



**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 APPROACH

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

OUR VALUES

We are a learning organisation that is:

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

Introduction

With a founding mandate to support the development of the post-apartheid health system, HST's scope of operation ranges from regional and national levels, through provinces, districts and facilities and into communities, and is expanding into the southern African region.

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.

With a strong and credible brand, extensive capacity for innovation, and unfailing passion shared by over 400 employees, HST offers a wealth of talent and powerful assets to health systems enhancement. While our nuanced grasp of the challenges faced at primary health care level has led us to develop inventive, locally

responsive solutions in support of the global health agenda, we provide effective assistance for the introduction of universal coverage in health services through South Africa's National Health Insurance, and in initiatives such as the re-engineering of primary health care (PHC) and improving quality of care.

The Health Systems Trust (HST) operates through its Programmes, Corporate Services, Business Development and 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 extends across all levels of the health system, including national, provincial, district and facility levels as well as community-based structures.

The functions of Corporate Services are delivered by a number of specialist units – finance, human resources, information technology, administration, business development, and marketing and communications – that are fully resourced with the requisite expertise and infrastructure to both maintain and respond to new directions in HST's operational and strategic mandates. Skilled management of large-scale grants awarded to HST ensure that donor funding is effectively and responsibly disbursed.

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.

Providing management and implementation support in health districts

In its early years, HST swiftly established benchmarks for excellence in building capacity and systems in health districts and sub-districts. 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.

South Africa Sustainable Response to HIV, AIDS and TB (SA SURE Plus) provides sustainable technical support for health systems strengthening, with particular focus on HIV and AIDS, TB and maternal, child and women's health. HST's mandate is to provide comprehensive district-level support in several provinces, ensuring that programmes are effectively delivered and integrated with other PHC interventions. This programme is based on

a consultative and mentoring approach involving district, sub-district and programme managers, extending to staff at facility level as well as communities.

Demonstrating the evolving process of strengthening health systems, SA SURE has generated several subprojects which enable us to adapt, advance and innovate interventions. To address waiting times created by a growing number of patients on antiretroviral treatment (ART), the Chronic Medication Dispensing and Distribution (CCMDD) project is improving access to chronic medication. This is achieved by contracting service providers to supply stable chronic patients with fixed-dose combination medication at more convenient 'pick-up-points', close to their home or workplace. The Implementation of RxSolution project supports and facilitates a pharmacy information management system to assist pharmacists based in hospitals and clinics to effectively manage their drug stocks.

The **Centralised 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. In order to achieve the goal two types of private service providers were contracted to render the following services:

- Service providers for dispensing and distribution of medication
- Service providers to render pick-up point services (collection points for dispensed repeat medicines by patients)

The **Implementation of the Ideal Clinic Dashboard** provides clinics with the means to proactively identify their own areas of low performance, and implement Quality Improvement Plans to ensure adherence to the National Core Standards established by the Office of Health Standards Compliance.

The **Unfinished Business project for Paediatric and Adolescent HIV (UB)** has been rolled out in three districts in KwaZulu-Natal. Nested under UB is the **electronic Integrated Management of Childhood Illness (eIMCI)** project, an innovation project for Paediatric and Adolescent HIV in KwaZulu-Natal whose principal objectives are to strengthen the quality of child assessment at primary health care level through standardised implementation of electronic algorithms, training, mentoring and supportive supervision, as well as to evaluate the acceptability, feasibility, effectiveness and cost-effectiveness of electronic IMCI implementation compared to the current standard of care.

Patient records management at public hospitals: As an implementing partner of the Road Accident Fund (RAF), the Health Systems Trust completed a second year of activities to review and optimise records management systems at three identified hospitals since 2018. These hospitals are: the Robert Mangaliso Sobukwe Hospital in Northern Cape and Ngwelezana Hospital and King Edward VIII Hospital in KwaZulu-Natal.

In 2018, the Health Systems Trust, received a grant from Grand Challenges Canada (GCC) to conduct a proof of concept research entitled "**A pilot study to test the use of digital technology to prevent Maternal deaths from Hypertensive Disorders of Pregnancy in Tshwane.**" The 18-month mixed method research study received ethical approval from the Sefako Makgatho Health Science University Ethical Committee (Ref. No. SMUREC/E/187/2018: IR).

