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Futureproofing Your Access to Quality Healthcare

A Multi-Layered Approach to Healthcare Funding

South Africa’s private healthcare landscape is under tremendous cost and supply pressures, forcing many consumers to rethink how they structure their healthcare financial plan to keep it affordable without sacrificing quality and access.

The pressure on medical schemes and members is compounded by sharply rising healthcare provider costs. Stats SA reports that healthcare inflation reached 4.7% in August 2025, compared to a CPI of 3.3%. While most medical schemes have announced single-digit contribution increases for 2026 and are working hard to balance increasing provider costs against premium affordability, the financial strain on consumers remains challenging.

Medical schemes are under tremendous pressure to balance increasing healthcare provider costs, the growing prevalence of chronic conditions and ageing membership with sustainability and affordability. Claims ratios remain in the high 80s, and post-Covid claims levels have exceeded pre-pandemic norms. At the same time, many schemes are facing an ageing member population with much higher utilisation and costs as the cross-subsidisation model between younger and healthier members and those with greater healthcare needs is declining. Many schemes have been using their solvency reserves to absorb these costs and cushion the blow to members, which in turn has reduced their solvency by around 3% year-on-year. With the regulatory minimum solvency requirement at 25%, the

contributions for 2026 reflect what is needed to keep schemes stable and solvent and protect members against adverse claims experience.

The inevitable result is an erosion in benefits, even though premiums are increasing, which means that members are faced with greater self-funding gaps, especially on lower benefit options due to co-payments, penalty fees, exclusions and shortfalls. While the cost of medical scheme membership consumes a significant portion of monthly disposable income, it also remains a non-negotiable safety net for many families.

Medical Schemes have announced lower 2026 increases than seen in previous years, by innovating in digital health, preventive care and data-driven healthcare management which provides for highly personalised health pathways and smarter benefit design. Members who invest the time in understanding their benefit options and rewards programmes, commit to healthier lifestyles and preventative health checks, can unlock significant added value that not only eases the financial strain, but also improves their health outcomes.

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Healthcare Funding is Complex:

Get professional advice to fully understanding the terms of cover

Planning your healthcare funding strategy is best guided by the expertise and insights of a professional healthcare broker to strike the balance between affordability with adequate cover, ensuring that you have access to quality healthcare when you need it most. Aon provides insights into some of the important considerations that go into planning and managing your private healthcare funding strategy:

- **Updated medical schemes plan information for 2026 is now available.** Check for changes in benefits such as adjustments in coverage and limits, changes to hospital networks, limits on specialist visits or increased co-payments for certain procedures. Some plans may restrict you to a network of hospitals, which is an indication that the medical scheme has negotiated better pricing and outcomes in the interest of their members.
- **If you are downgrading cover to a lower benefit option, understand that you will receive less cover and benefits.** Find out what those benefit reductions are, how your access to healthcare and designated healthcare providers is affected and the implications for your pocket due to the likely increase in out-of-pocket healthcare expenditure. Some entry-level benefit options may appoint state hospitals as designated service providers for specific PMB conditions. An example could be a restriction on cover for joint-replacement prosthetics - such as hip or knee replacements - which would mean that these procedures are covered when administered at a state hospital or PMB level of care only, which could include oncology PMB level of care only, understanding the implications of these finer print inserts is critical.
- **Benefit options that only pay for hospitalisation can have a big impact on your pocket.** If the core benefit only covers hospitalisation you will need to self-fund your day-to-day primary care such as GP visits, dentistry, optometry, acute/chronic medication and so on. As an alternative, consider adding on an affordable health insurance policy that provides day-to-day primary healthcare options such as doctor visits and medication within a managed network of providers.
- **Check whether your benefit option provides the flexibility to upgrade due to life changing health events.** You may be healthy now, but no one knows what the future holds. If you do face a life changing health event - such as a cancer diagnosis - check whether your medical scheme option allows you to upgrade cover if required, or if you would have to wait for the year-end renewal period to exercise this option.
- **If you are changing to another benefit option, move within the same medical scheme to avoid waiting periods.** Most schemes will allow a buy-down on benefit option at any time during the year. If you do move to another medical scheme entirely, understand that underwriting may be imposed such as waiting periods anywhere from 3-12 months on certain conditions/claims.
- **Get Gap Cover.** Medical scheme benefits often don't cover the full cost of hospitalisation or specialist procedures. Gap cover is a short-term insurance product that covers the

difference between what your medical scheme pays and what the healthcare provider charges. For example, if your medical scheme pays specialists at 200% of tariff, but your healthcare provider charges at 500%, you will be liable for the shortfall of 300% from your own pocket if you do not have gap cover in place. Most medical schemes also have deductibles and co-payments and many members are left out pocket when hospitalised due to these shortfalls.

