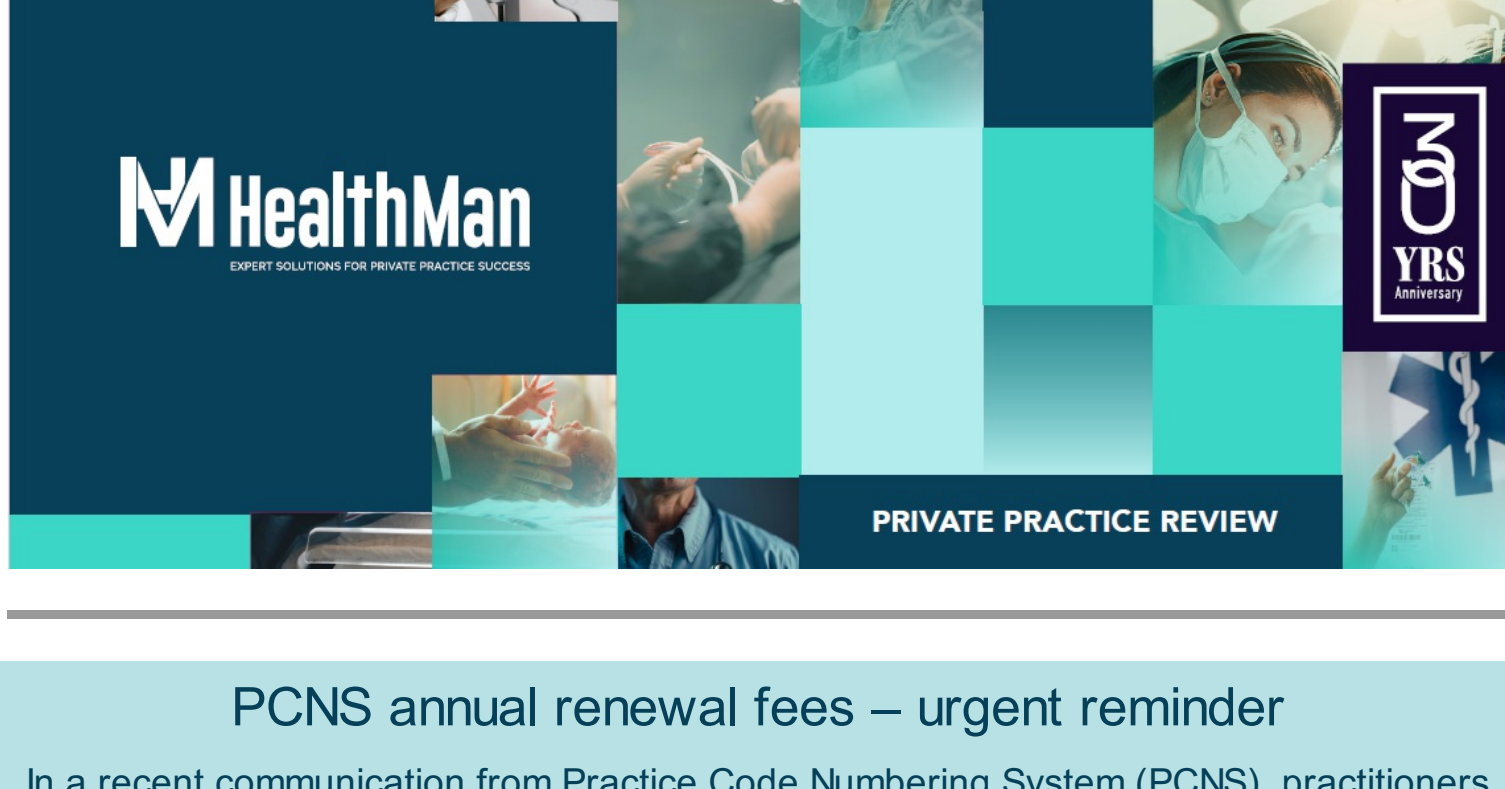




PCNS annual renewal fees – urgent reminder

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?classes=elments>

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.

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FOOD FOR THOUGHT

Big trouble for SA medical schemes

"With health insurance products booming in the country, medical schemes are no longer the most attractive option, at least based on price, with regulations tying their hands when trying to compete," said

Principal Officer for Medshield, Kevin Aron, in an interview with **Business Talk**.

