

HEALTH QUALITY ASSESSMENT (HQA) 2024 PUBLIC REPORTING ON KEY INDICATORS IN HEALTHCARE QUALITY

Ensuring quality of care remains critical to the long-term sustainability of South Africa's healthcare system. It directly impacts patient safety, health outcomes, and the overall efficiency of service delivery. HQA, a non-profit and public benefit organisation, has once again published its annual report tracking the clinical quality of care provided to medical scheme members. These results draw on data from schemes representing over 84% of all insured beneficiaries in the country and assess performance across more than 200 health quality indicators, including primary care, maternity and newborn care, chronic disease management, and hospital-based care.

HQA's annual review, now in its 21st year, is the only independent report of its kind in South Africa. It offers valuable insight into how well patients are being screened, monitored, and treated for a range of health conditions.

"These indicators give us a snapshot of how well we are doing—not just in treating illness, but in preventing it," says Louis Botha, CEO of HQA. "They also highlight where healthcare providers, funders, and patients alike can take more proactive steps."

Clinical quality remains one of the three key pillars of sustainable healthcare—alongside access and cost. This year's results place a particular focus on four high-impact areas: diabetes care, influenza vaccination for older adults, colorectal cancer screening, and breast cancer screening.

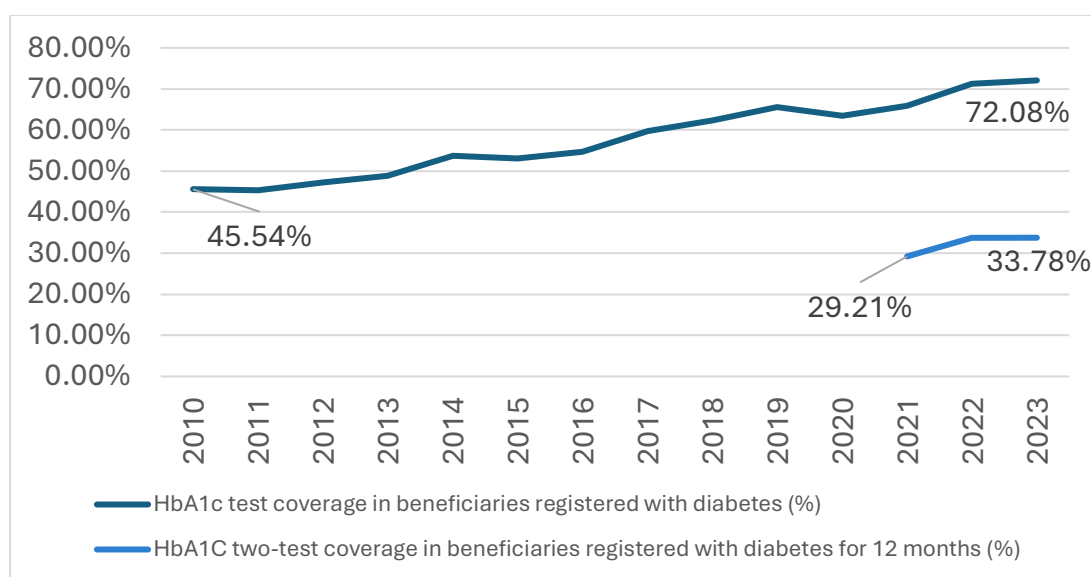
Diabetes care: A positive turning point

South Africa faces a rising tide of metabolic disease, driven by sedentary lifestyles and poor diets. A 2025 *Guardian* article, citing global health data, found that nearly two-thirds of South African women are overweight or obese, placing them at heightened risk of developing diabetes.

HQA's diabetes indicators track HbA1c testing - an essential measure of blood sugar control over a three-month period that plays a critical role in routine monitoring. Optimal blood sugar control limits serious complications such as vision loss, kidney failure, and amputations.

In 2023, 72% of beneficiaries living with diabetes had at least one HbA1c test, a notable increase from 46% in 2010. Among members registered on a diabetes management programme for at least 12 months, 34% received two or more tests in accordance with clinical guidelines - up from 29% in 2021, when this indicator was first introduced. However, rates of uptake vary significantly across schemes, with the proportion of beneficiaries living with diabetes who received two HbA1c tests ranging from 20% in some schemes to 53% in others.

