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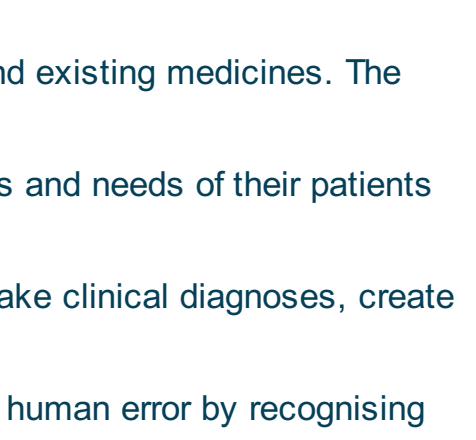
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FOCUS ON ARTIFICIAL INTELLIGENCE

What is Artificial Intelligence?

Artificial intelligence (AI) is computer software or a machine-built tool to perform tasks that normally require human thinking. – Google



Instead of just following a strict, pre-written list of rules, AI looks at large amounts of information, finds patterns and makes decisions or guesses based on what it learns.

In future AI will become more integrated in the healthcare industry by assisting in the collecting, storing and analysing important data, including medical records. This will speed up healthcare professionals' access to data faster and therefore work more effectively.

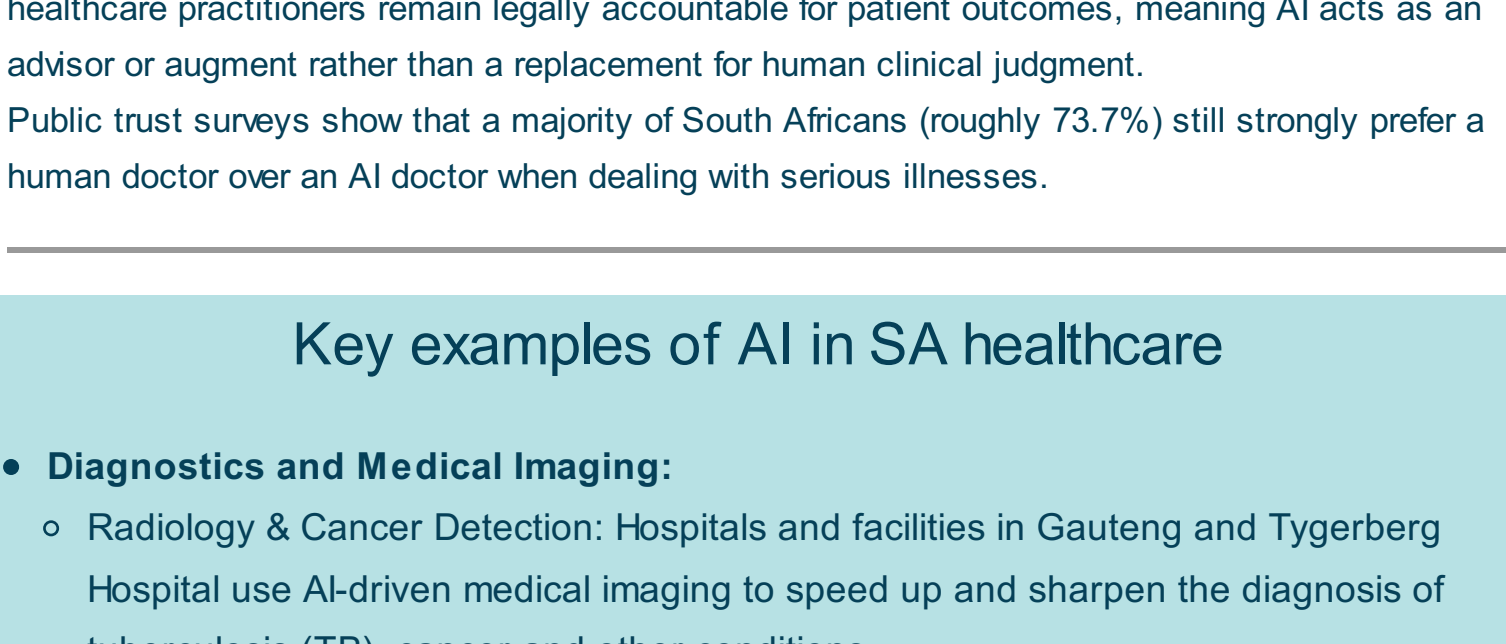
By analysing a patient's records, clinical research and expertise, AI can help to determine the best course of treatment for a patient and assist medical professionals in finding a tailored and targeted treatment.