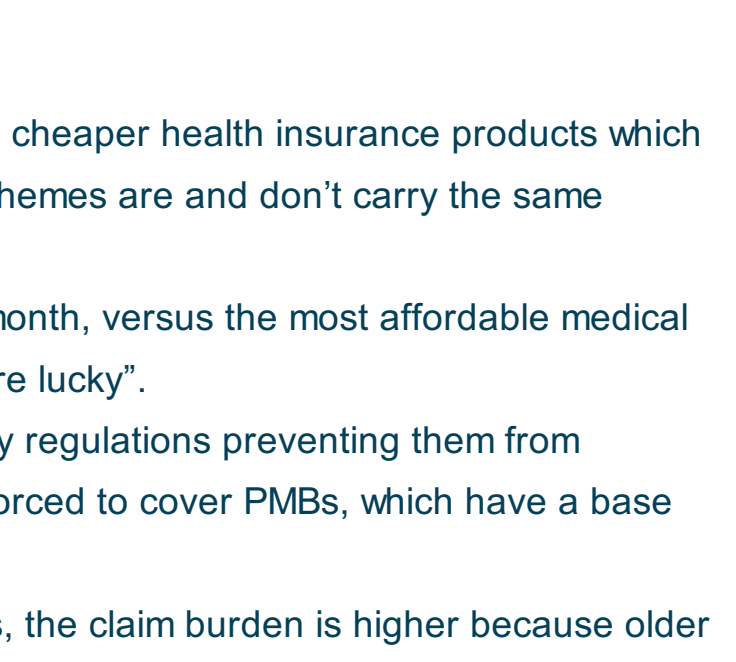
According to Aron younger people are joining cheaper health insurance products which are not regulated in the same way medical schemes are and don't carry the same regulatory burden.

This booming sector offers cover at R500 a month, versus the most affordable medical scheme plans starting around R1,100 "if you're lucky".

Meanwhile, medical schemes have to abide by regulations preventing them from competing in this sector. This includes being forced to cover PMBs, which have a base coverage cost of around R1,000.

If a medical scheme has many older members, the claim burden is higher because older people have greater medical needs. This results in high annual increases in premiums.

"If people solely base their medical scheme on the cheapest option, they might find themselves in a situation where they need to claim and find that it isn't covered by their plan," said Aron



Allow schemes to offer low-cost benefit options

South Africa's growing demand for affordable private healthcare cover is exposing

regulatory gaps in the medical schemes market.



Rising costs are forcing consumers to downgrade plans, delay joining schemes or switch to cheaper health insurance. The Board of Healthcare Funders (BHF) argues that low-cost benefit options (LCBOs) could provide an affordable alternative for lower-income households while preserving medical scheme principles such as community rating, open enrolment and social solidarity.

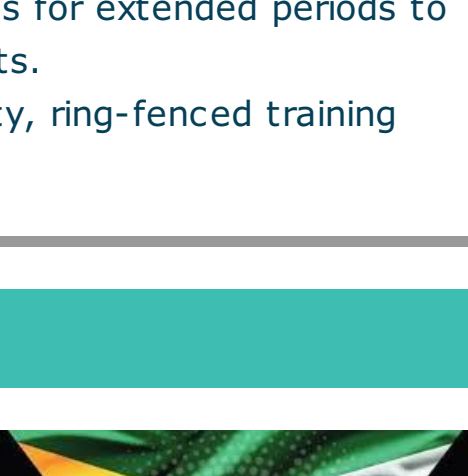
Unlike health insurance, LCBOs would offer a defined basket of essential, primary-care services within the medical scheme framework. According to BHF the growing health insurance market, now covering nearly 2m beneficiaries, demonstrates strong demand for affordable cover.

Business Times (13 September 2026)

Unpaid specialist training strains SA doctors

Unpaid specialist training is becoming an increasingly visible feature of SA's public healthcare system as doctors compete for a limited number of Government funded training posts.