The implementation phase for data collection ended July 2019. One-hundred women (20–30 weeks pregnant, normotensive and registered on MomConnect) were given Cradle VSA (WHO approved BP devices for use in pregnancy in resource poor settings) to do self-home blood pressure readings and to submit data on an App

using an android phone to a digital platform. The digital platform was designed to use the South African national guideline for blood pressure assessment in pregnancy to individualise the blood pressure trends from a baseline blood pressure reading on enrolment. The rule states that an increase of systolic blood pressure of 30mmHg and 15mmHg for diastolic of pregnant women after 20 weeks is suspicious and needs attention even if the threshold of 140/90 has not been reached.

The digital platform gave a 25-day graphic display of each blood pressure reading for easy observation of deviations and trends. Project midwives observed the blood pressure readings on a dashboard that reported the daily deviations based on deviations where green means no deviation on systolic, diastolic or pulse rate, amber a deviation on one of the measures and red meant it exceeded the threshold for one or more criteria. Women were also educated on the 7 signs and symptoms of preeclampsia in line with international messages using face-to-face sharing, a brochure and 30 digital messages on the phone every 4 days.

Supporting 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 include the response to HIV, AIDS and TB, as well as programmes to improve maternal and child health.

Evidence Synthesis of Universal Health Coverage Financial Risk Protection Options and Measures – Financial risk protection (FRP) is a key component of universal health coverage (UHC), which is defined as access to all needed quality health services without financial hardship. Universal health coverage is included within Goal 3 (Good Health and Well-being) of the Sustainable Development Goals (SDG's), and numerous other strategy and policy documents. Sustainable Development Goal 3.8 aims to achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all. In order to achieve UHC, two foundational issues must be addressed, i.e. service coverage and financial risk protection.

Conducting essential national health research

HST's research contributes to informing and transforming public health policy and practice. Within the ambit of priority health programmes, we adopt a systems approach to cover a wide range of focus areas including leadership and governance, financing, service delivery, human resources and health information.

Recognising the need to understand the quality of care and the state of infrastructure at healthcare facilities ahead of National Health Insurance, the National Healthcare Facilities Baseline Audit was commissioned to assess improvements required to comply with the National Core Standards. The Audit focused on the six ministerial priority areas for improving patient-centred care and recommended the future planning investments for strengthening the national health system. The report continues to inform quality improvement initiatives at implementation level in the health facilities.

Job Satisfaction among nurses working in public health facilities in South Africa – Health facilities are complex spaces where the behaviours and actions of nurses affect health outcomes, interpersonal relationships and personal safety. A link between nursing satisfaction and patient outcomes through improved health worker performance has been proven. Policy-makers have acknowledged that strategic reorientation of the nursing

profession is needed in South Africa to establish a health service that provides improved access and quality healthcare. It is within this context that the NDoH commissioned HST to conduct this study.

Assessing the barriers to hypertension control in selected primary healthcare facilities providing chronic care services in the Zululand District – This study builds on the findings of a study conducted by the HST in 2018 which assessed the quality of chronic care services delivered in selected facilities with a particular focus on diabetes and hypertension services' provision and control. This study further explored challenges to achieving hypertension control, with specific focus on user and provider perspectives and experiences of poor hypertension control. The objectives were to determine patient knowledge, attitudes and behaviour regarding hypertension control and to investigate both patient and provider perspectives of the barriers to hypertension control.

Tuberculosis Reduction through Expanded Anti-retroviral Treatment and TB Screening (TREATS) Project – It is widely known that Tuberculosis (TB) has overtaken the Human Immunodeficiency Virus (HIV) as the leading infectious cause of death worldwide and requires work for it to be controlled in line with the World Health Organization (WHO) Stop-TB goal to “end TB”. Some of the best evidence to date of how to control TB at the population level in the context of HIV comes from the Zambia South Africa TB and HIV Reduction (ZAMSTAR) trial, where a household-level TB/HIV intervention including TB symptom screening, HIV counselling and testing with linkage to care and isoniazid preventive therapy (IPT) as indicated, was offered to all household members of TB patients. Despite only reaching 6% of households in the intervention, the data showed a nearly 20% reduction in TB disease prevalence and 50% reduction in TB infection incidence at the population-level, although the effects were of borderline statistical significance. Increasing the scope of the intervention to all households and thus all members, may therefore significantly change the burden of TB.

