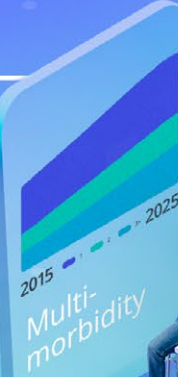


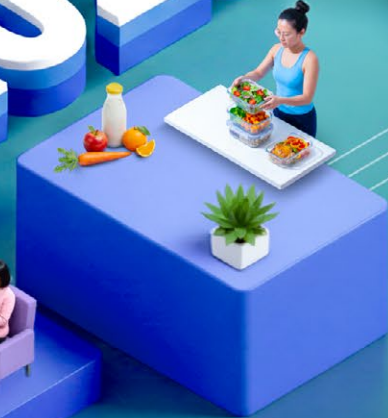


GOOD
CARDIOVASCULAR
HEALTH + 6 YEARS
HEALTHSPAN

The Prevention Dividend
The return on earlier intervention,
measured in years of life gained



HEALTH TRENDS 2026



HealthTrend26

Foreword



Healthcare is changing in ways people can feel. The change is not only about cost. It is about complexity, the pace of clinical innovation, and the growing number of families living with long-term conditions. The most important shifts are not always visible in headlines. They are visible in the patterns of disease, care journeys and outcomes that medical schemes fund every day.



South Africa is fortunate to have a world-class private healthcare system, delivering deep clinical capability and access to best-in-class treatment, often at costs below those of global peers. The system continues to innovate, with medical scheme members accessing advanced therapies, precision diagnostics and integrated care models that were not available a decade ago. That quality and innovation matter most when members need life-changing care.

The progress is visible in the data. Life expectancy is improving across age bands. Cancer survival has improved by more than seven years over the past 15 years. Cardiovascular events are increasingly preventable through interventions that are well understood and within reach. More members are living well with conditions, not despite them. This is the value of a system that invests in better health and better care.

That progress is reshaping demand. Members are living longer, but with increasingly complex and overlapping health needs. Mental health conditions are also becoming a larger component of overall disease burden, particularly among younger adults. While this reflects positive gains in survival and longevity, it also presents a fundamental system design challenge. Care must shift earlier and become more preventive.

Earlier action, sustained over time, delivers compounding value, with the greatest gains realised upstream of major health events. Shifting key modifiable behaviours and taking the right action at the right time can materially reduce risk and improve outcomes. This is the Prevention Dividend: better health at lower long-term cost, driven by earlier investment in the right interventions and care models that enable sustained behaviour change. The evidence in this report shows this shift is already underway. The task is to deliver it with even greater speed and scale.

Dr Ron Whelan
Chief Executive Officer: Discovery Health

About HealthTrend26

Behind the numbers

The HealthTrend26 report is built on Discovery Health's integrated data ecosystem, drawing on more than 60 million life years of clinical, pathology, lifestyle and behavioural data. As the administrator and managed care provider to Discovery Health Medical Scheme, Discovery Health integrates data, clinical capability and member-facing tools to translate this depth of insight into earlier, more precise and more personalised care for members.

Discovery Health Medical Scheme is the largest open medical scheme in South Africa, covering more than 2.7 million lives and representing just under 60% of the open scheme market. In 2025, the Scheme funded R90 billion in healthcare for its members, across 64 million individual claims.

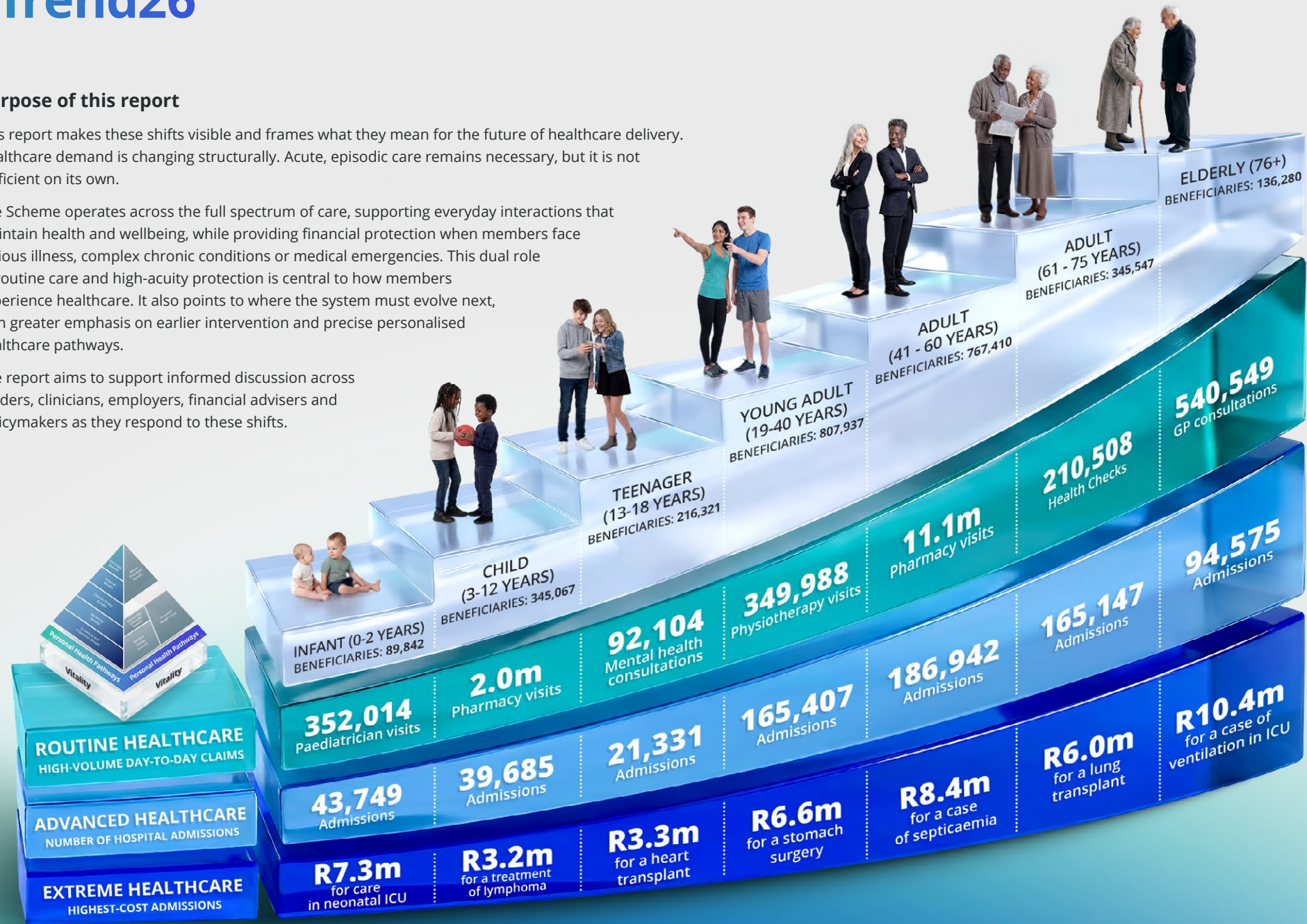
This scale provides a uniquely representative view of healthcare demand across the insured market, enabling a deep understanding of disease burden, care pathways and how outcomes are evolving at a system level.

Purpose of this report

This report makes these shifts visible and frames what they mean for the future of healthcare delivery. Healthcare demand is changing structurally. Acute, episodic care remains necessary, but it is not sufficient on its own.

The Scheme operates across the full spectrum of care, supporting everyday interactions that maintain health and wellbeing, while providing financial protection when members face serious illness, complex chronic conditions or medical emergencies. This dual role of routine care and high-acuity protection is central to how members experience healthcare. It also points to where the system must evolve next, with greater emphasis on earlier intervention and precise personalised healthcare pathways.

The report aims to support informed discussion across funders, clinicians, employers, financial advisers and policymakers as they respond to these shifts.



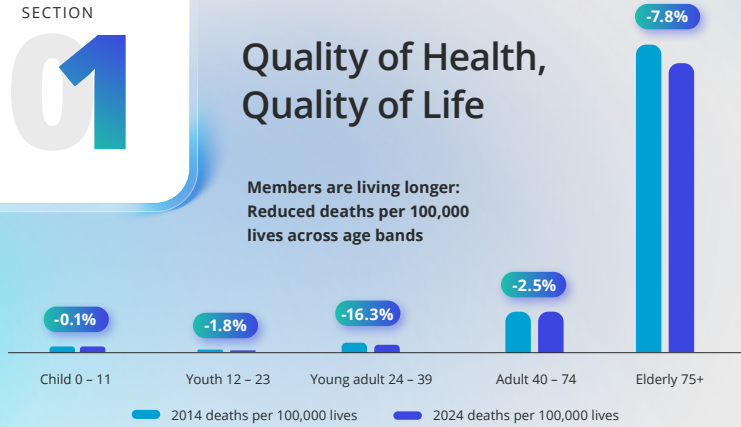
Executive Summary

SECTION

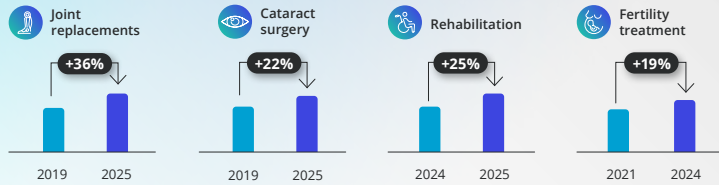
01

Quality of Health, Quality of Life

Members are living longer: Reduced deaths per 100,000 lives across age bands



Members are living in better health: Improved access to life-changing care



Discovery Health Medical Scheme members are living longer and in better health. This reflects improved access to life-saving care, more effective treatment pathways and earlier detection.

The Scheme's greatest value is access to high-quality care in the moments members need it most. This is most visible at the points of greatest clinical need. In 2025, the top 1% of members (29,000 lives), requiring the most complex and costly care, needed over R24 billion in healthcare, accounting for 33% of total claims. This cohort is not fixed. It changes. Significant health events are age agnostic. Serious illness, urgent surgery and intensive hospital care can happen at any life stage. In the face of this unpredictability, the Scheme provides peace of mind and access to care when it matters most.

Access to world-class care is improving how members live, not only how long they live. In 2025, the Scheme funded more than R3 billion in claims for joint replacements, cataract surgery, physical rehabilitation, and fertility treatment. As longevity improves, the focus of care is shifting beyond survival to functional health and quality of life.

SECTION

03

Mental health is more visible, recognised and supported

Mental health is now a core component of healthcare delivery and medical scheme benefits, with clear evidence of earlier engagement and improved detection of mental health conditions. **Prevalence among members aged 18 to 30 has increased by 80%**, from 1 in 12 in 2015 to 1 in 7 in 2025 – driven by increased help-seeking, improved screening and expanded access. Importantly, this rise has not been accompanied by greater severity. Despite an increase in prevalence, the material decline in admission rates is a clear indicator of the value of earlier intervention before clinical escalation.

Mental health is closely linked to chronic disease outcomes. Members with mental health conditions exhibit higher rates of comorbidity and poorer control of diseases, such as diabetes, hypertension and cardiovascular disease, driving increased utilisation and cost.

These dynamics underscore the importance of integrated care. The primary drivers of mental health outcomes – structured therapy, physical activity and sleep quality – align directly with chronic care pathways. Embedding mental health screening into routine care, enabling early intervention and coordinating longitudinal management improve continuity, stabilise conditions earlier, and reduce avoidable escalation.

SECTION

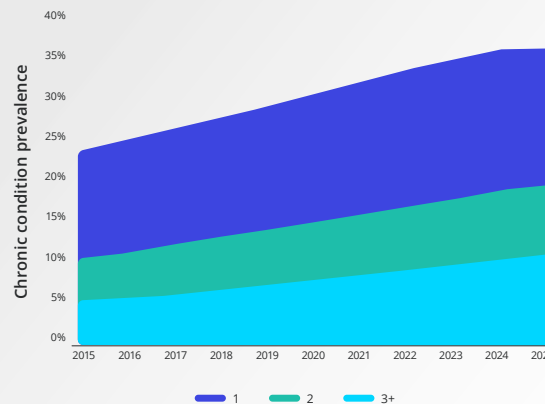
02

Chronic care is more complex as conditions increasingly overlap

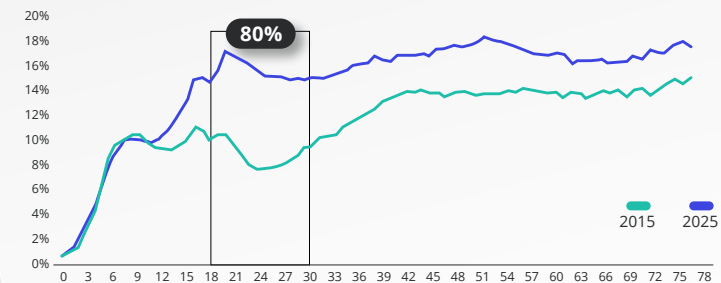
More members are living with chronic conditions over extended periods, reflecting better detection, treatment and long-term management. **More than half of these members now live with multiple conditions**, and those managing three or more have more than doubled. Cardiovascular disease, mental health conditions, diabetes and cancer dominate chronic care demand, together accounting for 84% of total chronic spend.

