Health Systems Trust
Organisational Profile

Strengthening health systems since 1992
The Health Systems Trust (HST) is a leading role-player in the South African public health arena focusing on health systems strengthening, research, and strategic support to the implementation of priority health programmes. Established in April 1992 on the brink of democracy in South Africa, HST has played a significant role in the evolution of the national health system. Today our strength lies in the knowledge, insight and experience we harness through synergising our research and implementation outputs towards a healthy life for all.
OUR VISION
Improved health equity in a healthier Africa

OUR MISSION
Driving change for comprehensive and equitable health systems through research and capacity development

OUR VALUES
• committed to excellence
• people-centred
• honest and transparent
• innovative
• responsive
• knowledge-driven
• collaborative

OUR APPROACH IS BASED ON
• the primary health care philosophy
• generating evidence-based interventions, good practice and innovations
• providing management, implementation and research support at all levels of the health system
• providing guidance, mentoring and training
• taking action to address the influence of the social determinants of health on the burden of disease
• tailoring our work to local contexts
• creating, sharing, storing and curating new knowledge
INTRODUCTION

HST’s areas of expertise include information for decision-making, leadership and community engagement, human resources, and quality improvement of service delivery. In short, we support the health system and those who work in it, offering a wealth of talent and powerful assets to health systems enhancement.

The Health Systems Trust (HST) operates through its Programmes, Corporate Services, Business Development, Communications, and Human Resources units. The wide variety of projects managed by the directorates is arranged according to our five core business areas:

1. Providing management and implementation support in health districts
2. Supporting implementation of priority health programmes
3. Conducting essential national health research
4. Generating information for planning, monitoring, evaluation and decision-making
5. Offering guidance, mentoring and training on good practice development

The Programmes’ Directorate consists of the Health Systems Research (HSR) Unit, which focuses on research, and the Health Systems Strengthening (HSS) Unit, which focuses on the implementation of technical support on behalf of the South African government as well as international and national donors.

The Health Systems Trust’s programmatic support and health systems research work extend across all levels of the health system, including national, provincial, district and facility levels as well as community-based structures.

Comprising a diverse group of professionals, an independent Board of Trustees guides and provides oversight of HST, ensuring efficient and vigorous corporate governance practices that have yielded a record of unqualified audits since HST’s founding in 1992.

Our projects are frequently interrelated in practice, foregrounding the multifaceted nature of health systems and the dynamic relationships that drive healthcare delivery. Now renowned for accomplishments in research and implementation embedded in a culture of continuous improvement, HST is proud to partner with numerous organisations and funding institutions in South Africa and internationally.
Whilst the journey of improvement towards optimum health systems encounters perennial challenges, our approach in applying good practice in management and implementation support has resulted in far-reaching transformation of public health in South Africa, as the following projects illustrate.

The SA SURE Project
HST’s flagship project entitled ‘Programmatic Implementation for HIV/AIDS and TB Prevention, Care, and Treatment Services’ (SA SURE) was awarded a third grant for the period 2021 to 2026 under the U.S. President’s Emergency Fund for AIDS Relief (PEPFAR) programme for ‘Sustaining HIV/TB Epidemic Control in South Africa.’

The SA SURE Project focuses on the provincial, district, facility and community levels of the South African health system to support Department of Health (DoH) facilities in four PEPFAR focus districts in KwaZulu-Natal (KZN) Province – eThekwini, uMgungundlovu, uThukela, and Zululand.

Key areas for SA SURE programming are: HIV and TB care and treatment cascades for adults and children; TB prevention; integrated services; provision of Advanced Clinical Care; strengthened treatment adherence counselling; improved paediatric HIV prevention and treatment; improving health systems through the clinic–laboratory interface; patient management systems for quality health services; and the implementation of CCMDD/Dablapmeds (Central Chronic Medicine Dispensing and Distribution) programme.

CCMDD and SyNCH
The Central Chronic Medicines Dispensing and Distribution (CCMDD) programme, with the technical support of the Synchronised National Communication in Health (SyNCH) is a Department of Health initiative to improve access to chronic medicines for stable patients by enabling them to pick up their repeat medicines from a convenient pick-up point near their home or work. Reduction of the number of stable patients attending health facilities also improves the efficiency of service provision by allowing health workers to focus on those patients who need medical attention.

