



**HEALTH
SYSTEMS
TRUST**

**ANNUAL
REPORT
2018/19**

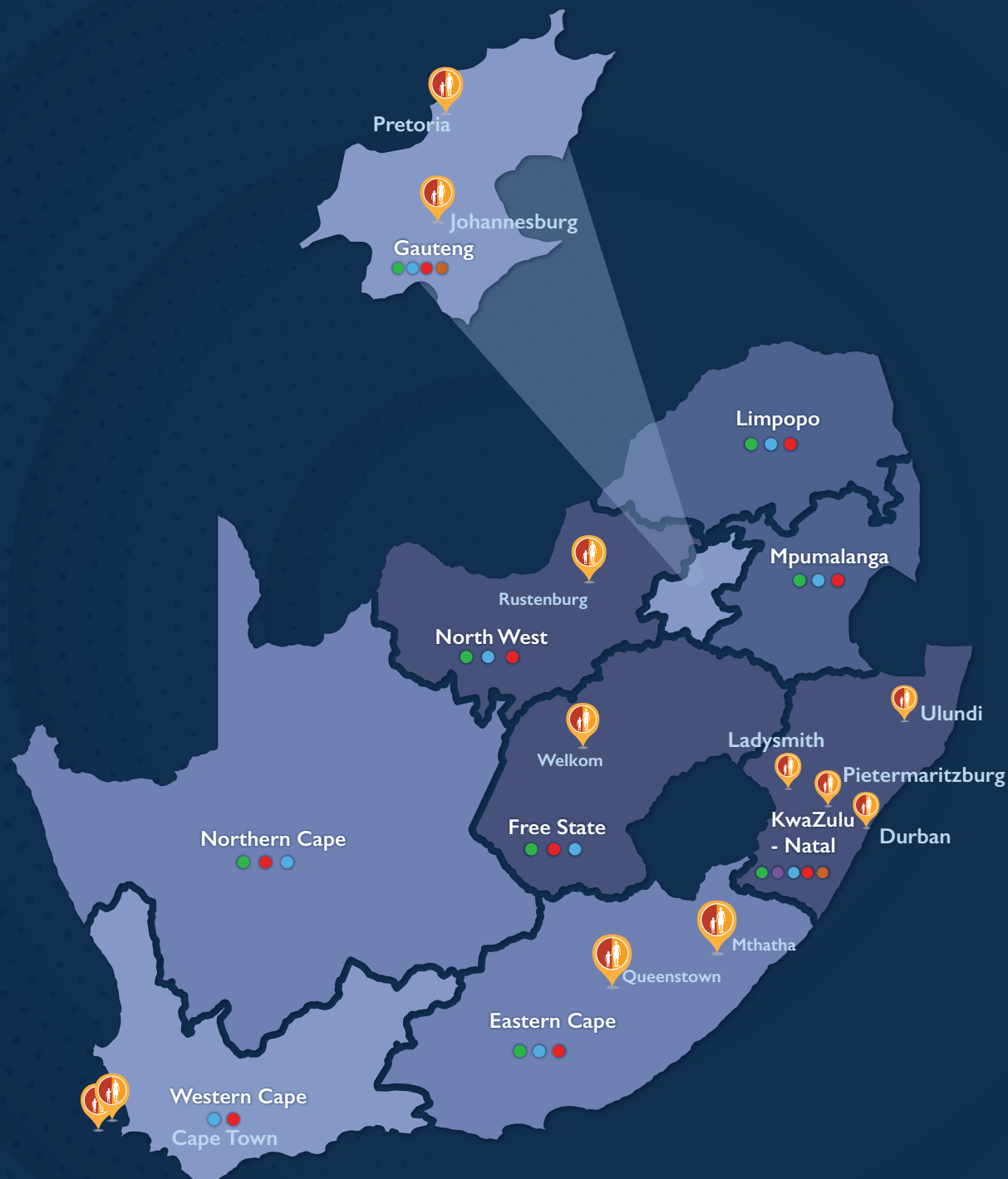
OUR FOOTPRINT

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



HST Offices

ISBN: 978-1-928479-02-4
November 2019



OUR VISION

Improved health equity
in a healthier Africa

OUR MISSION

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

ABOUT US

The Health Systems Trust (HST) is a leading role-player in the South African public health arena, focusing on health systems strengthening, research, and strategic support in 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 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



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.



TABLE OF CONTENTS

04 ABBREVIATIONS AND ACRONYMS

05 BOARD OF TRUSTEES

06 REPORT FROM THE CHAIRPERSON

08 MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

10 DIRECTORATES' REPORTS

- Health Systems Research and Health Systems Strengthening
- Management and Implementation Support
- Implementation of Priority Health Programmes
- Essential National Health Research
- Information for Planning, Monitoring, Evaluation and Decision-making
- Guidance, Mentoring and Training on Good Practice Development

31 CORPORATE SERVICES DIRECTORATE

- Finance, Grants and Compliance
- Administration
- Information and Communications Technology
- Human Resources
- Business Development
- Communications

40 SECTION CONCLUSION

41 PUBLICATIONS AND REPORTS

41 CONFERENCES AND PRESENTATIONS

42 AUDITED ANNUAL FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2019

- Statement of Responsibility for Financial Reporting by the Board of Trustees
- Approval of the Annual Financial Statements by the Board of Trustees

- Audit and Risk Committee Report
- Corporate Governance Statement
- Independent Auditor's Report
- Report of the Board of Trustees
- Statement of Financial Position
- Statement of Profit or Loss and Other Comprehensive Income
- Statement of Changes in Equity
- Statement of Cash Flows
- Notes to the Statement of Cash Flows
- Notes to the Annual Financial Statements
- Supplementary Schedules: Detailed Income Statement

69 FUNDERS AND PARTNERS

ABBREVIATIONS & ACRONYMS

AHCs	Academic Health Complexes	NHRC	National Research Health Committee
AHPSR	Alliance for Health Policy and Systems Research	NHRD	National Health Research Database
APHRC	African Population and Health Research Center	NHREC	National Health Research Ethics Council
CCMDD	Central Chronic Medicines Dispensing and Distribution programme	NSP	non-state provider
		M&E	monitoring and evaluation
CDC	US Centers for Disease Control and Prevention	PCR	Polymerase chain reaction
DHB	District Health Barometer	PEPFAR	US President's Emergency Plan for AIDS Relief
DHP	District Health Plan	PHC	primary health care
DQA	data quality review	PHRC	Provincial Health Research Committee
DR	disaster recovery	PMPs	Patient Medicine Parcels
ECD	early childhood development	PPTICRM	Perfect Permanent Team for Ideal Clinic Realisation and Maintenance
EDCTP	European & Developing Countries Clinical Trials Programme		principal recipient
		PR	pick-up point
EDR.net	Electronic Drug-resistant Tuberculosis Register	PuP	Quality Council for Trades and Occupations
EE	employment equity	QCTO	quality improvement
EMLs	Essential Medicines Lists	QI	Road Accident Fund
ETR.Net	Electronic Tuberculosis Register	RAF	South African Health Review
GF	Global Fund	SAHR	South Africa Sustainable Response to HIV, AIDS and TB project
GP	general practitioner	SA SURE	standard treatment guidelines
GPCI	General Practitioner Contracting Initiative		Synchronised National Communication in Health
HPSR	health policy and systems research	STGs	sub-recipient
HSR	health systems research	SyNCH	tuberculosis
HSS	health systems strengthening	SR	Tuberculosis Reduction through Expanded Anti-Retroviral Treatment and TB Screening
HTS	HIV Testing Services	TB	universal health coverage
HWSETA	Health and Welfare Sector Education and Training Authority	TREATS	United Nations Children's Fund
			universal testing and treatment
ICDM	Integrated Chronic Disease Management	UHC	Ward AIDS Committees
ICRM	Ideal Clinic Realisation and Maintenance	UNICEF	Wellness for Effective Leadership
ICSM	Integrated Clinical Services Management	UTT	World Health Organization
IPT	isoniazid preventive therapy	WACs	
KAP	knowledge, attitude and practice	WEL	
KZN	KwaZulu-Natal	WHO	
MCWH	maternal, child and women's health		
NDoh/DoH	National Department of Health/Department of Health		
NGO	non-governmental organisation		
NHI	National Health Insurance		

BOARD OF TRUSTEES



Dr Flavia Senkubuge
(Chairperson)



Professor Esther Kibuka-Sebitosi
(Deputy Chairperson)



Mr Aziz Kader
(Deputy Chairperson)



Ms Mandisa Hela



Dr Dumani Kula



Mr Shadrack Mapetla



Mr Thulani Masilela



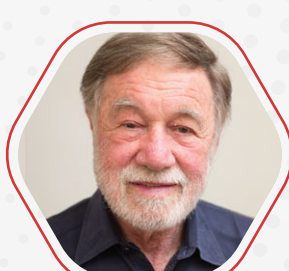
Ms Edith Skweyiya



Ms Francisca Nzama-Rabeng



Dr Themba Moeti
(Ex officio)



Professor David Sanders

Tribute to Prof. David Sanders, distinguished academic, global public health expert, health policy activist, and advocate. Prof. David Sanders passed away in August 2019 while the 2018/19 HST Annual Report was in production.

The Health Systems Trust is deeply saddened by the passing of the Emeritus Professor of the School of Public Health of the University of the Western Cape and Trustee of the Health Systems Trust Board.

David served as a Trustee of HST for the past two years, but has been a friend of the organisation from the time of its inception, sharing and having helped craft its current vision of “Improved health equity in a healthier Africa”. He had just been elected 2nd Deputy Chairperson at the time of his passing.