As multimorbidity increases, members need clearer pathways, better coordination across providers, and sustained, proactive support. This is where precise and personalised care has the greatest impact. Single-condition models are no longer sufficient. Outcomes increasingly depend on integrated, continuous care that is tailored to the individual.

Chronic condition prevalence by number of chronic conditions



Mental health prevalence by age



SECTION

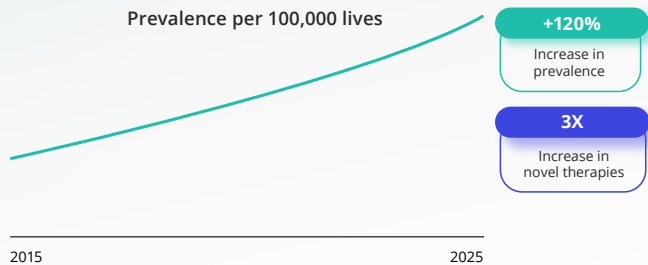
04

Cancer is increasingly becoming a long-term condition

Cancer outcomes for Discovery Health Medical Scheme members have improved significantly over the past 15 years. **Life expectancy for oncology-registered members has increased by 7.1 years, while mortality has declined by 48%.** This reflects earlier detection, advances in treatment, and more coordinated care – enabling more members not only to survive cancer, but to live well after diagnosis.

In 2025, the Scheme funded R4.6 billion in cancer-related claims through its market-leading Oncology Benefit, funding 93% of oncology treatment costs.

The stage at which cancer is detected remains one of the strongest determinants of outcomes. Regular screening increases early-stage diagnosis by 19% and is associated with a 67% reduction in relative mortality risk. At the same time, treatment is rapidly advancing. Over the last decade, a growing proportion of members are receiving biological and immunological therapies that target specific cancer pathways or activate the body's immune response. These therapies have transformed outcomes in cancers historically associated with poor survival, including melanoma, lung, breast and certain haematological cancers. Earlier screening paired with coordinated and precise treatment pathways is now central to outcomes.



SECTION

05

Cardiovascular health is the gateway to longevity and healthier years

Cardiovascular health is one of the most consequential domains in healthcare and a clear opportunity to improve long-term outcomes. Modifiable risk factors have a well-established, additive impact on major adverse cardiovascular events. Smoking cessation reduces risk by more than 35%. Modest physical activity – at least 60 minutes per week – is associated with a further 25–30% reduction in risk. Effective weight management provides additional benefit through improvements in blood pressure, lipid profiles, and glycaemic control. Conversely, excess weight accelerates cardiometabolic disease progression, driving hypertension, dyslipidaemia, and diabetes, and materially increasing overall cardiovascular risk.

One in five members is living with cardiovascular disease, accounting for 53% of Scheme expenditure. Progression to major events is typically preceded by an accumulation of visible and modifiable risk factors. Sustained optimisation of cardiovascular health is therefore associated with **significantly improved outcomes, including a biological age up to six years younger than chronological age.**

GLP-1 receptor agonists have the potential to further shift this trajectory. Uptake has more than doubled over the past two years. In appropriately selected patients, and when combined with sustained lifestyle intervention, GLP-1 therapies can achieve substantial and durable weight loss, improve glycaemic control, and reduce cardiovascular event risk. As patent expiries lower cost barriers and cardiovascular outcomes evidence continues to mature, access is expected to broaden.



SECTION

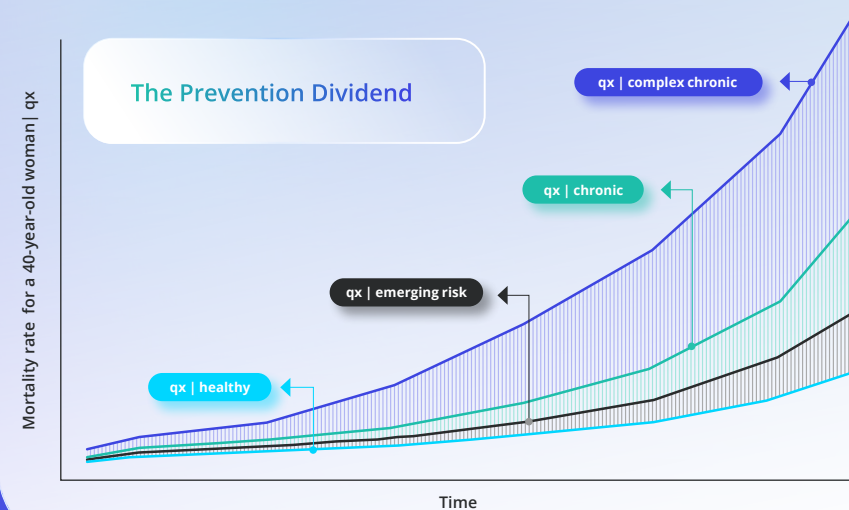
06

The Prevention Dividend is real and achievable

The value of prevention is unequivocal. Investing in prevention and early detection today delivers substantial long-term returns, and Personal Health Pathways (PHP) brings this to life. By integrating clinical evidence, longitudinal data, and behavioural science, PHP delivers a single, fully personalised pathway for each member – focused on delaying disease progression and sustaining healthy behaviours over time.

Early engagement signals are strong. More than 650,000 members have activated Personal Health Pathways (PHP), completing over 1.2 million health actions and 7 million exercise activities to date. Members on Personal Health Pathways (PHP) are significantly more likely to complete key interventions, including Health Checks and cancer screenings. Importantly, 23% of Health Checks identify out-of-range results, and 1.3% of first-time screenings detect cancer – creating critical opportunities for earlier intervention and improved outcomes.

The Prevention Dividend is visible in sustained engagement, evident in earlier detection, and increasingly reflected in improved outcomes. It is central to the future of healthcare.



Quality of Health, Quality of Life

Discovery Health Medical Scheme members are living longer and in better health. This reflects improved access to life-saving care, stronger treatment pathways and earlier detection.

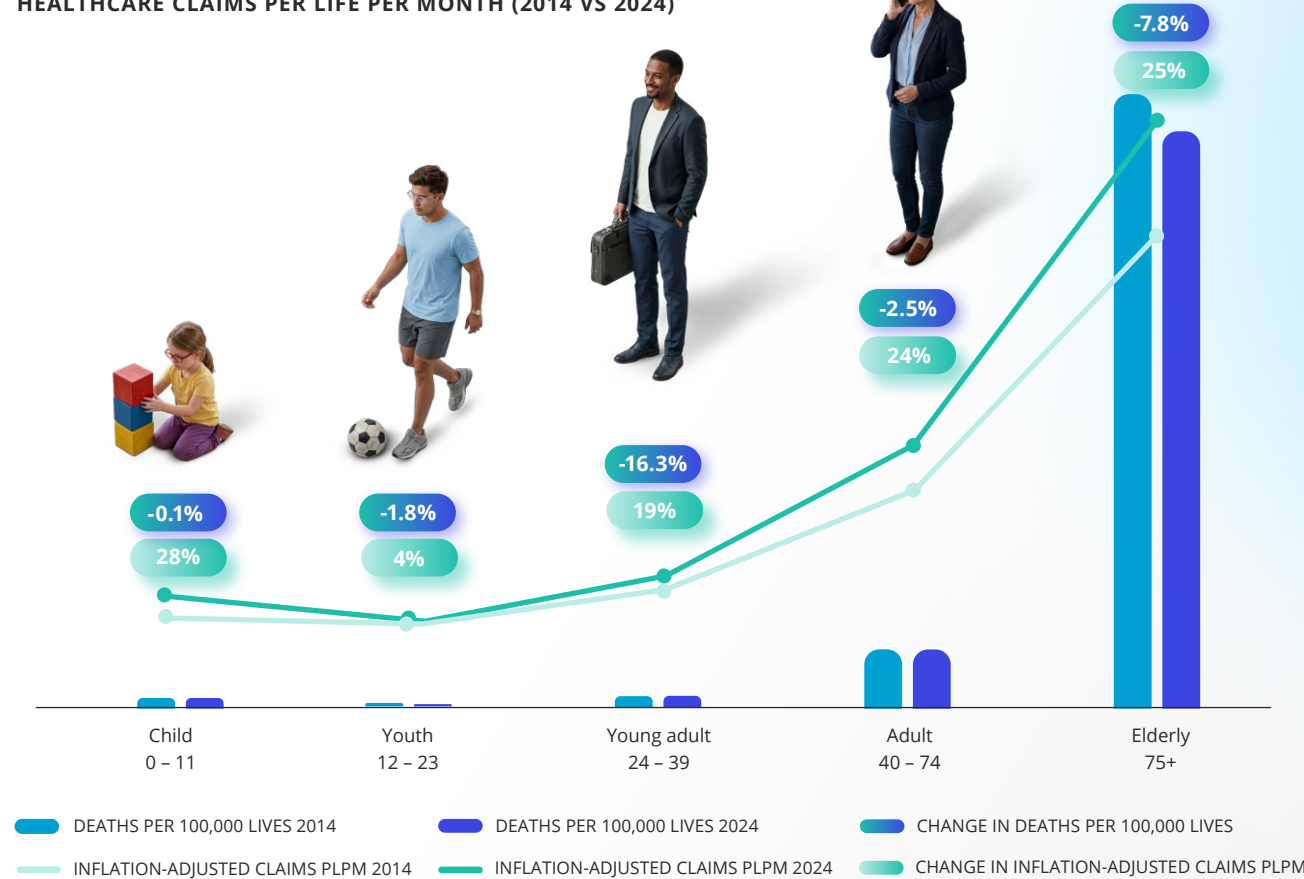
Between 2014 and 2024, deaths per 100,000 lives on Discovery Health Medical Scheme declined across all age groups. Young adults aged 24 to 39 experienced the greatest improvement in longevity of over 16%.

Members are living longer because they are getting access to life-saving treatment, and conditions that were previously life-limiting are now managed over extended periods.

Longer lives change the structure of healthcare demand. Members spend more years in care. Inflation-adjusted cost per life per month (plpm) has increased across all age bands over the same period.

The system is carrying more years of treatment, monitoring and prevention of complications per member. Healthcare is shifting from short episodes to long-duration care. Members are not only living longer. They are living with conditions that require sustained management over time.

DEATHS PER 100,000 LIVES AND INFLATION-ADJUSTED AVERAGE HEALTHCARE CLAIMS PER LIFE PER MONTH (2014 VS 2024)*



* Deaths have been standardised for age to make 2014 and 2024 comparable. Analysis is based on 2014 and 2024 data, as audited mortality data for 2025 was not available at the time of reporting.

Outcomes are improving for three reasons:



BETTER MEDICINES AND MORE CONSISTENT CONTROL

Long-term conditions are managed more effectively, reducing complications and preventable deterioration.



EARLIER DIAGNOSIS AND STRONGER CLINICAL PATHWAYS

Detection at earlier stages increases treatment effectiveness and improves survival.



EARLIER ENGAGEMENT IN HEALTHY BEHAVIOUR

Increased screening and earlier health action support better long-term health trajectories.

The opportunity has shifted. It is no longer only to extend life, but to extend healthy years.

The Scheme's greatest value is access to **life-saving care** when it is needed most

Most members judge medical scheme cover through routine care - predictable interactions, such as GP visits, medicines and basic diagnostics. While that is where most interactions occur, the real test of cover is different. It is the moment of serious illness or emergency. These events are rare and high-cost. They are also unpredictable.

Shape of healthcare demand

In 2025, the top 1% of members (29,000 lives) needed R24.7 billion in healthcare, accounting for 33% of claims on the Scheme. The top 5% (129,000 lives) required R46.9 billion of healthcare, accounting for 63% of claims. The remaining 95% of members accounted for 37% of the total healthcare claims.

In any year, members who face extreme healthcare events are not fixed. It changes. Members can move into high-intensity care at different points in life. That unpredictability is the value of the Scheme. It provides peace of mind and access to care when it matters most.