- **While some employer groups still offer medical scheme benefits,** as part of their employee benefits package, it is often not compulsory and employees can opt out. Think long and hard before doing so. Fully understand the implications of declining an employer medical scheme offering, prior to doing so. If you choose to join the medical scheme at a later stage, you will have to be underwritten afresh, which could deviate substantially from the initial package offered in terms of underwriting and coverage with waiting periods.
- **Consider Primary Health Insurance for day-to-day primary care.** Primary health provides structured insurance benefits for everyday healthcare needs. A common misconception is that it is an 'either or' scenario between a medical scheme option and health insurance, where a primary health insurance plan is a useful companion for individuals who may only have a basic hospital benefit option with their medical scheme. Health insurance for your day-to-day, out of hospital care is an affordable way to manage primary healthcare expenses separately, giving you access to network doctors and dentists, acute and chronic formulary medication, radiology, pathology, optometry and even cover for specialists on a managed basis when referred by a network GP.

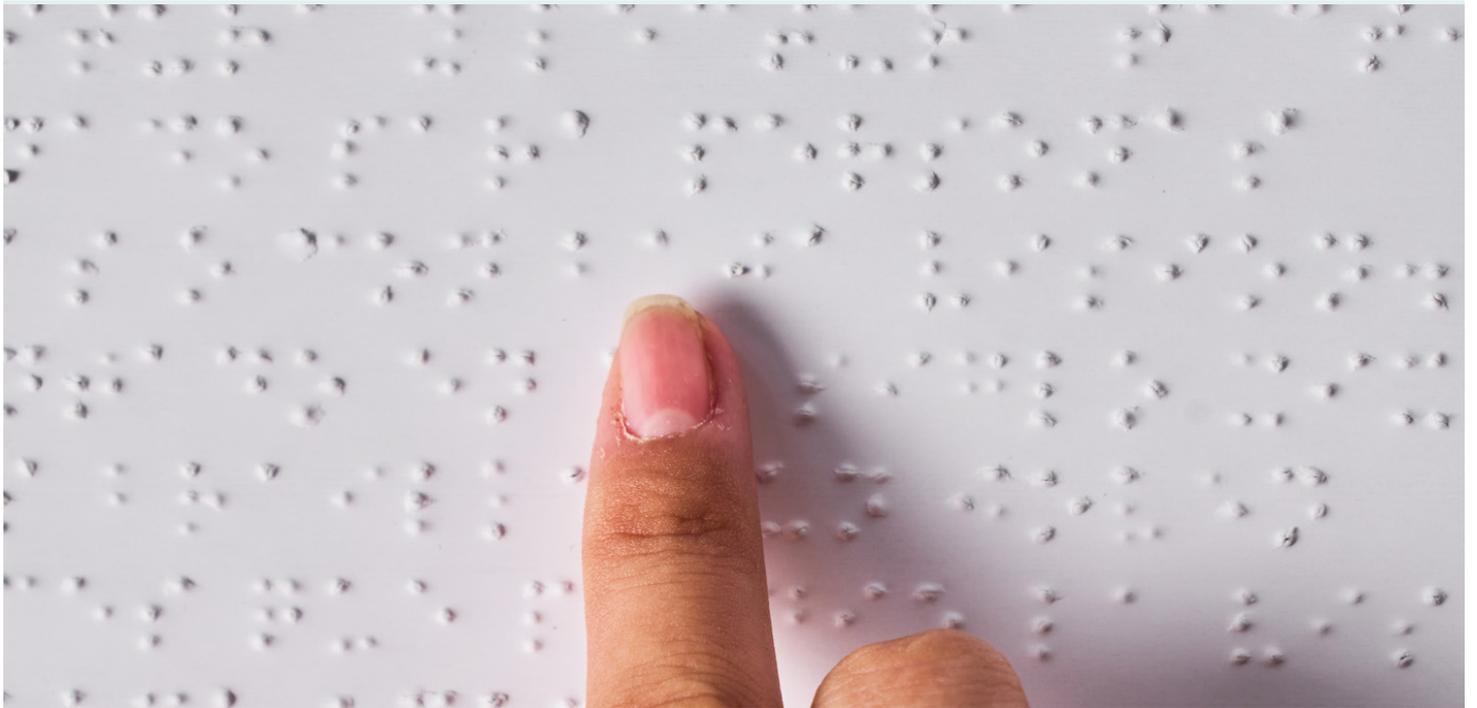
Why the Interplay Matters

There is a definite hybrid trend by consumers and healthcare brokers to leverage the synergies between core medical scheme benefits, gap cover and health insurance in a cohesive and complimentary approach. No single solution suits everyone's unique healthcare needs and budget.