He will be dearly missed.

REPORT FROM THE CHAIRPERSON

The late Kofi Annan often quoted an African Proverb; “The world is not ours, the earth is not ours, it’s a treasure we hold in trust for future generations.” He also said he hoped this generation will be worthy of that trust.

Reflecting on another year of our work as the Health Systems Trust, which we do in partnership with a broad range of partners including government at all levels of the health service, our funders, universities, and other non-profit implementing partners, and stakeholders, I am reminded of how greatly privileged we are to be able to contribute to building a better future for the health of current and future generations in our country and the region.

Over the past year HST has continued its 27-year journey of helping to build a stronger South Africa through stronger health services where equity, access to quality healthcare, evidence-informed decision-making and improved health outcomes are central to our way of working. While it has been said many times before, South Africa’s health system is truly at a cross-roads with only a decade left to achieve the health and development goals

of the National Development Plan 2030, the Sustainable Development Goals, and our universal health coverage objectives with the imminent implementation of the most significant reform of our health system through National Health Insurance.

This year, with funding from the National Department of Health, we have implemented several policy, service quality and improvement-related research projects addressing key national health priorities including quality of care services for chronic conditions, integrated service delivery for improved efficiency and health outcomes, which we reference in this report. With funding from PEPFAR through the Centers for Disease Control and Prevention, ELMA Philanthropies and the Global Fund to Fight AIDS, TB and Malaria we have continued to provide support to national efforts to rapidly scale up access to HIV and TB treatment and prevention services, working closely with partner districts as we work towards reaching the 90-90-90 targets for 2020 with the ultimate objective of epidemic control. Children, women and young girls are an important focus of this



DR FLAVIA SENKUBUGE
Chairperson: Board of Trustees

“The world is not ours, the earth is not ours,
it’s a treasure we hold in trust for future generations.”

work, as we seek to improve access to care for children, and reduce the vulnerability of women and young girls through programme interventions at community and facility levels.

As we make progress with implementation of our funded projects, we are keenly aware of the health systems imperative of ensuring that in all our work, whether it be disease or policy focussed, project goals are achieved while simultaneously addressing health systems’ capacity development to ensure the sustainability of these investments. It is in this context, building on national achievements in improving access to health services and reducing morbidity over the past twenty-five years, that we continue to ensure that we are generating evidence to inform policy and support health service planning and prioritisation of future investments. We continue to help generate, collate, analyse and disseminate health information in a manner that enables sub-national inequities to be brought to the fore as we address the growing burden of non-communicable diseases, and the persisting challenges of maternal and child health, violence, accidents and injuries.

As we continue to support national efforts towards universal access to quality health services by 2030,

within the framework of NHI, we will continue to build on the experience gained from our work in pilot initiatives such as CCMDD and the Ideal Clinic Initiative. We stand ready to bring to the fore HST’s health systems research and systems support capacity and experience and use our full suite of products in such annual publications like the South African Health Review and other health systems research as required to help generate the necessary information to support NHI implementation. Indeed, the publication of the 2018 South African Health Review in December 2018 focussed on human resources for health and their critical importance to achieving universal health coverage.

I began by quoting Kofi Annan’s hope that this generation is worthy of the trust of bequeathing a better future to forthcoming generations. With the commitment and support for HST’s work of my fellow Trustees, and the strong dedication to HST’s mission of “Driving change for comprehensive and equitable health systems through research and capacity development” and the passion for knowledge-driven innovation as the path to improved health outcomes, I am confident that as an organisation we will continue to be worthy of that trust as we embark with the rest of the country on

perhaps the most ambitious health service reform initiative of our time under the leadership of government.

At the time of writing this report, HST sadly lost Professor David Sanders, who had recently been elected 2nd Deputy of the Board of Trustees at the end of the financial year. David will be sadly missed for his wise counsel, collegiality and friendship as we served HST, South Africa and the broader health community together. We will honour his memory by continuing to strive for the excellence he always desired.

Finally, let me thank management and the staff for their dedicated service to HST’s work over the past year, as I look forward to walking this journey another year with the HST Board and staff, in service to the people of South Africa and beyond.



Dr Flavia Senkubuge
(Chairperson)



DR THEMBA MOETI
Chief Executive Officer

MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

As we look back on another year, and reflect on our achievements, we are reminded that what has inspired HST's success over the past 27 years has been the wish to enable people to live healthy lives, and the knowledge that our long-term success is directly linked to how well we serve others.

With South Africa's population of about 7.9 million people living with HIV accounting for almost 25% of the global HIV burden, and with only one year to achieve the national target of placing an additional two million people on treatment by 2020, the urgency to deliver on our contribution to achieving the national 90-90-90 targets for HIV and TB has never been greater. In this report we outline our contribution to the national HIV response through our work in four districts and the eThekweni municipality in KwaZulu-Natal as district support partner, as well as providing technical support in different ways to the provincial and national levels. With the call to rapidly accelerate HIV testing and treatment service uptake, through the national surge and Siyenza initiatives, the responsiveness, commitment and innovation of our teams working closely with our community level

partners and seamlessly as members of facility service delivery teams, has led to significant progress towards the attainment of ambitious programme targets.

The 2017 HSRC National HIV Prevalence, Incidence, Behaviour and Communication Survey revealed that HIV infection rates are highest amongst women aged 15 – 24 years, emphasising the vulnerability of girls and young women to this epidemic. As we support efforts to scale up access to HIV treatment services, itself an important prevention intervention in South Africa's mature epidemic, we place a high priority on our work to reduce the vulnerability of girls and young women to HIV infection through implementation of proven clinical and educational interventions aimed at empowering young women to reduce their HIV risks, through the Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) programme in KwaZulu-Natal, in order to secure a better future for young women as part of the national imperative.

With an increasing national focus on providing universal access to quality health services, and an

appreciation of the critical role human resources for health will play as we strive to achieve this as a country, over the past year our research programme, funded by the National Department of Health to address national policy priorities, has undertaken research addressing the areas of patient satisfaction, assessment of the performance of primary health care service delivery approaches, and human resources for health issues as they relate to both service quality and healthcare worker job satisfaction. In addition, the subject of human resources for health was the theme of the 2018 South African Health Review with analysis in several articles of the human resources for health implications for provision of equitable access to quality services across different levels of the health system, and the potential contribution of different health service cadres. We, as HST, feel privileged to contribute evidence to this discourse as the country stands on the threshold of implementation of NHI to support the delivery of a more equitable and cost effective health service to the entire population.

In this report we highlight progress with about 15 projects across our health systems strengthening and research portfolios, with funding from several sources including the National Department of Health, PEPFAR/CDC, the ELMA Foundation, and the European & Developing Countries Clinical Trials Partnership (EDCTP). We have successfully

implemented programmes under our different funding streams, and secured new funding to implement projects through the KZN Treasury and the Global Fund in KwaZulu-Natal, and Grand Challenges Canada to implement a pilot study assessing the feasibility of self-monitoring of blood pressure among pregnant women and digital information systems to reduce the risks of hypertensive diseases in pregnancy in a developing country public health sector setting in Tshwane District. In the current year we have also completed our technical support for health facility assessments and programme data quality monitoring of HIV and TB programmes in Eswatini and Namibia with support from the Global Fund. We will continue to seek opportunities to contribute to health systems development in the southern Africa region through strategic partnerships building on our work in Eswatini and Namibia.

Our work continues to be guided by our goals of strengthening health systems through system-wide policy implementation support and health systems research aligned to key national and regional health priorities for improved health outcomes, and growing HST's contribution to health systems development in the southern Africa region, while building a sustainable organisation to continue this work. Seamless organisation-wide teamwork is central to our model of delivery. In this context the excellent

support provided by our corporate services: finance, administration, human resources, business development, communications and training units working as integral members of project teams has been a key element of our success over the past year.

Our work is made possible through extensive collaboration and partnership both internally and externally with our many partners, collaborators and stakeholders, and the guidance and support of our Board of Trustees. In a year in which we have pursued ambitious HIV and TB response targets, embraced new challenges in conducting TB and maternal health research studies, while delivering on our capacity development and health systems research mandates, we are reminded that this has only been possible through the contributions of every member of our staff and that "the achievements of an organization are the results of the combined effort of each individual".



