

Annual Report
2014/15



**HEALTH
SYSTEMS
TRUST**

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

OUR VISION

Health for all through strengthened health systems

OUR MISSION

To be a partner of choice in building comprehensive and equitable health systems

OUR APPROACH

Our approach is based on:

- ▶ the primary health care philosophy
- ▶ generating evidence-based interventions, good practice and innovations
- ▶ providing management, implementation and research support at all levels of the health system
- ▶ providing guidance, mentoring and training
- ▶ recognising the influence of the social determinants of health on the burden of disease
- ▶ tailoring our work to local contexts
- ▶ creating, sharing, storing and curating new knowledge

OUR CORE VALUES

We are a learning organisation that is:

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



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Abbreviations and Acronyms

ANC	Antenatal care	NDP	National Development Plan
AP	The Atlantic Philanthropies	NHI	National Health Insurance
ART	Antiretroviral treatment	OHSC	Office of Health Standards Compliance
BCC	Behaviour Change Communication	OVC	Orphans and vulnerable children
CDC	US Centers for Disease Control and Prevention	PCR	Polymerase chain reaction
CHC	Community health centre	PEECHi	Programme for Economic Evaluation of Child and Maternal Health Interventions
CHW	Community health worker	PEPFAR	US President's Emergency Plan for AIDS Relief
CMA	Change Management Approach	PHC	Primary health care
CCMDD	Central Chronic Medicines Dispensing and Distribution Programme	PHRC	Provincial Health Research Committee
DFID	UK Department for International Development	PMTCT	Prevention of mother-to-child transmission of HIV
DG	Director-General	PRICELESS	Priority Cost-Effective Lessons for Systems Strengthening South Africa
DHS	District Health System	PPTICRM	Permanent Perfect Team for Ideal Clinic Realisation and Maintenance
DHIS	District Health Information System	QI	Quality Improvement
HCT	HIV counselling and testing	RA	Rapid Assessment
HSR	Health systems research	RMCH	Reducing maternal and child mortality through strengthening primary health care
HSS	Health systems strengthening	Rx	Medical prescription
LDP	Leadership Development Programme	SA SURE	South Africa Sustainable Response to HIV, AIDS and TB
M&E	Monitoring and evaluation	SETA	Sector Education and Training Authority
MCWH	Maternal, Child and Women's Health	UNAIDS	The Joint United Nations Programme on HIV/AIDS
MDG	Millennium Development Goal	WBOT	Ward-based Outreach Team
MNCWH	Maternal, Newborn, Child and Women's Health	WEL	Wellness for Effective Leadership
MTSF	Medium Term Strategic Framework	WHO	World Health Organization
NCD	Non-communicable disease		
NDoH/DoH	National Department of Health/ Department of Health		
NGO	Non-governmental organisation		

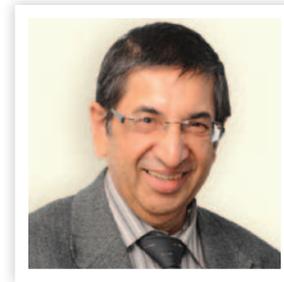
Board of Trustees



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(Chairperson)



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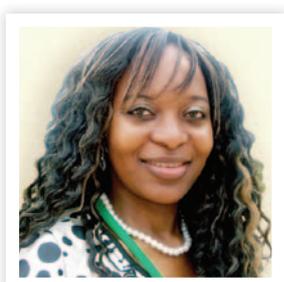
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Ms Gcwalisile Twala



Report from the Chairperson

It is a great pleasure to share the HST Annual Report covering our activities and accomplishments from July 2014 to June 2015.

With our vision of *health for all through strengthened health systems*, the past reporting year has seen HST embarking on an exciting and strategic journey in our mission to be the partner of choice in building comprehensive, sustainable and equitable health systems to help transform South Africa's public health sector.

We have continued to build on over two decades of achievements in this regard, remaining at the cutting edge of health systems strengthening with our extensive experience in providing information for decision-making, leadership and community engagement, human resources, and quality improvement of service delivery and generating evidence to inform policy development.

To ensure that we perform optimally in meeting our goals, we set up a Governance Committee in 2014, which has introduced an annual Board evaluation process as a mechanism to strengthen the functioning of the Board. I extend my gratitude to our Board members for their unwavering support and commitment to HST and would also like to acknowledge former Board member Ms Gcwalisile Twala, who retired from the Board in February 2015, for her contribution.

Our Programmes Directorate continues to form the core of HST's work and reaches all corners of the country with a multitude of health systems strengthening and research projects. Our support in poorly resourced and over-burdened communities has helped health care workers to provide more sustainable and efficient services. The details of the projects are contained in this annual report and again bear testimony to the wealth of skills and knowledge we have accumulated in the past two decades to develop innovative solutions to South Africa's health challenges. Embracing the World Health Organization's systems-thinking framework, HST has effectively supported a wide range of public health programmes.

Providing vital support to the entire organisation, the Corporate Services Unit has continued to ensure that our infrastructure, vehicles and equipment are well maintained and that our systems are optimised to provide staff with essential support services.

On behalf of the Trustees, I wish to thank our funders, which include bilateral and multilateral development organisations, the National and Provincial Departments of Health, as well as private sector organisations, for the confidence they continue to show in HST's work. I also wish to congratulate Dr Themba Moeti and the HST staff for another successful year, thanks to their dedication and drive to continuously move HST forward.

A handwritten signature in black ink, appearing to read 'Maureen Tong'.

Dr Maureen Tong
Chairperson: Board of Trustees



Message from the Chief Executive Officer

With another successful year of making good progress on our mandate behind us, HST moves into the next three-year business cycle bolstered by a new strategic plan and with sound financial backing.

Unveiled in late 2014, the strategic plan will see us further consolidating our institutional knowledge and expertise in health systems strengthening, and forging new and existing relationships locally, regionally and internationally.

Our work in public health care has, since inception, been in line with Government's broader vision to transform the South African health sector into a sustainable and equitable service with universal health coverage. As such, we continue to be guided by the National Development Plan (NDP) 2030, the Medium Term Strategic Framework (MTSF) 2014-2019 and key national health initiatives, such as the Ideal Clinic initiative and supporting interventions in National Health Insurance (NHI) pilot sites.

The majority of HST's outputs are committed to targeting the prevalence of HIV and AIDS, TB, maternal and child mortality, non-communicable diseases, and injury and violence with a primary health care approach, as outlined in the NDP, which focuses on the prevention of diseases, promotion of health and strengthening of the health system to improve health outcomes.

Another significant development for HST has been the formal announcement by the US President's Emergency Plan for AIDS Relief (PEPFAR) of the implementation of its *Focusing for Impact Strategy*. PEPFAR, a major funder of HST, has engaged with us on transitioning existing support to focus on 'high-burden districts' and alignment with the revised priorities of the strategy as we support attainment of Government's 90-90-90 targets towards an HIV-free generation.

During the year under review, we were involved in 31 key projects, 10 under the Health Systems Strengthening Unit,

and 21 under the Health Systems Research Unit. All of our projects have clearly had positive impacts, as detailed in the report, but it is worth noting a few significant accomplishments.

We are especially proud of having enabled the health sector to reach over 200 000 patients through the Central Chronic Medicines Dispensing and Distribution (CCMDD) Programme which was developed to improve access to chronic medicines by clients of the public health service. Using private service providers in 10 NHI districts at 127 pick-up points to expand services to patients, the project received mention as a successful health systems strengthening initiative in the Minister of Health's Budget Vote Speech for 2015/16.

Thanks to a new grant from the German Development Bank (KfW), through the Development Bank of Southern Africa (DBSA), we are able to expand access to HIV counselling and testing (HCT) services through the engagement of private medical practitioners and non-public sector providers in the Northern Cape and Limpopo Provinces.

Special mention must also be made of the tremendous organisation-wide team effort put into the vast operational and logistical co-ordination required to scale up implementation of rationalised registers at primary health care (PHC) facilities.

In terms of research and information-gathering, it is extremely gratifying to report HST's contribution to building the body of evidence and knowledge necessary to effectively address public health issues. In total, HST staff have produced 19 publications and delivered 42 presentations at key conferences. Particular mention must be made of our author contributions to the groundbreaking book, *The South African Health Reforms 2009-2014: Moving towards universal coverage*, officially launched by the Minister of Health in June 2015.

Moving forward, I am pleased to announce that HST will be holding a conference in May 2016 under the theme of *Strengthened Health Systems for Sustainable Development: Sharing, Supporting, Synergising* with the aim of bridging the gap between health policy and practice. By the time the HST Conference takes place, the global community will have embarked on the role that health systems will play in meeting the new Sustainable Development Goals and completing the unfinished business of the Millennium Development Goals.

Having commenced with our 2015–2017 strategic plan period, and building on earlier work, we will invest increased effort in opportunities to grow our presence

and contribution to health systems strengthening in the southern Africa region, through the establishment of strategic partnerships, pursuit of funding applications, and engagement with Ministries of Health and in-country stakeholders in the region.

I wish to acknowledge the support of our funders, the National and Provincial Departments of Health, our several partners, as well as the public health facilities and the communities who have travelled this journey with us and without whom our work would not be possible. Finally, I would like to thank the staff of HST for their loyalty, enthusiasm and dedication to delivering on our vision of *health for all through strengthened health systems*.



Dr Thembisa Moeti
Chief Executive Officer



Directorates' Reports

HST operates across its Programmes and Corporate Services directorates. The wide variety of projects managed by the directorates is arranged according to our five core business areas:

- ▶ providing management and implementation support in health districts
- ▶ supporting implementation of priority health programmes
- ▶ conducting relevant health systems research
- ▶ generating information for planning, monitoring, evaluation and decision-making
- ▶ offering guidance, mentoring and training on good practice development

Programmes' Units



René English
Director: Health Systems Research

Our Programmes directorate comprises two health systems strengthening units; one focusing on research and the other on implementation, that together work seamlessly to deliver on our mission to be a partner of choice in building comprehensive and equitable health systems.

Under the leadership of Dr René English, the **Health Systems Research Unit** conducts policy-relevant health systems research to strengthen the district health system, and its support mechanisms and priority programmes. We focus on improving knowledge management, translating research into policy and practice, and building



Ronel Visser
Director: Health Systems Strengthening

capacity within the paradigm of Essential National Health Research.

