



Spending on the TB Programme in South Africa: A Brief Analysis of TB Expenditures 2021/22 to 2024/25

Budget Policy Brief No. 18

June 2026

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I. Introduction

South Africa continues to be listed among the top 30 high-burden countries with TB, HIV-associated TB, and drug-resistant TB, reflecting its substantial contribution to the global TB burden⁽¹⁾. The incidence and mortality of tuberculosis (TB) in South Africa increased significantly before 2009, largely due to the impact of HIV⁽²⁾. However, the expansion of antiretroviral therapy (ART) played a critical role in reversing the mortality trend⁽³⁾. In 2023, an estimated 270,000 individuals developed TB, of whom approximately 13,000 (5%) had drug-resistant TB. In 2023, TB testing increased by 12%, with nearly 2.8 million individuals tested⁽⁴⁾. The Thembisa TB model estimates an increasing TB burden among adults in South Africa between 2021 and 2025. Adult TB prevalence is estimated to have increased from 1.05% in 2021 to 1.11% in 2025, while the annual number of new active TB cases was estimated to have risen from 253,378 to 306,254 over the same period⁽⁵⁾. The model further estimates an increase in the number of adults initiating TB treatment, from 202,233 in 2021 to 221,155 in 2025⁽⁵⁾. In addition, the number of new active TB cases among adults with a history of previous TB remains persistently high. These cases are estimated to have increased from approximately 59,573 in 2021 to 62,942 in 2022, before stabilizing at around 62,484 cases by 2025⁽⁵⁾. Based on 2022 incidence estimates, TB treatment coverage was reported to have increased to 74%, below the 79% national target⁽⁴⁾ highlighting persistent gaps in case detection, linkage to care, and treatment initiation. These findings underscore the continued need for sustained investment in TB programmes to strengthen prevention, diagnosis, treatment, and long-term patient retention services in South Africa.

The South African National AIDS and TB Spending Assessment (NASA+) indicates that total TB expenditure (public and private combined) fluctuated between 2017/18 and 2023/24, reaching a peak of over ZAR 4 billion in 2018/19 and 2019/20 before declining and stabilizing at just above ZAR 3 billion in subsequent years. SAG spending on the TB programme remained relatively stable between 2021/22 and 2023/24, ranging from approximately R2.8 billion to R2.9 billion annually across all government departments. Although overall spending showed a slight downward adjustment, the financing structure shifted markedly towards domestic resources,

with government funding increasing from 66% in 2019/20 to 89% in 2021/22 and remaining at high thereafter, reflecting strengthened national ownership of the TB response⁽⁶⁾.

While NASA+ incorporated TB spending from all sources, this policy brief provides a detailed analysis of expenditure by the South African government only, for the years 2020/21 to 2023/24. We reviewed expenditure on the public sector TB programme in South Africa using data sourced from government's Basic Accounting System (BAS), a system incorporating all expenditures across government functions, including the public-sector health expenditure. We extracted TB related expenditure using BASLY-R, a financial tool designed to extract and summarise HIV/AIDS and TB expenditure data from the financial records of the national and provincial health departments. The analysis focuses on public domestic expenditure (both voted and conditional grant funds) allocated to the TB programme between 2021/22 and 2024/25 financial years. Voted funds, or Equitable Share funds, are allocations from a government department's own budget approved by Parliament, for example provincial departments of health, while conditional grants are nationally allocated funds transferred to provinces or entities for specific purposes under set conditions and reporting requirements, for example the District Health Programmes Grant, which supports provinces to implement key TB interventions.