Trends from 2010-2023 of both indicators measuring HbA1c test coverage in beneficiaries living with diabetes



Flu vaccination: A missed opportunity for prevention

Influenza poses a serious risk for older adults, especially those aged 65 and over. Complications can include pneumonia, hospitalisation, and even cardiovascular events. Research shows that older adults face a three- to five-fold increase in heart attack risk and a two- to three-fold increase in stroke risk during the first two weeks of a flu infection.

Despite this, uptake of the flu vaccine among this group remains low. In 2023, the average flu vaccination coverage across schemes was 19%—a marked improvement from 8% in 2010, but still well below the ideal. While medical scheme claims for the flu jab indicate a range from 3% to 26%, it's worth noting that these figures are based on claims data and may underreport actual uptake, as vaccinations administered during wellness days or through other non-claimed channels are not captured.

With flu season approaching, making use of this benefit is a smart and responsible choice—protecting not only your own health, but also helping to shield those who are most vulnerable in our communities.

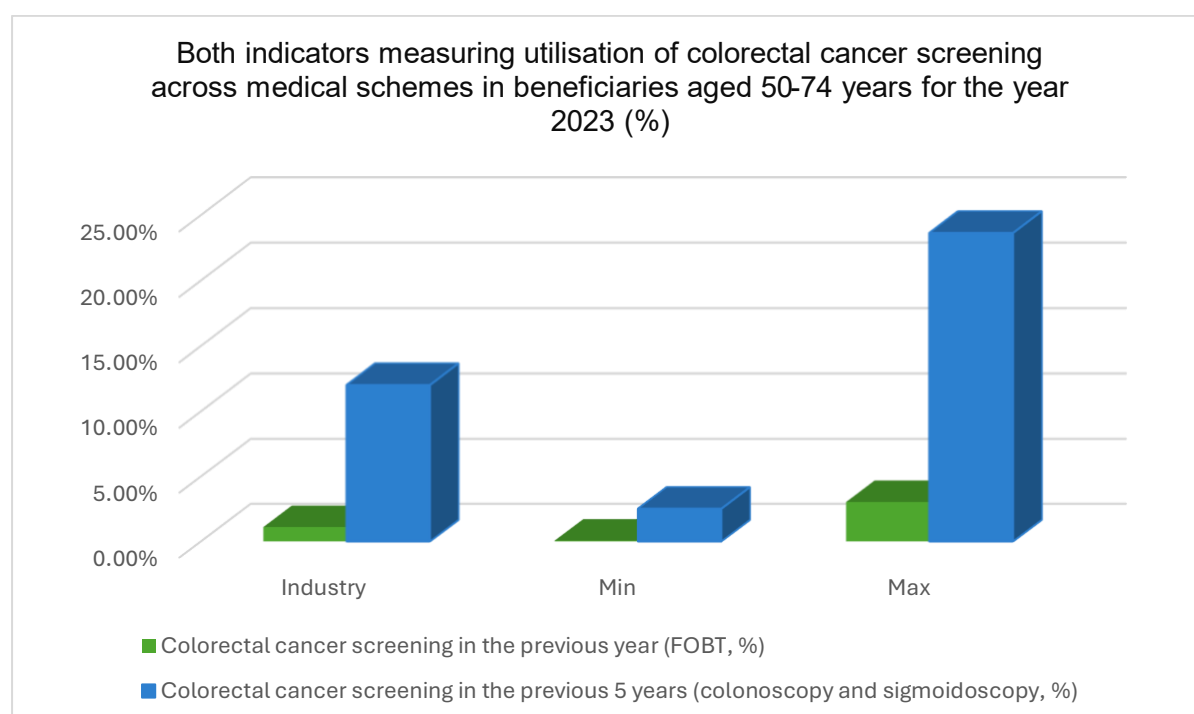
Colorectal cancer screening

Colorectal cancer is one of the most treatable cancers if detected early. In response to its rising prevalence, HQA has introduced indicators to measure screening coverage among beneficiaries aged 50 and older. The indicators track two forms of screening: the annual Faecal Occult Blood Test (FOBT) and colonoscopy or sigmoidoscopy performed within a five-year period. Although not currently included in HQA's indicators, the FIT (Faecal Immunochemical Test) is

another accessible screening tool that can be done at home and may help improve future coverage.