The **Health Systems Strengthening Unit**, led by Ms Ronel Visser, provides implementation support through the strategic use, analysis and distribution of health and related information to enhance evidence-based decision making and management. HST facilitators based in the districts work closely with health district management teams and healthcare workers to transfer skills through training and mentoring for sustainable quality improvement in service delivery

Providing management and implementation support in health districts

Public healthcare in South Africa has seen steady improvement since democracy but is still dependent on non-government support to deliver effective and quality services in many districts. HST plays a key role in providing such support, especially in the areas of HIV and AIDS, TB, and maternal, child and women's health (MCWH).

One of our major initiatives in this regard is the five-year **South African Sustainable Response to HIV, AIDS and TB (SA SURE)** project which has seen our multi-disciplinary team working closely with healthcare workers in 13 districts across five provinces. Now in its fourth year of implementation, significant progress in service delivery and quality can be seen in some districts where the project has provided sustainable support to strengthen public health systems by improving stakeholder co-operation, building capacity, mentoring and coaching on-site.

At an individual level, healthcare managers have benefitted from our **Wellness for Effective Leadership (WEL)** and **Leadership Development Programme (LDP)** sub-projects to become more effective leaders and, at a broader level, the SA SURE project's tools for measuring and evaluating performance has led to improved service delivery.

The standardised tools used by SA SURE can be used effectively at any level of the health system to provide key lessons to ultimately improve public healthcare.

We are also proud of the successful interventions by our clinical mentors to improve performance and increase the number of adults and children initiated on Antiretroviral Treatment (ART) since the SA SURE project was started.

Several quality improvement interventions in the districts have also begun to show results, especially in the areas of six-week Polymerase Chain Reaction (PCR) testing for early infant diagnosis and treatment initiation as part of the paediatric HIV and PMTCT services.

Another crucial area in public health requiring intervention is that of medicine stock control at various state facilities to ensure that patients have access to their chronic medication.

The task of setting up standardised, scaled down databases for medicine dispensing at clinics, hospitals

and tertiary institutions is immense and our contribution in this area has focused on providing support for infrastructural management of prescriptions (Rx). HST was therefore contracted by the National Department of Health's (NDoH) Pharmaceutical Services to support Management Sciences for Health in rolling out the **RxSolution** software, a sub-project of SA SURE, at identified hospitals and clinics.

With funding from the President's Emergency Plan for AIDS Relief (PEPFAR), through the US Centers for Disease Control (CDC), our team has been working with and training district pharmacists, information officers and other health staff to put in place the software system to assist with stock management, prevention of stock outs, dispensing of medication, and minimising stock expiries.

Our RxSolution Team has since June 2015 become known as the Health Information Technician (HIT) team and will expand its current service provision and support in districts.

Another sub-project of SA SURE is our **Central Chronic Medicine Dispensing Distribution (CCMDD)** Programme, initiated in response to the unpredicted growth in the number of patients requiring access to long-term therapies in South Africa in the past decade, beginning with anti-retroviral medicines.

Not only has South Africa introduced universal access to ART for patients living with HIV and AIDS, but there has also been a steady increase in the proportion of our population with Non-Communicable Diseases requiring chronic therapy.

With the CCMDD programme, the aim is to improve access to chronic medicines to stable patients by enabling them to pick up their repeat medicines from a convenient pick-up point near their home or work. Should a patient, however, prefer to pick up their repeat medicine from their health facility e.g. adherence clubs, patient preference can be accommodated.

Furthermore, the goal was to design a pilot project for National Health Insurance (NHI) implementation with improved service delivery, shorter waiting times, and based on a business model for private sector involvement. The programme, which is part of the Annual Performance Plan of the NDoH, was implemented in the ten NHI districts in all eight provinces.

The project has yielded several gains including support for the NDoH in developing national and district plans for the CCMDD component of the National Health Grant for which R70 million was approved, and generating promotional

material, Standard Operating Procedures (SOPs), policy documents, and monitoring tools. The terms of reference for a national CCMDD database were also drafted.

The success of the CCMDD programme also received special attention with the Minister of Health making reference to it in his budget speech this year.

Table 1: CCMDD Programme Implementation Progress

The following table was compiled from service provider reports submitted to the NDoH for end June 2015.

Province	District	Patient targets for 31 March 2016	No. of facilities registered	No. of patients registered on programme
KwaZulu-Natal	Amajuba	31 931	25	21 049
KwaZulu-Natal	uMgungundlovu	87 077	26	38 547
KwaZulu-Natal	uMzinyathi	36 689	51	24 437
Limpopo	Vhembe	34 806	130	14 975
North West	Dr Kenneth Kaunda	36 703	37	8 045
Gauteng	City of Tshwane	109 587	128	43 564
Mpumalanga	Gert Sibande	58 998	82	19 899
Free State	Thabo Mofutsanyane	45 395	89	20 114
Eastern Cape	OR Tambo	54 992	43	17 826
Northern Cape	Pixley ka Seme	4 212	32	4 601
Totals		500 391	643	213 057

Table 2: CCMDD Pick-up Points

A summary of pick-up points appointed at end June 2015.

Province	District	Total
KwaZulu-Natal	Amajuba	8
KwaZulu-Natal	uMgungundlovu	22
KwaZulu-Natal	uMzinyathi	12
Limpopo	Vhembe	3
North West	Dr Kenneth Kaunda	8
Gauteng	City of Tshwane	60
Mpumalanga	Gert Sibande	12
Free State	Thabo Mofutsanyane	25
Eastern Cape	OR Tambo	10
Northern Cape	Pixley ka Seme	4
Totals		164

Table 3: *Successes in the implementation of RxSolution from July 2014 to June 2015*

New implementation of the system	Limpopo Waterberg district: nine hospital pharmacies and 75 pharmacy personnel trained
	KwaZulu-Natal uMzinyathi: 34 facilities and 68 pharmacy personnel trained uMgungundlovu: four facilities and six pharmacy personnel trained Ethekwini: 22 facilities and 59 pharmacy personnel trained Amajuba: four facilities and 21 pharmacy personnel trained
	Northern Cape Pixley ka Seme: two hospital pharmacies and two pharmacy personnel trained
Support for existing facilities	Free State 46 facilities and 16 pharmacy personnel trained
	Eastern Cape 14 pharmacies and 25 personnel trained

Further support in the HIV and AIDS sector has come through the *Power of Knowing* project, a franchise model for which HST has laid the groundwork in the Limpopo and Northern Cape provinces, paving the way for increased and better collaboration among public, private and NGO groups working in the HIV counselling and testing (HCT) field. The R48-million **Implementation of HIV Counselling and Testing Services** project is funded by the German Development Bank (KfW) through the Development Bank of Southern Africa (DBSA) and will extend over three years with the goal of increasing HCT coverage in the two provinces.

To this end, our team has established Provincial Steering Committees (PSC) in both provinces with representatives of all the key role-players. New systems for the procurement of HIV test kits have also been finalised in both provinces with agreement being reached on the Standard Operational Procedures. We have also developed a comprehensive database of service providers (NGOs, general practitioners, pharmacies, and private nurses) in the sub-districts, 255 of whom are keen to sign contracts with HST and join the franchise network. These private providers will eventually undergo training, the structure for which has already been finalised after consultation with the Regional Training Centres in the provinces.

The franchise model will also be extensively supported by a series of Behaviour Change Communication (BCC) activities, including formal and informal community dialogues, and radio and newspaper adverts to promote the model and the services provided. HCT events will also be organised for vulnerable population groups.

Through the **Reducing Maternal and Child Mortality Through Strengthening Primary Health Care (RMCH) Project** funded by the UK Department for International Development (DFID) a successful induction and orientation programme was delivered for the appointed District Clinical Specialist Teams (DCSTs). To support the DCST's role in strengthening clinical governance, tailor-made training videos were developed on the management of post-partum haemorrhage and difficult Caesarean sections and these learning resources have been made available on YouTube. The development of the Clinical Governance Handbook for DCSTs, hospital managers, provincial clinicians, and maternal, newborn, child and women's health (MNCWH) managers supported and augmented the NDoH's Clinical Mentorship Guidelines for Integrated Services.

Great strides have been made with the Ideal Clinic Initiative which was started in 2013 by the Department of Health to systematically improve the deficiencies in public primary health care clinics. Following development of a web-based solution to monitor and evaluate the various Ideal Clinic elements identified, the Department of Health, with HST's support, launched the **Ideal Clinic Dashboard** as an online or offline application to capture results for measuring the status of clinics and determining whether it was 'ideal' or not. The launch was followed by training workshops in all provinces, except the Western Cape, where 688 participants were trained.

The initiative, funded by PEPFAR through the CDC, also required our team to support the provinces in developing a three-year plan to determine which facilities would be scaled up to Ideal Clinic status.

The Ideal Clinic Dashboard project is reaping rewards with improvements in patient management as a result of information leveraged from the system being used to develop and implement Quality Improvement (QI) plans at the facilities.

With Quality Improvement being a central component of the Department of Health's transformation plans, HST has assisted the Office of Health Standards Compliance (OHSC) to conduct provincial workshops with facility, district and provincial managers through the **Provincial Process for Enhancing Compliance with National Core Standards and Improving Quality Project**.

A key objective of the workshops was to build a community of interest among frontline staff, academics, NGOs and others to broaden access to and sharing of information in support of improved quality and in keeping with the OHSC's objectives.

The aim was also to work collectively with the NDoH and NGOs as they support national, provincial and district efforts to develop an effective common approach, share learning and tools, and build a knowledge base.

At the workshops, managers identified the following priority areas to be addressed: clarity on role ambiguities; improved communication from the OHSC and the NDoH; a need to capacitate role-players on assessment tools; results interpretation; development of quality improvement plans; and additional training for inspectors to reduce inaccuracies and ensure greater standardisation of inspections. The next key activity will focus on reflecting and reporting on capacity-building needs, gap analyses, and areas of improvement in a final project report.