II. Summary Results

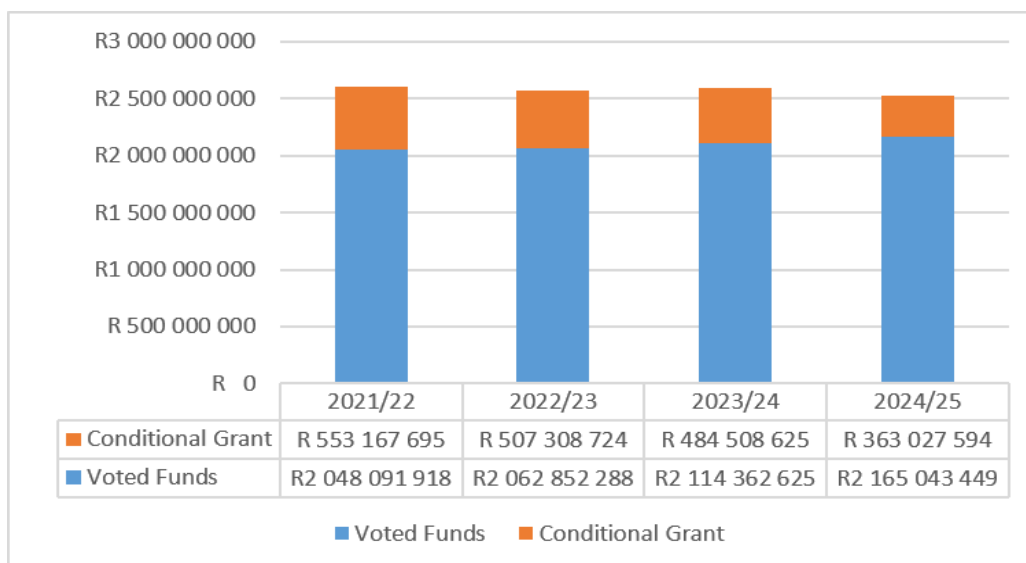
Over the period this assessment, South Africa spent an average of R2.5 billion on TB service delivery. Voted funds accounted for 80% of the total TB spending, while the remaining 20% was funded through the conditional grant. Although there were slight year-on-year variations, spending through voted funds steadily increased over the four financial years, whereas funding from the conditional grant showed a consistent decline. This trend suggest that voted funds remain the biggest source of TB response spending in South Africa. Voted fund expenditure increased from approximately R2.05 billion in 2021/22 to R2.17 billion in 2024/25 (all amounts given in nominal terms). In contrast, conditional grant expenditure declined substantially from R553 million (21%) in 2021/22 to R363 million (14%) in 2024/25. This trend indicates that TB expenditure was predominantly financed through voted funds accounting for 79% to 86% of total TB expenditure over the 2021/22 to 2024/25 period. Our analysis further indicates that the bulk of voted funds TB expenditure each year was directed toward TB inpatient treatment (48%), multidrug-resistant (MDR) TB (32%) and TB diagnostics (16%), while conditional grant spending was directed to TB diagnostics (54%), DS TB treatment (25%) and TB control (12%). This suggests a strong programmatic emphasis on clinical diagnostic and treatment services.

III. Equitable Share (Voted Funds) vs Conditional Grant Expenditure

The total spending of voted funds and conditional grants on TB activities was remarkably constant, at R2.5 billion in each year between 2021/22 and 2024/25. In the 2021/22 financial year, voted funds accounted for 79% (R2 billion) of total TB spending, while the conditional grant accounted for 21% (R553 million). Despite minor annual fluctuations, the bulk of TB spending was financed from voted funds, and accounted for 80% (R2 billion), 81% (R2.1 billion), and 86% (R2.1 billion) of total spending in 2022/23, 2023/24, and 2024/25, respectively. This trend demonstrates that TB services in South Africa were predominantly financed through core government allocations, highlighting the central role of voted funds in sustaining the national TB response. Overall, expenditure using voted funds has been

increasing over the review period, Despite the marginal increase in TB prevalence from 1.05% in 2021 to 1.11% in 2025, conditional grant expenditure on TB services showed a consistent decline over the same period. This reduction may reflect competing healthcare priorities within the broader health system.

