ANNUAL REPORT
2017/18
OUR Footprint

- Management and implementation support
- Priority health programmes
- Essential national health research
- Information for planning, monitoring, evaluation and decision-making
- Mentoring and training

HST Offices
*Rustenburg office closed in November 2017

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

**OUR VISION**
Improved health equity in a healthier Africa

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

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

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

ABOUT Us
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ABBREVIATIONS AND Acronyms

APP  Annual Performance Plan
AHPSR  Alliance for Health Policy and Systems Research
AYFS  adolescent and youth-friendly services
CCMDD  Central Chronic Medicines Dispensing and Distribution Programme
CDC  US Centers for Disease Control and Prevention
DHB  District Health Barometer
DHET  Department of Higher Education
DQA  data quality review
DREAMS  Determined, Resilient, Empowered, AIDS-free, Mentored and Safe
EDCTP  European & Developing Countries Clinical Trials Programme
EDR.net  Electronic Drug-resistant Tuberculosis Register
EE  Employment Equity
ETR.Net  Electronic Tuberculosis Register
GF  Global Fund
GP  general practitioner
GPCI  General Practitioner Contracting Initiative
HFA  health facility assessment
HPSR  health policy and systems research
HSR  health systems research
HSS  health systems strengthening
HTS  HIV Testing Services
HWSETA  Health and Welfare Sector Education and Training Authority
ICDM  Integrated Chronic Disease Management
ICRM  Ideal Clinic Realisation and Maintenance
ICSM  Integrated Clinical Services Management
KZN  KwaZulu-Natal
MCWH  maternal, child and women’s health
NDoH/DoH  National Department of Health/Department of Health
NGO  non-governmental organisation
NHI  National Health Insurance
NHRD  National Health Research Database
NSP  non-state provider
M&E  monitoring and evaluation
PEPFAR  US President’s Emergency Plan for AIDS Relief
PHC  primary health care
PHRC  Provincial Health Research Committee
PuP  pick-up point
QI  Quality Improvement
SAHR  South African Health Review
SA SURE  South Africa Sustainable Response to HIV, AIDS and TB Project
STGs  Standard Treatment Guidelines
SyNCH  Synchronised National Communication in Health
TB  tuberculosis
TREATS  Tuberculosis Reduction through Expanded Anti-Retroviral Treatment and TB Screening
UHC  universal health coverage
UTT  universal testing and treatment
WACs  Ward AIDS Committees
WEL  Wellness for Effective Leadership
WHO  World Health Organization
BOARD OF
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11 Dr Themba Moeti
   (Ex officio)
REPORT FROM THE Chairperson

“HST has been at the forefront of informing health policy development, translating knowledge into practice, and formulating solutions-focused interventions to address health service delivery challenges.”

It gives me great pleasure to present to our stakeholders and partners the annual report of the Health Systems Trust for the 2017/18 financial year ended 30 June 2018.

The diversity and volume of health systems research and implementation projects presented in this report reflect over a quarter of a century of commitment to improving health outcomes in South Africa.

HST has significantly grown from its modest beginnings in 1992 with only three staff members and a mandate of shaping and refining health systems research programmes on behalf of the National Department of Health. Today, its staff complement has grown to almost 500 people who, in the current reporting year, worked across more than 20 health systems strengthening and health systems research projects. Together, their cumulative expertise, knowledge and combined efforts are providing invaluable and extensive support at all levels of the health system to meet the health priorities identified by government policy.

During 2018, South Africa moved one step closer towards the provision of universal health coverage through the National Health Insurance as a funding mechanism, following the publication of the draft NHI Bill for public comment. Leading up to this point, HST has participated in consultative fora and supported some of the pilot projects to make its contribution towards the realisation of NHI and the attainment of universal health coverage.

In the fight against HIV, AIDS and tuberculosis, the evidence strongly shows that many gains have been made in reducing HIV transmission. Aligning to the National Strategic Plan, the new targets to put an additional two million people on antiretroviral treatment by 2020 has energised our endeavours to motivate people to know their HIV status, seek treatment and stay on their medication (90-90-90 targets) in order to change the trajectory of this epidemic. Ambitious targets require smarter solutions. Our support of this goal has seen HST immersing itself into communities to identify people living with HIV, strengthen tracing of patients lost to follow-up, as well as scaling up linkage to care and treatment as part of the SA SURE Plus project support to the national HIV response through PEPFAR funding.

Maternal and child health, injuries and violence, the upsurge of non-communicable diseases and improving health service quality through strengthened health governance and improved
management capacity are areas foremost in South Africa’s health priorities and have continued to receive attention through health systems strengthening and research projects and progress reported on in our key publications, the South African Health Review and the District Health Barometer.

The steady expansion of HST’s activities, has in the current year, among other projects, extended to include the conduct of clinical trials through laying the ground work for implementation of the Tuberculosis Reduction through Expanded Antiretroviral Treatment and Screening for active TB (TREATS) trial in South Africa. This multi-partner study conducted by a consortium which includes organisations that are global leaders in the fight against TB is being set up in South Africa and Zambia to measure the impact of a combined intervention of population level active case-finding for TB, combined with universal testing and treatment for HIV on TB incidence, prevalence and incidence of infection. This exciting new development in HST’s portfolio of work, combined with the establishment of a Training Unit delivering accredited training programmes, are indicative of HST’s uniqueness as an evolving non-governmental organisation. HST has been at the forefront of informing health policy development, translating knowledge into practice, and formulating solutions-focused interventions to address health service delivery challenges. It has continued to demonstrate remarkable agility in effectively supporting primary health care service needs, adapting its approach as health service needs evolve and new challenges emerge across an extensive geographical footprint.

During the year, we bid farewell to Trustees, Ms Wendy Matthews and Dr Unati Mahlati. On behalf of the Board I would like to thank them for their valuable contribution to HST. We also welcomed new Trustee, Mr Shadrack Mapetla and look forward to his support in guiding HST to advance its important work.

In preparation for the new challenges of building resilient and equitable health systems, as well as ensuring sustainability well into the future, HST has embarked on developing a new business strategy to take the organisation forward for the next five years.

Finally, on behalf of the Board, I wish to express my gratitude to Dr Themb Moeti for his leadership of HST as well as to the directors and staff for their dedicated service to HST. I call on all HST staff to rally around our new vision and mission, to take the organisation forward and to continue to make a difference in the health and well-being of our communities.

Dr Flavia Senkubuge
Chairperson: Board of Trustees
As CEO of Health Systems Trust it is always gratifying to share our annual achievements with you, our valued stakeholder. The 1 July 2017 to 30 June 2018 financial year has been one filled with new developments, enhancements to existing projects and general positive growth.

Like other organisations in South Africa HST is operating in an evolving public health landscape, which saw momentum building towards the implementation of National Health Insurance and creating advances with regard to universal health coverage through the NHI Bill. The introduction of NHI will be a significant milestone in the transformation of our health system which heralds far-reaching changes in the health system as we know it.

With HST’s contribution to initiatives that constituted some of the early building blocks of NHI such as the Central Chronic Medicines Distribution and Dispensing programme (CCMDD) and the Ideal Clinic Initiative, we look forward to continuing to provide technical and health systems research support in terms of the transformative step the country is taking towards delivering equitable access to quality health services to all citizens by 2030.

Over the past year, HST’s support to national health systems development, generation of evidence to inform policy implementation and scale-up of priority health programmes in the country and the region has been delivered through 20 projects led by our Health Systems Research and Health Systems Strengthening units. South Africa continues to have one of the most critical and dire HIV epidemics in the world, TB remains the leading cause of death and non-communicable diseases are on the rise. In striving to help attain the ambitious district and project-based 90-90-90 targets, the SA SURE Plus project has redoubled its efforts to support the national HIV Treatment Surge plan and the related HIV and TB treatment and prevention interventions at national, provincial, and community levels.

HST’s geographic footprint as a district support partner supports districts that account for a significant proportion of the national burden of HIV and TB. In the past year, with CDC support, HST has directed more resources in the districts towards intensified data management assistance, clinical and management capacity on the ground, community mobilisation and demand-creation efforts all geared towards improving linkage to and retention in care, and uptake of appropriate HIV prevention services.

“HST’s strategy planning process has resulted in a new vision of improved health equity in a healthier Africa by means of our mission to drive change for comprehensive and equitable health systems through research and capacity development.”
The 2016/17 District Health Barometer was successfully launched in January 2018 in partnership with the National Department of Health. Critical for district management planning, this important knowledge resource on district level performance, was presented at various district teams’ workshops across South Africa to support ongoing capacity-building and improve service delivery outcomes and impact.

Over the past two years, the visibility of HST’s work internationally has grown with work undertaken in the region, participation in multi-country studies and research as well as presentation of HST’s work in international workshops and conferences. It is also gratifying to see our work being presented and reaching wider local and international audiences such as the Pharmaceutical Society of South Africa, the International Children’s Palliative Care Network Conference, the American College of Surgeons Clinical Congress and the Southern African ESRI User Conference.

As I write this overview, the case study on the role of General Practitioner contracting in strengthening health systems towards universal health coverage in South Africa, part of a series of multi-country case studies commissioned by the World Health Organization’s (WHO) Alliance for Health Policy and Systems Research (AHPsr) looking at the role of non-state providers (NSPs) in strengthening health systems towards universal health coverage (UHC), was presented at the 5th Global Symposium on Health Systems Research in Liverpool in October 2018.

I am pleased to report that our portfolio of work has expanded to conducting clinical trials in the Western Cape as a study site partner of the TREATS project, funded by the European Union (EU) through the European & Developing Countries Clinical Trials Partnership (EDCTP). Our work with support from the Global Fund has enabled us to provide quality assurance support to the Ministries of Health of Namibia and the Kingdom of eSwatini to conduct health facilities’ assessments and data quality reviews covering a broad range of services in these countries. These new projects will greatly contribute to expanding our experience, networks and visibility in the region.