– **Spotlight** (September 2026)



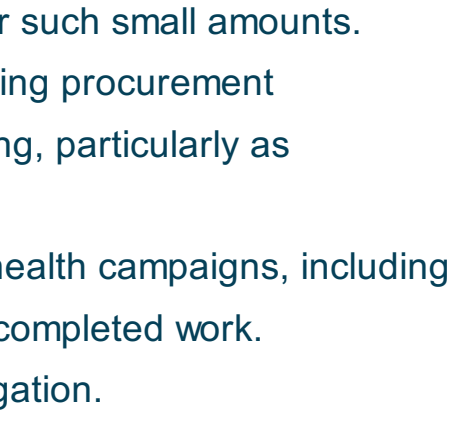
This resulted in some local doctors working without salaries for extended periods to gain the clinical experience required to qualify as specialists.

Proposed reforms include a Workforce Intelligence Authority, ring-fenced training funds and subsidies for private-sector training.

UPDATE ON NHI NEWS

NHI community communications contracts face R182m scrutiny

The Health Department has referred allegations of inflated NHI advertising contracts to the Special Investigating Unit (SIU), the Auditor-General and the Public Protector.



For instance: KMTV Media received about R146m and Dots Design Agency about R35m between September 2024 and September 2026.

The Department rejected the allegations as misleading, stating that they are "ridiculous in the extreme" and that Government does not issue tenders for such small amounts.

Meanwhile, the NHI Act is facing eight legal challenges regarding procurement transparency, budget controls and oversight of health spending, particularly as Government prepares for potentially significant NHI reforms.

According to the Department the contracts covered broader health campaigns, including malaria, diabetes and cancer. Those providers were paid for completed work.

The SA Medical Association (SAMA) also called for an investigation.

– **Daily Maverick** (1 October 2026)

NEWS FROM GOVERNMENT

'Medicine supplies are stable'

The Department of Health assured patients that medicine supplies in the public sector remain stable, despite concerns over shortages and changes in the appearance of some medicines.

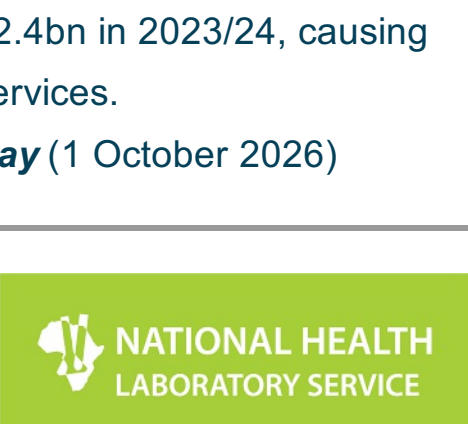
According to a Department spokesperson differences in colour, shape and packaging do not imply the medicine has changed. Disruptions can be caused by manufacturing problems, global shortages, transport delays and procurement changes.

– **SABC News** (1 Sept 2026)

Medical negligence claims to be structured

The SA Law Reform Commission proposed replacing lump-sum payouts for State Medical Negligence Claims with

structured, "pay-as-you-go" settlements.



The two proposed Bills would create an administrative redress system, pre-trial measures and dedicated medico-legal units.

Settlements would combine public healthcare services, limited lump sums and periodic payments for future losses. The reforms aim to reduce litigation, prevent abuse and improve financial management, while requiring better record-keeping and service quality.

Provincial health departments face contingent liabilities of R62.4bn in 2023/24, causing successful claims paid R1.5bn to divert funds from frontline services.

Private-sector claims remain outside the report. – **Business Day** (1 October 2026)

NHLS scrambles as pathology funds run dry



The National Health Laboratory Service (NHLS) is scrambling for new providers after funds for haematology pathology services ran dry amid an R11.3bn provincial debt threatening the service. – **Business Times** (21 September 2026)

The contract, covering small and medium haematology labs at several of the country's largest hospitals, has lapsed after funds in a central purchasing arrangement ran dry.

Provincial debt to the NHLS increased to R11.3bn, much of it from the two most populous provinces: KwaZulu-Natal owed nearly R4bn at the end of March and Gauteng R3.3bn.

The affected laboratories include Chris Hani Bangwemath Hospital, Charlotte Maxeke, Groote Schuur, Red Cross Children's Hospital, Dr George Mukhari Hospital and Tshwane District Hospital.

Eastern Cape halves its medico-legal bill

"The Eastern Cape's estimated medico-legal liability fell from R38bn to just under R19bn over five years, according to former Health Department, head Dr Rolene Wagner. However, analysts warn that a smaller bill does not, by itself, show that patients are safer."

