Content

Dr John Callaghan, SA's oldest practising specialist

Top: Dr John Callaghan still sees patients
Top Left: His hands stay his greatest asset
(Photos: Yolanda Lemmer)

At the age of 100, Dr John Callaghan remains SA's oldest practising specialist, continuing to see patients while reflecting on a medical career spanning over more than seven decades. A pioneering ear, nose and throat (ENT) surgeon, he introduced advanced vocal cord imaging to local medicine and built a reputation for diagnosing complex conditions others missed. He believes doctors should treat patients with compassion rather than prioritising profit. Every illness has an underlying cause, says Dr Callaghan. After performing surgery until age 98, he now works mornings and spends afternoons at the gym. He ascribes his successful career to dedication, humility and lifelong learning.

FOOD FOR THOUGHT

NHI Act already damaging SA

While President Cyril Ramaphosa has been forced to pause the promulgation of the NHI Act, the legislation is already causing damage, according to

David Lambert, Executive Director of Solidarity.

Writing in ***Daily Investor***, Banke Nwothing reports that uncertainty surrounding the legislation is discouraging investment, delaying long-term business decisions, reducing innovation and potentially deterring students from pursuing medical careers.

Lambert argues that the Act's mere existence has created a damaging "shadow" over the sector, even though the President has agreed not to promulgate any provisions until legal challenges over the Act's public participation process have been resolved by the Constitutional Court.

The NHI now faces nine separate court cases challenging both its procedural and constitutional validity. These include actions by AfriForum, the Health Funders Association, SA Private Practitioners Forum and Solidarity.

Critics argue that NHI is unaffordable, unworkable and lacks a credible funding model. NHI expert, Professor Alex van den Heever, also questions whether NHI could ever be successfully implemented.

With legal challenges expected to continue for years, Lambert says the delays are positive because they provide time to expose what opponents view as the legislation's financial, practical and constitutional shortcomings.

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UPDATE ON NHI NEWS

President doubles down on NHI in SA, despite legal challenges

President Cyril Ramaphosa has reaffirmed his commitment to SA's NHI despite ongoing legal challenges surrounding the scheme.

- Newsday (8 August 1016)

Speaking at the opening of King Nyabela Hospital in Mpumalanga, he said Government would continue laying the "critical building blocks" for NHI through hospital construction, facility upgrades and expanded primary healthcare.

The President stressed that NHI aims to provide all South Africans with quality healthcare, regardless of income or location, while protecting people from financial hardship.

Although he placed a moratorium on the rollout in February 2026, pending a Constitutional Court challenge, he has maintained that Government's preparation and implementation timelines remain on track.

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Universal healthcare plan heads to Cabinet

Government is a step closer to rolling out universal healthcare after finalising a proposed programme that will enable Zimbabweans to access services at public health institutions without paying. The proposed National Healthcare Provision Programme, formerly known as the NH Scheme, will be considered by Cabinet before being sent to Parliament. Under the proposed model, healthcare services would be funded through dedicated levies collected on selected goods and services, rather than through monthly contributions paid by registered members. – ***The Herald*** 21 July 2026

NEWS FROM GOVERNMENT

Charlotte Maxeke Hospital crisis threatens patient care

Unpaid supplier accounts, chronic stock shortages and delayed purchase orders at the Charlotte Maxeke Johannesburg Academic Hospital could lead to a broader breakdown in medical services.

According to an anonymous source the ICU had to cope with continuous renal replacement therapy filters for about two months, forcing the postponement of major surgeries and limiting dialysis support for critically ill patients.

Although the Gauteng Department of Health reportedly received some supplier payments, shortages persist.

By the time the report was published, the Department had not yet responded to the latest allegations. – ***The Citizen*** (5 August 2026)

Growing population challenges healthcare

SA's population has grown from 42.9m in 2002 to an estimated 63.5m in 2026. Gauteng remains the largest province, with 16.3m residents, while migration to urban centres continues to strain public services. An ageing population is expected to increase demand for chronic disease management and long-term care, although children still account for more than a quarter of the population. HIV remains a major health challenge, with an estimated 7.8m people living with the virus.

FINANCIAL NEWS

Membership growth and good financial results

Medshield Medical Scheme announced a strong financial and membership performance for 2025, despite economic pressures and rising healthcare costs.

Insurance revenue increased to R4.21bn from R3.93bn in 2024. Total assets stood at R3.12bn and accumulated member funds reached R2.62bn. Solvency ratio was a healthy 53%, more than double the statutory minimum of 25% – ***Medshield Statement*** (31 July 2026)

Membership grew by 4.5% and the scheme maintained an average beneficiary age of 37 and a pensioner ratio of 13%.