As part of its transformation to the Health Systems Training Institute (HSTi), the past year saw our Training Unit begin to make significant progress in meeting various accreditation criteria to offer Health and Welfare Services Training Authority (HWSETA)-funded training programmes.

In the past year, under the leadership of our Board of Trustees, we reflected on defining a strategic vision for the organisation and our work in the context of embracing the sustainable development goals and key national initiatives moving forward. This has resulted in a new vision of improved health equity in a healthier Africa by means of our mission of driving change for comprehensive and equitable health systems through research and capacity development.

The work of HST is made possible with the support of our funders and partners, the public health facilities, communities and community-based organisations with which we work and for which we are exceedingly grateful.

I wish, on behalf of all HST’s staff, to express my sincere appreciation to the Board of Trustees for their expert guidance of HST’s work and look forward to our interactions during the coming year.

Last, but not least, I extend my deepest gratitude to all of HST’s staff, who in the face of constant change and new challenges, continue to perform their duties with great professionalism and unflagging energy in our determination to help achieve a highly performing health system.

Dr Themba Moeti
Chief Executive Officer
HST operates through its Programmes, Corporate Services, Business Development and Communications, and Human Resources units. The wide variety of projects are cross-cutting and involve interdisciplinary collaboration between our units across five core business areas:

01 Providing management and implementation support in health districts
02 Supporting implementation of priority health programmes
03 Conducting essential national health research
04 Generating information for planning, monitoring, evaluation and decision-making
05 Offering guidance, mentoring and training on good practice development

The programmes’ activities over the last year are presented under the category which largely represents each project area of focus.
HEALTH SYSTEMS RESEARCH AND STRENGTHENING UNITS

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

HST’s programmatic support and health systems research work extends across all levels of the health system, including national, provincial and district levels as well as community-based structures.

The units are staffed with highly skilled and experienced project managers, researchers, technical specialists, health professionals, social scientists, facilitators and mentors across a broad range of disciplines who are passionate health activists dedicated to improving the health of the nation and the communities we serve. Working seamlessly, they execute and manage projects from health systems and policy research and programme evaluations to evidence-informed technical support and scale-up of priority health programmes and national health initiatives.

The HSR unit conducts relevant health systems research and contributes to the evidence base for public health planning, decision- and policy-making, implementation and service delivery.
The unit disseminates health perspectives and health information in our highly acclaimed annual publications, the South African Health Review and District Health Barometer, as well as other supplementary off-shoot publications. HST has played an integral role in developing the National Health Research Database which supports the management and co-ordination of health research conducted within the public health sector.

HST’s research approach is aligned to contemporary thinking and techniques employed by health policy and systems research (HPSR) with an increasing focus on implementation research (to test approaches for scale-up) and operational (improving local conditions) research. Such methodologies allow priority research questions to emerge from a process of interrogation of existing data, engagement with key staff, through gaining an in-depth understanding of the local context and thorough immersion in the local setting.

The HSS unit provides implementation support through strategic use, analysis and distribution of information about health and related fields to enhance district-based activities. This is achieved by HST facilitators who work closely with health district management teams and healthcare workers to transfer skills for sustainable quality improvement in service delivery through training and mentoring.

HST continues to play a key role in providing district-level support to health service delivery and systems strengthening in areas as diverse as HIV and AIDS, TB, and maternal, child and women’s health (MCWH), and health management information systems.

1. MANAGEMENT AND IMPLEMENTATION SUPPORT

The South African Sustained Response to HIV and AIDS and TB (SA SURE Plus) project focuses on supporting the national plan to accelerate epidemic control through service delivery and technical assistance support for targeted interventions that support the national ART programme at different levels of the health system. The project also provides health systems strengthening aimed at sustainable capacity development at health facility and community levels within the district health system. The programmatic activities not only integrate national health priority actions such as 90-90-90, CCMDD, Primary Health Care Re-engineering, National Health Insurance (NHI), the National Core Standards and the Ideal Clinics initiative, but also focus on strengthening systems to improve the quality of care.

The project pays particular attention to all levels of the health system; provincial, district, facility and community to increase the number of clients initiated on anti-retroviral treatment through targeted interventions to help decongest facilities, while strengthening the health systems supporting the programmes. The project activities are accompanied by a monitoring and evaluation (M&E) framework to track changes in service delivery and to monitor and evaluate the impact of the project interventions. This approach enables the project to adapt, improve and innovate.

The second version of the 90-90-90 Compendium Volume 4 entitled “Healthy me, healthy us: a guide for community members about good health and staying healthy with chronic illness” has been translated into local languages to increase its accessibility to the community.
For the period under review the project was active in seven districts spread over three provinces (Eastern Cape, Free State and KwaZulu-Natal).

The project continues to support the national and provincial levels with technical assistance in health system strengthening in the areas of:

1. Support for Ideal Clinic Realisation and Maintenance (ICRM)
2. Capacity Strengthening and Learning Programme for Ward AIDS Committees (WACs)
3. Improving access to chronic medication through the CCMDD programme and related software
4. Strengthening linkage to care for HIV and TB patients through mobile outreach teams as well as the placement of linkage officers at high burden facilities
5. HIV testing services, anti-retroviral treatment (ART) initiation and facilitation of support groups and adherence clubs through contracted community-based organisations
6. Technical assistance for management at district and provincial levels
7. Development and piloting of a supervision programme for community health workers

In order to provide effective support to the health system, it is essential that communities utilising the services are knowledgeable about their health as well as the services that are available. The project has published one additional volume of the 90-90-90 Compendium during this reporting period. Volume 4 deals with living a healthy life with chronic conditions and is produced in two versions; the first for the health worker and the second as an information booklet aimed at the community member.

The project has also generated a number of stories in the media highlighting specific areas of focus for the project and target populations for our interventions, which are described further on page 32.

“As youth, we do know about condoms and prevention but many young guys say using condoms is boring. I tell them ‘that’s too bad but you still need to protect yourself and your partner’. They must protect themselves or abstain. That is the choice.”

Quotation from Innocent at the launch of the youth-friendly clinic in Lamontville, Durban, as published in the Daily Sun on 20 November 2017.
Health Systems Trust has been the National Department of Health’s (NDoH) primary support partner in the Central Chronic Medicines Dispensing and Distribution (CCMDD) programme since its inception in 2014. This NDoH policy initiative seeks to improve access to chronic medicines for stable patients by enabling them to collect their repeat medicines from a convenient pick-up point (PuP) near their home or work, thereby reducing congestion at healthcare facilities and improving service delivery and the patient experience. The additional benefits of this programme to decision-makers are the improved availability of epidemiological and medicine utilisation data that can be used to formulate policy, and to the clients, more effective supply-chain management of medicines, as well as improved patient retention on treatment. CCMDD forms part of the differentiated care model.

During the period in review, CCMDD activities were focused on contracting private service providers (SPs) in line with the business model developed for the NDoH to dispense and distribute medications, and to render pick-up point services.

Other technical support provided at national, provincial and district levels included guidance on CCMDD policy development and implementation, support for the financial administration of the programme, the facilitation of PuP appointments, extensive training of new service providers, and their inclusion on a national database. These elements conformed to the processes specified in comprehensive standard operating procedures developed by the HST CCMDD team.

Since programme inception a total number of 2 052 364 patients have been registered from 3275 facilities in 46 districts. HST is providing direct support to NDoH in seven districts, and indirect support to district support partners in other districts. External PuPs now stand at 866.

HST will continue to support this NHl programme expansion, including orientation and training of facilities and PuPs, as required. During the ongoing scale-up of the CCMDD project, more emphasis will be placed on monitoring and evaluating of activities, which emerged as a challenging issue, particularly at district and facility levels. The planned development of an e-learning platform for the CCMDD will provide access to continuous development resources to all stakeholders involved in the programme.

### Table 1: Implementation progress of pick-up points

<table>
<thead>
<tr>
<th>Province</th>
<th>No of districts</th>
<th>No of facilities</th>
<th>Number of patients registered</th>
<th>Number of external PuPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Cape</td>
<td>8</td>
<td>750</td>
<td>239 156</td>
<td>59</td>
</tr>
<tr>
<td>Free State</td>
<td>5</td>
<td>174</td>
<td>109 660</td>
<td>100</td>
</tr>
<tr>
<td>Gauteng</td>
<td>5</td>
<td>305</td>
<td>339 344</td>
<td>267</td>
</tr>
<tr>
<td>KwaZulu-Natal</td>
<td>11</td>
<td>748</td>
<td>782 728</td>
<td>271</td>
</tr>
<tr>
<td>Limpopo</td>
<td>5</td>
<td>516</td>
<td>182 158</td>
<td>56</td>
</tr>
<tr>
<td>Mpumalanga</td>
<td>3</td>
<td>297</td>
<td>226 385</td>
<td>52</td>
</tr>
<tr>
<td>North West</td>
<td>4</td>
<td>339</td>
<td>123 324</td>
<td>39</td>
</tr>
<tr>
<td>Northern Cape</td>
<td>5</td>
<td>146</td>
<td>49 609</td>
<td>22</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>46</strong></td>
<td><strong>3275</strong></td>
<td><strong>2 052 364</strong></td>
<td><strong>866</strong></td>
</tr>
</tbody>
</table>
The *Synchronised National Communication in Health (SyNCH)* electronic system, previously known as the CCMDD electronic system, was first piloted in September and October 2016 in the KwaZulu-Natal and Eastern Cape provinces, respectively. The system provided a technological solution to automate the CCMDD processes of online registration, electronically generated prescriptions and Patient Medicine Parcels (PMPs) tracking, and reporting. Following extensive functionality and communication testing of SyNCH with medicine distributor service providers in the two provinces, the system was fully implemented from March 2017 to June 2018 in seven health facilities in the Eastern Cape, and in 208 health facilities in KwaZulu-Natal. As at 30 June 2018, a total of 46 177 patients were registered on SyNCH: 43 653 (94.5%) and 2524 (5.5%) patients were registered in KwaZulu-Natal and the Eastern Cape, respectively.