AI can contribute to the creation of new drugs by analysing data and existing medicines. The technology can also help to cut costs and speed up drug creation.

AI allows healthcare professionals to better understand the patterns and needs of their patients through in-depth data analysis.

In future AI should have the potential to read images and scans, make clinical diagnoses, create treatment plans and improve the delivery of care to patients.

Developed AI technology within medicine could reduce preventable human error by recognising anomalies, assist surgeons by understanding the 'grammar of surgery' and predict readmissions by developing an algorithm that identifies the probability that a patient will return.

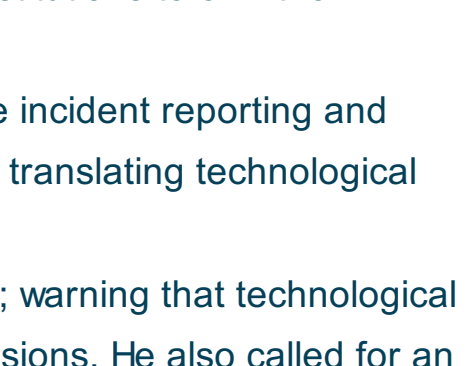


Influence of AI on SA medical healthcare industry

Key examples of AI in SA healthcare

- **Diagnostics and Medical Imaging:**
 - Radiology & Cancer Detection: Hospitals and facilities in Gauteng and Tygerberg Hospital use AI-driven medical imaging to speed up and sharpen the diagnosis of tuberculosis (TB), cancer and other conditions.
 - CSIR Smart Innovations: The Council for Scientific and Industrial Research (CSIR) developed optical-based and laser-driven AI tools to rapidly and cheaply detect mutations or pathogens like SARS-CoV-2, HIV-1 and *Mycobacterium tuberculosis*.
- **Infectious Disease & Chronic Care Management:**
 - TB & HIV Risk Prediction: Public health models and Government-backed initiatives use machine learning on patient symptoms and record data to predict a patient's likelihood of a TB or HIV diagnosis.
 - WhatsApp & GenAI Outreach: Underserved and rural communities use WhatsApp-based chatbots and generative AI tools to receive HIV risk assessments, counseling and health education
- **Remote Monitoring and Rural Triage:**
 - e-Mutakalo App gathers and analyses real-time patient vital signs to automatically and remotely monitor patients.
 - Triage Chatbots: Rural clinics deploy local-language triage chatbots to help reduce the heavy administrative burden on local nurses and guide patient flow.
- **Private medical schemes & health risk management:**
 - Major SA medical schemes, including Discovery Health, Fedhealth and Momentum Health, use AI to assess health risks, forecast chronic disease trajectories and offer personalised treatment pathways. - Google

Healthcare accountability must keep up with AI



Healthcare accountability must advance alongside AI and genomics to improve patient safety according to former Health Ombud Professor Makgoba.

- **Sunday Times** (11 October 2026)

Accountability should require practitioners, managers and institutions to own their decisions and address their consequences, said Makgoba.

Investments in AI should be paired with staff training, effective incident reporting and clear decision-making responsibility to assist organisations in translating technological capability into safer care.

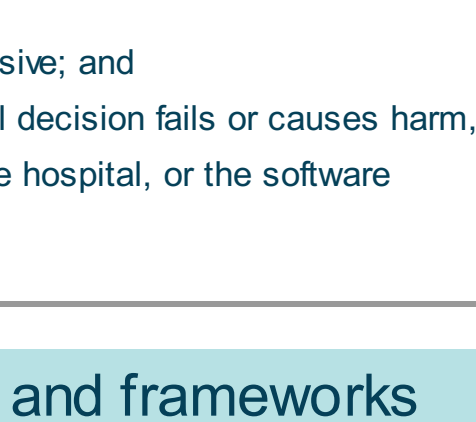
He urged healthcare professionals to confront medical errors; warning that technological progress cannot replace human responsibility for clinical decisions. He also called for an ethical framework that better reflects SA's constitutional values and cultural diversity.

Advances in genomics and AI could strengthen diagnosis, predict disease risks and support personalised treatment.

"Whenever using AI, professionals must still balance patients' interests with their autonomy, particularly when making end-of-life decisions."