Medshield paid more than R4bn in claims, including R2.6bn for hospital care, and approved nearly 36,000 hospital admissions. More than 50,000 beneficiaries received chronic medication support.

PHARMACEUTICAL NEWS

3 SA companies shortlisted to make HIV injection

Deputy Health Minister Joe Phaala confirmed that three SA pharmaceutical manufacturers have been shortlisted to potentially produce Gilead Sciences' HIV prevention injection, lenacapavir.

The chosen manufacturer will supply lenacapavir to countries across the Southern African Development Community.

The Minister declined to name the shortlisted companies and did not want to indicate whether the Department of Health would pay a higher price for locally manufactured supplies.

The final production model and pricing structure have also not been disclosed.

- *Business Day* (31 July 2026)

Pharmisa requests support for local companies

The Department of Health defended its medicine procurement policies after Pharmaceuticals Made in SA (Pharmisa) blamed Government's tender practices for the loss of 2,500 jobs among pharmaceutical manufacturers over the past 18 months. Pharmisa also accused Government of an excessive focus on price, excluding domestic manufacturers from key medicine tenders.

– ***Business Day*** (18.11 August 2026)

According to a Pharmisa analysis the local shares of tablet and capsule tenders decreased in value from 56% in 2014 to 18% in 2026. Local companies received only 28% of the value of the Health Department's 2025 tender for ADS medicines; a sharp decrease from the 72% they had received in 2008.

Pharmisa also criticised Government for allowing a 1.47% increase in private medicines – far below inflation rate – and requested Government to establish preferential procurement rules.

According to the Department lower contract values reflect falling medicine prices and increased competition.

GENERAL NEWS

Netcare submits patient deterioration AI algorithm to SAHPRA

Netcare submitted an AI-powered patient deterioration algorithm to the SA Health Products Regulatory Authority (SAHPRA) for approval. The submission follows the completion of a clinical study conducted in Netcare's intensive care (ICU) and high-care units.

– *BioCommunity* (7 August 2026).

The technology, developed by Telehealth Competence Centre (TCC) Clinical Solutions and SA research partners, uses artificial neural networks and machine learning to analyse real-time patient data.

This include heart rate, blood pressure, oxygen saturation and respiratory rate. It aims to identify early warning signs of serious conditions such as sepsis, heart failure, arrhythmias and respiratory failure, allowing clinicians more time to intervene.

Netcare plans to distribute the technology across its hospitals if regulatory approval is granted.

Diabetes now leading cause of natural deaths in SA

Data released by Stats SA revealed that diabetes has become the leading natural cause of death in the country.

Diabetes mellitus caused 27,692 deaths in 2023, accounting for 5.8% of all recorded deaths.

– ***Times Live*** (11 August 2026)

Cerebrovascular diseases, including strokes, accounted for 5.4% of deaths. Hypertensive diseases caused 5.2% or 25,018 deaths. Tuberculosis and HIV ranked fourth and fifth.

Rising diabetes and other chronic conditions are increasing healthcare costs through medication, treatment and hospitalisation while employers face absenteeism and reduced productivity.

Research reviewed by Karen Heath, the Tim Noakes Foundation's senior researcher, links poor health to reduced work ability, lower productivity and presenteeism.

Experts also highlight inadequate screening, limited healthcare staffing and delayed diagnosis as major concerns.

SA's unhealthy food environment, including widespread consumption of ultra-processed foods, also contributes to poor metabolic health.

NEWS FROM MEDICAL SCHEMES

"Has NHI reached a turning point?"

"SA has spent more than a decade debating NHI, but progress towards expanding affordable healthcare has been slow."

– *Moneyweb* (11 August 2026)

However, Professor Roseanne Harris, Executive Head of Policy and regulatory affairs at Discovery Health, believes that the debate may finally be entering a new phase.

According to Harris medical schemes should be allowed to build on a market that already provides affordable primary healthcare cover to about 2m South Africans. Moving similar products into the medical scheme environment could eventually extend affordable healthcare cover to as many as 10m people.

The success of the existing primary healthcare insurance products means policymakers should stop treating them as a temporary experiment, Harris argued.

Rather than allowing those products to disappear, they should become the foundation for expanding affordable healthcare.

Discovery estimates that, allowing medical schemes to offer equivalent primary healthcare options, could eventually extend affordable healthcare cover to about 10m South Africans.

HEALTHMAN DIARY

17 August:
SAIMA - Ezco

19 August:
RFS Webinar

20 August:
FCPSA BoD
Roadshow North West

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

24 August:
SAIMA - AGM

27 August:
CPF BoD
Instaps AGM

28 August:
Young Surgeons Course
Surgicom BoD

29 - 30 August
Surgicom Congress

3 - 6 September:
USAMA Conference 2026

17 September:
SASOPHsysMtg
Roadshow Durban