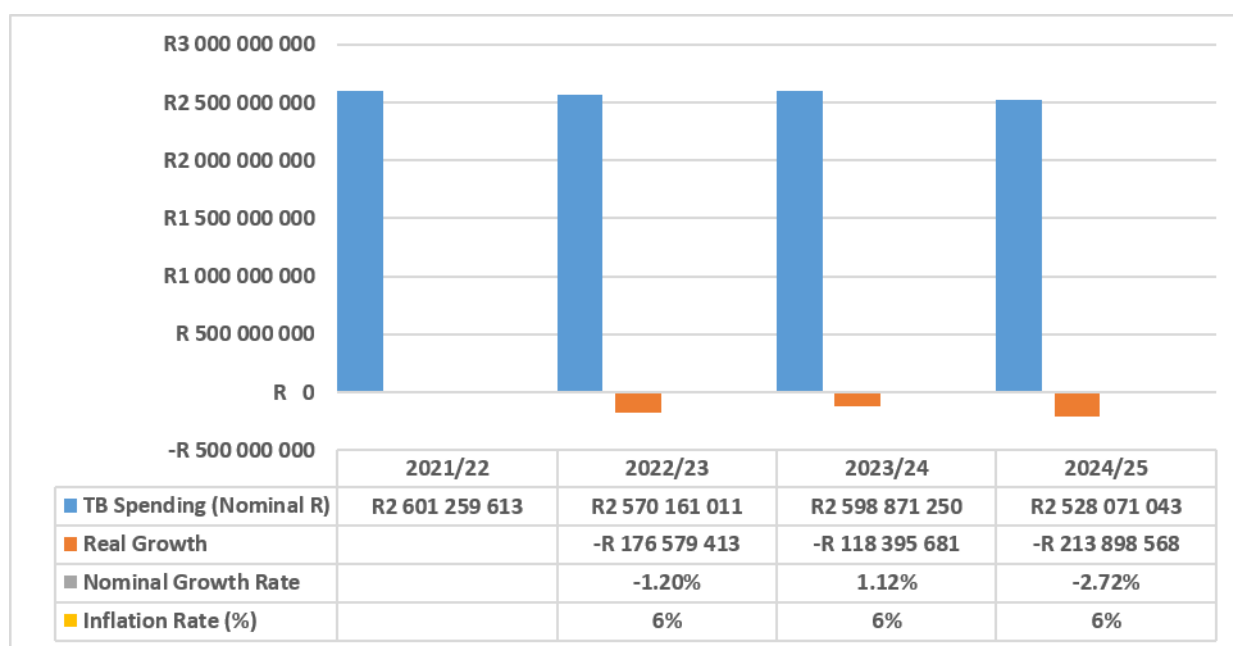
Figure 1: TB Expenditure: Voted Funds vs Conditional Grants in 2021/22 to 2024/25 (nominal ZAR)



IV. TB Expenditure: Nominal vs Real Growth in 2021/22 to 2024/25 Spending

Despite relatively stable nominal allocations for TB programmes over the period 2021/22 to 2024/25, averaging around R2.5 billion annually, the data reveals a consistent decline in real terms, i.e., after adjusting for inflation. Figures 2 shows that nominal growth fluctuated modestly, declining by 1.2% in 2022/23, increasing slightly by 1.12% in 2023/24, and falling again by 2.72% in 2024/25. However, with inflation based on CPI data obtained from Statistics South Africa (Stats SA) held constant at 6% across the period, these nominal changes translate into persistent negative real growth of -6.8%, -4.6%, and -8.2%, respectively. This indicates that, although budgets appear broadly unchanged in nominal terms, the purchasing power of this funding has eroded each year. Consequently, the health system faces a gradual but sustained contraction in its ability to deliver TB services, particularly for resource-intensive interventions such as MDR-TB and XDR-TB management. Overall, the trend reflects a pattern of implicit disinvestment, where funding has not kept pace with rising costs, thereby undermining the effectiveness and scalability of TB control efforts.