Our previous success in supporting the implementation of the **Primary Health Care (PHC) Re-engineering Strategy** in the North West Province led to The Atlantic Philanthropies (AP) granting further funding for two-and-a-half years (2013-15) to continue building on and strengthening the projects in the province.

Support to the initial 24 pilot PHC outreach teams therefore continued uninterrupted and, with the lessons learnt from the pilots, our team provided assistance with the roll-out of more PHC outreach teams. The lessons learnt in the North West Province were also used to support the Mpumalanga Province in implementing PHC re-engineering.

A clear achievement from this project was improved planning, management and decision-making skills for the three streams, i.e. Ward-based Outreach Teams (WBOTs), School Health Teams and District Clinical Specialist Teams (DCSTs).

This was evident in improved and effective resource allocation and the ability to account for and report on the performance of district and sub-district management teams in the implementation of the PHC Re-engineering Strategy.

Through task teams set up in both provinces, district and provincial managers continued to monitor the monthly milestones reached by districts on the PHC re-engineering implementation plan, developed through the AP-funded project. The monthly provincial and district management meetings to monitor milestones reached by districts on the plans in both provinces ensured that there was progress in not only increasing the number of teams, but also in resource allocation to WBOTs and School Health Teams to ensure that they were established and functional.

These platforms were used to share experiences on good practices and lessons learnt so that managers could adjust their plans and allocate resources where necessary.

The provinces were able to purchase uniforms for community health workers (CHWs), cars for school health in the North West, vehicles for team leaders to support WBOTs, and laptops for data capturing for team leaders in Mpumalanga.

Champions to provide feedback and continuity were identified for each of the PHC Re-engineering streams at provincial, district and sub-district levels to ensure sustainability beyond the project plan.

Over the past year, HST together with other partners has been called upon to rise to the challenges of supporting the country's achievements of faster and greater impact on HIV prevention and treatment needs in the country. The NDoH has adopted the Joint United Nations Programme on HIV/AIDS (UNAIDS) strategy towards achieving the 90-90-90* targets and, as a result, has realigned PEPFAR funding to support HIV and AIDS prevention, care and treatment, and programmes for orphans and vulnerable children (OVC) in high-burden areas.

This has resulted in PEPFAR resources and support being transitioned from low-burden to high-burden areas over a negotiated period. HST staff, together with district management, are assisting with the transition process in four affected HST-supported districts: Fezile Dabi and Xhariep in Free State Province, and Pixley ka Seme and Frances Baard in the Northern Cape Province.

* UNAIDS treatment targets envisage that by 2020, 90% of people living with HIV are diagnosed, 90% of HIV-diagnosed people are on treatment, and 90% of people on ART are virally suppressed,

Once the transition periods were defined, HST engaged in a consultative and systematic process of working with the affected districts and the funder in order to enable as far as possible the sustainability of the gains achieved with PEPFAR support, and to ensure an orderly transition.

Supporting implementation of priority health programmes

Health care for mothers and newborn children is a priority for the NDoH in keeping with the MDGs, and to achieve the specific targets laid out in the Strategic Plan for Maternal, Newborn, Child and Women's Health (MNCWH) and Nutrition in South Africa (2013-2016) , NDP 2030 and MTSF 2014-2019. To support this effort, the **Programme for Economic Evaluation of Child and Maternal Health Interventions (PEECHi)** project aims to identify, inform

and establish the most affordable, effective and scalable interventions to achieve the targets.

The project is a collaborative effort between HST's Priority Cost Effective Lessons for Systems Strengthening South Africa (PRICELESS), the South African Medical Research Council's Burden of Disease Project, and the University of Witwatersrand's Rural Public Health and Health Transitions Research Unit (Agincourt).

Our task was to conduct a literature review of all primary healthcare interventions locally and globally that address maternal, neonatal and child health. We specifically focused on those public health interventions that were aimed at improving maternal health and reducing the number of maternal deaths, as well as improving the health of children younger than two years and reducing the number of deaths in this age category. A total of 33 applicable, aligned interventions divided into seven categories were found. The findings are also the subject of a series of papers intended for publication in peer-reviewed journals.



HST's expertise was also called upon to **monitor and evaluate the transfer of 1 102 patients from a discontinued NGO clinic**, which had mainly provided HIV and TB care and treatment-related services, to public healthcare clinics and community health centres in the Free State's Fezile Dabi and Thabo Mofutsanyana districts.

With the NGO clinic's PEPFAR grant coming to an end, all its patients had to be transferred to government clinics. At the request of PEPFAR and the CDC, and working closely with the Free State Department of Health and other partners, we followed up with the transferred patients from June to September 2014.

We established that 89% of the cohort of patients reached public health facilities within six months after the transfer for at least a first visit. The 11% loss-to-follow-up rate during that period includes possible deaths.

Another success has been HST's research unit serving as the co-ordinating body for the development and implementation of the **Change Management Approach (CMA)** to support the Permanent Perfect Teams for Ideal Clinic Realisation and Maintenance (PPTICRM). This included adapting various components, e.g. a theoretical framework with an accompanying change management model, Leadership Development Programmes and monitoring and evaluation support, to meet the aims of CMA in the context of the Ideal Clinic

Piloted in the Tshwane and Thabo Mofutsanyana Districts between September 2014 and May 2015, the CMA is currently being modified and updated and will be introduced in two new districts, uMgungundlovu and Frances Baard, in October 2015.

Early lessons emerging from the initiative suggest that for the CMA to be effective, the structure and members of the PPTICRM needed to be constant and fully committed to the project, with substitutions for attendance kept to a minimum, and senior management being directly involved in the process.

Based at four facilities in the Bojanala District of the North West Province, our **Couples Testing Project** is a two-year study funded by the CDC. Our focus will be on integrating partner and couples' HCT into the routine care offered at the facilities, and offering pregnant women and their male partners the option of home-based HCT.

Baseline data were collected from January 2015 to July 2015 and our initial data analysis showed a low rate of couple and partner testing.

Future plans include training nurses, counsellors and community health workers on couples counselling, implementing home-based HIV testing and strengthening systems to identify and track HIV-positive patients who miss clinic appointments to improve retention in antenatal and HIV clinical care.

Conducting relevant health systems research

HST has developed a solid reputation for the high quality of research conducted by our team to contribute towards the transformation of our health sector and assist Government in this regard.

The **National Health Research Database (NHRD)** developed for the NDoH has become a valuable tool for the national and provincial health departments to track and manage research activities as part of the broader agenda to deliver accessible health care for all South Africans in accordance with the National Health Research Policy.

The online, real-time NHRD database enables researchers to request permission from provincial Departments of Health to access and conduct research within any of its public health facilities. In 2013/14, all provinces were granted access to an offline version of the database with the primary purpose of identifying any areas requiring troubleshooting. During this period our team provided training, support and materials for the provinces and continues to do so. The NHRD was officially launched in October 2014 and the system went live in all provinces by January 2015.

The NHRD team's current focus is on the evaluation and retraining of Provincial Health Research Committees (PHRCs), maintenance and troubleshooting. Initial feedback from PHRC administrators is that the transition has been relatively smooth and that the introduction of the database has led to a reduction in workload. Feedback from the researchers' evaluation has also indicated satisfaction with the NHRD.

However, as expected, challenges such as Internet connectivity, competing workloads for administrators and lack of capacity within PHRCs, were also reported. Rural provinces, especially, have struggled with the online application system.

One of the highlights of the year was the publication of the **2013/2014 South African Health Review** which contained 17 chapters and was launched together with the District Health Barometer and the National Health Research Database in October 2014 by Dr Joe Phaahla, Deputy Minister of Health. The Emerging Public Health Practitioner Award was presented to Dr Jessica Price for her chapter on *Lean Management in the South African public health sector: a case study*.

Our **District Health Barometer (DHB)** has become a well-entrenched and highly regarded publication since it was first introduced in 2005. The project, which has been funded by the NDoH since 2011/12, has generated nine annual publications, the most recent being the 2013/14 edition.

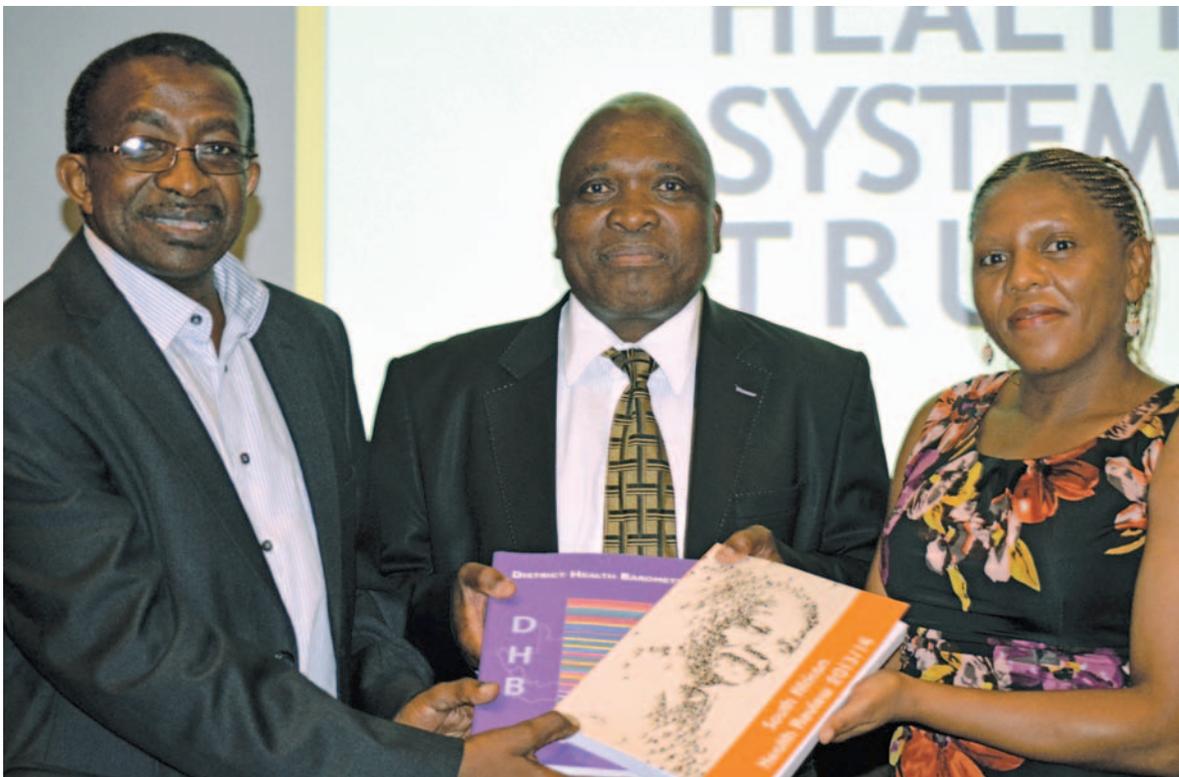
The latest publication includes 42 indicators with trend illustrations and profiles of South Africa, the nine provinces and 52 districts. The district chapters provide an analysis of all the indicators per district and identify the main priority issues that need attention. The 2013/14 edition also includes chapters on progress toward equity, burden of disease, ranking of district health system performance and data quality. Over 3 000 hard copies of the publication were distributed to national and provincial Departments of Health and health districts, and other institutions and stakeholders.

