



1992-2012
**HEALTH
SYSTEMS
TRUST**

**ANNUAL
REPORT
2011/12**

HEALTH SYSTEMS TRUST (HST)

is a dynamic not-for-profit organisation established in 1992 to support the transformation of the health system in a newly democratic South Africa. Subscribing to a primary health care approach, HST actively supports the current and future development of a comprehensive health system, through strategies designed to promote equity and efficiency in health and health care delivery in southern Africa.

VISION

“Health systems supporting health for all in southern Africa”

MISSION

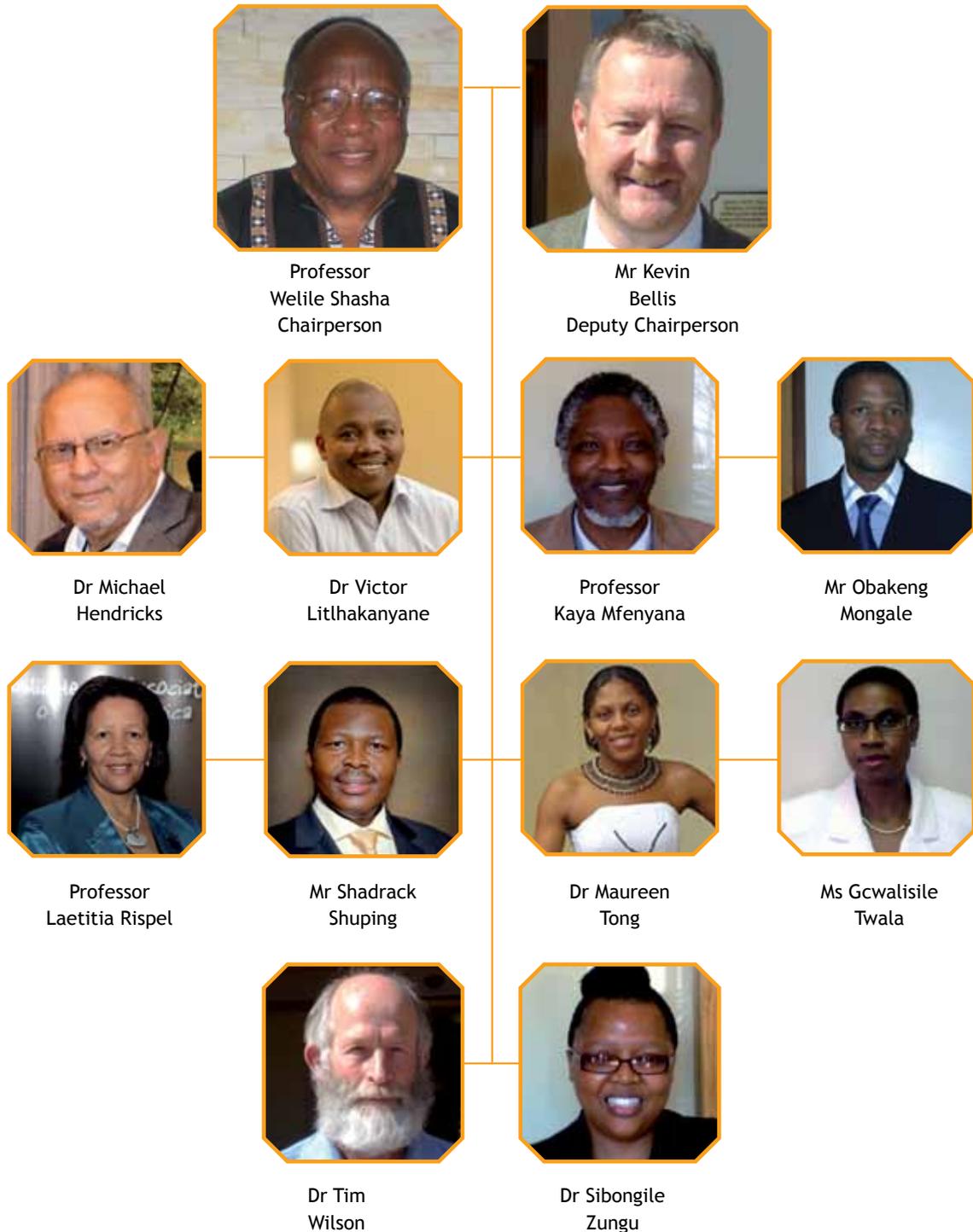
To contribute to building comprehensive, effective, efficient and equitable national health systems by supporting the implementation of functional health districts in South Africa and the southern African region.



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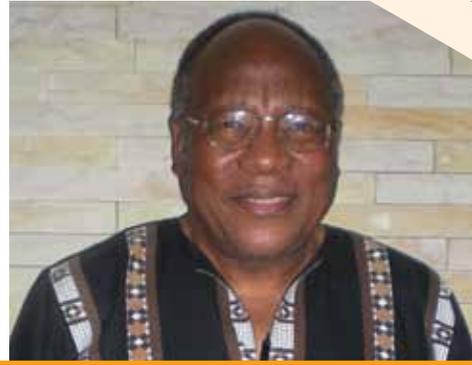
01 BOARD OF TRUSTEES



A brief resumé of each Trustee can be found on our website at <http://www.hst.org.za/board-trustees>

02 CHAIRPERSON'S REPORT

PROFESSOR
WELILE SHASHA



The World Health Declaration that emanated from the Fifty-first World Health Assembly in May 1998 states that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being. In supporting this, we affirm the dignity and worth of every person, emphasizing equal rights, equal duties and the shared responsibility of all for health.

In light of this statement it is an honour and a privilege for HST to support the South African health system in its renewed focus on primary health care (PHC) through the Minister of Health's PHC re-engineering priorities. HST, with funding from The Atlantic Philanthropies, assisted the North West Department of Health to pilot the implementation of their PHC re-engineering priorities, in the process learning key lessons pertaining to the reintroduction of school health services, primary health care outreach teams and specialist teams at district level.

Universal access to health services for all South Africans is of utmost importance if good health for all is to become a reality in our country. The Health Facilities Audit completed by HST during the past 12 months forms a baseline for the improvement of health facilities and for the move towards improving access to quality health care services.

Through our participation in the consortium conducting the health systems improvement project in Lesotho, we continue to promote our objective of extending our services into the southern African region.

Passionate and committed individuals such as our HST staff tend to be constantly on the lookout for the next goal to accomplish and seldom take time to look back on their achievements with pleasure and pride. I take this opportunity to remind staff to take a break by reading this report and to reflect on your achievements with satisfaction. This will energise you to meet the new challenges on the horizon.

I thank my fellow Trustees on the Board of HST for their treasured leadership and support over the past year. Together we thank our implementing partners as well as all our funders (acknowledged elsewhere in the report) who have generously supported the work of the organisation during this year. We also thank our sponsors who, through their generous support, enabled us to hold a memorable 20 year anniversary celebration with a difference.



Professor Welile Shasha
Chairperson
Health Systems Trust Board of Trustees

Thanks for the latest [2010/11] Annual Report from HST. As a past Board Member I am very pleased to see that HST is thriving and continuing its very important work. Well done on your 20th anniversary and I wish you all the best in the future. You have done a lot for the health system in this country. Please continue!

Dr Leslie London
UCT, School of Public Health and Family Medicine



1992-2012

**HEALTH
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TRUST**

03 MESSAGE FROM THE CEO

MS JEANETTE R HUNTER



In concluding our 2011/2012 financial year, HST looks back on a very inspiring and successful twelve months. Inspiring because this was the year during which we celebrated 20 years of excellence in the area of health systems strengthening with exuberance and with continued service to our client communities. Successful because we added two large projects to our already impressive portfolio that allow us to further entrench our significant contribution to health systems strengthening in southern Africa.

On 23 February 2012 we launched our two annual flagship publications, the South African Health Review (SAHR) and the District Health Barometer (DHB). The launch, where we had the distinct honour to be addressed by both the Minister and Deputy Minister of Health of South Africa, saw the best attendance in the history of these two publications. The SAHR and DHB continue to be used internationally and nationally as trusted sources of information on South Africa's health system.

In the area of Health Systems Research we continue to conduct research that yields valuable information and tools with which to improve:

- ◇ the knowledge that we currently have about South Africa's burden of disease and equitable access to health services
- ◇ health service provision, especially in primary health care settings
- ◇ the competence of health service managers
- ◇ tools used in combating priority conditions pertaining to South Africa's burden of disease
- ◇ health information for planning, monitoring and evaluation
- ◇ good practice with regard to monitoring and evaluating South Africa's health system

I am writing to express our deepest gratitude to you for your generosity in sharing with us your great insights [around healthcare trends in South Africa]. Speaking with you has tremendously expanded our understanding of the South African healthcare system.

Again, we truly appreciate your time and consideration. If possible, we may reach out to you again for follow-up questions. Best wishes for all the great endeavors of your organization.

Huan Liu
Global Clients & Markets
PricewaterhouseCoopers International Limited
300 Madison Avenue
New York, NY 10017

- ◇ health service governance
- ◇ health systems research itself.

Through our Health Systems Strengthening Programme we are privileged to contribute by leading good practice implementations in the above areas.

HST remains a vibrant organisation, willing to serve as required. This is reflected in the willingness of our funders to invest in us. We remain immensely grateful for their confidence in us and we are fully cognisant of the responsibility this entails. We commit to executing this responsibility in a manner that will add value for the clients as well as the funders.

MESSAGE FROM THE CEO *CONTINUED.*

Our increased success rate for winning bids brings its own challenges relating to adequate resources, control, management and maintenance of a desirable work environment. We are confident that, with our Trustees continued support and guidance, these challenges will be managed successfully. Management and staff recognise the value that the organisation's sound governance structure is adding and we remain appreciative of our Trustees influence and direction.

None of HST's achievements would be possible without the constellation of stars that make up our management and staff. You have given true meaning to the concept of team-work and, for that, I thank you.



Jeanette R Hunter
Chief Executive Officer

The Atlantic Philanthropies would like to thank you for availing yourself to meet with our President and CEO, Chris Oechsli and Senior Vice President, Martin O' Brien during their visit to South Africa in January. We appreciate and value your inputs, which were meaningful to us as we move forward with our work. We look forward to continued work and collaboration in the future.

Nobayeni Dladla
Country Director, South Africa
The Atlantic Philanthropies

We would like to take this opportunity to say thank you for your time this morning to meet with us from the Competition Commission. Your expert knowledge, insight and recommendations into the healthcare reform are most valuable. We found the meeting very fruitful and are most grateful for all your advice.

Yu-Fung Wen
Coordinator: Advocacy & Education
Advocacy and Stakeholder Relations
The DTT Campus



From left to right: Ms Gcwalisile Twala (HST Trustee), Dr Peter Barron (HST ex-Director), Ms Jeanette Hunter (HST CEO), Dr Maureen Tong (HST Trustee) and Dr Michael Hendricks (HST Trustee) attending the 20th anniversary gala dinner

LOOKING BACK – A BRIEF OVERVIEW OF HST'S 20 YEAR JOURNEY *CONTINUED*

Through generous funding from the Kaiser Family Foundation, Kagiso Trust, Rockefeller Foundation and the then national Department of Health and Population Development, totalling R4.7 million, HST supported experienced and emerging health systems researchers by funding 25 health systems research projects. Through this, capacity was built in areas of health systems research, health planning and management, epidemiology, economics and financing, as well as through its skills development programme. HST also facilitated various planning processes at a national level. One of its primary goals was to focus on historically neglected institutions. To ensure that the numerous health systems research questions raised at the time through consultation with a wide range of stakeholders were answered, HST decided to commission research.

ANNUAL REPORT 1994



The year 1994 was marked by considerable growth and diversification in support of the restructuring of the health system that followed the election of the first democratic government. These early days in the life of the organisation marked the start of HST's ongoing support to government through the production of research designed to inform policy on health systems reform. HST focused on supporting historically underserved areas through its health team approach and on developing the planning, management and research skills of health personnel in rural areas throughout the country, but particularly in KwaZulu-Natal and Kimberley. To attain its research goals of redress, HST developed three key strategies. The first fostered collaboration between stronger and weaker academic institutions and health centres. The second increased responsiveness to the specific needs of provincial administrations. The third provided assistance to Faculties of Health Sciences at historically black universities with the aim of developing applied or operational research capabilities.

Structurally, HST's six programmes - research, skills development, information dissemination, HealthLink, Department of Health support, and systems development - were supported by an administrative department.

The year is remembered for the establishment of HealthLink, an electronic communication system for use as a mechanism for disseminating relevant health and service management information. The name was later adopted for the whole Health Information Dissemination project, of which HealthLink was initially a part. Other important activities were providing support to the Department of Health by acting as a funding conduit for health sector transformation; fulfilling a facilitation role through hosting national meetings around health expenditure, district systems development, informatics to support health care and health management training and, finally, support for media editors and journalists to promote reporting on health and rural issues.