DR THEMBA MOETI
Chief Executive Officer

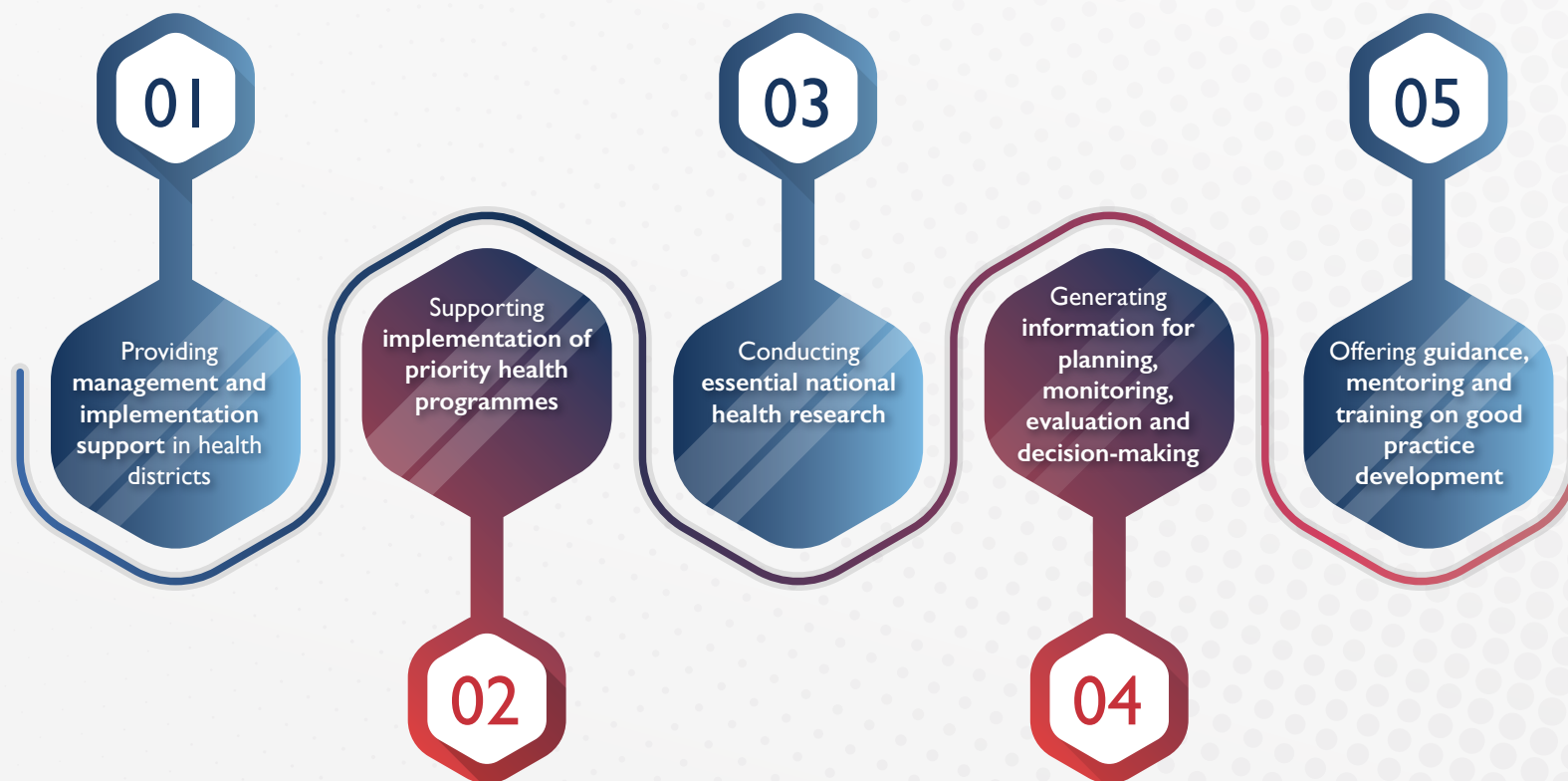
DIRECTORATES' REPORTS



Health facilities are complex spaces where the behaviours and actions of nurses affect health outcomes, interpersonal relationships and personal safety. There is a link between nursing satisfaction and patient outcomes through improved health worker performance.

DIRECTORATES' REPORTS

The Health Systems Trust (HST) operates through its Programmes and Corporate Services, Business Development and Communications, and Human Resources units. The wide variety of projects are cross-cutting and involve inter-disciplinary collaboration between our units across five core business areas:



The programmes' activities over the last year are presented under the category which largely represents each project area of focus.

PROGRAMMES' DIRECTORATE



Ms Ronel Visser
Director: HSS



Ms Thesandree Padayachee
Acting Director and
Programme Manager: HSR

HEALTH SYSTEMS RESEARCH AND STRENGTHENING UNITS

The Programmes' Directorate consists of the Health Systems Research (HSR) Unit, which focuses on research, and the Health Systems Strengthening (HSS) Unit, which focuses on the implementation of technical support on behalf of the South African government as well as international and national donors.

The Health Systems Trust's programmatic support and health systems research work extends across all levels of the health system, including national, provincial and district levels as well as community-based structures.



Ms Jackie Paterson
Programme Manager: HSS



Ms Rakshika Bhana
Programme Manager: HSS

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. 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. Together, they work seamlessly to deliver on HST's mission to be a strong partner in building comprehensive and equitable health systems.

The HSR Unit conducts policy and public health outcome relevant health systems research and contributes to the evidence base for public health planning, decision- and policy-making, implementation and service delivery.

Through our highly-acclaimed annual publications, the South African Health Review and District Health Barometer, as well as other supplementary publications, HST has over the past two decades and more provided analysis of policy implementation and performance of the health system, as well as compiled and disseminated information on disease burden, health service access, performance and outcomes by district. These outputs continue to play an important role

in health service planning and monitoring of equity of access to quality health services and health outcomes across the country in support of the health goals of the National Development Plan 2030. 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. Through this work we endeavour to identify priority research questions from interrogation of existing data, engagement with key staff at facility, district, provincial and national levels to gain in-depth understanding of the local context as the basis of informing implementation of best practice solutions within the national policy context.

The HSS Unit provides technical support through strategic use, analysis and distribution of information about health and related fields to enhance district-based services as well as health system performance. Over the past three years, support for rapid scale up of HIV and TB service delivery at facility and district level has become an important focus of HST's contribution to national efforts to reach the 90-90-90 targets for HIV and TB control by 2020. The above is achieved through deployment of HST facilitators, technical advisors, clinicians and other staff who work closely with the provincial level, health district management teams and healthcare workers to transfer skills for sustainable quality improvement in service delivery through training and mentoring as well as complementing implementation capacity at the different levels.

1. MANAGEMENT AND IMPLEMENTATION SUPPORT

The South Africa Sustained Response to HIV, AIDS and TB (SA SURE Plus) project continues to focus primarily on health systems strengthening, aimed at sustainable capacity development at the lowest level within the District Health System to integrate national health priority actions such as attainment of the 90-90-90 targets, and to improve the quality of care.

The project focuses on all levels of the health system – provincial, district, facility and community – to increase the number of clients initiated on antiretroviral treatment through decongesting facilities, while strengthening the health systems supporting the programmes. These activities are accompanied by a monitoring and evaluation (M&E)

framework to track changes in service delivery and assess the impact of project interventions. This approach enables the project to adapt, improve and innovate.

The project is active in four districts in KwaZulu-Natal: uMgungundlovu, uThukela, Zululand and the municipal facilities in eThekweni Metro.

SA SURE Plus continues to support the provincial and national levels with technical assistance in health system strengthening in the areas of:

- improving access to chronic medication through the Centralised Chronic Medicines Dispensing and Distribution (CCMDD) programme;
- roll-out of Synchronised National Communication in Health (SyNCH) in 20 focus districts;
- 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;
- HIV testing services, ART initiation and facilitation of support groups and adherence clubs through contracted community-based organisations; and
- technical assistance for management at district and provincial level.

As part of HST's continuous improvement efforts, the project published an updated version of the HIV and TB Supportive Supervision Toolkit as a tool for primary health care (PHC) Area Supervisors, clinic Operational Managers and technical staff in the project to identify bottle-neck issues in the facilities and correct these to improve efficiencies.

Recognising the importance of engagement with clients and patients through information that is accessible, and presented via channels to which various target audiences would have access, several products have been developed and presented through various media channels to empower clients with improved knowledge to enhance uptake of HIV treatment and prevention services and improve retention in care. Volume 4 of the 90-90-90 Compendium was translated into isiZulu and isiXhosa for ease of readability by community members.

Three posters have been designed and distributed to health facilities – one aiming to educate patients on options for differentiated care, another raising awareness among patients of the need to bring their identity documents when visiting facilities, and the

third encouraging clients to have their viral load tested.



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.



Poster 1: Bring your identity document along on your clinic visit.

Poster 2: Options on differentiated care.

A number of stories in support of the work that SA SURE Plus is doing were deployed through various channels throughout the year, but mainly via HST's website blog and social media which can be accessed by going to <https://www.hst.org.za/media/blog/default.aspx>

The Daily Sun, The Daily Vox, News24 and Health-e News also disseminated content creating positive media exposure for the programme area and HST's work.

The **Central Chronic Medicines Dispensing and Distribution (CCMDD)** programme, with the technical support of the **Synchronised National Communication in Health (SyNCH)** is a Department of Health initiative to improve access to chronic medicines for stable patients by enabling them to pick up their repeat medicines from a convenient pick-up point near their home or work. Reduction of the

number of stable patients attending health facilities also improves the efficiency of service provision by allowing health workers to focus on those patients who need medical attention. In order to achieve the goal two types of private service providers were contracted to render the following services:

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

This programme is now implemented in 46 districts in eight provinces. The Health Systems Trust has been the primary support partner since programme commencement. CCMDD was started as a pilot project for NHI implementation and is now included in the NHI Bill.

Programme objectives are to:

- Improve access to chronic medicines.
- Improve service delivery and patient experience.
- Develop a business model for private sector involvement in the provision of health care services in the public sector.
- Decongest facilities; a key component of Differentiated Care.
- Shorten waiting times at facilities with patients able to collect medicines from places closer to their homes and places of work.
- Improve availability of epidemiological and medicine utilisation data that can be used to formulate policy and improve demand planning for medicines.
- Improve retention of patients on treatment and follow up on defaulters.

HST's support at national, provincial and district level has taken the following forms:

1. Provide guidance on CCMDD policy development and implementation.

- Provide support during national task team and service provider meetings.
- Development of training material, orientation and training at Provincial and District level when required.
- Support programme implementation at facilities through orientation, training and mentorship.
- Support Differentiated Care implementation at facilities.