– **Financial Mail** (1 October 2026)

FINANCIAL NEWS

Discovery's financial operating profit up by 17%

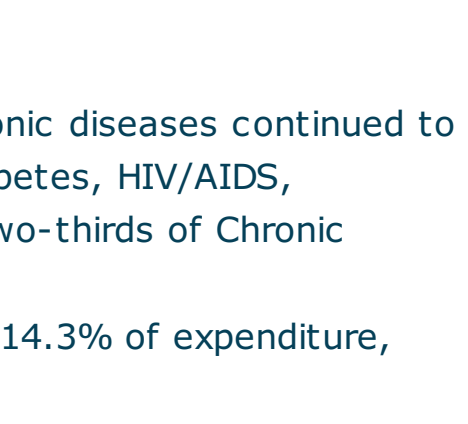
On 3 September Discovery released its financial results for the year ended 30 June 2026 announcing a 17% increase in normalised profit from operations to R17.75bn.

Headline earnings rose by 34%; normalised headline earnings increased by 21%; and normalised return on equity improved from 15.4% to 16.5%.

More than R6.6bn/year trade

Illicit trade across the cosmetics, personal care and pharmaceutical sectors now exceeds R6.6bn a year, according to a new report from the Consumer Goods

Council of SA and Econometrix.



Illicit cosmetics and personal care products are worth about R2.3bn a year. It includes 4.5% of a R50.7bn domestic market while illicit trade in pharmaceuticals is estimated at R4.3bn, or 4.6% of the market.

According to the report this trade is caused by unauthorised imports, counterfeit goods and weak distribution channels. Beyond the lost tax revenue, it warns that these channels expose consumers to products that may never have been safety-tested.

In 2024/25 the SA Health Products Regulatory Authority (SAHPRA) logged 507 suspected counterfeit and illicit medicine cases and confirmed 110.

Illicit pharmaceuticals displace R2.8bn in output, reduce GDP by about R1.1bn and cost 1,138 jobs, draining a further R403m from the fiscus.

– **Times Live** (12 September 2026)

Medicine expenditure increased by 4.7% in 2025

The Mediscor Medicines Review 2025 found that medicine expenditure increased by 4.7%, driven by a 2.7% rise in average item costs and 2.0% growth in utilisation.

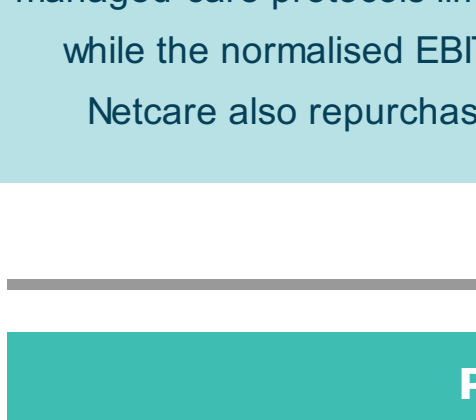


Generic utilisation reached 68.9% and uptake 84.6%. Chronic diseases continued to dominate medicine demand, with hypertension, type 2 diabetes, HIV/AIDS, hyperlipidaemia and dysrhythmias accounting for almost two-thirds of Chronic Disease List expenditure.

Speciality medicines represented only 0.23% of items but 14.3% of expenditure, with oncology the largest contributor.

Co-payments declined to 7.1%, although chronic and PMB medicines remained problematic.

Overall, Mediscor highlighted the need for careful purchasing strategies, benefit design and provider collaboration to balance affordability, access and increasingly complex medicine costs.



Buy now, pay later



A new SA programme, Obifex, allows patients to use buy-now-pay-later (BNPL) credit to spread the cost of weight-loss GLP-1 medicines over instalments.

The doctor-led service combines virtual consultations, low-dose medication and lifestyle coaching, targeting up to 10% weight loss over six months. BNPL reduces upfront costs, but missed payments can attract penalties. With medical schemes generally not funding obesity treatment and generics still emerging, financing is filling an affordability gap.

– **Moneyweb** (29 September 2026)

GLP-1 treatments typically cost R2,500 – R6,000 monthly, making affordability a major barrier. Demand has also contributed to the use of illicit or unregistered products, prompting regulatory action by SAHPRA and the SA Pharmacy Council.

Discovery Vitality is expanding GLP-1 obesity support as demand for anti-obesity medicines continues to rise among SA medical scheme members, reported **Business Day** (2 October 2026)

The rewards programme is adding doctor-led assessments to its HealthyWeight programme, alongside existing diet and exercise support.