It is important to seek expert advice on structuring a healthcare funding plan that takes an integrated approach to ensuring your access to quality private healthcare, from your primary, day-to-day needs through to hospitalisation and specialist care.

In a world where affordability and access to quality care are key, structuring your healthcare funding plan intelligently means achieving the right blend of cover, benefits and cost. In weighing up the essential versus non-essential aspects of your healthcare plan, your professional broker's knowledge and impartial advice will shine a light on the way forward, explain the pros and cons of every potential scenario, ensuring that you can make better decisions about your healthcare financial planning for today and the future.

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World Braille Day

4 January 2026

Every year on 4 January, the global community pauses to acknowledge the importance of braille - a system that remains essential to literacy, independence and equal opportunity for people who are blind or visually impaired.

The date marks the birthday of Louis Braille (1809–1852), whose ingenuity forever changed accessible communication.

A Look Back: How Braille Began

The story of braille starts with Louis Braille's determination to overcome the limitations placed on him after a childhood accident left him completely blind. As a student in France, he searched for a practical way for blind individuals to read and write independently - an ability that at the time was almost unheard of.

His inspiration came from night writing, a code of raised dots developed for the French army to read messages silently in the dark. The system was too complex for easy fingertip reading, but it sparked an idea. By age 15, Louis Braille streamlined the concept into the now-familiar six-dot cell that is simple, efficient and instantly recognisable by touch. This breakthrough became the foundation for written communication in braille worldwide.

Braille released the first edition of his tactile writing system in 1829, complete with notation for reading music, an area in which he excelled. In 1837, he refined the system further, creating the version that would spread globally and later be adapted for hundreds of languages.

Throughout his life, he continued to teach and advocate for accessible learning at the National Institute for Blind Youth in Paris. As the institution's first blind professor, he proved that equal access to education is not only possible but transformative.

Braille in the Modern World

Today, braille remains a vital tool for empowerment. According to the World Health Organization, more than **43 million people are blind and over 295 million live with moderate to severe vision impairment²** worldwide (2024 estimates). Braille provides many of them with a pathway to literacy, employment and autonomy. The system now extends far beyond printed books. You'll find braille on ATMs, elevators, public signage, medication packaging, accessible voting materials and digital tools such as refreshable braille displays and braille-ready e-readers. Technology continues to evolve, but braille remains the universal foundation for tactile communication.

Ways to Recognise World Braille Day

World Braille Day encourages us to champion accessibility in both everyday environments and long-term planning. You can participate by:

- **Learning:** Take time to understand how braille works and why it remains essential in the digital age.
- **Raising Awareness:** Share information to help break down misconceptions and promote inclusion.
- **Supporting Access:** Back organisations that provide braille books, devices and training for visually impaired individuals.
- **Embracing Innovation:** Explore new assistive technologies and consider how your business or community can improve accessibility.

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World Leprosy Day

25 January 2026

Leprosy, also known as Hansen's disease, remains a global health challenge, present in over 120 countries³. Although the number of new cases has declined over decades, recent data suggest that around 172,700 new diagnoses were recorded worldwide in 2024⁴.

Leprosy is caused primarily by bacterium that targets the skin, peripheral nerves, mucosa of the upper respiratory tract and eyes. Although leprosy can incubate over many years before symptoms appear, its slow progression allows for early detection and effective treatment.

How Leprosy Spreads

Leprosy spreads mainly through prolonged close contact – for example via respiratory droplets from an untreated person over time. It is not transmitted by casual contact like handshakes or hugs. Once treatment begins, the risk of infecting others drops dramatically⁶.

Early symptoms can be subtle:

- Light or reddish skin patches that have reduced sensation.
- Thickened skin or nodules.
- Numbness or muscle weakness, especially in hands or feet.

If left untreated, leprosy can lead to serious complications such as deformities, nerve damage and even loss of sensation or facial changes, but it is curable and early treatment can stop disease progression and prevent disability. Misunderstandings and old stereotypes around leprosy remain a major obstacle that often

leads to people delaying treatment out of shame or fear of discrimination. This contributes to ongoing transmission, late diagnoses and preventable disability.

Treatment and Hope

Leprosy is treated with multi-drug therapy (MDT), provided through public health services under the guidance of World Health Organization (WHO). Ongoing global efforts emphasise the importance of early detection, integrating leprosy care into general health systems and reducing stigma through education and inclusion.

The Road Ahead

Leprosy elimination is defined as a prevalence below 1 case per 10,000 population by WHO and yet the work is far from done, which is why World Leprosy Day is more than a date, it's a call to action. It reminds us that leprosy is not hereditary, but a curable bacterial disease. It encourages communities to support affected individuals, to challenge stigma and to invest in medical outreach, research and inclusion.

With awareness, compassion, and collective action, leprosy can move to a disease of the past.