SyNCH is a real-time web system designed to improve process flows for end-to-end visibility of the CCMDD programme, ensure compliance with the Standard Treatment Guidelines (STGs), monitor medicine collection status, and promote the rational prescribing of essential medicines. HST continues to support the development of the Synchronised National Communication in Health system, which was developed to standardise and digitalise the CCMDD process with the intention to improve programme efficiencies and minimise human error through integration with stakeholder information systems.
The DO ART Demonstration Project

Despite the proven benefits of well-managed antiretroviral therapy (ART) for people living with HIV (PLHIV), many are not diagnosed as HIV-positive nor engaged in care. Decentralising the provision of HIV services from overburdened health facilities to community sites can reduce barriers to acceptable, efficient and more prompt ART initiation and management, thereby supporting more PLHIV in achieving viral suppression.

A randomised controlled trial on delivery optimisation for antiretroviral therapy (DO ART) was conducted from 2016 to 2019 by the Human Science Research Council (HSRC) and partners to provide community-based ART initiation, monitoring and resupply to HIV-positive people in South Africa and Uganda. The results showed that in settings with high and medium HIV prevalence, community-based ART (CBA) services significantly increased viral suppression compared with clinic-based ART services, particularly among men. The results also confirmed the safety and cost-effectiveness of this approach.

Funded through a grant from the Bill & Melinda Gates Foundation, HST is building on the findings of the HSRC DO ART study to determine the potential of CBA services within a real-world setting for improving the numbers of ART-eligible clients being initiated on treatment and their continuity of care towards viral suppression within six months. The DO ART Demonstration Project provides comprehensive screening services, ART initiation, and ongoing community-based management of patients on ART in eThekwini South and Nongoma Sub-districts in KwaZulu-Natal.

Border Health Project

Population movement influences the spread of communicable diseases and affects the capabilities of public health systems in neighbouring countries. HST is conducting a regional project entitled ‘Border Health Preparedness Assessment and Country Readiness Plans’ to provide programmatic support for accelerated planning and operational readiness disease preparedness and response.

Funded by the CDC under its programme of COVID-19 Crisis Response Activities (CARES), this project is designed to develop capacity for strengthening emergency response plans, points-of-entry contingency plans, and other forms of border health and population movement analysis in the Southern African Development Community (SADC) region for improved co-ordination and cross-border collaboration among neighbouring countries.
The three primary project areas are:
• Understanding population mobility
• Regional assessments
• Training

Although funded through CDC’s COVID-19 Crisis Response Activities (CARES) grant, this is not a disease-specific project and works to strengthen the overall response in the SADC region.

Cervical Cancer (CCPAC) Project
The lack of adequate cervical cancer services in Zululand District, KwaZulu-Natal, has hindered the development of a sustainable and holistic approach to women’s health being built into the district’s health systems to improve outcomes for women.

Funded by the Bristol Myers Squibb Foundation, HST is conducting a three-year Cervical Cancer Prevention, Access and Control (CCPAC) Project in Zululand District under the auspices of a consortium comprising HST, the Zululand Department of Health (ZDoH), the Cancer & Infectious Diseases Epidemiology Research Unit (CIDERU) of the University of KwaZulu-Natal (UKZN), and Genius Quality (GQ).

The CCPAC project is implemented at community, sub-district and district levels, using a ‘stepped wedge’ or phased approach. Service delivery is directed at HIV-positive women, and guided by population and the scale of need – which is assessed via stakeholder engagements, and baseline and post-intervention assessments including a knowledge, attitudes and perceptions (KAP) survey. Documentation of the CCPAC project interventions and findings will inform policy development and refinement. All infrastructure and assets purchased for the programme will be donated to the DoH on completion of the project.

Pregnancy Exposure Registry and Birth Defects Surveillance (PER) Project
Accurate tracking of birth defects and analysis of related data enables a deeper understanding of the potential causes of birth defects that can inform recommendations for prevention policies and services.

At the request of the KwaZulu-Natal Provincial Department of Health (KZN DoH), HST has been contracted by the University of the Witwatersrand Reproductive Health and HIV Institute (Wits RHI) to support the Pregnancy Exposure Registry and Birth Defects Surveillance (PER) Project from April 2021 to September 2022.

This national project is funded by the Bill & Melinda Gates Foundation and the U.S Centers for Disease Control and Prevention, with the aim of strengthening the collection of health information from the maternal case records of pregnant women and their infants in order to support assessment of the impact of antiretroviral therapy on birth outcomes. The work requires co-operation across provinces and shared implementation strategies, and provides opportunities for national health systems strengthening in support of maternal and child health.

