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Reach for a Dream celebrates 38th anniversary

Speaking at Reach for a Dream's 38th anniversary celebration at Nelson Mandela Children's Hospital, CEO Julia Sotirianakos said the organisation continues to ease the emotional burden on children and their families, despite challenging economic conditions.

Through dream fulfilment and programmes such as Dream Rooms, Dream Club and Laughter Heroes the foundation provides moments of happiness and distraction from difficult medical treatment.

Reach for a Dream supports 40,000 to 45,000 children annually and fulfils about seven dreams daily, although funding constraints remain a significant challenge.

NHI Chief Dr Nicholas Crisp to retire

Dr Nicholas Crisp, Deputy Director-General of Health responsible for the NHI programme, will be stepping down in September. - ***Financial Mail*** (2 July 2026)

Dr Crisp is expected to continue supporting his successor in a consulting capacity.

He is retiring alongside 27 of the 70 senior officials from the National Department of Health.

"Three of them - Director-General Sandile Buthelezi, Deputy Director-General Malixole Mahlathi and Chief Financial Officer Phaswa Mamogale - have been suspended and face criminal charges."

"His departure comes at a critical time for the Government's healthcare reform programme, which aims to introduce universal access to health services but has drawn strong opposition from political parties, healthcare organisations and other stakeholders."

Dr Crisp's role in NHI process

Dr Nicholas Crisp is regarded as one of the principal architects of SA's National Health Insurance (NHI) reforms, serving as Deputy Director-General responsible for NHI at the National Department of Health.

During his tenure, he helped steer the NHI policy from concept to law, overseeing technical planning, stakeholder engagement and preparations for implementation.

Among his key achievements was guiding the development of NHI structures; financing proposals and health system reforms over more than a decade. He played a central role in advancing the NHI Act through extensive public consultation and parliamentary processes, culminating in the Act being signed into law in 2024.

He also oversaw pilot projects, initiatives to strengthen primary healthcare, the establishment of contracting units and digital health planning, while advocating universal health coverage as a means to reduce inequalities in healthcare access.

However, during his tenure the NHI process faced significant setbacks:
Implementation has been much slower than initially envisaged. Many pilot projects delivered mixed results and limited evidence of large-scale improvements.
Crisp had to deal with persistent weaknesses in public healthcare infrastructure, staffing shortages, governance failures and financial constraints. This raised concerns about the State's readiness to implement NHI.
The legislation has been challenged by healthcare organisations, medical schemes, business groups and political parties who questioned its constitutionality, affordability and governance model.

He leaves the NHI amid unsolved problems including the uncertainty over funding mechanisms and the future role of private healthcare in the implementing of NHI.

FOOD FOR THOUGHT

SA battles illegal weight-loss drugs

Costly new generation weight-loss drugs are unaffordable for most people, which has opened up a black market for cheaper, unregistered and untested versions of the medicines being sold across the country, posing a public health threat. These problems were highlighted by a newspaper exposé and unpacked by ***Bhekisisa's*** health journalists.
– ***MedicalBrief*** (8 July 2026)

Societal pressure and media trends encourage patients to use drugs not approved by the SA Health Products Regulatory Authority (SAHPRA).
Retatrutide, one of these unauthorised drugs, is the most popular with the highest price tag.
"Early-stage clinical trials have produced unprecedented weight-loss results, eclipsing even the massive success of *semaglutide* (Ozempic) and *tirzepatide* (Mounjaro), wrote Hasina Kathrada in ***Mail & Guardian***.
"In reality, there is absolutely no way for the consumer – or often even the middleman selling it – to verify where the powder was synthesised, what chemicals were used to bulk it out, or whether it is safe for human tissue.
"For SAHPRA, trying to dismantle this decentralised, online marketplace has turned into a frustrating, constant game of digital whack-a-mole."

- 1 in 3 SA adults live with obesity, now considered a chronic disease.