Disadvantages of using AI

AI systems require sensitive patient data to function; increasing the risk of cyberattacks, leaks or the unauthorised use of private health records.



If an AI model is trained on non-representative or flawed historical data, it can misdiagnose or under-treat minority groups and deepen existing health inequities;

The "Black Box" Problem: Many complex machine learning models make clinical decisions through opaque pathways that doctors cannot easily trace; making it hard to understand how or why a conclusion was reached;

AI can misinterpret subtle visual or clinical cues or miss obvious abnormalities that a trained human specialist would easily catch;

AI cannot replace the emotional bond, comfort, trust and psychological reassurance that a human healthcare provider gives to a patient;

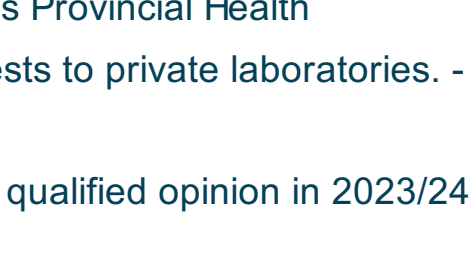
Clinicians may lean too heavily on AI outputs, leading to a loss of critical thinking skills or a failure to spot machine errors; and

Buying, integrating, updating and training staff on AI tools is expensive; and

Accountability and Regulatory Gaps: When an AI-assisted medical decision fails or causes harm, legal and ethical lines regarding who is responsible - the doctor, the hospital, or the software developer - remain unclear.- ChatGPT

NEWS FROM GOVERNMENT

Minister appoints three senior figures to address NHLS crisis



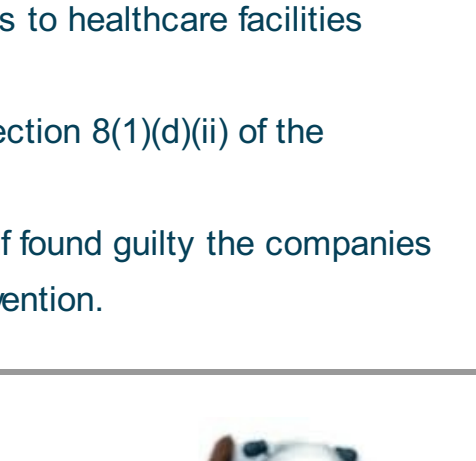
The National Health Laboratory Services (NHLS) that provides almost all diagnostic testing for patients attending public hospitals and clinics, owes Provincial Health Departments R10.6bn and faces criticism over outsourcing tests to private laboratories. - **Business Day** (13 October 2026)

In 2022/23 NHLS received an unqualified audit; followed by a qualified opinion in 2023/24 and a disclaimer in 2024/25

The NHLS also missed the statutory deadline for submitting its 2025/26 financial statements to the Auditor-General.

To address the crisis Health Minister Aaron Motsoaledi appointed former Board Chair Eric Buch, Compensation Commissioner Barry Kistnasamy and Anban Pillay a Health Department's Deputy Director-General, to address "deteriorating oversight and financial management" at the NHLS.

Competition Tribunal looks at medical imaging equipment firms



The Competition Commission (CC) referred four major medical imaging equipment suppliers to the Competition Tribunal for prosecution following allegations that they blocked other firms from servicing, repairing and maintaining their systems. – **Business Day** (2026)

The companies allegedly denied or restricted independent clinical engineers' access to spare parts and diagnostic software. Service keys, technical information and training were also allegedly withheld.

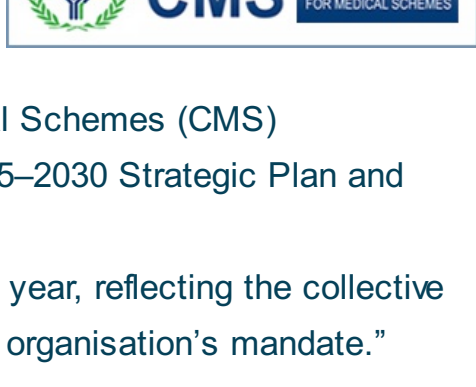
The companies are GE SA, GE Medical Systems SA, Siemens Healthcare and Philips. They supply and service X-ray, ultrasound, MRI, CT and PET/CT systems to healthcare facilities nationwide

According to the CC, the conduct contravenes section 8(1)(c) or section 8(1)(d)(ii) of the Competition Act.

