Co-Creating the End TB Campaign to Strengthen Person-Centred TB Service Delivery in South Africa

Monica Longwe
National Department of Health

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

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END TB

YES YOU AND I CAN END TB 24 MARCH

2030 NDP

South Africa's TB Burden: The Communication Gap

TB Drivers

Low testing uptake, Stigma, delayed care-seeking – inter alia

≈58k

'Missing' TB Cases

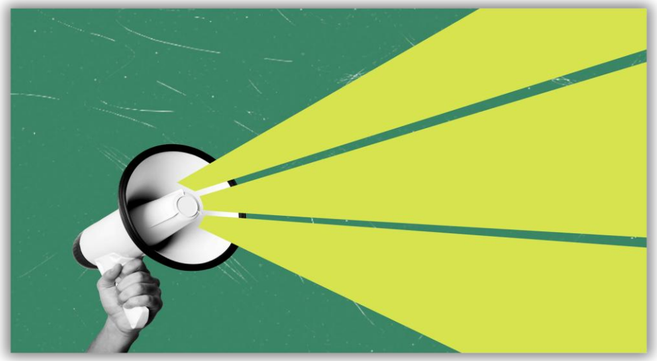
Pre-2023

No Unified SBCC

Fragmented, siloed TB communications nationwide

Context

- **Prior to 2023: TB communication was fragmented with no unified national voice or strategy**
- NDOH launched The End TB Campaign - aligned with the national TB Strategic Plan
- Goal: Test 5 million people for TB every year to close the missing cases gap
- **Traditional top-down communication models failed to resonate with communities or shift behaviour**



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Why Business-as-Usual SBCC Was Not Enough

Fragmented National Communication

No unified SBCC framework existed. Each province and partner communicated in isolation - inconsistent messages, duplicated efforts, no shared identity.

Unaddressed Behavioural Drivers

Stigma (TB-HIV link), masculinity norms, cultural beliefs, and fear of income loss were known barriers yet remained systematically unaddressed in communication design.

Absence of Behavioural Science

TB communications were not grounded in theory. No systematic targeting of Capability, Opportunity, or Motivation (COM-B). Messages could not drive sustained behaviour change.

Communities as Recipients, Not Partners

Top-down models excluded TB survivors, civil society, THPs, and communities from design. This eroded trust, reduced relevance, and weakened demand creation for TB testing.

Objectives

- Co-create a unified national End TB SBCC Strategy and Toolkit.

- Strengthen coordination, ownership, and message harmonization across stakeholders.

- Embed people-centred and behavioural-science approaches into TB communication.

- Improve implementation readiness across provinces and community settings.

Methods

01 Participatory multi-stakeholder co-creation process involving NDoH, provinces, civil society, TB survivors, youth, clinicians, and Traditional Health Practitioners.

02 Behavioural diagnosis guided by COM-B and the Socio-Ecological Model.

03 Evidence generation, stakeholder consultations, co-creation workshops, pilot testing, and iterative refinement.

04 Embedded implementation within provincial systems to support sustainability and scale-up.

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Co-Creation Process

1	2	3	4	5	6	7
Evidence Generation	**Stakeholder Consultations**	**Co-Creation Workshops**	**Creative Design & Integration**	**Endorsement & Adoption**	**Pilot Testing & Feedback**	**Systems Embedding**
Lit review COM-B & SEM behavioural Dx	Communication priorities & audience Seg.	TB survivors Civil society THPs, clinicians	End TB identity Harmonization SBCC Toolkit	NDoH institutional approval as official framework	Usability scores Qualitative feedback loops	Provincial structures WHO IPCHS align

Theoretical Underpinning:

COM-B Model (Michie et al., 2011)	Socio-Ecological Model (McLeroy et al., 1988)	EAST Framework (Service et al., 2014)	WHO IPCHS (WHO, 2016)

Community and Civili SOciety insights

Key barriers identified:

Stigma, poor TB knowledge, healthcare worker attitudes, transport costs, and loss of income.

Key enablers:

Survivor stories, family support, peer champions, social media, and community radio.