Figure 2: TB Expenditure: Nominal vs Real Growth in 2021/22 to 2024/25 (nominal ZAR)



V. Provincial Split: Voted vs Conditional Grant TB Expenditure 2021/22 to 2024/25

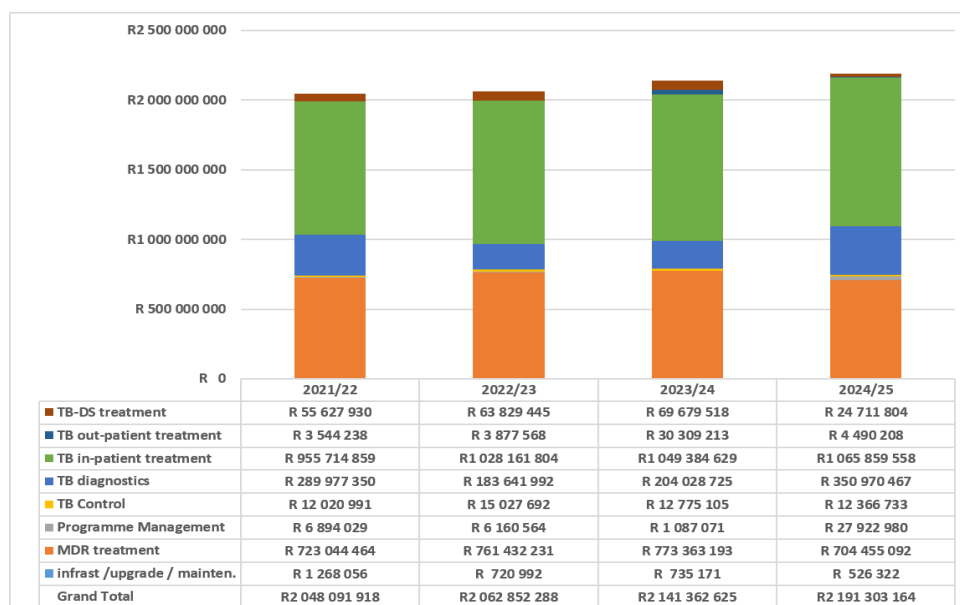
Within each province, the distribution of TB expenditure between 2021/22 to 2024/25 has shown a similar trend as illustrated above, with voted funds dominating the spending in most provinces. Table 1 compares TB expenditure across nine South African provinces between 2021/22-2024/25, highlighting the share of funding from voted funds versus conditional grants. Most provinces had their highest share of TB expenditure coming from voted funds, indicating a strong provincial commitment to fund TB services from provinces' own budgets, except for Free State and North West, where in some years our analysis indicated less expenditure. Most provinces have less than 25% of their TB expenditure funded from conditional grants. The expenditures from conditional grants has shown a declining trend across all provinces combined over the years, accounting for R553 million (21%) in 2021/22, R507 million (20%) in 2022/23, R484 million (19%) in 2023/24 and R363 (14%) million in 2024/25. In 2024/25, KwaZulu-Natal had the highest spending (R754 million), followed by the Western Cape (R487 million), Eastern Cape (R471 million), and Gauteng (R452 million), indicating a concentration of resources in provinces with larger populations and greater service delivery demands. In contrast, other provinces had a comparatively smaller spending such as the Free State (R12 million), North West (R24 million), Northern Cape (R51 million), and Limpopo (R64 million). The relative contribution of conditional grants appeared proportionally higher in some lower-funded provinces (Free State, North West, Northern Cape, and Limpopo), suggesting targeted grant funding to earmarked specific programmatic activities that are non-negotiable. Although TB expenditure in the Free State and North West provinces remain relatively low, particularly with respect to voted funds (*highlighted in red in the table below*), These lower expenditure levels may partly be attributable to expenditure misclassification and recording challenges within BAS.

