

# STRENGTHENING HEALTH SYSTEMS



Past, present and future

HST Conference  
October 2007

# HST is born

- ◆ Established as a Trust in April 1992

- ◆ First Trustees:

Jairam Reddy

Christopher Garbers

Nkosazana Zuma

Rachel Gumbi

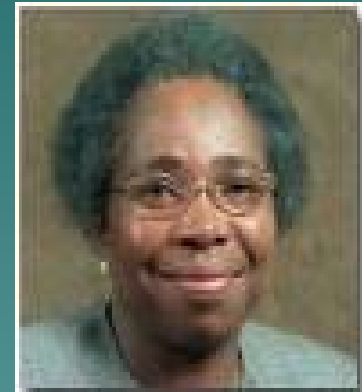
Jocelyn Kane-Berman

Gopalan Padayachee

David Power

Olive Shisana

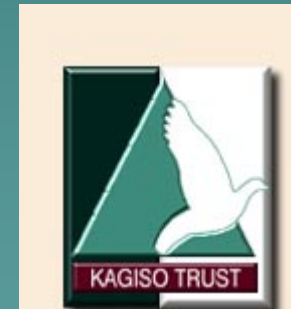
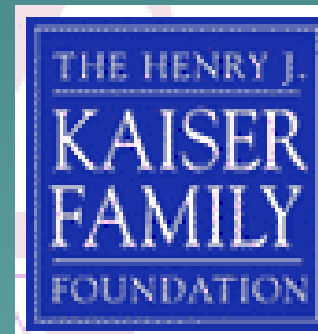
Wiseman Nkuhlu





# Early days

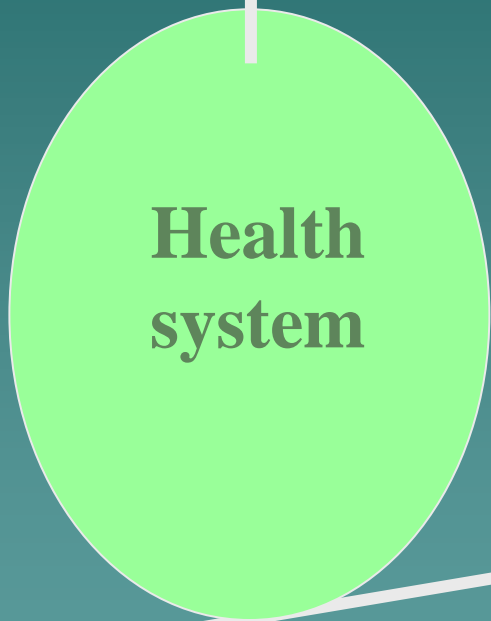
- ◆ 3 staff members
- ◆ Budget R5 million
- ◆ Supported Health systems research on PHC financing and delivery – 25 projects
- ◆ Facilitating planning and skills development



# CORE MANDATE

- ◆ *“To promote scientific research into health systems in South Africa with the principle object of designing and planning programmes and evaluations thereof towards restructuring of the health system and the development of a comprehensive National Health System based on equity” HST 1992 & 1997/98*

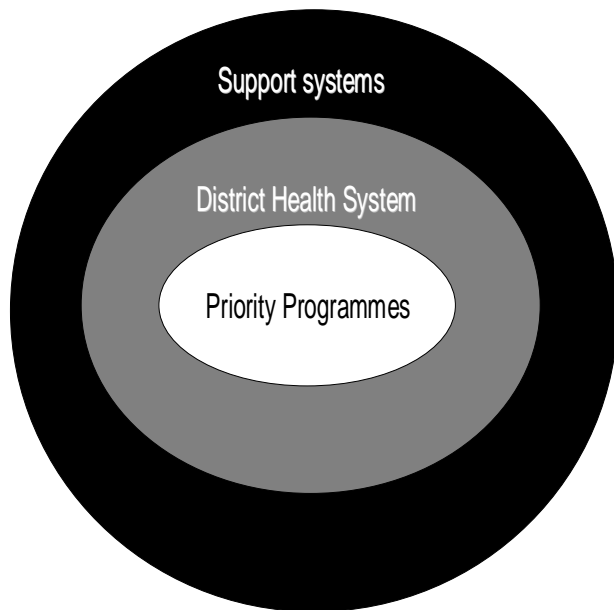
Equity  
Efficiency  
Effectiveness  
Quality of care