Persona-based workshops

informed audience segmentation and targeted messaging.

Community voices

shaped interventions such as My TB Story, youth mobilization, and THP engagement.

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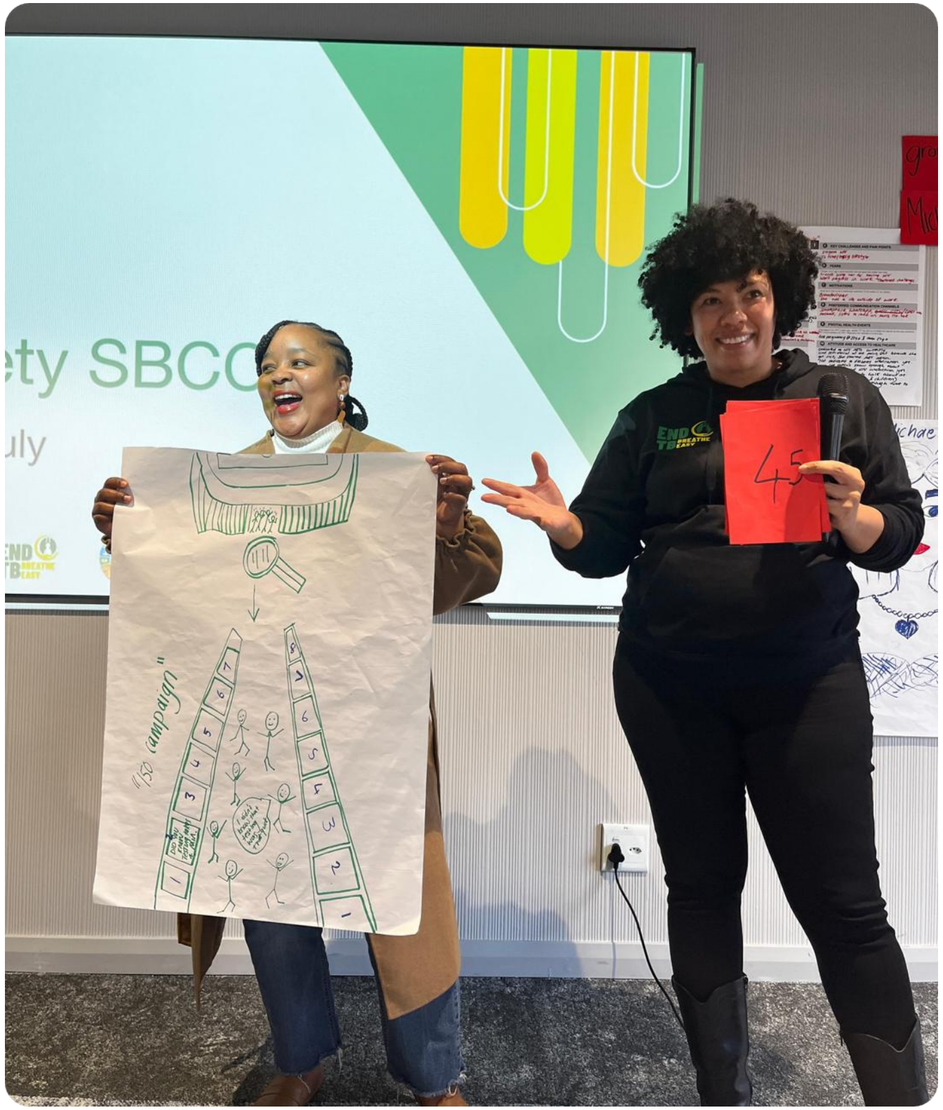
Persona-based workshops



Personas, Barriers & Enablers

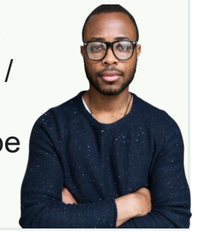
5 persona groups

Michaela

F | Age 32
Woman living with HIV
Western Cape

Melikhaya

M | Age 45
TB survivor / contact
Eastern Cape



Siyaphindi

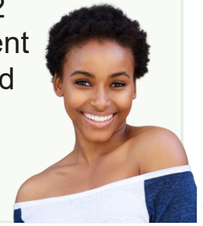
M | Age 28
Male miner
informal settlemer
North West

