HQA RESULTS SHOW PROGRESS IN HEALTHCARE QUALITY BUT UNTAPPED OPPORTUNITIES IN PREVENTIVE CARE

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- **Sustained focus is delivering results:** diabetes monitoring continues to improve, while positive longer-term trends are also evident in cholesterol testing and other areas of healthcare.
- **Preventive benefits are not always being used:** medical schemes provide access to a wide range of screening and preventive benefits, but uptake of several important screenings remains low.
- **Mental health comes into sharper focus:** high readmission rates for depression and gaps in recorded follow-up after hospitalisation point to the need to better understand continuity of mental healthcare.

New healthcare quality data released today shows encouraging improvement in several areas of healthcare, while highlighting significant opportunities to achieve better health outcomes by increasing the use of screening and preventive benefits already available to medical scheme members.

The Health Quality Assessment (HQA), a non-profit and public benefit organisation established in 2000 to measure and report on healthcare quality, today released its latest annual industry results. The report on 2025 data draws on more than 200 healthcare quality indicators representing over 84%, or 7.38 million, of South Africa's medical scheme beneficiaries.

HQA CEO Louis Botha says measuring healthcare quality is essential because access to healthcare alone does not tell us whether people are receiving the right care at the right time, or whether that care is delivering better health outcomes.

"Measurement allows us to identify where the health system is succeeding and, importantly, where opportunities for improvement remain. By tracking the same indicators over time, we can see where sustained attention is making a difference and where greater focus is still needed."

Sustained focus can deliver improvement

One of the clearest examples of progress is diabetes monitoring.

HbA1c testing has shown sustained and significant improvement since HQA began measuring it in 2010. In 2025, 75.6% of beneficiaries registered for chronic medication benefits for diabetes received at least one HbA1c test during the year.

HbA1c testing measures average blood glucose levels over approximately three months and is an important tool for monitoring diabetes and guiding treatment. Maintaining blood glucose levels within an appropriate target range can help reduce the risk of diabetes-related complications, including kidney failure, vision loss, heart disease and stroke.

There has also been encouraging progress in the proportion of people receiving the recommended minimum of two HbA1c tests a year. This has risen consistently since 2021, with coverage reaching 42% in 2025. While this remains below 50%, the upward trend shows what can be achieved through sustained attention to chronic disease management.

"The indicator reporting on HbA1c testing is a good example of why measuring quality over time matters," says Botha. "It allows us to see that improvement is

possible and then to ask what has contributed to that progress and how those lessons might be applied elsewhere."

Positive longer-term trends are also evident in other areas of chronic disease management. Since 2019, cholesterol screening has increased by almost 30 percentage points among scheme beneficiaries living with diabetes, aged between 40 and 75 years, who are using statin therapy and by almost 20 percentage points among patients with ischaemic heart disease.

There has also been significant progress in teenage pregnancy rates. Teenage pregnancies among medical scheme beneficiaries, between the ages of 10-19 years, have declined consistently from their peak in the early 2010s and have halved over the 11 years from 2014 to 2025. Teenage pregnancies have substantial health, education and socioeconomic impacts, for example leading to increased school drop-out rates.

Flu vaccination among beneficiaries aged 65 and older has generally improved since 2010 and reached its highest level in 2024, at 21.2%. Coverage declined to 17.5% in 2025, reversing some of the recent gains and warranting further investigation into the factors affecting uptake.

HIV viral load testing remains relatively high, with more than 85% of beneficiaries regularly claiming for antiretroviral medicines receiving at least one viral load test. However, coverage has declined from its peak in the mid-2010s, and still falls short of the targeted 95% in people living with HIV, underlining the importance of maintaining focus even in areas where performance has historically been strong.

Not all indicators have improved. Caesarean section rates remain persistently high, with 76% of deliveries taking place by C-section in 2025. The consistently high rates across participating schemes point to a broader healthcare system challenge and an area that warrants continued attention.

"Taken together, these results show the value of tracking healthcare quality over time," says Botha. "They allow us to see where progress is being made, where sustained attention can change healthcare behaviour and outcomes, and where further investigation and focus are needed."

Screening benefits need to translate into screening

While the results show encouraging progress in several areas, they also highlight an important opportunity to improve health outcomes through greater use of screening and preventive benefits.