ANNUAL REPORT 1995

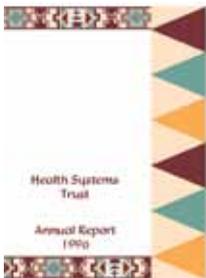


The year 1995 saw a shift in funding priorities with most funders seeking to fund the newly-elected Government directly. HST continued its work, however, through ongoing support from a range of funders including the Henry J Kaiser Family Foundation and the national Department of Health (NDoH). The African National Congress had been democratically elected into power and a National Health Plan had been published. During this time HST again showed its commitment and responsiveness by focusing on health systems support and strengthening in response to the move towards decentralisation as a key health sector reform.

The year was marked by the publication of the first South African Health Review, described in the local media as "the first of what is expected to become the standard annual reference work on the health sector". Additional HST offices were established in Johannesburg and Cape Town. Another landmark event was the publication of a series of HST Updates - a newsletter providing essential information to health managers on topics relevant to establishing the district health system and other important health-related topics. One such topic was a National Health Insurance - a policy that 17 years later is becoming a reality in South Africa. An annual Research Progress Report seminar showcasing projects funded by HST was

initiated and ran for a number of years, bringing together young researchers of whom many are now leaders in the public health field in South Africa.

ANNUAL REPORT 1996



The year 1996 was marked by a change in the organisation's leadership with a new Executive Director, Mr David Mametja, taking over the reins from Dr David Harrison who went on to lead the Initiative for Sub-district Support (ISDS), an extremely influential

programme in district health systems development. ISDS was a 'multi-pronged, multi-site intervention programme in a number of districts, aimed at providing support to health systems development at the point of service delivery', combining the various HST programmes into an integrated package of support interventions to developing districts. HST's role in supporting government continued as it coordinated multi-centre evaluations of two Presidential Lead Projects - the Free Health Care policy for pregnant women and children and the Primary School Nutrition Programme. During this time HST initiated Health Expenditure Reviews and published the third Directory of Health Systems Research in South Africa. The year was also marked by the launch of the HST and HealthLink websites, the publishing of the first edition of HealthLink News and the launch of the Reproductive Health Research Fund, which would ultimately fund key research in the areas of male and female reproductive health and sexuality.

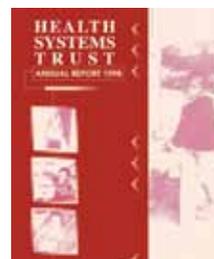
ANNUAL REPORT 1997



In the year 1997 the HST Board initiated an internal strategic review and planning exercise to reflect on achievements and refocus the organisation. Three important focus areas were identified: (i) support for decentralisation and district systems development, with development of 'best practice' district sites; (ii) monitoring of health sector performance, particularly with regard to the move towards equity in health and health care; and (iii)

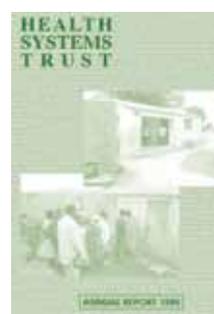
generating national thinking around future health care in South Africa. The organisation viewed 1997 as the year of accelerated implementation of the 1996 health sector policies, with increased ISDS support to health districts and an increased focus on research into district systems development. Highlights of the year were the launch of the third South African Health Review at two clinics in Mpumalanga, the launch of email discussion lists, the publication of a Pocket Guide to District Health Care in South Africa, and the launch of the KwikSkwiz series - a 'no-frills' briefing summary designed for busy health service managers and health workers.

ANNUAL REPORT 1998



Professor Jairam Reddy retired as Chairperson of the Board in 1998 after serving the full six year term in office, along with Professor Rachel Gumbi, Dr Jocelyn Kane-Berman, Professor Nicky Padayachee and Professor David Power. Professor Marian Jacobs was appointed as the new chairperson. A key accomplishment for 1998 was the development of the Equity Gauge - a collaboration between HST and parliamentarians. A workshop on Equity in Health and Health Care, with local and international speakers, was organised for national and provincial legislators. In the HealthLink programme the hard copy and electronic information and communication activities were merged into a single programme.

ANNUAL REPORT 1999



By 1999 HST had grown substantially and the year was marked by a flurry of activity. ISDS was now providing support to 23 health districts. Key activities included hosting, together with the NDoH, the District Health Systems conference; a workshop on Management Training for the public health sector in South Africa; a National Nursing Summit in collaboration with the NDoH and the South African Nursing Council; and a Health Expenditure Review Task Team conference to review and refine the draft guidelines for conducting district

LOOKING BACK – A BRIEF OVERVIEW OF HST'S 20 YEAR JOURNEY *CONTINUED*

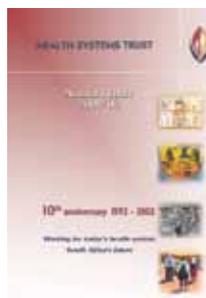
health expenditure reviews. HST also hosted its own conference entitled Translating Research into Action. The Equity Project organised a site visit for representatives of key parliamentary committees and launched two project publications, the Equity Gauge and The Budget Process. An external review of the ISDS project confirmed its significant and positive contribution to district health system development in South Africa. A key achievement was the launch of the South African Health Review, that year focussing on equity, in the National Assembly in the presence of the Deputy Minister of Finance, Mr Trevor Manuel. Anecdotal evidence has it that the launch, attended by legislators, authors and academics, sparked lively debate on the impact of the Department of Finance's allocation formula and that visits to HST's website subsequently peaked.

ANNUAL REPORT 2000



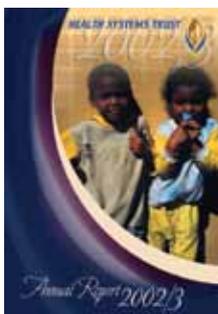
In the political landscape the year 2000 was marked by increased effort towards district health system implementation, with a focus on strengthening decentralisation. HIV and AIDS received increasing attention as the scourge of this pandemic impacted on the overall burden of disease in the country and was felt at the coalface of the health system. In that year, Professor Marian Jacobs completed her tenure as a Trustee and Dr Zola Njongwe became the new Chairperson. HST received international acclaim for its work on information dissemination and was awarded two prizes by the UNESCO-funded WoYaa! Awards, gaining first place in the Sciences category and fifth place in the Community Development category. HST's influence extended beyond the borders of South Africa through its role in establishing the Global Equity Gauge Alliance (GEGA), housing both the Secretariat and the Chair, and the subsequent publication of other Equity Gauges in Latin American, African and Asian countries. HST collaborated with the NDoH to commission the third of four Primary Health Care Facility Surveys, which was praised in the National Assembly by the then Minister of Health as a valuable indicator of progress in implementing the district health system. Twelve years later HST is again conducting a healthcare Facilities Baseline Audit on behalf of the NDoH.

ANNUAL REPORT 2001/02



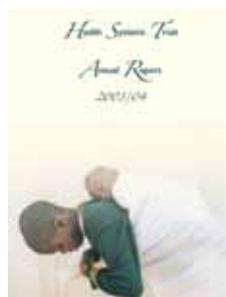
The year 2001 saw Dr Lillian Dudley appointed as HST's Managing Director. This reporting period was characterised by a change in the focus of HST's programmes that mirrored changes in the health landscape, such as the unabated rise in the incidence and prevalence of infectious diseases, especially HIV and sexually transmitted infections (STIs). HST's research programme established new in-house projects, focused on prevention of mother-to-child transmission (PMTCT), STIs and mapping of HIV resources, whilst continuing health systems strengthening work on devolution and decentralisation with the finalisation of the Municipal Services Act. The ISDS expanded to include the Male Sexuality and Reproductive Health projects, as well as the Integrated Nutrition Programme project. HST's staff complement rose to 75 staff members and the organisation administered close on 100 grants.

ANNUAL REPORT 2002/03



The 2002/3 period saw the finalisation of the National Health Bill, ongoing discussions and planning for the comprehensive National HIV and AIDS plan, including ARV treatment, and further changes in legislation and financing of health, in the private sector in particular. These changes were reflected in HST's joint hosting of, firstly, the National HIV and AIDS Scientific Forum in partnership with the NDoH and, secondly, the national Public Health conference in collaboration with the Public Health Association of South Africa (PHASA). The Research programme finalised key projects, such as the report on the National Pilot PMTCT sites that covered two years of evaluation. Yet another Primary Health Care Facility survey was conducted. This period also saw the evolution and establishment of partnerships and projects within southern and sub-Saharan Africa. HST again conducted an internal strategic review process to interrogate its purpose, role and relationships.

ANNUAL REPORT 2003/04



Highlights of the year included the launch of the 2003/04 edition of the South African Health Review that provided a 10 year perspective on progress in the health system since democracy and a data driven framework against which future achievements in the health system could be

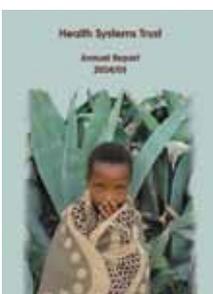
assessed. Other achievements included the release of the National Primary Health Care Facilities Survey (2003) Report and Community Development's Impumulelo Award for its Integrated Nutrition approach. Several new projects were established, one of which focused on monitoring key indicators across districts and shifted the focus of earlier equity work to a district level. The end of the EU project presented an opportunity to re-examine ISDS's role and the nature of support needed for district health systems development into the future. It also provided an opportunity to reflect on strategies and skills appropriate to ISDS's changing role.

ANNUAL REPORT 2005/06



The first District Health Barometer was finalised in November 2005 and was well received by all levels of the public health sector. HST's ISDS and Community Development programmes were consolidated into the District Support and Community Development cluster. Key projects that focused on PMTCT, infant feeding, tuberculosis, health information systems and monitoring and evaluation took centre stage, with HST providing valuable support to the NDoH during these times.

ANNUAL REPORT 2004/05



In March 2005 Mr Patrick Masobe took over as Chairperson of the Board and Dr Lillian Dudley was appointed as CEO. To further promote HST's work, senior managers embarked on a Road Show to "take HST to the People". The organisation's work in the southern African

region was expanded with the SADC project on STIs in selected cross-border or high transmission sites in Botswana, Lesotho, Namibia and Swaziland. HST also participated in the African Regional Platform on Human Resources for Health in Abuja and Brassaville. HST's support to the national and provincial Departments of Health in reviewing and strengthening the National Health Information System continued. It was, however, during this time that HST bid farewell to its largest funder, the Kaiser Foundation, resulting in the organisation having to pursue other avenues of funding and to turn its attention to conducting commissioned research in-house.

ANNUAL REPORT 2006/07



Health Systems Trust celebrated its 15th Anniversary in 2007. Another strategic review resulted in a sharpening of focus towards assessing and strengthening management systems, supporting the primary health care approach to public health and expanding research and support into priority programme areas. HST's research and projects considered global health priorities, in particular the Millennium Development Goals. The 2006 South African Health Review focused on Maternal, Child and Women's Health. In this period Health-e News broke away from HST and became an independent NGO.

ANNUAL REPORT 2007/08



The 2007/08 financial year saw Ms Jeanette Hunter elected as Chairperson of the Board and Dr Thobile Mbengashe appointed as CEO. In celebration of its 15th Anniversary HST showcased its work in a 'Strengthening Health Systems in Southern Africa 1992-2007' conference during October. The importance of the private sector in health and issues pertaining to its regulation led HST to widen the SAHR's focus to include the private sector in its coverage.

ANNUAL REPORT 2008/09



During 2008/09 Dr Seadimo Chaba took over as Chairperson of HST's Board of Trustees and Ms Jeanette Hunter was appointed as CEO. The 2008 SAHR focused on Primary Health Care in South Africa: a review of 30 years since Alma Ata and the 2007/08 edition of the District Health Barometer was published

and launched at a gala function attended by over 200 people. As the South African health system matured the policy climate focused on measuring health systems performance and thoughts shifted to outcomes-based measurement of the impact of activities in the health system. In line with this, HST supported the strengthening of the health information systems through its partnership with other organisations to run a three-year project that aimed to train 3 535 data capturers for deployment in the health sector.

ANNUAL REPORT 2009/10



In 2009/10 Professor Welile Shasha was elected Chairperson of the Board of Trustees. HST's ongoing work in the field of health information systems strengthening and its vision to impact on southern Africa culminated in the awarding of a four-year project to strengthen

health systems in the Kingdom of Lesotho, in conjunction with international partners. The fifth edition of District Health Barometer was published in electronic format.

ANNUAL REPORT 2010/11



The 2010/11 financial year saw numerous changes in the health policy environment ushered in by the newly elected Health Minister, Dr Aaron Motsoaledi. Negotiated Service Delivery Agreements were signed between the President and his Ministers. Centre stage was taken by

the introduction of the primary health care (PHC) re-engineering strategy and increasing talk of implementation of the National Health Insurance. Within HST, internal restructuring saw the formation of two Directorates - Programmes and Corporate Services - with the Programmes Directorate comprising two units: Health Systems Research and Health

Systems Strengthening. Longstanding employees, Ms Ronel Visser and Mr Deena Govender, headed the Programmes Directorate and the Corporate Services Directorate respectively.