While colonoscopy or sigmoidoscopy uptake in beneficiaries aged 50 years and older has shown steady improvement—from 7% in 2014 to 12% in 2023 - FOBT screening has remained unchanged, with only about 1% of beneficiaries receiving the test in 2023. The highest-performing scheme reached 3%, underscoring the need for greater awareness and improved access to non-invasive screening options.

Risk factors for colorectal cancer include being over the age of 50, a personal or family history of colorectal cancer or polyps, genetic predispositions, and unhealthy lifestyle habits such as poor diet, smoking, physical inactivity, and excessive alcohol use. Regular screening—combined with healthy lifestyle choices—remains the most effective strategy for reducing colorectal cancer risk and improving survival rates.



Breast cancer screening and detection

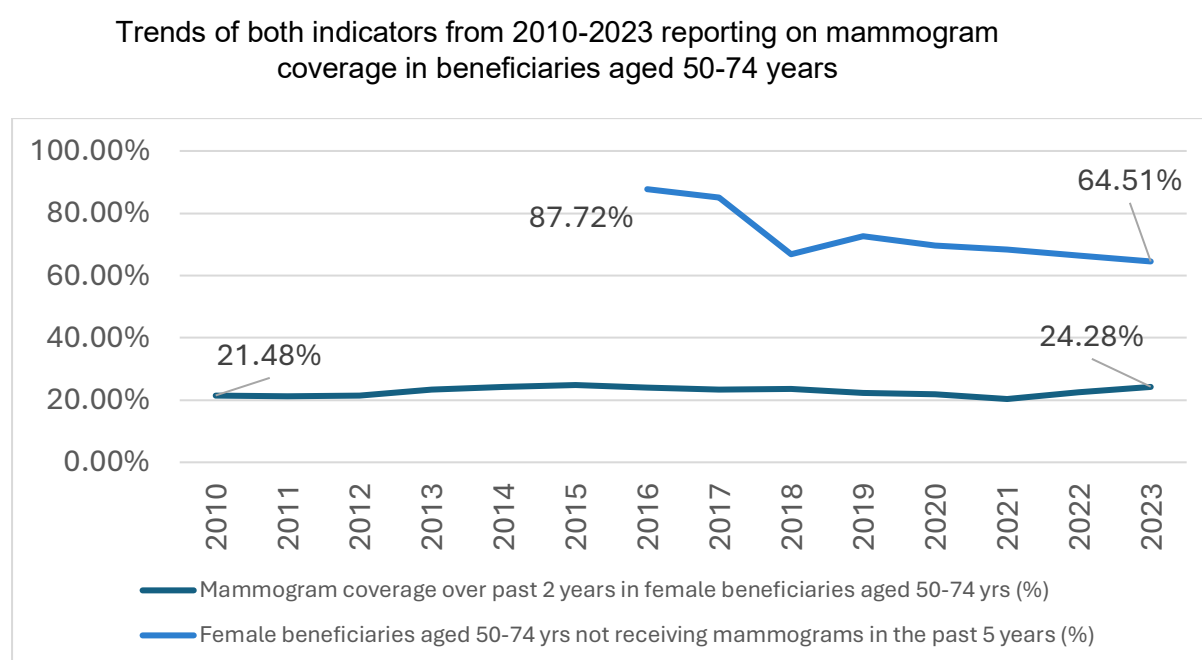
Breast cancer is one of the leading causes of cancer-related deaths among South African women, but early detection through mammography can dramatically improve survival rates.

HQA measures breast cancer screening in women aged 50 to 74, tracking both the percentage who have had a mammogram in the past two years and those who have not had one in the past five years. While clinical guidance often recommends beginning routine mammograms from age 40—earlier if there is a family history or other risk factors—the report focuses on the standard 50–74 age range.

In 2023, 24% of women in this group had undergone a mammogram in the previous two years, up slightly from 22% in 2010. The top-performing scheme reached 42%,

while the lowest stood at just 7%. More encouragingly, the number of women who had not received a mammogram in five years dropped from 88% in 2016 to 65% in 2023.