Table 1: Voted Funds vs Conditional Grant: TB expenditure in 2021/22-2023/24, Nominal ZAR

Voted VS Conditional Grant TB expenditure by Province 2021/22-2024/25 (ZAR)								
Province	2021/22		2022/23		2023/24		2024/25	
	Voted Funds	Conditional Grant	Voted Funds	Conditional Grant	Voted Funds	Conditional Grant	Voted Funds	Conditional Grant
Eastern Cape	R 460 207 463	R 72 669 541	R 421 049 161	R 60 532 429	R 509 505 657	R 75 587 742	R 416 780 360	R 54 268 827
Free State	R 35 426 884	R 19 806 229	R 181 720	R 14 723 781	R 62 903	R 10 664 254	R 59 093	R 12 347 153
Gauteng	R 325 184 576	R 71 875 546	R 358 739 726	R 74 086 363	R 418 661 926	R 65 460 029	R 385 741 712	R 67 153 643
KwaZulu Natal	R 482 637 492	R 226 761 470	R 513 007 806	R 200 543 447	R 426 886 895	R 188 390 199	R 662 067 016	R 92 238 288
Limpopo Province	R 35 739 571	R 37 427 397	R 60 195 569	R 14 151 424	R 56 221 258	R 16 248 656	R 48 581 725	R 15 878 663
Mpumalanga	R 289 708 520	R 6 807 513	R 195 231 937	R 9 135 798	R 183 790 351	R 12 521 805	R 191 273 225	R 18 060 156
North West	R 17 762 904	R 17 073 856	R 76 043 448	R 29 526 050	R 58 864 796	R 31 684 540	R 4 806 312	R 19 959 605
Northern Cape	R 18 955 793	R 15 469 703	R 20 301 712	R 9 348 993	R 24 288 108	R 17 352 916	R 27 493 618	R 24 254 011
Western Cape	R 382 468 716	R 85 276 439	R 418 101 209	R 95 260 439	R 436 080 730	R 66 598 484	R 428 240 388	R 58 867 247
Grand Total	R2 048 091 918	R 553 167 695	R2 062 852 288	R 507 308 724	R2 114 362 625	R 484 508 625	R2 165 043 449	R 363 027 594

Figure 3 reveals that the largest portion of Voted Funds each year was allocated to TB inpatient treatment and MDR (multidrug-resistant) treatment, together making up more than 80% of the voted funds. TB inpatient treatment expenditure increased steadily from R955 million (47%) in 2021/22 to R1.06 billion (49%) in 2024/25, while MDR treatment expenditure rose from R732 million (35%) to R773 million (36%) between 2021/22 and 2023/24, then declined to R704 million (32%) in 2024/25. Other expenditure categories such as DS-TB treatment, TB diagnostics, and TB control received comparatively smaller portions of the budget, though they also showed slight increases. For instance, DS-TB-DS treatment rose from R55 (3%) million to R69 million (3.25%) between 2021/22 and 2023/24, followed by a sharp dip to R24 million (1.13%) in 2024/25. TB control fluctuated modestly between R12.2 million (0.59%) and R15 million (0.56%). Programme Management (PM) expenditure increased from R6 million (0.34%) in 2021/22 to R27 million (1.27%) in 2024/25. A notable trend is in infrastructure, upgrades, and maintenance spending, which was R1.2 million (0.06%) in 2021/22 and reduced to less than R1 million (0.02%) in later years. This may indicate a strategic shift in funding priorities. Overall, analysis in the voted funds expenditure shows a strong focus on treatment especially inpatient and MDR-TB management rather than prevention, diagnostics, or infrastructure. The consistent year-to-year increase in total voted expenditure suggests growing investment in TB programme efforts.