HST



# Approach

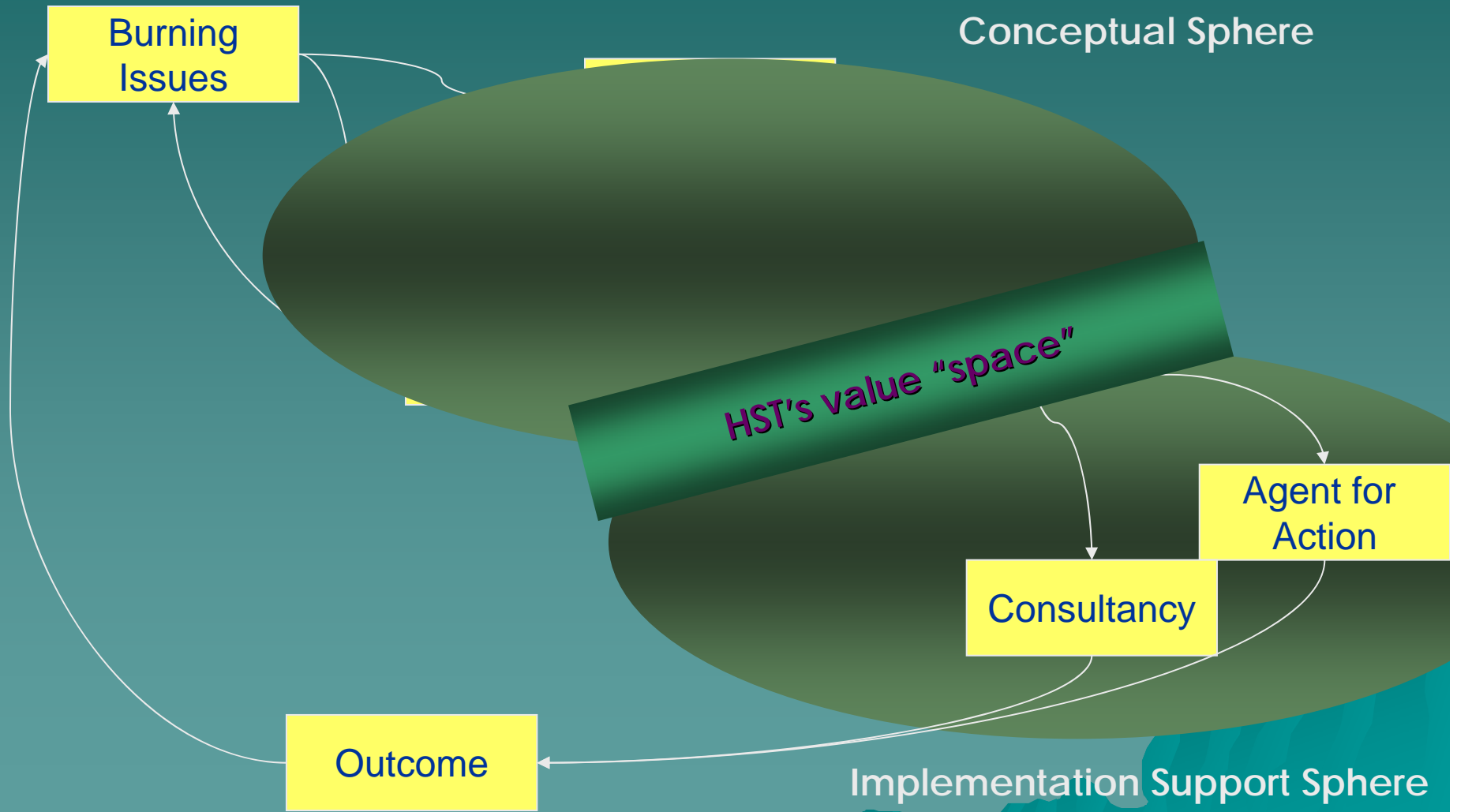


- ◆ Systems and developmental approach fundamental
- ◆ Evidence based
- ◆ ‘Facilitation’
- ◆ Use ‘lens’ of priority health issues to lever development of health system

# Milestones

- ◆ 1994 – Healthlink established; electronic information dissemination and publications
- ◆ 1995 – 1<sup>st</sup> SAHR
- ◆ 1996 – ISDS in 5 sites
- ◆ 1998 – Equity Gauge launched; ISDS in 21 districts
- ◆ 2000 – GEGA; Community Dev; >100 research grants
- ◆ 2004 – SADC STi initiative
- ◆ 2005 – National HIS support; M&E; DHB

# HST's 'Value Space'



# Key Achievements of HST

- ◆ Research outputs and capacity development in HSR
- ◆ Information dissemination – SAHR, discussion lists, website, DHB
- ◆ Equity Gauge
- ◆ Support to DHS
- ◆ Impact on health policy and practise
- ◆ Ability to identify & respond to needs of health system

# HST IN 2007

- ◆ All SA Provinces and SADC
- ◆ > 100 staff
- ◆ 3 main clusters
- ◆ > 40 projects
- ◆ Offices in Durban, Joburg, Pretoria, CT, and PMB

# Governance of HST



# HST Vision

“Health systems supporting health  
for all in Southern Africa”

# HST Mission

“To contribute to building comprehensive, effective, efficient and equitable national health systems by supporting the implementation of functional health districts in SA and the region”

# OBJECTIVES

- ◆ Facilitate public debate and stakeholder consultation in research and HS development priorities;
- ◆ Knowledge generation through quality research;
- ◆ Information dissemination and advocacy; and
- ◆ Facilitation of implementation and best practice application.

