
BUSINESS OPINION

NHI hits a major roadblock

Staff Writer · 9 Feb 2026



Chief executive officer of Profmed, Craig Comrie, says the government's National Health Insurance plans will be bogged down by legal proceedings for the foreseeable future, leaving South Africa's healthcare crisis to fester.

The executive said that the country is facing an "intensifying healthcare paradox", where the debate around healthcare will likely dominate debate and campaigning in the lead-up to the local government elections, but the solution presented, the NHI, has hit a roadblock.

“While the long-term vision of universal healthcare is widely supported, the practical reality of NHI remains uncertain,” he said.

“Funding constraints, a shrinking tax base and unresolved constitutional questions mean that, in practical terms, South Africa is still far from a realistic implementation process.”

Without sustained economic growth of around 5% a year, and without additional tax revenues in the fiscus, the current NHI framework is simply not financially viable, Comrie said.

“In this context, the risk is that NHI becomes more of a political distraction than a

catalyst for reform.”

One of the key issues around the implementation of the NHI is the multitude of legal challenges it faces.

The Department of Health has reiterated that the NHI Act is law, and that work on rolling the scheme out continues. However, core aspects of the laws, including their constitutionality, are coming under legal scrutiny.

Finance Minister Enoch Godongwana recently called on litigants and critics of the NHI to settle their issues with the scheme out of court with the DoH—but both sides rejected the proposal.

Groups representing doctors, hospitals, medical aids, and unions want the entire system to be reconsidered. The DoH has dug in its heels, saying only judicial review can change the law.

“Unless there are significant amendments to the NHI Act that address funding, freedom of choice and the role of medical schemes, legal challenges will continue for years,” Comrie said.

“In the meantime, the healthcare system cannot afford to stagnate. Both public and private sectors are already carrying pressures that have been building for decades.”



The big problem left hanging



Profmed CEO, Craig Comrie

According to Comrie, at the heart of South Africa's healthcare pressures is affordability.

Internationally, healthcare inflation continues to outstrip normal CPI, driven by a combination of higher use—people using more healthcare services—limited numbers of healthcare professionals, and the cost of new technologies.

Critically, South Africa has too few general practitioners and specialists, many of whom are ageing and not being replaced at the required pace.

“At the same time, the country faces the contradiction of having unemployed doctors who are unable to find stable entry points into either the public or private sector,” he said.

These constraints ripple through the system, as long queues in public facilities lengthen, and access to specialists in the private sector can take more than six months to find an appointment.

“The demand and supply factors lead to an increase in costs and reduce access.”

According to StatsSA’s latest General Household Survey (GHS), 15.5% of South Africans had access to a medical aid scheme in 2024.

Yet an additional 25.3% of households said they would first consult a private doctor, private clinic, or hospital rather than a public facility.

In many cases where people have no medical scheme cover, people are forced to borrow money or sell assets to pay for this private care, highlighting the critical reality that healthcare affordability needs to be addressed across the board, Comrie said.

The CEO said that expanding medical scheme coverage through long-delayed reforms, such as low-cost benefit options, could effectively counter this.

However, this path has long been rejected and received pushback from authorities. Instead, the NHI has been propped up as the only solution.

“In the absence of these reforms, which seem to be neglected by the relevant regulators and legislators, gaps have been filled by low-value insurance products that extract profit from healthcare without offering meaningful protection,” Comrie said.

Medical schemes, by contrast, do not profit from healthcare use, and any surpluses are owned by the members themselves.

“In the months ahead, progress will depend less on policy announcements and court cases and more on collaboration. Healthcare cannot remain stagnant while waiting for NHI to be resolved.”

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