View in web browser

## PCNS annual renewal fees – urgent reminder

In a recent communication from Practice Code Numbering System (PCNS), practitioners were reminded that they are required to complete and submit the mandatory PCNS Debit Order Instruction in order to facilitate the annual renewal of their PCNS fees.
The debit order form can be accessed directly via the PCNS website:
**https://www.pcns.co.za/ApplicationForms/DebitOrder?class=elements**
HealthMan advises practitioners to attend to the debit order instruction as soon as possible to ensure that their annual PCNS renewal is processed without delay.

## *Content*

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## FOOD FOR THOUGHT

### Another problem for medical scheme members in SA

In an interview with *The Money Show* he pointed out that regulations remained largely unchanged since 2003, despite major shifts in healthcare costs, treatments and disease patterns.
(PMBs were introduced to ensure medical scheme members continue to receive treatment for serious conditions after exhausting their normal benefits.)
For the past two decades no updates or changes were made to the PMB system and spending increased from about 40% of medical scheme budgets in 2003 to more than 60% today.
Mothudi estimated the cost at about R1,600 per beneficiary per month; meaning a family of three could face around R4,000 in costs at the lowest level.
He blamed delayed reforms partly on uncertainty surrounding the NHI, which could still take another 10 to 15 years to implement.
According to Mothudi PMBs focus too heavily on hospital-based diagnosis and treatment rather than prevention, screening and early intervention. Reforms could reduce out-of-pocket expenses, control costs and improve access to healthcare while supporting universal health coverage, he said.

## UPDATE ON NHI NEWS

### SA's current healthcare model is not feasible

SA's current single-fund healthcare model is not feasible, said Roseanne Harris, Discovery Health's Executive Head of Policy and Regulatory Affairs at a recent conference.

Harris highlighted major disparities in healthcare funding. - ***FA News*** (17 August 2026)

Medical scheme members represent only about 14% of the population, but contribute roughly 74% of personal income tax while unemployed and informal-sector groups rely heavily on publicly-funded healthcare.
She warned that significantly higher taxes to finance NHI could reduce healthcare coverage for existing taxpayers.
According to data from Genesis Analytics, even under optimistic assumptions, personal income tax would need to rise from an average 21% to 46% to provide care equivalent to current medical scheme benefits, making the existing NHI model fiscally impossible.
Meanwhile, several legal challenges are underway:
Constitutional Court rulings on parliamentary procedure are expected in October 2026

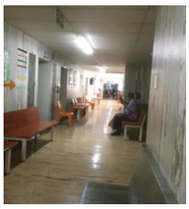
and could result in the NHI Act being returned to Parliament. Substantive challenges by healthcare and business organisations are also continuing.
Discovery believes a multi-payer system, supported by affordable primary-care cover, could provide a more practical path toward universal healthcare.

## NEWS FROM GOVERNMENT

### Cipla takes Health Department to Court

The National Health Department is defending Cipla's challenge involving the R15.5bn AIDS drug tender in the High Court.
Cipla argues that, although it previously supplied the State and invested in local manufacturing, it received no share of contracts for monthly or three-monthly packs of the key HIV medicines *tenofovir, lamivudine* and *dolutegravir*, known as TLD.
The company requested the Court to overturn the awards; arguing that officials failed to give enough weight to local manufacturing. It also claims some bidders should have been disqualified and that officials made errors when dividing volumes among successful suppliers.
The R7.25bn contract for monthly TLD packs was divided among eight companies.
A separate R5.38bn contract for three-month packs went to seven suppliers.
The Department argues that officials followed a fair and rational process when awarding contracts to supply key HIV medicines. – ***Business Day*** (18 August 2026)

### Crisis at Helen Joseph Hospital deepens



Patient safety and the medical staff situation at the Helen Joseph Hospital seem to have reached a critical stage, reported ***The Citizen*** (19 August 2026).

This follows a notice on 6 August by the head of the hospital's trauma unit, asking certain patients to seek emergency treatment elsewhere due to concerns that some medical staff had not been paid and doctors had stopped reporting for duty.

The Gauteng Department of Health dismissed the notice, stating that the communication was unauthorised and did not represent either the hospital or the Department.

The Department admitted that the hospital was facing "operational difficulties, including staffing issues".
According to Madeleine Hicklin, the spokesperson for DA Gauteng on health matters, the medical officers' contracts had not been renewed and a number of staff members in the emergency department had been working without pay or with invalid contracts since April 2026.

### Gauteng Health warns patients and officials about corruption

Gauteng Health warned patients and officials against corruption at public health facilities following allegations involving bribery, queue-jumping and access to services.