Delayed patent reform keeps lifesaving medicines out of reach

Twelve years after the PharmaGate scandal exposed efforts by pharmaceutical companies to weaken SA's intellectual property reforms, Government has yet to amend the Patents Act to improve access to affordable medicines.
Although the intellectual property policy was adopted in 2022, repeated promises to introduce patent reform legislation have not been fulfilled; with no clear progress by mid-2026.
Critics argue that the delays allow costly medicine monopolies to persist; limiting access to lifesaving treatments. The impact is evident in the high cost of the Vertex's cystic fibrosis drug *Trikafta*, priced at about R2.4m annually, while a far cheaper generic remains unavailable because of patent protection. Similar delays affected access to affordable
generic *bedaquiline* for drug-resistant tuberculosis.
Campaigners argue that patent reform is essential to accelerate access to lower-cost medicines, strengthen SA's response to public health challenges and uphold the constitutional right to healthcare by prioritising patients instead of commercial interests.

UPDATE ON NHI NEWS

Get out of the courts... rather gather around a table

Private healthcare funders should dump the various legal challenges against NHI – which were likely to drag on for another 10 years at least – and rather engage in dialogue to address their concerns. This was the advice of experts at the annual Board of Healthcare Funders (BHF) conference.

Legal challenges to the NHI Act are so varied it could take another 10 to 15 years to finalise – but the cases were worth pursuing because of the impact the NHI could have on the quality of healthcare, said Neil Kirby, BHF's lead attorney.
"The issue is not the principle of universal access to healthcare, but the standard at which that healthcare will be provided," he said.
Wits economist Professor Alex van den Heever said the private medical scheme industry has been left to its own devices as "Government (focused mainly on the NHI) failed to attend to key aspects that could have made the industry's future more sustainable".
– ***MedicalBrief*** (9 July 2026).

NHI risks fuellling anti-immigrant sentiment

The implementation of NHI faces growing criticism due to concerns that excluding undocumented migrants and many asylum seekers from comprehensive healthcare could undermine public health goals.

At the centre of the debate is Section 33 of the NHI Act, which limits private medical schemes to offer only top-up cover while creating a single state-funded healthcare system.
Eligibility is tied to the Department of Home Affairs database, leaving undocumented migrants and asylum seekers with pending applications largely excluded from full benefits.
Critics, including National Treasury, warn this could restrict access to essential healthcare, particularly for vulnerable children. Public health experts fear interruptions to HIV and tuberculosis treatment could threaten SA's globally significant antiretroviral programme and increase disease transmission.
Although Health Minister, Dr Aaron Motsoaledi, has defended Section 33 as fundamental to achieving universal healthcare, he has suggested regulations may protect access to essential services such as HIV treatment, maternal care and emergency healthcare, despite no proposed legislative amendments. - ***Streamline*** (29 July 2026)

Denying migrants healthcare is illegal, says SAMA

Following the anti-migration protests on 30 June the SA Medical Association (SAMA) warned that denying migrants healthcare is illegal as SA law guarantees free public healthcare for pregnant women and children under five, regardless of nationality or immigration status. According to SAMA, refugees, asylum seekers and most temporary residents generally pay the same means-tested hospital fees as SA citizens, while undocumented migrants from SADC countries receive similar treatment.
- ***Business Day*** (30 June 2026).

NEWS FROM GOVERNMENT

R612m to pay foreign doctors; SA doctors jobless

While hundreds of qualified SA doctors remain unemployed, Gauteng Health budgeted more than R612m to remunerate foreign medical professionals during the 2026/27 financial year. This was revealed in Parliament by Gauteng Health and Wellness MEC Faith Mazibuko.
- ***The Citizen*** (14 July 2026)

In the meantime, according to statistics by the SA Medical Association (SAMA) more than 1,800 qualified doctors, who have completed their mandatory internships and community service, are still unemployed.
"A total of 545 foreign nationals are employed directly in medical roles. These include specialists, doctors, nurses and technicians.
"The central issue is not simply the employment of foreign professionals. It is whether available healthcare funding and vacant positions are being managed effectively."