The investigation began in 2021 following a market scoping study. It found guilty the companies face fines of up to 10% of their turnover for the period of the contravention.

Medico-Legal reform stalls

Government has yet to respond to the SA Law Reform Commission's (SALRC's) proposals for medico-legal reform, despite describing medical negligence claims against the state as a crisis.



The proposals include exorbitant lump-sum payments to medical negligence victims to be scrapped and new laws to be introduced for a revised system with structured pay-as-you-go settlements.

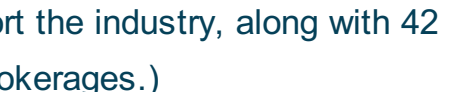
The report also recommends administrative or court-based claims and structured settlements combining lump sums, state-provided care and periodic payments.

Although provincial contingent liabilities fell from R111bn in 2019/20 to R50.2bn in 2024/25, Government still pays about R1.5bn annually.

Institutional maternal mortality remains high at 111.7 deaths per 100,000 live births; contributing to obstetric claims. – **Editorial Business Day** (9 October 2026)

NEWS FROM MEDICAL SCHEMES

CMS releases Annual Report



In its latest Annual Report (7 October 2026) the Council for Medical Schemes (CMS) highlights the successful implementation of the first year of its 2025–2030 Strategic Plan and strong organisational performance with an overall score of 94.83%.

"This culminated in a clean audit outcome for the 2025/26 financial year, reflecting the collective efforts of Council, management and employees in delivering on the organisation's mandate."

– **CMS Media Release**

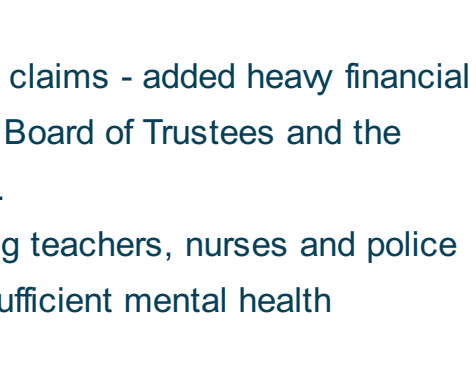
According to the report formal complaints rose by 25.1% in 2025/26. Meanwhile, total benefits paid by medical schemes increased by 8.52% to R259.3bn in 2024. The industry recorded a solvency ratio of 40.87% in 2024; well above the statutory minimum of 25%.

Claims paid per beneficiary rose by 7.84% and spending on prescribed minimum benefits (PMBs) increased by 9.09% to R135.66bn while out-of-pocket expenditure reached R46.3bn.

Beneficiary numbers grew only slightly from about 9.13m in 2023 to 9.17m in 2024.

(The CMS oversees 70 medical schemes, comprising of 16 open and 54 restricted schemes, covering about 9.17m beneficiaries. Thirty-six administrators support the industry, along with 42 managed care organisations, 7,793 individual brokers and 2,182 brokerages.)

GEMS spending on mental healthcare increases by 198%



In 2025 Government Employees Medical Scheme (GEMS) spent R2.75bn on depression treatment; a 198% increase on the R923.9m it paid in 2019. – **Sunday Times** (11 October 2026)

Over the same period GEMS admissions for depression increased by 33%; resulting in more patients relying on in-hospital treatment which tends to cost more.

Out of R67bn total healthcare costs spent by GEMS in 2025, mental disorders accounted for R4.0bn (6%) of total expenditure.

The escalating disease burden - alongside mental health and other claims - added heavy financial pressure to GEMS; sparking intense debates between unions, the Board of Trustees and the CMS regarding contribution hikes and cost-containment measures.

According to Momentum Health public-sector employees - including teachers, nurses and police officers - face significant mental health pressures while SA lacks sufficient mental health professionals.

The problem could be resolved by integrating mental healthcare into primary care; making support accessible alongside treatment for physical conditions and training GPs, nurses and counsellors to improve early identification.

Workplace mental health needs a leadership rethink

Workplace mental health requires stronger leadership and healthier organisational cultures, according to preliminary findings from the GIBS and October Health Workplace Wellbeing Index.

– **Financial Mail** (14 October 2026)

The research, based on 503 respondents, indicates declining financial and emotional wellbeing, with money worries a major stressor.

The report suggest that employers should integrate wellbeing into daily management, addressing financial, emotional and workplace pressures while recognising that supporting employees can strengthen performance and productivity.

HEALTHMAN DIARY