View in web browser

Content

Food for Thougnt
Update on NHI News
News from Government
Financial News
Pharmaceutical News
General News
News from Medical
Schemes
HealthMan Diary
Special Notes

HealthMan Directors:
Julian Botha, Casper Venter, Ernst Ackermann, Mardi Roos & Peet Kotzé

FOOD FOR THOUGHT

Healthcare worker shortages demand bolder leadership

SA's healthcare worker shortages are arguably the country's biggest healthcare problem, yet Government leaders have failed to tackle them, according to an editorial in ***Spotlight*** (23 October 2026)

Newly qualified doctors are struggling to find employment despite persistent shortages of medical professionals in public hospitals and clinics. According to the editorial many protesting doctors entered medicine to serve the public and escape poverty but now face an uncertain future.
Although provincial health departments blame the crisis on financial constraints and austerity, the editorial argues that a lack of vision and leadership are also responsible.
It proposes several measures to address the crisis:
These include a new agreement between Government and labour to exchange additional posts for lower salary increases among higher-paid healthcare workers; healthcare funding to be based on actual service needs rather than historical allocations; effective implementing of additional funding; and stronger action against corruption, mismanagement and poor governance;
The editorial further suggests reconsidering NHI priorities, potentially pausing implementation to concentrate on the workforce crisis or accelerating district health restructuring and contracting private GPs and specialists.

Gauteng Health should be placed under administration

Gauteng Health should be placed under Treasury's administration, according to an editorial in ***Sunday Times*** (25 October 2026).
This follows chronic medicine shortages that left clinic patients rationing or buying their own medication; confirming mismanagement and illustrating that the province can no longer guarantee even basic care.
The Department attributed the shortages to contract changes; supplier delays; procurement lead times; limited supplier participation; and wider supply chain pressures. .

READ MORE

'Gap Cover undermining medical scheme cost controls'

SA actuaries warned that GAP Cover, medical schemes and primary healthcare plans are shifting costs between products, undermining efforts to control healthcare spending. Medscheme actuaries highlighted delayed prescribed minimum benefit (PMB) reform as a key concern.

PMBs accounted for 70% of scheme healthcare spending in 2025, while contributions increased by an average 8.1% annually between 2022 and 2026.
Around 75% of hospital admissions resulted in out-of-pocket payments. Between 2021 and 2026 Gap Cover claims exceeding R50,000 increased by 13% annually.
Actuaries warned that Gap Cover weakens incentives to use scheme networks, reducing schemes' negotiating power and contributing to rising provider tariffs. Meanwhile, primary healthcare plans and cheaper hospital options risk fragmenting benefits and weakening cross-subsidies.
The actuaries recommend greater co-ordination between schemes and insurers, clearer payment rules and better alignment of provider networks to contain costs without waiting for legislative reform. – ***Smart about Money*** (17 October 2026)

UPDATE ON NHI NEWS

Mini-budget's implications for NHI

Finance Minister Enoch Godongwana's recent Budget Policy Statement signals a "pragmatic, structurally constrained" approach to funding SA's NHI.

Facing a lowered economic growth forecast of 1.2% for 2026, National Treasury is prioritising the immediate provincial health crisis management over massive, immediate financial rollouts for the full NHI framework, said Minister Godongwana.
With more than 21 cents of every rand earned going toward paying public debt, debt service costs will outpace health spending over the medium term, limiting structural budget allocations for new universal healthcare programs.
In its Budget, Treasury allocated R20.5bn to provinces to alleviate immense pressure on public health budgets;
Instead of broad national spending, Treasury declared that provinces must improve how they manage the NHI to ease structural pressure on regional healthcare facilities.
Funding within the health budget must be targeted at specific, immediate issues rather than systemic overhauls. The focus should be on overtime curbs, maternal/child nutrition and HIV programs.
The mini-budget emphasised optimising public funds and clearing outstanding provincial medical bills rather than initiating the hefty tax changes (such as eliminating medical scheme tax credits or introducing payroll taxes) required to fund a fully fledged NHI model. **- *Google***

Legal delays can't erase the constitutional right to healthcare

The constitutionality of SA's NHI Act is currently under judicial review.