The 14th edition of the SAHR reflected on the Millennium Development Goals and the National Health Insurance initiative. The sixth edition of the District Health Barometer was published. HST was awarded the National Facilities Audit tender to conduct an audit of all health facilities in the country. Another landmark event was being contracted by the Centres of Disease Control to conduct health systems strengthening work in the area of HIV and AIDS in 16 districts in South Africa.

For HST, it seemed that the organisation had come full circle since its inception in 1992 as the temporal shift in the policy and funding environments from a disease to a health systems focus was testament to HST's founding vision to prepare and equip the health sector for a broad PHC approach.

THE 2011/12 REPORTING PERIOD

HST now finds itself in 2012, celebrating 20 years of committed service and fresh with enthusiasm and excitement at the prospect of continuing to make an impact through ongoing health system strengthening in this era of health sector reform. The organisation has grown substantially to over 100 employees. Through both its health systems research and implementation programmes it continues to work closely with the NDoH, whilst still remaining independent and objective in its thought and focus. Testament to HST's responsiveness to current trends is the 2011 SAHR theme, 'the Health NSDA and PHC re-engineering'.

So ... this reflection has indeed shown that success is the product of hard work, commitment, tenacity - and, yes, time. During the 20 years HST has met with numerous challenges and has responded to them successfully.

Throughout this period, HST's mutually beneficial partnership with its funders and funding partners has been the backbone of its survival. The organisation has reaped the benefits of fielding a complement of talented, enthusiastic and committed staff while the successive Boards of Trustees, each member recognised in his or her own field, has provided a sound governance structure responsible for guiding HST to success through the years. We trust that in another 20 years' time HST will once again reflect and celebrate its achievements in another cycle of 'resetting our sails and chartering a new course'.

05 HST 20TH ANNIVERSARY CELEBRATION - 3 AND 4 MAY

Scrolled across HST's logo are the words "20 years of Service", followed by the simple figures 1992–2012. Herein lies a tale!

The tale of an organisation that has over the past twenty years contributed not only to building health systems but also a cadre of healthcare workers and public health professionals - many of whom now occupy key positions in the global health arena. A tale of a young and visionary CEO, Dr David Harrison, who guided by the expertise and collective wisdom of the first Board of Trustees travelled the length and breadth of South Africa in his ageing but trusted Opel Manta to solicit support for the organisation. A tale of how an NGO initially brought internet and email facilities to many health districts and is now conducting an audit of all healthcare facilities in the country to inform planning for NHI. A tale of how the South African Health Review, conceived in an orphanage one blustery autumn day, has grown into a flagship publication that provides a detailed historical record of the progress, challenges and transformation of the health system and is widely cited in peer-reviewed articles by academics, healthcare workers and journalists. A tale of collaboration, capacity building and partnerships that spans two decades.

Mindful of the debt that we owe our supporters and communities, HST planned a 20 year Anniversary celebration with a difference. During a one-day seminar developments in the South



Prof. Welile Shasha, Ms Jeanette Hunter and Prof. Rachel Gumbi with seminar attendees

African health system over the past two decades were reviewed. The second day, to acknowledge the involvement of South Africa's communities in sustaining HST's existence, saw the culmination of a social responsibility exercise at the Msunduzi Bridge Clinic in KwaZulu-Natal.

DAY ONE - 3 MAY 2012

The Seminar

More than 200 participants - including the honourable MEC for Health, Limpopo province, Dr Norman Mabasa, and other dignitaries, senior health officials, funders, clients, partners, past and present trustees and staff - met to explore HST's role in supporting developments in the health system over the past two decades and, in a participative process, the group considered HST's role for the next 20 years. Copies of the day's presentations are available on HST's website.

Professor Rachel Gumbi, a Founding Trustee and now CEO of Prince Mshiyeni Memorial Hospital, provided a colourful overview of HST's history. Having been involved since the beginning she was able to share some interesting insights into the early times and how they have influenced HST's current position and activities.



Prof. Rachel Gumbi providing a colourful overview of HST's history

HST 20TH ANNIVERSARY CELEBRATION - 3 AND 4 MAY *CONTINUED*



Clockwise: Dr René English; Ms Ashnie Padarath; Ms Rakshika Bhana; NDoH Director-General, Ms Precious Matsoso; four past trustees: (l-r) Dr Barry Kistnasamy, Dr Yogan Pillay, Dr Zola Njongwe and Prof. Eric Buch; and Mr Stiaan Byleveld

Four technical presentations reflecting on HST’s health research contributions; a retrospective on the South African Health Review; the organisation’s contribution in health systems strengthening; and, finally, a reflection on HST’s contribution in monitoring and evaluation of the health services were shared with the guests. Previous CEO, Professor Lillian Dudley, shared some of her

experiences of working with HST, while current CEO Jeanette Hunter summarised the main findings and discussions of the day.

The Department of Health’s (DoH) Director-General, Ms Precious Matsoso, shared the vision for proposed health system reforms in South Africa, including NHI, PHC re-engineering, quality improvement and improved health governance. Her presentation provided valuable insights on the DoH’s current thinking and intended direction and set the challenge for HST’s continued support of the DoH in implementation of these policies.

Four past trustees, Professor Eric Buch, Dr Barry Kistnasamy, Dr Zola Njongwe and Dr Yogan Pillay, all leaders in their respective fields, then shared their thoughts on HST’s future role in strengthening health systems in the country and in southern Africa. These valuable contributions have been incorporated into HST’s future strategy and operational plan.

The Gala Dinner

The Gala Dinner, an elegant occasion with a similar number of guests to the day event, enjoyed the presence of KwaZulu-Natal’s honourable MEC for Health, Dr Sibongiseni Dhlomo. Light-hearted reflections by ex-Director, Dr Peter Barron, preceded more serious contemplations by motivational speaker, Ms Gugu Moloi, on important characteristics of leadership in the 21st century.



A collection of images from HST’s Gala Evening Celebrations



(Left) Handing over ceremony. (Right) Official opening of the Clinic, Prof. Welile Shasha and iNkosi S Mlaba cutting the ribbon (right)

The MEC praised HST's contribution to health systems strengthening both in his province and in the country.

DAY TWO - 4 MAY 2012

Social responsibility activity - a renovated and refurbished Child Health Centre



At a special "handing over" ceremony, a renovated and refurbished Child Health Centre was gifted to the staff and community of the Msunduzi Bridge Clinic in the Valley of a Thousand Hills near Nagle Dam on the uMsunduzi River. The beautiful landscape and tranquil setting formed a perfect backdrop to the culmination of a very fulfilling interaction.

In the weeks prior to the ceremony, HST staff members donned overalls and assisted in the renovations, painting of wall murals and generally refurbishing the building. Equipment and toys were kindly donated by our sponsors.

The opening of this unit, the first of its kind in the district, will allow children to receive paediatric services away from the sick adult patients in the main clinic building, while giving them an educationally stimulating play area to occupy them while they are waiting. As hoped, the renovation resulted in a functional and not just a cosmetic improvement.

The event was attended by the local iNkosi, Chief S Mlambo, the chief director: District Health Systems, Mr Rampelane Morewane, the acting district manager, Mr Siphwe Yose, clinic committee representatives, community and clinic staff members, together with HST staff and operational partners including the Department of Health. The facility manager, Sister Philisiwe Sosibo, expressed her thanks by saying, "I told them about my dream of having a Child Health Centre here at Msunduzi clinic and Health Systems Trust has made it come true"



Sisters of the Msunduzi Bridge Clinic (top)



The facility manager, Sr P Sosibo, and Prof. Laetitia Rispel, HST Trustee (bottom)

MSUNDUZI BRIDGE CHILD HEALTH CENTRE RENOVATION - BEFORE AND AFTER

OUTSIDE CLINIC



INSIDE CLINIC



OUR SPONSORS AND SUPPORTERS

HST's 20 year Anniversary celebration would not have been possible without the generous support of our sponsors, whose logos appear alongside and to whom we extend immense appreciation. Their exhibitions at the seminar, along with those of our other exhibitors, added to the atmosphere of opportunity and learning.

HST's journey through the past 20 years has not been without its challenges. Through much appreciated support from our funders and partners, and the cooperation of the health structures and communities with which we have worked, we have strengthened and grown over the past two decades. We do feel a measure of pride in this period of service, especially considering the current financial climate and keenly competitive environment, as many not-for-profit organisations have, unfortunately, not survived.

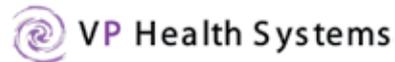
The years have, however, proved fruitful for HST in strengthening health systems - both in the country and in southern Africa. Extensive health systems research, many innovative implementation programmes, relevant reporting and analysis, and global collaborations advocating for equity bear witness to these claims. HST's track record has contributed to it becoming a leading research, implementing and partner organisation, while following its vision of

'Health systems supporting health for all in southern Africa'.

Platinum



Gold



Bronze



MESSAGES OF GOOD WISHES FOR HST'S 20TH ANNIVERSARY

I am honoured to have been one of the founding Trustees of the HST and both proud of and impressed by the Trust's achievements over the past 20 years. You are all to be congratulated on the major contributions made by the HST to health system development during that time. I wish you well for future consolidation of these developments and progress in extending your work.

Dr Jocelyne Kane-Berman
Founding Trustee

Please communicate my sincere congratulations to all at HST on this milestone.

Dr Andrew Boulle
Centre for Infectious Disease Epidemiology
and Research (CIDER)
University of Cape Town

20 years on, I don't think that we have made as much progress as we had hoped then: in 1993 at a meeting of the KwaZulu Department of Health I remember saying that we should not create an extra layer of bureaucracy at district level unless it clearly added value to health outcomes. The NHI gives us a new opportunity to utilize all the health resources in the country for all the people, and it is the sort of vision I think we should have pursued from the beginning – but that is in hindsight. The original DHS vision document did include the aspiration of including the private sector, but this was not implemented and in fact they have been excluded from the DHS as it has evolved.

Professor S J Reid, BSc(Med), MBChB, MFamMed, PhD.
Glaxo-Wellcome Chair of Primary Health Care
Faculty of Health Sciences
University of Cape Town

I wish you all the best for your 20th anniversary function.

Professor Salim S. Abdool Karim
President(a.i.): South African Medical Research
Council
Director: CAPRISA

Health Systems Trust has played an absolutely vital role in promoting health systems development and thinking in South Africa and has become an indelible part of our everyday lives. What would we be without the South African Health Review and the HST website, amongst many other durable contributions? I also applaud the new leadership and wonderful senior talent that is ensuring the HST is able to continue this legacy whilst also renewing itself in relevant and important ways. We look forward to a continuing productive relationship.

Professor Helen Schneider
School of Public Health
University of the Western Cape

HST is an incredible organisation. As a young researcher I got some of the early grants for health systems research from HST. In the years that followed HST has done some of the best health systems district development work in South Africa and most likely well beyond our borders too. HST publications have been excellent and your SA health data production and summaries both in the Review and the Barometer are a gold standard.

It is fitting to step back, take stock and be proud. Congratulations.

Professor Sharon Fonn
School of Public Health, University of the
Witwatersrand.

I remember the early days of HST, I was among the very first research interns sponsored by the HST and my PhD studies were also sponsored by the HST. I remember my supervisor then, the late Dr Dave le Sueur, trying to convince the HST Board of Trustees that GPS and GIS technologies are useful tools in mapping diseases and in health intervention.

Professor Joyce Tsoka-Gwegweni, PhD, MPH, MSc.
Associate Professor & Acting Academic Leader: Public Health Medicine
Academic Leader: Teaching & Learning
School of Nursing & Public Health, College of Health Sciences, University of KwaZulu-Natal

MESSAGES OF GOOD WISHES FOR HST's 20TH ANNIVERSARY *CONTINUED*

We would like to send our warmest greetings to the 20 year celebration of the Health Systems Trust and congratulate you on your achievement. It is wonderful to see you reach this milestone!

Health Systems Trust has made a massive impact on the development of the health system of South Africa and the well-being of its citizens, not only through the direct work that it has done, but also in shaping a cadre of professionals that are active within the health care system in management and policy. It is important to acknowledge this contribution that the Health Systems Trust has made to the country as part of the celebration.

Over the years, there has been considerable cooperation between the Health Systems Trust and ourselves and we certainly would like to see this partnership grow and develop further.

Dr Bernhard Gaede
Director: Centre for Rural Health
Acting HoD and Senior Lecturer: Rural Health
University of KwaZulu-Natal

Congratulations to all at HST on reaching this milestone. I believe HST has made a major contribution to health care development in South Africa.

Professor Ian Couper
Centre for Rural Health
University of the Witwatersrand, Johannesburg

A 20 year celebration is indeed justified for an organisation such as yours.