The launch of the 2013/14 DHB in October 2014 was followed by 23 workshops in most provinces to enable the health districts to use the information to improve performance and health service provision in general.

This year, for the first time we produced a provincial health report, the **Eastern Cape Provincial Health Barometer 2013/14**. At the request of the Eastern Cape Department of Health, and funded by HST, the Barometer provides an overview of the delivery of primary health care in the public health sector across the districts and sub-districts in the province.

The indicators chosen for the Barometer are those linked to measurement of the district's progress towards the MDGs, the NDoH's Annual Performance Plan and the District Health Plans of the health districts, as well as indicators that assess important aspects of the burden of disease. A total of 1 250 books were distributed within the province.

A project similar to the District Health Barometer, but more descriptive than interpretive in nature, is the **Annual National Health Statistics** publication, produced on behalf of the NDoH. The publication, which involved in-depth mining of available health statistics, is presented



Dr Joe Phaahla (middle) officially receives the South African Health Review and District Health Barometer from Dr Themba Moeti and Dr Maureen Tong

and packaged to be informative and accessible. The statistics are disaggregated into national, provincial, district and sub-district levels and comprehensively reflect service delivery indicators. A final draft will be sent to the NDoH in September 2015.

In the Western Cape, HST is a partner in a joint research project entitled, **Injury Morbidity Surveillance in Khayelitsha and Nyanga**, together with the South African Medical Research Council, the University of Cape Town and the Health Impact Assessment Unit of the Provincial Government of the Western Cape. The ultimate goal of the project is to inform the development of a robust surveillance system for injury morbidity and to improve local burden-of-disease measures, assist in better planning of health services, and aid in the development of appropriate targeted injury prevention interventions as well as the assessment of interventions already under way. In the short term, our aim is to establish a risk profile for non-fatal injuries presenting to district-level hospitals and CHCs in Khayelitsha and Nyanga, two of the five areas identified by the provincial government as requiring targeted injury prevention efforts.

The project makes use of a simple innovative mobile data collection tool, the *Mobenzi Researcher™* platform, that allows for large amounts of data to be aggregated over a short period.

The first four Rapid Assessments (RAs) have been successfully conducted. The fifth and final phase was scheduled to take place in September/October 2015, following which a detailed trend analysis of all five surveys will be conducted.

From the results already collated, it is evident that injuries accounted for between 31.4% and 41.6% of all cases presenting to the emergency centre during the one-week survey. Interpersonal violence remains the leading cause of injury, accounting for approximately 60% of all injuries. Injuries associated with alcohol ranged between 33.4% and 37.4%. Violent injuries associated with alcohol ranged between 48.6% and 61.6%.

HST is also involved in a series of multicountry case studies commissioned by the World Health Organization's (WHO's) Alliance for Health Policy and Systems Research (AHPSR) looking at the role of non-state providers in strengthening health systems towards universal health coverage.

To this end, our task focuses on the NDoH's **General Practitioner Contracting Initiative (GPCI)** which was started early in 2013 by the NDoH to support the NHI pilot

and PHC Re-engineering Strategy. The aim of the GPCI is to improve and expand access to healthcare services by contracting GPs working in the private sector for profit to render sessional services in public sector primary health care (PHC) facilities in the NHI pilot sites.

Two years since initiation of the GPCI by the NDoH, the project is at a stage where it will benefit from a deeper understanding of its contribution to health systems strengthening in the public sector that can inform future universal health coverage initiatives in South Africa and abroad.

Our role will be to explore the extent of implementation of the GPCI, how actors at various levels of the health system went about implementing it and what key factors enabled or hindered the implementation thereof, with a particular focus on processes of engagement and the relationships between the various actors.

The project is in its inception phase and a protocol has been finalised and approved by the University of Cape Town's Human Research and Ethics Committee. It is currently being reviewed by the WHO's Ethics Review Committee.

These, and other research projects of HST and other non-profit organisations, form part of an extensive body of work in the health sector in South Africa. However, there is a glaring lack of projects that synthesise this body of work over time and document the relevance of health research to policy reforms using a systematic approach.

In an effort to understand and track how findings from HST's considerable body of work over the past four years have contributed to informing policy development and implementation, as well as the achievement of strategic goals relevant to South Africa's health system, we embarked on an exercise to synthesise the key research findings and evidence emerging from the spectrum of HST research and project-related activities. Our objective with the **Synthesis of Health Systems Trust research and activities: Reviewing the evidence Project** is to outline the common themes emerging from our studies and interventions over this period.

Employing an integrated, mixed-research synthesis of qualitative and quantitative data over two phases, we have produced results which indicate HST's scope of work and its relevance to the goals of the NDoH, policy and strategy. HST's work ranges from key operational activities that support implementation for health system strengthening to research projects across the health system. HST's diverse and extensive approach has, over time, made a significant

contribution to service delivery and health services, human resources for health and health information as guided by the Ouagadougou Declaration. A final report will highlight the relevance of the key findings in relation to national policy and strategic documents and the implementation thereof. Common challenges in the health system will be also be outlined.

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

The delivery of health care equitably and effectively is dependent on, among other factors, key health-related information being communicated, shared and disseminated for use by those who need it most.

Such projects in the public health sphere have formed the cornerstone of HST's work and have played a vital role in the health transformation agenda.

Our successful Primary Health Care Re-engineering capacity-building projects in the North West and Mpumalanga Provinces have called for regular and detailed monitoring and evaluation, the results of which have been shared with key role-players and contributed to further support in the provinces.

An in-depth audit of our ward-based PHC re-engineering activities in the pilot sites was conducted to determine the number and composition of the Outreach Teams' (ORTs) need for refresher training, and to gauge their satisfaction with support provided. The findings from the North West Province audit were presented in a poster at the 2014 PHASA conference. A report has also been compiled for Mpumalanga Province.

Our work in the two provinces was also showcased in the second issue of the *PHC Outreach Newsletter*.

As a result of our findings in the **Outreach Teams Influence Project (ORTIP): The Referral Project** to determine the type of conditions patients were being referred for, how often they were referred, and the outcome of the referrals, each district in North West Province has been tasked by the provincial PHC Re-engineering team to develop an action plan to address the challenges identified.

We also sought to ascertain if there was an association between the referrals and the North West Province's poor performance in MNCWH, TB and HIV indicators. Our team assessed 3 175 referrals, the results of which showed that the majority were for child health (32%) and 'other' health-related categories (48%). Interestingly, HIV and TB constituted less than 10% of the referrals. Another significant finding was that the higher the number of referrals for antenatal care, the better the indicator performance.

Another initiative to improve efficiency at primary health care facilities was the development of a new framework for District Health System management and other staff through the **Competencies Study**, commissioned by the NDoH's Primary Health Care (PHC) Directorate.

The project was informed by a previous study which revealed gaps in leadership and management capacity-building in the country, and the need to refine competency assessment processes.

We have also supported the NDoH's **National Roll-out of Rationalised Registers** project to rationalise registers used at PHC health facilities to collect vertical programme data as of April 2015, which has been endorsed by the National Health Council. Our mandate was to print and supply the PHC comprehensive register, which was tested by HST in former years, the midnight census and the headcount register. The process also required us to train 2 035 staff across 46 districts in eight provinces on the use of the registers and supporting related change management processes. In total, we supplied over 100 000 registers and supporting material between March and July 2015.



Packaging of rationalised registers for dispatching to facilities

Similarly, the administration and management of patients' records and appointments, which are essential for the smooth functioning of any health facility, required intervention. Our team, together with the Council for Scientific and Industrial Research (CSIR) and Health Information Systems Programme (HISP), implemented the **NHI 700 PHC Facilities Health Information Project** for the NDoH. The task included the development and design of a standardised filing system and records management, standardised patient records at the facilities, and standardised reception services, appointment systems and patient flows. As a result of our interventions, there are now more efficient appointment processes, a smoother flow of patients at district facilities, and reduced waiting times.

On a smaller scale, but with the same purpose of helping to improve efficiency and planning to ultimately reverse the cycle of the burden of disease, some of our projects have specifically focused on individual communities to provide snapshots of the problems affecting the public health system and the broad interventions required.

At the request of the Limpopo Department of Health, we conducted research over five months to determine baseline morbidity and mortality data to enhance health planning, and create a **Disease Profile for the Vhembe Health District**, one of the NHI pilot districts, using available health and health-related data.

Our report showed baseline disease trends and transversal health system deficiencies, and included proposals for appropriate interventions and broad recommendations on routine measurements and rolling out good practices to other districts which will be further explored by the Limpopo Department of Health.

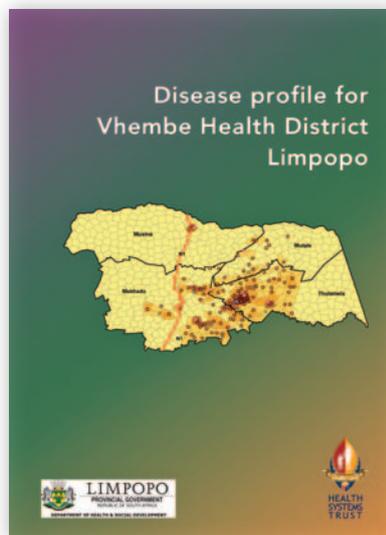
In the Waterberg area, we conducted a series of **Community Dialogues** to determine why health care patients there had poor adherence to chronic and long-term treatment and retention in care. The project was conducted at the request of the Waterberg HIV and AIDS, STI and TB (HAST) programme manager because of the difficulties experienced by the district in improving its sub-optimal performance in this regard. Health managers needed information about area-specific causes of poor performance and were restricted by a lack of information in developing suitable, sustainable, improvement strategies.