SA's health system is struggling, but not collapsing

Despite widespread frustration with SA's overcrowded public hospitals, long waiting times, medicine shortages and poor service, national health indicators suggest the healthcare system is under severe strain rather than collapsing, wrote **Darly Swanepoel** CEO of the Inclusive Society Institute in ***The Citizen*** (7 July 2026).
Infant mortality has fallen from 57 deaths per 1,000 live births in 2002 to below 23 in 2024 while under-five mortality has also declined significantly; life expectancy has increased from under 55 years to more than 66 years; new HIV infections have dropped by over 60%; and tuberculosis rates are declining.
"What SA needs is an honest diagnosis. Although the country's healthcare system is strained, inefficient and frequently frustrating, the evidence does not support the claim that it has collapsed.
"***The challenge is not to rebuild a dead system. It is to repair a functioning one that still falls short of its potential," wrote Swanepoel.***

Tembisa officials helped kingpin score R25m within two hours

Minutes from a 4 May 2021 quotation adjudication meeting at Tembisa Hospital revealed how alleged corruption kingpin Stefan Govindraju secured R25m in payments through 50 linked shell companies in just two-and-a-half hours. This was allegedly done with the help of corrupt hospital officials who received kickbacks including vehicles and properties. Companies linked to Govindraju won contracts for medical goods and equipment at an extraordinary rate.
A Special Investigating Unit (SIU) identified 98 companies connected to the scheme and is seeking to recover R600m of the R2.3bn allegedly siphoned from the hospital.
The R2.3bn extracted from the hospital in the scheme was first exposed by whistle-blower Babita Deokaran three weeks before her murder. - ***MedicalBrief*** (24 June 2026)

More than 50 hospitals without CEOs

More than 50 public hospitals across the country are operating without permanent chief executives (CEOs); raising concerns about governance, accountability and service delivery.

This was revealed in a written response by Health MEC Faith Mazibuko following a question from Democratic Alliance MPL Jack Bloom.
Gauteng has 13 of its 37 public hospitals led by acting CEOs; KwaZulu-Natal has 15 hospitals with acting CEOs; Eastern Cape has 15 vacancies; Northern Cape 10; North West four; Limpopo three; and Mpumalanga one. The Free State is still compiling its figures. The Western Cape was the only province cited as having filled all hospital CEO positions.
Provincial health departments say acting appointments ensure continuity of administration and patient care while recruitment processes continue. They attribute the delays in filling senior management posts to budget constraints, austerity measures and restrictions on employee compensation. - ***Sunday Times*** (28 June 2026)

Children wait up to 30 months for surgery

More than 200 children are waiting for surgical procedures at Charlotte Maxeke Johannesburg Academic Hospital, with some facing delays of up to 30 months, reported ***The Citizen*** (3 July 2026).

In his response to a question in Parliament, Gauteng MEC for Health, Faith Mazibuko, attributed the backlog to limited theatre capacity, emergency surgical demands, anaesthetic shortages and insufficient subspecialist expertise. Even the shortest waiting period for some paediatric procedures is 8.1 months.

The largest backlog involves 100 children needing surgery for an undescended testis (orchidopexy) (14.8 months); 35 children awaiting inguinal hernia or hydrocele surgery (10.2 months); 28 requiring umbilical, ventral or epigastric hernia repairs (10.6 months); hypospadias reconstruction (13.4 months); and those requiring circumcision or phimosis treatment wait an average of 11.3 months.

FINANCIAL NEWS

Africa needs $18m for urgent Ebola trials

The Africa Centres for Disease Control and Prevention has called for urgent international funding of at least $18m to support clinical trials of experimental Ebola treatments in the Democratic Republic of the Congo (DRC).

The research will evaluate *obeldesivir,* an experimental oral antiviral drug developed by Gilead Sciences, designed both to prevent infection among people exposed to Ebola, as well as *remdesivir.*
Africa CDC said beginning the trials quickly was essential to establish whether the experimental therapies could protect exposed people and improve survival rates among infected patients. – ***Reuters*** (30 June 2026)

SA pharma firm to conduct clinical trial for Ebola

A SA pharmaceutical company, Xylomed Pharmaceuticals, plans to launch a major clinical trial for an experimental Ebola treatment in African countries affected by recurring outbreaks of the deadly virus.

Meanwhile, Health Minister Aaron Motsoaledi announced that Government had designated 36 hospitals to receive and treat patients should the Ebola virus reach the country. The facilities include 24 public hospitals and 12 private hospitals. – ***Bloomberg*** *(7 July 2026)*

PHARMACEUTICAL NEWS

Lencapavir could transform fight against HIV

Over four decades, antiretroviral therapy has transformed HIV into a manageable chronic condition, but preventing new infections remains a challenge in SA.