Dr Nesri Padayatchi
Deputy Director
CAPRISA

It is with lots of sadness that I'm unable to join you in person to celebrate HST's twentieth birthday. However, I am with you in spirit!

Working with HST was truly an amazing and incredibly rewarding experience. The work was stimulating, challenging and exciting; and the organisational culture and ethos of HST was very special. I felt part of a special family and it was a real privilege being part of so many important programmes and initiatives, at an important time in South Africa's history.

Have a great evening – there is much to celebrate. My fondest regards to all of you, especially those who I worked with. And may HST continue to be an effective engine of health improvement and development in South Africa.

With my best regards to all!

Dr David McCoy
London School of Tropical Medicine

I enjoyed the presentations. Well done to your team. I look forward to the next 20 years working with HST.

Dr PS Subban
CEO, R K Khan Hospital

I would have loved to attend to help the HST celebrate their indeed very impressive achievements and anniversary. But I won't be able to for this, and so want to wish you a wonderful celebration and UWC's heartfelt congratulations. We have collaborated with HST since its inception, and have always enjoyed the critical and productive engagement with like-minded colleagues. May there be many more years of such collaboration, and may HST go from strength to strength.

Professor Uta Lehmann-Grube
Director, School of Public Health
University of the Western Cape

06 PROGRAMMES DIRECTORATE REPORT



Ronel Visser
Director Programmes



Waasila Jassat
Snr Programme Manager
HS Strengthening



René English
Snr Programme Manager
HS Research

Health Systems Trust's (HST) Programmes Directorate comprises two operational units. The *Health Systems Research (HSR) Unit* conducts policy-relevant health systems research on behalf of the South African government and our donors, both local and international, as well as in response to key research questions that emanate as a result of our direct engagement with government, academics and civil society. The *Health Systems Strengthening (HSS) Unit*'s staff members are skilled and experienced in capacity building, mentoring and providing technical assistance for health systems strengthening, thereby developing the District Health System (DHS) and supporting facility improvement. Both Units work together seamlessly to deliver on our multiple mandates and to service our vision and mission.

As if in celebration of our 20 year anniversary, HST was awarded two large-scale, multi-year projects (see SA SURE and RMCH projects below). Furthermore, securing the lead partnership in the multi-million rand National Health Facilities Audit, a foundational input to the National Health Insurance (NHI) health sector reform policy, enhanced our feeling of being recognised for our service excellence.

HST prides itself for its practical and theoretical contribution to Strengthening Health Systems in South and southern Africa. Our Programme activities covered a wide range of research and implementation-related outputs. For convenience these are grouped into the following areas of expertise:

- ◇ Providing management and implementation support in health districts
- ◇ Supporting implementation of priority health programmes
- ◇ Conducting essential national health research
- ◇ Generating information for planning, monitoring, evaluation and decision making
- ◇ Offering guidance, mentoring and training on good practice innovation on the above areas of expertise.

Brief reports on our current 28 projects are thus arranged under the above five headings. The multi-dimensional and cross-cutting nature of our project activities make overlap between the areas inevitable, resulting in the allocations into groups being somewhat arbitrary. Readers are invited to themselves "join the dots" on the canvas linking health service delivery needs in the country with HST's skills and experience.



HSS Unit staff: (from left to right) Hlengiwe Ngcobo, Nomthandazo Magingxa and Mzikazi Masuku

AREA OF EXPERTISE: PROVIDING MANAGEMENT AND IMPLEMENTATION SUPPORT IN HEALTH DISTRICTS

The District Health System remains the mechanism for delivering primary health care (PHC) in South Africa. Successfully functioning health districts, led by knowledgeable and capable District Management Teams, are thus critical for the successful delivery of health services in the country and, ultimately, for the success of the NHI initiative. Similarly, the PHC re-engineering initiative depends strongly on districts demonstrating the ability to succeed.

HST has a number of projects supporting and strengthening health district management and implementation. In North West province The Atlantic Philanthropies-funded project, currently nearing its end, has worked closely with all service levels in a project to **Strengthen Management and Planning Capacity of District and Sub-District Health Teams**. The project supports the national Department of Health's (NDoH) PHC re-engineering strategy by implementing learning sites through which good practice models might be identified. The foundation of the project's activities is supporting planning through a provincial task team and developing costed implementation

plans, leading to the establishment of pilot sites for PHC outreach teams. Establishing pilot district PHC outreach teams was enhanced by special training for the CHWs, professional nurses and school health nurses, supported by newly developed monitoring and evaluation (M&E) tools. Registration and GIS mapping of households in the pilot wards enhanced baseline knowledge and thus allowed focused inputs. HST facilitated community dialogues to ascertain community perspectives on priority health programmes, providing superb insights into realities on the ground. Interest in the project has been high, encouraging application of the lessons learned in other districts and provinces. An extract below from the findings of an external evaluation requested by the funder highlights a successful intervention.

Research to Assess the Public Health and General Management Competencies of Health Facility Managers in the District Health System identified key competencies required by DHS managers. The findings of the study will inform the development of a questionnaire to assess health facility, sub-district and PHC re-engineering managers' competencies. The availability of such fundamental policy and practice information necessary for health systems strengthening allows improved manager

HST is perceived as a valued, trusted development partner whose manner of engagement with the department is appreciated since it fosters ownership of the project by the DoH. The focus on technical assistance without the injection of additional resources promoted a 'can do' attitude amongst health workers operating in a resource-constrained setting. It is difficult to adequately represent the sense of pride expressed by all respondents at what the project has achieved in less than a year.

Extract from: External Evaluation of Health Systems Trust's Support to Primary Health Care Re-engineering in the North West Province by Cheryl Goldstone, The Public Health Agency

This [CHW Audit report] is excellent and will really help with rationalising and standardising the PHC outreach teams in the North West.

Dr Peter Barron
Technical Adviser, NDoH

Colleagues, Please read the attached [HST CHW Audit report]. As the CHW outreach program develops it is important that you lead this initiative. Good leaders appraise themselves of the facts on the ground, so also 'listen' to the qualitative comments and findings to address issues pro-actively. The baseline data will require your interventions to shape it to meet the needs of your district and the quality of outreach teams necessary to do this work.

Dr Andrew Robinson
Deputy Director General, North West DoH

PROGRAMMES

DIRECTORATE REPORT *CONTINUED*

recruitment and performance assessment, supported by appropriate training interventions. Preliminary findings have already been used to identify appropriate training for 100 district leaders in Bojanala district, North West province in a **Management and Leadership Essentials for Health Managers** intervention, of which the participants reported very positively. A brief selection of participants' comments is presented below.

Sharing of "Good Practices" (or innovative local solutions to common challenges) has been shown globally as an excellent way to stimulate and improve programme design and delivery. Documentation and sharing of such good practices has, however, been limited in the South African public health system context. HST's **Documenting Good Practices within the Public Health Sector of South Africa** project activities included two such exercises. The first, a NDoH-funded and supported project, covers all nine provinces where each province selected two successful programmes, ending with a compendium of 17 good practices. The second, with The Atlantic Philanthropies funding, focused on eight good practices within primary health care in KwaZulu-Natal. These projects together highlighted positive strides made in the implementation of healthcare policies such as the Negotiated Service Delivery Agreement (NSDA) and PHC re-engineering. The reports will allow healthcare implementers to replicate interventions that have proven effective elsewhere or

to use innovative features of healthcare practices that can be adapted to their own context.

AREA OF EXPERTISE: SUPPORTING IMPLEMENTATION OF PRIORITY HEALTH PROGRAMMES

The 2011 South African Health Review reports (p.19) that "there is a large gap between good health policies and implementation of these [in the country]". Similarly, an increase in the incidence of tuberculosis (TB) over the years points to health programmes not meeting their objectives. Strengthening the implementation of the priority health programmes is the focus of international and national attention and is one of HST's areas of expertise.

In an effort to strengthen local capacity to provide sustainable HIV and TB related care and treatment services in South Africa, HST was awarded a PEPFAR grant to provide health systems strengthening support through the **South Africa's Sustainable Response to HIV and AIDS (SA SURE)** project. This five year project, from October 2011 to September 2016, is active in 16 districts in six provinces and is part of PEPFAR's transition from direct service delivery (emergency response) to health systems strengthening (sustainable response) and from funding multiple foreign organisations to consolidating their funding to large, well-established, indigenous non-governmental organisations (NGOs). HST's sub-partners in this project include dedicated

What did you learn from the workshops that you will use in you work as a manager and leader?

- ◇ Leadership is not easy. You need to deal with people with different personalities and involve them all to attain the intended goal. You need to be assertive as a leader. I will be better able to resolve conflicts in my work environment.
- ◇ The project management process: I do a lot of project management and was doing it haphazardly. I learned the steps to follow and the life cycle of projects.
- ◇ The important steps to follow when recruiting and hiring people. Use good interview questions to find the best person for the job.
- ◇ It is important to know the personal values of people so you can motivate them [so] they can live their values.
- ◇ I realise I have to manage myself first before I can effectively manage others.

staff from Management Sciences for Health (MSH), Wits Centre for Rural Health (CRH) and the UCT Centre for Infectious Disease Epidemiology and Research (CIDER). The project's three work-streams focus on Leadership Development, Clinical Governance and Monitoring and Evaluation across the six building blocks for health systems defined by WHO in its Framework for Action.

The national programme for **Reducing Maternal and Child Mortality through Strengthening Primary Health Care (RMCH)** aims to support NDoH by improving the quality of and access to reproductive, maternal and child health services for women and children living in poorer, underserved areas of South Africa. The project, led by The Futures Group and implemented by HST with two other partners, has been introduced in 25 high-burden districts as agreed to by the National Health Council. An overlap with the SA SURE project allows an integrated approach to health systems strengthening in 12 of the selected districts. This three year programme (from May 2012 to March 2015) is funded by the United Kingdom's Department for International Development (DFID). Estimates are that 3 000 maternal deaths and 25 000 neonatal deaths will be prevented as a result of this programme. It is noteworthy to mention that HST is tasked with coordinating and facilitating the training of the District Clinical Specialist Teams nationally.

Through partnering staff from academic and research organisations with Department of Health staff working in the field of tuberculosis management the Desmond Tutu Foundation, funded by USAID, initiated an **Operational TB Research Application Project** to strengthen operational research skills and foster good relations. The current participants include two HST staff members who will conduct appropriate research projects - one in KwaZulu-Natal investigating the low rate of initiation onto multidrug-resistant TB (MDR-TB) treatment and the other assessing causes of poor data quality at health facilities in the Northern Cape province. The project will also investigate other factors influencing data quality, such as management, systems, staffing and skills.

HST has this year completed two projects that further contribute towards improved management of the country's HIV pandemic. A **Handbook for the Comprehensive Management of HIV-positive Women of Reproductive Age**, for dissemination to public and private healthcare facilities, offers health



HST Technical Specialist, Candy Day, attending the meeting at the Rockefeller Foundation, Bellagio on Universal Health Coverage, September 2012

staff a comprehensive, step-by-step guide to the management of HIV-positive women with a view to improving their quality of care. The second contribution, an **HIV Counselling and Testing (HCT) Strengthening** project, focused on strengthening data quality and the use of information for management in selected districts where facilities had performed poorly during the HCT campaign. This project's findings again highlighted the need for building management capacity at district and facility level.

AREA OF EXPERTISE: CONDUCTING ESSENTIAL NATIONAL HEALTH RESEARCH

Relevant health systems research has been a cornerstone of HST's approach ever since its founding 20 years ago and this has not changed. While only six projects are listed under this section, another 13 projects managed by the HSR Unit are scattered amongst HST's other four areas of expertise. The boundary between research and implementation is indeed a hazy one.

The National Health Act requires the national and provincial Health Research Committees to govern and coordinate all national and provincial health research. Until recently most of South Africa's health research was not available from a single repository, nor reported in an easy-to-access format. In 2009 the national Department of Health tasked and funded HST to develop a **National Health Research Database and Research Application Management System**. During the last financial year refinement of the National Health Research Database (NHRD) has continued in consultation with other stakeholders. Researchers can now submit research applications online. Provincial health research administrators, on the other hand, can now generate reports on the

PROGRAMMES

DIRECTORATE REPORT *CONTINUED*

types and numbers of proposals submitted. Provincial health research committees can monitor and track all health research conducted in the country. Future plans include: marketing to ensure that the database/portal is known to all potential users; training for provincial health research committees; and incorporating academic institutions' health research outputs into the database to enhance collaboration.

The health sector does not currently have a reliable, validated and evidence-informed record of the various risk factors that undermine the provision of high quality health care. In a project funded by the Belgian Development Agency and managed by National Treasury, HST has ventured into uncharted territory, together with Treasury's Internal Audit and Risk Assessment and Management Teams and the Eastern Cape health department's executive management, to **Profile Risks to the Department's Health Programme Objectives** outlined in their annual performance plan. Identification of key risks and their corresponding indicators will allow more targeted and needs-based intervention strategies to mitigate risks and enhance the chances of successful strategic outcomes.