Generating information for planning, monitoring, evaluation and decision-making

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 two annual flagship publications: the **South African Health Review** and the **District Health Barometer**.

The **South African Health Review** 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, the Review has gained increasing prestige as an authoritative and comprehensive resource.

The **District Health Barometer** is a comprehensive statistical and analytical resource providing an overall view of district health performance at the primary health care level, including hospitals. Covering 52 health districts in nine provinces, the Barometer is used as a resource by the NDoH to develop strategy, monitor district performance, and inform planning at national and provincial levels.

HST issues a regular digest and manages several discussion groups to encourage dialogue between key public health stakeholders. The **HST Bulletin** is now 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 List** is a moderated electronic discussion group which

shares current peer-reviewed and media articles 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.

Early in 2021, data for web and social media pages showed a total of 281 454 page views to date for the HST website, 7332 Facebook followers, 6272 LinkedIn followers and 3096 Twitter followers.

HST has also launched a website dedicated to its training unit the Health Systems Training Institute (HSTi) <http://www.hstinstitute.co.za/>

Offering guidance, mentoring and training on good practice innovation

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.

The Health Systems Trust Training Institute (HSTi) 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 KZN 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 unit 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.

Our current Partners

Funders and Partners

- U.S Centers for Disease Control and Prevention
- The Global Fund to Fight AIDS, Tuberculosis and Malaria
- KwaZulu-Natal Treasury
- The ELMA Philanthropies
- National Department of Health South Africa
- WHO Alliance for Health Policy and Systems Research
- Mpumalanga Department of Health
- KwaZulu-Natal Department of Health
- Road Accident Fund
- Grand Challenges Canada
- UNICEF
- Heart and Stroke foundation
- ViiV Healthcare UK Ltd
- London School of Hygiene and Tropical Medicine (through a grant from the International Initiative for Impact Evaluation (3ie))

Partners and Grant collaborators

- ASG
- University of Cape Town Centre for Infectious Disease Epidemiology and Research (CIDER)
- University of Cape Town
- University of KwaZulu-Natal (UKZN)
- UKZN Centre for Rural Health
- Aurum Institute
- Eastern Cape Department of Health
- Free State Department of Health
- Gauteng Department of Health
- KwaZulu-Natal Department of Health
- Limpopo Department of Health
- Mpumalanga Department of Health
- Northern Cape Department of Health
- North West Department of Health
- Western Cape Department of Health
- The National Health Research Committee
- National Health Laboratory Services (NHLS)
- Mobenzi
- VP Health
- SEAD
- Health Information Systems Programme (HISP)
- The AIDS Foundation of South Africa
- TB/HIV Care
- Accenture
- Nelson Mandela Children's Fund
- South African Civil Society Coalition for Women, Adolescents and Children's Health (SACSoWACH)
- University of Newcastle, UK
- London School of Hygiene and Tropical Medicine
- (The European and Developing Countries Clinical Trials Partnership (EDTCP-TREATS))
- KNCV Tuberculosis Foundation
- Zambart
- University of Sheffield
- Imperial College London
- The International Union Against TB and Lung Disease
- QIAGEN
- Delft Imaging Systems
- Johnson and Johnson Foundation Scotland
- NICD