Lenacapavir (LEN), a twice-yearly injectable form of pre-exposure prophylaxis (PrEP), offers near-100% protection against HIV in clinical trials and could overcome the adherence difficulties associated with daily pills.

However, its success depends on more than scientific effectiveness. Mistrust of healthcare, stigma, poor risk perception and unequal access may limit uptake. Experts say LEN should be integrated into routine healthcare services, supported by trusted community education and respectful, non-judgmental care. – ***Spotlight*** (25 June 2026)

Unregulated cosmetic treatments raise safety concerns

The National Department of Health warned that unregistered aesthetic procedures and cosmetic treatments could cause life-threatening complications.

– ***TimesLive*** (30 June 2026)

Most of these procedures are carried out in environments that do not meet accepted medical standards, particularly when unregistered, counterfeit or illegally imported products are used.
Possible complications include serious infections, permanent scarring, disfigurement, tissue damage, tissue death, nerve injuries and severe allergic reactions. Certain facial filler procedures can also cause blindness if substances are injected incorrectly or enter a blood vessel.
Samples of products, many of them sold online or through social media, were sent to the SA Health Products Regulatory Authority (SAHPRA) for testing and further investigation.

GENERAL NEWS

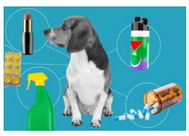
Nearly 9m people with HIV not treated

UNAID warned that nearly 9m people living with HIV remain without treatment, despite significant global progress in expanding access to antiretroviral therapy.

– ***IPS News*** (24 June 2026)

According to UNAID's latest data 40m people are living with HIV worldwide and 1.2m new HIV infections were recorded in the past year.
Meanwhile, HIV testing has declined to 22% in high-burden countries following major cuts to international development assistance.
Reduced funding has severely affected prevention programmes, with condom supplies cut by more than 90% in some areas and community-led HIV services reduced by between 50% and 85% across 47 countries.

AI could end animal testing



Artificial intelligence (AI) is emerging as a powerful alternative to animal testing, offering both ethical and scientific advantages. Advances in machine learning now enable researchers to predict drug toxicity, organ damage and chemical hazards with accuracy comparable to, and sometimes exceeding, traditional animal experiments.

AI models have achieved high success rates in predicting acute toxicity, cardiac damage and skin sensitisation, reducing the need for animal testing.
Unlike animal studies, which rely on species that may respond differently from humans, AI systems can analyse vast datasets based on human biology, clinical outcomes and molecular interactions.
Technologies such as generative AI, organ-on-chip systems and lab-grown human tissues are creating more human-relevant research methods.
Regulators are increasingly embracing non-animal approaches, with organisations such as the OECD, the US Food and Drug Administration and the European Union integrating computational methods into safety assessments. - ***Daily Maverick*** (24 June 2026)

NEWS FROM MEDICAL SCHEMES

CMS rejects GEMS plan to cut 2026 contribution increase

The Council for Medical Schemes (CMS) rejected a proposal by the Government Employees Medical Scheme (GEMS) to lower its average 2026 contribution increase to 7.5%, warning that the move could undermine the scheme's financial stability.
– ***Business Day*** (1 July 2026)
According to the regulator's projections, implementing the proposed 7.5% increase in July would result in a net deficit for the year. GEMS's solvency ratio would fall to 22.9% in 2026, then decline further to about 21%.
Following the CMS decision, public servants will continue paying the 9.5% increase.
The CMS said GEMS had not demonstrated a credible plan to restore its solvency position.

Unions criticise CMS rejection

Unions criticised the CMS rejection arguing that medical scheme costs are rising faster than public sector salaries, placing severe financial strain on members.
The Congress of SA Trade Unions (COSATU) questioned whether GEMS submitted a sufficiently strong case to the CMS and criticised the scheme's governance, executive remuneration, board fees and spending priorities.

The Public Servants Association (PSA) demanded that GEMS publicly release the documents submitted to the CMS to demonstrate it made a genuine effort to secure lower contributions. – ***Business Day*** (2 July 2026)

Concerns about Discovery's Hospital-at-Home project

The Colleges of Medicine of SA (FCPSA) issued a statement raising concerns about the implementation of Discovery Health's Hospital-at-Home programme.