The NPER objective is to assess the effect of early dolutegravir (DTG) exposure in pregnancy (within six
weeks post conception) on the rates of adverse maternal outcomes (maternal death, hospitalisation, regimen switch) and birth outcomes (miscarriage/termination of pregnancy, stillbirth, low birth weight, pre-term delivery, early neonatal death, and targeted major congenital malformations detected at birth). A number of safety concerns have been raised regarding the use of DTG during pregnancy as a first-line treatment for HIV.

HST’s support entails secondment of critical staff for the KZN project, and providing health systems strengthening through co-ordinated training, benchmarking and sharing of good practices for the national project to scale up identified learning and improvement.

The **Unfinished Business for Adolescent and Paediatric HIV (UB)** Phase II Project, is funded by the ELMA Philanthropies and is being implemented in three KwaZulu-Natal districts, namely uMgungundlovu, eThekwini and Zululand. In total, 81 facilities are currently supported across the three districts. Project interventions are implemented across a matrix of scale, refine and test strategies to achieve the 90-90-90 targets for adolescents and paediatrics (i.e. 0–19 years).

The **electronic Integrated Management of Childhood Illness (eIMCI) project** is an innovation project nested under the Unfinished Business project for Paediatric and Adolescent HIV in KwaZulu-Natal (KZN) and supports 37 health facilities in uMgungundlovu and iLembe districts. The principal project objectives are to:
- Strengthen the quality of child assessment at primary care level through standardised implementation of electronic algorithms, training, mentoring and supportive supervision.
- Evaluate acceptability, feasibility, effectiveness and cost-effectiveness of eIMCI implementation compared to the current standard of care.

As South Africa is still faced with high levels of child mortality there is a need to maintain and strengthen programmes aimed at improving child survival. Integrated Management of Childhood Illness (IMCI) is the cornerstone of care for the sick child under five years at the primary health care (PHC) level, but the implementation has remained poor. The eIMCI project is conducted in partnership with the KwaZulu-Natal Department of Health (KZN DoH) with the view towards a phased implementation within available NDoH resources for Information Technology (IT). The software entails a decision support tool built on an electronic medical record (EMR) system developed to facilitate efficient, accurate and comprehensive child assessments.
IMPLEMENTATION OF PRIORITY HEALTH PROGRAMMES

Improved health outcomes for the uninsured population are the ultimate gauge for assessing South Africa’s health care delivery. Priority interventions currently include support to the NDoH Health Patient Registration System.

The Health Systems Trust received funding from Aquity Innovations NPC for continuation of the Health Patient Registration System (HPRS) support function to the National Department of Health (NDoH) from 1 October 2020 to 31 March 2022.

This multi-year project commenced in June 2015 and has been implemented in 46 districts across eight provinces under the management and oversight of the NDoH.

This work has entailed support for implementation of the required eHealth software solutions for South Africa’s National Health Insurance (NHI) initiative by a team of National Health Insurance Information Systems (NHI-IS) Technicians.

Specific activities involved:

- maintenance of the HPRS in health establishments in Primary Health Care clinics and in hospitals where implementation had been completed;
- support to the NHI-IS Service Centre to attend to service tickets raised by the facilities;
- providing ad hoc services stemming from sub-projects within the NHI-IS programme;
- capacity development through training and mentoring on health information systems for staff and management at health facilities and district offices where needed; and
- providing technical assistance for staff at HPRS-implementing health facilities.

CONDUCTING ESSENTIAL NATIONAL HEALTH RESEARCH

Financial Risk Protection for Universal Health Coverage in South Africa (FRP)

A number of years ago South Africa embarked on reforming its health system through Universal Health Coverage which is widely viewed as central to efforts to strengthen health systems and improve the level and distribution of health and health services. The National Health Insurance programme promotes Financial Risk Protection for South Africans as the goal healthcare delivery in order that households are protected from financial hardships associated with seeking healthcare. Equally, monitoring of progress on FRP should form a critical part of assessing the performance of this health reform. Therefore, understanding FRP factors was found to be critical, hence this study, which is one of many, was commissioned by NDoH. The objective of this study is to describe and understand the challenges in the measurement of out-of-pocket (OOP) expenditure and financial risk in South Africa.