However, according to a recent ***Daily Maverick*** opinion article, legal delays cannot erase the constitutional right to healthcare under Section 27. It highlights inequalities in health spending:
51% goes to private healthcare serving - 16% of the population - while 49% supports public services for 84% of the population.
In a nutshell:
NHI aims to create a unified system focused on prevention, wellness and equitable access;
Providers should be paid through capitation for primary care and global budgets or diagnosis-related groups for hospitals;
Citizens have to register at accredited facilities, while approved suppliers would deliver medicines directly to contracted providers;
Public and private practitioners have to serve patients, with the NHI Fund paying for covered services.;
Facilities would need to meet common quality standards;
Medical schemes would remain voluntary, but be limited to complementary cover for benefits excluded from the NHI;
Funding would primarily come from general taxation, supplemented by proposed payroll taxes, medical-scheme tax-credit reallocations and an income-tax surcharge; and
Implementation would be phased according to available resources.
The article also argues that regulatory changes could enable private hospitals to employ doctors, creating opportunities for young practitioners. Expanded primary healthcare could generate jobs for community healthcare workers and support investment in underserved rural and township areas.
Although legal challenges, affordability and implementation capacity remain significant considerations, the author maintains that universal healthcare is a constitutional imperative and that judicial scrutiny should not prevent progress towards equitable access.

NEWS FROM GOVERNMENT

Provincial Health Departments pose a fiscal risk

SA's provincial health departments face significant financial pressures due to weak financial controls, unpaid obligations and medico-legal claims, according to National Treasury's medium-term budget policy statement, reported ***Business Day*** (21 October 2026).
Five of the nine provincial health departments received qualified audits for 2025/2026; three received unqualified audits with findings; and only the Western Cape achieved a clean audit.
Provincial health accruals, representing unpaid obligations, fell from almost R25bn in 2024/2025 to R20.5bn in 2025/2026 following additional Government allocations.
Provinces also owe the National Health Laboratory Service (NHLS) R10.7bn.
Contingent liabilities from medico-legal claims declined from approximately R110bn in 2019/2020 to R50.6bn in 2025/2026.
Treasury warned that these claims continue diverting funds from healthcare delivery.
Proposed reforms include replacing lump-sum settlements with structured payments and introducing alternative mechanisms for patients seeking redress.
Treasury also identified potential savings through better management of commuted overtime, rural allowances, medical intern remuneration and remunerative work outside the public service (RWOPS). A ministerial advisory committee reviewing RWOPS is expected to report by April 2027.

High Court rules ARV tender 'unconstitutional and invalid'

The High Court in Pretoria declared the main contracts in the National Health Department's R15.5bn ARV tender unconstitutional and invalid. The Court set aside two contracts for monthly and three-monthly packs of *tenofovir, lamivudine* and *dolutegravir* (TLD), worth a combined R12.63bn. – ***Bussiness Day*** (23 October 2026)
(TLD is the triple combination pill taken by most of SA's HIV-positive patients. According to Treasury an estimated 8m people live with HIV, of whom 5.7m are on treatment.)
The Department was given 120 days to reconsider eligible bidders. Acting Judge Graham Girdwood recognised that disrupting HIV medicine supply would be a public health catastrophe and therefore suspended the setting aside for 90 days after the Department finalises a revised award.
The judgment follows combined legal challenges by Cipla Medpro and Hetero SA, both of which were shut out of the TLD contracts. Aspen, Emcure, Innovata, Barrs, MacLeods, Viatris and Aurobindo won shares in both contracts. Pharma Dynamics won a share of the monthly pack contract only.