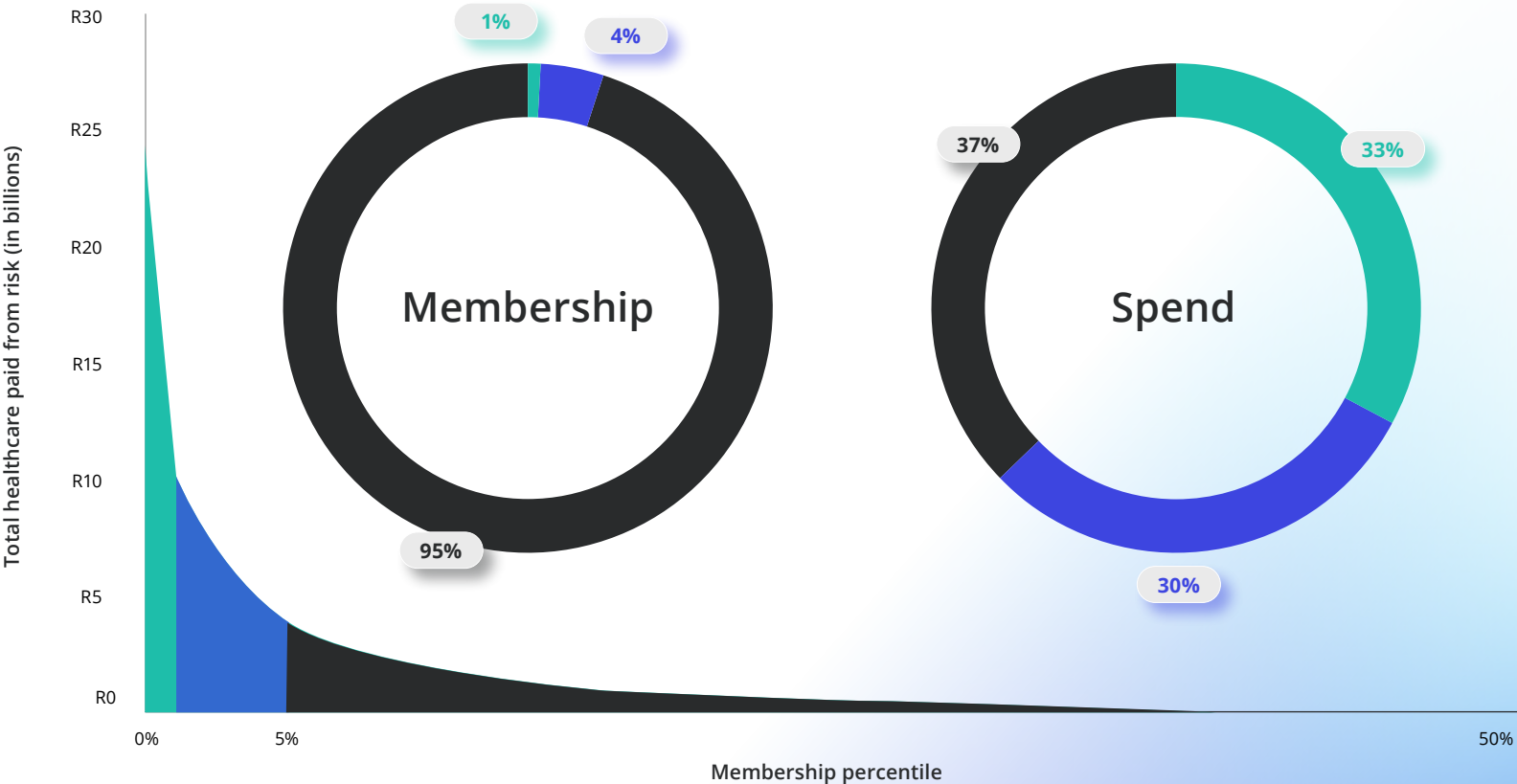
This distribution is structural. A small proportion of members, at any point in time, require intensive, high-cost care delivered over long durations. Healthcare is not a uniform, linear experience. It is a system designed to absorb unpredictable, high-impact clinical risk. The value of the Scheme is realised most clearly in those moments.

DISTRIBUTION OF TOTAL RISK SPEND BY MEMBERSHIP PERCENTILE (2025)

TOP 1% TOP 5% BOTTOM 95%

Top 1% (29,000 members) cost R24.7bn in 2025, accounting for 33% of total spend

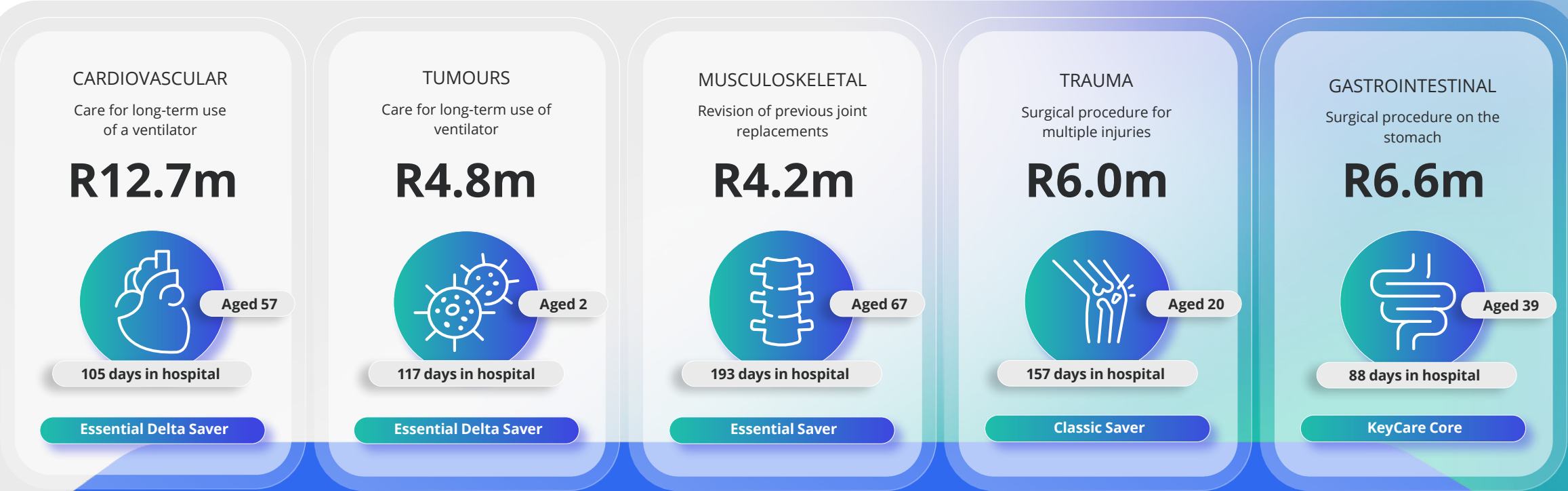
Top 5% (129,000 members) cost R46.9bn in 2025, accounting for 63% of total spend



Severe health events are age-agnostic

Significant health events are age-agnostic. Serious illness, urgent surgery and intensive hospital care can happen at any life stage. It is through that unpredictability that the Scheme provides peace of mind and access to care when it matters most.

HIGH-COST ADMISSIONS WITHIN THE TOP 5 EPISODES OF CARE IN 2025



These are not outliers in a statistical sense. They are expected events in a large insured population, and they occur across all age groups.

This mismatch between how healthcare is experienced and how it is funded is fundamental. Members interact most often with routine care, but the system is built to protect them from high-severity events that are less visible, less predictable and financially catastrophic without cover.

Life-changing care transforming daily function

Discovery Health Medical Scheme members have access to a world-class private healthcare system. Access to this level of care improves outcomes. As longevity improves, there is a natural demand for care that extends functional health and quality of life.

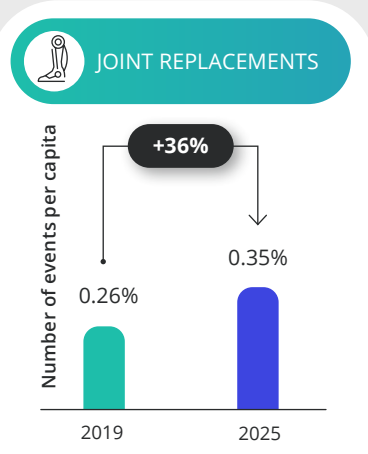


Members are accessing a broader network of healthcare professionals than ever before

In 2025, Scheme members received care from nearly 35,000 healthcare professionals – a 71% increase since 2008. Growth has been strongest in disciplines that shape long-term, quality-of-life care, with physicians growing by 160%, psychologists by 125%, and physiotherapists by 74%. This expansion deepens access to specialist, mental health, and rehabilitation services, supporting recovery, function, and long-term wellbeing.



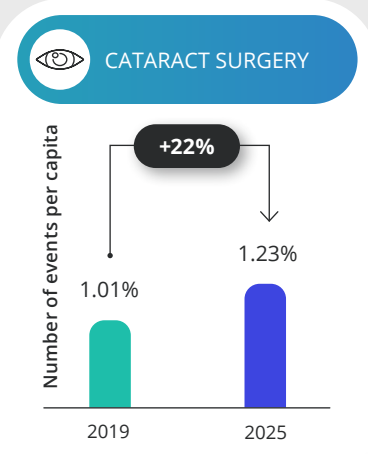
In 2025, the Scheme funded more than R3 billion in healthcare related to joint replacements, cataract surgery, physical rehabilitation, and fertility treatment. These interventions restore movement, improve sight, accelerate recovery and support reproductive health. As longevity improves, the focus of care is shifting beyond survival to functional health and quality of life.



R180,600
Average cost of hip and knee replacements

R115,200
Average cost of shoulder and elbow replacements

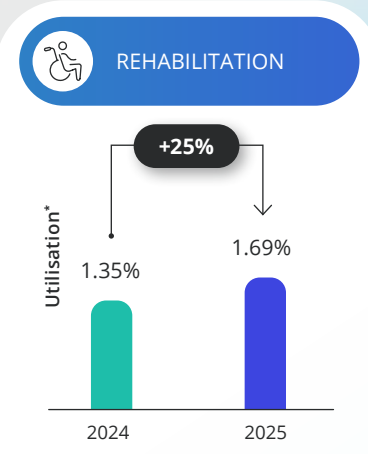
Joint replacement restores mobility and reduces pain. It supports independence. Demand rises as members live longer. The value is functional. It changes daily life.



R36,000
Average cost of cataract admission

56%
Likelihood of cataract surgery by age 80

Cataract surgery restores sight and supports independence. It is high-value care with immediate impact. Increasing admissions reflect longevity and the need to maintain function later in life.

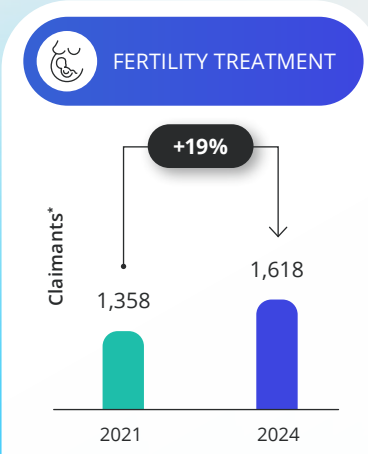


3
Average number of physiotherapy visits

R470
Average cost per physiotherapy visit

Rehabilitation shapes recovery. It supports return to work and daily life. As care becomes more complex, rehabilitation matters more, not less.

*Utilisation of physiotherapy through the Sports Injury Benefit, which was introduced in 2020.



R48,000
Average cost per IVF cycle

69%
Birth rate following treatment

Fertility care supports members at a defining life stage. Care that enables life goals, not only the treatment of disease.

*Claimants on the Assisted Reproductive Therapy Benefit, which was introduced on the Scheme in 2021. Data is not yet available for 2025.

Chronic care is **more complex** as conditions increasingly overlap

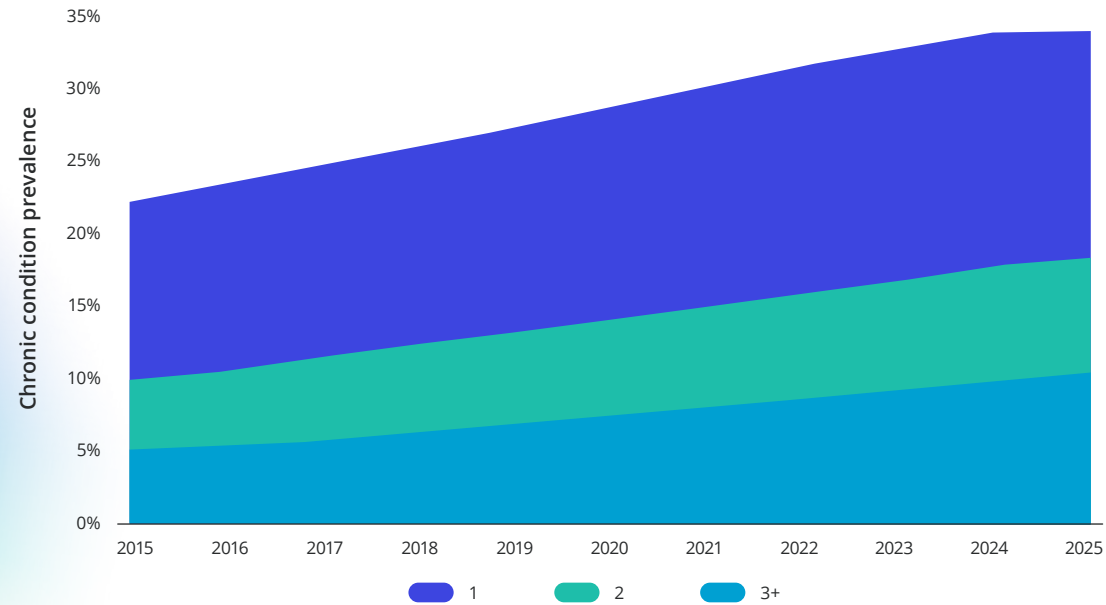
More members are living with chronic conditions over extended periods, reflecting better detection, treatment and long-term management.