Assessing the barriers to hypertension control in selected primary health care facilities providing chronic care services in the Zululand district

Hypertension among South African’s is reportedly high (above 40%) among females and males above 15 years of age. Despite the availability of treatment and access to health facilities, hypertension control remains low, identified uncontrolled hypertension is 42.8%, with reasons not being fully understood. It is within this context that further exploration of the challenges to
achieving hypertension control, with specific focus on user and provider perspectives and experiences of poor hypertension control was conducted. This study aimed at determining the provider and patient barriers to hypertension control in selected primary health care facilities providing chronic care services in the Zululand District through a cross-sectional qualitative, explorative, descriptive study. The specific objectives were to determine the patient’s hypertension control knowledge, attitudes and behaviour and also to identify the patient and provider perspectives of the barriers to hypertension control.

Job profiles toolkit: A resource package to formalise PEPFAR-created cadres within the public health sector

A key resource in the provision of HIV services (the continuum of care) is the healthcare workforce. For this reason they remain a critical factor for achieving the UNAIDS targets. A major requirement in South Africa, a country with high HIV prevalence, is a qualified and trained healthcare workforce (cadres) in sufficient numbers, in the right place, at the right time, and who are highly motivated to ensure effective linkages across the HIV services continuum of care. This work was funded by the U.S Centers for Disease Control and Prevention (CDC) as part of funding for the HSS programme, SA SURE Plus, that they already support.

The purpose of this project was to evaluate the scope and nature of PEPFAR-created healthcare workforces or functions needed to achieve sustained epidemic control. This would allow for the harmonisation of functions across implementing partners, sharing lessons learnt, demonstrating the value of these roles, and supporting sustainability planning.

Tuberculosis Reduction through Expanded Antiretroviral Treatment and TB Screening (TREATS) project

Tuberculosis (TB) is one of the deadliest infectious diseases worldwide. It requires more investment in the urgent quest to towards achievement of global End TB targets. Research, in particular, is an important tool in the fight to end TB. The TREATS project aims to measure the success of a ‘universal test and treat’ project called PopART focused on reducing the prevalence and incidence of TB in 21 communities in South Africa and Zambia, whilst also raising awareness of TB and HIV through community engagement and linking anyone who tested positive for TB or HIV to immediate treatment. The project funded by the European and Developing Countries Clinical Trials Partnership (EDCTP), is a multidisciplinary international collaboration between researchers, economists, statisticians, modellers, technology companies, NGOs and TB experts. HST is the implementing partner for the project in South Africa.

HST’s Research Unit is actively engaged in the dissemination of the research it conducts as evidenced from activity in the past year.
Conference presentations:


Publications:


Information, communication and dissemination of key health-related information have formed a cornerstone of HST’s work, driven by our commitment to monitor health service equity and to manage various channels and platforms for sharing such findings.

HST produces an annual flagship publication: The South African Health Review (SAHR). The SAHR is an accredited peer-reviewed journal of critical analysis and commentary by specialists on key issues relating to health systems policy and practice. Containing South African perspectives on health policy developments and their implementation, as well as monitored changes and challenges in the provision of equitable and accessible health care in the country, it has gained increasing prestige as an authoritative and comprehensive resource.

The District Health Barometer (DHB) is another key publication that was produced by HST up to 2020. The DHB and its allied District Health Profiles are housed on the HST website and continues to be acknowledged locally and globally as a notable source of information on the performance of health systems as well as being an invaluable tool for district managers to plan ahead by providing information for district managers to benchmark their districts against others in the country and in strengthening the use of data for priority-setting and decision-making.

Further contributions to the conversation within the public health space are via:

- The HST Bulletin, a weekly digest of key public health news, peer-reviewed journal articles and other important primary health care resources compiled from a wide range of local, regional and international sources and sent to a subscriber list.

- Acknowledging the feminised HIV/AIDS epidemic estimated to affect 60% of women in southern Africa, the 60percent shares current peer-reviewed and media articles, as well as key reports on HIV/AIDS within a gender, women’s rights and sexual and reproductive health and rights lens through the continuum of prevention, treatment and care.

- HST’s DrugInfo moderated list is a lively discussion group which keeps health practitioners at all levels abreast of drug information, developments in drug policy in South Africa, and targeted pharmacological information.

- The HST website has become a respected hub of health and socio-economic indicators and public health information in South Africa.

- The HSTi also has its own website https://www.hstinstitute.co.za/ where updated information on training can be located.

- HST also continues to disseminate information on HIV/AIDS, TB and chronic medication (CCMDD) for a campaign entitled Get checked. Go collect, via its own dedicated website https://getcheckedgocollect.org.za/
The Health Systems Training Institute (HSTi) is the training arm of the Health Systems Trust. HST’s strength lies in the knowledge, insight and experience harnessed through synergising our research and implementation outputs towards a vision of health for all through strengthened health systems. HST’s working models are translated into capacity-building and training interventions and are delivered by HSTi to improve primary health care (PHC).