FINANCIAL NEWS

FuturePharma to reduce SA's reliance on imported drugs

The Council for Scientific and Industrial Research (CSIR) recently launched FuturePharma; a facility designed to expand local API manufacturing and reduce SA's reliance on imports.
According to the CSIR, local pharmaceutical manufacturers import 98% of the active pharmaceutical ingredients (APIs) they need, costing R15bn a year.
– ***Business Times*** (8 October 2026)
"FuturePharma also aims to bridge the gap between laboratory research and commercial production. It will help researchers develop processes to make clinical-grade batches of candidate medicines for clinical trials."
The aim is to prevent SA from waiting at the back of the queue in the next pandemic, said. Rachel Chikwamba, the CSIR's group executive for advanced chemistry and life sciences. She described FuturePharma as an innovation sandbox that could be quickly reconfigured to make clinical-grade products during a health crisis. – ***SA Today*** (7 Oct 2026)

Clicks turnover passes R50bn

Clicks reported an annual turnover passing R50bn for the first time as the health and beauty retailer returned R976m in cashback rewards to loyalty members. Turnover rose by 5.4% to R50.4bn in the year to end-August, or about R138m a day. – ***Business Day*** (22 October 2026)
Clicks ClubCard had 13.1m active members accounting for more than four-fifths of sales and added an extra 10% discount on 3,000 products. Additionally, it partnered with Engen and First National Bank on a campaign to help members manage fuel costs.
Meanwhile, Clicks is expanding beyond traditional pharmacy retail to become a broader healthcare provider, targeting GLP-1 medicines, oncology, specialist pharmacy services and medical consumables, reported ***Business Times*** (25 October 2026)
Clicks currently operates 835 pharmacies and 225 clinics, with a 24.7% pharmacy market share. Its UniCare specialist pharmacy network could grow from 5 to 20 outlets.

PHARMACEUTICAL NEWS

Task force to address pressures on SA's medicine manufacturers

President Cyril Ramaphosa ordered a pharmaceutical task force to address pressures on SA's medicine manufacturers, following industry complaints that public procurement favours cheaper imports over domestic production.
The task force's priorities include private-sector medicine pricing, preferential procurement of locally produced medicines, SAHPRA regulatory issues and improved use of data for policymaking. – ***Business Day*** (14 October 2026)
It will also aim to balance affordable medicines with local manufacturing investment, reliable supplies, job creation and improved patient access.
According to Pharmaceuticals Made in SA (PHARMISA) - representing companies including Aspen Pharmacare, Adcock Ingram and Biovac - domestic manufacturers have lost market share in major tenders over the past decade. Below-inflation private medicine price adjustments added financial pressure, contributing to more than 2,500 job losses over 18 months.

Shortage leaves patients without essential drugs

SA's medicine shortage crisis is leaving patients without essential drugs for chronic conditions, with some epilepsy sufferers reportedly turning to veterinarians.
For a decade the Health Department has relied on Section 21 medicines, specially authorised for exceptional use, to address shortages.
Suppliers are owed R24bn by provinces, excluding the financially stable Western Cape, forcing nearly a fifth of available funding towards old debts instead of new supplies.
Poor financial controls, global shortages, supplier withdrawals and regulatory challenges compound the crisis. - ***Medical Brief*** (8 October 2026)

Illegal weight-loss medicines face regulatory crackdown

SA's pharmaceutical industry is demanding stronger enforcement against illegal weight-loss medicines, while regulators prepare tighter rules for compounded obesity treatments.
The Pharmaceutical Task Group (PTG) has called for prosecutions of individuals and businesses selling unregistered products; particularly *retatrutide*, an experimental Eli Lilly drug not yet approved for use.
PTG chair, Stavros Nicolaou, warned that failing to prosecute offenders could undermine confidence in the pharmaceutical regulatory system. – ***Reuters*** (14 October 2026)
Meanwhile, the SA Health Products Regulatory Authority (SAHPRA) and SA Pharmacy Council are revising compounding standards for high-demand GLP-1 treatments.
Regulators are concerned that some pharmacies are producing medicines in anticipation of demand rather than preparing patient-specific prescriptions; effectively operating as manufacturers.
Updated standards and guidance are expected by March 2027, aiming to clarify legitimate compounding practices, protect patients and curb unauthorised medicine production.