This follows reports from members about admission delays, pressure to avoid conventional hospital admissions and challenges to clinicians' treatment decisions. Doctors also voiced concerns about managed-care processes overriding clinical judgement, unclear accountability, continuity of care, after-hours support and medico-legal responsibility.
The FCPSA developed a template to help members document disputes and encourages doctors to report inappropriate pressure or unexplained delays through professional and regulatory channels.

SA healthcare sector bled dry by thieves and cheats

SA's private healthcare sector is losing an estimated R40bn annually to fraud, corruption and procurement irregularities, delegates heard at the Board of Healthcare Funders (BHF) conference in Cape Town. – ***MedicalBrief*** (8 July 2026)

Leonard Lekgetho, acting head of the Special Investigating Unit (SIU), warned that fraudulent medical scheme claims, fake healthcare providers, counterfeit medicines, procurement abuses and unethical billing practices are driving up healthcare costs while undermining public trust.
Common schemes include claims for services never rendered, duplicate billing, inflated medicine claims, unnecessary treatments and billing manipulation.
The SIU is investigating several major health-related cases at the National Health Laboratory Service, Health Professions Council of SA, Council for Medical Schemes, Tembisa Hospital and Life Esidimeni.
Speakers also urged collaboration to resolve tariff negotiations, modernise the Prescribed Minimum Benefits (PMB) framework and develop affordable healthcare options for the estimated 8m employed South Africans who remain outside medical schemes.

HEALTHMAN DIARY

22 July:
RFS Webinar

23 July:
Surgicom & VASSA Webinar
Supporting vascular surgeons beyond the operating theatre

23 - 26 July:
Coloscape - KZN

28 July:
Surgicom BoD

29 - 30 July:
SEMDSA Exco

4 August:
PsychMg Exco

6 - 8 August:
PsychMg Congress

13 - 15 August:
SAAFP Congress

17 August:
SARAA - Exco

19 August:
RFS Webinar

20 August:
FCPSA BoD
Roadshow North West

22 August:
GEMS Healthcare Provider Summit - KuGomo City, Eastern Cape

24 August:
SARAA - AGM

27 August:
CPF BoD
Instopp AGM

28 August:
Young Surgeons Course
Surgicom BoD

29 - 30 August
Surgicom Congress

3 - 6 September:
USANA Conference 2026

17 September:
SASOP/PsychMg
Roadshow Durban

19 September
In conversation with GEMS
Bloemfontein, Free State

2 - 4 October:
ENT Conference – Lord Charles Hotel
Somerset Wes

21 October:
SASOP/PsychMg
Roadshow Gqeberha

22 October
SASOP/PsychMg
Roadshow East London

23 - 25 October:
PMG Congress - Irene Country Hotel

9 - 11 November:
Annual AGMHI Congress
Mombasa Kenya
Youth Mental Health in
Africa & Diaspora

CMS CIRCULARS

CMS Circulars published in July 2026

Circular 19 of 2026:
Approved levies 2026/27

SPECIAL NOTES

Selling your practice?

HealthMan has been doing valuations of medical practices for sale for many years. We can do a full financial report on the value of your practice if you consider selling it to an interested buyer.
We will also provide you with a draft sales contract.
Contact us for valuation of your practice and assistance, even if you are not yet in the process of selling.

For more information contact:
Steve Roos at **steve@healthman.co.za** or
Casper Venter at **casperv@healthman.co.za**.

Vacancy for Psychologists

A well-established psychology practice in Claremont, Cape Town has vacancies for psychologists to join the team.

- The practice offers a strong referral base and a collaborative working environment;
- Opportunity to build and manage your own private practice (at 30%), within an established setting; and
- Strong referral base, flexible hours, full administrative support, premium consulting rooms, and earning potential of R80,000 – R120,000+ per month (based on billed hours).

Requirements:
HPCSA registration (or eligibility) and experience working with children, adolescents, adults, couples, and families.
Contact:
Apply online or send your CV to **admin@humandifference.co.za** for more information.

Consulting Rooms Available: Alberton

Upmarket consulting room available for a healthcare professional. Would suit GP, aesthetic doctors, physiotherapists, speech therapists, OT, psychologists, psychiatrists, dermatologist, etc

- Sessional (furnished) or full-time (unfurnished) options from January 2026.
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