More than half of chronic members now live with multiple conditions

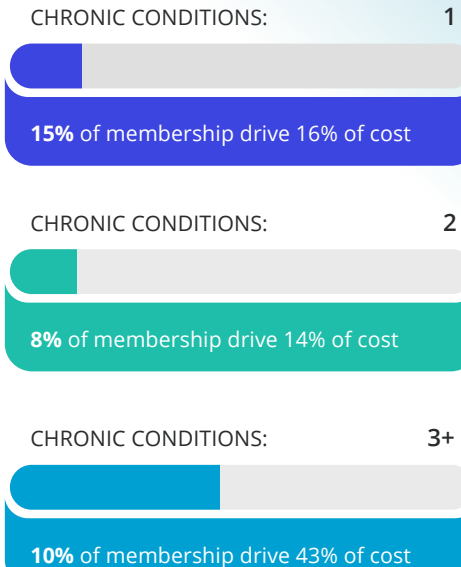


The distribution is shifting across all cohorts. Members with one chronic condition remain the largest group, but the growth in members with two and three or more conditions is more pronounced over time. By 2025, the share of members with three or more conditions has more than doubled compared to earlier years. Complexity is increasing, not only prevalence. This is not a marginal shift. It reflects a structural change in how disease presents and how care must be delivered.

CHRONIC CONDITION PREVALENCE BY NUMBER OF CHRONIC CONDITIONS



PROPORTION OF TOTAL CLAIMS COSTS

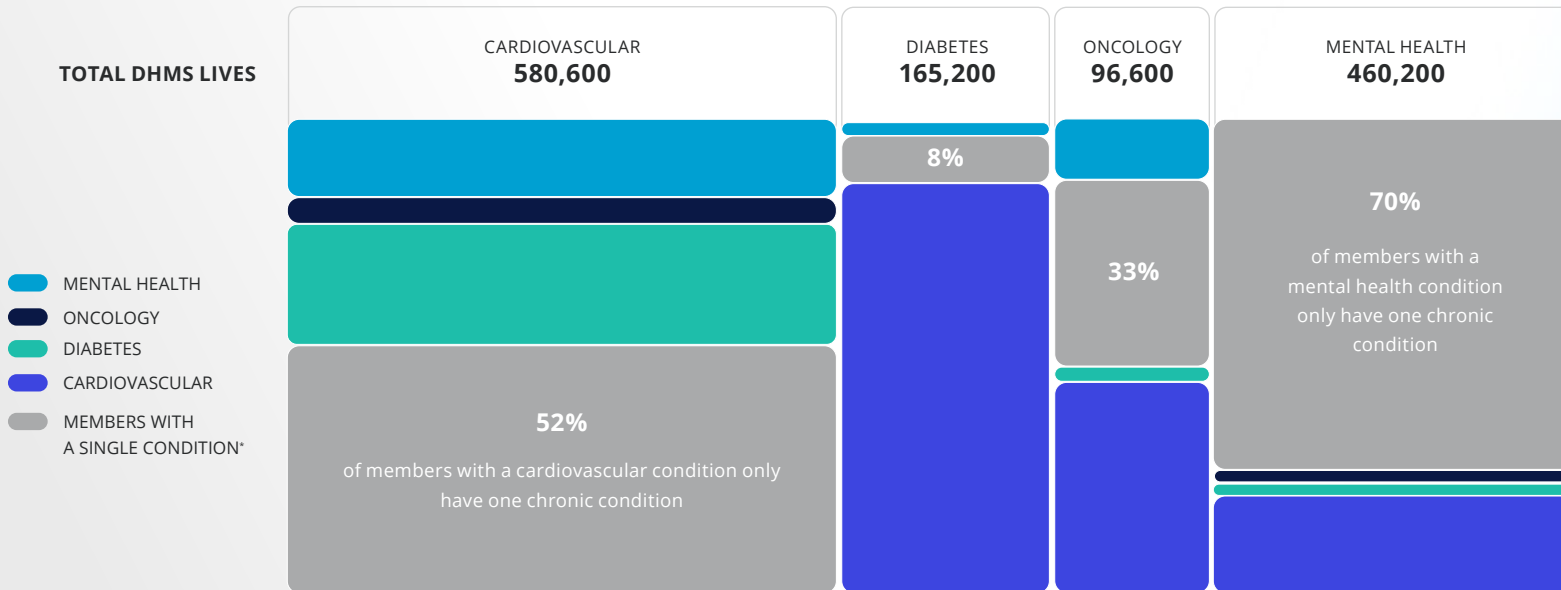


Discovery Health Medical Scheme funds over 450,000 members across diabetes, cardiovascular, oncology and mental health programmes, with integrated care pathways designed to manage overlap and improve long-term outcomes.

Cardiovascular disease, mental health conditions, diabetes and cancer dominate **chronic care demand**

These four conditions drive 84% of chronic spend, with substantial overlap between them increasing the complexity of care. When diabetes, cardiovascular disease, oncology and mental health overlap, members need clearer pathways, better coordination and sustained support. That is where proactive care can have the greatest impact.

PROPORTION OF CHRONIC POPULATION WITH OVERLAPPING CHRONIC CONDITIONS (2025)



* 52% of members with cardiovascular conditions, 8% with diabetes, 33% with cancer and 70% with mental health conditions have only one chronic condition.

48%

of members with a **cardiovascular condition** have another condition

92%

of members with **diabetes** have another condition

67%

of members who need **oncology treatment** have another condition

30%

of members with a **mental health condition** have another condition



Cost does not increase linearly as conditions are added. It escalates as conditions interact. Treatment becomes more complex, adherence becomes harder, and the risk of admission increases.

As multimorbidity increases, members need clearer pathways, better coordination across providers, and sustained, proactive support. This is where precise and personalised care has the greatest impact. Single-condition models are no longer sufficient. Outcomes increasingly depend on integrated, continuous care that is tailored to the individual.



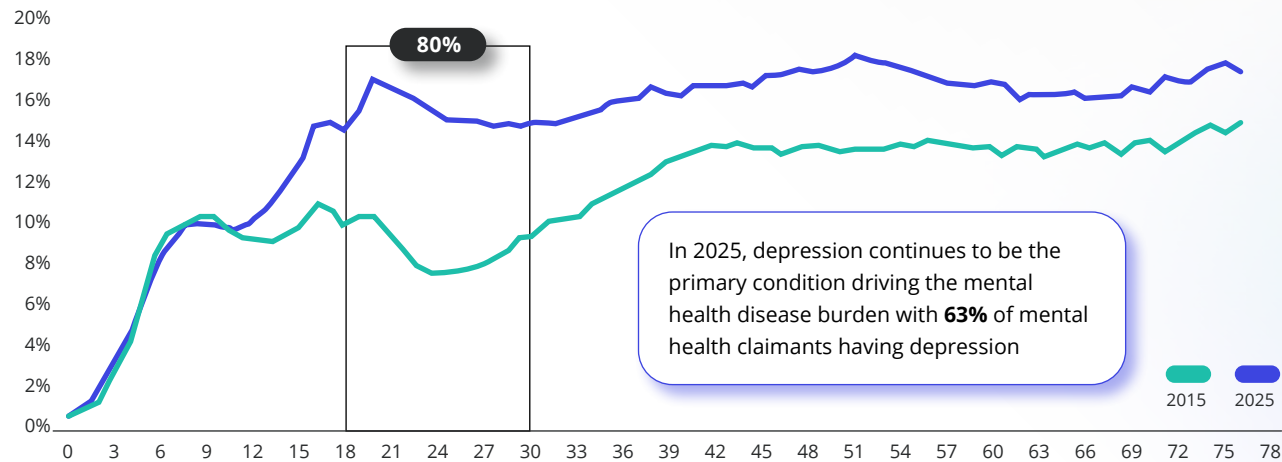
Mental health is more visible, recognised and supported

Mental health is now a core component of healthcare delivery and medical scheme benefits, with clear evidence of earlier engagement and improved detection.

Mental health is becoming a larger part of the disease burden, especially amongst younger adults

Prevalence among members aged 18 to 30 has increased by 80%, from 1 in 12 in 2015 to 1 in 7 in 2025 – driven by increased help-seeking, improved screening, and expanded access.

MENTAL HEALTH PREVALENCE BY AGE



In 2025, depression continues to be the primary condition driving the mental health disease burden with **63%** of mental health claimants having depression



1 in 12 young adults claimed for a mental health condition in 2015



Compared to 1 in 7 young adults in 2025

1.5X HIGHER PREVALENCE
OF MENTAL HEALTH CONDITIONS
IN WOMEN THAN MEN



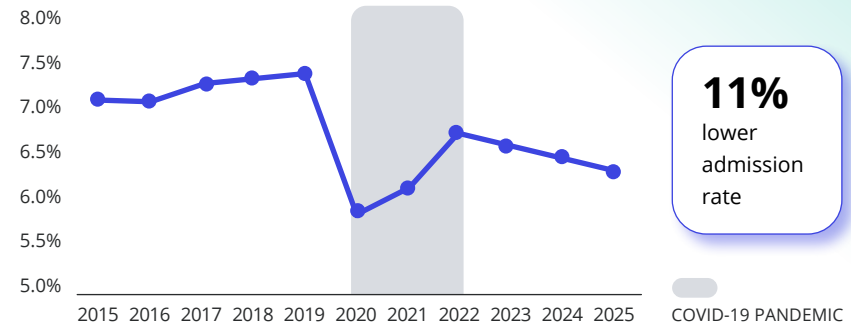
1.3X HIGHER PREVALENCE
OF MENTAL HEALTH CONDITIONS IN
SINGLE MEMBERS THAN FAMILIES



Importantly, increasing mental health condition prevalence has not been accompanied by greater severity

Despite an increase in prevalence, admission rates for mental health conditions have declined by 11% from 2015 to 2025. This is a clear indicator of the value of earlier intervention before clinical escalation.

ADMISSION RATE FOR MENTAL HEALTH CONDITIONS



11%
lower
admission
rate

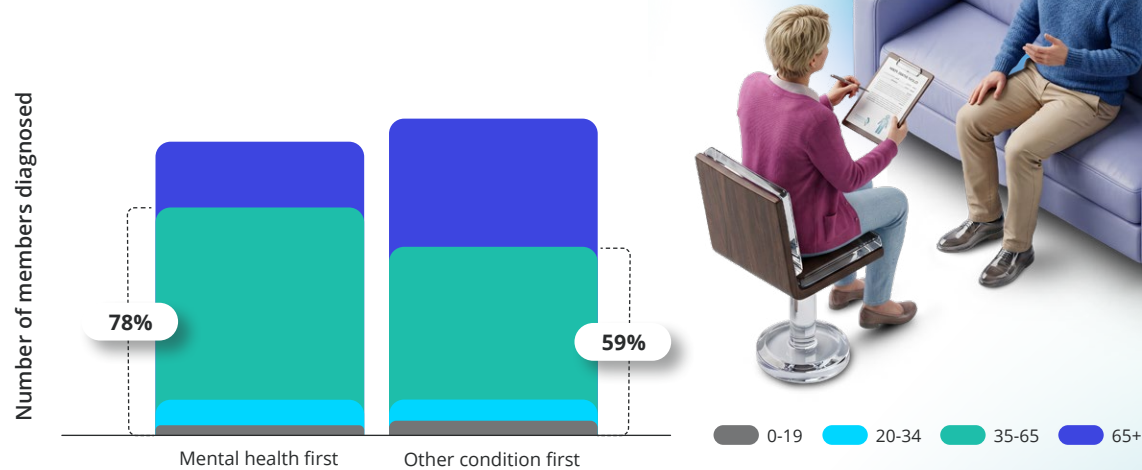
COVID-19 PANDEMIC

Mental health is closely linked to chronic disease and care intensity

Mental health conditions often do not occur in isolation. They are closely linked to other chronic conditions and significantly influence the trajectory of care.

Mental health conditions are often diagnosed following the diagnosis of another chronic condition

FIRST CHRONIC CONDITION DIAGNOSIS BY AGE (2025)



Mental health diagnoses often follow the diagnosis of another chronic condition. In 2025, among members living with a mental health condition, more than half were diagnosed with a different chronic condition before their mental health diagnosis.

Among members whose first diagnosis was a mental health condition, 78% were younger than 65, compared to 59% of members whose first diagnosis was a non-mental health chronic condition. Mental health is either an early entry point or a downstream consequence within chronic care pathways.

Chronic members with mental health conditions significantly impact healthcare costs

Mental health also interacts with chronic disease in ways that shape outcomes and care intensity. When it overlaps with physical conditions, costs rise to 3.8x and hospitalisation rates to 3.5x compared with a healthy life. This is where earlier identification and coordinated management have the greatest impact, improving continuity of care and reducing avoidable escalation across both mental and physical health journeys.