During the reporting period, further development changes were made to the SyNCH system, to ensure that the functions and features were in line with the new CCMDD service level agreements, following the awarding of new tenders in the two provinces. Since the system ensures standardisation of care in accordance with the Primary Health Care Standard Treatment Guidelines (STGs), a notable change in prescribing practice at the facilities was recorded, made possible by access to real-time data hosted on the system. The validation capabilities of the system ensures that any incorrect data are rectified before reaching the CCMDD service providers, resulting in no prescriptions having been rejected by service providers due to clinical reasons and/or incomplete information.

The lack of information technology infrastructure at healthcare facilities hampered wider implementation of SyNCH, resulting in interim measures being taken to provide laptops, hand-held scanners and internet connectivity, until the districts were able to resolve these issues.

Taking into account the numerous stakeholders involved in the use of SyNCH, the design of a generic system to suit all needs and platforms presented a challenge to the development team which was successfully addressed.

The successes of the SyNCH system have motivated district management teams in uThukela and Amajuba to seek HST’s support in implementing the system in their districts. Future operational activities include further improvements of the interface between SyNCH and service providers to enable capturing of patient profiles and prescriptions, as well as training other district support partners to ensure that the new CCMDD process flow is implemented appropriately.
be tested in communities. Overall 92% of identified children and adolescents have been linked to care over the reporting period.

Support groups as an adherence platform have been set up in 26 supported facilities and they focus on disclosure, adherence to treatment as well as viral load suppression. Some of the key lessons learnt include:

- Community testing interventions are likely to support the achievement of higher yields through the number of children linked to index cases, as currently facilities are testing less than half of the children identified to be at risk.

- Non-disclosure leads to poor treatment outcomes – it was found that 67% of children aged 15-19 years with high viral loads had an undisclosed status.

Going forward the project will focus on strengthening sustainability and interventions towards: intensifying index case finding through using SA SURE Plus sub-grantees in the districts; supporting nerve centres as a forum for data review and quality improvement initiatives and supporting the establishment and functionality of support groups in the remaining facilities to strengthen adherence and disclosure.

In response to South Africa’s national goals of reducing new HIV and TB infections, especially among key and vulnerable populations, the three-year Implementation of HIV Counselling and Testing Services (VCT II) project implemented an innovative private sector franchise concept in the

Funded by the ELMA Foundation, **the Unfinished Business for Paediatric and Adolescent HIV in KwaZulu-Natal**, is implemented alongside the SA SURE Plus project partners and supports 62 health facilities in Umgungundlovu, Zululand and eThekwini districts. The project’s objectives are to:

- increase the identification of children and adolescents that are HIV-positive;
- link children that are identified as HIV-positive to care and support; and
- ensure that children in care are adherent to treatment and virally suppressed.

The project is a consortium of nine implementing organisations including community partners whose core role is to strengthen the linkages between the healthcare facilities and other interventions provided at community level to improve HIV outcomes in paediatric patients and adolescents.

The project uses the Quality Improvement (QI) approach to improve services provided to children and adolescents through the following strategies: capacity-building for facility staff on QI, KidzAlive modules and Adherence and Support Guidelines. Integral to the project approach to ensure sustainability of practice, is ongoing on-site mentoring and support for facility staff on the implementation of clinical guidelines. All 62 supported facilities have active QI projects aimed at improving gaps identified in relation to meeting project objectives.

Child-friendly spaces have been established in facilities to ensure that children feel comfortable. The project has prioritised interventions to support adolescent and youth-friendly services (AYFS) in clinics to ensure that the services are made accessible to the youth. Through identified AYFS champions in facilities, the project has achieved a 6% case finding yield in the age group 15-19 years through the collection of programmatic process data. As a result of the key entry point testing strategy at facilities, the project has intensified case finding through identification of index HIV-positive clients to identify children to
Northern Cape and Limpopo provinces to complement the existing public health services. The project is branded as the Power of Knowing. From 2014 to 2017, a network of private service providers (doctors, nurses, pharmacists, NGOs) delivered HIV Counselling and Testing (HCT) and tuberculosis (TB) screening to communities in remote and rural areas, and also actively targeted men and key populations. By June 2018, having contracted over 250 providers and tested 341,305 people, the project had exceeded its targets and was extended for a further year.

During the extension phase from July 2017 to June 2018 a total of 184,111 HIV tests were conducted by the private providers of which 62% were GPs, 11% were NGOs, 5% were pharmacies and 22% were Professional Nurses in private practice. The proportion of males tested by district over this period was 47% in Limpopo and 48% in the Northern Cape and reached as high as 61% and 58% over the medical male circumcision season, respectively. The proportion of people who tested for the first time was 10% in Limpopo and 25% in the Northern Cape. Outreach activities in the Northern Cape reached outlying communities in four of the five districts and provided HCT to 831 people of which 48% were first-time testers, 49% were males and 4% tested positive.

Continuous quality monitoring coupled with capacity-building and training by the facilitators ensured that the franchisees provided quality HIV Testing Services (HTS) in line with national policies and protocols.

“The VCT II project was effective in a sense that they bridge the gap between public and private sector, they decrease waiting period for patient in local clinics, so clinics only initiate treatment.”

“The project helped to improve my practice a lot. You cannot run a practice without doing VCTs. The project was well-organised and provided adequate staff training.”

“I truly appreciate being part of this experience and thank the Department of Health for this opportunity. I sincerely hope the project continues so we can reach as many patients as possible and bring treatment to them.”

Some responses from a survey among long-standing franchisees about their experiences of participating in the VCTII project.
2. IMPLEMENTATION OF PRIORITY HEALTH PROGRAMMES

Improving maternal and child health outcomes is one of the KwaZulu-Natal Department of Health’s (KZN DoH) key priorities. Research has shown that around four out of ten maternal deaths are “preventable” if women are given proper care. In recent years medico-legal claims have become a key challenge facing departments of health with maternal and child health services identified as an important area of risk. Health Systems Trust was funded by the KZN DoH to design, customise and implement an Electronic Medical Records (EMR) module for Maternal and Child Health (MCH) as well as extending the EMR system to include a medico-legal claims module at selected hospitals and gateway clinics in the province. This provided a means to strengthening the quality of health services by improving documentation of clinical care provided, storage, and the security of clinical records. The project commenced in December 2017.

3. ESSENTIAL NATIONAL HEALTH RESEARCH

The field of health policy and systems research (HPSR) has grown substantially over the past few decades due to growing recognition of the importance of health systems in strengthening efforts to achieve and sustain improved health outcomes. This study commissioned by the NDoH aims to assess the status of health policy and systems research (HPSR) in South Africa with regard to the extent, range and nature of HPSR activity.

The project aims to describe the quantity, trends, institutions, individuals and networks conducting HPSR in South Africa, determine the degree of South African-led HPSR, and to map areas of focus for HPSR in South Africa. Funding sources, opportunities and challenges, as well as how HPSR findings are translated into knowledge that informs policy and implementation will also be explored. The study hopes to identify priorities for HPSR in South Africa and inform policy actors’ understanding of how to best utilise HPSR in line with national priorities. This project is being concluded and may provide invaluable insights that can inform health systems strengthening, policy formulation and implementation.

The case study on the role of general practitioner (GP) contracting in strengthening health systems towards universal health coverage in South Africa is part of a series of multi-country case studies commissioned by the World Health Organization’s (WHO) Alliance for Health Policy and Systems Research (AHPSR) looking at the role of non-state providers (NSPs) in strengthening health systems towards universal health coverage (UHC). As part of supporting the National Health Insurance pilot and primary health care re-engineering strategy, the NDoH embarked on an initiative to improve and expand access to healthcare services through the General Practitioner Contracting Initiative (GPCI). The primary objective of the GPCI was to contract GPs working in the private sector (i.e. for-profit private NSPs) to render sessional services in public sector PHC facilities in the NHl pilot sites, as part of the initial phased approach.

This mixed-method multiple case study aimed to explore the extent of implementation of the GPCI in three purposively selected NHl districts, how actors at various levels of the health system (national, provincial and district) implemented it and what key factors enabled or hindered its implementation. A key focus involved examining processes of engagement and the relationships between the various actors. The study specifically reviewed the process of policy implementation since its formal introduction in 2013.

Two team members attended a data analysis and write-up workshop in Dubai hosted by the AHPSR along with seven other country teams. The team successfully completed the initial round of data analysis and write-up of project findings, which led to the preparation of a journal article for publication with guidance from members of the AHPSR and Johns Hopkins University’s Technical Support Centre. The article has been accepted for publication in the International Journal of Equity in Health and will be part of a special supplement commissioned by the AHPSR on the role of NSPs in strengthening health systems towards UHC. An abstract on a sub-set of the findings was presented at an oral session at the Public Health Association of South Africa (PHASA) 2017 conference. The findings have been disseminated to national policy-makers, with additional dissemination activities planned with provincial and district level managers. A joint dissemination event in conjunction with the AHPSR is planned for 2019. It is hoped that the information gained through this body of work will inform policy in South Africa and generate lessons learned that could also be shared with other countries.
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4. INFORMATION FOR PLANNING, MONITORING, EVALUATION AND DECISION-MAKING

The aim of the District Health Barometer (DHB) is to develop an annual publication containing the results of the analysis and interpretation of aggregated and disaggregated data that monitors trends for key health system indicators to strengthen decision-making, planning and budgeting by health managers throughout the health system. The 2016/17 DBH, the 12th publication since 2005, is funded by the NDoH.

To assist the district planning process, the format of the 2016/17 DHB changed and district chapters were aligned to the NDoH’s District Health Plan (DHP) template to assist district managers to develop their DHPs. The 2016/17 DHB drew data from the District Health Information Software, the Ideal Clinic Realisation and Maintenance system, Statistics South Africa, the National Treasury Basic Accounting System, the National Health Laboratory Service, the National Electronic Tuberculosis Register (ETR.Net) and the Electronic Drug-resistant Tuberculosis Register (EDR.web).