Most medical schemes provide benefits for a range of screening and preventive measures, including mammograms, prostate-specific antigen testing, colorectal cancer screening, pneumococcal vaccination and lung function testing. Yet HQA's results show that many eligible members are not taking up these opportunities.

This is particularly evident in cancer screening. More than 85% of eligible beneficiaries aged 50 to 75 had not been screened for colorectal cancer over the previous five years. While this figure has gradually improved, variation in screening rates shows that greater uptake is possible.

The reasons for low uptake are unlikely to lie with any single part of the healthcare system. Greater member awareness and participation are needed, healthcare practitioners have an important role in recommending and encouraging

appropriate screening, and medical schemes can continue to raise awareness of the availability and value of these benefits.

There are some encouraging signs. The proportion of beneficiaries who did undergo colorectal cancer screening by colonoscopy has increased steadily since 2019 and continued to rise in 2025. Faecal occult blood test screening also increased more notably in 2025, although overall uptake remains low.

A similar picture emerges in breast cancer screening. In 2025, 23.5% of female beneficiaries aged 40 to 75 had received at least one mammogram during the previous two years, while 64% had not had a mammogram over a five-year period.

There has been gradual progress: the proportion of eligible women who had not received a mammogram over five years has declined steadily since 2019. The considerable variation in mammography rates between schemes also demonstrates that materially higher screening uptake is achievable.

"Providing screening and preventive benefits is an important first step, but those benefits can only contribute to better health outcomes when people use them," says Botha. "There is an opportunity for all parts of the healthcare system – medical schemes, healthcare practitioners and members themselves – to help translate the benefits that are already available into greater uptake."

Mental health comes into sharper focus

Mental health has become an increasingly important health priority globally, with growing recognition of its impact not only on quality of life, but also on physical health, chronic disease management and recovery. HQA's latest results provide an important window into these trends among South Africa's medical scheme population.

HQA's claims-based analysis identified a relatively high estimated prevalence of anxiety. The results also show high hospital readmission rates among patients with depression and gaps in recorded follow-up care after patients are discharged from hospital following treatment for mental health conditions.

Together, these findings raise important questions about continuity of care and what happens as patients transition from hospital to ongoing community-based care.

The data does not establish why gaps in recorded follow-up occur, nor does it demonstrate that these gaps are responsible for hospital readmissions. Rather, it highlights an important area for further investigation and an opportunity to better understand how patients can be supported across the care pathway.

The findings were released as part of HQA's 22nd Annual Industry Results Presentation and Clinical Quality Conference on 14 August 2026. The conference programme included a discussion on the relationship between mental and physical health by Christine Kritzas of The Lighthouse; a panel on coronary revascularisation chaired by Dr Philip Matley, with Dr Bradley Griffiths, Dr Martin Sussman, Dr Sivuyile Madikana and Dr Siviwe Mila; a discussion on medicine adherence led by Dr Naomi Folb and Dr Mohammed Dalwai; and a presentation by Prof Jacqui Miot on the development and interpretation of healthcare quality indicators.

"The purpose of measurement is ultimately to help improve care," concludes Botha. "Where the results show progress, we need to understand what is working. Where they identify gaps, they give us an opportunity to act. The improvements we have

seen across a number of indicators demonstrate what can be achieved when there is sustained focus."

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About HQA:

HQA is a non-profit and public benefit organisation, established in 2000, that measures and reports on healthcare quality. In August 2026 HQA reported on a data set representing over 84% of medical scheme beneficiaries in South Africa.

Currently HQA collects data from, and reports on healthcare quality to, Anglo Medical Scheme, Bankmed Medical Scheme, Bonitas Medical Fund, CAMAF, Discovery Health Medical Scheme, Engen Medical Benefit Fund, Fedhealth Medical Scheme, GEMS, LA Health, Netcare Medical Scheme, Old Mutual Staff Medical Aid, Massmart Health Plan, Polmed, Profmed, Remedi Medical Aid Scheme, SAB Medical Aid Scheme, Thebemed, Transmed Medical Fund, WCMAS, and Wooltru Healthcare Fund. Other healthcare member organisations collaborating with HQA on measuring and improving quality healthcare are: Africa Group, Aspen Pharmacare, BHF, Busamed, Discovery Health, IPA Foundation, Lenmed, Life Healthcare, LifeSense Disease Management, Mediclinic, Mediscor, Medscheme, Momentum Health Solutions, PPSHA, SAMA, SAPPF, Universal Care, Workability and 3SixtyHealth.

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