CHRONIC MEMBERS WITH MENTAL HEALTH CONDITIONS HAVE **3.8X HIGHER** HEALTHCARE COSTS THAN A 'HEALTHY' LIFE

1x

No chronic condition or mental illness

2.5x

Chronic condition without mental illness

3.8x

Chronic condition with mental illness

CHRONIC MEMBERS WITH MENTAL HEALTH CONDITIONS HAVE **3.5X HIGHER** HOSPITALISATION RATES THAN A 'HEALTHY' LIFE

1x

No chronic condition or mental illness

2.1x

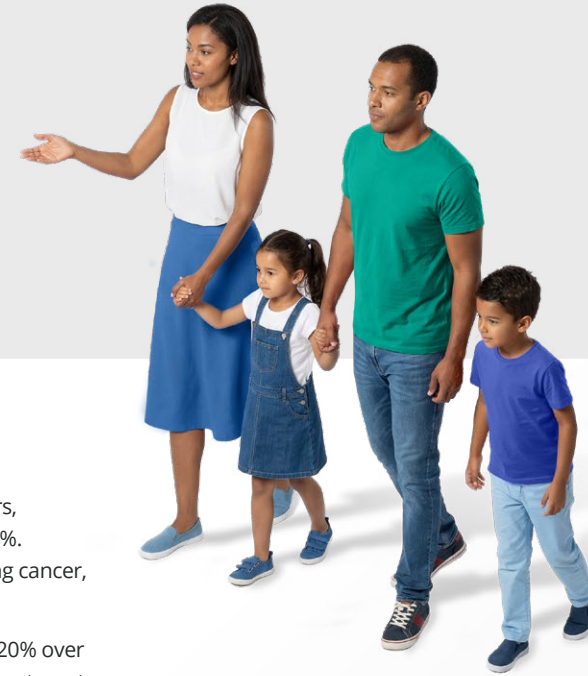
Chronic condition without mental illness

3.5x

Chronic condition with mental illness

These dynamics underscore the importance of integrated care. The primary drivers of mental health outcomes – structured therapy, physical activity and sleep quality – align directly with chronic care pathways. Embedding mental health screening into routine care, enabling early intervention, and coordinating longitudinal management improves continuity, stabilises conditions earlier, and reduces avoidable escalation.

Cancer is increasingly becoming a **long-term condition**



2025 oncology snapshot

93%
of oncology
treatment
costs funded

R4,480
average annual
out-of-pocket
spend

R4.6bn
spend on
oncology-related
claims

>108,000
members
enrolled on
the Oncology
Programme

R2.2m
highest
oncology support
provided

R7.4m
highest total
cancer cover
provided, including
in-hospital cover

Breast

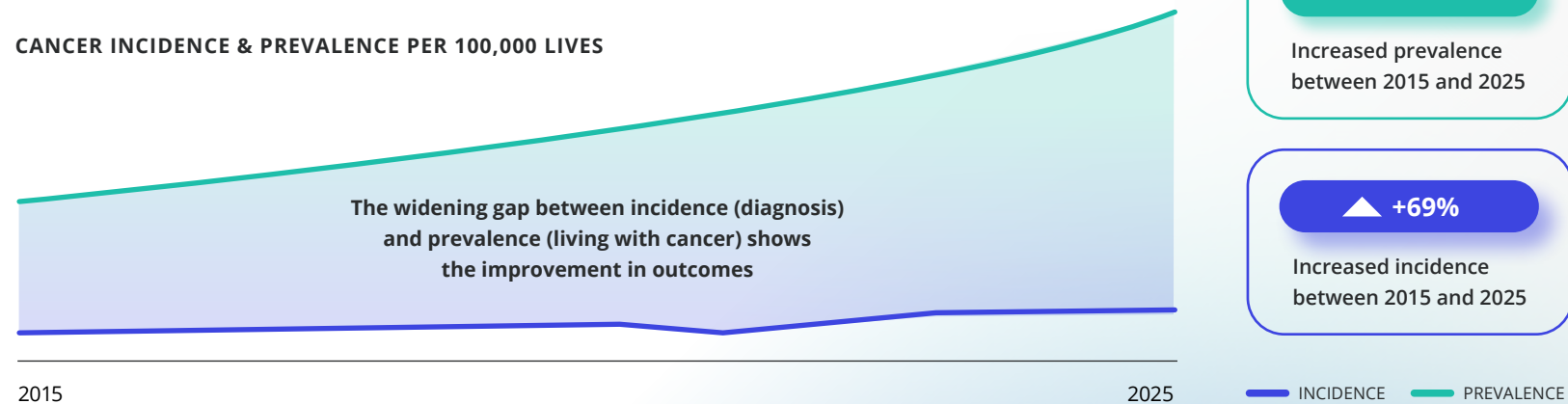
the most common type of
cancer (26% of cancer patients)

Better outcomes are reshaping the cancer burden

Cancer outcomes have transformed for Discovery Health Medical Scheme members. Over the past 15 years, life expectancy for oncology-registered members has improved by 7.1 years, and mortality has fallen by 48%. Earlier detection, breakthrough therapies and coordinated care mean more members are not only surviving cancer, but living well after diagnosis.

The graph tells this story. Incidence has risen by 69% as detection has improved. Prevalence has risen by 120% over the same period. The widening gap between the two lines is the measure of progress, and the signal that treatment is working. More members are being diagnosed, and far more are living longer with the condition. Cancer is increasingly becoming a long-term condition.

CANCER INCIDENCE & PREVALENCE PER 100,000 LIVES



Over the past
15 years:

7.1 years
improvement in life expectancy
(oncology-registered members)

48%
improvement in mortality rate
for members with cancer

Cancer is being detected earlier, creating greater opportunities for timely treatment



2025 claim-spend snapshot

Oncology care relies on a broad treatment ecosystem



39%
Medicine and chemotherapy



20%
Radiology



17%
Radiotherapy



6%
Facility fees



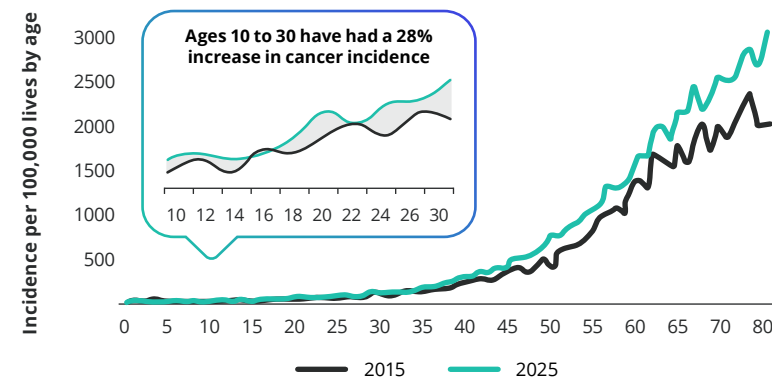
6%
Pathology



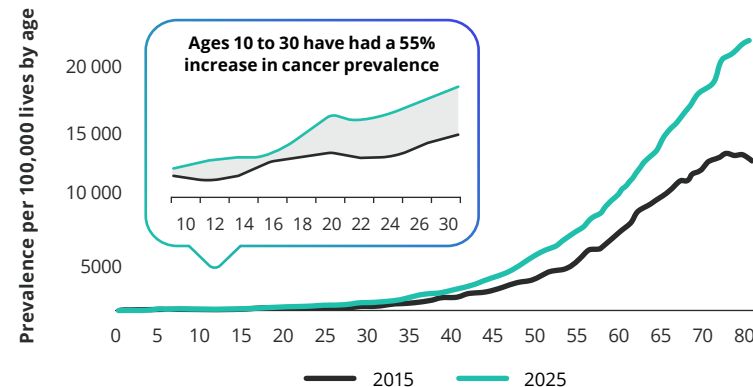
13%
Other

Cancer incidence and prevalence are increasing across all age groups. While cancer remains more common in older populations, rising diagnosis rates amongst children, adolescents and working-age adults reflect earlier detection and broader diagnostic capability, rather than demographic changes alone. At the same time, improved survival is driving rapidly increasing prevalence in older ages as members live longer after diagnosis. These trends are increasing the need for coordinated long-term cancer care.

CANCER INCIDENCE IS INCREASING ACROSS THE AGE SPECTRUM



CANCER PREVALENCE IS RISING RAPIDLY AT OLDER AGES



Cancer care across the age spectrum



0 years

Youngest claimant | Leukaemia



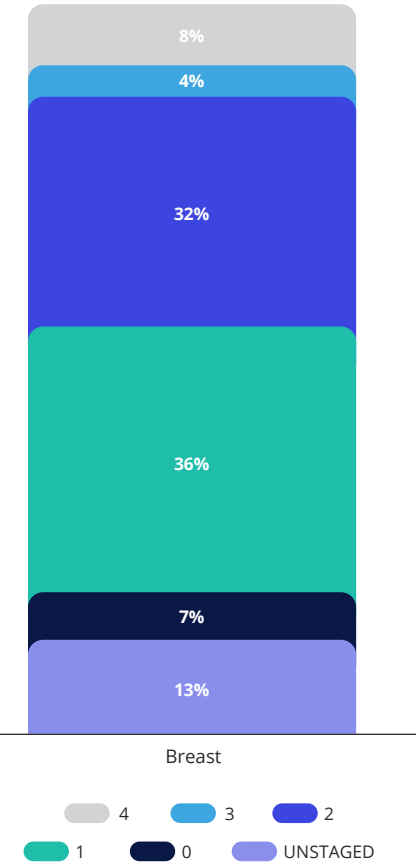
104 years

Oldest claimant | Breast cancer

Early diagnosis fundamentally changes what cancer looks like

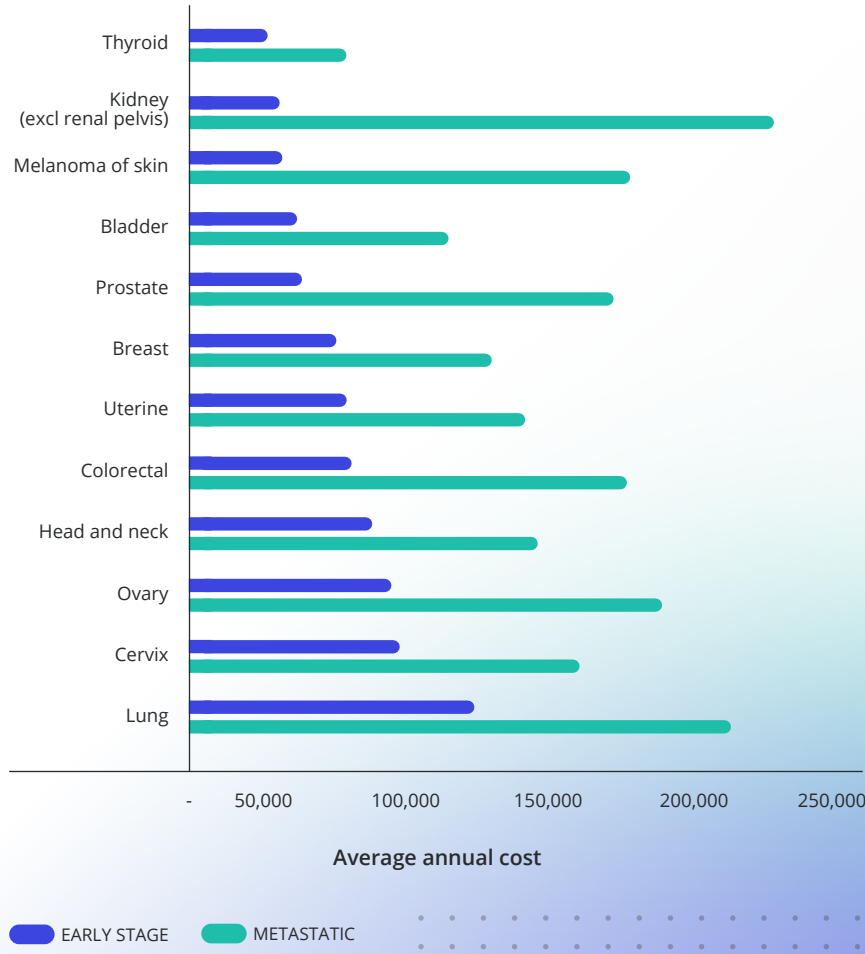
The stage at which cancer is detected shapes everything that follows, from survival odds and treatment complexity to care duration and cost. While screening and earlier detection continue to improve diagnosis patterns, significant opportunities remain to increase the proportion of cancers identified at earlier stages.

RECORDED STAGE AT DIAGNOSIS



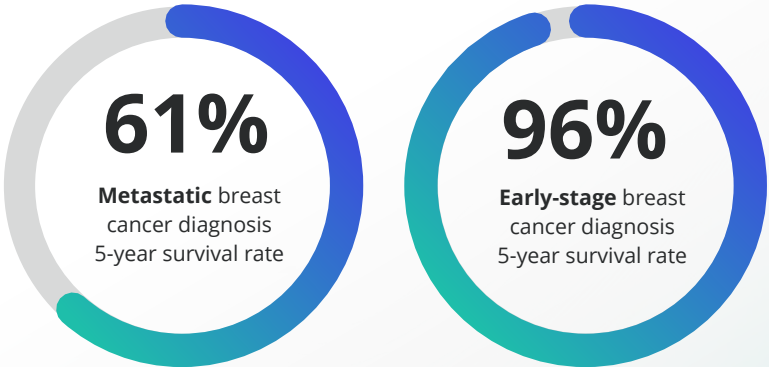
Metastatic diagnosis materially increases treatment intensity across cancer types

THE AVERAGE ANNUAL COST FOR A METASTATIC DIAGNOSIS IS R131,000. THIS IS **2.8X** THE COST OF AN EARLY-STAGE DIAGNOSIS.