Bhekumuzi

M | Age 65
Traditional Health Practitioner
KwaZulu-Natal

Meriam

F | Age 22
Youth student
TB-affected
Gauteng



KEY BARRIERS (workshop-derived, all personas)

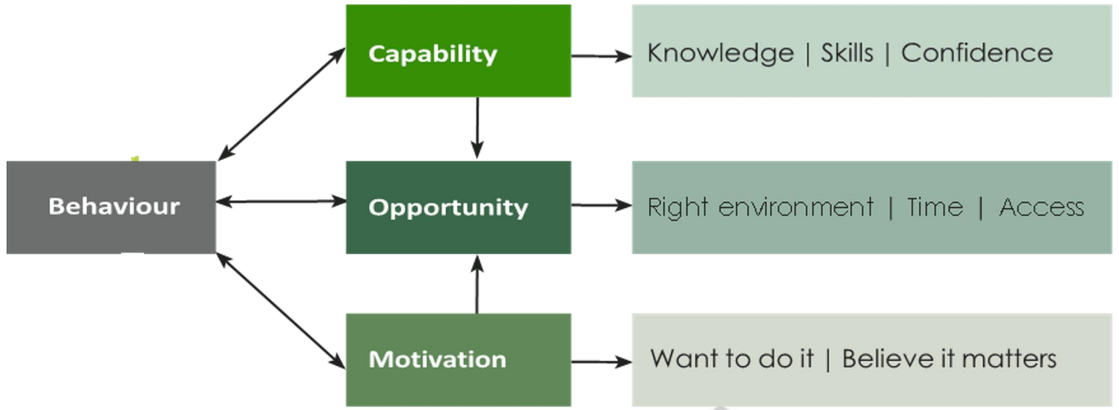
- TB-HIV stigma; masculine norms (clinics are for women)
- Low TB literacy; treatment illiteracy; fear of side effects
- Financial barriers: transport costs, wage loss during care
- Negative HCW attitudes; distrust of health system
- Cultural beliefs; competing life priorities; time constraints

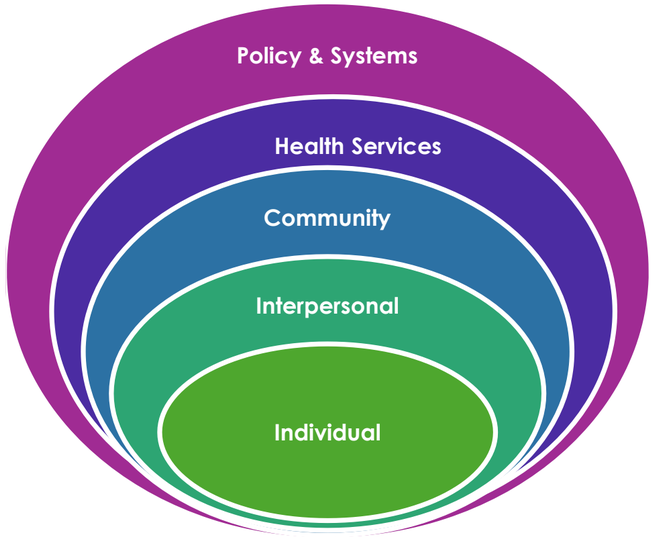
KEY ENABLERS (workshop-derived, all personas)

- Family & community support; accountability partners
- TB survivor stories as trust-building & normalisation tools
- Social media, community radio, WhatsApp outreach reach
- TB curability as motivating message; desire for better life
- Occupational health access; peer support networks