Conferences and Presentations

1. **Paulsen R.** TREATS Incidence of TB Infection Cohort: Study design, progress, achievements, milestones and deliverables. TREATS Annual meeting; Livingstone, Zambia; Oct 8-10 October 2019.
2. **Burnett M.** TREATS TB Prevalence Survey: Study design, progress, achievements, milestones and deliverables. TREATS Annual meeting; Livingstone, Zambia; Oct 8-10 October 2019.
3. Mureithi L. Models of contracting private general practitioners in NHI pilot sites: implications for the future NHI. Universal Health Coverage National Dialogue; Johannesburg 21 November 2019.
4. **Padayachee T.** Experience of an in-coming Queen Elizabeth Scholar. Side event on Evidence informed decision-making: realities, challenges and tools. Phasa Conference; Cape Town 17 October 2019.
5. **Day C, Ndlovu N, Cois A,** Gray A, **Massyn N,** Boerma T. Health Facility Data Analysis Workshop: Is South Africa closing the health gaps between districts? Monitoring progress towards universal health service coverage with routine facility data. Nairobi, 27-28 February 2020
6. **Day C, Cois A, Ndlovu N.** Gray A. Interrogating the UCH Service coverage index. DHB Launch February 2020.
7. **Mamdoo P.** HST Learning Circle. The Healthcare Market Inquiry: Findings and Implications. November 2019
8. Gray A. HST Learning Circle. National Health Insurance Bill – questions of process and content. December 2019
9. **Cois A, Padayachee T,** Muthivhi T, Maling L. Trends in research conducted in public health facilities in South Africa 2015-2018: an analysis of the National Health Research Database. PHASA Conference; Cape Town 17 October 2019.
10. **Dippenaar J, Stafford Cloete A, Kekana MQ,** Ditshego M. Information provision and creating awareness on pre-eclampsia. Closing the communication loop.” Society of Midwives of South Africa (SOMSA) conference, Pretoria, 21 August 2019

Conference Poster presentation

Cois A, Padayachee T. Trends in research conducted in public health facilities in South Africa 2014–2018: an analysis of the National Health Research Database of the results of the automated classification system. PHASA conference, Cape Town, September 2019

Publications and Reports

1. **Massyn N,** Barron P, **Day C, Ndlovu N, Padarath A,** editors. District Health Barometer 2018/19. Durban: Health Systems Trust; 2020.
2. **Ndlovu N, Day C,** Gray A, **Cois A.** Universal health coverage - the service coverage index at district level. In: **Massyn N,** Barron P, **Day C, Ndlovu N, Padarath A,** editors. District Health Barometer 2018/19. Durban: Health Systems Trust; 2020.
3. **Massyn N,** Tanna G, **Day C, Ndlovu N.** District Health Barometer: District Health Profiles 2018/19. Durban: Health Systems Trust; 2020.
4. Zondi T, **Day C.** Measuring National Health Insurance: towards Universal Health Coverage in South Africa. In: **Moeti T, Padarath A,** editors. South African Health Review 2019. Durban: Health Systems Trust; 2019.

5. **Day C**, Gray A, **Ndlovu N**, **Cois A**. Health and Related Indicators 2019: interrogating the UHC service coverage index. In: **Moeti T**, **Padarath A**, editors. South African Health Review 2019: Durban: Health Systems Trust; 2019.
6. Maïga A, Jiwani SS, Mutua MK, Porth TA, Taylor CM, Asiki G, Melesse DY, **Day C**, Strong KL, Faye CM, Viswanathan K, O'Neil KP, Amouzou A, Pond BS, Boerma T. Generating statistics from health facility data: the state of routine health information systems in Eastern and Southern Africa. *BMJ Global Health*. 2019;4(5):e001849.
7. Naidoo. I, Zungu N, **Mbelle N**, Wabiri N, Jooste J, and Chasela C. Self-reported sexually transmitted infections among South African Educators in 2015/6. *South Afr J HIV Med*, 17(1), 476-476. doi:10.4102/sajhivmed.v17i1.476
8. **Cois A**, **Padayachee T**. Developing and testing an automatic classification system for research protocols submitted to the National Health Research Database. Final Report: Health Systems Trust; March 2020.
9. **Cois A**, **Padayachee T**. Estimation of the distribution of the study proposals submitted to the NHRD in the year 2019 according to the UK Health Research Classification System: Health Systems Trust; April 2020.
10. **Cois A**. National Health Research Database. Update on COVID-19 Studies: Health Systems Trust; June 2020.
11. Peer N, Muller J, **Esau N**, **Mamdoo P**, Bakalar J, Manning W, Chang G, **Padayachee T** and English R. Strengthening inter-sectoral collaboration: A case study of the management of malnutrition from policy to implementation. Durban: Health Systems Trust; August 2019
12. **Jensen C**, McKerrow N, Wills G. Acceptability and uptake of an electronic decision-making tool to support the implementation of IMCI in primary healthcare facilities in KwaZulu-Natal, South Africa. *Paediatr Int Child Health*. 2019 Nov 28;1-12. doi: 10.1080/20469047.2019.1697573.



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