Early-stage cancer detection materially improves outcomes

IMPACT OF EARLY-STAGE VERSUS METASTATIC DIAGNOSIS ON BREAST CANCER SURVIVAL RATES



The evidence is clear. Screening works. Across major cancer types, namely breast, cervical, colorectal and prostate cancer, regular cancer screening increased the likelihood of early-stage diagnosis by **19%**

Members who adhere to regular cancer screening are directly linked to better outcomes with regular screening translating to a relative reduction in mortality risk of **67%**

Detecting cancer early is only the first step. For the individual, a diagnosis is the beginning of their treatment journey. For the system, it's the beginning of a coordinated, long-term commitment to their care.

Stage at diagnosis is based on 2024 data. Reduction in relative mortality based on analysis of 42,294 Discovery Health Medical Scheme members who were diagnosed with either breast, cervical, colorectal or prostate cancer

Over the past decade, the number of members accessing novel treatments has tripled

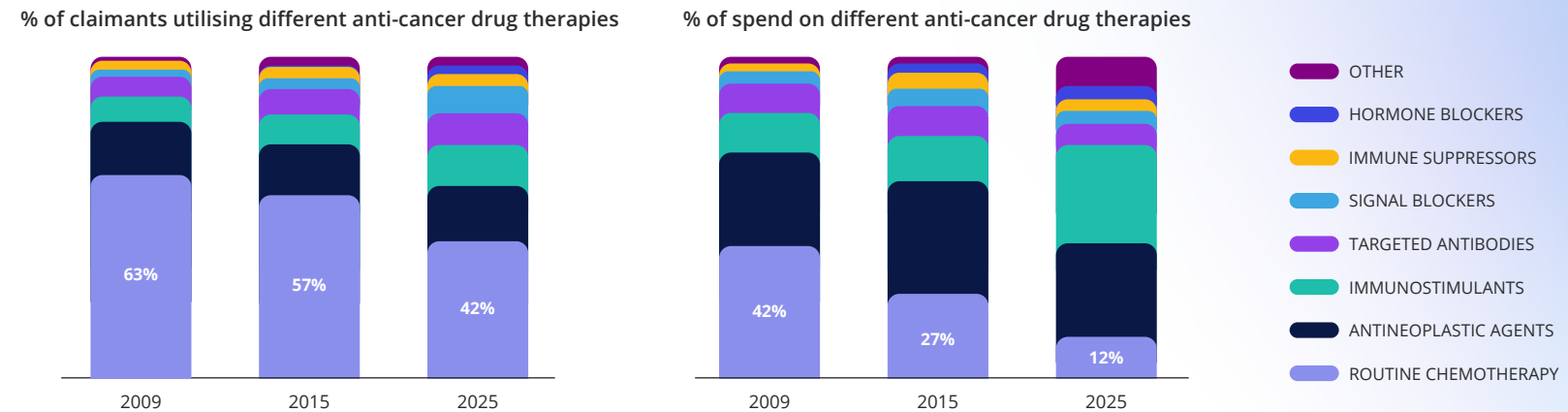
A growing share of Discovery Health Medical Scheme oncology members are now treated with biological and immunological therapies. These are the leading edge of cancer care. Targeted therapies act on specific cancer biology. Immunotherapies activate the body's own immune system. Together, they have transformed outcomes in cancers once associated with poor survival. Sustaining access to these advances depends on earlier detection and timely intervention, when treatment is most effective and members have the greatest opportunity to maintain quality of life.

Treatment innovation

Oncology treatment innovation is accelerating. Biologics, immunotherapies and targeted therapies have reshaped the cancer treatment landscape. They are extending survival and improving quality of life in ways that were not possible a decade ago. Access to these therapies is one of the clearest expressions of what comprehensive cancer cover delivers on Discovery Health Medical Scheme.

Over the same period, longevity has increased by 7.1 years on average. This reflects earlier detection, a wider range of treatment options and stronger disease management. Together, these advances are helping more members access life-saving treatment earlier.

ROUTINE CHEMOTHERAPY WAS THE DOMINANT TREATMENT IN 2009, USED IN 63% OF CASES AND ACCOUNTING FOR 42% OF SPEND. BY 2025, THAT HAS REDUCED TO 42% OF CASES AND JUST 12% OF SPEND, AS NEWER TREATMENTS HAVE BECOME AVAILABLE.

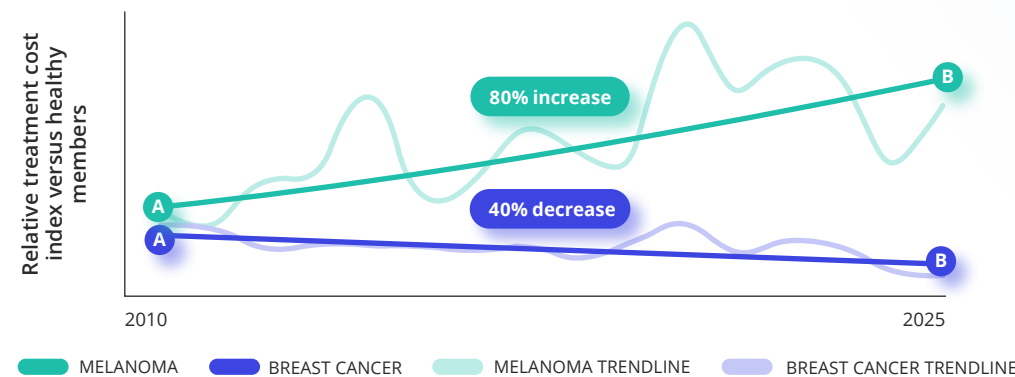


System sustainability

Over the past decade, oncology treatment inflation has increased by more than 10% annually, outpacing medical inflation. For newer innovative therapies, that figure more than doubles to 26%, even with generic and biosimilar medicines helping to temper costs. In the last 5 years alone, oncology costs have risen by 48% per life per month, reflecting the growing use of these therapies.

Inflation trajectories differ by cancer type, stage at diagnosis and treatment pathway. Melanoma costs have accelerated significantly, driven by high-cost innovative drugs such as Keytruda. Breast cancer costs have risen more slowly than those of healthy members, helped by generic alternatives to therapies such as Herceptin.

THE RELATIVE COST OF MELANOMA TREATMENT HAS INCREASED SIGNIFICANTLY OVER TIME



- A** 86x the cost of a healthy member
- B** 154x the cost of a healthy member
- A** 81x the cost of a healthy member
- B** 50x the cost of a healthy member

Cardiovascular health is the gateway to longevity and healthier years



Cardiovascular health is one of the most consequential domains in healthcare and a clear opportunity to improve long-term outcomes.

In practical terms, major adverse cardiovascular events are the big events people fear and remember, such as heart attack, stroke, heart failure and other major cardiovascular complications. They are clinically complex, and they can change a person's life in a single day. The important point is that the pathway to these events is often visible early and reversible. If left unmanaged, risk factors like blood pressure, cholesterol, blood sugar and weight tend to worsen gradually over time.

What the data shows

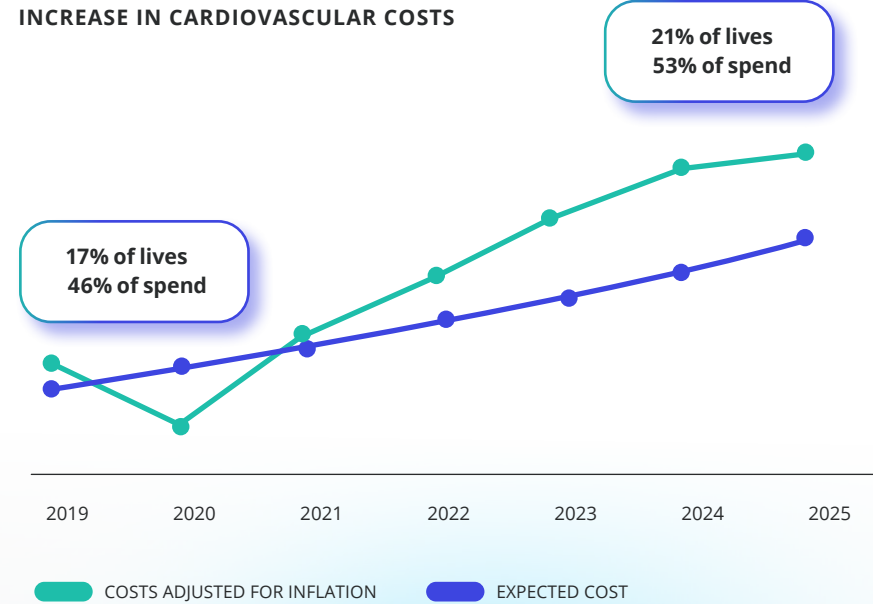
Over the past decade, cardiovascular disease prevalence has risen from 13.3% in 2015 to 20.8% in 2025, with progression occurring faster than ageing alone would explain. Today, members across early disease, established disease and end organ failure account for about 21% of Scheme members but disproportionately drive roughly 53% of total Scheme spend, with costs rising sharply as disease advances, by up to threefold between stages.

Stage matters. The distribution is shifting upward: early disease has increased from 8.4% to 12.3%, established disease from 4.2% to 6.8%, and end organ failure from 0.6% to 1.2% over the period shown. As members move from early risk to established disease and end organ failure, care intensity increases sharply and becomes harder to reverse.

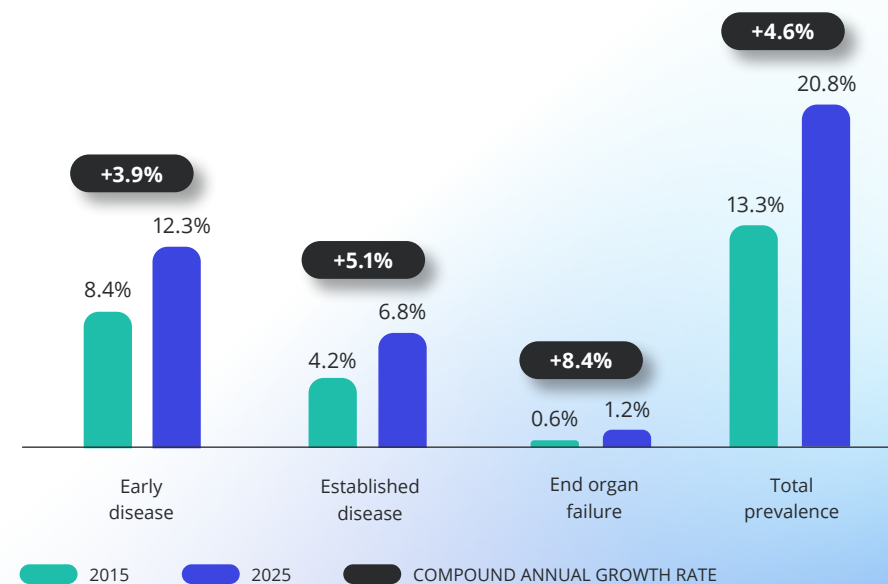
Cardiovascular costs are projected to rise by a further 45% over the next 5 years as the population grows and risk profiles become more complex.

Cardiovascular health is one of the most modifiable areas in healthcare. That is the opportunity. Prevalence is rising across the Scheme, driven by hypertension, hyperlipidaemia, diabetes, excess weight and lifestyle factors, such as inactivity, smoking and poor sleep. These drivers are measurable and modifiable and their trajectory can be changed at scale.

INCREASE IN CARDIOVASCULAR COSTS



CARDIOVASCULAR DISEASE PREVALENCE BY STAGE



The biggest gains come from preventing progression, not only treating established disease

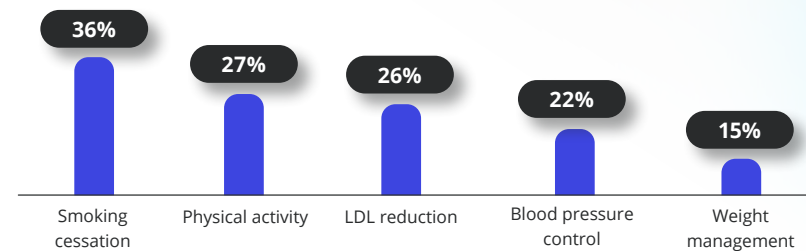
Cardiovascular health is one of the most measurable and modifiable areas in healthcare. Risk is driven by a set of well-understood markers and behaviours, and change at this level directly affects the likelihood of major events.

How earlier action changes the trajectory

Modifiable risk factors have a well-established, additive impact on major adverse cardiovascular events. Clinical markers such as cholesterol, blood pressure, BMI, glucose, and renal function alongside lifestyle factors including exercise, sleep, nutrition and smoking, all contribute to future risk, creating clear opportunities for earlier intervention.