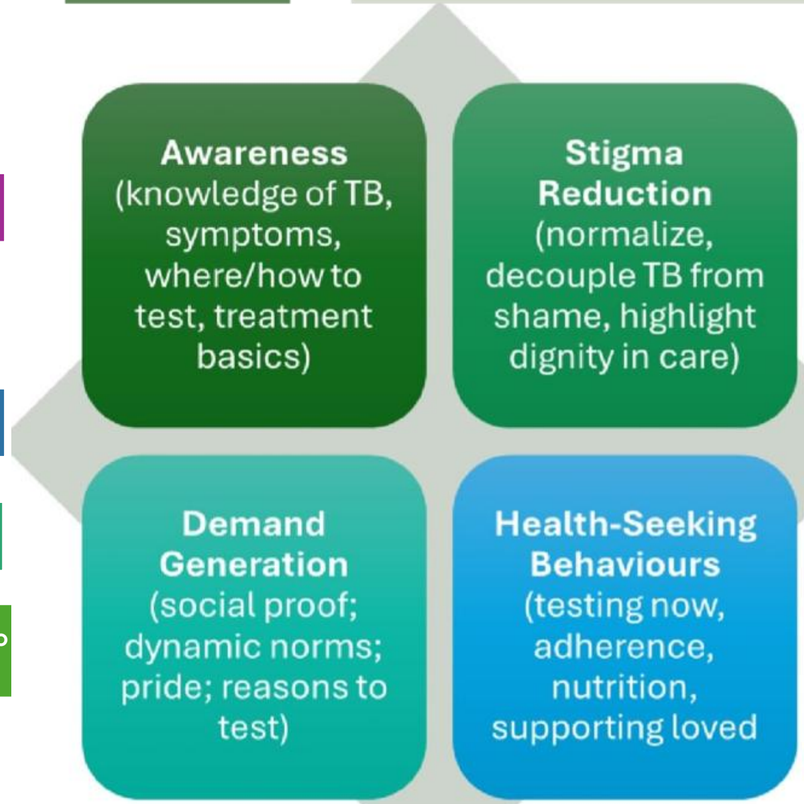
Results: The End TB SBCC Strategy & Toolkit

Co-creation produced a contextually anchored, not generic SBCC Strategy.
Behavioural science frameworks enabled systematic, not ad hoc, SBCC





- Nurture an enabling policy environment
- Increase coverage and access TB Testing
- Increase community support
  Reduce TB related stigma in communities
- Promote and facilitate support for TB patients
- Increase TB knowledge; improve attitudes; and Increase self efficacy to Test for TB and get started on treatment (if positive)



Results: Core End TB SBCC Interventions

Unified national SBCC Strategy & Toolkit

Harmonised messaging across 9 provinces

Multi-stakeholder ownership & co-design

National SBCC Capacity Buildi & learning

My TB Story

Digital storytelling

TB survivor narratives on WhatsApp, social media & community radio

Youth Mobilization

Schools, technicons, Soccer Tournaments social media

Peer champions; age-appropriate campaigns targeting young people

THP Engagement

Traditional Health Practitioners

TB knowledge to bridge traditional -biomedical care & strengthen referral pathways

Digital Engagement

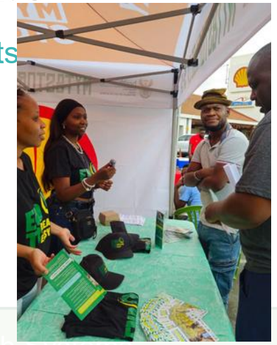
Social media & mHealth

WhatsApp, Instagram, TikTok; platform-specific messaging by demographic

Community Activation

Public spaces & events

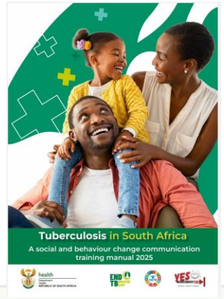
Taxi ranks, stadiums, places of worship; community-led mobilisation



SBCC Capacity Building

National learning network

Training civil society, CBOs & provincial teams; iterative improvement



What Does the Co-Creation Process Demonstrate?

