

## MEDSHIELD MEDICAL SCHEME

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**MEDSHIELD**  
medical scheme

## OPINION ARTICLE

### WHAT ARE THE HEALTHCARE BUZZ THEMES OF 2025 INTO 2026?

#### 2026 must be about prediction, prevention, equity and innovation

*By Kevin Aron, Principal Officer, Medshield Medical Scheme*

South Africa's healthcare system stands at a crossroads. For too long, we have focused on treating illness once it appears rather than preventing it. The impact is clear: rising chronic disease, mounting pressure on hospitals, and a system pushed beyond its limits. Yet we now have an opportunity we cannot ignore. Advances in technology, data and new care models give us the chance to shift away from reactive "sick care" to a system that gets ahead of problems before they grow, thus ***predicting and preventing*** as the way to manage healthcare.

For 2026 we must commit to a different path built on prediction, prevention, equity and innovation. That shift rests on three pillars: stronger primary care, new ways of paying for care, and modern tools that support personalised, value-driven medicine.

#### **Why primary healthcare matters**

Primary healthcare is the frontline of our system. It is often the first and only point of contact for prevention, early treatment and long-term support. When primary care works well, people stay healthier for longer, and the system becomes more affordable.

Access in South Africa still depends too heavily on income and geography. For primary care to deliver, it must be available, affordable and good enough to meet people's needs. At present, we fall short. If universal health coverage is to be more than a slogan, fixing primary care must come first.

Chronic diseases remain the most significant threat. Heart disease, diabetes, cancer and chronic lung conditions have surged over the past two decades. These illnesses are shaped by poverty, inequality, stress, poor nutrition and unsafe environments. Hospital beds cannot solve this. Prevention can. Healthier food environments, stronger public health programmes and earlier support are essential. Without decisive action, chronic disease will overwhelm the system.

#### **The shifting landscape of medical schemes: LCBOs, PBMs and equity**

Private medical schemes cover roughly 15-20 per cent of the population. Many lower-income earners remain excluded due to cost. Low-Cost Benefit Options (LCBOs) were introduced to increase affordability and extend private-sector access. In 2019, the Council for Medical Schemes' Circular 80 halted LCBOs, citing concerns about inferior benefits and misalignment with national health ambitions. The debate has not gone away. In early 2025, the issue was argued in the High Court, with industry bodies calling for LCBOs to be reinstated while the national system remains unsettled. It will remain a key trend heading into 2026.

We also face a broader equity challenge. Tiered benefit plans create a two-tier private system in which lower-cost plans limit access to essential supportive care. It undermines long-term outcomes and traps lower-income members in narrow benefit sets. For [Medshield](#) and other medical schemes, 2026 is a defining period. We must decide whether we accept a shrinking role or reimagine our place in a system that prioritises prediction, prevention, equity and long-term health.

### **Adding quality to life years**

Adding years to life is no longer enough. We must extend the health span or years lived in good health. Medicine 3.0 blends human care with modern technology to support healthier, longer lives. It demands three commitments:

- Prediction and prevention over treatment: earlier intervention, screening and lifestyle support.
- Integration over fragmentation: seamless care pathways across all touchpoints.
- Equity over exclusivity: ensuring innovation reaches more than the privileged few.

### **Why technology, data and value-based care will define 2026**

We are not waiting for policy alone to build a better system. Technology already allows us to predict risk, intervene earlier and personalise treatment. In 2026 and beyond, several trends stand out:

- AI and machine learning for diagnostics, risk prediction and tailored care
- Telemedicine for real-time access across the wellness continuum
- Digital data platforms and interoperable records to ensure continuity of care
- IoMT devices for monitoring, alerts and chronic disease support
- Genomics and precision medicine for targeted treatment
- Digital Therapeutics for chronic and mental health management
- Wearables that provide continuous, predictive health insights

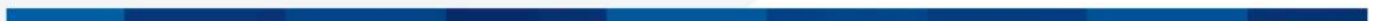
All these tools move us from reactive care toward continuous health management. They also enable value-based care, where success is measured by outcomes rather than volume. In such a model, problems are detected early. Data flows to care teams. Prevention becomes the norm. For Medshield, adopting these tools is essential. Investment in digital health, managed care, value-based frameworks and prevention programmes will allow us to offer cover that remains meaningful in a changing system.

### **What does the NHI hold for medical schemes?**

The NHI Act, signed in 2024, commits the country to universal health coverage funded through a single national pool. In this proposed format, medical schemes will, in time, be limited to providing cover for services not reimbursed by the NHI Fund. This means schemes must reposition themselves toward complementary or supplementary cover: elective care, access optimisation, private amenities, specialised treatment and wellness services.

The industry has raised concerns about the NHI's feasibility. Estimates suggest that full NHI implementation at private-sector quality levels would require hundreds of billions of rand and significant increases in workforce capacity. The transition is expected to stretch over 10 to 15 years, with medical schemes continuing in their current form for much of that period.

For medical schemes, this is both a challenge and an opportunity. Our role in chronic disease management, outpatient care and wellness must evolve. If we innovate, we can help shape a hybrid system that delivers better care to South Africans.



## **A defining choice**

South Africa can continue firefighting. Thus, treating illness once it surfaces, absorbing high costs and filling hospitals. Or we can build a system that is predictive, preventative and personalised. The tools exist. The moment is now. For [Medshield](#), 2026 is a turning point. Besides being a safety net, we must choose prevention over crisis, long-term wellness over episodic care, and equity over exclusion.

The future is not guaranteed, but we can build it. It is our moment.

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