ESTIMATED REDUCTION IN RISK OF MAJOR ADVERSE CARDIOVASCULAR EVENTS (MACE) ASSOCIATED WITH KEY MODIFIABLE RISK FACTORS

The effects of these interventions are additive, meaning modest improvements across several factors can materially change long-term outcomes.



* Targeted levels of lifestyle and clinical factors have been identified to reduce MACE risk, including: Smoking cessation; > 60 minutes of physical activity per week; LDL < 1.8 mmol/l; weight management; blood pressure control (SBP < 122, DBP < 81).

GLP-1 therapy use has more than doubled between 2023 and 2025

Effective weight management provides additional benefit through improvements in blood pressure, lipid profiles and glycaemic control. Conversely, excess weight accelerates cardiometabolic disease progression, driving hypertension, dyslipidaemia and diabetes, and materially increasing overall cardiovascular risk.

GLP-1 receptor agonists have the potential to further shift this trajectory. Uptake has more than doubled over the past two years. In appropriately selected patients, and when combined with sustained lifestyle intervention, GLP-1 therapies can achieve substantial and durable weight loss, improve glycaemic control, and reduce cardiovascular event risk. As patent expiries lower cost barriers and cardiovascular outcomes evidence continues to mature, access is expected to broaden.



Most major cardiovascular events sit at the end of a long chain of risk. The earlier that risk is identified and controlled, the lower the likelihood of progression into high-severity disease and major events.

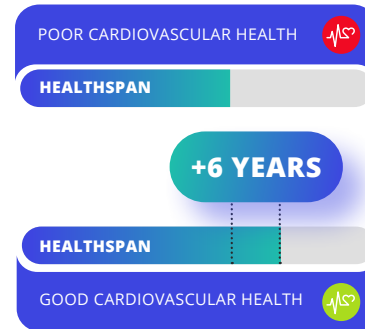
Consistency matters more than intensity. Small improvements, sustained over time, shift long-term outcomes.

The longevity factor

Cardiovascular and cardiometabolic disease is where the system's future is most visible. It connects longevity, chronic complexity and cost concentration. It also provides the clearest opportunity to change outcomes.

Acting earlier, guiding care more precisely and supporting sustained engagement with interventions reduces progression, lowers the likelihood of major events and stabilises long-term demand.

Discovery Health Medical Scheme data shows that optimal cardiovascular health does not just prevent disease, it effectively slows biological ageing (by up to six years), allowing one to live a longer, healthier life with fewer years of illness.



The Prevention Dividend is real and achievable

The value of prevention is unequivocal. Investing in earlier detection, physical activity and sleep quality today delivers substantial long-term returns. The Prevention Dividend is the value today of all future actions taken to improve quality of health and quality of life.

The Prevention Dividend: the value of acting earlier

The Prevention Dividend is a simple idea with powerful implications. Earlier action identifies risk sooner and allows benefits to compound over time. The result is delayed disease onset and progression, reduced avoidable escalation and lower care costs across a member's lifetime.

The return is not the same for every member. It is also not static. It varies by individual risk and disease stage. For healthy members, prevention sustains and extends good health. For those on a chronic pathway, earlier intervention slows progression and reduces complications.

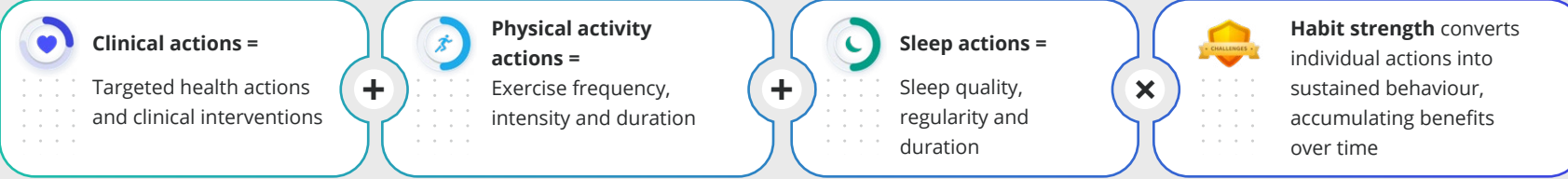
In a modelled comparison between a healthy pathway and a complex chronic pathway, the difference in expected lifespan reaches 11.4 years.

Earlier action, sustained over time, delivers compounding value, with the greatest gains realised upstream of major health events. Shifting key modifiable behaviours and taking the right action at the right time can materially reduce risk and improve outcomes.

Prevention Dividend

the value today of all future actions taken to improve quality of health and quality of life

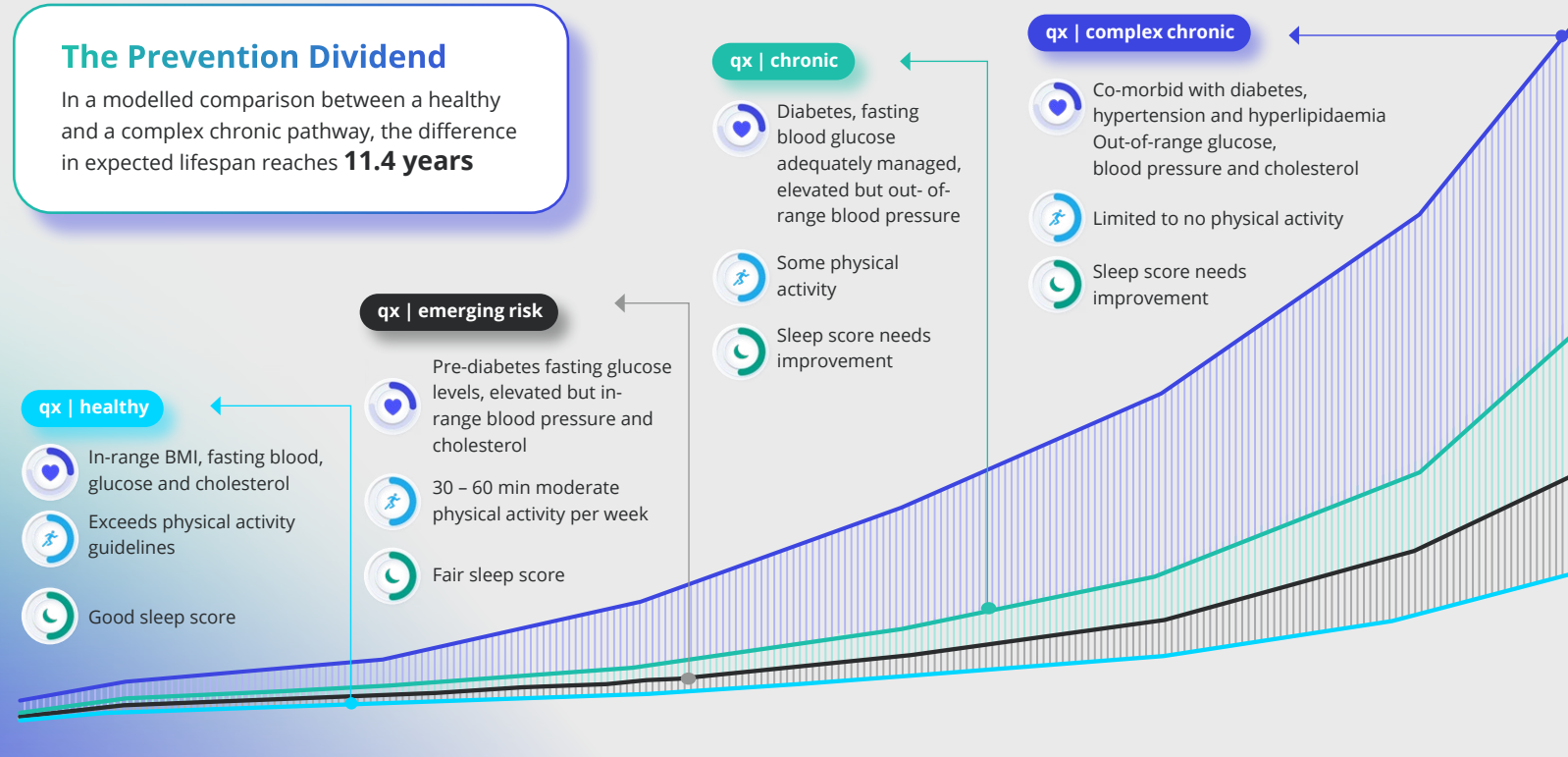
$$= \sum \Delta (\Delta \text{CLINICAL ACTIONS} + \Delta \text{PHYSICAL ACTIVITY} + \Delta \text{SLEEP ACTIONS}) \times \text{HABIT STRENGTH}$$



The Prevention Dividend

In a modelled comparison between a healthy and a complex chronic pathway, the difference in expected lifespan reaches **11.4 years**

Mortality rate for a 40-year-old woman | qx



Expected mortality rates are based on Healthy Futures, calibrated to Discovery Group exercise, sleep and clinical management results. Full profiles include detailed health information and diet, sleep and exercise factors.

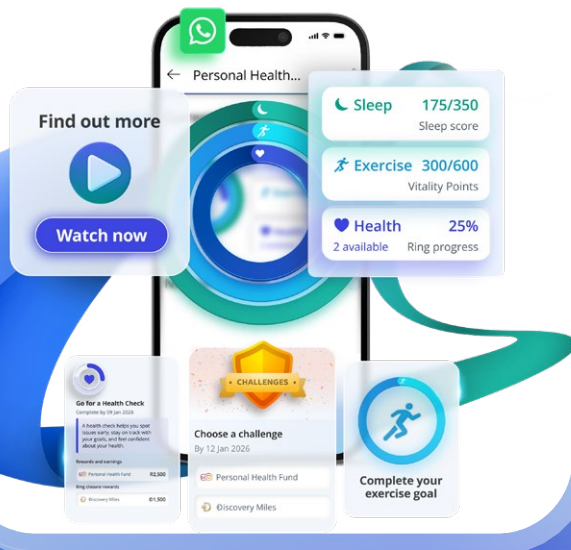
Personal Health Pathways brings the Prevention Dividend to life

Personal Health Pathways translates the Prevention Dividend into a single, fully personalised pathway for each member, integrating clinical evidence, longitudinal data and behavioural science. 650,000 members have already activated PHP, completing 1.2 million health actions and 7 million exercise activities.

From insight to action, personalised for every member

Personal Health Pathways (PHP) is how members unlock the Prevention Dividend. As of May 2026, 650,000 members have already activated Personal Health Pathways, collectively completing 1.2 million clinical actions and 7 million exercise goals. Individually, each action is modest. Collectively, they accumulate into significant clinical gains.

This is how individual behaviour change becomes system-level behaviour change.



Prevention Dividend

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Clinical actions =
Targeted health actions and clinical interventions

Physical activity actions =
Exercise frequency, intensity and duration

Sleep actions =
Sleep quality, regularity and duration

Habit strength converts individual actions into sustained behaviour, accumulating benefits over time



TAKING THE FIRST STEP
CEBOKAZI AGE: 37 YEARS

Personal Health Pathways gave Cebokazi (37) a personalised weekly step goal and surfaced health actions she had been putting off. "At first, achieving all my steps every day was a bit challenging. But once I saw how my participation started improving my health, I became fully engaged." She has since lost weight, feels calmer and her next goal is a marathon. "It's important to stay patient and consistent - good results take time."



CATCHING RISK EARLIER
SAMESHNI AGE: 43 YEARS

Sameshni (43) completed her annual Health Check every year but had never prioritised a mammogram. When PHP recommended one based on her age and risk profile, she booked it. It found Stage 1 breast cancer she had no idea was there. "PHP didn't just guide me; it may have saved my life." The earlier cancer is detected, the higher the chances of better treatment outcomes. "Early detection changes everything... This isn't a story of defeat. It's a story of courage."



STAYING AHEAD OF CHRONIC RISK
ANITA AGE: 55 YEARS

When you live with diabetes, it's crucial to see your doctor every six months. You may not realise how important these tests are, but staying on track can significantly affect how well you manage the condition and whether it progresses." PHP changed that. A PHP-prompted HbA1c test revealed that Anita (55) was at risk of kidney damage from an anti-inflammatory she had been taking.

1.2 million
clinical actions completed

7 million
exercise goals completed

80,000
sleep activations within the first week

250,000
challenges accepted

Earlier clinical action drives earlier detection and better outcomes

Personal Health Pathways is a catalyst for health-seeking behaviour. Members enrolled on PHP are significantly more likely to complete health checks and cancer screenings, creating opportunities to intervene before conditions escalate. Nearly 1 in 4 health checks identify out-of-range results.

Earlier clinical action drives better outcomes

Personal Health Pathways is a catalyst for health-seeking behaviour. With over 1.2 million health actions completed, early evidence shows that personalised, relevant guidance increases engagement across preventative screenings, Health Checks, medicine adherence and follow-up care.

