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In the onion fields at Dutoit Agri's Kromfontein farm, Anisah Khondwe chats with farmworkers after educating them about the risks of heat stress. (Photo: Sue Segar/Spotlight)

'There are good people out there who want to do good things'

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The Health Department in the Western Cape is partnering with farms in the Cape Winefields to provide easier access to healthcare for farm workers. **Spotlight (7 Feb 2026)** wrote an article focusing on one such partnership and why it is a triple win for workers, businesses and Government.

Dutoit Agri has 11 clinics on their Western Cape farms and packhouses, employing 14 community health workers, all overseen by four clinical nurse practitioners. The figures speak for themselves.

"From January to December 2025, our Western Cape farm health workers saw 18 545 people and the sisters saw 16 959," says Mariette le Roux, who coordinates healthcare services for Dutoit Agri.

BREAKING NEWS

2026 Budget Speech:

Great news for members of medical schemes

After three years of freezing the value of medical scheme tax credits, Finance Minister Enoch Godongwana announced an increased rebate in his Budget Speech, reported **BusinessTech** (25 Feb 2026).



Medical tax credits will increase from R364 to R376 for the first two members and from R246 to R254 for additional members.

The adjustment comes amid calls from healthcare funders requesting Government to prevent hundreds of thousands of middle- to low-income scheme members from being pushed off their plans.

"The end of medical scheme tax credit is written into the NHI Act, which is law, and is specifically intended to serve as a funding mechanism for the scheme. However, the NHI rollout has been put on hold, for now, pending the outcome of key constitutional challenges in Court."

In order to stabilise provincial health services Treasury allocated R21.3bn to the healthcare sector over the medium term to support the compensation and employment of doctors and to cover shortfalls in goods and services.

Provinces will also receive R26bn to strengthen the HIV and AIDS programme, including prevention of mother-to-child transmission and antiretroviral treatment.

Earlier this month the BHF warned that eliminating medical tax credits too soon could push between 430,000 and 690,000 scheme members out of cover. The HFA mentioned that medical tax credits encourage people who can afford private healthcare to fund their own cover. That reduces pressure on the public sector. It can also free capacity and resources for more vulnerable patients.

FOOD FOR THOUGHT

Peculiar bedfellows:

When Health and Home Affairs turn care into control

A recent analysis by **Daily Maverick** (6 Feb 2026) argues that SA's draft Revised White Paper on Citizenship, Immigration and Refugee Protection dangerously entangles healthcare with immigration enforcement, reinforcing exclusion rather than advancing universal health coverage. Together with the 2023 NHI framework, the policy effectively limits meaningful healthcare access for asylum seekers and undocumented migrants, contradicting constitutional and public health principles.



The article contends that poor governance, underfunding and mismanagement – not migration – drive health system strain, yet political rhetoric increasingly frames migrants as threats. The White Paper's silence on healthcare access, despite sweeping reforms to civil registration, asylum systems and enforcement powers, is presented as harmful rather than neutral.

Documentation requirements risk denying care to vulnerable groups such as children, pregnant women and people with chronic illnesses. In practice, clinics may become *de facto* border posts, echoing exclusionary actions linked to groups like Operation Dudula, while prolonged legal uncertainty worsens mental health outcomes.

The analysis highlights an ethical contradiction: the state prepares to register migrant deaths while failing to guarantee healthcare in life. Exclusion, it warns, undermines disease control, continuity of treatment and trust in the health system – ultimately harming the entire population. Authors affiliated with the African Centre for Migration & Society at the University of the Witwatersrand argue that the harms are avoidable.

Revising the White Paper to protect healthcare access, regardless of status, firewall services from enforcement and align migration governance with constitutional rights could restore coherence.

SA therefore faces a fundamental choice between exclusionary sovereignty and genuinely universal care.

UPDATE ON NHI NEWS

NHI Act remains on ice

On 23 February High Court Judge Brenda Neukircher ordered that the Department of Health, the President and several other organisations freeze Court action until the Constitutional Court "weighs in on how Parliament handled public participation" regarding the NHI Act.

