



**HEALTH  
SYSTEMS  
TRUST**

**Reviewing the evidence:  
A synthesis of Health Systems Trust  
research and activities, 2011–2015**

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# Background

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- ❑ In order for us to plan for and decide on where we are going it is important that we reflect on where we have been
- ❑ HST founded in 1992 to support the transformation of the health system: Strengthening DHS
- ❑ Since 2011, increased commitment and financial support
- ❑ HST had yet to reflect on its corpus of project evidence
- ❑ Contributions to informing health system policy and practice had been neither adequately realised nor widely shared



# Aim

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- ❑ To produce a synthesis of key findings and evidence emerging from the spectrum of research and project-related activities conducted by HST

# Objectives

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- ❑ To conduct a **review of research** and project-related activities referred to as health systems strengthening and research initiatives (HSSRI) from 1 January 2011 to 31 May 2015
- ❑ **Synthesise** key results, preliminary findings, and collated evidence for this period
- ❑ To interpret and present a summary of **key findings**
- ❑ To **identify common thematic findings** in the health system
- ❑ To determine how **the findings have generated knowledge that influences the development of policy and strategy and/or the implementation thereof**

# Methods 1

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- ❑ Integrated, mixed research synthesis of qualitative and quantitative data
- ❑ Not an evaluation design, strength of results not measured
- ❑ Three researchers with research methods expertise participated as reviewers and consultants

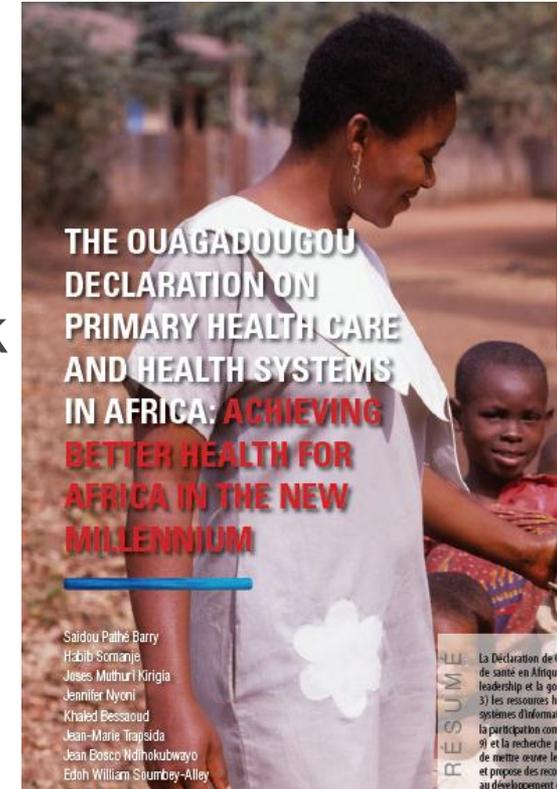
# Methods 2

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- ❑ Two phases
- ❑ Phase I: project-relevant documents were collected from HST staff according to a selection criteria and data extracted according to a research methods approach
- ❑ Phase II: data validation and further exploration of findings through 51 consultations with 23 project managers

# Data analysis 1

- ❑ Contextual-interpretive approach
- ❑ Thematic analysis to unpack key health systems challenges
- ❑ Ouagadougou Declaration as framework to determine relevance of key findings
- ❑ Explore alignment or influence of challenges to policy and strategy documents



<http://ahm.afro.who.int/issue12/pdf/AHM12Pages10to21.pdf>

# Data analysis 2

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❑ Adapted from the elements from the Ouagadougou Declaration