Continuous innovation and improvement in health service delivery can only be realised when health workers and community members are empowered and capacitated to become active participants and decision-makers in the process.

Being accredited by the Healthcare Workers Sector Education and Training Authority (HWSETA), HST offers officially recognised skills training in HIV/AIDS management to primary health care workers. HST has also launched a website dedicated to its training unit the Health Systems Training Institute (HSTi) http://www.hstinstitute.co.za/

The Health Systems Trust Training Institute was kept busy over the past year with training activities that included:

- Adult Primary Care and Basic HIV Course for Health Professionals (NIMART).
- HIV Testing Service (HIV Counselling and Testing) for data capturers in KwaZulu-Natal and for the TREATS programme (Cape Town) took place during this period.
- Assessment of the Portfolio of Evidence (PoE’s) of the community service nurses were completed and submitted to the KwaZulu-Natal Regional Training Centre (25 of the community service nurses were employed by HST after completing their community service year).
- The PoE’s of the skills programmes were also completed and verification by the Health and Welfare Sector Education and Training Authority (HWSETA) followed.
- The institute continued with all the accreditation requirements of the Education and Training Quality Assurance (ETQA) bodies for compliance in the process of accrediting HSTi with the HWSETA.

**UNICEF project**

The Health Systems Trust has been awarded the UNICEF contract to train healthcare workers in KwaZulu-Natal for the Department of Health on antenatal care. The Health Systems Training Institute will be responsible for the running the training and project.

The aim of the project is to improve the implementation of maternal and child health services
by providing capacity building on comprehensive Basic Antenatal Care (BANC) with an emphasis on the new Prevention of Mother to Child Transmission (PMTCT) guidelines and pre-exposure prophylaxis (PrEP) during pregnancy and the post-natal period. HSTi will train 240 healthcare workers on BANC, PMTCT and PrEP at four sites in KwaZulu-Natal.

**FUNDERS AND PARTNERS**

- Adcock Ingram
- Aquity Innovations NPC
- DG Murray Trust
- Heart and Stroke Foundation South Africa
- Johnson & Johnson Foundation
- KwaZulu-Natal Department of Health
- London School of Hygiene and Tropical Medicine
- National Institutes of Health
- Public Health Enhancement Fund (PHEF)
- South African National Department of Health
- The Bill & Melinda Gates Foundation
- The Bristol Myers Squibb Foundation
- The ELMA Philanthropies
- The European and Developing Countries Clinical Trials Partnership (EDCTP)
- University of Cape Town
- United Nations Children’s Fund (UNICEF)
- U.S. President’s Emergency Plan for AIDS Relief (PEPFAR)
- ViiV Healthcare UK Ltd
- Wits Reproductive Health and HIV Institute
PARTNERS AND GRANT COLLABORATORS

• Anova Health Institute
• ASG IT Support Services
• BroadReach Healthcare
• Delft Imaging Systems
• Eastern Cape Department of Health
• Equity Health Consulting
• Free State Department of Health
• Gauteng Department of Health
• Genius Quality
• Gilead Sciences, Inc.
• Grounded Media (Pty) Ltd
• Health Economics and AIDS Research Division (HEARD)
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• Institute for Health Measurement Southern Africa
• Integration of TB in Education and Care for HIV/AIDS (iTEACH)
• Interactive Research and Development SA
• Kavaraco (Pty) Ltd
• KwaZulu-Natal Department of Health
• Limpopo Department of Health
• Maternal, Adolescent and Child Health Institute (MatCH)
• Mphlonhle
• Mpumalanga Department of Health
• National Health Research Committee
• National Health Research Ethics Council
• National Health Laboratory Service (NHLS)
• National Institute Community Development and Management (NICDAM)
• National Institute for Communicable Diseases (NICD)
• National Research Fund
• Northern Cape Department of Health
• North-West Department of Health
• Optimizing Performance by Improving Quality (OPIQ)
• Consortium, in partnership with the University of California, San Francisco
• Population Services International (PSI)
• Project Last Mile
• QIAGEN
• Right to Care
• Sabin Vaccine Institute
• Solugrowth (Solutions for Growth) (Pty) Ltd
• TB/HIV Care
• The Aurum Institute
• The International Union Against TB and Lung Disease
• University of KwaZulu-Natal
• University of North Carolina at Chapel Hill
• University of Oxford
• University of Sheffield
• University of the Witwatersrand
• Western Cape Department of Health