Compounding pharmacies making own versions

In October ***Bhekisisa*** reported that Australia banned pharmacy compounding weight-loss jabs, citing such drugs as "potentially unsafe and dangerous".
Meanwhile, locally so-called compounding pharmacies are still making their own versions of blockbuster weight-loss drugs such as *Ozempic* and *Mounjaro* and selling them to the public.

"The reality is that such activity is illegal in SA; at least in instances where the pharmacies make up copycat weight-loss jabs in large quantities or use unregistered or illegally imported ingredients to make them."
In June, the Gauteng High Court ordered iDexis, a compounding pharmacy in Tshwane, to stop producing medicine containing semaglutide — the active ingredient of *Ozempic*.
"The momentum built by the court order could be lost if regulators don't follow up on it quickly with clearer guidelines for compounding pharmacies about what they can and cannot legally do," said Stavros Nicolaou from the Pharmaceutical Task Group.

Obesity treatment still unavailable in the public sector

SA has not yet begun evaluating GLP-1 medicines for obesity treatment in the public sector, despite the WHO recommendations supporting their long-term use. The Department of Health is considering listing these medicines for diabetes, but no formal obesity assessment has started. Access remains largely limited to patients who can afford private treatment. Generic semaglutide could improve affordability following patent expiry, with Sun Pharma launching a product 18% cheaper than *Ozempic*. Further price reductions are expected as more generics enter the market.
- ***Business Day*** (28 October 2026)

GENERAL NEWS

Financial stress a leading driver of poor mental health

Financial stress is the top contributor to poor mental health across every generation in SA according to a new survey by private hospital group Mediclinic. Between 59% and 66% of respondents in each generation cited it as a cause and 45% said they had never used a mental healthcare provider, partly because of cost and stigma.

Millennials and Gen Z, who each made up 28% of the sample, engage more with mental healthcare providers and are more open to treatment. By contrast, Gen X (28%) and boomers (16%) were most likely never to have accessed a provider.
.– ***Business Day*** (23 October 2026)

US Attorney-General sues Open AI

Iowa Attorney-General Brenna Bird has sued OpenAI, alleging ChatGPT misled consumers about its safety and reliability, particularly when providing medical advice.
The 91-page lawsuit cites a 2026 Nature Medicine study finding that ChatGPT Health under-triaged 51.6% of emergency cases, potentially delaying essential treatment.
It also references lawsuits alleging unsafe advice about combining Xanax and kratom, although these claims remain unproven. Iowa accuses OpenAI of consumer fraud and inadequate safeguards against harmful content and behaviour. It seeks penalties of up to $40,000 per violation, consumer compensation and independently verified safety measures. The case adds to growing legal scrutiny of ChatGPT's healthcare applications.
- ***MedicalBrief*** (28 October 2026)

NEWS FROM MEDICAL SCHEMES

Court rules on RAF medical claims

Discovery Health welcomed the unanimous judgment by the Supreme Court of Appeal that the Road Accident Fund (RAF) medical expense claims cannot be reduced because a medical scheme has paid or will pay treatment costs.

The ruling follows litigation on RAF directives that sought to exclude expenses already funded by medical schemes.
The SCA prohibited deductions on this basis with immediate effect and barred the implementation of directives dated 13 April and 2 November 2023. The Court also found that the RAF and its then-chief executive, Collins Letsoalo, breached a High Court Order issued on 27 October 2022.
RAF was also ordered to take the necessary implementation steps within 14 days and report compliance to the SCA registrar and Discovery Health's attorneys.
Discovery Health CEO, Ron Whelan, said the judgment restores recoveries through members' claims for Discovery Health Medical Scheme, the 19 restricted schemes administered by Discovery Health and other schemes. – ***Moneyweb*** (19 October 2027)

BHF asks: 'Make healthcare more affordable'

