



To Protect, Promote and Improve the Health of People and Their Communities

The DA Health Policy Summary 2026

***A PARTY OF National Government.
RESCUING SOUTH AFRICA.***





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Vision

To protect, promote and improve the health of people and their communities through making affordable, accessible, and high-quality healthcare services available to all.

[Disclaimer: This summary must be read and understood in conjunction with the Health Policy, as the policy unpacks the rationale behind the proposed recommendations].

The DA's plan for providing quality Healthcare for all

For people to lead healthy and fulfilling lives and contribute to society, they must have access to quality healthcare services when they need them. This means that those who cannot afford healthcare services can still access them, irrespective of their financial or health status.

All South Africans must feel confident that when they do access a health service, their health will not deteriorate and that the best possible care will always be delivered. In South Africa, the root cause of the challenges in the health sector lies in governance failures. As a result, we see poor performance, a lack of human resource planning and ineffective accountability mechanisms. The consequences of these failings include inadequate infrastructure, regulatory gaps, and disparities in the quality of care provided.

Against this backdrop, this policy sets out the DA's approach to healthcare governance. Grounded in evidence-based policy, proactive and accountable governance, and revenue-neutral proposals, this policy sets out what the party believes is the best way to achieve universal quality healthcare for all.

Therefore, we propose building on existing capacity and improving coordination between the public and private healthcare sectors so we can address our existing challenges and ensure universal health coverage. We recognise that both the public and private sectors need to be reformed to enhance universal health coverage and provide quality healthcare for all.

Background to the Policy

Realisation of Universal Healthcare

In South Africa, healthcare operates in a two-tiered system, where services are provided through both public and private sectors. However, despite being designed to offer universal health coverage, both sectors need help to realise this objective. The main reason for these failures lies in the prevalence of significant governance weaknesses within the public sector, which permeates the healthcare system and adversely impacts the quality of service delivery. Additionally, the District Health System has yet to achieve complete decentralisation and is managed in silos rather than through an integrated model from home to clinic to district hospital level. This hinders the implementation of time-sensitive decisions, such as the provisioning and monitoring of health services that meet the community's local needs.

Those who seek better-quality services elsewhere are excluded due to the high costs of private healthcare insurance. While some South Africans opt not to have medical aid and instead pay out-of-pocket for private healthcare services, the rising unemployment rate, combined with inflation, has meant that many forego healthcare treatment. The reality is that many South Africans are struggling to keep up with the rising cost of living, and as a result, medical aid has become a luxury for many.

Enhancing the quality of care received

Unfortunately, our healthcare facilities are not adequately monitored and evaluated. Consequently, they are not held accountable for poor services, and remedial plans to address their challenges are not implemented. Medical negligence and subsequent medical-legal claims are skyrocketing as a result. Inadequate infection control in health facilities and resource shortages are also common features of our health system.

Measuring and rectifying the poor performance of our healthcare facilities becomes impossible when the health entities, such as the Office of Health Standards Compliance (OHSC), responsible for monitoring these services, are not independent, adequately resourced or publish their findings publicly. This is made worse by health authorities failing to take appropriate action against facilities that do not meet health compliance standards. The consequence is a decrease in the quality of services being offered and an increase in the number of medico-legal claims.

Addressing the challenge of access

In South Africa, access is hampered by various factors, including geographical disparities. Rural areas often face shortages of health facilities, doctors and nurses, and resources crucial for the operation of health facilities, such as water and electricity. Limited access to emergency care services also remains an impediment to accessing sufficient health services.

Promoting healthy lifestyles

The country's high burden of diseases makes it exceptionally difficult to meet the demand for health services. Many individuals suffer from manageable diseases, such as diabetes, or diseases that arise from poor lifestyle choices. Lifestyle choices such as smoking, drinking alcohol, poor eating habits, and sedentary lifestyles increase the demand on our health system, which are often preventable.

Various diseases, including both communicable and non-communicable conditions, burden South Africa. The most significant impact on the health system comes from preventable health issues, such as substance abuse, inactive lifestyles, harmful behaviours, and mental health problems.