❑ 8 categories



# Results: Description of HSSRI

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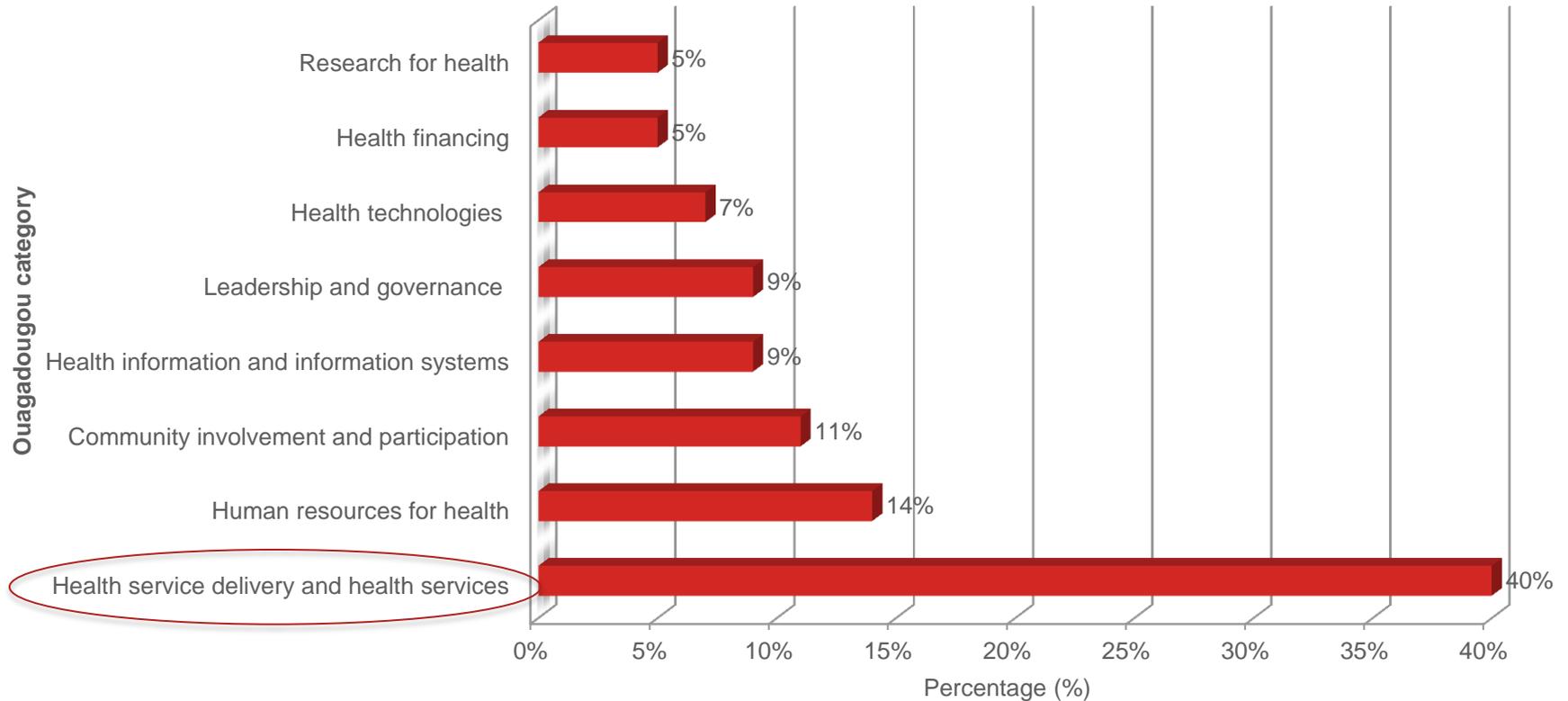
- 54 HSSRI included
- Through funding mainly from NDoH and PDoH's and more recently CDC
- Range of study designs (observational-descriptive, -exploratory (HSR) to experimental-innovative for solutions (HSS and Innovations work))
- Objectives: aligned to MTSF/policy/or strategy documents
- Aim: contributes to strengthening health services and service delivery, health information and information systems, knowledge warehousing, community involvement and participation, HRH, leadership and governance, health financing
- None in health technology