The **District Hospital Performance Assessment** project, funded by the Department of Health, analysed selected indicators to assess the performance of district hospitals in South Africa over three financial years (2008/09 to 2010/11). A stakeholder workshop in February 2012 looked at the objectives and methodology for the second phase that will commence

Subject: DHIS Standard Operating Procedure

Thank you very much for exposing us to our own challenges at Amathole [Health District]. If it were not for your tool we wouldn't have known the depth of our data challenges.

Ms Noxolo Tuswa
District Information Officer
Amathole district, Eastern Cape province

in July 2012. In Phase Two further qualitative investigation will be undertaken to identify factors influencing the observed performance and to identify further challenges and successes achieved by each hospital.

The Millennium Development Goals have focused international attention on maternal and child health. In a **Review and Analysis of Child Health and Development in Four Districts** HST supported the Program for Appropriate Technology in Health (PATH), an international non-profit organisation committed to transforming global health through innovation, to compile a comprehensive report presenting baseline data and a descriptive analysis. This will inform the development of a package of evidence-informed interventions to address early childhood development.



Thokozani Mbatha presenting the National Health Research Database poster at the PHASA and RuDASA Conference



HST at PHASA and RuDASA conference from left: (Back row) Thokozani Mbatha, Muzi Matse, Sam Maselo, Jeanette Hunter, Tamlyn Seunanden, Tess Padayachee, Tumelo Mampe, Catherine Ogunmefun, Welile Shasha (Board chair); (Front row) Matshediso Mahabane, Tracey Naledi (Western Cape DoH), Zola Madikizela (The Atlantic Philanthropies), Waasila Jassat, Mzi Masuku, Rakshika Bhana, Andrew Robinson (North West DoH)

We have reviewed the revised [PATH] report and are quite happy with the changes and its content. We appreciate the efforts of your team to prepare such a quality report.

Dr Scott Gordon
Program for Appropriate Technology in Health
(PATH)

Favourable feedback from both PATH and health department officials emphasized the value of the report.

Factors associated with TB mortality have been studied in other countries, but have not been investigated in the North West province in South Africa. In partnership with the University Research Corporation (URC), HST reviewed interventions aimed at improving treatment adherence and outcome among TB patients. The results of the **Assessment of Mortality amongst Clients Initiated on Tuberculosis Treatment in the Ventersdorp Sub-district of North West Province** provided valuable information to inform the strengthening of the province's TB programme.

INTERNAL MEMO

Subject: DoH DG's visit to our Midrand office - 11 January 2012

The DoH Director-General, Ms Precious Matsoso, came especially to share with the team how important the National Health Facilities Audit (NHFA) project is to the implementation of the NHI and thus to the country. She also added that, following the successful NHI conference held in December 2011 that was attended by international stakeholders, the eyes of the world are on South Africa with regard to our NHI implementation.

The NHFA project is currently seen as *the* project in the health service environment and you must remember that the success of the NHI is dependent on a strong health system and that all of HST's activities contribute to building the health system of SA. I thus thank all of you in every HST unit and programme for the contribution that you make to keep HST as a key player in health service in Southern Africa.

*Ms Jeanette Hunter
CEO, Health Systems Trust*



PROGRAMMES

DIRECTORATE REPORT *CONTINUED*



Information clerk training session at Khayelitsha hospital

Stigmatisation of HIV-positive people remains a problem for individuals, for the country and in managing the condition. Futures Group funded the development of a **Web-based HIV stigmatisation mitigation database** to serve as a repository for articles related to HIV stigmatisation. Hosting of this resource, completed in 2011, is still the subject of discussion between Futures Group and the South African National Aids Council. A demonstration database can be viewed at <http://hivstigma.clientdemo.co.za>.

AREA OF EXPERTISE: GENERATING INFORMATION FOR PLANNING, MONITORING, EVALUATION AND DECISION MAKING

Accurate, high-quality and timely health information is crucial for successful management of the health services. Both on its own and in partnerships, HST is intricately involved in the country's Health Management Information System - collecting, processing and disseminating information to facilitate evidenced-informed management.

The NDoH funded HST, as the lead partner, to conduct over a period of one year a **National Health Care Facilities Baseline Audit** of all public sector health facilities in the country. Partners in this major project,

which is crucial to the national strategic priorities that relate to the NHI and PHC re-engineering, are Health Information Systems Programme (HISP), Exponent, ARUP and the South African Medical Research Council. The audit focuses on the six priority areas for fast tracking improvement in the quality of patient-centred care and includes an integrated audit of health infrastructure and technology. Preliminary data were made available to the NDoH to inform the implementation agenda of the Facility Improvement teams responsible for quality improvement in identified districts.

In its 2011 Health Management Information System Policy, the NDoH set out plans to strengthen the production, feedback and use of health information throughout the country. In collaboration with members of a Health Information Management Task Team, a sub-committee of the National Health Information Systems of South Africa Committee, HST played a key role in **Coordinating the 5-year Health Information Management Strategy** for the country. HST produced a concept paper outlining the process of engagement with key stakeholders.

Since 2007 HST has been involved in a project to **Strengthen Health Information Systems in the Western Cape Province**, aimed at optimising health data

availability, quality and flow and capacitating information management staff and service managers in the use of such data. Compliance and readiness assessment tools were designed in preparation for the Auditor-General's annual audit of health data at all health facilities, while the province was assisted to incorporate the Auditor-General's previous year's findings into the existing health information standard operating procedures. Hospitals were supported in conducting patient satisfaction surveys. Wide-ranging and ongoing HIS training has resulted in a noticeable improvement in the quality of and access to the health data within the province. The information officers at district and sub-district levels are now more confident when analysing and reporting on progress towards achieving key health targets, resulting in a marked strengthening of the quarterly monitoring and evaluation process.

The **Lesotho Health Systems Strengthening Technical Assistance** project, through the Millennium Challenge compact, was covered in some detail in last year's Annual Report. The project offers the Mountain Kingdom of Lesotho a unique opportunity to strengthen its Health Management Information System. The main focus of this project, which started in October 2009 and ends in May 2013, is the development and implementation of a client-centred Health Management Information System for the country and an Electronic Medical Record system for Lesotho's Outpatient Departments. Design, development and piloting of both foci were completed and await full implementation in the country. Delays in the supply and installation of the necessary hardware and software have delayed actual implementation, but once these are completed

implementation of the custom-designed software for the above two systems will follow.

HST, in partnership with Health Partners Southern Africa, conducted a **Mid-term review of South African Global Fund - Round Six** for the period January 2008 to June 2010. The Fund allocated over US\$93 million to South Africa, with a focus on expanding and strengthening the role of NGOs and community-based organisations to support the national HIV and AIDS response. In particular, the Round Six grant required that services be extended to underserved population groups with behaviour change communication interventions as the main focus. NDoH was the Primary Recipient and implementation was assigned to 13 sub-recipients. Review results show that, despite the challenges faced by sub-recipients in implementing their programmes - particularly related to reimbursement of funds - the majority of the sub-recipients' programmes were enhanced by Global Funding. The results also re-emphasized the critical role played by NGOs in delivery of extended health services to the broader South African population, and particularly to the poorer groupings.

HST not only generates high quality information relating to health policy and practice, but also places great importance on its dissemination. In addition to our published reports and articles available through our website (<http://www.hst.org.za>) our two flagship publications - the South African Health Review (SAHR) and the District Health Barometer (DHB) - are recognised knowledge management outputs.



A collection of photos from the launch of the SAHR 2011 and the DHB 2010/11

PROGRAMMES

DIRECTORATE REPORT *CONTINUED*

[The launch of the SAHR and DHB] has become such an important and much awaited day in the calendar of public health professionals, academics and health managers. Congratulations on what will be another outstanding publication.

Sagie Pillay
Chief Executive Officer
National Health Laboratory Service (NHLS)

[These publications are] a huge contribution and HST the reliable producer of both the Barometer and the Review.

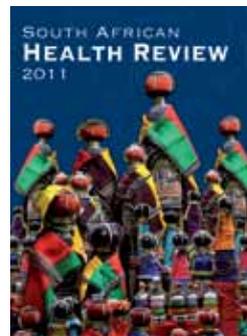
Sharon Fonn
Professor, School of Public Health, University of the
Witwatersrand.
Deputy Director, Consortium for Advanced Research
Training in Africa (CARTA)
Deputy President, Association of Schools of Public
Health in Africa

The great work you guys do is sincerely appreciated
- you make us all very proud!

Cheryl Goldstone
The Public Health Agency

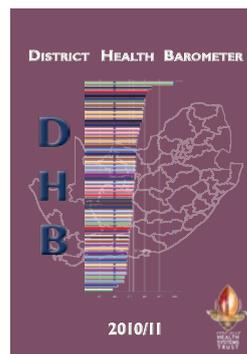
I just want to congratulate your organization for developing a DHB. As a District Manager I find it very useful. As far as I know it is the only document that compares output and outcomes throughout the country. I use this document with the whole district management team to compare our performance with other districts and also to validate our information. It is always important to have second opinions about your own performance so this document gives us second opinion. I want to encourage your organization to continue with the DHB. It also helps me to argue for more resources for the district.

Jabulani Mndebele
Umzinyathi Health District Manager



The 15th edition of the **South African Health Review** was officially launched by the Minister of Health in Pretoria at joint SAHR-DHB event in early 2012. With its focus on strengthening health system effectiveness this edition of the SAHR, funded by NDoH, focused on a variety of basic health system

building blocks and provided an opportunity to assess South Africa's progress in transforming its health system since 1994. An overarching message emanating from the Review (given the recent policy documents such as the Green Paper on NHI, the 10-point Plan, the NSDA and Human Resources for Health) is that there is clearly significant political will to transform the health system based on the principles of fairness, equity and accessibility. As each of the chapters repeatedly point out, the stage has been set for a historic moment in the transformation of South Africa's health sector. The editors caution, however, that policies without adequate resources, committed leadership and stewardship, together with regular engagement with key stakeholders, will remain mere aspirations. We must build and nurture a cadre of health managers who are able, empowered and motivated to deliver what it takes.



The sixth edition of the **District Health Barometer**, also funded by the NDoH, reports on data drawn from a range of sources including the NDoH's electronic database, the District Health Information System, Statistics South Africa, the Electronic TB register and National Treasury. As the only publication of its kind in South

Africa, the DHB provides an overall view of district health performance at the primary health level, including district hospitals. The 2010/11 edition includes 40 indicators with trend illustrations and profiles for the country, the nine provinces and the 52 districts. The NDoH has over the past six years made extensive use of the DHB in a number of areas including strategic planning, district monitoring and at planning meetings. Workshops were conducted in 17 districts in seven provinces to strengthen the health districts' use the information to improve health service delivery and, ultimately, their performance.

INTERNAL MEMO

I am sitting in a Gauteng Health strategic planning session. I have been asked to facilitate their session on ICT and information management. KPMG is responsible for their turnaround strategy and my co-facilitator is a man from KPMG whom I have not met before. This morning he walks right up to me and greets me by name. He then proceeds to tell me that he has been to our website and he thinks it is an amazingly good website. I of course immediately said "I know!" and only afterwards remembered to thank him for the compliment! I hope you savour this as much as I do.

Jeanette Hunter
CEO, Health Systems Trust

HST continues to disseminate information relevant to health systems strengthening via other channels to as wide an audience as possible. Our **HST website**, which contains a comprehensive list of public health-related information produced by ourselves (around 500 publications) and other organisations, attracts wide interest. The site is visited by over 16 000 unique visitors a month.

HST also hosts a variety of **electronic discussion lists** moderated by internal and external experts in their particular fields, providing a forum for members to discuss issues of interest and for which appreciation has been expressed.

The **HST Bulletin**, sent to over 1 600 subscribers on a fortnightly basis, distils and packages key public health information for health workers, policy makers, journalists, researchers, donor organisations and consultants, focusing on areas such as health systems development, primary health care, public health and HIV.

AREA OF EXPERTISE: OFFERING GUIDANCE, MENTORING AND TRAINING ON GOOD PRACTICE INNOVATION IN THE ABOVE-MENTIONED AREAS OF EXPERTISE.

Health Systems Strengthening requires sustainable, on-the-ground capacity enhancement, together with supportive mentoring, to build and nurture the above-mentioned cadre of health managers who are able, empowered and motivated. HST is in the process of acquiring Health and Welfare Sector Education and Training Authority (HWSETA) training accreditation, but in the meantime is offering training in partnership with others. HST has also developed a number of guides and manuals to support Health Systems Strengthening and health services delivery in the country.

HST has worked closely with NDoH in Developing an **NGO Funding Framework and Code of Ethics and Conduct**. The funding framework provides guidance in

coordinating, regulating and facilitating non-governmental and community-based organisations' activities in the public health sector. HST was subsequently requested to develop a Code of Ethics and Conduct to provide NGOs working in the South African health sector with guiding principles for ethical practice, organisational governance and health systems strengthening, in alignment with the Not-for-profit (NPO) Act of 1997. The draft manuals have been reviewed by key NPO and governmental officials and HST will incorporate these contributions into the final manual.