Objectives of the Policy

In pursuit of the DA's vision to protect, promote and improve the health of people and their communities, the health policy has the following four objectives:

- 1. Strengthening healthcare systems and infrastructure to ensure Universal Health Coverage (UHC):** Enhancing accountability mechanisms in the public sector, addressing market failures in the private sector, and upgrading health infrastructure.
- 2. Enhancing quality of care and patient safety:** Enhancing monitoring of healthcare services to ensure quality care and patient safety.
- 3. Enhancing access to healthcare services:** Addressing geographical and socioeconomic barriers to healthcare access.
- 4. Promoting healthy lifestyles and well-being:** Promoting healthy lifestyle choices by addressing the behavioural risk factors for health.

Policy Proposals

To realise the policy objectives, the following proposals are included:

Strengthening Healthcare Systems and Infrastructure to ensure Universal Health Coverage

The DA will begin by enhancing **the governance framework** in the public health system by:

- **Limiting undue political interference in the work of administrations, regulators, and all public entities** responsible for delivering healthcare services.
- **Addressing corruption by establishing a Chapter 9 Anti-Corruption Commission**, which will be accountable to Parliament and follow independent budgetary processes that are removed from executive control.
- **Establishing an Independent Watchdog for Health Entities (also known as supervisory structures)**. The independent watchdog will supervise all regulators, all key hospitals, key health services and health districts. They will have the powers to supervise procurement processes and oversee human resource matters.
- **Establishing an independent National Health Appointments Authority (NHAA)** to guarantee the autonomy of the Watchdog (supervisory structures). The NHAA will handle the nomination, appointment, and removal processes of supervisory structure members, moving these responsibilities away from the executive and ensuring merit-based appointments are prioritised.
- **Mandating the relevant chief executive or equivalent of health entities to report to the Watchdog while allowing for appropriate political oversight**. They will be responsible for all aspects of their organisation, including finance, procurement, human resources, equipment, all administrative functions, and all capital expenditure, under the supervision of the relevant Provincial Ministers, thereby assisting them in achieving their overarching health policy goals within their respective provinces.
- **Allowing all capital expenditure to be directly financed and controlled by the relevant healthcare facility** and not a public works department, whether national or provincial.
- **Ensuring that forensic health services are placed under the supervision of independent supervisory boards (the Watchdog) to which they report**.
- **Implementing a decentralised governance model for the National Health Laboratory Service** so that its services better match the needs of the local or provincial health services.

The District Healthcare System will be strengthened by:

Strengthening Healthcare Systems and Infrastructure to ensure Universal Health Coverage

- **Integrating health information systems**. This will be done by implementing new digital technologies, such as a unique patient identification number system.

- **Establishing definitive, decentralised district health authorities (DHA)**, which will be implemented over several years. This will substantially strengthen the delivery of primary care services. These authorities will have clear budget allocations and powers to act locally.

The DA will address **the management challenges** in hospitals by:

- **Ensuring that all regional, tertiary, specialised and academic facilities become autonomous**, subject to the accountability processes established for all public health entities.
- **Allowing all hospital chief executives to have complete control over all aspects of their hospital's operations.** This encompasses financial management, procurement, workforce planning and spending on capital projects (such as infrastructure maintenance).
- **Providing educational opportunities for the professionalisation and management within our healthcare system** through collaboration with public and private institutions of higher education.
- **Ensuring that hospital and clinic-based services are adequately funded for the populations they serve.** This will be done by implementing a system of fair and transparent cost-sharing between provinces and health districts, which is required to supplement the provincial equitable share allocation.

The DA will enhance the quality of **healthcare infrastructure** by:

- **Ensuring that all capital expenditure is directly financed and controlled by healthcare facility administrators** and not a public works department, whether national or provincial.
- **Ensuring that there is an official annual report on the status of health infrastructure targets and projects.** This report should include information on outstanding health infrastructure needs, projects that are starting, their projected completion dates, and their current status.
- **Creating conditions that will encourage private sector investment in public health infrastructure.** We will establish public-private partnerships to ensure a win-win relationship between parties. The inclusion of risk-sharing instruments could assist in attracting private investment.
- **Investing in alternative sources of power**, which are off the national grid, to connect healthcare facilities, especially in under-resourced areas, to ensure a reliable power supply.
- **Investing in the growth of virtual care**, or telemedicine, within the public sector.
- **Ensuring that all healthcare facilities have an emergency water supply plan.** Emergency plans can include water restrictions, the identification of water-saving mechanisms (for example, the hospital can temporarily use disposable plates, utensils, and waterless hygiene products), and the identification of minimum water needs.
- **Ensuring that the Department of Health and other relevant departments oversee the maintenance and resource management of all government mortuaries.** This will ensure good working conditions for the workers and that the bodies of the deceased will be treated with the dignity they deserve.