# Results: Thematic health challenges

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- ❑ Findings from HSSRI to unpack key challenges: 2011 -2015
- ❑ Fifty-two thematic health challenges emerged from 33 HSSRIs and were identified as influencing each of the nine categories adapted from the Ouagadougou Framework
- ❑ Remaining HSSRI: focussed capacity building and development of HSS solutions (39%)
- ❑ Five of the 33 HSSRI had components or phases that were active during data collection
- ❑ Thematic challenges for these HSSI were topical: HRH, MCH, health research infrastructure and health services delivered to communities

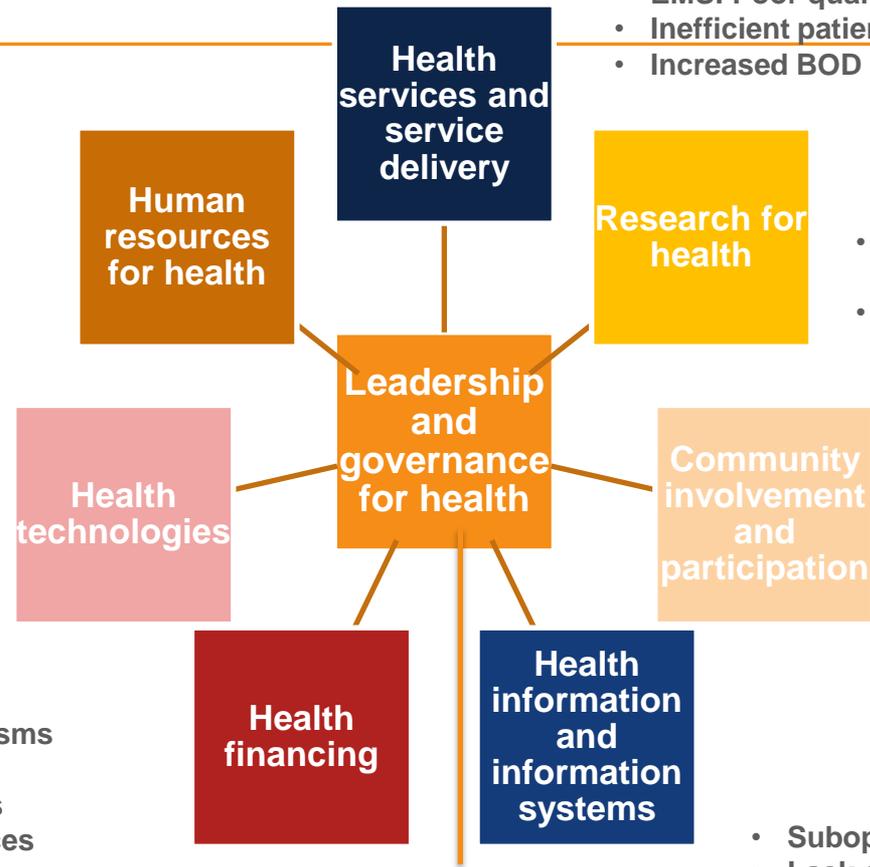
# Proportion of findings



**Figure 1: Proportion of findings according to Ougadougou category**

# Summary of emerging thematic challenges

- Health Facilities: Lack of access to health facilities and quality services (30 findings)
- HIV and TB Services: Lack of integrated services
- EMS: Poor quality
- Inefficient patient referral network
- Increased BOD and need for interventions



- Shortage of human resources
- Lack of training and capacity development initiatives
- Lack of clarity around job descriptions and roles
- Poor access to information for health professionals
- Poor staff retention and staff burnout

- Lack of relevant medical technology
- Out-dated software for EMS call centre
- Lack of relevant information technology and required tools for data collection

- Sub-optimal budgeting mechanisms for PHC Re-engineering
- Inappropriate allocation of funds
- Inadequate distribution of finances
- Variations in hospital expenditure

- Shortage of human resources for leadership and governance
- Lack of communication between health managers and staff

- Lack of systems to conduct and monitor health research
- Need to build capacity for health research