In an effort to address research capacity gaps among healthcare workers and managers at district and provincial levels, HST was contracted by the University Research Company to **Develop a Research Methodology Training Manual** and training course in healthcare research. The manual forms the basis of an interactive short course on research methodology presented over two days. The project enables healthcare workers and managers to understand the research process and equips them to undertake in-house research to address problems that they may face within their local settings.

HST was also contracted to develop a **Training Manual for Community Caregivers for the BroadReach South Africa Operation Sukuma Sakhe** project. The comprehensive manual has modules covering healthy lifestyles, maternal and child health, communicable diseases (including HIV and TB), non-communicable diseases like diabetes, cardiac disease, mental health and cancers, social welfare aspects such as domestic violence and substance abuse, as well as advice on how to access social assistance. The manual has an extensive section on monitoring and evaluation and is accompanied by a Household Guide, a summarised version of all essential flow charts, health education and care pathways. The manual has been translated into Zulu.

Preparation of **Governance Training Manuals**, requested by NDoH, resulted from the need to

PROGRAMMES

DIRECTORATE REPORT *CONTINUED*

strengthen health governance, one of the health system building blocks, through training hospital board members. The curriculum covers health care in South Africa, the legislative frameworks governing health, community participation, financial and human resource management and, more specifically, the role of a hospital board with regard to these areas.

The Health Information Systems for Data Capturers (HISDC) project, a collaboration between HST, Continuing Education at University of Pretoria and the Health Information Systems Programme, has been ongoing since 2007. The project builds national capacity for data management at facility level while also addressing the inadequate career development opportunities in the public sector. Six 21-day training courses were presented this year, bringing the total number of Data Capturers trained and provided with the opportunity to gain health information work ex-



HST's roving data capturers dealing with the backlog in a facility in Mangaung district

perience at a public health facility through a one-year internship programme to 2 599. Through this project, HISDC NQF Level 5 certification from the University of Pretoria has become the recognised certification programme for Data Capturers seeking to embark on a career in the public health sector.



HST Staff (from left to right): Natasha Chetty, Petro Rousseau, Waasila Jassat, René English and Nienke van Schaik

07 PUBLICATIONS: 2011 / 12

Bock P, Moyo S, Chetty N, Ogunmefun C, Madale R, English R. Research methods in the health sector - Participant Manual. Compiled for the University Research Corporation by Health Systems Trust; September 2011.

Bock P, Moyo S, Chetty N, Ogunmefun C, Madale R, English R. Research methods in the health sector - Facilitator's Manual. Compiled for the University Research Corporation by Health Systems Trust; September 2011.

Bock P, Moyo S, English R. Mortality amongst patients initiating TB treatment in the Ventersdorp sub-district of North West province, South Africa. Report prepared for the University Research Corporation by Health Systems Trust; October 2011.

Cherane M, Kgwasa G, Ngomane S, Moremi S. Bojanala District: Rapid Assessment Report and Workplan. Health Systems Trust, Durban; 2012.

Cherane M, Manthata V, Moleba D, Rasethe J. Waterberg District: Rapid Assessment Report and Workplan. Health Systems Trust, Durban; 2012.

Cherane M, Sefako S, Moremi S. Ngaka Modiri Molema District: Rapid Assessment Report and Workplan. Health Systems Trust; Durban; 2012.

Day C, Barron P, Massyn N, Padarath A, English R, editors. District Health Barometer 2010/11. Health Systems Trust, Durban; January 2012.

Day C, Monticelli F, Ogunmefun C, Gerritsen A, English R, Bock P. Windows of Opportunity Project: Review and Analysis of Maternal and Child Health and Development Data for Four Project Districts in South Africa. Compiled for PATH by Health Systems Trust; December 2011.

English R, Masilela T, Barron P, Schönfeldt A. Health information systems in South Africa. In: Padarath A, English R, editors. South African Health Review 2011. Health Systems Trust, Durban; 2011.

Masuku M, Mampe T, Matse M, Jassat W. Community Dialogues: North West Province. Health Systems Trust, Durban; 2012.

Mungai E, Twala B, Shezi S. uMzinyathi District: Rapid Assessment Report and Workplan. Health Systems Trust, Durban; 2012.

Ogunmefun C, Madale R, Matse M, Jassat W, Mampe T, Tlamama F, Masuku M. An Audit of Community Health Workers in the Districts of the North West Province. Health Systems Trust, Durban; 2011.

Padarath A, English R, editors. South African Health Review 2011. Health Systems Trust, Durban; 2011.

Shale T, Maselo M. Lejweleputswa District: Rapid Assessment Report and Workplan. Health Systems Trust, Durban; 2012.

Shezi S, Mofokeng T. uThukela District: Rapid Assessment Report and Workplan. Health Systems Trust, Durban; 2012.

PUBLICATIONS: 2011 / 12 *CONTINUED*

Shezi S, Shandu N, Msimang L, Mashamba L. uMgungundlovu District: Rapid Assessment Report and Workplan. Health Systems Trust, Durban, 2012.

Sokhela G, Zendera W, Shezi S. Zululand District: Rapid Assessment Report and Workplan. Health Systems Trust, Durban; 2012.

Somahela X, Bam N, Languza N, Magingxa N, Mzana N, Ntshakaza V. OR Tambo District: Rapid Assessment Report and Workplan. Health Systems Trust, Durban; 2012.

Somahela X, Bam N, Languza N, Magingxa N, Mzana N, Ntshakaza V. Nelson Mandela Bay Metro Health District: Rapid Assessment Report and Workplan. Health Systems Trust, Durban; 2012.

Somahela X, Bam N, Languza N, Magingxa N, Mzana N, Ntshakaza V. Buffalo City Sub-District (Amathole District): Rapid Assessment Report and Workplan. Health Systems Trust, Durban; 2012.

Toli MH, Maselo M. Mangaung Metro: Rapid Assessment Report and Workplan. Health Systems Trust, Durban; 2012.

Toli MH, Maselo M. Xhariep District: Rapid Assessment Report and Workplan. Health Systems Trust, Durban; 2012.

Verguet S, Jassat W, Hedberg C, Tollman S, Jamison D, Hofman K. Measles control in Sub-Saharan Africa: South Africa as a case study. *Vaccine*. 2012; 30(9):1594-1600.



08 CONFERENCE PRESENTATIONS: 2011/12

Bhana R. From ISDS to HSS - reflections on HST's contribution to the DHS. HST 20th Anniversary conference; Durban, South Africa; 3 May 2012.

Byleveld S. Monitoring and evaluating health service delivery - HST's contribution. HST 20th Anniversary conference; Durban, South Africa; 3 May 2012.

English R. Key HST research projects and their influence on health policies. HST 20th Anniversary conference; Durban, South Africa; 3 May 2012.

English R. Operational research in the era of health sector reform in South Africa. 3rd South African TB conference; Durban, South Africa; 12-15 June 2012.

Jassat W. PHC Re-engineering and TB/HIV Integration. 3rd South African TB conference; Durban, South Africa; 12-15 June 2012.

Jassat W. Implementing PHC Outreach Teams: the North West Experience. Research Symposium on Community Health Workers; University of the Western Cape; 7 June 2012.

Jassat W. Measles Immunisation Coverage Trends in SA. 7th Public Health Association of South Africa (PHASA) conference; Sandton; 29-30 November 2011.

Jassat W. PHC Outreach Teams: North West Experience. Launch of the Joint Primary Health Care Forum (JPHCF); Johannesburg; 8 May 2012.

Madale R, Ogunmefun C, Mothibe N, Cline G. Assessment of health professionals' perspectives on the use of information technology (IT) to improve service performance at two health facilities in South Africa. 7th Public Health Association of South Africa (PHASA) conference; Sandton; 29-30 November 2011.

Masuku M. Promoting Improved Household Nutritional Practices for Better Health in Rural Areas. 7th Public Health Association of South Africa (PHASA) conference; Sandton; 29-30 November 2011.

Monticelli F. Monitoring Health Systems Performance. The District Health Barometer Project. WITS School of Public Health Academic Meeting; Parktown, Johannesburg; 3 February 2012.

Monticelli F. Using strategic information to identify areas of intervention for Health Systems Strengthening. Symposium on Health Systems Strengthening; Anova Health Institute, Johannesburg; 16 August 2012.

Moyo S. Childhood Tuberculosis and PHC re-engineering in RSA. 3rd South African TB conference; Durban, South Africa; 12-15 June 2012.

Ogunmefun C, Madale R, Mothibe N, Cline G. "Confidentiality is a problem...": The perceptions of healthcare workers regarding hospital automation at public sector tertiary facilities in Gauteng and KwaZulu-Natal provinces". 7th Public Health Association of South Africa (PHASA) conference; Sandton; 29-30 November 2011.

Padarath A. The South African Health Review - a retrospective. HST 20th Anniversary conference; Durban, South Africa; 3 May 2012.

09 CORPORATE SERVICES DIRECTORATE REPORT



Deena Govender
Director: Corporate Services

Corporate Services provides support to the various operational sectors, ensuring the availability of well-trained and experienced staff to provide effective, efficient and economically-delivered support. Programme staff are thus able to concentrate on their core health system strengthening and research activities and are not distracted by routine administrative tasks.

HUMAN RESOURCES

At the end of June 2012 HST's staff complement totalled 105 employees, reflecting a 128% increase compared to the same reporting period last year. Sadly, we said goodbye to 11 staff members but celebrated welcoming 70 new staff members.

HST continually strives to achieve equity in the workplace. Currently, HST's staff is predominantly female (73%), of which 91% are black. Overall, black staff comprise 91% of the total staff complement, whilst 98% of the total staff complement are regarded as previously disadvantaged individuals.¹

HST recruitment processes encourage suitably qualified disabled people to apply for vacant positions. Special efforts are made to publicise this fact during talent searches.

FINANCE

The annual financial statement as at 30 June 2012 reflected assets exceeding R36 million, once again clearly reflecting a financially viable organisation. HST once again boasts an unqualified audit which reflects its robust financial policies and procedures. The Finance and Audit Committees provide strategic direction, while playing an important oversight role in governance of the organisation. HST's internal audit function is outsourced.

Message from a Consulting Fieldworker

I would really like to compliment you and the travel team at HST for the absolutely phenomenal job you do in making sure that [consulting] fieldworkers are comfortable and able to conduct their duties.

The bottom line is that the travel team has assisted in ensuring that conducting fieldwork is pleasant as fieldwork is challenging due to different conditions. It almost makes you feel like you can't let this company down because they are actually working so hard.

Priscilla Morley
Director: Zakheni

INFORMATION TECHNOLOGY

During the year under review HST made a substantial investment in its ICT infrastructure and successfully migrated from the Open Source environment to a Microsoft platform. The change was largely attributed to the generous software donation from Microsoft through their Corporate Citizenship Program.

¹ As defined in the Employment Equity Act.

10 HST STAFF



OFFICE OF THE CEO

Jeanette Hunter, *Chief Executive Officer*

Natasha Chetty (as of 01/08/2011)

Zanele Mazibuko (as of 01/02/2012)

CORPORATE SERVICES

Deena Govender

Director: Corporate Services

Beverley Hamiel

Delene King

Duduzile Zondi

Fazila Khan

Joyce Mareme

Julia Elliot

Kemona Pillai

Mahomed Imam

Nomandisinde Mndende

Nompumelelo Xulu

Primrose Ndokweni

Salome Lekoto

Yandiswa Magwevana

STAFF WHO JOINED HST DURING 2011/12

Antoinette Batuule (as of 04/07/2011)

Brian King (as of 01/01/2012)

Charmaine Singh (as of 02/05/2012)

Juby Govender (as of 02/04/2012)

Krishen Harisaran (as of 10/10/2011)

Leo Moodley (as of 01/09/2011)

STAFF WHO LEFT HST DURING THE 2011/12

Mary Dorasami (until 23/12/2011)

Lindiwe Nhlapo (until 30/11/2011)

Lloyd Lowe (until 30/11/2011)

HST STAFF

CONTINUED



PROGRAMMES

Ronel Visser,
Director: Programmes

René English,
*Senior Programme Manager:
Health Systems Research*

Waasila Jassat,
*Senior Programme Manager:
Health Systems Strengthening*

Ashnie Padarath

Candy Day

Catherine Ogunmefun

Fiorenza Monticelli

Hlengiwe Ngcobo

Imeraam Cassiem

Jackie Smith

Muzi Matse

Mzikazi Masuku

Nandy Mothibe

Naomi Massyn

Nomthandazo Magingxa

Nonceba Languza

Rakshika Bhana

Rhulane Madale

Ross Haynes

Stiaan Byleveld

Thembekile Lushaba

Thokozani Mbatha

Tshitshi Ngubo

Tumelo Mampe

STAFF WHO JOINED HST DURING 2011/12

Abraham Malaza (as of 01/06/2012)