SBCC ALIGNMENT ACROSS THE TB CARE CASCADE

Community Awareness	TB Screening & Testing	Diagnosis & Linkage to Care	Treatment Initiation	Treatment Completion
My TB Story Youth campaigns Media	Community activation THPs as entry points Mobile outreach	Stigma reduction Survivor stories HCW sensitisation	Accountability partners Digital adherence	SBCC toolkit CBO support Capacity building

The End TB SBCC Strategy systematically addresses behavioural barriers at EVERY step of the cascade

Co-creation produced a contextually anchored, not generic, SBCC system

Civil society workshops and persona-based design ensured the strategy responded to real lived barriers — stigma, masculinity, economic pressure — rather than assumed communication deficits.

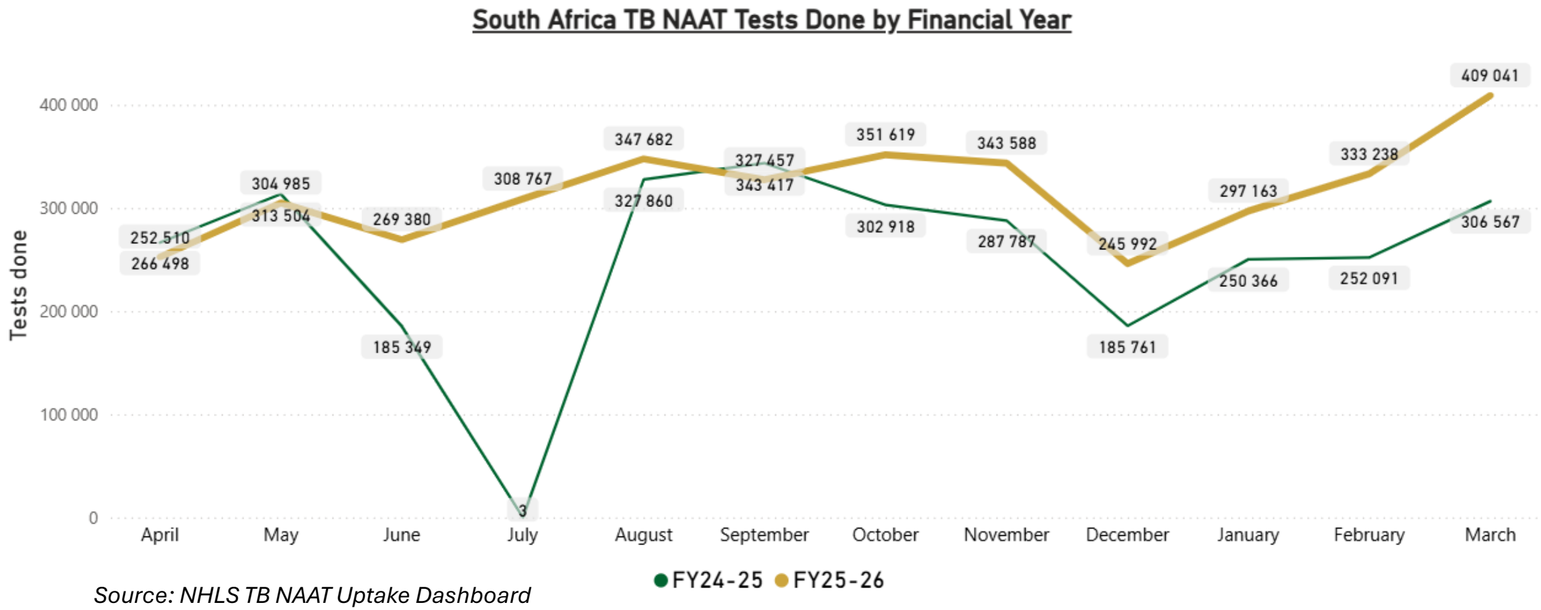
People-centred design transformed ownership patterns across the system

By engaging NDoH, provinces, civil society, THPs, and TB survivors as co-designers, the strategy built trust and sustained engagement beyond a single campaign cycle.