- Identification and recruitment of pick-up points (PuP's) in consultation with districts.
- Orientation & training of pick-up points once appointed, and follow up with support visits.
- Draft and review generic SOP's and tools to address programme gaps and challenges.
- Build relationships with service providers (CCMDD and PuP's).
- Monitor services provider adherence to SLA's and recommend interventions when required.
- Provide support to implement a Monitoring and Evaluation system for the programme.
- Monitor programme implementation and performance against targets.
- Provide weekly and monthly combined service provider tracker reports.

2. Support for financial administration of the programme (verification of service provider invoices and facilitation of payment at NDoH).

3. Facilitate appointment of external PuP's and record them on national database.

Achievements

The main achievements of the programme over the past year with HST support have been strengthening of operational systems of the programme, expansion of geographical coverage of the programme and ramping up patient enrolment. A significant achievement has been the further development and roll out of the electronic information system supporting the programme (SyNCH) which has also enhanced programme performance through improved monitoring and evaluation.

- Medicine collection cards were amended, printed in five languages and distributed to all provinces.
- Managed the appointment of external PuP's and recorded them on a national database.
- Provided visibility on PuP appointment progress to registered stakeholders.
- Reviewed and published programme SOP's and tools and distributed printed files to provinces.
- Drafted combined service provider monthly and weekly tracker reports.

- Provided support of the programme, with M&E, and subsequent analysis of data.
- Provided support and guidance for effective programme implementation in non-HST supported provinces: Limpopo, North West, Gauteng, Mpumalanga, Eastern Cape, Northern Cape and Free State
- Orientation and training of other district support partners on implementation of the CCMDD programme when required.
- Supported financial administration at NDoH through verification of invoices and facilitation of payment process.

- The cumulative target of 2.5 million patients registered by 2018/19 has been exceeded with a total of **2 629 160 patients** being enrolled in the programme according to service provider reports.
- The programme is active in all **46 (100%) targeted districts** (this excludes the Western Cape) across **3 351 facilities**, representing about 90% achievement.
- A total number **1516** external PuP's were appointed.
- Improved decongestion at facilities due to utilisation of external PuP's and CCMDD fast lane queues at facilities.
- Patient testimonials on benefits of participation in the CCMDD programme.
- Health care provider testimonials on workload reduction, resulting in ability to reach 90-90-90 goals.

An important achievement in the last quarter has been the rapid design and mobilisation of the "Get Checked. Go Collect" CCMDD and HIV testing and treatment uptake communication drive, focussed on the eThekweni district and municipality with HST's support. This is a multi-partner effort in which HST has played a leading role with support from PEPFAR/CDC and the National Department of Health. Within HST it is a collaboration between the Communications Unit and the SA SURE Plus project. This initiative especially targets groups who are challenged in utilising or accessing health services such as youth and men, by using mobilisers on the ground and providing information and access through social media channels such as Twitter (1788 followers) and Facebook (13 626 page likes).

The CCMDD programme has been paper-based and therefore subject to process inefficiencies. In addition to this, the programme lacked transparency. The **Synchronised National Communication in Health (SyNCH)** system was developed to rectify these issues and introduce a standardised, automated process in all provinces implementing CCMDD.



SyNCH brochures disseminated for information purposes

The CCMDD M&E team is responsible for the development and implementation of the SyNCH system in various health districts and supports the National Department of Health in implementing policies and guidelines developed by the Affordable Medicines Directorate through SyNCH.

The CCMDD electronic system has improved the operational efficiency of the CCMDD programme in the following ways:

- Automating the CCMDD process and improving programme efficiencies.
- Ensuring end-to-end visibility of the CCMDD process and transparency between stakeholders.
- Promoting the rational use of medicines.
- Ensuring compliance with Standard Treatment Guidelines (STG's) and Essential Medicines' Lists (EML's).
- Allowing for automated reporting.
- Improved patient outcomes by reducing medication errors and providing real-time information on the tracking of Patient Medicine Parcels (PMP's) for improved adherence.

The development and roll out of the SyNCH electronic system has been an important achievement which has required close co-ordination and collaboration between the National Department of Health, the districts and provinces in which SyNCH has been implemented, HST as the principal implementer supporting SyNCH and other district support partners as they are prepared to support implementation and rollout in their respective districts. Given the significant IT infrastructure, equipment and human resource requirements, rollout of the system has been done in a phased manner beginning with a pilot (Phase 1) in the KZN Province and Eastern Cape in 2016. The second and third phases consisted of implementation in five districts in KZN from July 2017 and began with implementation in three districts in KZN from July 2017 to September 2018.

In the fourth and current phase (2019), with funding from the Presidents Emergency Plan for AIDS Relief (PEPFAR) through the Centers for Disease Control and Prevention, HST has embarked on an ambitious programme supporting implementation of SyNCH in the Tshwane and Ekurhuleni Districts in Gauteng and expanding implementation to 18 Siyenza (high burden priority) districts.

SyNCH Achievements

- uMzinyathi district remains the gold standard of implementation. The district has taken complete responsibility for the implementation and support of SyNCH in the district. The SyNCH reporting website is now utilised on a regular basis to assist with the monitoring and evaluation of the CCMDD programme.
- Development and functionality changes have addressed some issues raised by health facility staff. SyNCH allows for nurses to prescribe medicines that have been initiated by a doctor according to Primary Health Care Standard Treatment Guidelines and CCMDD formularies; securities have been built into the system to ensure accurate documentation in the system and in patients' clinic files on the level of prescriber for certain prescriptions, in line with standard treatment guidelines.
- Certain drug interactions have been programmed into SyNCH to assist prescribers with clinical decision making. This has reduced the likelihood of medication errors and adverse drug interactions.

SyNCH Achievements (continued)

- SyNCH automatically sends notification of non-collection of Patient Medicine Parcels to the patient's originating health facility, thereby reducing the time taken to initiate tracing of patients.
- An automated reporting site allows for easy access to real-time data on any field entered into the system.
- Data previously not accessible is now available in real-time, e.g. epidemiological data, pharmacoeconomic data etc.

Development activities

The National Department of Health requested that HST develop a new process flow to allow Patient Medicine Parcels to be managed electronically on SyNCH, irrespective of whether the prescription originated on SyNCH or the paper-based format. Business requirements were developed to ensure that both CCMDD service providers could provide electronic data required for the management of PMP's. Subsequent development and pilot testing has commenced with one of the service providers.

The **Unfinished Business project for Paediatric and Adolescent HIV in KwaZulu-Natal (KZN)** is implemented alongside the SA SURE project and supports 78 health facilities across the Umgungundlovu, Zululand and eThekweni districts. The project's objectives are to:

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

The project works in collaboration with other implementing partners in supporting the implementation of priority health programmes in the three districts.

Using the Quality Improvement (QI) approach, the project intensifies case finding for children and adolescents aged 0–19 years using different case finding strategies at facility and community level. These strategies include:

- Risk identification and testing at key entry point;
- index case testing for children whose parents and siblings were identified as HIV-positive; and
- community testing through community partners to reach children that have poor access to health care services.

Results from the reporting period indicated an increase in the positivity yield at key entry points; from 6% reported at the end of June 2018 to 9.5% at the end of June 2019. Through targeted case finding for adolescents aged 15–19 years, 1 011 adolescents were identified as HIV-positive, an increase of 30% from those identified during the same period last year.

Using the results for action PCR dashboard and TierNet reports, the project was successful in identifying HIV-positive children not initiated on ART and children on ART who had missed appointments. **Through linkage officers and community partners children were actively traced and linked to care. Ninety-eight percent (98%) of newly identified HIV-positive children aged 0–19 years were initiated on treatment during the reporting period and 72% of children that had missed their appointments were traced and linked back to care.**

A key component of the project is the provision of psychosocial support at facility level to ensure that children in care receive comprehensive services aimed at improving HIV status disclosure, adherence to treatment and viral suppression. To strengthen adherence platforms at facility level, the project team established support groups for children and their caregivers in 37 facilities.

Parallel to the ongoing psychosocial support interventions, clinicians were mentored on viral load monitoring to ensure that this is implemented according to national guidelines. This intervention resulted in an increase in viral load tests done for children from an average of 67% at the end of June 2018 to 78% at the end of June 2019.

Key lessons learnt during the reporting period include:

- Targeted testing results in a higher positivity yield than general testing for all clients including those that are low risk.
- Linkage officers play an important role in ensuring that HIV-positive clients are initiated on treatment and receive the necessary follow up.
- The package of services at facility level should be inclusive of psychosocial support to promote good treatment outcomes.

Future programme efforts will be focussed on building an investment case for key interventions for national roll-out. This will be achieved through:

- Scaling up strategies that have been identified as effective during Phase One of project implementation.
- Refining strategies that have been tested across partners and have the potential to yield better outcomes.
- Testing new strategies aligned to the priorities of the KZN DoH and across HST's health systems strengthening programmes.

2. IMPLEMENTATION OF PRIORITY HEALTH PROGRAMMES

The KwaZulu-Natal Provincial Treasury, as one of the principal recipients (PR) of the South African Global Fund (GF) (2016–2019) grants, appointed HST as a sub-recipient (SR) to implement **high impact HIV, TB and STI interventions for Adolescent Girls and Young Women (10 – 24 years) and prevention programmes for other vulnerable populations in the selected wards in Amajuba and uThukela Districts**. The programme objectives were aligned to the 90-90-90 HIV and TB goals to be achieved through the collaborative efforts of various stakeholders.

The project, which was delivered over an intensive 8-month period from August 2018 to March 2019, was grounded on Operation Sukuma Sakhe principles, i.e. a tactical ground level approach for high visibility and effectiveness involving community awareness and active case finding through community/door-to-door visits. This resulted in all core interventions being timeously implemented and the project exceeding delivery on the key performance indicators for both supported districts.