Anne Ochieng (as of 01/04/2012)

Beauty Munyai (as of 16/05/2012)

Bongiwe Thwala (as of 15/03/2012)

Bruce Andinda (as of 02/04/2012)

Bulelwa Magadla (as of 05/03/2012)

Esther Mungai (as of 01/05/2012)

Fokazi Netshandama (as of 16/05/2012)

Frederick Maseko (as of 16/05/2012)

Gadifele Kgwasa (as of 01/03/2012)

Gugulethu Sokhela (as of 22/03/2012)

Itumeleng Leburu (as of 01/03/2012)

Joany Mathee (as of 01/03/2012)

Joseph Rasethe (as of 02/04/2012)

Joyce Majiba (as of 02/04/2012)

Linda Mureithi (as of 01/03/2012)

Lindiwe Msimang (as of 02/04/2012)

Livhuwani Mashamba (as of 16/04/2012)

Lizze Afrikaner (as of 01/03/2012)

Louisa Lodi (as of 16/05/2012)

Madimabe Moleba (as of 01/03/2012)

Mangele Seko (as of 15/03/2012)

Manqoba Mthembu (as of 26/03/2012)

Matodzi Cherane (as of 01/02/2012)

Matshedisho Mahabane (as of 02/04/2012)

Mercedes Fredericks (as of 20/02/2012)

Moeketsi Toli (as of 15/03/2012)

Moeketsi Thobeli (as of 15/03/2012)

Mohau Makhosane (as of 15/03/2012)

Mokete Maselo (as of 14/02/2012)

Momo Mokoena (as of 01/03/2012)

Mosibudi Manthata (as of 16/04/2012)

Mpho Ngubeni (as of 16/05/2012)

Mpho Molefe (as of 16/05/2012)

Mpotseng Selokomo (as of 15/03/2012)

Nienke van Schaik (as of 06/02/2012)



Njabulo Mbanda (as of 23/04/2012)
 Nonqaba Mzana (as of 01/05/2012)
 Ntombizine Bam (as of 01/03/2012)
 Petro Rousseau (as of 17/10/2011)
 Refilwe Raliphaswa (as of 16/05/2012)
 Sarah Sefako (as of 20/03/2012)
 Sello Moremi (as of 16/04/2012)
 Sharon Ngomane (as of 15/03/2012)
 Sibongile Shezi (as of 01/02/2012)
 Sizulu Moyo (as of 01/09/2011)
 Tamlyn Seunanden (as of 01/06/2012)

Thabo Phakathi (as of 16/04/2012)
 Thembakazi Mantshule (as of 01/05/2012)
 Thembisile Mofokeng (as of 01/03/2012)
 Therusha Nandhlal (as of 29/03/2012)
 Thesandree Padayachee (as of 14/11/2011)
 Tseliso Shale (as of 15/03/2012)
 Victor Mokhwashu (as of 16/05/2012)
 Victoria Shandu (as of 23/04/2012)
 Vuyokazi Ntshakaza (as of 01/05/2012)
 Willias Zendera (as of 02/04/2012)
 Xolela Somahela (as of 01/02/2012)

STAFF WHO LEFT HST DURING THE 2011/12

Andre Rose (until 31/07/2011)
 Elisha Maistry (until 08/09/2011)
 Elizabeth Lutge (until 31/07/2011)
 Frank Tlamama (until 31 October 2011)

Halima Hoosen Preston (until 31/10/2011)
 Khasiane Tumahole (until 30/04/2012)
 Khosi Nyawo (until 10/05/2012)
 Peter Bock (until 02/12/2011)

CLINIC RENOVATION SOCIAL RESPONSIBILITY ACTIVITY

Thank you for sharing this great work with us. It has really demonstrated the power of unity amongst the team. I feel proud to be part of the HST family.

Keep on the spirit of excellence and the work well done for a good cause. Be blessed

Thembekile Lushaba
 HST Facilitator

IN RESPONSE TO CEO'S MESSAGE ABOUT THE DG'S VISIT TO MIDRAND OFFICE

This is to acknowledge your inspiring message, Jeanette. I feel so proud that I am part of this huge achievement. Surely we will continue to keep this wonderful organisation high. Guys, it is so wonderful to see you looking so stunning on this photo, I wish I could have been there.

Nonceba Languza
 HST Facilitator

11 ANNUAL FINANCIAL STATEMENTS

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT

STATEMENT OF RESPONSIBILITY FOR FINANCIAL REPORTING BY THE BOARD OF TRUSTEES for the year ended 30 June 2012

The Board of Trustees are responsible for the preparation of the financial statements of the Trust For Health Systems Planning and Development ("the Trust"). In presenting the annual financial statements IFRS for SMEs has been followed, appropriate accounting policies have been used, while prudent judgments and estimates have been made.

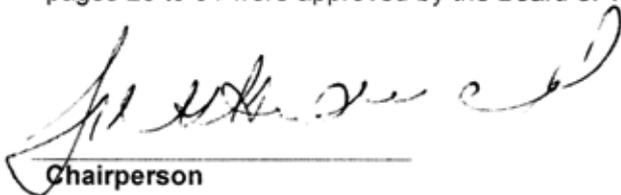
The Board of Trustees is also responsible for ensuring that proper systems of internal control are employed by or on behalf of the Trust. These controls are designed to provide reasonable, but not absolute, assurance as to the reliability of the financial statements and to adequately safeguard, verify and maintain accountability for assets, to record liabilities, and to prevent and detect material misstatement and loss. The systems are implemented and monitored by suitably trained personnel with an appropriate segregation of authority and duties. Nothing has come to the attention of the Board of Trustees to indicate that any material breakdown in the functioning of these controls, procedures and systems has occurred during the year under review.

The annual financial statements have been prepared on the going concern basis, as the Board of Trustees have no reason to believe that the Trust will not be a going concern in the foreseeable future based on reserves forecasts, available cash resources, and on the assumption that the Trust will continue to receive sufficient donor funding to meet its financial obligations.

The annual financial statements have been audited by the independent accounting firm, Deloitte & Touche, which was given unrestricted access to all financial records and related data, including minutes of all meetings of members, the Board of Trustees and committees of the Board. The Board of Trustees believe that all representations made to the independent auditors during their audit were valid and appropriate. The Deloitte & Touche audit report is presented on pages 8 – 9.

APPROVAL OF THE ANNUAL FINANCIAL STATEMENTS BY THE BOARD OF TRUSTEES

The annual financial statements set out on pages 10 to 25 and the supplementary information set out on pages 26 to 31 were approved by the Board of Trustees on 9 November 2012 and signed on its behalf by:



Chairperson



Trustee

An abbreviated version of the Audit Report is included in this Annual Report.
A full copy is available on request.

Page numbers in the Audit Report refer to the full version.

The Trust for Health Systems Planning and Development (“the Trust”) confirms its commitment to the principles of openness, integrity and accountability as advocated in the King III Code on Corporate Governance. Through this process stakeholders may derive assurance that the Trust is being ethically managed according to prudently determined risk parameters in compliance with generally accepted corporate practices. Monitoring the Trust’s compliance with the King Code on Corporate Governance where practical, forms part of the mandate of the Trust’s audit committee. The Trust has complied with the Code, relative to HST’s business during the year under review.

BOARD OF TRUSTEES

Responsibilities

The Board of Trustees (“the Board”) was established on the basis of a legal Deed of Trust document, supplemented by a formally approved written charter. Its composition is balanced so that no individual or small group dominates decision-making. The Board meets regularly, and is responsible for oversight and ensuring proper accountability by the Executive Management. The Executive Management attends the Board meetings by invitation.

The roles of chairpersons and executives do not vest in the same persons and the chairpersons are always non-executive Trustees. The chairpersons and chief executive provide leadership and guidance to the Trust’s Board and encourage proper deliberation on all matters requiring the Board’s attention, and they obtain optimum input from the other Trustees. New appointments to the Board are submitted to the Board as a whole for approval prior to appointment.

The Board has ultimate responsibility for the management and strategic direction of the Trust, as well as for attending to legislative, regulatory, and best practice requirements. Accountability to stakeholders remains paramount in Board decisions, and this is balanced against the demands of the regulatory environment in which the Trust operates, and the concerns of its other stakeholders.

	Attendees			
	19/08/11	18/11/11	16/03/12	17/08/12
Welile Shasha	x	✓	x	✓
Ms Gcwalisile Twala	✓	x	✓	✓
Mr Shadrack Shuping	✓	✓	✓	✓
Dr Timothy Wilson	x	✓	✓	✓
Dr Victor Litlhakanyane	✓	✓	✓	✓
Dr Michael Hendricks	x	✓	x	x
Prof. Kaya Mfenyana	✓	✓	x	x
Prof. Laetitia Rispel	✓	✓	✓	x
Dr Sibongile Zungu	x	x	x	x
Dr Maureen Tong	✓	x	✓	x
Mr Obakeng Mongale	x	✓	✓	x
Dr Kevin Bellis	✓	x	✓	x

ANNUAL FINANCIAL STATEMENTS *CONTINUED*

Governance structures

To assist the Board in discharging its collective responsibility for corporate governance, several committees have been established, to which certain of the Board's responsibilities have been delegated. These committees operate with written terms of reference and comprise, in the main, non-executive Trustees. The chairperson of each committee is a non-executive Trustee with the exception of the Audit Committee who is an independent external member. The following Committees play a critical role to the governance of the trust:

Audit committee

The role of the audit committee is to assist the Board by performing an objective and independent review of the functioning of the organisation's finance and accounting control mechanisms. It exercises its functions through close liaison and communication with executive management and the internal and external auditors. The committee met twice during the 2012 financial year.

The audit committee operates in accordance with a written charter authorised by the Board, and provides assistance to the Board with regard to:

- ◇ Ensuring compliance with applicable legislation and the requirements of regulatory authorities;
- ◇ Matters relating to financial accounting, accounting policies, reporting and disclosure;
- ◇ Internal and external audit policy;
- ◇ Activities, scope, adequacy, and effectiveness of the internal audit function and audit plans;
- ◇ Review/approval of external audit plans, findings, problems, reports, and fees;
- ◇ Compliance with the Code of Corporate Practices and Conduct;
- ◇ Review of ethics policies; and
- ◇ Risk assessment

The audit committee consists of the following non-executive members :

	Attendees	
	07/10/2011	18/05/2012
S Govindsamy (External member)	✓	✓
I Lax (External Member)	✓	x
M Hendricks (Trustee)	✓	x
Victor Litlhakanyane (Trustee)	x	✓

The audit committee addressed its responsibilities properly in terms of the charter during the 2012 annual financial year. No changes to the charter were adopted during the 2012 financial year.

Management has reviewed the annual financial statements with the audit committee, and the audit committee has reviewed them without management or the external auditors being present. The quality of the accounting policies was discussed with the external auditors.

Personnel committee

The personnel committee advises the Board on human resources and other personnel related policies including remuneration packages, and other terms of employment for senior executives. Its specific terms of reference also include recommendations to the Board on matters relating, inter alia, to executive remuneration, Trustees honorariums and fees and service contracts. Whenever necessary, the committee is advised by independent professional advisers. The committee met three times during the 2012 annual financial year.

The personnel committee consists of the following members:

	Attendees		
	19/07/2011	21/10/2011	22/02/2012
O Mongale (Trustee)	✓	✓	✓
M Tong (Trustee)	✓	✓	x
G Twala (Trustee)	✓	✓	x
M Modipa (External Member)	✓	x	x
I Matsheka (External Member)	x	x	x
W Shasha (Trustee)	x	x	✓

Finance committee

The finance committee operates in accordance with a written charter authorised by the Board, and provides assistance to the Board in the overall management of the financial affairs in a manner that will ensure generally accepted reporting, transparency and effective use of the Trust's resources, and to periodically review, evaluate and report on the financial affairs of the Trust.

The finance committee consists of the following Trustees:

	Attendees		
	19/07/2011	21/10/2011	22/02/2012
M Hendricks (Trustee)	✓	x	x
G Twala (Trustee)	✓	✓	✓
O Mongale (Trustee)	✓	✓	✓
S Shuping (Trustee)	✓	x	x

ANNUAL FINANCIAL STATEMENTS *CONTINUED*

EXECUTIVE MANAGEMENT

Being involved with the day-to-day business activities of the Trust, these officers are responsible for ensuring that decisions, strategies, and views of the Board are implemented.

RISK MANAGEMENT AND INTERNAL CONTROL

Effective risk management is integral to the Trust's objective of consistently adding value to the business. Management is continuously developing and enhancing its risk and control procedures to improve the mechanisms for identifying and monitoring risks.

Operating risk refers to the potential for loss to occur due to a breakdown in control information, business processes, and compliance systems. Key policies and procedures which are in place to manage operating risk involve segregation of duties, transactions authorisation, supervision, monitoring, and financial and managerial reporting.