– **Business Day** (24 Feb 2026).



In return for the litigation standstill President Cyril Ramaphosa and Health Minister Aaron Motsoaledi committed not to enact, implement or enforce any part of the NHI Act until the Constitutional Court's ruling.

Parties challenging the Act agreed not to launch further challenges without Court permission, except in exceptional circumstances. They include the Private Practitioners Forum (SAPPF), Solidarity, the Hospital Association of SA (HASA), and the SA Medical Association (SAMA). Their cases will be stayed until the Constitutional Court delivers judgment.

The Court will hear the public participation cases from 5 to 7 May 2026.

"For now, healthcare leaders should watch three signals: the May hearing, any further Court directions on the consolidation of challenges and signs of whether Government pivots towards alternative reforms while the NHI Act implementation remains on hold."

– **Business Day** (20 Feb 2026)

NEWS FROM GOVERNMENT

Eastern Cape paid R630m in medico-legal claims

In 2024/25 Eastern Cape Health paid R630m – around 2% of its health budget – in medico-legal claims, reducing funds available for staff, medicines, equipment and everyday care.

– **Business Day** (18 Feb 2026)



At the same time, poor clinical outcomes persist, with maternal mortality far higher than in the Western Cape, highlighting the need for safer care and fairer compensation.

"Court rulings, including from the Supreme Court of Appeal, have reinforced that only Parliament can alter the legal framework. As the dispute heads toward the Constitutional Court, the central challenge remains balancing fair redress for harmed patients with protecting already strained public healthcare resources."

Choice of scanners questioned

Doctors at Charlotte Maxeke Academic Hospital in Johannesburg have questioned a Gauteng Health Department decision to override their choice of MRI scanners for costlier Chinese equipment (Marmello Clinical Solutions) at R38.5m. – **MedicalBrief** (19 Feb 2026)



According to the hospital's head of radiology and the acting clinical director, Solly Mokgoko, doctors prefer the Philips MRI scanner – at a cost of about R27.4m – on the grounds of "technological advancement, operational sustainability and clinical research potential".

The doctors and the head of the hospital's supply chain management committee have warned that the change could increase costs, downtime and clinical risk.

The dispute comes amid mounting diagnostic backlogs at provincial hospitals, including about 2 600 cancer patients at Charlotte Maxeke.

FINANCIAL NEWS

Dis-Chem Better Rewards programme pays off

Dis-Chem announced a 10.1% increase in group revenue for the past 24 weeks following the launch of its Better Rewards programme in October last year, reported **Business Day** (23 Feb 2026)



"The previous loyalty model has been replaced with a data-led system that integrates rewards across retail purchases, clinic visits and financial services. Dis-Chem positions this as part of a broader shift beyond traditional pharmacy retail towards an integrated healthcare business model. The aim is to make access to healthcare services cheaper and easier for customers."

Discovery announces surge in financial performance

Discovery's trading statement, covering the six months ending 31 December, shows a significant surge in its financial performance.

– **Business Day** (27 Feb 2026)



Annual premium income (API) grew by 12% during the reporting period and normalised profit from operations is expected to increase by 22% to 27%. Headline earnings are expected to increase, with forecasts sitting between 27% and 32%.

The group attributes its success to the strong performance of Discovery Health and Discovery Bank.

"This suggests that the brand remains a top choice for consumers seeking insurance and banking solutions."

READ MORE

PHARMACEUTICAL NEWS

Include local producers in next tenders, demands Pharmisa

Pharmaceuticals Made in SA (Pharmisa) is demanding that the National Department of Health (NDoH) include local producers in the next major medicine tenders.

– **Business Day** (23 Feb 2026)



Pharmisa's demand follows the tender controversy where established local manufacturers were ignored in the awarding of contracts for the ARV tender for HIV medicines.

Meanwhile, Parliament's Portfolio Committee on Health has challenged the NDoH's claim that it procures at least 70% of ARVs from local companies. The committee says its own assessment puts local manufacturing content closer to 30%.