A key outcome of the project was a rapid assessment of *Ukuthwala* that is being practiced in the *Okhahlamba* Municipality in *Uthukela* district. The findings from this assessment were presented to approximately 5 000 participants at the launch of the 16 days of Activism for No Violence Against Women and Children event hosted in November 2018 by the then KZN Premier, Mr W. Mchunu.



Supporting the “Girl Child Programme” was a strong focus of the project which required a multi-sectoral response. The project was successful in establishing platforms for the sustainability of the following interventions in selected wards in Amajuba district: food gardens, teen parenting, savings clubs, Early Childhood Development (ECD) and early sexual debut.

Achievements

71 teen moms were identified and 54 were enrolled in the teen parenting training that was conducted in collaboration with the Department of Social Development using the nationally accredited curriculum. Thirty four (34) ECD centres were supplied with indoor and outdoor equipment benefiting 1 651 children, 720 girl guides and 40 reed dance girls were reached with health education on prevention of communicable diseases and sexual reproductive health services.

The ongoing support from the district managerial structures across both the districts were considered to be the strengths of the programme. For example; the Amajuba District Mayor, Dr M. Ngubane, as project champion, was visible, advocated support for the programme and was instrumental in mitigating barriers, challenges, and uncertainties that were encountered by the project team. The Health Systems Trust acknowledges all stakeholders who were part of the project and collaborated in ensuring the successful delivery of the project.

The Health Systems Trust pilot study on **Using Digital Technology to Prevent Maternal Deaths from Hypertensive Disorders in Pregnancy** is a proof of concept study started in April 2018 with an anticipated end-date of 31 October 2019. Funded with a grant from Grand Challenges Canada (GCC Stars), this mHealth project was implemented in a number of phases.

Phase 1 was used to gather qualitative information (focus group sessions and key informant interviews) from women who had complications arising from elevated blood pressure in pregnancy, a number of professional nurses and clinicians, and experts in midwifery, obstetrics and mHealth solutions to assist in the development of the mobile application. This part of the study was conducted from December 2018 to March 2019.



Dr Joan Dippenaar, project lead, and Dr Ayo Agboola, visiting obstetrician at Soshanguve CHC3, discussing the study while HST's Communications Manager looks on.



Dr Joan Dippenaar and a study data capturer discussing the leaflet distributed to expectant mothers.

The mobile application was developed and customised to reflect daily blood pressure readings based on the pregnant woman's baseline blood pressure readings. A dashboard indicated to the woman on the hand-held set if her blood pressure reading was within the norm; green for good, amber for caution and red for danger and referral for action. A midwife monitored the readings and responded based on the dashboard if needed.

Phase 2: Implementation of the study from 21 January to 30 July 2019.

Recruitment and enrolment (21 January – 3 March 2019): One-hundred pregnant women (20–30 weeks pregnant and registered on MomConnect) were recruited and signed consent to self-monitor their blood pressure and use the HST Pregnancy Study Mobile Application for real-time blood pressure measurements.

Face-to-face interviews: All women completed a face-to-face interview on knowledge, attitude and practice (KAP) related to hypertension in pregnancy on enrolment and 12 weeks later to determine how this experience made a difference.

Training: All women were trained on the 7 symptoms of pre-eclampsia, the use of the blood pressure monitor and the mobile application. Thirty additional customised messages on pre-eclampsia were sent via the mobile application to create awareness and provide information on the condition. The GCC project staff and the staff at Tshwane and Soshanguve Hospitals were trained, as well as first responders and clinic emergency unit staff. Twelve posters were placed in the clinic for the period, in English and Setswana, and 800 brochures in both languages were distributed to staff, participants, families and the community.

Results: The Digital Technology to Prevent Maternal Deaths from Hypertensive Disorders in Pregnancy project is in the final phase, where the data collected has been analysed, interpreted, lessons learnt have been documented and reports are being generated. The final progress and budget reports will be submitted to the funder by the end of September 2019 and the Research Report at the end of October 2019. The feedback to collaborators and dissemination of the project research findings will take place in November 2019.

The Road Accident Fund (RAF) donated funds in 2018 to commission the **Review and Optimisation of Patient File Management Systems at Identified Hospitals**. The Health Systems Trust was appointed as implementing partner for this scope of work to address the challenges with regards to missing information and patient records which are a result of inadequate patient records management.

These challenges may contribute to motor vehicle accident medico-legal claims and the inability of patients to claim disability benefits from the Road Accident Fund.

The keeping of medical records is a fundamental requirement whereby patients' medical information is recorded and assimilated during different episodes of care by healthcare service providers in a specified manner at a public health institution. These requirements are clearly stated in various provincial policy documents such as Section 2.3 of the Kwazulu-Natal Records Management Policy (2016), stating that "Records Management through the proper control of the content, storage and volume of records, reduces vulnerability to legal challenge or financial loss and promotes best value in terms of human and space resources through greater coordination of information and storage systems".

The main objectives of the project were to conduct an assessment and identify institutional needs with regard to the safe-keeping of the active and archived motor vehicle accident patient files. The process of assessment and implementation was aligned to the National and Provincial guidelines for filing, archiving, and disposal of patient files. The following hospitals were identified by the RAF for implementation of the project in consultation with the National Department of Health: Robert Mangaliso Sobukwe Hospital (Northern Cape), Ngwelezane and King Edward VIII Hospitals (KwaZulu-Natal).

The outcomes of the project to date, since commencement of implementation in June 2018, include the provisioning of extended space for filing and archiving of patient files and the sensitisation of key role players to adopt good filing and archiving practices aligned to national policy. Jobs were created for unemployed candidates from local communities through short-term exposure to the filing system.



While the bulk of HST's programme funding in the past year has principally targeted HIV related programme interventions, in line with HST's health systems strengthening approach, these HIV-TB investments have contributed to broader health systems strengthening in various ways. This includes strengthening health management information systems for the HIV and TB programmes through improved data quality and reporting, timeliness of use of data for decision making for improved clinical outcomes, programme management and performance; improved patient administration and integrated clinical service management through support for the Ideal Clinic initiative; improved access to medicines not only for HIV and TB patients through the CCMDD programme but also for stable patients with other chronic conditions such as diabetes and hypertension. Introduction of innovations such as the use of dedicated case managers for HIV patients improving adherence and retention in care, the feasibility study on reduction of hypertensive disorders of pregnancy risks in a primary health care setting and the medical records optimisation initiative in partnership with Road Accident Fund and public health facilities are all targeted at improving health system performance and public health outcomes.

3. ESSENTIAL NATIONAL HEALTH RESEARCH

The work of the HSR unit aligns with the essential national health research priorities of the country which aim to promote research on country-specific problems and priorities in order to support decision-making relating to health policy and management. To this end, the HSR research portfolio makes important and relevant contributions to health systems research with particular significance to the rapidly transforming public health context in South Africa.

Job satisfaction among nurses working in public health facilities in South Africa

Health facilities are complex spaces where the behaviours and actions of nurses affect health outcomes, interpersonal relationships and personal safety. There is a link between nursing satisfaction and patient outcomes through improved health worker performance. Job satisfaction in health workers is a global concern. In South Africa (SA), leadership, governance and organisational concerns in the nursing workforce have been recognised since the first wave of post-apartheid health sector reform, between 1994 and 2007. Policy makers acknowledged that strategic reorientation of the nursing profession was needed in SA to establish a health service that improved access and quality and diminished inequity and inefficiency. It is within this context that the National Department of Health

(NDoH) commissioned this research. The research protocol for this national study has been developed and has been submitted for ethical review.

The primary aim of this study, due to begin once ethical approval has been obtained, is to gauge the extent of satisfaction experienced by all categories of nurses in their current employment in the public healthcare delivery system. The specific objectives are (1) to identify the extent of job satisfaction levels in public sector nurses, (2) to describe the factors (intrinsic and extrinsic) affecting nursing staff job satisfaction in the public sector in South Africa, and (3) to determine the effects of key human resources strategies, i.e. occupational specific dispensation, rural allowance and bursary scheme strategies, on job satisfaction.

This cross-sectional, mixed methods study will be conducted nationally incorporating qualitative and quantitative data analyses which will include an online survey questionnaire and key informant interviews with strategic informants at national, provincial, district and sub-district levels. The sample size for the survey will be $n = 556/0.65 = 886$, rounded to 900 and distributed equally across all nine South African provinces. The total estimated sample size for the key informant interviews will be 25. Data collection will commence once Ethics and Provincial Health Research Committee approvals have been obtained.

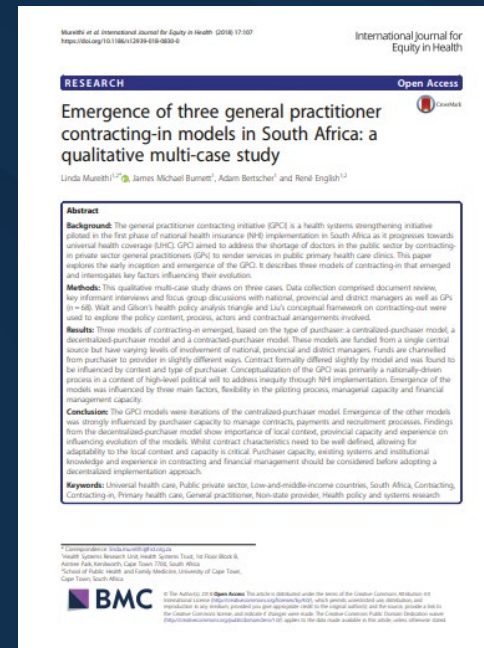
Case study on the role of General Practitioner contracting in strengthening health systems towards universal health coverage in South Africa

This study was part of a series of multi-country case studies commissioned by the World Health Organization's (WHO's) Alliance for Health Policy and Systems Research (AHPSR) looking at the role of non-state providers (NSP's) in strengthening health systems towards universal health coverage (UHC). As part of supporting the NHI pilot and PHC 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 general practitioners (GP's) working in the private sector (i.e. for-profit private NSP's) to render sessional services in public sector primary health care facilities in the NHI 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 NHI districts, how actors at various levels of the health system (national, provincial and district) went

about implementing it and what key factors enabled or hindered the implementation thereof, with a focus on 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.

