HEALTH QUALITY ASSESSMENT

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**COMMUNIQUE – AUGUST 2026**

Dear HQA Members,
Thank you to everyone who joined us on 14 August for HQA's 2026 Industry Results Presentation and Clinical Quality Conference - HQA's 22nd Annual Industry Results Presentation.
This year's conference once again demonstrated the value of bringing together healthcare quality data, clinical expertise and different perspectives from across the healthcare system. The discussions ranged from mental health and cardiovascular care to medicine adherence and the challenges of measuring quality itself. At the centre of the programme was HQA's annual Industry Results Presentation, providing an important picture of where healthcare quality is improving and where significant gaps remain.
HQA's 22nd consecutive annual industry report draws on the voluntary participation of 20 medical schemes and covers more than 7 million beneficiaries, giving HQA a substantial evidence base from which to identify trends and opportunities to improve care.

## Key insights from this year's conference

### Mental and physical health are inseparable

Christine Kritzas of The Lighthouse opened the clinical programme with *The Missing Vital Sign – How Mental Health Shapes Physical Health, Disease Risk and Recovery*.
Her central message was that mental and physical health should not be treated separately. Mental health can affect disease risk, treatment adherence and recovery, while physical illness, sleep, hormonal changes and other biological factors can have a profound effect on psychological wellbeing. She advocated for a more integrated approach in which healthcare professionals consider both physical and mental health when assessing and treating patients.

### HQA's 22nd Annual Industry Results Presentation

Dr Johann van Zyl of Clinical Governance presented HQA's annual industry results, drawing on healthcare quality data going back to 2010 and covering the period up to the end of 2025. The latest results include data from 20 medical schemes and 127 benefit options, representing around 7.5 million beneficiaries. HQA assessed 240

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Directors: BA Dickson (Chairperson) Dr JHB Steenekamp (Vice Chairperson)
Prof MN Chetty*, Dr V Gqola, Dr U Mahlati, Dr PJ Matley, M Olivier, S Perumal, Dr U Pillay, I Rasool, Dr K Smith, Dr P Soko, G Timothy*
*(*Alternate Director)*

quality indicators, providing a substantial view of healthcare quality trends across the medical scheme environment.
The results show encouraging progress in several areas, but also highlight important opportunities for improvement:

- **Diabetes management continues to improve.** The proportion of registered diabetic beneficiaries receiving at least one HbA1c test increased from 45.5% in 2010 to 75.6% in 2025. However, only 42.1% received the recommended two tests a year. Cholesterol testing among diabetic beneficiaries has also improved substantially, reaching 86.9% in 2025.
- **Cancer screening remains an important area for improvement.** More than 85% of eligible beneficiaries aged 50–75 had not undergone colorectal screening by colonoscopy or sigmoidoscopy in the previous five years. Mammography also remains relatively low, with 23.4% of women aged 40–75 having received a mammogram within the previous two years.
- **Teenage pregnancy has fallen considerably**, with admissions for delivery or termination of pregnancy among girls aged 10–19 more than halving between 2014 and 2025.
- **HIV viral load monitoring remains high,** but has declined from approximately 95.5% in 2015 to 85.1% in 2025, warranting closer attention.
- **Caesarean section rates remain exceptionally high**, increasing from approximately 70.8% of deliveries in 2010 to 76.4% in 2025. The limited variation between schemes suggests that this is a broader systemic issue.
- **Mental health represents a growing burden.** HQA's new methodology estimates anxiety-related disorders at approximately 6.4–6.5% among beneficiaries engaging with the healthcare system. Among beneficiaries registered with major depression or bipolar disorder, around one quarter are readmitted to hospital, highlighting the wider health and cost implications of mental illness.

One of the most important findings was that having a benefit available does not, on its own, result in better healthcare engagement or outcomes. Significant differences remain between schemes even where similar benefits are available. The results suggest that active beneficiary engagement, patient education, disease and case management, provider relationships, monitoring and follow-up can make a meaningful difference.

## Q&A: Reflecting on the Results

The results presentation was followed by a Q&A session chaired by Dr Boshoff Steenekamp of HQA, which explored how HQA and participating schemes can translate the findings into improvement. The discussion considered how to encourage greater engagement in prevention and screening, what can be learnt from areas such as diabetes management where sustained improvement has been achieved, and how to prioritise interventions where they can deliver the greatest health gains.

## Getting the right cardiovascular treatment for the right patient

The panel discussion, *Stents and CABG – Are We Getting the Revascularisation Strategy Right?*, was chaired by Dr Philip Matley of SAPPF, with panellists Dr Bradley Griffiths, Interventional Cardiologist; Dr Martin Sussman, Cardio Thoracic Surgeon; Dr Sivuyile Madikana of Discovery Health; and Dr Siviwe Mila of GEMS. Rather than viewing stents and bypass surgery as competing treatments, the panel emphasised selecting the right intervention for the right patient, supported by evidence and multidisciplinary decision-making. There was strong support for a "Heart Team" approach in complex cases, bringing cardiologists and cardiac surgeons together with the patient to determine the most appropriate course of treatment.
The discussion also highlighted the need for richer clinical and outcomes data to complement claims data and enable HQA to measure not only which procedures are performed, but the quality and outcomes of those interventions.

## Medicine adherence: measurement must lead to better outcomes

Dr Naomi Folb of Medscheme and Dr Mohammed Dalwai of Essential Medical Guidance explored the challenges of measuring and managing medicine adherence. They highlighted the limitations of using medicine collection data alone as a measure of adherence and stressed that the ultimate objective is not simply to establish whether a patient collected or took medicine, but whether the treatment is controlling the condition and improving the patient's health.
Technology, digital prescribing and predictive analytics offer important opportunities, but interventions need to address why a patient is not taking medicine. Forgetfulness, affordability, side effects and a conscious decision to stop treatment require very different responses.

## Quality indicators are signals, not verdicts

In the final presentation, Prof Jacqui Miot of HQA's Clinical Advisory Board reflected on the way healthcare quality indicators are developed and interpreted.
Her key message was that quality indicators inevitably simplify a highly complex healthcare environment. They therefore need to be interpreted in context and alongside other information. Claims data have limitations, but their scale, consistency and ability to track trends over many years make them an exceptionally valuable resource for understanding healthcare quality.
Most importantly, measurement should lead to action. The value of an HQA report lies not simply in knowing where performance sits against a benchmark, but in investigating why gaps exist and using that information to improve benefit design, member communication, provider engagement and care.
As Prof Miot put it, "indicators are signals, they're not verdicts." The goal is to use imperfect data responsibly to ask better questions and, ultimately, improve healthcare.

## From measurement to improvement

Across the different sessions, a common theme emerged: measurement matters most when it results in action.
The results demonstrate that improvement is possible. They also show that providing a healthcare benefit is only part of the equation. Greater patient engagement, effective disease management, strong provider relationships, appropriate use of technology and better use of data all have a role to play in translating available healthcare into better outcomes.
HQA thanks all speakers, panellists, members and participants who contributed to the Conference and, particularly, its participating schemes whose continued collaboration makes this work possible.

**Yours sincerely**

Louis Botha (CEO)
25th August 2026

**"Coming together is a beginning, staying together is progress, and working together is success."** Henry Ford