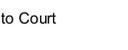
According to Pharmisa Government can procure from local manufacturers while still achieving cost-effective outcomes if tender design supports both price competitiveness and local production. At present five successful bidders – Innovava, Barrs, Emcare, Auribido and Viatrix – are importing ARVs from India rather than manufacturing them in SA.

"Pharmisa represents domestic industry interests and counts major players among its members, including Aspen Pharmacare, Adcock Ingram and Biovac.

HIV/AIDS tender: Cipla goes to Court

On 19 February the pharmaceutical company Cipla requested the High Court to set aside the Health Department's R15.5bn antiretroviral contract, alleging that it was unfairly excluded from major supply deals for the country's most widely used HIV treatment.

reported **Business Day**.



This follows the Department's awarding key proportions of the contract for the HIV drug TLD (tenofovir, lamivudine and dolutegravir) to Barrs and Innovava. These two firms entered business rescue in December 2025, prompting emergency planning to avoid treatment disruptions.

Meanwhile, Health Minister Dr Aaron Motsoaledi distanced himself from the Department's latest antiretroviral procurement saga, telling MPs that the Department's accounting officer, Director-General Sandile Buthelezi, carries full responsibility for procurement sign-off.

"Separately, the Competition Commission opened an investigation into the Indian generic manufacturer Hetero SA after a complaint by the Health Department alleging price collusion."

Long-standing controversy reignited

The controversy around the recent R15.5bn AIDS drug tender has reignited "a long-standing conflict between fiscal austerity and industrial growth".

– **Business Day Editorial** (27 Feb 2026)

Three years ago, the Department rejected locally produced pneumonia vaccines from Biovac in favour of cheaper imports from India. This decision saved the Department significant funds. However, it devastated Biovac and its partner, Pfizer. "This move contradicted government's industrial policy."

GENERAL NEWS

Resurgence in malaria has severe financial implications

The World Health Organisation (WHO) estimates that a total of 610,000 malaria deaths occurred globally in 2024. Africa accounted for 95% of deaths (579,000) and 95% of cases (265m). Most deaths were among children under five.



Meanwhile, development assistance for health in Africa fell by about 70% from 2021 to 2025, forcing countries to make hard choices on prevention, staffing and procurement.

Sfrican States Malaria Alliance (ALMA) warned that the resurgence of malaria could wipe out \$83bn off sub-Saharan Africa's GDP by 2030, alongside major increases in cases and deaths.

Doctors perform epilepsy surgery

"In a public health system under pressure due to resource constraints and high patient loads, it is not uncommon for some patients to wait long periods for medical procedures, particularly if their conditions require elective rather than emergency surgeries."

– **Daily Maverick** (24 Feb 2026)

However, on Saturday, 21 February, specialists from the public and private sectors came together for an epilepsy surgery initiative at Groote Schuur Hospital in Cape Town, which brought relief for two patients who had been waiting for surgery for two years

NEWS FROM MEDICAL SCHEMES

GEMS tariff hike sparks union backlash

In a letter delivered to the Board of the Government Employees Medical Scheme's (GEMS) trade unions in the Public Service Co-ordinating Bargaining Council (PSCBC) rejected the scheme's 9.8% tariff increase. The unions also demanded the immediate removal of principal officer Dr Stanley Moloabi and the scheme's executive leadership as well as a forensic audit into governance, finances, procurement practice and administrative expenditure. – **Times Live** (17 Feb 2026) **Business Day** (23 Feb 2026)

In 2025 GEMS implemented a 13.4% increase in contributions resulting a 23.2% increase over two years.

The unions gave GEMS "seven working days to respond in writing". They warned that failure to engage substantively and take corrective action will lead to escalation, including protests and wider mass mobilisation by affected public servants.

"The unions include the Public Servants Association, the Health and Other Service Personnel Trade Union of SA and the SA Policing Union.



HEALTHMAN DIARY