Compilation of the DHB is guided by an advisory committee made up of managers from the NDoH and HST. Section A of the publication included 44 indicators with trend illustrations and profiles of South Africa, the nine provinces and 52 districts. It also featured a chapter on burden of disease. Thirty-five authors wrote the chapters in section A and the district chapters were compiled by HST.

The publication was released in January 2018 and 1 000 books were distributed to the National Department of Health, Provincial Departments of Health and health districts as well as to other institutions and individuals on request. The publication is also available on HST’s website.

The South African Health Review (SAHR) is an officially accredited peer-reviewed publication that seeks to provide a current and longer-term review of health policy developments and their implementation in South Africa. It also monitors changes and challenges to the provision of equitable and accessible health care in the country. The publication provides a combination of detailed information on health status and care, coupled with an in-depth analysis of policies and practices affecting the provision of health services, as well as insights into the degree of success that has been achieved in policy implementation.

The 2017 SAHR represents the 20th edition of Health Systems Trust’s flagship product and was officially launched in Pretoria on 23 August 2017. The 407 chapters that have featured in the SAHR over the past several years, together with the over 1000 authors who have contributed to developing this corpus of knowledge, are reflective of the broad spectrum
of people who have been invited to share their knowledge and insights with the wider public health community.

In acknowledgement of the 20-year anniversary of the publication and the significant improvements to our health system over time, most of the chapters provided an overview of development in the respective subject areas presented over the past two decades. Of note was the first chapter in the SAHR which reflected on some of the content of the past twenty years and offered an overview of some of the successes and challenges of the health system and the role of the SAHR in informing debate on the transformation of the health system.

A celebratory video outlining the origins, development and usefulness of the publication was compiled under the leadership of HST’s communication team. Among other public health luminaries, the video which was screened at the launch, also featured the Director-General of Health calling for the SAHR to be on the desk of every health policy planner in the country.

The production of the 21st edition of the SAHR is currently in progress.

The National Health Research Database (NHRD) is a web-based database developed by HST in collaboration with the NDoH to manage access approvals for the conduct of research in public health facilities and to monitor research trends over time. The NHRD is used to support the Provincial Health Research Committees (PHRCs) to manage and co-ordinate health research within their provinces by providing an online application process for researchers wishing to conduct research in public health facilities, and facilitates more efficient reporting processes through automated operational and strategic reports. In this financial year, HST continued to host the NHRD helpdesk and supported PHRCs through ongoing training and capacity-building. In addition to these activities, HST also worked collaboratively with the Western Cape and KwaZulu-Natal PHRCs to further develop and enhance the reporting capabilities of the NHRD.
An important part of our work this year was the commissioning of an independent external evaluation of the NHRD. In terms of effectiveness, the evaluation elicited positive results for functionality and, overall, all provinces stated that the system was user-friendly and facilitated the application process. Administrators consequently experienced less stress as use of the system had decreased their workloads and many administrators attributed better time management to the NHRD. Provinces stated that the system enabled easier tracking of proposals and improved existing proposal application processes and information storage. Implementation of the NHRD was impeded in provinces with no previous system or a weak, fragmented system.

According to the PHRC administrators, applicants were pleased, and provided positive feedback regarding the NHRD and the automated process. Applicants highlighted that the NHRD strengthened the accuracy of the recorded information, because they captured their own information rather than relying on provincial administrators to complete the data fields.

“It has added value in terms of storage and it improved communication with researchers.”

“You are able to track multiple applications in one place. Everything is stored electronically and they can therefore retrieve the data as needed without looking through emails.”

Feedback from PHRC administrators

As part of our technical support to the NDoH, HST analysed NHRD data and presented the results as part of the National Health Research Trends Report which was well-received. As of July 2018, the NHRD recorded 4800 unique research studies conducted in public health facilities since the go-live date in October 2014. A key highlight during this financial year was the development and deployment of a NDoH Portal which now allowed researchers to request access to national health datasets and interviews with NDoH officials.

HST will continue its support of the NDoH and PHRCs into the 2018/19 financial year with emphasis placed on more sophisticated automated reports in line with the national health research priorities.
A contract was awarded to HST by the Global Fund (GF) to Fight AIDS, Tuberculosis and Malaria to co-ordinate and develop a joint workplan and budget, and as a prime deliverable provide quality assurance for the Health Facility Assessment/Data Quality Review (HFA/DQR) in Namibia and eSwatini (formerly Swaziland).

The performance period for the project was July 2017 to July 2018 for eSwatini and to September 2018 for Namibia.

The objectives for the project were to conduct quality assurance activities. More specifically: to verify alignment of plans and scope to international standards; to re-collect and verify data for 5% of the sampled sites for data collection quality assurance; to re-analyse data for the GF’s core requirements indicators; and to provide external review of the report. The project in eSwatini was completed and resulted in the publication of the country’s first Service Availability and Readiness Assessment (SARA) 2017 report by the Ministry of Health, which acknowledged the technical support provided by the World Health Organization, the Global Fund and HST.

The study to assess patient experiences of care in primary health care facilities in South Africa was conducted against the backdrop of government’s accelerated plan to improve quality of, and access to healthcare services in primary health care facilities, as stipulated in the National Department of Health’s Annual Performance Plan (APP). The aim of the study was to analyse patient experiences of care and satisfaction with services received in a sample of primary health care facilities across the nine provinces in South Africa. Specific objectives were to analyse and compare patient experiences of care between facilities with different levels of performance as measured by their IC dashboard scores; to identify factors associated with positive experiences of care; and to provide recommendations that address the identified shortcomings regarding the experiences of care of patients who access public health facilities.

A total of 168 clinics and community health centres were randomly selected, with stratification by district and IC category (namely, poor, moderate, high, with a fourth stratum including facilities without a score). In each facility, consenting adult patients (18 years and above) were selected and a total 7124 adult patients were interviewed. In addition, a health facility profile tool was administered to the facility manager or most senior official in charge to capture the context in which services were provided. The collected data were analysed taking into account the sampling scheme to produce estimates of patient experience of care and related factors that are generalisable to primary health care facilities in South Africa. Logistic regression modelling was used to identify the factors associated with the reported patient experiences of care.

This survey provided valuable insight on the patient, provider, environmental and organisational factors that influence patient experiences of care within South Africa’s rapidly transforming health care landscape and assisted in identifying good practices and possible interventions for quality improvement. The final report was submitted to NDoH and distributed during the National Health Information Systems Committee of South Africa (NHISSA) meeting held in May 2018.

In response to an evolving burden of disease profile, formal priority was placed on addressing communicable and non-communicable chronic diseases with the development and implementation of the integrated clinical services management...
(ICSM) model. HST was tasked with conducting an **assessment of the extent of implementation of the Integrated Clinical Services Management (ICSM) Model in Zululand District**.

The specific objectives were to describe how facilities implemented the ICSM model; which service configurations (structural and operational) required by the ICSM model were implemented; identify the facilitators and barriers in the implementation of the ICSM model; assess adherence to treatment and management guidelines for chronic illnesses included in the ICSM service package; and describe the operations and functioning of the selected facility by determining the experiences of care of patients accessing health care at selected facilities. The data collection phase of the study was completed and the analysis initiated. Preliminary findings have been drafted and will be reviewed in preparation for the drafting of the consolidated project report.

Assessing the quality of chronic care services delivered should provide an indication of the effect of the Integrated Chronic Disease Management (ICDM) model on the quality of chronic care services provided. The study to assess the quality of chronic care services delivered in selected facilities with a particular focus on diabetes and hypertension services’ provision and control in Zululand district serves as a follow-up of a previous study that assessed the implementation of the Integrated Clinical Services Management strategy in Zululand District.

The specific objectives were to determine the experiences of care of patients accessing chronic care services at selected facilities; to identify the perceptions of service providers of the quality of chronic care services provided; to assess the completeness of diabetes and hypertension patient records and adherence to record-keeping guidelines measuring the levels of diabetes and hypertension control and investigating the health-related quality of life of patients accessing chronic care services.

This was a quantitative study where data were collected using structured questionnaires during face-to-face interviews with chronic care patients and healthcare workers using structured interview tools regarding the quality of chronic care services received and provided. The data collection phase of the study has been completed and the analysis initiated. Preliminary findings have been drafted and will be reviewed in preparation for the drafting of the consolidated project report.

**Tuberculosis Reduction through Expanded Anti-retroviral Treatment and Screening (TREATS)** project is a newly launched project being conducted by a consortium of global organisations, of which HST is a vital study implementation partner in South Africa. Funded by the European Union, through the European & Developing Countries Clinical Trials Programme, the TREATS project will measure the impact of a combination TB and HIV intervention tested as part of the Population Effects of Antiretroviral Therapy to Reduce HIV Transmission (PopART) trial conducted over the past four years in South Africa and Zambia. TREATS will assess the impact of population-level TB screening combined with universal testing and treatment (UTT) for HIV, on the incidence of TB infection and prevalence of TB disease, and notified TB after four years.

TB and HIV are the leading infectious causes of death worldwide and, significantly, TB/HIV co-infection is responsible for around 40% of HIV deaths. Thus, the hope is that this study will provide invaluable new information for accelerating effective, practical interventions that are informed by real-life data. In addition, project activities include mathematical and economic modelling, studies into TB-related stigma and testing of the newest tools for diagnosing TB infection.

HST will officially conduct the South African study, which will be located in six communities in the City of Cape Town Metropolitan Municipality and Cape Winelands District of the Western Cape Province as follows:
Luvuyo (City of Cape Town Metropolitan Municipality)
Town II (City of Cape Town Metropolitan Municipality)
Ikhwezi (City of Cape Town Metropolitan Municipality)
Bloekombos (City of Cape Town Metropolitan Municipality)
Dalevale (Cape Winelands District)
Cloetesville and Idas Valley (Cape Winelands District)

For the incidence study, 1800 study participants between the ages of 15 and 24 years will be enlisted in the study until it concludes in October 2021. The prevalence study will include 4000 participants aged 15 years and older per community (24 000 in total).