The allegations also involve patients paying officials to secure preferential treatment, booking appointments, accessing patient files and collecting medicines from public-sector pharmacies.The Department warned that officials who solicit or accept payments in return for preferential treatment could face serious consequences.
Patients were requested to report suspected bribery to the Quality Assurance Office to allow facility management to record the complaint formally.
"A spokesperson for Gauteng Health said patients should never have to pay an official for services to which they are entitled. Equally, officials have no right to demand payment for carrying out their duties." – ***The Citizen*** (26 August 2026)

### 41 ambulances standing idle

Forty-one ambulances in the City of Johannesburg, worth more than R16m, have reportedly stood idle for six years, despite Gauteng residents facing long waits for emergency services. - ***Newsday*** (18 August 2026)

Gauteng MP Alan Fuchs called for an independent audit within 60 days to determine ownership, conditions, value and repair costs, vehicles repaired, deployed, transferred or sold.
Fuchs said Johannesburg lacks the budget and skills to operate a full ambulance service; raising doubts about its proposed supplementary service.
**Eastern Cape crisis:**
***Daily Maverick*** reported on 26 August that - according to figures provided by Health

MEC Ntandokazi Capa in response to a written question from DA MPL Jane Cowley - the Eastern Cape has 353 ambulances of which 161 are grounded and 192 operational. Four years ago the province had 244 operational ambulances.

## Specially trained pharmacists allowed to provide HIV testing

Ten months after a Supreme Court of Appeal judgment, specially trained pharmacists can now apply for temporary 24-month permits to provide HIV testing, PrEP and PEP without doctors' prescriptions.

Only the nearly 800 pharmacists who completed the previous SA HIV Clinicians Society (SAHCS) PIMART course may apply for temporary permits.
The Department of Health can take up to 90 days to process permits, followed by SAPC registration within 72 working hours to 14 days.
A new updated PIMART training course is awaiting accreditation and should be launched early next year. Once accredited, pharmacists may eventually receive full-scope permits to dispense first-line ARVs for uncomplicated HIV although the timeline remains uncertain.
– ***MedicalBrief*** (27 August 2026)

## FINANCIAL NEWS

### GLP-1 generics could reshape local obesity market

A new generation of generic GLP-1 medicines is set to increase competition and improve access to obesity and diabetes treatment in SA.
– ***Bhekisisa Centre for Health Journalism*** (24 August 2026)

The demand for GLP-1 medicines such as *Ozempic, Wegovy* and *Mounjaro* has surged globally, with the market projected to reach $190bn by 2035.
In SA monthly treatment costs between R3,000 and R10,000; limiting access to about 84% of South Africans relying on Government healthcare services. This situation fuels an illegal market for unregistered and compounded products.
The pharmaceutical company, Ranbaxy's Semagard, sells its product for 18.5% cheaper than *Ozempic*.
The pharmaceutical manufacturer Novo Nordisk's *Extensior* is around 15% cheaper.
According to research, manufacturing costs could fall to as low as R100 to R200 per month.
Meanwhile, SAHPRA continues cracking down on unsafe unregistered products sold online, warning they may contain incorrect doses or contaminants.

### Discovery expects strong earnings growth

Discovery is expecting strong earnings growth for the year to end-June 2026, with headline earnings forecast to rise by **31% - 36%** and normalised headline earnings by **18% - 23%**, according to ***Business Day*** (27 August 2026). Normalised operating profit is expected to increase by 15% - 20% while Discovery SA could grow by 13%–18% and the Vitality composite 18% - 23%. Discovery's share price rose 4.71% to R258.51, taking its 2026 gain to 13.7%. Annual results are due on 3 September.

## PHARMACEUTICAL NEWS

*Focus on: Pharma manufacturing crisis*

*The Crisis:*

### Mounting pressure on local manufacturers

SA's pharmaceutical manufacturing sector is facing mounting pressure as local producers lose Government contracts while production costs rise sharply.

Stavros Nicolaou of Pharmaceuticals Made in SA says procurement policies are undermining localisation by awarding contracts to companies that may import finished medicines rather than manufacture products locally.
Around 2,500 pharmaceutical jobs have been lost and nine small contract manufacturers have closed or suspended operations. Meanwhile, medicine prices in the private sector rose by only 1.4%, despite manufacturing costs increasing by 15% – 40%.
The industry warned that continued cost pressures could trigger medicine shortages.

Disputes over the R15.5bn HIV tender have intensified concerns about imports replacing local production. - **Chris Barron** in ***Financial Mail*** (20 August 2026)

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*Possible Solution:*

## Measures to boost production

Senior government officials - including the Director-General of the National Department of Health – as well as top leaders of the pharmaceutical industry - agreed to implement immediate and long-term measures to boost local medicine production and enhance supply security.

Government will consider a once-off adjustment to medicine exit prices amid domestic and international cost pressures while both sides will review pricing regulations and develop a predictable adjustment mechanism.
Investment incentives, including capital and export support, will be explored to strengthen local manufacturing and assist distressed contract manufacturers.
Priorities also include strengthening SAHPRA, improving industry engagement, reforming public-sector procurement, reducing bureaucracy and business costs and considering alternative reimbursement models.
Regular meetings will monitor implementation and address emerging challenges.
- Media Release: ***National Department of Health*** (19 August 2026)

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## GENERAL NEWS

## US lifts ban on funding SA research projects

The National Institute of Health (NIH) in the United States has lifted its ban on funding research projects in SA; allowing local scientists to re-apply for NIH grants.