Through the dialogues, attended by health department managers and staff, community health workers, development partners and patients, we found that poor service delivery was a major factor inhibiting patients' adherence to treatment and retention in care.

These issues ranged from inadequate service provision in rural areas, insufficient patient outreach, dysfunctional booking systems, long waiting times, lack of confidentiality in facilities, medication stock-outs, inadequate clinic hours, poor filing and patient information management, to perceived adverse consequences of social grants.

These factors were coupled with provider-related drivers such as negative staff attitudes, burnout and poor motivation among nurses, insufficient staff training, poor management of side-effects, insufficient information dissemination to patients, and poor treatment of non-South African patients.

On the part of patients, fear of stigma, specifically relating to HIV and TB, lack of social support, financial strain, food insecurity, lack of transport options, unpleasant side-effects, treatment fatigue, patient mobility, alcohol and substance use, and traditional and religious beliefs, were further aggravations.



In the past year our monitoring and evaluation skills were also called upon by the ICAP Lesotho Strategic Information Strengthening Technical Assistance project, funded by PEPFAR. We were tasked to assess the current **Health Management Information System (HMIS)** in Lesotho during December 2014 and make recommendations to strengthen HMIS at national, district and facility levels.

HST has gained valuable experience in the past six years with the design and implementation of an **Electronic Medical Records System (EMRS)** in Lesotho hospitals.

The system provides healthcare workers with a practical, easy-to-use clinical management tool that can effectively track the progression of a condition or disease, and easily exchange detailed patient clinical information to ensure appropriate continuity of care. This tool contributed to a reduction in patient waiting times and has the potential to improve the quality of care.

We are now working with the KwaZulu-Natal Department of Health to implement the system in two HST-supported districts; uMgungundlovu and uMzinyathi. This initiative is part of the health systems strengthening support to the NDoH's NHI programme in the two districts to ensure that all citizens are provided with essential care regardless of their employment status, to strengthen service delivery, and to improve service delivery platforms.

Another opportunity for further innovation was in the Pixley ka Seme District where we helped strengthen WBOT-associated home-based care visits and referrals through electronic recording. HST developed a mobile application for tablets for the district management that allows for the capturing of WBOT health records into a central system. A web-based data repository was implemented and all data collected on tablets are uploaded into the online repository daily. Any follow-up appointments and back-referrals are 'pulled back' into the tablet application's appointment schedule.

These projects provided us with a unique opportunity to track a single patient's record through all levels of health care, from household to hospital level. The system is designed to provide for any patient to be seen by any clinician for any condition, in line with Integrated Health Services.

Furthermore, the implementation of an Electronic Medical Record module for WBOTs enables the public health care system to be better equipped to care for communities and, importantly, to be able to provide meaningful information about the impact of intervention at community level.

Last November, HST presented a final version of a rebranded and condensed **Resource Manual for Health Governance Structures in South Africa** to the Department of Health. Now, in the second phase of the project, HST is working at district level in the uMzinyathi District in KwaZulu-Natal to develop, implement and evaluate a capacity-strengthening learning programme for health governance structures, and to develop facilitator and learner support materials through an inclusive and participatory process. A Governance Structures Handbook for PHC Committees is also being developed.

Future activities include the implementation of the Trainer of Facilitators

and Health Governance Structures capacity-strengthening learning programme during July 2015, follow-up mentoring and support of the health governance structures who have been trained; a final draft of facilitator and participant learner support material, and a final report.

Offering guidance, mentoring and training on good practice development

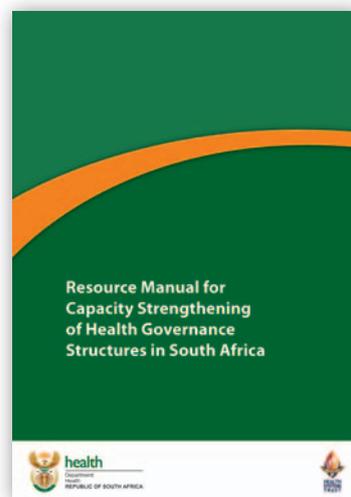
Healthcare workers in public facilities, especially in under-served areas, need continuous mentoring, guidance and training to not only remain inspired, but also to be capacitated to deliver effective services.

A good understanding of how to interpret and critically appraise the value of research findings is also an important skill for any individual involved in policy-making, knowledge translation and healthcare priority-setting.

In an effort to ensure that the NDoH programme staff remain proficient in these skills, HST was requested to initiate a **Journal Club** at the department to improve NDoH officials' ability to critically appraise and translate scientific literature findings into professional practice. A comprehensive needs assessment was conducted with a view to understanding the capacity-building needs of various cadres of staff at the NDoH which revealed the top five capacity-building needs as: proposal development; report-writing; data management; programme evaluation and evaluation of the quality of evidence.

Using this information, HST worked with senior managers within the Health Information, Research, Monitoring and Evaluation Cluster of the NDoH to develop two workshops which were delivered to a group of 28 department officials. The first workshop focused on proposal-writing while the second focused on basic research methods and appraising the evidence. Work on this initiative will continue as part of the 2015/16 research grant from the NDoH.

Our **Community Dialogues** at sub-district level in the North West and Mpumalanga were also well received,





with 11 547 people attending to discuss issues relating to maternal and neonatal care.

Our aim was to strengthen community-based interventions, raise community awareness, and increase the uptake of maternal and neonatal care among families. Recognising the positive outcomes of the dialogues for the communities and their staff, the districts have subsequently initiated their own sessions which is a good indication of skills transfer for sustainability.

To improve the value of household visits, HST conducted informal in-service training for 851 community health workers (CHWs), particularly in the areas of MNCWH, HIV and AIDS and TB care and monitoring and evaluation (M&E) tools. We also improved the knowledge and competency of WBOTs through training on topics like ANC, data collection and reporting completeness and accuracy, environmental profiling of a community's health, HIV and AIDS, and TB.

Team leaders were also encouraged to increase the number of supervisory visits to assess the efficiency of household visits.

Our team achieved further success with mentoring strategies for WBOTs to increase postnatal visits by following up clients on ANC registers until postnatal stages and providing health education for women of child-bearing age.

The result has been an improvement in the number of early ANC bookings before 20 weeks from 56.8% in 2013 to 64.9% in 2014 at the Marapyane CHC in the Govan

Mbeki District in Mpumalanga Province, according to the DHIS. Their TB defaulter rate also decreased from 4.2% in 2013 to 1.2% in 2014. Cervical cancer screening coverage showed an improvement from 36.4 to 59%, above the national target of 40%. The Mpumalanga DoH attributed this improvement to the interventions at household level by the WBOTs.

At school level, the WBOTs were linked with the School Health Teams to conduct screenings for TB, glucose, blood pressure and cholesterol. As a result, 35 learners from Dr Ruth Segomotsi Mompati District were referred to optometrists, dieticians, and other local facilities. In the Dr Kenneth Kaunda District, 2 597 learners were screened for TB and 155 were referred for TB to facilities for sputum collection. In the Gert Sibande District, 146 learners were screened and about half were referred for tooth decay.

Other school-level campaigns planned and facilitated by our project facilitators were the teenage pregnancy campaign attended by 873 learners from four schools, the HPV campaign which vaccinated 537 primary school learners, the immunisation campaign which immunised 59 children, and the STI awareness campaign attended by 143 learners.

Finally, our team members are soon to make their television debut, having worked with the editorial crew of the Soul City TV series on the role of CHWs in combatting TB at household level. The writing has been completed and the story is being filmed for TV.

Corporate Services

Corporate Services consists of a number of specialist units – finance, human resources, information technology, administration, business development, and marketing and communications – which are fully resourced with the requisite expertise and infrastructure to both maintain and respond to new directions in HST’s operational mandate.



Deena Govender
Director: Corporate Services

Finance and Compliance

Under the guidance of Ms Melini Moodley, our team plays a critical role in ensuring the effective and responsible disbursement of large-scale grants awarded to HST. This administrative and oversight role is key to maintaining relationships and for the effective, proper functioning of our programmes.

To this end, the HST management team and the compliance staff attended training on the rules and regulations of US Government funding which bore fruit for HST with its unqualified A133 annual audit report.

As we look to expanding our services on the continent, the Corporate Services Unit has been exploring the registration of HST as a non-profit organisation in countries in the southern Africa region.

Human Resources

With a solid reputation built over many years in the health sector, HST has become a sought-after employer. In turn, HST has subscribed to the highest standards in the recruitment of new staff, guided by the Human Resources Manager, Mr Robert Hendricks.

In the year under review, our staff complement grew by 41%, with the majority of recruitment fulfilling the needs of the SA SURE project. As at 30 June 2015, HST employed 385 members of staff. During the reporting period, 99 employees left the organisation, some having resigned and others whose contracts ended with the completion of projects.

Human Resources (HR) has also become an income-generating department, thanks to discretionary grant payments by the Health and Welfare Sector Education and Training Authority (HWSETA) after we successfully submitted our annual Workplace Skills Plan (WSP). The grant funds will be directed back into staff development. The HWSETA also approved three bursaries, to the value of R30 000 each. In addition, 11 other bursaries were awarded to employees, including three for Master’s degrees in Health and a PhD.

In our ongoing efforts to increase efficiency in the HR unit, we acquired an electronic Human Resources Information Management System (HRIMS) to assist us in reducing paperwork, create quality reports and transform our performance management system into a totally online process. Given the challenges of the NGO environment related to long-term staff welfare and security, we are pleased that our provident fund offering is now well established, and that we have been able to increase company contributions during the review period.

Information and Communications Technology

In our continuous endeavours to improve information technology within HST, we have installed new servers to house the SharePoint platform, which will allow more effective document sharing and knowledge management in the organisation.