- Use of alternate practices within communities
- Existing influence of traditional and cultural beliefs
- Lack of faith in service or distrust of health care personnel
- Negative attitudes toward health facility staff
- Insufficient health literacy

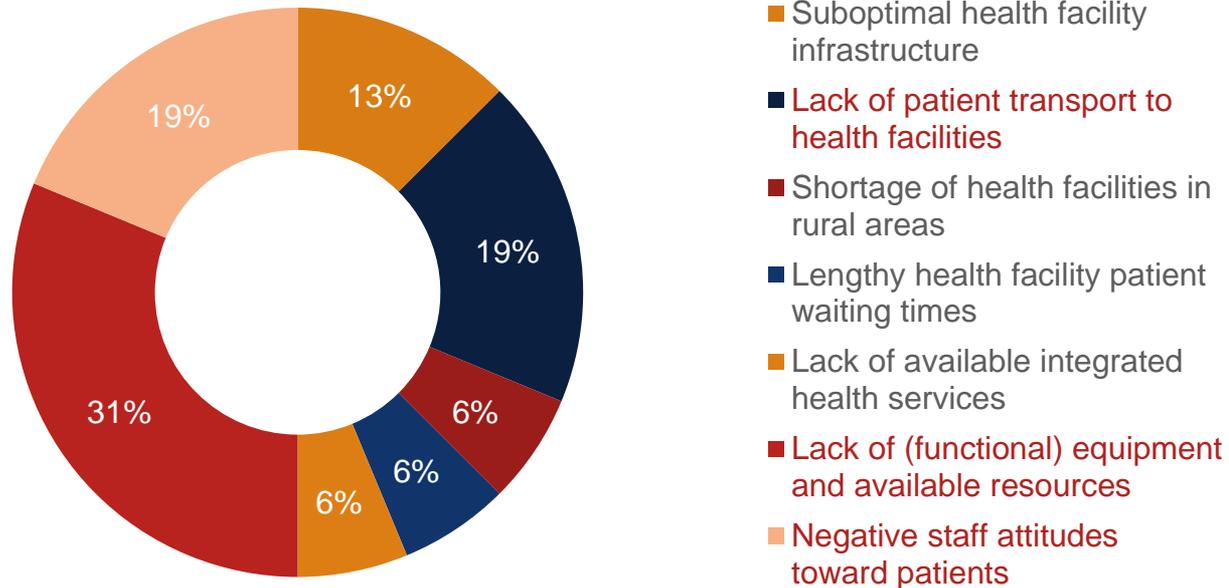
- Suboptimal health information data quality
- Lack of appropriate tools to collect patient health information
- Lack of data quality control initiatives/tools
- Inadequate skills for data management and data quality checking

Figure 2 HEALTH SYSTEMS thematic challenges in the health system by Ouqadougou category