The team successfully completed the data analysis and write-up of project findings. The findings provide insight into the three models of GP contracting that emerged during the pilot phase of this initiative, factors that influenced their evolution and implementation as well as how various actors understood and perceived the GPCI. A sub-set of the findings were published in an article in the *International Journal of*



Study findings published in the *International Journal of Equity in Health*

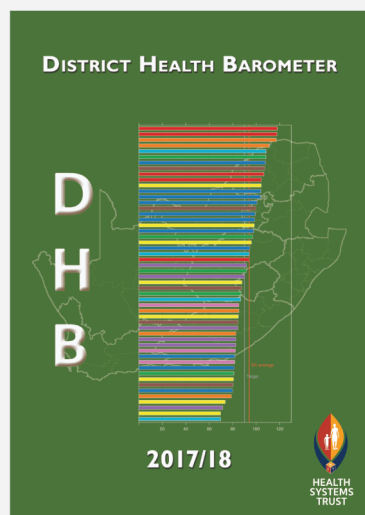
Equity in Health; they were part of a special supplement commissioned by the AHPSR on the role of NSP's in strengthening health systems towards UHC. An oral abstract on a sub-set of the findings was presented at the 5th Global Symposium on Health Systems Research in Liverpool in October 2018. As South Africa moves towards the implementation of NHI, it is hoped that the information gained through this body of work informs policy in the country and provides lessons learnt that could also be shared with other countries.

4. INFORMATION FOR PLANNING, MONITORING, EVALUATION AND DECISION-MAKING

District Health Barometer 2017/18

The aim of the project 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 of health managers throughout the health system. The

District Health Barometer (DHB) 2017/18, the 13th publication since 2005, is funded by the National Department of Health.



This year, after consultation with key stakeholders and users of the DHB, the Health Systems Trust made further refinements to the format and divided the publication into two distinct but interlinked offerings: the District Health Barometer 2017/18 and the DHB: District Health Profiles 2017/18.

The DHB 2017/18 draws 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 and the Electronic Drug-resistant Tuberculosis Register.

Compilation of the DHB is guided by a technical workgroup made up of managers from the NDoH and HST. The DHB 2017/18 contains a section A with 43 indicators with trend illustrations and profiles of South Africa, the nine provinces and 52 districts. Twenty authors wrote the chapters in section A which were peer reviewed by eight peer reviewers. The district chapters were compiled by HST.

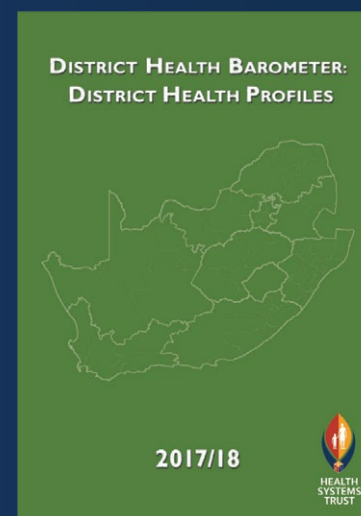
The publication was released in January 2019 and 1 000 books were distributed to the National Department of Health, Provincial Departments of Health and health districts as well as to other institutions and individuals on request. The

publication is also available on the website of Health Systems Trust at <https://www.hst.org.za/publications/Pages/DHBDHP201718.aspx>



HST Trustees and staff with the Chief Director for Health Information, Research and M&E, Ms Thulile Zondi at the launch of the DHB 2017/18 in Gauteng, January 2019.

The Health Systems Trust also worked with the NDoH in developing the District Health Plan (DHP) template for the 2019/20–2021/22 period which has resulted in a more user-friendly tool and greater congruence between the template and the information provided in the DHB. The inaugural edition of the District Health Barometer: District Health Profiles 2017/18 contains the tables of the DHP and provides an overview of health care in the public health sector for all districts and metros of South Africa. It contains demographic data, social determinants of health data, and service delivery data. It contains a section A with league graphs and maps for all the indicators in the tables for each of the 52 districts in section B.



The publication was compiled by HST and is only available on our website at <https://www.hst.org.za/publications/Pages/DHBDHP201718.aspx>

South African Health Review - SAHR 2018

The SAHR is an officially accredited peer-reviewed publication published by HST with funding from the NDoH on an annual basis. It provides an up-to-date perspective on current health policy developments and their implementation in South Africa, and monitors changes in 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 2018 *South African Health Review* represents the 21st edition of Health Systems Trust's flagship product and was released to coincide with the anniversary of the United Nations' Universal Health Coverage Day – Wednesday 12 December 2018. The 2018 edition focused on human resources for health, particularly innovative and practical solutions for ensuring adequate human resources in preparation for National Health Insurance (NHI), and emphasised

the need for sustainable progress in staffing the health sector if we are to achieve universal health coverage.

Key messages contained in this edition of the SAHR are that while around R12 billion is spent annually on health sciences education, the training of healthcare workers in South Africa is an economic investment which can have recurring benefits; and that while community service has been an effective strategy for recruiting

professional staff to rural and underserved health facilities complementary longer-term human resource interventions are required in order to retain them.

In addition to offering perspectives on human resources for health and universal

health coverage, the 2018 edition of the SAHR also provides commentary on the impact of the environment on our food choices, as well as links between geographic proximity to fast food outlets and non-communicable diseases; how we contextualise the Gauteng Mental Health Marathon Project within a broader mental health context in South Africa; how South Africa's national health research system measures up against the rest of Africa and the world; and what an overall quality-of-care framework might do to reduce the gap between policy and implementation of quality improvements.

The common thread that runs through this edition is the importance of quality and accurate information; strong government stewardship and leadership; and public accountability to improve population health, strengthen institutional capacity and to enforce enabling legislation.

All 14 chapters are available in a concise format as part of our Kwik Skwiz series (Volume 5).

The National Health Research Database

Health research has been placed high on the agenda of the NDoH through the establishment of a National Research Health Committee (NHRC) and National Health Research Ethics council (NHREC), as prescribed by the National Health Act (Act 61 of 2003). Provincial Health Research Committees have also been established to co-ordinate and manage research within their provinces.

The National Health Research Committee, developed by HST in collaboration with the National Department of Health, is a web-based tool for use by the National Health Research Committees to monitor and track health research being conducted in South Africa. This database is now used by all Provincial Health Research Committees (PHRC's) in the country to manage applications for research to be conducted in public health facilities. To date the database has over 8 000 registered research studies, providing more than five years of data to monitor and track research trends against National Research priorities.

The Health Systems Trust continued to provide ongoing maintenance and support activities to all PHRC's and this year began discussions with the NHRC around developing embedded reporting functionalities to more accurately monitor research trends at a national level. HST also held discussions with the NHRC around Academic Health Complexes (AHC's) and the possible use of the NHRD by administrators within these research facilities. This would increase the



Mrs Edith Skweyiya, HST Trustee handing a copy of the 2018 SAHR to Ms Thulile Zondi, NDoH Chief Director for Health Information, Research and M&E

reach and turnaround time for access approval and will serve to enhance compliance and reporting accuracy. The organisation is now working towards an expanded roll out of the NHRD to include AHC's.

HST also launched the NHRD Webinar Series as part of a series of webinars that will support the PHRC's and promote better understanding of the PHC process as well as knowledge translation and dissemination of local research. HST conducted three webinars with a view towards expanding the series in future.

Countdown to 2030: Generating statistics for women's, children's and adolescents' health from health facility data in low-and middle-income countries

In November 2018 HST was invited to partner with WHO in collaboration with UNICEF, Countdown to 2030, and the African Population and Health Research Center (APHRC) to organise multi-country workshops on analysis of health facility data, bringing together teams of analysts from countries in Southern and Eastern Africa. A follow-up workshop was held for West and Central Africa in May 2019.

The objectives of the workshop were:


- To enhance and strengthen country capacity for analysis of health facility data;
- to generate evidence of sub-national progress towards the service coverage component of Universal Health Coverage (UHC) using health facility data; and
- to share and improve WHO general guidance on health facility data analysis.

A journal paper has been co-authored with the team and submitted for publication, entitled: "Generating statistics from health facility data: the state of

routine health information systems in Eastern and Southern Africa."

The Countdown to 2030 for Women's, Children's and Adolescents' health aims to accelerate momentum to achieve Sustainable Development Goals around ending preventable maternal, newborn, and child deaths. The project "Dissemination of Countdown to 2030 Evidence at Global and Regional Forums" complements the technical work of Countdown to 2030 through evidence dissemination at global, regional, and country levels.

One of the indicators of success in the dissemination project is "one scientific publication in a reputable peer-reviewed journal on the regional results and at least two country-specific papers led by the country authors." Botswana has prepared one country-specific paper and South Africa has been identified as the second country to implement this component of the project. At the data analysis workshop in November 2018 the Health Systems Trust work on the District Health Barometer (DHB) was identified as a unique learning opportunity for all



NHRD

THE NATIONAL HEALTH RESEARCH DATABASE

WEBINAR SERIES

JOIN
TESS PADAYACHEE AND ANNIBALE COIS
AS THEY EXPLORE FIVE YEARS OF NHRD DATA
2014 - 2018

The NHRD is a database used by Provincial Health Research Committees to process applications to conduct research in public health facilities. The data housed in the NHRD is used by the South African department of Health to track and monitor research trends.