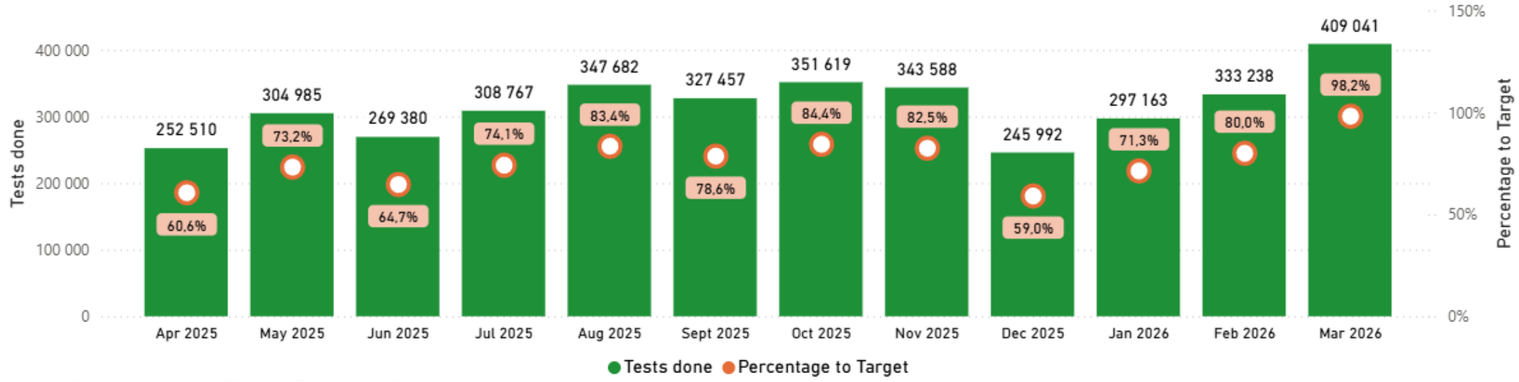
Behavioural science frameworks enabled systematic, not ad hoc, SBCC

Integrating COM-B, SEM, EAST, and WHO IPCHS ensured every intervention targeted Capability, Opportunity, and Motivation simultaneously — a departure from knowledge-only messaging models.

Tests Completed



Source: NHLS TB NAAT Uptake Dashboard
Date of extraction: 07-05-2026



Source: NHLS TB NAAT Uptake Dashboard
Date of extraction: 07-05-2026

Apr 2025 – Mar 2026 Update

→ **3,791,422** Tests completed

→ **75,8%** of target achieved

→ **March 2026 had highest tests done – 409,041 tests completed (98% of monthly target)**

→ **15,2%** increase in **Tests Done** from **Previous Year**

*(excludes July in comparison due to 2024 data breach)

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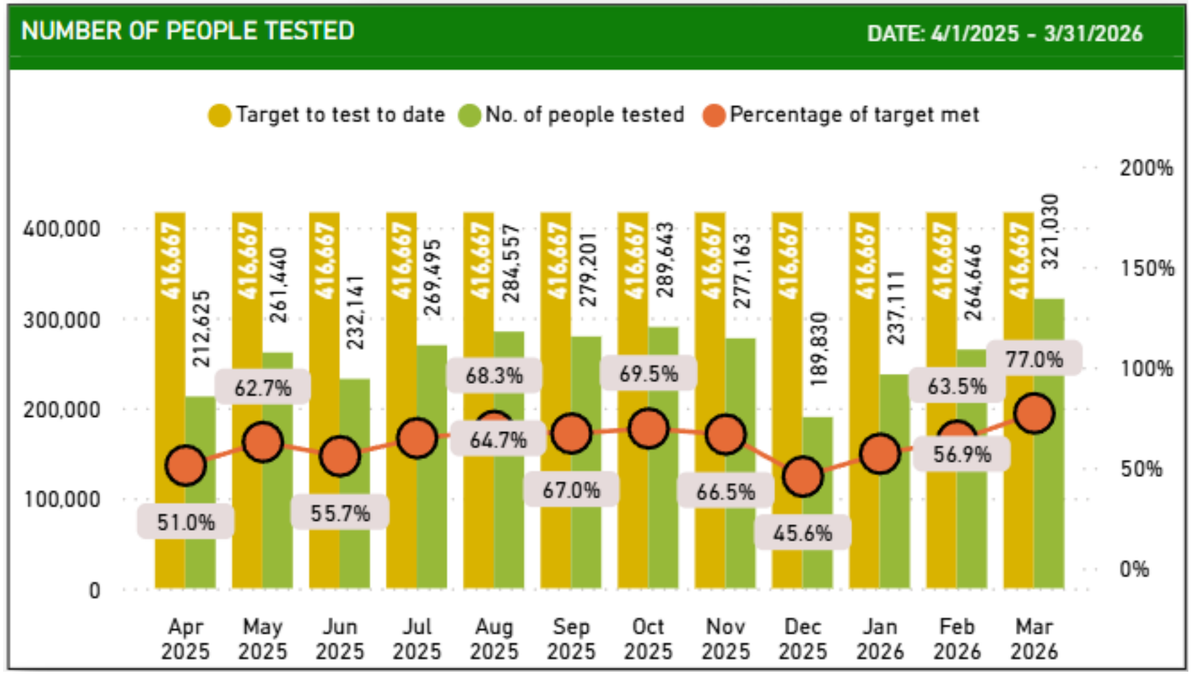
Tests Completed vs People Tested