The latter part of the review period was focused on preparing for study initiation, including key stakeholder engagement, submissions to the provincial Ethics Committee, recruitment of core study team members, attending training, and facilitating study site readiness.

5. GUIDANCE, MENTORING AND TRAINING ON GOOD PRACTICE DEVELOPMENT

The Wellness for Effective Leadership (WEL) programme complements the HST approach with an emphasis on enhancing the capacity of individuals in order to engage effectively within the health system. Sustainability and continuous learning were reinforced by way of a monthly newsletter.

During the reporting period, WEL, for the first time, formed part of the orientation and induction programme for district and hospital managers of KwaZulu-Natal. This laid the foundation for their technical skills training.

WEL also presented an interactive session at the annual Men’s and Women’s Day celebrations of the South African Nursing Council employees. This was aligned to international thematic areas and provided them with an opportunity to voice their opinions and choose an action for the year.

“Communication is so important in the workplace; it helps us to understand each other: the verbal, non-verbal listening. We must check if we heard what was said. I learnt how much we don’t listen and I’m so much more aware now”

Participant feedback from a provincial WEL workshop

The monthly WEL newsletter is distributed to previous workshop participants to provide supportive information and tools with the aim of promoting ongoing learning.
The sustained impact was evidenced by the encouraging feedback from participants on monthly news and requests for additional support for referrals.

An innovation which has come to the fore was the introduction of a one-to-one coaching programme for HST staff that has positively influenced the work-life balance of employees and resulted in improved working relations.

During the year in review, HST’s Training Unit made steps towards complying with the accreditation requirements of the Education and Training Quality Assurance (ETQA) bodies to be able to provide accredited programmes. The extension of scope granted by the Health and Welfare Sector Education and Training Authority (HWSETA) resulted in accreditation of the Further Education and Training Certificate (FETC) L4 Counselling, Community Health Worker and Public awareness, FETC: Public Awareness Promotion of Dread Diseases and HIV/AIDS programmes. Three of the trainees of the HWSETA assessor programme successfully completed the programme and are awaiting their confirmation by the HWSETA as accredited assessors. A key compliance activity was the development of the Quality Management System ISO 9000 (2015) to ensure that the unit meets Department of Higher Education (DHET) requirements and international quality-managed standards.

Working together with Human Resources, the unit produced the Workplace Skills Programme (WSP) for 2018 and Annual Training Report (ART), which were submitted to HWSETA.

Additional training on the Advanced HIV/AIDS Counselling Skills programme was extended to drivers/mobilisers in the Eastern Cape districts.

The Training Unit also facilitated the appointment of six interns funded by HWSETA and completed a progress report for HWSETA to secure a second intake of interns for 2019.

HST was awarded funded skills programmes that were rolled out during March 2018.

Other activities included the development of training materials for the Ward-based Primary Health Care Outreach Team (WBPHCOT) leader on supervision and mentoring, and for the CCMDD e-learning programme, which is due for completion in the last quarter of 2018.

### Table 2. Summary of accredited skills programme training

<table>
<thead>
<tr>
<th>Skills programme</th>
<th>HST employers</th>
<th>Unemployed learners</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>End-user Computing</td>
<td>11</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td>Labour Relations</td>
<td>8</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Understanding PFMA</td>
<td>8</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>Basic Health and Safety</td>
<td>17</td>
<td>2</td>
<td>19</td>
</tr>
<tr>
<td>Advanced HIV and AIDS Counselling</td>
<td>9</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Counselling and Risk Behaviour</td>
<td>11</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>Community Development</td>
<td>19</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>Primary Health Care Advocacy</td>
<td>13</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>96</strong></td>
<td><strong>16</strong></td>
<td><strong>112</strong></td>
</tr>
</tbody>
</table>
FINANCE, GRANTS AND COMPLIANCE

The Finance, Grants and Compliance team play a critical role in ensuring that all the funds with which HST has been entrusted are fully accounted for, and that all expenditures are in line with the agreed deliverables. The finance team is responsible for ensuring that the financial reports and supplementary schedules are submitted timeously to senior management to enable them to monitor their budgets against their deliverables and workplans. With a wide array of projects and funders the finance team also submits financial reports in funder-specific formats on a regular basis as well as conducting statistical analyses of these figures.

The grants office is responsible for managing and monitoring a large number of grants and contracts of sub-recipients ranging from small community-based organisations to larger multi-national organisations and institutions.

The grants and compliance team ensures that HST activities do not breach any internal policy or procedure as well as ensuring that we adhere to the funder’s rules and regulations. During the year under review the compliance team has focused much more attention on our smaller sub-recipients by, not only ensuring adherence to policies and procedures, but also helping them develop suitable systems and policies with the ultimate aim of building capacity within their organisations.

With a robust system of internal controls and processes, HST has received unqualified audit opinions from the funder-specific audits as well as our annual statutory audit.
ADMINISTRATION

Led by Ms Delene King, the administration team which is situated across the three mainstream and 13 satellite offices, provides seamless administrative and logistical support to the organisation. With responsiveness and efficiency as their motto, the team which consists of a staff complement of 43, is responsible for the day-to-day operations of the organisation and ensures compliance across all of its sites and projects.

INFORMATION AND COMMUNICATIONS TECHNOLOGY

HST’s data centre continued to be proactively maintained ensuring that no faults or incidents from the onsite infrastructure occurred. The unit successfully managed an uptime of 99.8% for server availability achieving goals set out this past year despite the growing number of users being added to the ICT infrastructure. HST’s disaster recovery plan and procedures have been successfully tested to ensure a seamless cut-over in the event of a major IT disruption.

A successful move of the HST website from offshore servers allowed the team to complete an overhaul of the internet and intranet websites on HST’s web servers which now has a modern look and feel in keeping with technology trends. Additions to the helpdesk support team allowed the ICT department to focus on IT strategy enhancing the support and quality of our work.

The ICT department will continue to improve on support services to ensure back-end systems are running optimally allowing all departments to work together to reach HST’s goals for the new year.
During the year under review, the Human Resources (HR) unit under the guidance of HR manager, Mr Robert Hendricks, continued to provide support in terms of meeting the diverse recruitment and human resource management requirements of HST.

With our staff as HST’s most valuable asset, the HR unit continues to play a strategic role in the organisation in supporting HST’s employees to be the thriving and productive team essential for our success in a continually changing and demanding work environment. The past year has seen the staff complement managed by HST grow rapidly as we have responded to growing capacity needs to support the rapid scale-up of access to HIV treatment and care, and taken on board new projects.

The PEPFAR district realignment process in the SA SURE Plus project substantially increased staff movement and recruitment activity in the organisation to support new programmatic requirements, as well as support staff in districts from which HST was transitioning at our Free State and Eastern Cape offices. Fortunately, HST was able to retain a significant number of staff through new opportunities to address programme growth in KwaZulu-Natal. With close to 500 employees and over 2000 staff managed through various partnership arrangements the efficiency and responsiveness of the human resources team working in close collaboration with the programme teams continues to emphasise HR’s strategic role in attainment of our mission.

The HR department continued its close collaboration with the Training Unit, moving closer to our goal of ensuring that all employees’ training and development needs are catered for, for their further development and improved organisational performance. In line with the Youth Employment Service, also known as the YES Initiative launched in March 2018 by President Cyril Ramaphosa made possible by the HWSETA, six interns from previously disadvantaged groups joined HST and were allocated to various units. Reports from the interns suggests that they are gaining invaluable experience which will stand them in good stead for their future careers.

HST’s full commitment to employment equity, improving employee awareness of employment equity and effective succession planning are important priorities as we strive to build a strong organisation whose diversity is one of its key strengths.
I can honestly say I have one of the best internships. Since joining HST I have gained so much knowledge about HR, including payroll, training and recruitment. The tasks handed to me have enabled me to grow, as I always learn something with everything that I have been tasked to do.

The opportunity to work with the Health Systems Research team on the TREATS project provided me with recruitment experience, as well as the chance to gain a deeper understanding of how the teams plan their projects. Moreover, I have been blessed with the best mentors in an amazing office environment. Tasks are explained to me clearly with patience and trust. I can approach any colleague in the office to seek advice and they will listen and guide me in the right direction.

The practical experience that I am gaining is gradually preparing me to take on the `big world’ when the time comes.

In the period I have been an intern in the Training Unit at Health Systems Trust I have learnt so much about the practical components that are involved in the development of staff in an organisation. This is the first time I have worked in a formal environment and my introduction to the workplace has been positive thanks to the supportive team that I work with. I am grateful for the opportunity to apply some of the knowledge and skills I learned at university and the opportunity to learn new skills that will enable me to be successful in my career.

My mentor (Cassius Semaushu) has given me access to every aspect of the work that he does in the organisation which enables me to expand the knowledge and skills that I have and I am thankful for his mentorship and the trust that he has placed in me. I feel empowered as I have not been limited to doing administrative work but I have been entrusted with liaising with various stakeholders such as HWSETA and the Quality Council for Trades and Occupations. The working environment at HST with its relatively flat structure has been very good for my learning curve. The open door policy and readily available information has made it easier to be efficient in the work that I do.

Internship programmes are designed to give graduates an opportunity to learn and gain experience and I can without a doubt say that my internship has served its purpose.
BUSINESS DEVELOPMENT UNIT

The ability of an NGO to remain sustainable depends on a positive reputation and public profile, good stakeholder and donor relations, and an internal capacity to learn and evolve along with the shifting sector and funder landscapes.

HST is fortunate to have a “good helping” of all of these core elements that have helped us grow and diversify into the successful organisation that we are – and the business development team is privileged to have contributed to this process. Over the past twelve months, the unit has continued to provide core support to the organisation in identifying funding opportunities, as well as leading and executing responses to these. This has enabled progress towards key HST objectives to diversify our service offerings and balance our dependency on restricted donor funding.