Netcare's patient volumes increased

Netcare's patient days increased by 1.6%, while acute hospital activity grew by 0.8% despite medical scheme solvency measures, network changes and tighter managed-care protocols limiting activity. Group revenue is forecast to grow by about 4%, while the normalised EBITDA margin is expected to improve from 18.6% in FY2025.

Netcare also repurchased R1.04bn of shares. – **Business Day** (1 October 2026)

PHARMACEUTICAL NEWS

"Pharmaceutical policy must balance price with supply"

SA's pharmaceutical policy must strike a balance between medicine affordability and local industry sustainability, argues industry expert Dr Keele.



While the 2004 single exit price (SEP) system successfully lowered generic unit prices by boosting transparency and market competition, a narrow fixation on achieving the lowest price poses long-term supply risks.

Data from the industry group Pharmisa revealed that aggressive price-driven procurement has crippled domestic manufacturing. Local producers' share of HIV/AIDS tenders plummeted from 72% in 2008 to 28% in 2025, resulting in over 2,500 job losses and severe medicine shortages.

Reliance on cheap imports threatens health security and weakens local industrial capacity, eroding the broader tax base needed to fund public healthcare, said Keele.

To ensure reliable access to quality medication, policymakers must move toward an integrated national strategy that harmonises pricing regulations with industrial development, procurement and fiscal sustainability. – **Business Day** (29 September 2026)

Aspen gives up on local production of lenacapavir

Aspen Pharmacare announced that its plan for producing

Glaxo Sciences' lenacapavir, is "off the table" because

Government would not guarantee purchase volumes from

local manufacturers who invest in production.



Although Aspen had reached an agreement with Johnson & Johnson to have the Aspen-labelled Covid-19 vaccine bottled for Africa, it had not received any orders

– **Business Day** (4 September 2026)

GENERAL NEWS

Diabetes still top cause of death in SA

According to Stats SA's 2024 numbers, diabetes mellitus was SA's leading cause of death for the third consecutive year.

Diabetes accounted for 6.1% of registered deaths; followed by hypertensive diseases at 5.5%. Of 474,366 registered deaths, chronic diseases dominated among older people, while HIV and tuberculosis

remained major causes among those aged 15 - 44. Diabetes among women caused 7.9% of female deaths.

– **TimesLive** (30 September 2026)

Ageing HIV population a major healthcare problem

SA's success in HIV treatment means an ageing HIV-positive population is becoming a major health-system challenge. By 2040, more than half of people living with HIV are expected to be aged 50 or older. Older people with HIV

face increased risks of diabetes, hypertension, cardiovascular disease and cancer. Experts warn that HIV services were not designed for ageing patients with multiple chronic conditions and call for integrated care and greater use of GPs and nurses

– **Business Day** (20 September 2026)

Mandatory medical scheme membership could cut costs by 30%

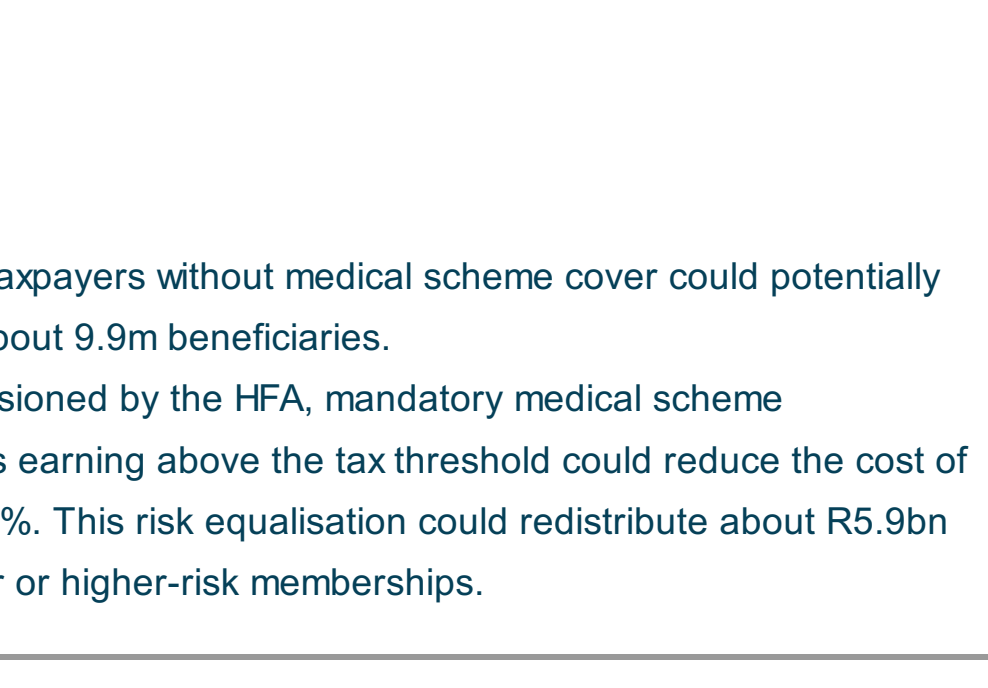
The Health Funders Association (HFA), representing medical

