns and testing programmes in schools and universities.
- Private Sector Forum to adopt public private mix for TB, expanding testing points to private sector pharmacies and GPs.

### 7.7. Civil Society Organisations

- Raising awareness of the End TB Campaign by educating communities about TB.
- Mobilising communities to participate in TB screening and testing.
- Conducting monitoring at community level (CLM).
- Participating in the district nerve centres.
- Ensuring linkage to treatment for people.
- Support linkage of people in need to psycho-social support services.

## 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.

**Campaign performance:**

- Number of people tested with TB NAAT.
- Number of TB cases diagnosed (laboratory-confirmed).
- Number of TB cases diagnosed (clinically diagnosed).
- Number of TB patients started treatment.

**Programme performance:**

- Percentage of clients tested.
- Percentage of positive TB tests.

**Campaign Impact:**

- TB incidence and mortality rates.

**SBCC measures:**

- 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.
- 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.

## 8.2. Data Sources

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

- Routine health information systems
  - NHLS data warehouse: This database contains data on TB testing to facility level.
  - TB surveillance systems (TIER.Net and EDRWeb): These surveillance systems contain information on TB diagnoses to facility level. Digital Health Systems Unit will be requested to provide monthly dispatches on TB notifications. The National TB Programme will extract and provide the necessary information on DR-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 Centre & 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. Encrypted line listings will be provided to national, provincial and district M&E units for processing. Processed information will be made available to partners and civil society, maintaining confidential integrity. Monthly reports will be disseminated to track progress against targets, identify challenges, and inform decision-making. Dashboards and geospatial representations will also provide a comprehensive view of the high-burdened areas to ensure that the required improvements are noted through evidence-based, verified data. Provisions for support or further investigation will be made possible through these data management processes.

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.

- Monthly 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 Nerve Centres will be used for monitoring performance of the campaign, in alignment with the Close the Gap Campaign. Accountability mechanisms are required to ensure that national office, 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 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 NTP, 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 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 strengthen data quality processes 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. These will be highly monitored and verified to limit chances of skewing performance data.
- **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 58,000 people with TB (PWTB) were 'missing' in 2023. 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 Notifications:** With a projected positivity rate of 5%, testing 5 million people could result in the diagnosis of 241,289 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.
- **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.

## Appendix A – Provincial and District Targets

PROVINCE NAME	PROVINCIAL TESTING TARGETS	TREATMENT START
Eastern Cape	776 359	38 582
Free State	179 463	7 863
Gauteng	947 457	44 965
KwaZulu-Natal	1 371 792	65 362
Limpopo	369 991	18 022
Mpumalanga	390 329	18 227
Northern Cape	129 232	6 630
North West	244 730	11 225
Western Cape	590 649	30 412
<b>SOUTH AFRICA</b>	<b>5 000 000</b>	<b>241 289</b>

DISTRICT NAME	DISTRICT TESTING TARGETS	TREATMENT START
EC Alfred Nzo District Municipality	61 914	2 870
EC Amathole District Municipality	87 004	4 234
EC Buffalo City Metropolitan Municipality	110 469	5 513
EC Chris Hani District Municipality	72 099	3 499
EC Joe Gqabi District Municipality	47 194	2 388
EC Nelson Mandela Bay Municipality	142 634	7 378
EC Oliver Tambo District Municipality	180 466	8 850
EC Sarah Baartman District Municipality	74 580	3 850
FS Fezile Dabi District Municipality	30 399	1 320
FS Lejweleputswa District Municipality	35 549	1 486
FS Mangaung Metropolitan Municipality	57 374	2 705
FS Thabo Mofutsanyana District Municipality	44 540	1 797
FS Xhariep District Municipality	11 600	556
GP Ekurhuleni Metropolitan Municipality	250 795	11 888
GP City of Johannesburg Metropolitan Municipality	384 364	18 501
GP Sedibeng District Municipality	72 357	3 416
GP City of Tshwane Metropolitan Municipality	164 870	7 551
GP West Rand District Municipality	75 070	3 610
KZN Amajuba District Municipality	61 140	2 980
KZN eThekweni Metropolitan Municipality	408 969	19 120
KZN Harry Gwala District Municipality	50 888	2 370
KZN iLembe District Municipality	86 625	4 182
KZN King Cetshwayo District Municipality	120 971	5 730
KZN Ugu District Municipality	106 957	5 133

KZN uMgungundlovu District Municipality	156 413	7 580
KZN Umkhanyakude District Municipality	110 795	5 371
KZN Umzinyathi District Municipality	75 121	3 698
KZN Uthukela District Municipality	68 247	3 122
KZN Zululand District Municipality	125 666	6 078
LP Capricorn District Municipality	90 352	4 440
LP Mopani District Municipality	79 606	3 778
LP Sekhukhune District Municipality	63 247	3 070
LP Vhembe District Municipality	84 386	4 228
LP Waterberg District Municipality	52 399	2 506
MP Ehlanzeni District Municipality	221 167	10 606
MP Gert Sibande District Municipality	72 627	3 040
MP Nkangala District Municipality	96 535	4 581
NC Frances Baard District Municipality	43 053	2 192
NC John Taolo Gaetsewe District Municipality	21 045	1 048
NC Namakwa District Municipality	11 729	618
NC Pixley ka Seme District Municipality	22 422	1 151
NC Zwelentlanga Fatman Mgcawu District Municipality	30 984	1 621
NW Bojanala Platinum District Municipality	91 808	4 023
NW Dr Kenneth Kaunda District Municipality	55 941	2 611
NW Dr Ruth Segomotsi Mompati District Municipality	51 736	2 590
NW Ngaka Modiri Molema District Municipality	45 245	2 002
WC City of Cape Town Metropolitan Municipality	357 514	18 252
WC Cape Winelands District Municipality	84 249	4 384
WC Central Karoo District Municipality	6 751	352
WC Garden Route District Municipality	66 532	3 462
WC Overberg District Municipality	31 132	1 626
WC West Coast District Municipality	44 471	2 335
<b>NATIONAL</b>	<b>5 000 000</b>	<b>241 289</b>