HST has also deployed the Avaya (VOIP) solution across all offices resulting in a substantial decrease in telephone

communications costs between offices. Additionally, more frequent use of the video conferencing system between the main three offices in Durban, Johannesburg and Cape Town has substantially reduced the need for travel to attend meetings.

Measures have been taken to mitigate the impact of periodic load shedding affecting the country and to protect our assets with continuous power supply.

Administration

Working behind the scenes, our administration team, headed by Ms Delene King, provides essential logistical support to ensure that our teams operate effectively and ensuring the overall smooth functioning of the organisation.

With a team of four staff members, our IATA-accredited travel department provides a highly professional service to the organisation, on occasions processing up to 70 travel bookings per day.

Thanks to our dedicated team of fleet administrators, our staff who need to travel to remote areas are able to do so safe in the knowledge that our vehicles are maintained to a high standard.

Corporate Communications

The extensive work done by HST through our various projects is communicated to our partners and other stakeholders through a wide range of traditional and non-traditional channels, all efficiently managed by the Corporate Communications Manager, Ms Ashnie Padarath, and her team.

Providing project management, editing, desktop publishing and print and video production support for a wide range of strategic corporate, project-related and organisational communications requirements, the Corporate Communications team has entrenched the profile of HST as a significant player in the South African healthcare sector.

Documenting the inspiring experiences from the SA SURE project, the first edition of HST's *Stories of Change* series was edited and published. Communications support was also provided for the *Disability and Rehabilitation Framework and Strategy* publications; the *PHC Outreach Newsletter*; and an integrated communications strategy, which included a radio campaign. Support was also provided on editing the South African Health Review; video production of the South African Health Review highlights; as well as the NHI 700 Facilities video report for the NDoH.

In collaboration with fellow health communicators from other institutions, HST participated in a World's AIDS Day 2014 panel discussion on the topic of *Women, Girls & HIV: 10 years on*.

We also maintain a comprehensive website which has become a well-regarded resource of public health information, attracting over 30 000 visitors per month on the continent and beyond.

Internally, Corporate Communications managed the implementation of the new SharePoint intranet for internal staff with the aim of improving knowledge management.



HST's Sibongile Shezi addresses the audience during the World AIDS Day 2014 panel discussion at the University of KwaZulu-Natal

Conclusion

The 2014/15 reporting period has been a productive year for HST with several important achievements. The strategic plan for the period 2015 – 2017 was approved by the Board of Trustees and this strategy guides our work informed by key national strategies for the country and regional priorities as we begin the process of striving to grow HST's contribution to health systems strengthening and development in the southern Africa region.

HST, through work done in over 30 funded projects, has continued to support national health initiatives and priority programmes, contributing to the important progress in the Ideal Clinic initiative, the CCMDD programme, the National Rationalisation of Registers Project as well as supporting the development of the District Health Systems Framework, amongst others. Over the past year, major donor funded programmes such as the DFID-funded Reducing Maternal and Child Mortality Through Strengthening Primary Health Care (RMCH) Project and The Atlantic Philanthropies-funded Primary Health Care Re-engineering Project have been successfully concluded, and HST's support of a scaled-up national HIV response

continues as the country works towards attainment of the 90-90-90 targets by 2020. The interrelatedness of our programmes and research work in support of national strategic initiatives has over the past year been brought to the fore through the support provided to the quality improvement work led by the Office of Health Standards Compliance and support to the Rationalisation of Registers Project. Proposal development is a key source of HST's funding and achievement of the organisation's mission involves the Programmes, Corporate Services, Business Development Units and the CEO's office.

In addition to the funded projects implemented by HST, our staff also contributed to work at national, provincial and district level through participation in various task teams, reference groups and committees. The year's achievements have therefore been made possible by strong teamwork throughout the organisation, contribution to work at all levels of the health system, the generous support of our funders both in and outside government, the support of all our collaborating partners and the support and guidance of our Board of Trustees.



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Pumela Losi

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Judith King
Judith Annakie-Eriksen
Julia Elliot
Karen Jacobs
Kedibone Leeuw
Kemona Pillai
Khuselwa Molebatsi
Krishen Harisaran
Kuhlesibonge Dlungwana
Lee Ann Godfrey
Leo Moodley
Mahomed Imam
Mantsho Leotlela

Mbongeni Mkhwanazi
Melini Moodley
Melody Naidoo
Mpume Xulu
Neelambal Moodley
Ndimiso Jali
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Nomandisinde Mndende
Nomanesi Yikili
Nombuso Dlamini
Nomphakamiso Mdakane
Ntando Mdletshe
Ntombizodwa Gamede
Phumzile Gubevu
Primrose Ndokweni
Puleng Tlhoaele
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Robert Morupane
Ross Haynes

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Bareng Aphiri
Beverley Hamiel
Blessing Mncwabe
Bongi Mthembu
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Brian King
Charmaine Singh





Sakhiwo Mahlumba
 Sanele Ngubane
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 Sinead Parsee
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 Yandiswa Magwevana
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 Thesandree Padayachee
 Algernon Africa
 Angela Ogle
 Candy Day

Carmen Sisam
 Ega Janse Van Rensburg-Bonthuyzen
 Elia Muchiri Wandai
 Elise Levendal
 Emma-Louise Mackie
 Hlengiwe Mdebuka
 Iris Cupido
 James Burnett
 Jessica Phillip
 Johanna Dippenaar
 Kabelo Baloyi
 Lebogang Seutlwadi
 Lillian Mtungwa
 Linda Mureithi
 Loraine Lerumo
 Malcolm Rainers
 Masingita Zwane
 Matheko Masemola
 Motlatsi Kekana
 Motlatsi Rangoanana
 Mutheiwana Dombo
 Nandipha Jacobs
 Naomi Massyn
 Natasha Esau
 Nazia Peer
 Ncamisile Zulu
 Nditsheni Nethavhakone
 Netshedzo Sadiki
 Nienke Van Schaik
 Nolusindiso Ncitakalo
 Noluthando Ndlovu
 Nomvo Dwadwa - Henda
 Pragashnee Murugan
 Rally Moropa
 Rhulane Madale
 Robynn Paulsen
 Sanet Klaasen
 Samukelisiwe Mahlawe
 Takalani Netshiomvani
 Tamlyn Seunanden
 Taurai Chikotie
 Thylanu Ankhiah
 Xolisa Jabe

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Ronel Visser
 Jackie Smith
 Rakshika Bhana
 Abongile Jim
 Adriaan Pretorius
 Andile Fatyela
 Andile Masilela
 Anna Liebenberg
 Anna Modikwa
 Anne Ochieng
 Asanda Kuzane
 Asavela Gangatha
 Ashnee Soorajbally
 Babalwa Myeki
 Bafana Mdlalose
 Bathabile Mncwabe
 Bathobile Mkhithi
 Bernice Moerane
 Blessing Mavela
 Bonganisipo Fodo
 Bongji Ngubane
 Bongisile Xaba
 Bonisile Mpanza
 Bonolo Mooki
 Bontle Modiba
 Buhle Dlodla
 Bulelwa Mtiki
 Busisiwe Mbanjana
 Busisiwe Mkize
 Buyisiwe Ndlovu
 Caroline Qwabe
 Catherine Ledimo
 Christopher Ntsamai
 Cleopatra Msizi
 Cynthia Makgoka
 Cyril Ngcongco
 Dakalo Chavhalala
 Desmond Dodd
 Dikeledi Sithole

Dinah Maramba
Dineo Mtshali
Douglas Ngcobo
Duduzile Kumalo
Eddy Moyambo
Edith Moosa
Edith Sambo
Elvis Godlimpi
Emmarencia Nkosi
Engela Olivier
Evelyn Goeieman
Evelyn Mbongwe
Fathima Fyzoo
Fiki Mbelu
Fikile Grey
Fiorenza Monticelli
Flora Spangin
Florence Dlamini
Freddy Baloyi
Fundiswa Gxabeka
Gabriel Le Roux
Gadifele Kgwasa
Gilbert Shushu
Gugulethu Mswembezi
Happiness Nyathi
Hazel Goeieman
Heidi-Ann Sassman
Helecine Zeeman
Hildah Mtshali
Hlengiwe Gcaba
Indiphile Mabija
Isaac Nyoka
Jaliswa Majwede
Jaqueline Habana
Jason Mckenzie
Johan Van Eyssen
Johanna Odendaal
John Mkhumbuzi
Jongizizwe Ngwenya
Joseph Rasethe
Joy Noko
Juliet Nyasulu
Katlego Tlhapi

Kgomotso Nyandwi
Kgotso Mojela
Khanyisa Tshongweni
Khanyisile Myeni
Khomotjo Lebopa
Landiwe Khuzwayo
Lebogang Mohlabane
Lindelwa Mjali
Lindiwe Mazibuko
Lindiwe Msimang
Livhuwani Mashamba
Lizze Afrikaner
Londolozza Afrika
Loyiso Tshetsha
Lucky Gumede
Lulama Mhlongo
Lulama Molusi
Lungi Melane
Maanda Mudau
Mabatho Sebola
Macebo-Omzi Zele
Magogodi Masisi
Makhosazana Ntuli
Malefetsane Tsolo
Malibongwe Daweti
Mamphuthi Arie
Mando Malebo
Manqoba Mthembu
Maria Sithole
Maria Van Wyk
Martha Mavundla
Masego Qholosha
Maselaelo Legodi
Masentle Letanta
Mashudu Mbedzi
Matau Lekhu
Matshidi Sekgopo
Matshidiso Motshela
Maureen Bell
Maureen Ngubane
Mbali Dladla
Mbhekeni Mhlongo
Mesuli Ntshalintshali

Mfundo Sibiya
Miehleketo Shibambu
Mimi Teffo
Mitchelle (Charlotte) Zuma
Mioara Marcu
Moeketsi Thobeli
Moeketsi Toli
Mokobi Mogale
Mokete Maselo
Mokgadi Selepe
Momo Mokoena
Monde Ganca
Motlalentso Mohlahlo
Mpho Molefe
Mpho Setlhabi
Mphola Matee
Mpitzeli Wogqoyi
Mpolaeng Machete
Msa Sigudu
Mteteleli Sineke
Mukondeleli Netshaulu
Muzi Matse
Myekeni Thibane
Mzikazi Masuku
Mzwandile Mpongwana
Nana Nkosi
Nancy Zitha
Nandipha Cokoto
Nandy Mothibe
Ncinci Ntamo