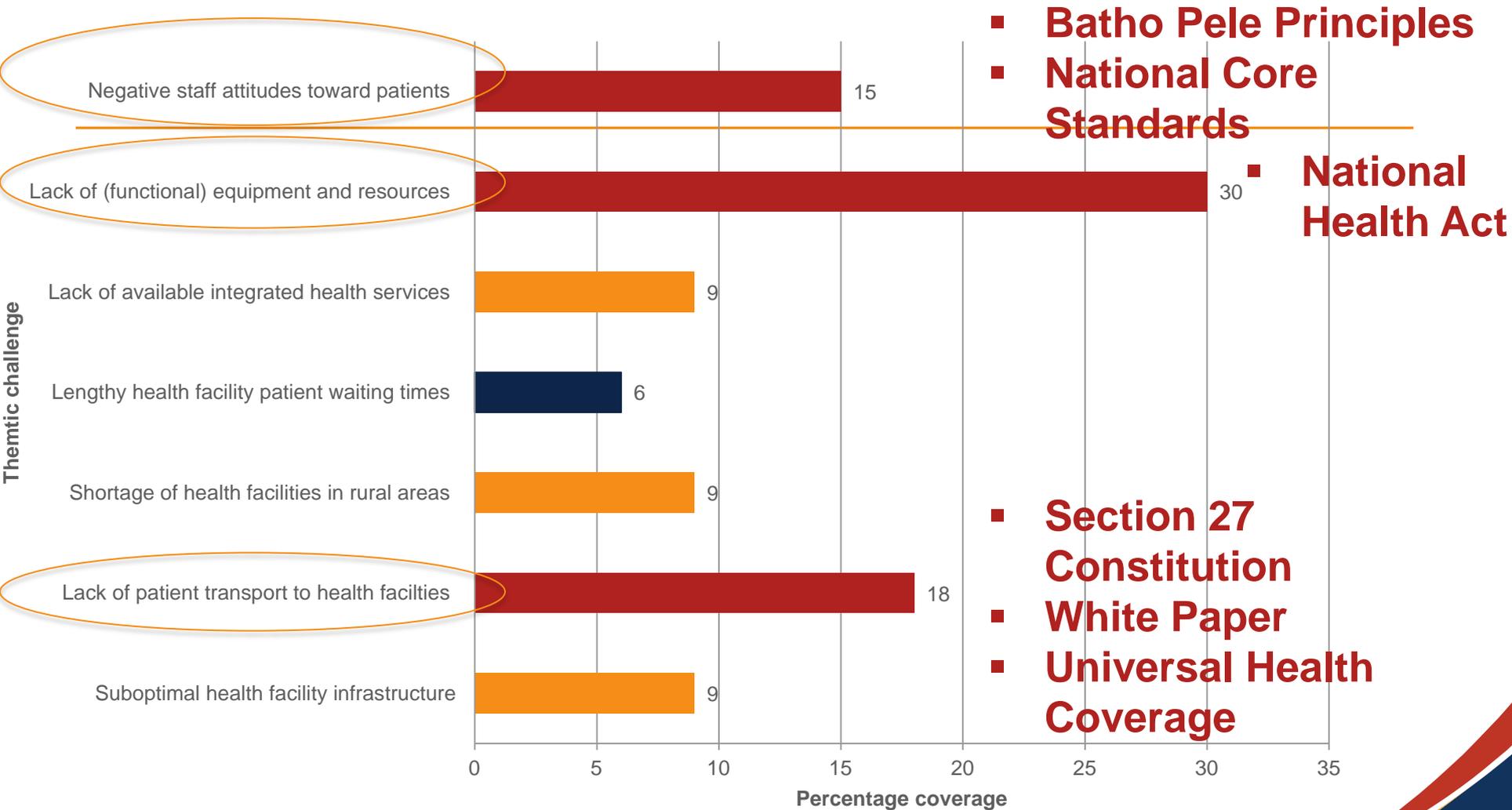
# Results 5

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- ❑ Challenges related to lack of access to health facilities and quality health services
- ❑ Proportion of findings revealed challenges in health system



**Figure 3: Proportion of challenges related to access to quality health services and health facilities**



**Figure 4: Coverage of thematic challenges by HSSRI related to health services and service delivery**

# Recommendations

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- ❑ Specific recommendations for improvements/further investigations: access to health facilities and quality health services
- ❑ Lack of (functional) equipment and available resources: Develop and implement SOPs and guidelines (aligned to NCS), conduct supervisory visits
- ❑ Lack of patient transport: Investigate sustainable patient transport approaches (UHC)
- ❑ Negative staff attitudes towards patients: Focused assessments and research into interaction between software and hardware

# Conclusion

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- ❑ Have we contributed to the health systems evidence base?
- ❑ Since 2011 to 2015 there still remains a need to strengthen systems hardware, implement systems for improved access to health services and improve quality of services at health facilities
- ❑ Efficient implementation: monitoring procedures, measures, approaches and solutions
- ❑ Complexity health systems and the need to dig deeper:
- ❑ Conduct research, policy revisions/developments
- ❑ Underpin how components of health system interact



# Acknowledgements

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# Thank you

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