The DA will ensure **the health workforce** is motivated by:

- **Implementing promotions that are based on merit rather than length of service.**
- **Implementing recognition programmes** to ensure that high-performing medical staff are recognised for their contribution.
- **Implementing reward systems, such as performance bonuses, at all public facilities** to promote and encourage high performance. Incentives can play an important role in job satisfaction.
- **Encouraging open communication between entry-level health workers and senior managers.** Getting the health workforce on board with decisions is key to successful implementation.
- **Investing in the training and development of health workers.** Implementing annual training sessions would assist health workers in continuous upskilling.
- **Implementing legislation training for all healthcare professionals and administrative staff.** Introducing mandatory legislation training would assist the Department of Health in upholding health standards and prevent malpractice by ensuring that all staff are aware of protocols.

The DA will address **the market failures** in the private health sector by:

- **Introducing social reinsurance for medical schemes.** The solution to pooling problems and the consequences of demographic risk management in private health insurance markets is establishing schemes that can transfer the risks that individual insurers find challenging to cover. Instead of relying on private companies for this (reinsurance), a publicly run programme will be established.
- **Introducing a risk-equalisation plan for medical schemes.** Risk equalisation plans involve transferring funds between different health insurance plans to adjust for the expected costs of medical care.
- **Implementing a mandatory medical scheme membership for individuals earning above a pre-determined threshold.** This will reduce the burden placed on the public sector, thereby freeing up public sector resources to provide better services to citizens who continue using these services.
- **Implementing an income cross-subsidy.** This new subsidy would be based on a person's income and assist lower-income groups with healthcare expenses. Instead of directly giving this subsidy to individuals, it would be provided indirectly to the medical insurance plans they are a part of.
- **Including post-retirement protection for pensioners (high-risk customers).** To ensure lifelong coverage in the system of medical schemes, we propose a system of cross-subsidies¹ be developed to subsidise contributions in the post-retirement period.
- **Ensuring data-sharing between private and public facilities** for UHC planning purposes.

¹ Cross-subsidisation is often used to promote fairness and equity in healthcare by spreading the financial burden more evenly across a diverse population, allowing everyone to access healthcare services when needed. This will be funded through general taxes.

Enhancing the Quality of Care and Patient Safety

The DA will address the challenge of increasing **medico-legal claims** by:

- **Introducing compulsory mediation processes** before commencing court proceedings. Solving cases during the mediation stage could save legal costs and time.
- **Establishing a medico-litigation centre** responsible for mediation, tracking and managing claims, and monitoring disciplinary procedures.
- **Over the long term, the DA will investigate the feasibility of introducing a no-fault claims mechanism**, as implemented in Sweden, through a council comprising an independent team of experienced clinicians, who will assess each adverse event and offer compensation where appropriate.
- **Enhancing the capacity of the Office of Health Standards Compliance (OHSC).**
- **Ensuring proper deterrence mechanisms are implemented** to prevent collusion between state attorneys, patients and medical practitioners. [The DA's Crime Prevention and Criminal Justice policy](#) offers a variety of effective deterrence measures.