PHP-enrolled members are 3x more likely to complete health checks and up to 2x more likely to complete cancer screenings. This matters because nearly 1 in 4 Health Checks for these members identifies out-of-range results. This creates the opportunity for earlier intervention, directly expanding treatment options and improving long-term outcomes. Clinical actions are precise and personalised, ensuring maximum relevance and take-up.



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PERSONALISED ENGAGEMENT DRIVES HIGH-VALUE SCREENING UPTAKE

3x HIGHER HEALTH CHECK PARTICIPATION

Members enrolled on Personal Health Pathways

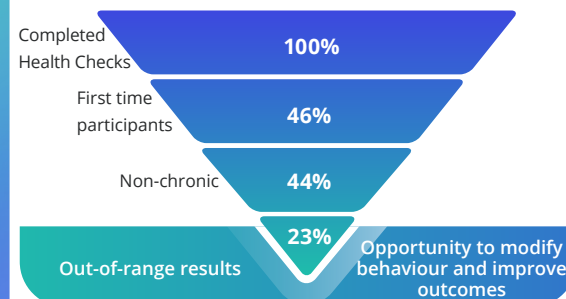
2x HIGHER CANCER SCREENING UPTAKE

Members enrolled on Personal Health Pathways across breast, cervical, prostate and colon cancer.

Health Check and screening data based on lives enrolled in Personal Health Pathways. Personal Health Pathways is brought to you by Discovery Health.

SCREENING CREATES OPPORTUNITIES TO INTERVENE EARLIER

NEARLY 1 IN 4 HEALTH CHECKS IDENTIFY OUT-OF-RANGE RESULTS



CANCER DETECTED IN FIRST-TIME SCREENINGS

Colon cancer screening	Breast cancer screening
1 in 34	1 in 100
2.9% detection rate	1.0% detection rate

EARLIER ACTION LEADS TO BETTER OUTCOMES

26% LOWER RISK OF A MAJOR ADVERSE CARDIAC EVENT

For members who maintain healthy cholesterol levels. In addition, blood pressure, glucose and other modifiable factors assessed in Health Checks, can lower the risk of major adverse cardiac events even further.

67% LOWER MORTALITY RISK

Relative reduction in mortality risk for members who adhere to regular cancer screening

Physical activity delivers substantial healthspan and lifespan benefits

Physical activity is one of the most powerful and measurable levers within the Prevention Dividend. Even modest increases in exercise frequency and intensity are associated with 35% improvement in longevity, through lower cardiovascular risk.

Physical activity delivers substantial healthspan and lifespan benefits

The clinical evidence is consistent and striking. As little as one physical activity day per week is associated with a 35% reduction in mortality risk. Major cardiac event risk decreases proportionally with increasing exercise intensity, measured by duration and heart rate. Even moderate increases in exercise duration deliver meaningful returns.

The benefits extend beyond cardiovascular health. Higher physical activity is associated with improved sleep quality, duration and regularity, reinforcing the interconnected nature of the Prevention Dividend's levers.

Personal Health Pathways has driven 7 million exercise actions to date, with 66% completed by members on chronic pathways, where the cardiovascular benefit is the greatest. With 30,000 first-time participants, Personal Health Pathways is demonstrating that meaningful engagement is achievable across the full member population.

The system-level return follows. Every R1 invested in encouraging exercise is associated with an estimated R4.97 return to the Scheme. Better health outcomes and sustainable healthcare reinforce each other.

Prevention Dividend

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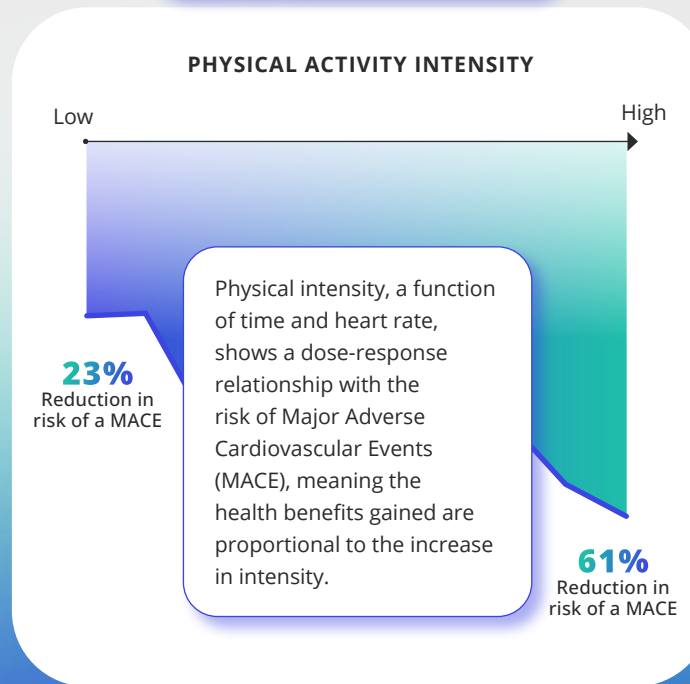
Sleep actions =
Sleep quality, regularity and duration

Habit strength converts individual actions into sustained behaviour, accumulating benefits over time

Engagement at scale
7m
Exercise actions completed

66%
Of exercise actions completed by chronic members

30k
First-time participants



R4.97 Return per R1 invested

Every R1 spent on shifting physical activity delivers R4.97 in lower downstream healthcare costs

Sleep is one of the most under-addressed levers in healthcare

Duration, quality and regularity are measurable, modifiable behaviours. Drawing on more than 47 million nights of sleep data, poor sleep is associated with a 68% higher likelihood of diabetes onset and a 33% higher risk of coronary heart disease.

Improving sleep is one of the most powerful opportunities to improve health

Sleep influences almost every aspect of physical and mental wellbeing, yet it remains one of the most under-addressed risk factors in healthcare. Sleep disorders have nearly tripled since 2008, contributing to poorer outcomes across multiple conditions.

Drawing on more than 47 million nights of sleep data, poor sleep is associated with a 68% higher likelihood of diabetes onset, a 33% higher risk of coronary heart disease and a 21% higher likelihood of a casualty visit.

Sleep duration, quality and regularity are measurable, modifiable behaviours. Personal Health Pathways makes them an active part of every member's prevention pathway. Within one week of Discovery's proprietary sleep score being available to members, more than 80,000 activated the score and began tracking their sleep.

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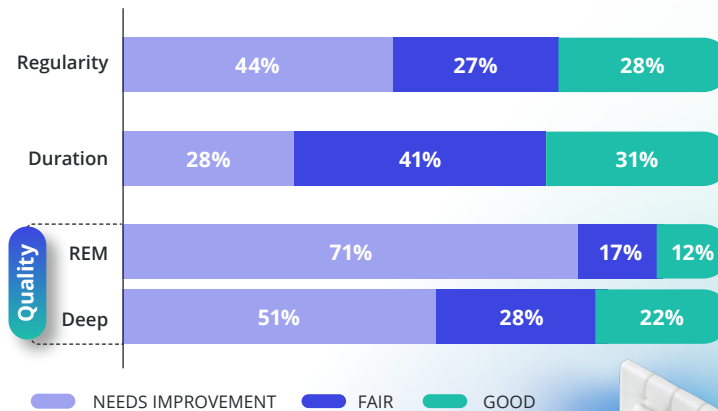
Sleep quality, regularity and duration



Habit strength converts individual actions into sustained behaviour, accumulating benefits over time

SLEEP IS EMERGING AS FOUNDATIONAL TO HEALTH

HOW OUR MEMBERS ARE CURRENTLY SLEEPING

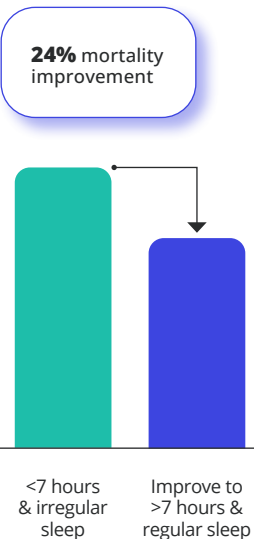


71% Average Vitality Sleep Score

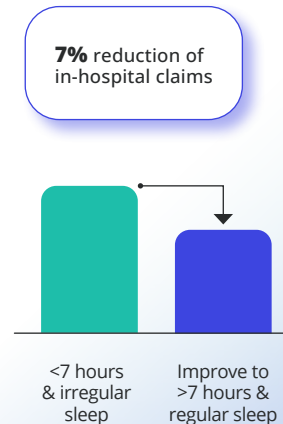


IMPACT ON HEALTH OUTCOMES

Relative mortality rates



Average annual in-hospital claims



Habit strength turns healthy actions into lasting returns

Individual actions deliver short-term value. Habit strength is the multiplier. Habits typically form within 7 to 15 weeks, and members with strong clinical and physical activity habits experience 16 to 18% lower relative mortality risk than those with poor habits.

Habit strength turns healthy actions into lasting returns

The Prevention Dividend is not unlocked through isolated actions, but through the extent to which those actions become sustained behaviours. Habit strength reflects the likelihood that healthy choices are repeated consistently over time, allowing their benefits to accumulate.

Habits typically form within 7 to 15 weeks. Once established, they are durable and the benefits are meaningful. Members with strong clinical habits experience 16% lower relative mortality risk than those with poor clinical habits. Members with strong physical activity habits experience a further 18% lower relative mortality risk. The effects are additive. Sustained behaviour across multiple levers compounds the gain.

During 2025, one in five members with no prior exercise habit developed a measurable exercise routine. Small behavioural changes are the foundation for long-term health improvement. Persistency is the goal. Healthy behaviours become routine, require less conscious effort, and create lasting benefit.

Prevention Dividend

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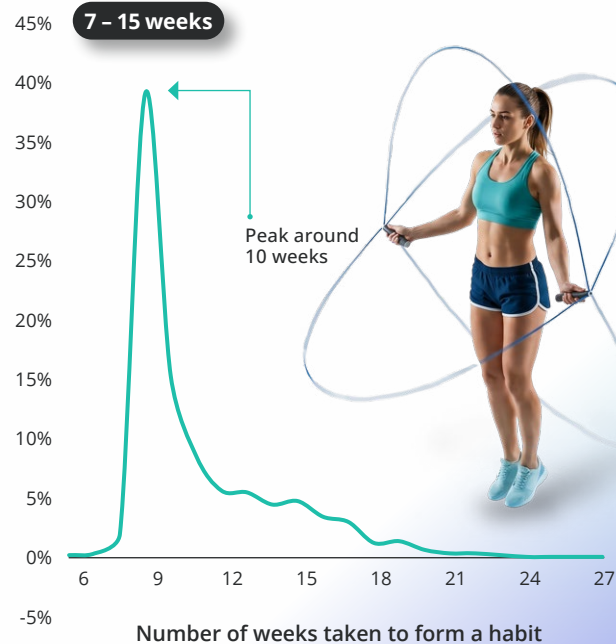
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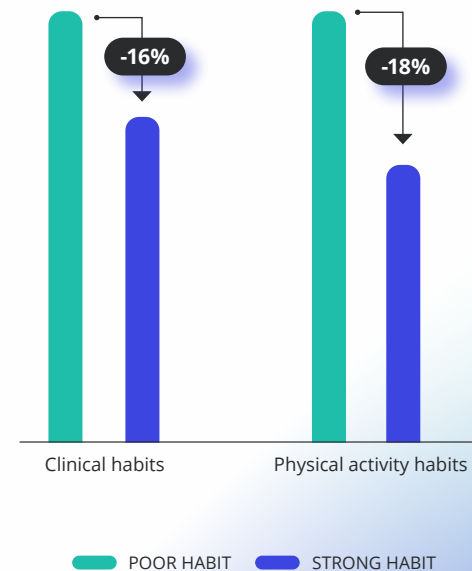


Habit strength converts individual actions into sustained behaviour, accumulating benefits over time

It only takes 7 to 15 weeks to form a habit



Good habits materially reduce relative mortality risk



1 in 5

Members developed a healthy exercise habit

Among members enrolled on Personal Health Pathways or Vitality Active Rewards, one in five who previously had no exercise habit, developed a measurable habit over the course of the 2025 year

The challenge and the opportunity lie in maximising the Prevention Dividend

Healthcare demand is not static. It reflects how risk accumulates, how disease progresses and how early intervention occurs. When action shifts earlier, the shape of healthcare demand changes. Fewer members progress into high-intensity pathways, and care becomes more stable over time.

Across the report, a consistent pattern emerges: modifiable behaviours prevent disease onset and progression, while targeted interventions materially improve outcomes across the health spectrum - from cardiovascular disease and cancer to mental health and chronic care.

The Prevention Dividend is no longer theoretical - it is clearly visible in the data.

It prevents disease in those who are healthy, prevents progression in those who are at risk, and prevents complications in those who already live with chronic conditions. The defining challenge is the ability of healthcare systems to drive behaviour change at scale: enabling more precise and personalised interventions, sustained engagement over time, and healthier behaviours across entire populations. This will ultimately determine long-term health outcomes and the sustainability of healthcare systems.

The future of healthcare is determined less by how we treat disease, and more by how effectively we shift action upstream.



The Prevention Dividend

The value today of all future actions taken to improve quality of health and quality of life

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