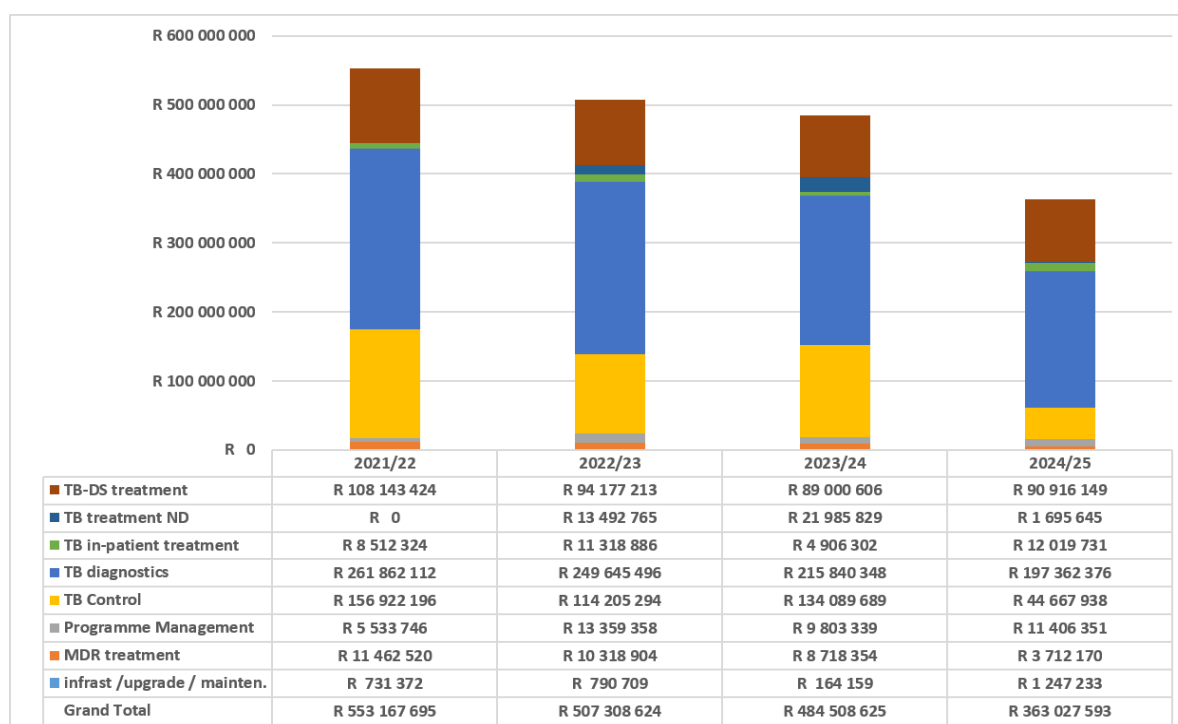
Figure 3. Voted Funds: Proportion of TB expenditure by activity in 2021/22- 2024/25 (% & nominal ZAR)



VII. Conditional Grant Expenditure by TB Programmatic Area

Figure 4 illustrates TB-related expenditure from conditional grant funding showing a declining trend from over R553 million in 2021/22 to around R507 million in 2022/23, R484 million in 2023/24, and further down to R363 million in 2024/25. In 2021/22, the largest share of expenditures went to TB diagnostics (R261 million, or 47%), followed by TB control (R156 million, 28%), DS-TB treatment (R108 million, 20%), and MDR treatment (R11 million, 2%). TB diagnostics accounted for the largest proportion of conditional grant expenditure throughout the analysis period, although expenditure declined (R262 million or 47% in 2021/22 to R197 million or 54% in 2024/25). TB control expenditure also declined substantially (from million R156 million or 28% in 2021/22 to R45 million or 12%) in 2024/25. MDR-TB treatment expenditure similarly decreased over time. These declining trends are concerning given the continued burden of TB and drug-resistant TB in South Africa. Reduced conditional grant financing may affect the scale and intensity of specialized TB interventions, including laboratory services, case detection, adherence support, and drug-resistant TB management.

Figure 4. Conditional Grant: TB expenditure by activity in 2021/22 to 2023/24, nominal ZAR



VIII. Recommendation and conclusion

This analysis demonstrates that South Africa continues to sustain significant public investment in TB services, with annual expenditure remaining relatively stable in nominal terms over the review period. However, the financing landscape is increasingly characterized by growing reliance on voted funds alongside declining conditional grant allocations which might limit financing of priority TB programmes. The South African government at all levels should maintain and strengthen its commitment to funding the TB response through voted funds, which have consistently increased and now make up the bulk of TB spending in the country. This sustained domestic investment is crucial for ensuring the continued delivery of essential services, particularly for in-patient and multidrug-resistant TB treatment. At the same time, the decline in conditional grant contributions

suggest marks a grave change of policy and signals two potential risks: Firstly, there is increasing pressure on the provincial equitable share; and secondly, provinces might not adopt the nationally-agreed priorities that were previously funded from the conditional grant and sustain their financing through the provincial budgets. Both of these might jeopardize the TB programme's mid-term sustainability, especially in the current situation of diminished reliance on external funding. Importantly, in order to ensure continuity in efficient TB financial planning, management and reporting, provincial TB managers need to enhance their knowledge and understanding of the prescribed planning, budgeting, financial management and reporting tools, including ensuring proper expenditure recording on the Basic Accounting System (BAS).