The DA will **reduce hospital-associated infections** by:

- **Continuing the infection prevention protocols** implemented in hospitals and clinics since the start of the COVID-19 pandemic.
- **Ensuring that all hospitals have an assigned infection control monitor or teams** trained, educated and responsible for monitoring and surveillance of infection and diseases at health facilities.
- **Specifying appropriate air conditioners and ultraviolet (UV) filtration mechanisms during the design phase of new healthcare facilities.**

The DA will address **healthcare resource shortages** by:

- **Addressing resource shortages by optimising facility use.** This can be done by attracting different types of patients at certain times of the day, alleviating peak hours and the challenges that come with them (such as a shortage of beds or personnel).
- **Ensuring every hospital has a qualified inventory manager.** Good managers can effectively manage hospital resources and ensure their availability.
- **Implementing electronic medicine stock management systems**, where possible, to ensure a consistent supply of medications, especially in rural areas.
- **Rooting out corruption** to address chronic facility mismanagement.
- **Ensuring hospital managers, alongside the Provincial Departments of Health, conduct regular “demand analyses”** to ensure that hospitals and clinics are well-equipped for future health demands.

Enhancing Access to Healthcare Services

The DA will **address the geographical challenges** that prevent adequate access to quality healthcare services by:

- **Enhancing the capacity of mobile health (telehealth or telemedicine) services in underserved communities** by equipping healthcare staff with telemedicine technologies and expertise.
- **Prioritising departmental health budgets for mobile clinics in underserved regions**, which can effectively provide access to healthcare and provide more opportunities for underserved populations to screen for and manage existing health conditions.
- **Ensuring municipal water supplies to hospitals are regularly monitored to ensure they are pathogen-free.** See the [DA's Environment Policy](#) for comprehensive solutions to South Africa's water challenges.
- **Ensuring hospital management has well-defined risk assessment and mitigation plans** for water contamination, shortages, or disruptions. These plans may involve using backup temporary water tanks or reliable boreholes that meet quality standards.
- **Establishing resilient health facilities by upgrading infrastructure in high-risk areas to withstand extreme weather effects** and ensuring facilities maintain an emergency stock of essential medical items.
- **Establishing the Thunderbirds (a civil protection mechanism) to safeguard against disasters.** This mechanism's purpose would be to safeguard and provide assurance to municipalities against catastrophic scenarios by ensuring the necessary resources are available to provide timely assistance when needed.

To adequately address Human Resources for Health (HRH) shortages, a significant focus must be placed on securing an adequate supply of **medical practitioners**. The DA will address HRH shortages by:

- **Ensuring that more funding is allocated towards medical degrees** to support local skills development in the medical sector.
- **Ensuring more funding is allocated towards staffing of EMS service vehicles** to ensure that no patient is left stranded because of unstaffed vehicles.

The DA will **expand South Africa's health workforce** by:

- **Ensuring that medical professionals are included in Home Affairs' "scarce skills" list** to attract the migration of medical professionals to South Africa. In the most recent critical skills list from February 2022, only specific medical professionals were included: a biologist, a biotechnologist, a microbiologist, and a nurse educator. However, despite shortages in nurses, community health workers, and general practitioners, they were not included in the critical skills list.

The DA will address geographic **disparities for health workforce densities** between rural and urban areas by:

- **Incentivising medical professionals to work in underserved areas.** These could include the following in their employment packages: bonuses, rewards programmes, personalised professional development opportunities, tuition reimbursements, research grants, and emergency financial assistance.
- **Integrating foreign health professionals into the public health sector where skills shortages exist.** Those who come to the country as asylum seekers or are displaced from their home countries and possess the requisite skills to fill local gaps should be included in the DoH's Community Service and Internship programme for health.

For planning for HRH to be effective, the DA will **develop an integrated data source** to enable such planning. This will be done by:

- **Establishing a technical workforce planning unit** that will encompass the appropriate capabilities. This unit would establish real-time tracking of all key health professionals in South Africa, whether in the public or private sectors. This will be done by developing an integrated, publicly available, regularly updated HRH system. This would allow policymakers and entities to understand workforce shortages better and would guide the improved development of supply plans for HRH.

The DA will enhance **access to emergency** services by:

- **Ensuring that emergency access is guaranteed to all**, regardless of income or type of coverage. The goal would be to ensure that all priority 1 patients have access to emergency services at the nearest treatment facility.
- **Encouraging greater interdepartmental collaboration with the Police Service to enable Emergency Medical Technicians (EMTs) in "red zones" to service the public safely.**
- **Providing training in the management of emergency scenarios to all healthcare professionals.** This includes creating advanced training programmes for doctors and nurses, fundamental emergency procedures, and developing certification routes for prehospital emergency care.
- **Ensuring the procurement processes of ambulances take into consideration the terrain in which they will be travelling.** For example, ambulances in rural areas struggle to access certain communities due to poor road infrastructure. These areas should prioritise the procurement of ambulances with off-road capabilities.