Ndivhuho Mangale
 Neziswa Mdaka
 Nisha Pershad
 Njabulo Mbanda
 Nkadimeng Mathibe
 Nkosinathi Mazibuko
 Nkosinathi Zulu
 Nkululeko Sibisi
 Nobekho Baba
 Nokwanda Kave
 Nolwazi Dlamini
 Nomakhwezi Mankayi
 Nomalanga Nkambule
 Nombulelo Nobanda
 Nomso Arosi
 Nomtutuzela Kgotlagomang
 Nomvula Radebe
 Nomvula Sakati
 Nonceba Languza
 Nonsikelelo Nontswabu
 Nontumekelelo Madiba
 Nonzukiso Magida
 Nosiphso Pambuka
 Nozintle Ntlou
 Noziphiwo Balfour
 Nthabeleng Lefu
 Ntombizodwa Mchunu
 Patricia Bartman
 Patricia Hlophe

Patricia Mkhize
 Paul Kocheleff
 Pauline Banda
 Peggy Sago
 Phumelele Mabizela
 Phumeza Mofu
 Phumlani Khumalo
 Phumzile Vilakazi
 Phumzile Zungu
 Pinkie Motshepe
 Pitso Rasiile
 Poppy Mathane
 Portia Shai Mhatu
 Potlaki Moloji
 Precious Myeni
 Priscilla Khwela
 Puleng Mokwena
 Puseletso Molahloe
 Rachael Zulu
 Ramasela Maphoto
 Rebecca Motsoeneng
 Reety Ngcobo
 Regina Molete
 Reitumetse Ratsomo
 Remegius Dlamini
 Rendani Muntswu
 Ria Molewa
 Roger Tevan
 Roma Ramphal
 Romeo Mohohoma
 Runniel Mbhele
 Mpho Moeletsi
 Sakhumzi Nohe
 Sandile Ndlovu
 Sandra Qolesa
 Seala Monare
 Sello Moremi
 Semakaleng Molema
 Seobi Matube
 Shyra Gokul
 Sibongile Shezi
 Sicelesihle Mngomezulu
 Sikelela Dube

Silulami Zweni
 Simphiwe Sandlana
 Sindisiwe Khumalo
 Sinethemba Ntlonze
 Sinethezekile Zulu
 Siphso Fakude
 Siyabonga Hlatshwayo
 Slindile Dlamini
 Sne Khuzwayo
 Somikazi Mgwebi
 Songezo Madyibhi
 Songezo Ngwenya
 Sthandiwe Mngadi
 Stiaan Byleveld
 Susanna Naude
 Tandiswa Ngqusha
 Thabo Molefe
 Thandeka Khumalo
 Thandiswa Mdaka
 Thandiwe Zwane
 Thandokuhle Makhathini
 Thapelo Nyathi
 Thato Mafoko
 Thembekile Lushaba
 Thembeni Gwala
 Tseliso Shale
 Tshagofatjo Mojapelo
 Tshitshi Ngubo
 Tumelo Mampe
 Una Jaards
 Veliswa Mayeko
 Victoria Shandu
 Vusumuzi Kubheka
 Vuyelwa Nqandela
 Vuyokazi Mndwetywa
 Vuyokazi Ntshakaza
 Willias Zendera
 Yvonne Boya
 Zamayeza Mkhize
 Zandile Marareni
 Zandile Spotsi
 Zintle Nomganga
 Ziyanda Macingwane

Trust for Health Systems Planning and Development Annual Financial Statements

for the year ended 30 June 2015

Trust Information

Trust for Health Systems Planning and Development registration numbers:

Non-profit Organisation	020/700/NPO
Public Benefit Organisation	18/11/13/3137
Trust (Masters Office – Pretoria)	1098/92
Registered address:	34 Essex Terrace Westville 3630
Postal address:	PO Box 808 Durban 4000
Auditors:	Deloitte & Touche Durban
Bankers:	First National Bank, Nedbank

Trust for Health Systems Planning and Development

Annual Financial Statements for the year ended 30 June 2015

Statement of Responsibility for Financial Reporting by the Board of Trustees

The Board of Trustees is responsible for the preparation of the annual financial statements of the Trust for Health Systems Planning and Development ('HST'). In presenting the annual financial statements, the International Financial Reporting Standard for Small and Medium-sized entities and the requirements of the Trust Deed have been followed and 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 annual 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 has 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 auditors, 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 of Trustees. The Board of Trustees believes that all representations made to the independent auditors during their audit were valid and appropriate. The Deloitte & Touche audit report is presented on pages 9 to 10.

Preparation of the Annual Financial Statements

The annual financial statements have been prepared in accordance with the International Financial Reporting Standard for Small and Medium-sized entities and the requirements of the Trust Deed by M Moodley (CA) SA, Finance Manager.

Approval of the Annual Financial Statements by the Board of Trustees

The annual financial statements set out on pages 11 to 26 and the supplementary information set out on pages 27 to 31 were approved by the Board of Trustees on 16 October 2015 and signed on its behalf by:



Chairperson

These annual financial statements are an abbreviated version of the full audited version signed at the Board of Trustees' meeting as recorded above and are not, in themselves, audited. Copies of the full, audited version of the annual financial statements are available on request. Page numbers mentioned in this abbreviated report refer to the full version of the annual financial statements.

Trust for Health Systems Planning and Development

Annual Financial Statements for the year ended 30 June 2015

Corporate Governance Statement

The Trust for Health Systems Planning and Development ('HST') 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 Committee chairpersons and executives do not vest in the same persons and the chairpersons are non-executive Trustees. The chairpersons and chief executive provide leadership and guidance to the Trust and encourages 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		
	17/10/14	20/03/15	19/06/15
Dr. R Bismilla	✓	✓	✓
Prof N Chabikuli	✓	✓	✓
Mr A Kader	✓	✓	✗
Prof E Kibuka-Sebitosi	✓	✓	✓
Dr V Litlhakanyane	✓	✓	✗
Mr T Masilela	✓	✓	✓
Ms W Matthews	✓	✓	✓
Dr F Senkubuge	✗	✓	✓
Mr S Shuping	✓	✗	✓
Ms E Skweyiya	✓	✗	✓
Dr M Tong	✓	✓	✓
Ms G Twala (resigned 2 February 2015)	✗	—	—

Trust for Health Systems Planning and Development

Annual Financial Statements for the year ended 30 June 2015

Corporate Governance Statement (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 three times during the 2015 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		
	17/09/2014	18/02/2015	20/05/2015
Mr J Deodutt (External Member) (appointed 25 August 2014)	✓	✓	✗
Mr I Lax (External Member) (resigned 1 June 2015)	✓	✓	✓
Dr V Litlhakanyane (Trustee)	✓	✓	✓
Ms E Skweyiya (Trustee)	✓	✓	✓

The Audit Committee addressed its responsibilities properly in terms of the charter during the 2015 annual financial year. No changes to the charter were adopted during the 2015 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

Trust for Health Systems Planning and Development
Annual Financial Statements for the year ended 30 June 2015

Corporate Governance Statement (continued)

Personnel Committee (continued)

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 2015 financial year. The Personnel Committee consists of the following members:

	Attendees		
	18/09/2014	19/02/2015	21/05/2015
Dr R Bismilla (Trustee)	x	x	x
Mr A Kader (Trustee)	✓	✓	✓
Ms W Matthews (Trustee)	✓	✓	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		
	18/09/2014	19/02/2015	21/05/2015
Dr R Bismilla (Trustee)	x	x	x
Prof N Chabikuli (Trustee, alternate member)	✓	—	—
Mr A Kader (Trustee)	✓	✓	✓
Ms W Matthews (Trustee)	✓	✓	✓

Governance Committee

The Governance Committee operates in accordance with a written charter authorised by the Board, and provides assistance to the Board in the overall governance of the organisation in a manner that will ensure that best practice is exercised. The Governance Committee consists of the following Trustees:

	Attendees		
	16/09/2014	17/02/2015	19/05/2015
Ms G Twala (Trustee) (resigned 2 February 2015)	✓	—	—
Dr V Lithakanyane (Trustee)	✓	✓	✓
Mr T Masilela (Trustee)	✓	✓	✓
Mr S Shuping (Trustee)	x	✓	x

Trust for Health Systems Planning and Development

Annual Financial Statements for the year ended 30 June 2015

Corporate Governance Statement (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 2015 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

SizweNtsalubaGobodo 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), which 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.

Trust for Health Systems Planning and Development

Annual Financial Statements for the year ended 30 June 2015

Corporate Governance Statement (continued)

Ethical standards (continued)

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 ON THE ABRIDGED FINANCIAL STATEMENTS TO THE SHAREHOLDERS OF TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT

The accompanying abridged financial statements, which comprise the abridged statement of financial position as at 30 June 2015, the abridged statement of profit or loss and comprehensive income, abridged statement of changes in equity and statement of cash flows for the year then ended, are derived from the audited annual financial statements of Trust for Health Systems Planning and Development for the year ended 30 June 2015. We expressed an unmodified audit opinion on those annual financial statements in our report dated 16 October 2015. Our auditor's report on the audited annual financial statements contained an Other Matters paragraph. Those annual financial statements, and the abridged financial statements, do not reflect the effects of events that occurred subsequent to the date of our report on those annual financial statements.

The abridged financial statements do not contain all the disclosures required by International Financial Reporting Standard for Small and Medium-sized Entities, and the requirements of the Trust Deed as applicable to the annual financial statements. Reading the abridged financial statements, therefore, is not a substitute for reading the audited annual financial statements of Trust for Health Systems Planning and Development.

