

MEDIA RELEASE

HQA RELEASES 2024 RESULTS: QUALITY MEASUREMENT KEY TO IMPROVING HEALTH CARE OUTCOMES AND SYSTEM SUSTAINABILITY

15 August 2025: Health Quality Assessment (HQA) today released its latest results, covering data up to the end of 2024, from its annual review of healthcare quality in South Africa's private sector, highlighting both progress and gaps in prevention, early detection and chronic disease management.

The 2024 results draw on data from schemes representing about 80% of the country's medical scheme population and cover more than 200 standardised healthcare quality indicators. These indicators measure how well patients are screened, monitored, and treated across the continuum of care - from preventative healthcare services to hospital-based interventions.

"Funders cannot simply pay for an intervention without knowing its value. Quality metrics guide investment into what works, improve efficiency and reduce the need for further healthcare by preventing avoidable illness. By measuring quality, medical schemes are investing in quality and outcomes, ensuring that every healthcare Rand spent improves member health, reduces inefficiencies and supports value-based care," said Louis Botha, CEO of HQA.

This year's results introduced two new measures for public reporting - HIV viral load testing and Caesarean section rates - alongside established reported indicators such as influenza (flu) vaccination, mammography, colorectal cancer screening, and HbA1c testing for diabetes.

Key findings from the 2024 results

Diabetes care (HbA1c testing)

HbA1c testing measures average blood sugar levels over a three-month period and is critical for tracking diabetes control and preventing serious complications such as kidney failure, vision loss, heart disease and stroke. Clinical guidelines recommend at least two HbA1c tests per year for those living with diabetes.

- Since 2010, annual HbA1c test coverage has improved significantly, with some schemes nearing 90% coverage for at least one test per year.
- Rates for two-test coverage are also improving, but there remains variation across schemes, highlighting opportunities for further progress and adherence to guidelines.

HIV viral load testing *(new measure for public reporting)*

Viral load testing is a critical tool in HIV management, providing a reliable indicator of how well antiretroviral therapy (ART) is working. For people living with HIV (PLHIV), maintaining an undetectable viral load not only protects their health but also prevents transmission. Regular testing acts as both a measure of treatment effectiveness and a proxy for adherence, helping healthcare providers make timely adjustments to care plans when needed. Clinical guidelines recommend at least 1 viral load per year for patients who are stable on treatment.

Among beneficiaries consistently claiming for ART, around 85% had at least one viral load test in the past year - which is well below the global guidelines of at least 95% of PLHIV on ART having a suppressed viral load. This represents a decline from the peak of about 95% in 2015, underlining

the importance of continued focus on ensuring regular monitoring as part of comprehensive HIV care.

Caesarean section rates (*new indicator*)

HQA's measure tracks the proportion of all births delivered by caesarean section. While this procedure can be lifesaving when medically indicated, research shows that elective or non-medically necessary Caesarean sections - often scheduled between 37 and 39 weeks - may carry important health implications for both mothers and babies. The final weeks of pregnancy are a critical period for brain development, immune system priming and the establishment of the newborn's microbiome. Early elective delivery has been associated with increased risks such as respiratory complications, feeding difficulties, altered gut microbiota linked to immune and metabolic conditions and potential neurodevelopmental effects.

The WHO recommends a C-section rate of 10–15% for medically necessary cases, yet all participating schemes in this year's results reported rates above 70%. These high figures mirror a broader international trend and underline the importance of ongoing discussion between healthcare providers and expectant parents about the timing and necessity of the procedure, the choice between an elective caesarean section and normal delivery and weighing the health risks and benefits for the baby.

Breast cancer screening (mammography)

Breast cancer is one of the most common cancers among South African women and a leading cause of cancer-related deaths. Early detection through mammography can dramatically improve survival rates, often allowing for less invasive and more effective treatment. HQA measures the proportion of women aged 50–74 who have had at least one mammogram in a two-year period.

Coverage has been steady at around 21–25% of eligible women having a mammogram in the past 2 years, with some schemes achieving over 40% - a testament to focused screening initiatives. Importantly, most medical schemes include mammograms as a covered benefit, meaning eligible members can access this potentially life-saving screening without additional out-of-pocket costs. Increasing awareness of this benefit and encouraging members to use it as part of their routine preventive care, could help raise screening rates and improve outcomes for more women. HQA also measures the proportion of female beneficiaries aged between 50 and 74 years who have not had a mammogram over a 5 year period (%). This measure has decreased from 87,7% in 2016 to 64,6% in 2024.

Flu vaccination (adults 65+)

Older adults face a significantly higher risk of developing serious complications from influenza, including pneumonia, bronchitis, and the worsening of existing chronic conditions such as heart disease and diabetes. The immune system naturally weakens with age, making prevention through annual vaccination especially important. A flu vaccine not only protects the individual, but also helps reduce the spread of the virus within households and communities.

Coverage among members aged 65 and older has more than doubled over the past decade - from 8% in 2010 to 21% in 2024. Most medical schemes cover the cost of the flu vaccine, enabling eligible members to access it without additional out-of-pocket expenses. Increasing awareness of this benefit, and encouraging annual vaccination, could help protect more of the most vulnerable members each flu season.

Colorectal cancer screening

Colorectal cancer is among the top three cancers for both men and women in South Africa and is increasingly being diagnosed in younger adults. Because it often develops without obvious symptoms in its early stages, screening is critical for detecting cancer early, when treatment is more effective and for identifying and removing pre-cancerous polyps before they progress.

HQA measures two forms of screening within a five-year period, for members aged 50–75: the annual Faecal Occult Blood Test (FOBT) and colonoscopy or sigmoidoscopy every 5 years. While FOBT rates remain low, colonoscopy coverage has improved steadily, from 7% in 2014 to 12% in 2023, with some schemes achieving up to 25%. These results show encouraging momentum in increasing uptake, particularly among schemes with targeted awareness campaigns.

Driving improvement through voluntary participation

International studies show that health plans engaging in regular quality measurement outperform those that do not. The participating schemes' commitment to measuring and improving quality is a critical step towards better outcomes and a more sustainable health system.

The results were presented at HQA's 21st Annual Industry Results Presentation and Clinical Quality Conference, which featured panel discussions on maternal and newborn care, AI's role in improving quality of healthcare, the importance of data access for measuring quality, and managing patients living with HIV.

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About HQA

HQA is South Africa's leading independent health quality measurement organisation, founded in 2000 as a non-profit and public benefit organisation. Its mission is to improve healthcare quality through transparent, standardised and evidence-based performance measurement.

HQA's members are representative of medical schemes, administrators, managed care organisations, disease management companies, hospital groups, doctor associations, pharmaceutical companies, laboratories, and other stakeholders.

HQA's annual analysis of healthcare quality is performed on medical schemes' claims data. Participation is voluntary, and individual results are confidential. Industry trends are however shared with all member organisations, and stakeholders.

HQA has a no-name-no-shame culture and promotes a collaborative process aiming to achieve continuous improvement of healthcare delivery for the benefit of consumers of healthcare, and stakeholders.