Source: End TB Campaign Dashboard
Date of extraction: 18-05-2026

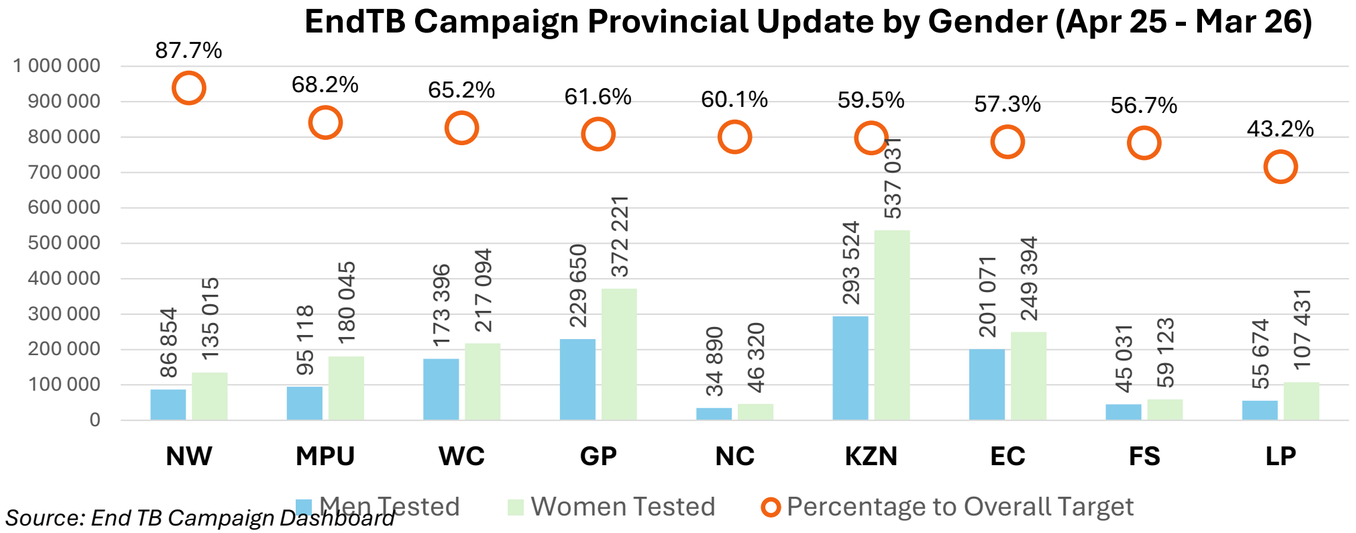
3,791,422 Tests Completed

3,118,882 People Tested

Apr 2025 – Mar 2026 Update

- **3,118,882** people tested
- **62,4%** of target achieved
- **5,1%** Positivity rate on 1st test (159,551) people tested positive
- **82%** of all tests are on unique individuals and completed correctly on file