The DA will address the shortfalls in Reciprocal Healthcare Agreements (RHA) by:

- **Engaging with SADC, the AU and other governments for the signing of RHA agreements** that specify the conditions of reimbursement for treating foreign nationals in our public healthcare system.

Promoting Healthy Lifestyles and Well-being

The DA will address the **social determinants of health** by:

- **Ensuring laws related to addressing behavioural risk factors are adequately enforced.** Laws that address and reduce health risks associated with lifestyle choices, like the Tobacco Bill, require greater attention and commitment from the authorities responsible for enforcing them. To achieve this, attitudes and perceptions towards these laws need to change. The Department of Health should improve its communication efforts to emphasise the seriousness of behavioural health factors and the importance of enforcing these laws.
- **Scaling up Community Health Services for Non-Communicable Diseases through Community Health Workers (CHW).** By broadening the scope of CHWs' responsibilities to include community education, screening, and implementing early disease management plans for those exhibiting health risk factors. Moreover, we aim to increase the presence of CHW teams nationwide, focusing on underserved areas lacking adequate access to healthcare services. By doing so, we can ensure that a larger population is reached.

The DA will promote **mental health awareness** and ensure access to effective treatment by:

- **Conducting long-term mental health education programmes** in schools, businesses, universities, and health institutions using educational resources like brochures and pamphlets to educate people about the signs of mental illness, seeking treatment, and supporting family members.
- **Involving families, with the patient's consent, in the treatment process** by educating them about the individual's condition and how to provide support, enhancing support and management.
- **Providing a short course on mental health and treatment for community health doctors and nurses.**
- **Collaborating with media houses to promote a positive mental health agenda.**
- **Encouraging collaboration between formal healthcare providers and traditional/faith healers.** Enhancing Traditional and Faith-based healers' understanding of the causes and treatments of mental illnesses through educational initiatives could ensure timely intervention and appropriate care, whilst still allowing for culturally influenced healing practices.

The DA will address the **human resource shortage** for mental healthcare by:

- **Offering additional training to the existing Primary Healthcare workforce** to equip them with the necessary skills to confidently provide basic mental health services to patients.

The DA will increase access to quality **mental health services** by:

- **Shifting underutilised resources from psychiatric institutions or other programmes to primary healthcare facilities.**
- **Mandating all provinces** to include District Mental Health Teams, community-based mental health care and child and adolescent mental health services in their annual budgeting plans. A needs assessment will guide budgets for the above, and budget allocations should reflect this.

- **Offering home-based care** for low-risk patients to alleviate the burden on the healthcare system.

The DA will **prevent medication stock-outs** by:

- **Establishing a National Prescription Registry** that will allow patients to collect repeat prescriptions at any pharmacy nationally. The pharmacy registry will allow patients to go to any pharmacy should their original pharmacy of choice be out of stock.

Conclusion

The DA's health policy sets a firm, revenue-neutral foundation for what needs to be done within the existing health framework to enhance access to quality healthcare. The DA offers credible policy recommendations to strengthen our public healthcare systems' governance framework, including enhancing accountability mechanisms to reduce maladministration and corruption. We aim to address market failures in the private sector so that competition can be enhanced, and the quality of care provided can be increased while private healthcare costs are reduced. The next step will be to improve the quality of healthcare services provided. We will begin by addressing the challenges the OHSC faces to ensure adequate monitoring of healthcare services. Ensuring healthcare facilities, both public and private, are monitored will play an important role in preventing medical negligence cases. The DA will enhance access to medical care in rural areas by making increased use of telemedicine and mobile clinics. Furthermore, the DA will implement preventative strategies to mitigate the social determinants of health. The full realisation of this policy will rely on improving governance mechanisms, such as the National Health Appointments Authority (the Watchdog), and market reforms in the private sector, such as social reinsurance and risk equalisation.



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