schemes and administrators, says mandatory medical scheme membership and risk equalisation could help

stabilise SA's healthcare financing system as

affordability pressures rise and the insured population ages.

– **Business Day** (3 September 2026)



The HFA estimates that 8.7m taxpayers without medical scheme cover could potentially broaden the existing pool of about 9.9m beneficiaries.

According to research commissioned by the HFA, mandatory medical scheme membership for South Africans earning above the tax threshold could reduce the cost of cover by between 10% and 30%. This risk equalisation could redistribute about R5.9bn annually to schemes with older or higher-risk memberships.

3,8% scheme increase won't make healthcare more affordable



The proposed 3.8% guideline for 2027 medical scheme contribution increases will not make private healthcare more affordable according to Board of Healthcare Funders (BHF) managing director, Dr Katlego Mothudi. He questioned an additional utilisation adjustment, calling for deeper structural reforms and greater transparency from the Council for Medical Schemes (CMS).

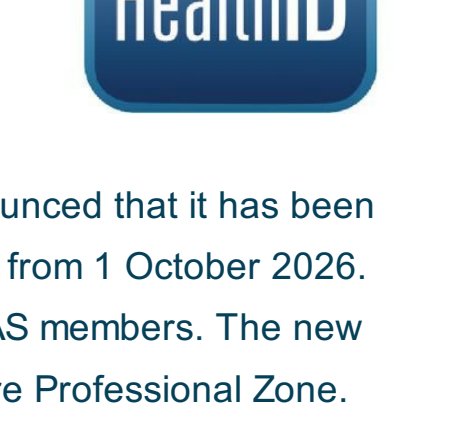
Tariff reform has stalled since the Competition Commission's 2019 Health Market Inquiry, with no platform for collective negotiations between schemes and providers, said Mothudi. He also blamed delays on expectations that NHI would resolve the sector's problems.

The BHF supports expanding low-cost benefit options to bring an estimated 8m to 10m people into the private risk pool, alongside mandatory membership and risk equalisation. It also wants prescribed minimum benefits (PMBs) reviewed, noting their share of scheme budgets has risen from about 40% to more than 60%. (Despite regulations requiring reviews every two years, PMBs have not been comprehensively reviewed for over 20 years.) – **Moneyweb** (30 September 2026)

These employees may be forced to pay for medical schemes

Compulsory medical scheme membership for formally employed South Africans should be considered, said

Thonshan Naidoo, CEO of HFA..



In an interview with **Business Tech** (9 September 2026), Naidoo said mandatory medical scheme membership could reduce healthcare costs by broadening risk pools and bringing younger, healthier people into private healthcare.

Naidoo estimates R34bn – R35bn may be needed to subsidise lower-income employees. However, Government has warned that forcing all formally employed workers into medical schemes could create a multibillion-rand fiscal burden.

According to Dr Nicholas Crisp even R20bn could divert funds from public healthcare. Although larger risk pools could ease affordability pressures, Crisp stresses that members must be able to fund their own cover.

Discovery Health to administer SAB Medical Aid Medical Aid



In a letter to Healthcare Professionals, Discovery Health announced that it has been appointed as the administrator of SAB Medical Aid (SABMAS) from 1 October 2026. Discovery has issued new membership numbers to all SABMAS members. The new numbers can be obtained through HealthID and the Healthcare Professional Zone.

For more info, read the attachments

HEALTHMAN DIARY