IX. References

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X. Appendices

Voted VS Conditional Grant TB expenditure 2021/22-2024/25 (ZAR & %)								
	2021/22 (ZAR)	%	2022/23 (ZAR)	%	2023/24 (ZAR)	%	2023/24 (ZAR)4	%
Voted Funds	R 2 048 091 918	79%	R 2 062 852 288	80%	R 2 114 362 625	81%	R 2 165 043 449	86%
Conditional Grant	R 553 167 695	21%	R 507 308 724	20%	R 484 508 625	19%	R 363 027 594	14%
Total	R2 601 259 613	100%	R2 570 161 011	100%	R2 598 871 250	100%	R2 528 071 043	100%

Voted VS Conditional Grant TB expenditure by Province 2021/22-2024/25 (ZAR)								
	2021/22		2022/23		2023/24		2024/25	
Province	Voted Funds	Conditional Grant	Voted Funds	Conditional Grant	Voted Funds	Conditional Grant	Voted Funds	Conditional Grant
Eastern Cape	R 460 207 463	R 72 669 541	R 421 049 161	R 60 532 429	R 509 505 657	R 75 587 742	R 416 780 360	R 54 268 827
Free State	R 35 426 884	R 19 806 229	R 181 720	R 14 723 781	R 62 903	R 10 664 254	R 59 093	R 12 347 153
Gauteng	R 325 184 576	R 71 875 546	R 358 739 726	R 74 086 363	R 418 661 926	R 65 460 029	R 385 741 712	R 67 153 643
KwaZulu Natal	R 482 637 492	R 226 761 470	R 513 007 806	R 200 543 447	R 426 886 895	R 188 390 199	R 662 067 016	R 92 238 288
Limpopo Province	R 35 739 571	R 37 427 397	R 60 195 569	R 14 151 424	R 56 221 258	R 16 248 656	R 48 581 725	R 15 878 663
Mpumalanga	R 289 708 520	R 6 807 513	R 195 231 937	R 9 135 798	R 183 790 351	R 12 521 805	R 191 273 225	R 18 060 156
North West	R 17 762 904	R 17 073 856	R 76 043 448	R 29 526 050	R 58 864 796	R 31 684 540	R 4 806 312	R 19 959 605
Northern Cape	R 18 955 793	R 15 469 703	R 20 301 712	R 9 348 993	R 24 288 108	R 17 352 916	R 27 493 618	R 24 254 011
Western Cape	R 382 468 716	R 85 276 439	R 418 101 209	R 95 260 439	R 436 080 730	R 66 598 484	R 428 240 388	R 58 867 247
Grand Total	R2 048 091 918	R 553 167 695	R2 062 852 288	R 507 308 724	R2 114 362 625	R 484 508 625	R2 165 043 449	R 363 027 594

Voted VS Conditional Grant TB expenditure by Province 2021/22-2024/25 (%)								
	2021/22		2022/23		2023/24		2024/25	
Province	Voted Funds	Conditional Grant	Voted Funds	Conditional Grant	Voted Funds	Conditional Grant	Voted Funds	Conditional Grant
Eastern Cape	86%	14%	87%	13%	87%	13%	88%	12%
Free State	64%	36%	1%	99%	1%	99%	0%	100%
Gauteng	82%	18%	83%	17%	86%	14%	85%	15%
KwaZulu Natal	68%	32%	72%	28%	69%	31%	88%	12%
Limpopo Province	49%	51%	81%	19%	78%	22%	75%	25%
Mpumalanga	98%	2%	96%	4%	94%	6%	91%	9%
North West	51%	49%	72%	28%	65%	35%	19%	81%
Northern Cape	55%	45%	68%	32%	58%	42%	53%	47%
Western Cape	82%	18%	81%	19%	87%	13%	88%	12%
Overall % Split	79%	21%	80%	20%	81%	19%	86%	14%