HST’s business activities have taken place in a fast-paced, competitive environment that has continued to demand the use of technological advancements and innovation in addressing health systems strengthening challenges. Despite this, HST has again demonstrated its ability to function effectively in this challenging environment, garnering funding from seven proposals in the past year, including Using Digital Technology to Prevent Maternal Deaths from Hypertensive Disorders of Pregnancy, funded by Grand Challenges Canada; Support to Patient Information Systems in KwaZulu-Natal and Northern Cape provinces, funded by the Road Accident Fund; and the Monitoring and Evaluation and Country Analysis call for independent consultants, funded by the Global Fund.

A donor mapping exercise was conducted to support streamlining the selection of opportunities and partners engaged – for optimising our prospects for success. HST also continues to engage and collaborate with like-minded organisations to build partnerships for leveraging our programme and resource mobilisation efforts.

In relation to the second objective to grow and diversify unrestricted income, HST has made progress in its business expansion strategy through the first stages of transformation of the Training Unit to the Health Systems Training Institute (HSTi), approved by the Board in October 2017, and the exploration of consulting projects. With the conduct of health facility and data quality assessments in two countries Namibia and eSwatini, HST is beginning to make progress in exploring opportunities to grow its regional footprint with a view to greater contribution to health systems strengthening in the region and the long-term view towards achieving financial sustainability.
COMMUNICATIONS UNIT

During the year in review, the Communications Unit (CU) implemented its new communications strategy to build the brand of HST as the leading health systems organisation in South Africa.

The high volume of CU activities executed by a small, but highly skilled and specialised group of individuals, continued to be varied, ranging from strategic communications planning and brand-building to internal and external communications.

One of our focus areas saw more energy being directed towards strengthening relationships with the mainstream media with a view to creating opportunities that would demonstrate the impact of HST’s programmes. These efforts have been successfully converted into greater HST brand visibility through the publication of stories through the lens of people working in health systems and community members who make use of public health facilities. With a readership of five million per day, the Daily Sun opened a unique opportunity for HST to reach new audiences through a regular column of articles covering a range of health-related issues from HTS in mobile clinics to alcohol abuse, to traditional male circumcision. In partnership with the Daily Vox, several articles featured exclusive interviews with beneficiaries of the CDC-led DREAMS project and the AYFS enabling us to bring attention to the positive impact of these interventions on young men and women.

Ms Judith Annakie-Eriksen
Communications Manager

Media coverage of HST’s SAHR 2017 focuses on attitudes towards and usage of the female condom in South Africa.

The Daily Sun health series has enabled HST to highlight HIV and TB-related issues and reach a mass youth audience.

A human interest story in the online Daily Vox describes how the DREAMS programme has changed one young woman’s life.
Linked to our traditional media work has been our active and real-time social media interaction with a growing following on Facebook and Twitter. During the reporting period, on Facebook, our followers grew by 65% to approximately 3000 and our Twitter statistics showed a following of 2000, an increase of 40%. These notable results indicate that our messaging was relevant and stimulated strong engagement with our audiences on these platforms.

The mainstay of the CU’s outputs continued to be the regular updating of its website, which has become a reliable repository of health-related information, including the electronic back catalogue of HST’s publications.

In support of national awareness campaigns, the CU facilitated our participation in the 2017 World AIDS Day celebrations held in Mthatha and attended by the then Deputy President Cyril Ramaphosa and Health Minister Dr Aaron Motsoaledi as guests of honour. These activities enabled us to reach out to communities and to use our brand to amplify messages linked to our funder projects and government initiatives.

Other opportunities to showcase the impact of our work and to have direct and valuable engagement with various health-related role players included our exhibition stand participation at the Public Health Association of South Africa 2017 Conference in Fourways, the 2017 Rural Health Conference in Northwest Province, the 2017 International Population Conference in Cape Town, the eHealth Afro Conference in Johannesburg, and the 2018 TB Conference in Durban.

The unit also plays an important quality assurance role in providing editing and graphic design services primarily to our programmes units for their research, technical reports and publications deliverables for our funding partners and/or for dissemination.

The next financial year will be focused on gaining a better understanding of our target audiences in order to build on our successes during 2017 and 2018.
CONCLUSION

The 2017/18 financial year was one in which a number of important achievements were registered and significant milestones reached, as we worked with the broader health community to help build a strong, equitable and sustainable health system.

In 2017, HST reached the milestone of 25 years of health systems development support to the South African health sector, registering its credentials as a sustainable and reliable partner that will help the country move forward in laying the foundations for a resilient health system equal to the health and development challenges of the 21st century. In August 2017, the 20th edition of one of our flagship publications, the South African Health Review was published in a special edition which provided a retrospective and forward-looking analysis of policy implementation, progress and challenges in the health sector since 1994, confirming SAHR’s credentials as a standard reference work on the South African health sector.

As we embark on the second quarter-century of our existence, HST’s continuing contribution to key national initiatives detailed in this report, such as the Ideal Clinic initiative to provide accessible quality health services, roll out of the CCMDD programme which has now enrolled over two million patients, the patient experiences of care study in public primary health care facilities and HST’s conduct of several other policy-facing health systems research projects as part of ongoing support to the National Department of Health, all validate the relevance of HST’s mission and its translation into tangible interventions to improve national health outcomes.

With South Africa’s quadruple burden of disease, the health system faces immense challenges as it grapples with a fast growing non-communicable disease burden and one of the world’s most severe HIV and TB epidemics. The CCMDD programme, through which HST is a key partner to the NDoH provides an excellent example of how programme investments to fight the leading communicable disease challenges of HIV and TB through PEPFAR support to improve access to treatment for stable HIV and TB patients, also provides a platform for support to patients with NCDs such as diabetes and hypertension enabling healthcare workers in overburdened health facilities to focus on and provide improved quality of care to the most needy patients. HST’s support for the development and roll-out of SyNCH, which has generated valuable experience for the health system in its implementation in a number of districts in KwaZulu-Natal and the Eastern Cape, has provided another example of how the application of world-class ICT systems can transform the capability and potential of the health system in resource- limited settings. The learnings from four years of implementation of the programme and its digitisation are an important potential contribution to implementation of NHI once this gains momentum.

A significant development in the current year has been HST’s participation in the TREATS consortium, where HST is leading implementation of this important study in South Africa to tackle the country’s leading cause of mortality, tuberculosis, while
at the same time, developing clinical trial implementation capacity as part of its growth and diversification to help address the country’s leading health challenges. With the announcement of the national HIV surge initiative to accelerate HIV epidemic control through the placement of an additional two million people on HIV treatment by 2020, HST has continued to play a leading role in the provision of support to this national effort by non-governmental organisations from both direct service delivery and health systems strengthening perspectives.

Our new vision for improved health equity in a healthier Africa, and our revised mission of driving change for comprehensive and equitable health systems through research and capacity development informs the strategic focus of our work going forward which builds on our strong health systems strengthening experience. One of the key tenets of our approach of “taking action to address the influence of the social determinants of health on the burden of disease” will inform our work and strategic approach in the country and the region in the context of the sustainable development goals and the high levels of inequity which characterise the enduring challenges facing health systems in our region.
CONFERENCES AND
Presentations


Gray A, Day C, on behalf of the Drug Availability Task Team, Steering Committee on Palliative Care, South Africa. Enabling and measuring access to palliative care medicines. 3rd International Children’s Palliative Care Network Conference. 2018. Durban.


PUBLICATIONS
and Reports


The summary financial statements were derived from the full set of audited annual financial statements based on management’s decision on what contributes a broad, but transparent overview of HST’s financial results.

**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

Domicile and Country of Incorporation: South Africa

Registered address: 34 Essex Terrace
Westville
3630

Postal address: PO Box 808
Durban
4000

External Auditors: PricewaterhouseCoopers
Pietermaritzburg

Internal Auditors: SizweNtsalubaGobodo
Durban

Bankers: Nedbank, First National Bank
TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT

Summary Financial Statements for the year ended 30 June 2018

STATEMENT OF RESPONSIBILITY FOR FINANCIAL REPORTING BY THE BOARD OF TRUSTEES

The Board of Trustees is responsible for the preparation of the financial statements of the Trust for Health Systems Planning and Development (“HST”). The summary financial statements have been prepared in accordance with, and comply with the International Financial Reporting Standard for Small and Medium-sized entities (IFRS for SMEs) and the requirements of the Trust Deed, including accounting policies.

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

The summary 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, PricewaterhouseCoopers, 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 summary financial statements in this annual report have been derived from the full set of audited annual financial statements. The Board of Trustees believes that all representations made to the independent auditors during their audit were valid and appropriate. The PricewaterhouseCoopers audit report is presented on pages 45 and 46.

PREPARATION OF THE ANNUAL FINANCIAL STATEMENTS

The accounting policies applied in the preparation of the financial statements from which these summary financial statements were derived are in terms of the International Financial Reporting Standard for Small and Medium-sized entities and are consistent with those accounting policies applied in the preparation of the previous annual financial statements.

The annual financial statements for the year ended 30 June 2018 have been prepared under supervision of M Moodley (CA) SA and audited by PricewaterhouseCoopers Inc., who expressed an unmodified opinion thereon. A copy of the annual financial statements are available for inspection at the organisation’s registered office.

These summary financial statements do not necessarily report on all of the information contained in the full set financial statements. Stakeholders are advised that in order to obtain a full understanding of the financial results, they should obtain a copy of the full set of annual financial statements at the organisation’s registered office.
APPROVAL OF THE ANNUAL FINANCIAL STATEMENTS BY THE BOARD OF TRUSTEES

The summary financial statements set out on pages 37 to 52 are derived from the full set of audited annual financial statements approved by the Board of Trustees on 19 October 2018 and signed on its behalf by:

Chairperson
TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT

Summary Financial Statements for the year ended 30 June 2018

AUDIT AND RISK COMMITTEE REPORT

The Audit and Risk Committee is a sub-committee of the Board of Trustees, consisting of a combination of independent external members and Trustees. The following were members of the Committee during the 2018 financial year:

Members of the Audit and Risk Committee
• Mr J Deodutt (Chairperson, External member)
• Mr E A Moolla (External member)
• Dr F Senkubuge (Trustee)
• Ms E Skweyiya (Trustee)

The Committee is satisfied that its members have the required mix of skills, knowledge and experience in order to adequately discharge its duties detailed in the terms of reference contained within the Audit and Risk Committee Charter and the principles of good governance embodied within the King IV Code on Corporate Governance. Members of the Committee possess an adequate mix of critical skills to ensure the proper functioning of the Committee. These skills include financial, legal, technical and public health skills relevant to the business of the Trust.