To meet its responsibility with respect to providing reliable financial information, the Trust and its divisions maintain financial and operational systems of internal control. These controls are designed to provide reasonable assurance that transactions are concluded in accordance with management's authority, that the assets are adequately protected against material loss or unauthorised acquisition, use, or disposal, and that transactions are properly authorised and recorded.

The system includes a documented organisational structure and division of responsibility, established policies, and procedures, including a Code of Ethics to foster a strong ethical climate, which is communicated throughout the trust. It also includes the careful selection, training, and development of people.

Internal auditors monitor the operation of the internal control system and report findings and recommendations to management and the Board of Trustees. Corrective actions are taken to address control deficiencies and other opportunities for improving the system as they are identified. The Board, operating through its audit committee, provides supervision of the financial reporting process and internal control system.

The Trust assessed its internal control system as at 30 June 2012 in relation to the criteria for effective internal control over financial reporting. The internal control process has been in place up to the date of approval of the annual report and annual financial statements. The Trust believes that its system of internal control over financial reporting and safeguarding of assets against unauthorised acquisitions, use, or disposition, met those criteria.

INTERNAL AUDIT

Gobodo Inc served as internal auditors for the financial year. Their findings have been received by management and appropriate measures have been implemented to address the areas of improvement noted.

ETHICAL STANDARDS

The Trust has developed a Code of Conduct (the Code) that has been fully endorsed by the Board and applies to all Trustees and employees. The Code is regularly reviewed and updated as necessary to ensure it reflects the highest standards of behaviour and professionalism.

In summary, the Code requires that, at all times, all Trust personnel act with the utmost integrity and objectivity and in compliance with the letter and the spirit of both the law and trust policies. Failure by employees to act in terms of the Code results in disciplinary action.

The Code is discussed with each new employee as part of his or her induction training, and all employees are asked to sign an annual declaration confirming their compliance with the Code. A copy of the Code is available to interested parties upon request.

ACCOUNTING AND AUDITING

The Board places strong emphasis on achieving the highest level of financial management, accounting, and reporting to stakeholders. The Board is committed to compliance with the International Financial Reporting Standards for Small and Medium-sized Entities. In this regard, Trustees shoulder responsibility for preparing financial statements that fairly present:

- ◇ The state of affairs as at the end of the financial year under review;
- ◇ Surplus or deficit for the period;
- ◇ Cash flows for the period; and
- ◇ Non-financial information.

The external auditors observe the highest level of business and professional ethics and their independence is not impaired in any way.

The external auditors were given unrestricted access to all financial records and related data, including minutes of all meetings of Trustees, the Board of Trustees, and committees of the Board. The Trustees believe that all representations made to the independent auditors during their audit are valid and appropriate.

The external auditors provide an independent assessment of systems of internal financial control to the extent necessary for the audit, and express an independent opinion on whether the financial statements are fairly presented. The external audit function offers reasonable, but not absolute assurance, as to the accuracy of financial disclosures.

The audit committee set principles that were considered and accepted by the stakeholders for using external auditors for non-audit services.

INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES OF TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT

REPORT ON THE ANNUAL FINANCIAL STATEMENTS

We have audited the annual financial statements of the Trust for Health Systems Planning and Development, which comprise the statement of financial position as at 30 June 2012, the statement of comprehensive income, the statement of changes in equity and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory notes, as set out on pages 12 to 25.

Trustees' Responsibility for the Annual Financial Statements

The trustees are responsible for the preparation and fair presentation of these financial statements in accordance with International Financial Reporting Standards and in the manner required by the Trust Deed, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these annual financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the annual financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the annual financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the annual financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the annual financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the annual financial statements fairly present, in all material respects, the annual financial position of the Trust for Health Systems Planning and Development as of 30 June 2012, and its financial performance and its cash flows for the year then ended in accordance with the International Financial Reporting Standards for Small and Medium-sized Entities, and in the manner required by the Trust Deed.

National Executive: LL Barn Chief Executive AE Swiegers Chief Operating Officer GM Pinnock Audit
DL Kennedy Risk Advisory NB Kader Tax TP Pillay Consulting K Black Clients & Industries
JK Mazzocco Talent & Transformation CR Beukman Finance M Jordan Strategy S Gwala Special Projects
TJ Brown Chairman of the Board MJ Comber Deputy Chairman of the Board
Regional Leader: GC Brazier

A full list of partners and directors is available on request

B-BBEE rating: Level 2 contributor in terms of the Chartered Accountancy Profession Sector Code

Member of Deloitte Touche Tohmatsu Limited

**INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES OF
TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT (continued)**

Other matters

We draw attention to the fact that the supplementary information set out on pages 26 to 31 do not form part of the annual financial statements and is presented as additional information. We have not audited these schedules and accordingly we do not express an opinion on them.

Other reports

As part of our audit of the financial statements for the year ended 30 June 2012, we have read the Report of the Board of Trustees for the purpose of identifying whether there are material inconsistencies between this report and the audited financial statements. This report is the responsibility of the preparer. Based on reading this report we have not identified material inconsistencies between this report and the audited financial statements. However, we have not audited this report and accordingly do not express an opinion on the report.

Deloitte & Touche

Deloitte & Touche
Registered Auditors
Per M Luthuli
Partner

9 November 2012

An abbreviated version of the Audit Report is included in this Annual Report.
A full copy is available on request.

Page numbers in the Audit Report refer to the full version.

ANNUAL FINANCIAL STATEMENTS *CONTINUED*

1. GENERAL REVIEW

The Trust for Health System Planning and Development (“the Trust”) is a dynamic independent non-government organization that actively supports the current and future development of a comprehensive health care system, through strategies designed to promote equity and efficiency in health and health care delivery in South Africa.

Goals

- ◇ Facilitate and evaluate district health systems development;
- ◇ Define priorities and commission research to foster health systems development;
- ◇ Build South African capacity for health systems research, planning, development and evaluation;
- ◇ Actively disseminate information about health systems research, planning, development and evaluation; and
- ◇ Encourage the use of lessons learnt from work supported by the Trust.

2. FINANCIAL RESULTS

- 2.1 Full details of the financial results are set out on pages 11 to 24 in the attached annual financial statements.
- 2.2 As set out in the annual financial statements, the Trust had a total surplus for the year of R6 221 075 (2011: R6 277 992).
- 2.3 The ratio of administration expenses (excluding the unusual and extraordinary items), against gross income is 10% which is in line with the prescribed limit as set out in the trust deed.

3. TRUSTEES

Trustees serve on a voluntary basis and are not remunerated for their services.

The Trustees of the Trust at year end and the date of this report are:

Name	Date appointed	Date resigned/tenure ended
W Shasha	1 August 2008	
T Wilson	1 August 2008	
L Rispel	1 August 2008	
K Mfenyana	1 August 2008	
S Zungu	1 August 2008	
K Bellis	1 August 2008	
M Hendricks	1 August 2008	
O Mongale	26 June 2009	
K M Tong	01 April 2010	
G Twala	01 April 2010	
V Litlhakanyane	19 November 2010	
S Shuping	01 February 2011	

4. MATERIAL EVENTS AFTER YEAR END

The trustees are not aware of any matters or circumstances which are material to the financial affairs of the trust that have occurred between year end and the date of approval of the financial statements.

5. GOING CONCERN

The annual financial statements have been prepared on the basis of accounting policies applicable to a going concern. This basis presumes that funds will be available to finance future operations and that the realisation of assets and settlement of liabilities, contingent obligations and commitments will occur in the ordinary course of activities of the Trust.

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
STATEMENT OF FINANCIAL POSITION
for the year ended 30 June 2012

	Notes	2012	2011
		R	R
ASSETS			
Non-current assets		8 407 885	858 851
Property, plant and equipment	6	2 370 756	842 697
Intangible assets	7	6 037 129	16 154
Current assets		27 944 433	40 787 867
Trade and other receivables	8	7 400 620	7 942 482
Cash and cash equivalents	9	14 820 347	28 227 755
Accrued revenue	2	5 723 466	4 617 630
Total assets		36 352 318	41 646 718
EQUITY			
Accumulated surplus funds		28 307 313	22 086 238
LIABILITIES			
Current liabilities		8 045 005	19 560 480
Trade and other payables	10	5 963 524	3 351 051
Deferred revenue	2	2 081 481	16 209 429
Total equity and liabilities		36 352 318	41 646 718

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
STATEMENT OF COMPREHENSIVE INCOME
for the year ended 30 June 2012

	Notes	2012	2011
		R	R
Grant income	2	86 376 372	83 653 373
Other income		7 588 430	5 507 278
Project expenses		(79 333 128)	(81 405 616)
Administration expenses		(9 249 135)	(3 697 568)
SURPLUS BEFORE INTEREST	3	5 382 539	4 057 467
Interest paid	4	(25 396)	(31)
Interest received	4	863 932	2 220 556
SURPLUS BEFORE TAXATION		6 221 075	6 277 992
Taxation	5	-	-
Other comprehensive income		-	-
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		6 221 075	6 277 992

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
STATEMENT OF CHANGES IN EQUITY
for the year ended 30 June 2012

	HSS	HSR	Heathlink	Central Administration (CORE)	SA Sure	Total
	R	R	R	R	R	R
Opening balance as at 1 July 2010	6 989 344	1 387 707	2 399 682	5 031 513	-	15 808 246
Total (deficit)/surplus for the year	(233 186)	(661 625)	(3 016 367)	10 189 170	-	6 277 992
Opening balance as at 1 July 2011	6 756 158	726 082	(616 685)	15 220 683	-	22 086 238
Consolidation of units	(966 299)	277 545	616 685	72 069	-	-
	5 789 859	1 003 627	-	15 292 752	-	22 086 238
Total surplus for the year	1 540 908	1 105 051	-	2 095 548	1 479 568	6 221 075
Closing balance as at 30 June 2012	7 330 767	2 108 678	-	17 388 300	1 479 568	28 307 313

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
STATEMENT OF CASH FLOWS
for the year ended 30 June 2012

	Notes	2012	2011
		R	R
CASH FLOWS FROM OPERATING ACTIVITIES			
Cash used in operations	A	(12 298 396)	(39 589 033)
Interest paid		(25 396)	(31)
Interest received		863 932	2 220 556
Net cash flows used in operating activities		<u>(11 459 860)</u>	<u>(37 368 508)</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from disposal of property, and equipment		48 819	136 826
Acquisition of property and equipment		(1 985 404)	(295 383)
Acquisition of intangible assets		(10 963)	(13 544)
Net cash flows used in investing activities		<u>(1 947 548)</u>	<u>(172 101)</u>
Net decrease in cash and cash equivalents		(13 407 408)	(37 540 609)
Cash and cash equivalents at beginning of year		28 227 755	65 768 364
Cash and cash equivalents at end of year		<u>14 820 347</u>	<u>28 227 755</u>

A. RECONCILIATION OF SURPLUS BEFORE TAXATION TO CASH GENERATED FROM OPERATIONS

	2012	2011
	R	R
Surplus before taxation	6 221 075	6 277 992
Adjustments for:		
Depreciation	406 388	312 434
Amortisation	277 864	18 182
Gain from donated intangible assets	(6 287 876)	-
(Profit)/loss on disposal of property, plant and equipment	2 138	(111 955)
Interest paid	25 396	31
Interest received	(863 932)	(2 220 556)
Cash flows from operations before working capital changes	(218 947)	4 276 128
Working capital changes:		
Increase in trade and other receivables	(563 974)	(4 983 125)
Decrease in trade and other payables	(11 515 475)	(38 882 036)
Cash used in operations	(12 298 396)	(39 589 033)

A Full Copy of HST Audited Financial Report is Available on Request

12 FUNDERS AND FUNDING PARTNERS

Belgian Development Agency	Millennium Challenge Account, Lesotho
BroadReach Healthcare Africa	Open Society Foundation of South Africa
US Department of Health and Human Services / Centers for Disease Control and Prevention (CDC)	President's Emergency Plan for AIDS Relief (PEPFAR)
Department for International Development (DFID)	Program for Appropriate Technology in Health (PATH)
Department of Health - National	Research Triangle Institute (RTI) International
Department of Health - Western Cape	Soul City
Futures Group	The Atlantic Philanthropies
Health Partners Southern Africa	THL, Finland
Impala Bafokeng Trust	University Research Co., LLC (URC)
Medical Research Council	Wellcome Trust

DONORS

Microsoft Corporate Citizenship Program

20TH ANNIVERSARY SPONSORS / DONORS

Aspen Pharmacare	(Platinum)	Hertz Car Hire
Budget Car Rental	(Gold)	New Era Stationers
VP Health	(Gold)	
Adcock Ingram	(Bronze)	
Constantia Hotel	(Bronze)	
Imvotech	(Bronze)	
iNathi Technology Holdings	(Bronze)	
Key Car Hire	(Bronze)	
MTN SP	(Bronze)	
Nqubela Technologies	(Bronze)	

HEALTH SYSTEMS TRUST

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