Voted Funds Expenditure Activity Cross Walk 2021/22-2024/25 (ZAR)					Voted Funds Expenditure Activity Cross Walk 2021/22-2024/25 (%)				
Activity	2021/22	2022/23	2023/24	2024/25	Activity	2021/22	2022/23	2023/24	2024/25
infrast /upgrade / mainten.	R 1 268 056	R 720 992	R 735 171	R 526 322	infrast /upgrade / m	0.06%	0.03%	0.03%	0.02%
MDR treatment	R 723 044 464	R 761 432 231	R 773 363 193	R 704 455 092	MDR treatment	35.30%	36.91%	36.12%	32.15%
Programme Management	R 6 894 029	R 6 160 564	R 1 087 071	R 27 922 980	Programme Manage	0.34%	0.30%	0.05%	1.27%
TB Control	R 12 020 991	R 15 027 692	R 12 775 105	R 12 366 733	TB Control	0.59%	0.73%	0.60%	0.56%
TB diagnostics	R 289 977 350	R 183 641 992	R 204 028 725	R 350 970 467	TB diagnostics	14.16%	8.90%	9.53%	16.02%
TB in-patient treatment	R 955 714 859	R1 028 161 804	R1 049 384 629	R1 065 859 558	TB in-patient treatm	46.66%	49.84%	49.01%	48.64%
TB out-patient treatment	R 3 544 238	R 3 877 568	R 30 309 213	R 4 490 208	TB out-patient treat	0.17%	0.19%	1.42%	0.20%
TB-DS treatment	R 55 627 930	R 63 829 445	R 69 679 518	R 24 711 804	TB-DS treatment	2.72%	3.09%	3.25%	1.13%
Grand Total	R2 048 091 918	R2 062 852 288	R2 141 362 625	R2 191 303 164	Grand Total	100%	100%	100%	100%

Conditional Grant Expenditure Activity Cross Walk 2021/22-2024/25 (ZAR)					Conditional Grant Expenditure Activity Cross Walk 2021/22-2024/25 (%)				
Activity	2021/22	2022/23	2023/24	2024/25	Activity	2021/22	2022/23	2023/24	2024/25
infrast /upgrade / mainten.	R 731 372	R 790 709	R 164 159	R 1 247 233	infrast /upgrade / m	0.13%	0.16%	0.03%	0.34%
MDR treatment	R 11 462 520	R 10 318 904	R 8 718 354	R 3 712 170	MDR treatment	2.07%	2.03%	1.80%	1.02%
Programme Management	R 5 533 746	R 13 359 358	R 9 803 339	R 11 406 351	Programme Manage	1.00%	2.63%	2.02%	3.14%
TB Control	R 156 922 196	R 114 205 294	R 134 089 689	R 44 667 938	TB Control	28.37%	22.51%	27.68%	12.30%
TB diagnostics	R 261 862 112	R 249 645 496	R 215 840 348	R 197 362 376	TB diagnostics	47.34%	49.21%	44.55%	54.37%
TB in-patient treatment	R 8 512 324	R 11 318 886	R 4 906 302	R 12 019 731	TB in-patient treatm	1.54%	2.23%	1.01%	3.31%
TB treatment ND	R 0	R 13 492 765	R 21 985 829	R 1 695 645	TB treatment ND	0.00%	2.66%	4.54%	0.47%
TB-DS treatment	R 108 143 424	R 94 177 213	R 89 000 606	R 90 916 149	TB-DS treatment	19.55%	18.56%	18.37%	25.04%
Grand Total	R 553 167 695	R 507 308 624	R 484 508 625	R 363 027 593	Grand Total	100%	100%	100%	100%