People Tested by Age & Gender



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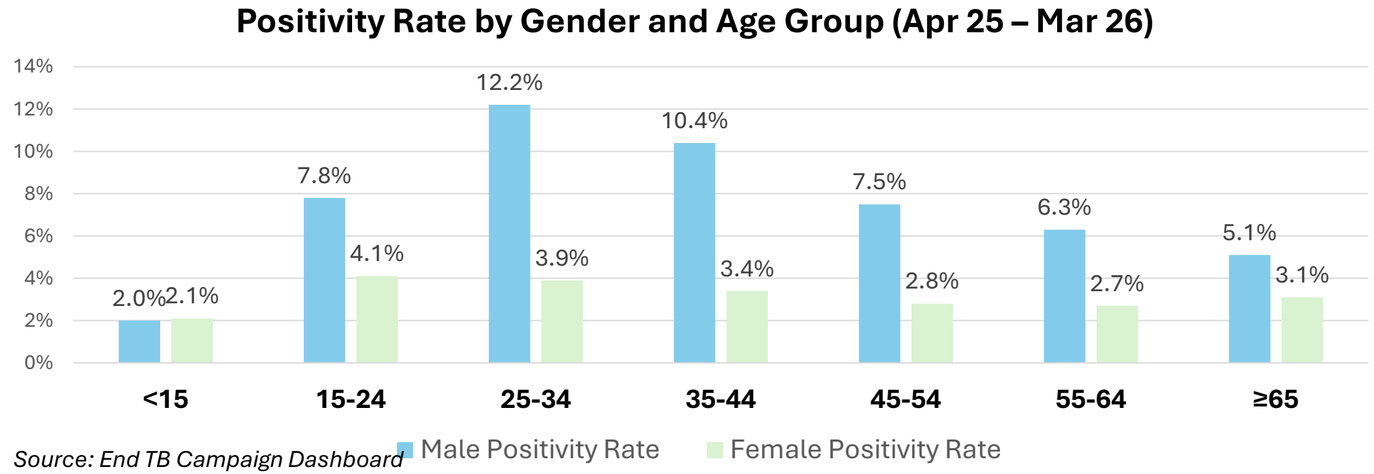

Source: End TB Campaign Dashboard
Date of extraction: 18-05-2026

Apr 2025 – Mar 2026 Update

- **NW** highest percentage to target achieved (87,7%), **LP** lowest (43,2%)
- **LP**, **KZN** and **MPU** with lowest male contribution to testing (34%, 35% and 35% respectively), **EC** with the highest (45%)
- Highest tested subpopulation is **female – 35 – 44 years old** (**3,4%** positivity rate)
- Highest yield subpopulation is **male – 25-34 years old** (**12,2%** positivity rate)

Health Systems & Programmatic Relevance

Strengthened person-centred TB service delivery through integrated communication approaches.

Improved alignment between communities and formal health services.

Enhanced implementation readiness and scalability across provinces

Demonstrates SBCC as a health systems strengthening intervention supporting the TB care cascade.

Key Lessons Learned

01 Co-creation builds trust, ownership, Sustainability and accountability.

02 People-centred approaches improve relevance and uptake of TB communication.

03 Behavioural science strengthens strategic design and implementation.

04 Sustainable TB communication requires continuous learning, partnerships, and adaptive implementation.

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Conclusion & Take-Home Messages

SBCC can function as a critical enabler of person-centred TB service delivery.

Embedding communities as co-designers strengthens trust, coordination, and sustainability.

The End TB Campaign provides a scalable model for integrated, system-aligned TB communication in high-burden settings.

Ending TB requires connecting systems, stories, and people.

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Thank You!

Acknowledgements

- National Department of Health -
- Provincial Departments of Health
- Civil society partners and community organisations
- TB Technical Support Unit, Global Fund, SANAC, WHO
- TB Champions, youth groups, and Traditional Health Practitioners
- All stakeholders contributing to the End TB Campaign

"Nothing about us, without us"