Trustees' Responsibility for the Financial Statements

The trustees are responsible for the preparation and fair presentation of the abridged financial statements in accordance with the International Financial Reporting Standard for Small and Medium-sized Entities, and in the requirements of the Trust Deed, and for such internal control as the trustees determine is necessary to enable the preparation of the abridged financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

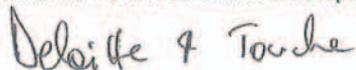
Our responsibility is to express an opinion on the abridged financial statements based on our procedures, which were conducted in accordance with International Standard on Auditing 810, Engagements to Report on Summary Financial Statements.

Opinion

In our opinion, the abridged financial statements derived from the audited annual financial statements of Trust for Health Systems Planning and Development for the year ended 30 June 2015 are consistent, in all material respects, with those annual financial statements, in accordance with the framework concepts and the measurement and recognition requirements of International Financial Reporting Standard for Small and Medium-sized Entities and the Trust Deed, as applicable to abridged financial statements.

Other reports

The other reports paragraph in our audit report dated 16 October 2015 states that as part of our audit of the annual financial statements for the year ended 30 June 2015, we have read the Report of the Board of Trustees and the Corporate Governance Statement for the purpose of identifying whether there are material inconsistencies between these reports and the audited annual financial statements. These reports are the responsibility of the respective preparers. The paragraph also states that, based on reading these reports, we have not identified material inconsistencies between these reports and the audited annual financial statements. The paragraph furthermore states that we have not audited these reports and accordingly do not express an opinion on these reports.



Deloitte & Touche

Per Mthokozosi Luthuli CA (SA)
Partner
19 January 2016

National Executive: *LL Bam Chief Executive *AE Swiegers Chief Operating Officer *GM Pinnock Audit
*N Sing Risk Advisory *NB Kader Tax TP Pillay Consulting S Gwala BPaaS *K Black Clients & Industries
*JK Mazzocco Talent & Transformation *MJ Jarvis Finance *M Jordan Strategy *MJ Comber Reputation & Risk
*TJ Brown Chairman of the Board
Regional Leader: *R Redfeam

A full list of partners and directors is available on request

* Partner and Registered Auditor

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

Member of Deloitte Touche Tohmatsu Limited

Trust for Health Systems Planning and Development

Annual Financial Statements for the year ended 30 June 2015

Report of the Board of Trustees

The Board of Trustees presents their annual report for Trust for Health Systems Planning and Development for the year ended 30 June 2015.

1. General review

The Trust for Health Systems Planning and Development ('HST') 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 Southern 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 13 to 26 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 R 6 206 543 (2014: R18 612 227).
- 2.3 The ratio of administration expenses (excluding the unusual and extraordinary items), against gross income is 9.6% 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 during the financial year and at the date of the report are:

Name	Date appointed	Date resigned/tenure ended
Dr R Bismilla	20 June 2014	
Prof N Chabikuli	20 June 2014	
Mr A Kader	20 June 2014	
Prof E Kibuka-Sebitosi	14 March 2014	
Dr V Lithakanyane	19 November 2010	
Mr T Masilela	14 March 2014	
Ms W Matthews	13 October 2013	
Dr F Senkubuge	20 June 2014	

Trust for Health Systems Planning and Development
Annual Financial Statements for the year ended 30 June 2015

Report of the Board of Trustees (continued)

3. Trustees (continued)

Name	Date appointed	Date resigned/tenure ended
Mr S Shuping	01 February 2011	
Ms E Skweyiya	13 October 2013	
Dr M Tong	01 April 2010	
Ms G Twala	01 April 2010	2 February 2015

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 annual 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
Annual Financial Statements for the year ended 30 June 2015

Statement of Financial Position

	Notes	2015 R	2014 R
ASSETS			
Non-current assets		25 748 011	20 702 027
Property, plant and equipment	7	25 718 848	20 585 031
Intangible assets	8	29 163	116 996
Current assets		112 293 457	72 129 005
Trade and other receivables	9	9 898 029	5 134 039
Cash and cash equivalents	10	93 263 229	64 094 078
Accrued revenue	3	9 132 199	2 900 888
Total assets		138 041 468	92 831 032
EQUITY			
Accumulated surplus funds and reserves		62 809 888	56 603 345
LIABILITIES			
Current liabilities		75 231 580	36 227 687
Trade and other payables	11	19 479 293	13 028 528
Provisions	12	7 734 115	6 616 359
Deferred revenue	3	48 018 172	16 582 800
Total equity and liabilities		138 041 468	92 831 032

Trust for Health Systems Planning and Development
Annual Financial Statements for the year ended 30 June 2015

Statement of Comprehensive Income

	Notes	2015 R	2014 R
Grant income	3	339 076 675	293 802 566
Other income	4	12 111 740	3 149 534
Project expenses		(315 166 947)	(254 176 557)
Administration expenses		(32 544 106)	(25 897 912)
SURPLUS BEFORE INTEREST	4	3 477 362	16 877 631
Interest received	5	2 729 181	1 734 596
SURPLUS BEFORE TAXATION		6 206 543	18 612 227
Taxation	6	—	—
NET SURPLUS AFTER TAXATION		6 206 543	18 612 227
Other comprehensive income		—	—
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		6 206 543	18 612 227

Trust for Health Systems Planning and Development
Annual Financial Statements for the year ended 30 June 2015

Statement of Changes in Equity

	HSS	HSR	SA Sure (CDC)	Corporate Services	HST Reserve Fund	Total Equity
	R	R	R	R	R	R
Closing balance as at 30 June 2012	7 330 767	2 108 678	1 479 568	17 388 300	—	28 307 313
Total surplus/(deficit) for the year	9 308 867	(295 293)	(1 942 980)	2 613 211	—	9 683 805
Transfers to Reserve Fund	(8 705 091)	(574 270)	—	(5 000 000)	14 279 361	—
Closing balance as at 30 June 2013	7 934 543	1 239 115	(463 412)	15 001 511	14 279 361	37 991 118
Total surplus for the year	2 637 934	830 543	12 393 666	2 750 084	—	18 612 227
Transfers to Reserve Fund	(2 098 484)	(426 444)	—	—	2 524 928	—
Closing balance as at 30 June 2014	8 473 993	1 643 214	11 930 254	17 751 595	16 804 289	56 603 345
Total surplus/(deficit) for the year	2 013 441	(257 141)	(4 924 889)	9 375 132	—	6 206 543
Transfers to Reserve Fund	(434 703)	(342 650)	—	—	777 353	—
Closing balance as at 30 June 2015	10 052 731	1 043 423	7 005 365	27 126 727	17 581 642	62 809 888

TOTAL EQUITY COMPRISES THE FOLLOWING:

	2015	2014
	R	R
Accumulated Surplus funds	45 228 246	39 799 056
HST Reserve Fund	17 581 642	16 804 289
	62 809 888	56 603 345

Being mindful of the fact that HST operates in a very competitive environment, the Board of Trustees approved the creation of a Reserve Fund for the sustainability of the organisation. The Reserve Fund is governed by the applicable approved policy.

Trust for Health Systems Planning and Development
Annual Financial Statements for the year ended 30 June 2015

Statement of Cash Flows

	Notes	2015 R	2014 R
CASH FLOWS FROM OPERATING ACTIVITIES			
Cash generated from operations	A	39 049 310	41 998 921
Interest received		2 729 181	1 734 596
Net cash flows generated in operating activities		41 778 491	43 733 517
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from disposal of property, and equipment		1 198 650	176 515
Acquisition of property and equipment		(13 797 887)	(17 262 484)
Acquisition of intangible assets		(10 103)	(178 029)
Net cash flows used in investing activities		(12 609 340)	(17 263 998)
Net increase in cash and cash equivalents		29 169 151	26 469 519
Cash and cash equivalents at beginning of year		64 094 078	37 624 559
Cash and cash equivalents at end of year	10	93 263 229	64 094 078

Trust for Health Systems Planning and Development
Annual Financial Statements for the year ended 30 June 2015

Notes to the Statement of Cash Flows

	2015	2014
	R	R
A. RECONCILIATION OF SURPLUS BEFORE TAXATION TO CASH GENERATED FROM OPERATIONS		
Surplus before taxation	6 206 543	18 612 227
Adjustments for:		
Depreciation	7 726 264	2 783 052
Amortisation	97 936	2 981 783
Increase in provisions	1 117 756	3 534 347
(Profit)/Loss on disposal of property, plant and equipment	(260 844)	124 738
Interest received	(2 729 181)	(1 734 596)
Cash inflows from operations before working capital changes	12 158 474	26 301 551
Working capital changes:		
(Increase)/Decrease in trade and other receivables and accrued income	(10 995 301)	2 063 905
Increase in trade and other payables and deferred income	37 886 137	13 633 465
Cash generated from operations	39 049 310	41 998 921

Funders and Partners

Funders

US Centers for Disease Control and Prevention
National Department of Health – South Africa
The Atlantic Philanthropies
Department of Health – Gauteng
Department of Health – Limpopo
Department of Health – Western Cape
German Development Bank (KfW)
International Development Research Centre
National Lotteries Board
National Treasury
Office of Health Standards Compliance
Office of the Presidency – South Africa
Palmer Development Group
Public Health Enhancement Fund
WHO Alliance for Health Policy and Systems Research
World Bank

Partners and collaborators

Academy for Leadership and Management in Healthcare
Africa Health Placements
Africare
ASG
Aurum Institute
US Centers for Disease Control and Prevention
Continuing Education at University of Pretoria
Department of Health – Gauteng

Department of Health – Eastern Cape
Department of Health – Free State
Department of Health – KwaZulu-Natal
Department of Health – Limpopo
Department of Health – Mpumalanga
Department of Health – Northern Cape
Department of Health – North West
Department of Health – Western Cape
Development Bank of Southern Africa
Khethimpilo
Management Sciences for Health
Medical Research Council of South Africa
Mobenzi
National Alliance of State and Territorial AIDS Directors (NASTAD)
National Health Laboratory Services
National Institute of Communicable Diseases
Philanjalo
Priority Cost Effective Lessons for Systems Strengthening South Africa (PRICELESS)
Right to Care
Save the Children UK
Social Development Direct
Soul City Institute
20,000+ Partnership
The Futures Group
University of Cape Town – CIDER
University of the Western Cape
University of the Witwatersrand – Centre for Rural Health
University Research Council
University of KwaZulu-Natal
University of KwaZulu-Natal – Centre for Rural Health
VP Health

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