TIME: 13H00 - 14H00
DATE: 28 NOVEMBER 2018
PLACE: ONLINE WEBINAR USING GO TO WEBINAR
CONTACT LUCY.WILEMAN@HST.ORG.ZA TO REGISTER



Photo from the workshop in Kenya November 2018

countries. It is a more advanced publication providing an analysis of health service performance indicators, equity of access to health services, health service financing and disease morbidity statistics than found in other countries, yet little is known about it outside of South Africa. It provides a unique example of what can be achieved with good and systematic analysis of health facility data.

HST was invited to lead a paper on monitoring progress towards Universal Health Coverage with health facility data in South Africa. The paper will focus on analysis and synthesis of DHB work and assesses the usefulness and potential of health facility data for monitoring Universal Health Coverage with special reference to women's, children's and adolescents' health. Special attention will be paid to the:

- Trends over time, using the DHB series and data sets;
- impact of the quality of data and possible adjustments;
- comparison of facility data with survey-based estimates for the same indicators;
- stratification of districts and ranking methods in analysing and presenting the results;
- exploration of different UHC indexes; and
- assessment of performance by comparing health inputs and health outputs.

An assessment of the extent of implementation of the Integrated Clinical Services Management (ICSM) Model in Zululand District

In response to an evolving burden of disease profile, the South African healthcare system underwent major reform in piloting the National Health Insurance (NHI) and introducing various primary health care (PHC) re-engineering initiatives. Inclusive of this was a formal prioritisation of communicable and non-communicable chronic diseases with the development and implementation of the integrated clinical services management (ICSM) model.

The aim of the study was to conduct an assessment of the extent of implementation of the ICSM model in selected facilities in Zululand District. The specific objectives are to describe how facilities implemented the ICSM model, describe 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.

In total, eighty-one (81) managers working at provincial, district, sub-district and facility levels of the public sector primary health care system participated in the study. Semi-structured interviews and focus group discussions were conducted with purposively selected managers. Two-hundred and sixty-four (264) patients from six (6) selected PHC facilities completed the patient experiences of care questionnaire.

The analysis of the qualitative data revealed that implementation periods varied and ranged from less than a year to ten years. The majority of the facility level managers (63%) reported implementing ICSM for a period ranging from a year to five years. In preparation for the scaling up of the ICSM model, facility level managers received training in February 2018 provided by the Zululand District Health Management Team (DHMT's).

The ICSM implementation steps stated in the ICSM guidelines informed the structure and processing of data describing the implementation of the ICSM model and service configurations. Data revealed that facilities had initiated all of the implementation steps stated in the ICSM guideline but none of the facilities had fully implemented all of the steps required for each ICSM domain. With regards to the service configurations, administrative re-organisation was adversely affected structurally by the lack of single administrative points in facilities and, operationally, the management of appointments was a challenge. As anticipated, health service re-organisation was mainly hampered by operational service configurations and structurally by equipment unavailability and the lack of designated waiting areas. Vital sign stations and consultation rooms remained a challenge. The implementation of the clinical management support, assisted self-management and health systems strengthening domains were hampered only by operational service configurations.

Some of the facilitators of ICSM implementation identified included the involvement of multi-disciplinary stakeholders in the Perfect Permanent Teams for

Ideal Clinic Realisation and Maintenance (PPTICRM) and the supervision and support provided by the PPTICRM to facilities, implementation of the change management approach and practical in-service ICSM training within facilities. Having the ICSM guidelines available in facilities for consultation when needed, use of the ideal clinic dashboard tool and the adoption of a teamwork approach within facilities were also considered beneficial.

The barriers of ICSM implementation identified were both structural and operational in nature, with operational barriers in the majority. It was noted that the structural barriers identified often had a negative effect on the operational functioning of facilities. The barriers identified included both ICSM-related and existing health system related challenges.

Assessing 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

The provision of quality acute and chronic health services is increasingly influenced by the growing burden of non-communicable diseases found in South Africa. Predictions are that chronic diseases will be the primary cause of disability by 2020 and, if not supplemented by good care and treatment, will become the most expensive health burden. In trying to reduce the burden of disease improving the quality of chronic disease care services needs to be prioritised. Assessing the quality of chronic care services delivered would provide an indication of the effect of the ICDM model on the quality of chronic care services provided. This study thus serves as a follow-up of a previous study that assessed the implementation of the ICSM strategy in Zululand District.

The aim of this study was to assess the quality of chronic care services delivered in selected facilities with a particular focus on diabetes and hypertension services provision and control. The specific objectives were to determine the experiences of care of patients accessing chronic care services at selected facilities, identify the perceptions of service providers of the quality of chronic care services provided, assess the completeness of diabetes and hypertension patient records and adherence to record-keeping guidelines, measure the levels of diabetes and hypertension control and investigate the health-related quality of life of patients accessing chronic care services.

Two-hundred and eleven (211) patients and eight (8) providers of chronic health care from six (6) selected PHC facilities in the Zululand District participated in the study. A total of 204 patient files were reviewed for completeness of diabetes and hypertension patient records and adherence to record-keeping guidelines. The majority of survey participants were female and the median age of survey participants ranged between 42 and 57 years of age. Of all chronic illnesses, HIV/ART had the highest number of patients visiting the health facilities, followed by hypertension. Of the three conditions diabetes was the most co-morbid condition.

In contrast to the patient assessment of chronic care services, on average, health care workers scored their facilities as having advanced support for chronic care services. This may be an indication of the disconnect that exists in instilling patient-centred quality care amongst health care providers and the need for change management at facility levels.

Tuberculosis Reduction through Expanded Anti-Retroviral Treatment and TB Screening (TREATS) Project

Tuberculosis (TB) has overtaken HIV as one of the leading infectious causes of death world-wide and requires a major policy shift for it to be controlled in line with the WHO Stop-TB goal to “end TB”. However, how to control TB at population level in the context of HIV is unknown. Some of the best evidence to date comes from the Zambia South Africa TB and HIV Reduction Study (ZAMSTAR), where a household-level TB/HIV intervention including TB symptom screening, HIV counselling and testing with linkage to care and isoniazid preventive therapy (IPT) as indicated, was offered to all household members of TB patients. Despite only reaching 6% of households in the intervention communities, the data showed a nearly 20% reduction in TB disease prevalence and 50% reduction in TB infection incidence at the population-level, although the effects were of borderline statistical significance. Increasing the scope of the intervention to all households and thus all community members, may therefore significantly change the burden of TB.

The TREATS project builds on the experience of ZAMSTAR and is nested within the ongoing HPTN 071 (PopART) trial in Zambia and South Africa. This study will evaluate the effect of a combination TB/HIV prevention intervention implemented in the PopART trial to address the question of whether population

level screening for tuberculosis, combined with universal testing and treatment (UTT) for HIV can significantly reduce the prevalence of TB and “End TB”. The TREATS Consortium is led by The London School of Hygiene and Tropical Medicine (LSHTM) and consists of partners including HST, ZAMBART, Imperial College London, The International Union Against Tuberculosis and Lung Disease, The University of Sheffield, QIAGEN, and Delft Imaging Systems.

The overall aim of this study is to measure the impact of a combined TB/HIV intervention of population level screening for TB, combined with universal testing and treatment for HIV, delivered over four years, on notified TB incidence, prevalence of TB disease and incidence of TB infection.

The project communities in South Africa are located in the City of Cape Town Metropolitan Municipality and Cape Winelands District of the Western Cape Province (9 communities in total).

The “Infection cohort” was recruited between November 2018 and May 2019 in 6 of the communities. Three-hundred adolescents and young adults (15–24 years of age) were recruited in each community (total 1800) over a period of 4–6 months. This cohort will be followed up for a total period of 24 months each with phone contact every 6 months and 2 annual visits. The last follow up visit will be completed in 2020.

The “TB Prevalence Survey” started in early 2019 with the aim of completing the survey within all 9 PopART communities by the end of 2020. A total of 24 000 adolescents and adults (15 years of age and older) will be recruited over a period of 18 months in a cascading approach (one community at a time).

Project Achievements:

- HST participates fully in the planning and governance activities of the consortium. Three staff members attended the second annual TREATS meeting in The Hague in October 2018.
- Regular updates are provided to the City of Cape Town and the Provincial Department of Health and local stakeholders who continue to support the project.

- Procurement of all equipment and supplies for the implementation of the infection cohort study and Prevalence Survey has been completed. The OneStopTB mobile truck was delivered to the Cape Town office in February 2019 prior to the start of the prevalence survey. The truck is an all-in-one diagnostic and testing centre. For the prevalence survey, the OneStopTB truck will be deployed sequentially in each of the selected communities for approximately 3 months to screen and test a total of 24,000 participants for TB.

Sites

Six site offices were successfully set up in the six study communities, and subsequent recruitment of the infection cohort started in November 2018.

Ethics

Ethics approval was received from Pharma-Ethics Health Research Ethics Committee (HREC).



Mobile truck arrives at the HST Cape Town office.

Community Engagements

The TREATS Community Advisory Board (CAB) was successfully established. To date monthly meetings have been held to discuss project-related matters, including community sensitisation and mobilisation as well as study recruitment processes.