These results suggest that while progress is being made, significant gaps remain. Most medical schemes include benefits for breast cancer screening, and greater awareness and education could lead to improved uptake.



These results emphasise the real-world value of prevention, early detection and consistent chronic disease management. These indicators provide a clear picture of where we are—and where we need to go.

“While many schemes have shown measurable improvement, there is no room for complacency. Health quality is critical to improving and strengthening our health system. South Africa’s health system is complex, and performance on quality indicators is influenced by a range of structural, behavioural, and policy-related factors. Nonetheless, what remains critical is that these insights are shared, understood, and used to drive progress,” concludes Botha.

As HQA continues to support transparency and benchmarking of quality across the private healthcare sector, the hope is that patients, providers, and funders will be inspired to act on the findings.

About HQA

HQA is South Africa's leading health quality measurement organisation. Founded in 2000 as a Not-For-Profit organisation, HQA has made strides in becoming the leading benchmarking and standard-setting body for clinical quality measurement in South Africa, with the aim of ultimately including both the public and private healthcare sectors. While realistically accepting that it would take many years to accomplish this vision, HQA has grown from humble beginnings with the initial support of only a handful of medical schemes and administrators, to a point where today it was able to release its 21st consecutive annual Industry Report on clinical quality which include data on 84% of the insured lives of the South African health care industry with trend data going back by up to 15 years, where clinical quality is measured against national and international benchmarks and standards.

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, GEMS, LA Health, , Netcare Medical Scheme, Old Mutual Staff Medical Aid, Polmed, Profmed, Remedi Medical Aid Scheme, SAB Medical Aid Scheme, Sizwe-Hosmed Medical Fund, Thebemed, Transmed Medical Fund, Witbank Coal Medical Aid Scheme and Wooltru Healthcare Fund. Other healthcare member organisations collaborating with HQA on measuring and improving quality healthcare are: Aspen Pharmacare, BHF, CDE, Discovery Health, IPA Foundation, Lenmed, Life Healthcare, LifeSense Disease Management, Mediclinic, Mediscor, Medscheme, Momentum Health Solutions, MSD, National Pathology Group, PPSHA, SAMA, SAPPF, 3SixtyHealth, Universal Care and Workability.

Since its inception HQA has followed a collaborative approach and encouraged voluntary participation in a safe environment, underpinned by strict data security and confidential reporting on a 'no blaming, no shaming' platform. Unlike individual schemes, administrators or other healthcare organisations that rely on their own data, HQA can generate national benchmarks based on well established, evidence-based health quality indicators. Through HQA, schemes can benchmark their performance against their previous year's results as well as against other participating non-identifiable schemes. As a result, the performance of clinical quality indicators has improved steadily year after year.

HQA's Clinical Advisory Board (CAB) has proved, over many years, to be an effective, multi-stakeholder, collaborative forum for developing and reviewing HQA's indicators, as well as its measurement and scoring methodologies. A stable set of approximately 200 indicators has now been developed, of which the majority are process indicators. Currently, medical schemes' claims data is still the main data source.

In the Health Market Inquiry (HMI) Report released in November 2019, it was recommended that HQA should expand its clinical quality metrics to include outcomes measures. Furthermore, the report encouraged HQA to work more closely with health care facilities and practitioners. This has resulted in fast-tracking elements of HQA's long-term strategy.

In 2020 the HQA Board amended HQA's Memorandum of Incorporation (MOI) to include healthcare facilities (such as hospitals) and practitioners as participating members of HQA with similar voting status as medical schemes. The changes to the MOI also made provision for facilities and practitioners to be represented on the HQA Board. The HQA Board is confident that these changes will position HQA to be able to serve more effectively the broader health care industry and the public of South Africa. HQA has retained its Not-For-Profit status and is also registered as a Public Benefit Organisation.

Looking to the future, HQA is committed to continue developing clinical quality standards and benchmarks for as many role players in the South African health care industry as possible. It has embarked on an ambitious path to draw in more players in both the private and public sector. And, as ever, HQA will continue to strive to be a well governed and sustainable going concern serving the interests of all in our country.