SA medical scheme members are facing mounting pressure from rising contributions, warned the Board of Healthcare Funders (BHF). – ***Medical Brief*** (21 October 2026SA medical scheme members are facing mounting pressure from rising contributions, warned the Board of Healthcare Funders (BHF). –The Board requested the National Department of Health to implement structural reforms to make healthcare more affordable and asked for a long-delayed review of prescribed minimum benefits (PMBs), unchanged since 2003, to prioritise primary healthcare, prevention, essential medicines and early intervention.
It also supports allowing medical schemes and healthcare providers to negotiate tariffs collectively to strengthen bargaining power and control costs.
On 29 September the Health Department announced an additional 2.88% single exit price (SEP) adjustment, effective from 1 October. It cited cost pressures for pharmaceutical manufacturers, including geopolitical tensions. - ***Business Day*** (16 October 2026)
This will add an estimated R1bn to medical schemes' unbudgeted medicine expenditure in 2027 and R400m to costs for uninsured consumers. Schemes had already submitted their 2027 budgets and contribution increases before the announcement.
Discovery estimates an additional R300m-plus in medicine costs next year. Although some schemes can absorb the increase, it could contribute to future contribution hikes, placing further strain on households.

Resolving problems regarding Bonitas

Surgicom sent the following announcement to its members:
Everyone will be battling with Bonitas at the moment. Many surgeons have not been paid at all since 1 June and those that have been have typically been paid less than 10% of monies owing. There are also ongoing problems with pre-authorisation, non-payment of emergency codes because hospitals cannot get or update authorisations. Various modifiers are simply not being paid such as 0018, 0074, 0004 and 0011. The escalation matrix provided does not work but we have finally been provided with access to **Viwe Mavundla** who has demonstrated great ability and interest in solving these problems. Surgicom recommends that all outstanding issues be referred to
viwe.mavundla@healthcalibrate.net

HEALTHMAN DIARY

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

13 - 14 November:
RFS (SASOP)

25 - 26 November:
CISG 2026: Athletle Brain Health
Symposium, Century City, Cape Town

26 - 29 November:
SASOP Biological

4 December:
HealthMan Year End

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 Psychiatrist in Potchefstroom

A well-established Practice in Potchefstroom has a vacancy for a psychiatrist.
The practitioner is to service all the patients of Dr Rene Hattingh who recently passed.
The practice services a predominantly Afrikaans population.
Office space is shared with a neuropsychologist and a clinical psychologist.
Vacancy availably on permanent or locum basis.

For more info contact:
Anke Cloete: anke.cloete@gmail.com

Medical Suite to let: Sandton

Elevate Your Practice in a Modern Medical Environment
Position your practice in a newly renovated, move-in-ready medical suite ideally located **opposite Sandton Mediclinic**. Designed with both practitioners and patients in mind, this bright, welcoming space offers abundant natural light and a professional setting that reflects the quality of your practice.
Features include:
- 3 Spacious consultation rooms
- Stylish reception and comfortable waiting area with air-conditioning
- Basins in every consultation room
- Modern built-in storage cupboards
- Contemporary, high-quality finishes
- Ample on-site parking for practitioners and patients
- Prime location opposite Sandton Mediclinic

An ideal opportunity for specialists, general practitioners and allied healthcare professionals looking to establish or expand their practice.

WhatsApp for more information: 082 685 3352

Expression of interest is now open, please copy this link:
https://forms.gle/CZ5MiHiFfpGzNuQy7
Professional space. Exceptional location. Ready for your next chapter.

To advertise in *Private Practice Review*
please contact: **maretha@healthman.co.za**

Private Practice Review provides news and opinion articles as a service to our members to enhance their understanding of the healthcare industry. The information contained in these publications is published without warranties of any kind, either express or implied. *Private Practice Review* is published solely for informational purposes and should not to be construed as advice or recommendations. Individuals should take into account their own unique and specific circumstances in acting on any news or articles published. Often these articles originate from sources outside our organisation that are reported in the national press. Consequently, any information, trademarks, service marks, product names or named features are assumed to be the property of their respective owners, and are used solely for informative purposes in our publications. There is furthermore no implied endorsement of any of the products, goods or services mentioned in our publications.

HealthMan
EXPERT SOLUTIONS FOR PRIVATE PRACTICE SUCCESS