MEETINGS OF THE AUDIT AND RISK COMMITTEE

The Audit and Risk Committee performs the duties detailed within its terms of reference within the Audit and Risk Committee Charter, subject to annual review, and holds quarterly meetings with key role players including management as well as the external and internal auditors. The auditors have unrestricted access to the Chairman of the Committee. Three scheduled meetings were held during the 2018 financial year with 75% of Committee members attending each meeting.

EXTERNAL AND INTERNAL AUDIT

The Committee approved the appointment of PricewaterhouseCoopers Inc as the independent external auditor. The Committee has satisfied itself through inquiry that the external auditor is independent, considering the nature and extent of non-audit services to be rendered to the Trust. The audit fee was approved by the Audit and Risk Committee taking into account the nature, timing and extent of the scope of audit work required.

The Committee approved the risk-based internal audit plan for the 2018 financial year and monitored its execution throughout the year. The Committee satisfied itself of the independence of the internal auditor, SizweNtsalubaGobodo.

EXPERTISE AND EXPERIENCE OF THE FINANCE FUNCTION

The Committee assessed the competence of the Trust’s Finance function and is satisfied that the necessary resources are available and that staff are experienced and competent.

ANNUAL FINANCIAL STATEMENTS

The Committee has reviewed the annual financial statements with management, and the Chairman of the Committee has met with the external audit partner, without management being present. The materiality level for the external audit was disclosed in confidence to the Committee and only disclosed to management after the audit was concluded. Following its review of the Trust’s annual financial statements, the Committee recommends them to the Board of Trustees for adoption.

J Deodutt
Chairman: Audit and Risk Committee

19 September 2018
TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
Summary Financial Statements for the year ended 30 June 2018

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 IV 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 and Risk 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.

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 and Risk Committee who is an independent external
member. The following Committees play a critical role to the governance of the Trust:

**Audit and Risk Committee**
The role of the Audit and Risk 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 and risk management framework. 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 2018 financial year.

The Audit and Risk 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 and Risk Committee addressed its responsibilities properly in terms of the charter during the 2018 annual financial year. No changes to the charter were adopted during the 2018 financial year.

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

**Personnel Committee**
The Personnel Committee advises the Board on human resources and other personnel related policies including remuneration packages, and other terms of employment for senior executives. Its specific terms of reference also include recommendations to the Board on matters relating, inter alia, to executive remuneration, Trustees honorariums and fees and service contracts. Whenever necessary, the committee is advised by independent professional advisors. The committee met three times during the 2018 financial year.

The Personnel Committee consists of the following members:
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:

<table>
<thead>
<tr>
<th>Attendees</th>
<th>21/09/2017</th>
<th>15/02/2018</th>
<th>17/05/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr A Kader (Chairperson, Trustee)</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
</tr>
<tr>
<td>Dr D Kula (Trustee)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Mr S Mapetla (Trustee) (appointed 20 December 2017)</td>
<td>-</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Attendees</th>
<th>22/09/2017</th>
<th>13/02/2018</th>
<th>15/05/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr T Masilela (Chairperson, Trustee)</td>
<td>✓</td>
<td>X</td>
<td>✓</td>
</tr>
<tr>
<td>Ms M Hela (Trustee)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Ms F Nzama-Rabeng (Trustee)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

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 and Risk Committee, provides supervision of the financial reporting process and internal control system.

The Trust assessed its internal control system as at 30 June 2018 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. 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 to ensure it reflects the highest standards of behaviour and professionalism.

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

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

ACCOUNTING AND AUDITING

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

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

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

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

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

To the Trustees of the Trust for Health Systems Planning and Development

Opinion

The summary financial statements of the Trust for Health Systems Planning and Development, which comprise the summary statement of financial position as at 30 June 2018, the summary statement of profit or loss and other comprehensive income, statement of changes in equity and cash flows for the year then ended, and notes to the summary statement of cash flows, are derived from the audited financial statements of the Trust for Health Systems Planning and Development for the year ended 30 June 2018.

In our opinion, the accompanying summary financial statements are consistent, in all material respects, with the audited financial statements, in accordance with the “Preparation of the Annual Financial Statements” paragraph and the requirements of the Trust Deed as applicable to summary financial statements.

Summary Financial Statements

The summary financial statements do not contain all the disclosures required by the International Financial Reporting Standard for Small and Medium-sized entities and the requirements of the Trust Deed as applicable to annual financial statements. Reading the summary financial statements and the auditor’s report thereon, therefore, is not a substitute for reading the audited financial statements and the auditor’s report thereon. The summary financial statements and the audited financial statements do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial statements.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated 19 October 2018.

 Trustees’ Responsibility for the Summary Financial Statements

The Trustees are responsible for the preparation of the summary financial statements in accordance with the “Preparation of the Annual Financial Statements” paragraph and the requirements of the Trust Deed as applicable to summary financial statements.
Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are consistent, in all material respects, with the audited financial statements based on our procedures, which were conducted in accordance with International Standard on Auditing (ISA) 810 (Revised), *Engagements to Report on Summary Financial Statements*.

PricewaterhouseCoopers Inc.
Director: B Soorajdin
Registered Auditor
Block C, 21 Cascades Crescent
Cascades
3201
7 December 2018
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 2018.

1. General review

The Trust for Health Systems Planning and Development ("HST") is a dynamic independent non-government organisation 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 49 to 52 in the attached summary financial statements.

2.2. As set out in the summary financial statements, the Trust had a total surplus for the year of R22 064 242 (2017: deficit of R10 918 870).

2.3. The ratio of administration expenses (excluding the unusual and extraordinary items), against gross income is 10% (2017 : 12%) which is in line with the prescribed limit as set out in the Trust deed.

2.4. Please note that the following abbreviations have been included in the annual report:

HST: Health Systems Trust
HSS: Health Systems Strengthening
HSR: Health Systems Research
CDC: Centers for Disease Control and Prevention

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:

<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE APPOINTED</th>
<th>DATE RESIGNED/TENURE ENDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms M Hela</td>
<td>1 May 2017</td>
<td></td>
</tr>
<tr>
<td>Mr A Kader</td>
<td>15 July 2014</td>
<td></td>
</tr>
<tr>
<td>Prof E Kibuka-Sebitosi</td>
<td>4 August 2014</td>
<td></td>
</tr>
<tr>
<td>Dr D Kula</td>
<td>15 May 2017</td>
<td>Resigned 21 August 2017</td>
</tr>
<tr>
<td>Dr U Mahlati</td>
<td>24 June 2016</td>
<td></td>
</tr>
<tr>
<td>Mr S Mapetla</td>
<td>20 December 2017</td>
<td></td>
</tr>
<tr>
<td>Mr T Masilela</td>
<td>23 April 2014</td>
<td></td>
</tr>
<tr>
<td>Ms W Matthews</td>
<td>13 October 2013</td>
<td>Resigned 15 August 2017</td>
</tr>
<tr>
<td>Ms F Nzama-Rabeng</td>
<td>24 August 2015</td>
<td></td>
</tr>
<tr>
<td>Prof D Sanders</td>
<td>7 June 2017</td>
<td></td>
</tr>
<tr>
<td>Dr F Senkubuge</td>
<td>22 July 2014</td>
<td></td>
</tr>
<tr>
<td>Ms E Skweyiya</td>
<td>18 October 2013</td>
<td></td>
</tr>
</tbody>
</table>
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, and the summary financial statements derived from them. The effect of subsequent events between the date of approval of the annual financial statements and the date of the summary financial statements has not been considered.

5. Going concern

The annual and summary 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
Summary Financial Statements as at 30 June 2018

STATEMENT OF FINANCIAL POSITION

<table>
<thead>
<tr>
<th>Notes</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSETS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-current assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>24,584,959</td>
<td>15,215,533</td>
</tr>
<tr>
<td>Current assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>15,013,304</td>
<td>22,165,453</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>127,241,008</td>
<td>80,888,418</td>
</tr>
<tr>
<td>Accrued revenue</td>
<td>16,199,493</td>
<td>9,711,941</td>
</tr>
<tr>
<td>Total assets</td>
<td>183,038,764</td>
<td>127,981,345</td>
</tr>
</tbody>
</table>

EQUITY

<table>
<thead>
<tr>
<th>Notes</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accumulated surplus funds and reserves</td>
<td>93,663,993</td>
<td>71,599,751</td>
</tr>
</tbody>
</table>

LIABILITIES

<table>
<thead>
<tr>
<th>Notes</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>11,735,093</td>
<td>23,768,471</td>
</tr>
<tr>
<td>Provisions</td>
<td>9,964,126</td>
<td>8,326,827</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>67,655,552</td>
<td>24,286,296</td>
</tr>
<tr>
<td>Total equity and liabilities</td>
<td>183,038,764</td>
<td>127,981,345</td>
</tr>
</tbody>
</table>

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
Summary Financial Statements for the year ended 30 June 2018