– ***Business Day*** (20 August 2026)

After US President Donald Trump signed an executive order suspending foreign aid and assistance to SA, funding from the NIH was stopped. Research institutions had to cancel projects and dismiss researchers and other healthcare workers.
The NIH's latest decision offers universities, research centres and healthcare partners the opportunity to reassemble their teams and restart their projects; thus restore SA's standing in global health research.
In its Editorial on 25 August ***Business Day*** noted that SA cannot treat renewed access to foreign grants as a permanent solution.
International partnerships remain valuable, but they should complement rather than substitute domestic investment as funding exposes the risks of relying too heavily on foreign support for essential scientific work.

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## Workplace burnout increases business risk

SA employees face growing financial and psychological pressure due to rising living costs, stagnant salaries, job insecurity and longer working hours.

– ***Times Live*** (16 August 2026)

Gallup's 2026 State of the Global Workplace report indicates that about 35% to 40% of SA employees experience daily stress.
A survey by SA Depression and Anxiety Group (SADAG) shows that 52% of 963 employees had been diagnosed with a mental health condition. Depression, stress, generalised anxiety disorder and burnout were most common.
SADAG found that fewer than half of surveyed employees had access to employee assistance programmes and only 28% of those with access had made use of them.
Experts recommend that employers review workloads, working hours, management practices and access to mental health support.

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## NEWS FROM MEDICAL SCHEMES

## Insurance growth reshapes healthcare market

Health insurance has become the fastest-growing segment of SA's private healthcare market, driven by consumers seeking more affordable options than traditional medical schemes, reported ***Times Live*** (16 August 2026).

Momentum Health estimates the sector is expanding by 14% - 16% annually, with more than 1.2m principal members covering nearly 2m beneficiaries.
By contrast, medical schemes cover about 8m people, while open-scheme membership declined by around 3% between 2019 and 2024.
Health insurance generally offers limited benefits, including GP visits, medicines, tests and restricted hospital or emergency cover, but lower premiums are making private healthcare more accessible.
Medical schemes are responding by advocating low-cost options and adopting wellness incentives, digital services and rewards. Telehealth is also expanding rapidly, with Momentum's Hello Doctor consultations increasing by about 600%; highlighting technology's growing role in healthcare access.

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## GAP Cover gains importance as costs rise

Medical schemes remain essential for accessing private healthcare in SA, but rising contributions, healthcare inflation and stricter benefit structures mean members cannot assume their schemes will cover the full cost of treatment, wrote James White, Director: Sales and Marketing at Turnberry Management Risk Solutions in ***Moneyweb*** (22 August 2026).

Increasing co-payments, sub-limits, network restrictions and provider penalties are leaving members exposed to significant out-of-pocket expenses, particularly when specialists charge above scheme tariffs.
This has made GAP Cover increasingly important; shifting it from an optional extra to a key component of healthcare financial planning. Although medical schemes must cover Prescribed Minimum Benefits (PMBs), these provide only a minimum level of protection and do not eliminate all potential shortfalls.
Brokers and financial advisers therefore need to explain scheme rates, provider networks, exclusions and possible additional costs when recommending cover.

*GAP Cover itself has annual aggregate limits and should complement, rather than replace, suitable medical scheme.*

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## GEMS principal officer suspended

The GEMS Principal Officer, Stan Moloabi, has been placed on precautionary suspension while the Government Employees Medical Scheme (GEMS) completes an internal administrative process,
Both GEMS and Moloabi declined to provide further details. Neither Cosatu nor the Public Servants Association was privy to the basis for the Board's decision.
- ***Business Day*** (26 August 2026).

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## New Bill punts changes for MPs' medical scheme

Parliament's National Assembly is reconsidering compulsory membership of Parmed, the parliamentary medical scheme, following a private member's Bill by ActionSA MP Dr Kgosi Letlape.
The proposed amendment would make membership voluntary; allowing MPs, other elected officials and judges to choose another medical scheme or public healthcare.
Letlape argues Parmed's compulsory, one-size-fits-all structure lacks flexibility and has rising costs.
Despite Parmed offering comprehensive benefits, including broad hospital and specialist access and cover for more than 100 chronic conditions, none of the 10 public submissions supported retaining compulsory membership. Nine backed the Bill, while one called for Parmed's abolition and a tax-funded system aligned with NHI.
– ***MedicalBrief*** (27 August 2026)

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## HEALTHMAN DIARY

**3 - 6 September:**
USANA Conference 2026

**16 September:**
RFS Webinar

**17 September:**
SASOP/PsychMg
Roadshow Durban