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World Neglect Tropical Disease Day

30 January 2026

Neglected tropical diseases (NTDs) may not make headlines often, but they continue to affect more than a billion people worldwide - mostly those living in poverty, in remote villages and in marginalised communities in tropical and subtropical regions. These conditions don't just impact health; they reinforce cycles of hardship by keeping adults out of work and children out of school.

Yet, despite their scale and long history, NTDs are preventable and treatable. World NTD Day is a moment to recognise the progress made - and the work still needed - to ensure these diseases become history.

A Decade of Progress

Since the World Health Organisation released its first global roadmap to tackle NTDs in 2012, the world has witnessed meaningful strides⁷:

- **600 million fewer people** now require treatment for NTDs compared to 2010.
- **42 countries and territories** have eliminated at least one NTD as a public health problem.
- Several diseases are nearing historic milestones:
 - **Guinea worm disease** is close to eradication.
 - **Lymphatic filariasis** and **trachoma** have been eliminated as public health problems in multiple countries.
 - **Onchocerciasis (river blindness)** has been eliminated in parts of the Americas.
 - **Human African trypanosomiasis** cases have fallen dramatically.
 - **Leprosy** continues to decline globally.

These achievements are the result of coordinated action across governments, scientists, community health workers, donors and international organisations.

Why Momentum Matters

While the progress is significant, many of the original targets for 2020 were not met, and new challenges have emerged. Factors like political instability, migration, evolving pathogens, climate change and drug resistance all complicate elimination efforts.

The WHO's updated roadmap to 2030 outlines what's needed next:

- Stronger **diagnostics and monitoring**.
- More resilient supply chains and access to treatments.
- Continued scientific innovation.
- Increased funding and political commitment.
- Collaboration across sectors, from water and sanitation to education and community development.

NTDs remain powerful indicators of inequality. Where they persist, gaps in healthcare access, infrastructure and social protection are often stark. Reaching the 2030 goals will require continued focus, agility and global solidarity.

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References

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<https://businesstech.co.za/news/lifestyle/841304/pain-for-medical-aid-members-in-south-africa-with-one-scheme-hiking-fees-by-almost-20/>

World Braille Day – 4 January

To learn more, visit the United Nations page on World Braille Day: <https://www.un.org/en/observances/braille-day>

<https://pmc.ncbi.nlm.nih.gov/articles/PMC9554782/>

World Leprosy Day – 25 January

<https://www.who.int/en/news-room/fact-sheets/detail/leprosy>

<https://ilepfederation.org/global-leprosy-hansen-disease-update-2024-beyond-zero-cases-what-elimination-of-leprosy-really-means/>

<https://www.afro.who.int/health-topics/leprosy>

<https://www.paho.org/en/topics/leprosy-hansen-disease>

World Neglect Tropical Disease Day – 30 January

What You Can Do

Even if you're far from the regions most affected by NTDs, you can still help drive progress:

Stay informed - share what you learn with colleagues, friends or through social platforms.

Support global health initiatives - Donate to or engage with organisations working in NTD elimination.

Advocate for equity - Policies that expand access to clean water, sanitation, education and healthcare all help reduce the burden of NTDs.

Participate in workplace or community initiatives - Whether through fundraising, volunteering or awareness drives, collective action makes a meaningful difference.

NTDs may be “neglected,” but the people affected by them never should be.

<https://www.who.int/publications/i/item/9789240010352>

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Aon Resolution Centre (ARC)

If you do not get satisfactory assistance from your medical scheme, please do not hesitate to contact your allocated Aon Employee Benefits Healthcare Consultant or the **Aon Resolution Centre (ARC) on 0860 100 404**. Please remember to get a reference number from your medical scheme when escalating your query to the Aon Resolution Centre (ARC).

Don't be left exposed. Get Gap Cover today.

Gap cover policy gives you peace of mind and may cover the unexpected in-hospital shortfalls, out of hospital co-payment and deductibles which are not covered by your medical scheme, that may compromise you financially. The medical schemes shortfalls are a result of medical practitioners such as Anaesthetists, Surgeons and other Specialists charging more than the medical scheme rate, which you as a member are liable for.

We are pleased to inform you that Aon has negotiated a favourable underwriting window period with some Gap Cover providers for you and your family. Please contact Aon on **0860 100 404** or arc@aon.co.za for further information. You may also contact the Aon Resolution Centre should you require a comparison between your current provider and other Gap cover providers.

This is not a medical scheme and the cover is not the same as that of a medical scheme. This policy is not a substitute for medical scheme membership.

Household and Motor Insurance

Aon also provides Household and Motor Insurance. If you would like to know more send an e-mail to: quoteme@aon.co.za or call us **0860 100 404**.

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