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

<table>
<thead>
<tr>
<th>Notes</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant income</td>
<td>528,383,724</td>
<td>484,271,652</td>
</tr>
<tr>
<td>Other income</td>
<td>3,785,152</td>
<td>3,534,799</td>
</tr>
<tr>
<td>Project expenses</td>
<td>(461,875,391)</td>
<td>(445,367,008)</td>
</tr>
<tr>
<td>Administration expenses</td>
<td>(53,965,768)</td>
<td>(59,288,908)</td>
</tr>
<tr>
<td>SURPLUS / (DEFICIT) BEFORE INTEREST</td>
<td>16,327,717</td>
<td>(16,849,465)</td>
</tr>
<tr>
<td>Interest paid</td>
<td>-</td>
<td>(58,429)</td>
</tr>
<tr>
<td>Interest received</td>
<td>5,736,525</td>
<td>5,989,024</td>
</tr>
<tr>
<td>SURPLUS / (DEFICIT) BEFORE TAXATION</td>
<td>22,064,242</td>
<td>(10,918,870)</td>
</tr>
<tr>
<td>Taxation</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>NET SURPLUS / (DEFICIT) AFTER TAXATION</td>
<td>22,064,242</td>
<td>(10,918,870)</td>
</tr>
<tr>
<td>Other comprehensive income</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL SURPLUS AND COMPREHENSIVE INCOME / (DEFICIT) FOR THE YEAR</td>
<td>22,064,242</td>
<td>(10,918,870)</td>
</tr>
</tbody>
</table>
# TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT

Summary Financial Statements as at 30 June 2018

## STATEMENT OF CHANGES IN EQUITY

<table>
<thead>
<tr>
<th></th>
<th>HSS</th>
<th>HSR</th>
<th>CDC</th>
<th>Corporate Services</th>
<th>HST Reserve Fund</th>
<th>Total Equity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>R</strong></td>
<td><strong>R</strong></td>
<td><strong>R</strong></td>
<td><strong>R</strong></td>
<td><strong>R</strong></td>
<td><strong>R</strong></td>
<td><strong>R</strong></td>
</tr>
<tr>
<td><strong>30 June 2016</strong></td>
<td>6 328 076</td>
<td>2 981 021</td>
<td>1 957 520</td>
<td>47 005 166</td>
<td>24 246 838</td>
<td><strong>82 518 621</strong></td>
</tr>
<tr>
<td><strong>Total deficit for the year</strong></td>
<td><strong>(158 738)</strong></td>
<td><strong>(480 177)</strong></td>
<td><strong>(2 315 976)</strong></td>
<td><strong>(7 963 979)</strong></td>
<td>-</td>
<td><strong>(10 918 870)</strong></td>
</tr>
<tr>
<td><strong>Transfers to Reserve Fund</strong></td>
<td>-</td>
<td><strong>(249 268)</strong></td>
<td>-</td>
<td>-</td>
<td><strong>249 268</strong></td>
<td>-</td>
</tr>
<tr>
<td><strong>Closing balance as at 30 June 2017</strong></td>
<td><strong>6 169 338</strong></td>
<td><strong>2 251 576</strong></td>
<td><strong>(358 456)</strong></td>
<td><strong>39 041 187</strong></td>
<td><strong>24 496 106</strong></td>
<td><strong>71 599 751</strong></td>
</tr>
<tr>
<td><strong>Total surplus and comprehensive income for the year</strong></td>
<td><strong>1 482 060</strong></td>
<td><strong>2 912 523</strong></td>
<td><strong>11 420 465</strong></td>
<td><strong>6 249 194</strong></td>
<td>-</td>
<td><strong>22 064 242</strong></td>
</tr>
<tr>
<td><strong>Transfers to Reserve Fund</strong></td>
<td><strong>(2 602 490)</strong></td>
<td><strong>(450 470)</strong></td>
<td>-</td>
<td><strong>(8 388 647)</strong></td>
<td><strong>11 441 607</strong></td>
<td>-</td>
</tr>
<tr>
<td><strong>Closing balance as at 30 June 2018</strong></td>
<td><strong>5 048 908</strong></td>
<td><strong>4 713 629</strong></td>
<td><strong>11 062 009</strong></td>
<td><strong>36 901 734</strong></td>
<td><strong>35 937 713</strong></td>
<td><strong>93 663 993</strong></td>
</tr>
</tbody>
</table>

The different classes of reserves included on the Statement of Changes in Equity include accumulated surplus, being the net cumulative surplus or deficit of the entity over the years it has operated, as well as the HST Reserve Fund, approved by the Board of Trustees, and designated for the sustainability of the organisation. 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 may be utilized by approval from the Board of Trustees and has designated components for meeting the organisation’s contractual obligations in the event of funded contracts coming to an end, for bridging finance when the organisation is between projects as well as sustainability.

## TOTAL EQUITY COMPRISSES THE FOLLOWING:

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>R</strong></td>
<td><strong>R</strong></td>
<td><strong>R</strong></td>
</tr>
<tr>
<td>Accumulated Surplus funds</td>
<td><strong>57 726 280</strong></td>
<td><strong>47 103 645</strong></td>
</tr>
<tr>
<td>HST Reserve Fund</td>
<td><strong>35 937 713</strong></td>
<td><strong>24 496 106</strong></td>
</tr>
<tr>
<td></td>
<td><strong>93 663 993</strong></td>
<td><strong>71 599 751</strong></td>
</tr>
</tbody>
</table>
TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT

Summary Financial Statements as at 30 June 2018

STATEMENT OF CASH FLOWS

<table>
<thead>
<tr>
<th>Notes</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>R</td>
<td>R</td>
</tr>
<tr>
<td><strong>CASH FLOWS FROM OPERATING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash generated from / (utilised by) operations</td>
<td>A</td>
<td>53 989 144</td>
</tr>
<tr>
<td>Interest received</td>
<td></td>
<td>5 736 525</td>
</tr>
<tr>
<td>Interest paid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net cash inflow / (outflow) from operating activities</td>
<td></td>
<td>59 725 669</td>
</tr>
<tr>
<td><strong>CASH FLOWS FROM INVESTING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proceeds from disposal of property, and equipment</td>
<td></td>
<td>5 626 253</td>
</tr>
<tr>
<td>Acquisition of property and equipment</td>
<td>(19 230 735)</td>
<td>(5 208 507)</td>
</tr>
<tr>
<td>Net cash (used in) / generated by investing activities</td>
<td>(13 604 482)</td>
<td>848 598</td>
</tr>
<tr>
<td>Net increase / (decrease) in cash and cash equivalents</td>
<td></td>
<td>46 121 187</td>
</tr>
<tr>
<td>Unrealised gains/ (losses) within cash and cash equivalents</td>
<td></td>
<td>231 403</td>
</tr>
<tr>
<td>Cash and cash equivalents at beginning of year</td>
<td></td>
<td>80 888 418</td>
</tr>
<tr>
<td>Cash and cash equivalents at end of year</td>
<td></td>
<td>127 241 008</td>
</tr>
</tbody>
</table>
NOTES TO THE STATEMENT OF CASH FLOWS

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus / (deficit) before taxation</td>
<td>22 064 242</td>
<td>(10 918 870)</td>
</tr>
<tr>
<td>Adjustments for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>7 352 942</td>
<td>11 037 830</td>
</tr>
<tr>
<td>(Gain) / Loss on translation of foreign bank account</td>
<td>(231 403)</td>
<td>1 825</td>
</tr>
<tr>
<td>Increase / (Decrease) in provisions</td>
<td>1 637 299</td>
<td>(68 471)</td>
</tr>
<tr>
<td>Profit on disposal of property, plant and equipment</td>
<td>(3 117 886)</td>
<td>(2 376 322)</td>
</tr>
<tr>
<td>Interest paid</td>
<td>-</td>
<td>58 429</td>
</tr>
<tr>
<td>Interest received</td>
<td>(5 736 525)</td>
<td>(5 989 024)</td>
</tr>
<tr>
<td>Cash inflows / (outflows) from operations before working capital changes</td>
<td>21 968 669</td>
<td>(8 254 603)</td>
</tr>
<tr>
<td>Working capital changes:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease/(increase) in trade and other receivables and accrued revenue</td>
<td>664 597</td>
<td>50 571</td>
</tr>
<tr>
<td>Increase / (Decrease) in trade and other payables and deferred revenue</td>
<td>31 355 878</td>
<td>(60 301 261)</td>
</tr>
<tr>
<td>Cash generated from / (utilised by) operations</td>
<td>53 989 144</td>
<td>(68 505 293)</td>
</tr>
</tbody>
</table>
FUNDERS AND Partners

FUNDERS
US Centers for Disease Control and Prevention
The Global Fund to Fight AIDS, Tuberculosis and Malaria
The ELMA Philanthropies
National Department of Health South África
The German Development Bank (KfW) through the Development Bank of Southern Africa (DBSA)
WHO Alliance for Health Policy and Systems Research
Mpumalanga Department of Health
KwaZulu-Natal Department of Health
University of Cape Town (through a grant from the Bill & Melinda Gates Foundation)
Road Accident Fund

PARTNERS AND GRANT COLLABORATORS
ASG
University of Cape Town Centre for Infectious Disease Epidemiology and Research (CIDER)
University of Cape Town
University of KwaZulu-Natal (UKZN)
SA Medical Research Council
UKZN Centre for Rural Health
Aurum Institute
Eastern Cape Department of Health
Free State Department of Health
Gauteng Department of Health
KwaZulu-Natal Department of Health
Limpopo Department of Health
Mpumalanga Department of Health
Northern Cape Department of Health
North West Department of Health
Western Cape Department of Health
The National Health Research Committee
National Health Laboratory Services (NHLS)
Mobenzi
VP Health
SEAD
Health Information Systems Programme (HISP)
Africare
The Southern African Catholic Bishops’ Conference AIDS Office (SACBC)
The AIDS Foundation of South Africa
Praekelt.org
Accenture
Nelson Mandela Children’s Fund
South African Civil Society Coalition for Women, Adolescents and Children’s Health (SACSoWACH)
University of Newcastle, UK
London School of Hygiene and Tropical Medicine
KNCV Tuberculosis Foundation
Zambart
Durban (Registered Office)
34 Essex Terrace, Westville 3630
Tel: +27 (0)31 266 9090

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