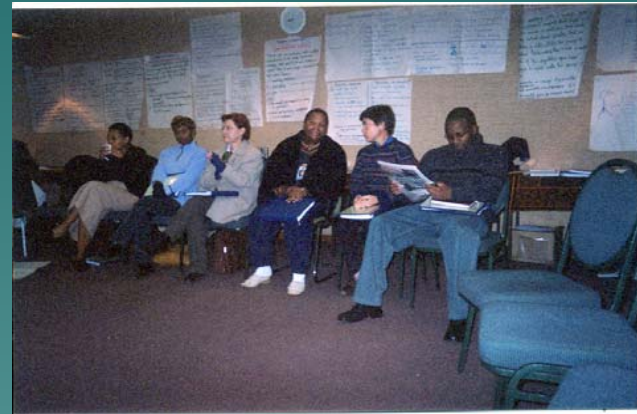
# Research

Facilitating,  
resourcing and  
conducting Health  
Systems  
Research in  
priority focus  
areas



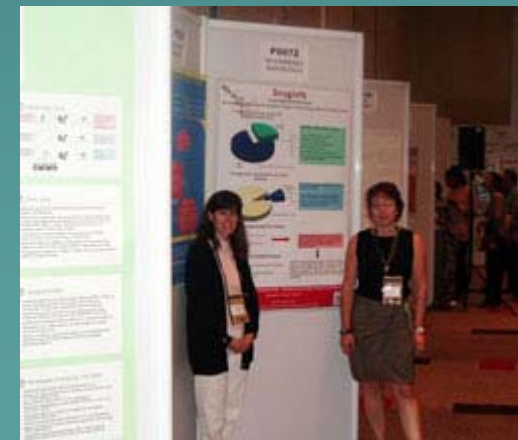
# District Support & Community Development

- ◆ Experienced managers and facilitators supporting District Health System & Community development



# Healthlink

- ◆ Equity Gauge;  
GEGA;  
Governance;  
Information  
dissemination and  
advocacy;  
Health information  
systems;  
M&E;



# Core Focus Areas

## ◆ Governance

- Research on current status, barriers and opportunities for building effective governance systems;
- Supporting the implementation, functioning, monitoring and evaluation of governance structures;
- Documenting and sharing best practise, developing tools to support governance;
- At all levels from community, facility, district, Provincial;

# Core Focus Areas

- ◆ Management Systems
  - Planning
  - Health Information Systems
  - Monitoring and Evaluation
  - Human Resources, and capacity development

# Core Focus Areas

- ◆ Primary Health Care Approach
  - Primary Care Health Care Services
  - Quality of Care
  - Rural and Urban nodes
  - Community participation
  - Community based care

# Core Focus Areas

## ◆ Priority programmes

- HIV, TB and Sti
- Maternal, women's and child health
- Nutrition

(strengthening the health system through the lens of particular priority programmes)

# How?

- ◆ Technical expertise in content areas
- ◆ Relationships with government and other stakeholders
- ◆ Unique methodology
  - Broad based, long term support at PHC level
  - Knowledge management and information dissemination

# Key Concepts and Principles in Global Health Development & Funding

- ◆ Key *current* concepts and principles include:
  - Efficiency, effectiveness, and equity
  - Accountability, transparency, governance, M&E and performance
  - PPPs and curbs on public spending
  - ICTs, Information Management and Knowledge Management
- ◆ Key *emerging* concepts and principles include:
  - HR for Health, capacity-building, organisational development
  - “Innovation systems” (cf. to innovation/diffusion theory)
  - “Ecological” approaches (infectious diseases as well as health systems)
  - GRIPP, evidence-based policies, results-based M&E
  - “Synthetic knowledge”, HSRD methodology
  - Demand-led research and integration of initiatives/funding at all levels
  - Health Systems and Civil Society?
- ◆ Ideological tensions and contradictions between these concepts are inevitable

# Key Health Systems Development Priorities

## ◆ Include:

- Health Systems and GHIs—GAVI and Global Fund
- Disciplinary coherence, identity
- Lack of HS research, forums for exchange of information and experience
- Human resources
- Service integration
- Mother-newborn-child health (MNCH) as potential foundation of HS development
- Integration of major and neglected disease initiatives as another catalyst
- Chronic diseases

# Future

- ◆ Consolidate support to NHS in SA;
- ◆ Regional & SS, NS partnerships;
- ◆ Knowledge management;
- ◆ GRIPP, HSR methodology and innovation;
- ◆ Focus on governance, PHC, management systems, priority programmes