Laboratories

BARC Laboratories were successfully appointed to provide laboratory services for the infection cohort study, including analysis of blood specimens (Quantiferon-plus test for latent TB). The National Health Laboratory Services (NHLS) was contracted to provide additional laboratory services for the prevalence survey.

Recruitment

All the field staff for the Infection Cohort Study and Prevalence Survey were recruited.

Capacity-building

Capacity building has been an important part of initiation and implementation of the study.



Jacob Busang, TEG Fellow, meets HST CEO Dr. Themba Moeti



- As part of the TREATS project local research capacity building efforts, a two-year Tropical Epidemiology Group (TEG) Fellowship is being offered. This is a training fellowship in Medical Statistics, in collaboration with the London School of Hygiene and Tropical Medicine (LSHTM). For the first year the TEG Fellow will study for the M.Sc. degree in Medical Statistics at the LSHTM (starting September 2019). This will be followed by a one-year work attachment at HST (at the TREATS study site). This will entail development of

statistical and research skills by working on studies with guidance from TEG scientists. The TEG Fellowship was advertised and a successful candidate has been appointed with a view to starting the upcoming academic year in September 2019.

Major Milestones:

Infection cohort

- Enrollment of participants in the Infection Cohort study began at the end of November 2018.
- To date, across the six communities, 5 350 households were visited, 3 778 of which were enumerated. Of those enumerated within households visited, 2 417 were eligible and invited to participate. Of those invited, 2 050 came to study sites and consented. The target enrolment has been reached with 2 002 participants having been enrolled.



Enumerators conducting household visits during the infection cohort study

Prevalence survey

The Prevalence Survey kicked off with a one week pilot in Wellington on 4 March 2019, whose aim was to ensure readiness to start the intensive diagnostic phase (first phase of the survey) in the Luvuyo (Khayelitsha) site from March to July 2019. The Prevalence Survey has been successfully completed in this first community, where a total of 4 596 community members were enumerated. Of these 3 180 were eligible to participate in the survey, and of these 2 060 participants attended at the site with 2 022 being enrolled.



OneStopTB mobile truck stationed in Luvuyo (Khayelitsha) during the prevalence survey

Guidance, mentoring and training on good practice development

The Health Systems Trust Training Institute (HSTi) was kept busy during this period with training activities that included the finalisation of the skills programmes, training the community service nurses for clinics (Adult Primary Care, Basic HIV Course for Health Professionals (NIMART) and clinical examination) and HIV Testing Service (HIV Counselling and Testing). The unit continued with all the accreditation requirements of the Education and Training Quality Assurance (ETQA) bodies for compliance, and re-accreditation was obtained.

Project Achievements from July 2018 – June 2019

Accreditation of service providers and programmes

- HST successfully renewed its accreditation with the Health and Welfare Sector Education and Training Authority (HWSETA) for the period up to March 2021.
- With HST's re-accreditation with HWSETA the Midrand Campus was registered as the main campus and Durban as the satellite campus.
- The following skills programmes were also accredited by HWSETA during this period:
 - › Community Development
 - › Advanced HIV and AIDS Counselling
 - › Dread Diseases and HIV and AIDS Awareness

- › Primary Health Care and Advocacy
- › Counselling and Risk Behaviour

- Correspondence was received from the Quality Council for Trades and Occupations (QCTO) recommending that HSTi can continue providing training on the skills programmes for which we are accredited under HWSETA. QCTO also recommended that we submit a training curriculum for the Occupational Certificate: Health Promotion Officer which will replace the current Community Health Worker qualification.

To ensure that staff in the field have the necessary skills to be "service-ready", training material was developed to impart clinical examination skills to Community Service Nurses, as well as development of updated material as requested by the National Department of Health for **Adult Primary Care (APC)** and the **Basic HIV Course for Health Professionals** (formerly called NIMART).

To continue receiving funding for training activities as well as expand our training offering in 2019, the Workplace Skills Programme (2019) was submitted. In addition to approval of previously funded programmes we received additional funding this year for End User Computing and the training will be done in August and September 2019.

Training conducted

A total of 50 Community Service Nurses were trained in **Adult Primary Care** and **Basic HIV Course for Health Professionals and clinical examination**. A blended approach is followed and covers both theory and practice.

Some feedback received from the Community Service Nurses on the training:

"This training has been a really good experience especially for us Community Service students because although we did know much about ART, HIV and TB, after this training we gained a lot of information. Information that we will use



Dr Susanna Naude
Manager: Training

especially in our facilities. This training has helped shape our confidence with regards to all the conditions we come across in the clinic”.

“The training was empowering and I feel more confident to go out into the field and do the right thing; doing justice to the patients who depend on us”.

HIV testing and counselling training was provided to two Data Capturers attending this course in Cape Town.

Some feedback received on the training:

“The training was good more especially the practical part even though the theory part was a lot of work we managed, I learnt a lot. The facilitators were excellent, understanding, supporting and conduct the training sessions in a professional manner”

The Training Unit also ensured that compliance training regarding health and safety, fire fighting and first aid were done for all the HST offices.

One of the staff members completed her doctoral study and was awarded a Ph.D in Public Health. An additional staff member completed her moderator's course and is now registered as a moderator with HWSETA. 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 2019.

CORPORATE SERVICES DIRECTORATE



Around R12 billion is spent annually on health sciences education, the training of healthcare workers in South Africa is an economic investment which can have recurring benefits; and while community service has been an effective strategy for recruiting professional staff to rural and underserved health facilities complementary longer-term human resource interventions are required in order to retain them.



Mr Deena Govender
Director: Corporate Services

CORPORATE SERVICES DIRECTORATE



Ms Melisha Nunkoo
Manager: Finance

FINANCE, GRANTS AND COMPLIANCE

HST's Finance Department is responsible for financial management, grants management and financial compliance. The department is accountable for all funds disbursed to the organisation, and we are focused on ethical and professional business practices. Our primary mandate is to ensure that all expenditure is congruent with agreed deliverables.

The key responsibility of the finance team is to ensure the timely submission of the financial reports and supplementary schedules to senior management in order to enable them to monitor their budgets against their deliverables and workplans. The finance team is responsible for a multitude of different projects and funders, each with their own distinctive reporting requirements. Consequently, the financial management team continuously works towards tailor-making reports to suit individual funders in order to report and conduct statistical analysis.

The **Grants and Compliance** team is responsible for the management and monitoring of a large number of grants and contracts with sub-recipients. These consist of small community-based organisations, larger multi-national organisations and various institutions.

The Grants and Compliance team liaises regularly with Project Managers, Finance and the sub-recipients to ensure that accountability is maintained on all sub-grants through regular monitoring of financial and progress reports, budgets and the contracting process from start to finish. This provides assurance that HST is able to meet the stringent contractual requirements of funders, ensuring that relevant contractual requirements from funders are passed down to sub-recipients, thus ensuring a good audit track record and quality service delivery while minimising costs.

The Grants and Compliance team works with the utmost integrity in ensuring that HST activities do not breach any internal policies or procedures as well as ensuring that the numerous rules and regulations imposed by our funders are adhered to.

Our reviews of sub-recipients are not designed to be punitive and where weaknesses or improvements are identified we provide feedback and advice that adds value to these recipients. Therefore, in addition to ensuring adherence to policies and procedures, the team also assists our smaller sub-recipients by helping them develop suitable systems and policies within their framework. The ultimate goal with this approach is to help empower these organisations and assist them to grow and build capacity within their organisations.

The Finance team places a lot of emphasis on ethics, integrity and productivity. With a rigorous system of internal controls and processes, HST is proud to have received unqualified audit opinions from the funder-specific audits as well as our annual statutory audit.

ADMINISTRATION

The Administration team, managed by Delene King, is comprised of three sections: the Fleet Unit led by Shawn Jagessar; Administration Unit led by Senior Administrators Robert Morupane (also Personal Assistant to the CEO), Kemona Pillai, Bongsi Mthembu and Nokuthula Nxele, and the HST Travel Unit.

The Administration team, which is situated across the three mainstream and four 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 35, is responsible for the day-to-day operations of the organisation and ensures compliance across all of its sites and projects.



Ms Delene King
Manager: Administrator

INFORMATION AND COMMUNICATIONS TECHNOLOGY

With the growing number of users on the HST network, the ICT Team has been working tirelessly to ensure connectivity for all staff in the field and offices. The rapid increase in staff numbers meant that the ICT team had to set up large numbers of desktops and laptops within a short space of time as well as assist in the procurement of large-scale ICT equipment to be deployed at public health facility level.

The Durban office hosts all of HST's main servers while we evaluate the option of moving to a full cloud set-up. Our disaster recovery (DR) plan was implemented during the course of this reporting period and the switch-over took place seamlessly without the users knowing that this had happened. Our DR plan makes provision for the use of an external service provider to host our servers in the event of a disaster and the servers in Durban not being up.

The Executive Committee reviews the monthly Information and Communication Technology reports which provides regular updates on all matters affecting the ICT

infrastructure and network. These reports are shared with the Audit & Risk Committee of the HST Board, ensuring transparency.

Planning and preparation has commenced to ensure a smooth transition for the proposed Durban office move. The challenge will be to shut down the current servers and physically move them to the new premises. Once at the new premises they will need to be started up to ensure that all settings, configurations and protocols are restored and all users can access the HST network. This includes the provisioning of fibre to the newly built premises as well as telephone (VOIP), network, back-up generator power and access points for all staff. The proposed new premises will also be fitted with a complete CCTV system.

The ICT department will continue to investigate and test new technologies that can assist HST IT to ensure that the infrastructure is performing optimally.



Members of the ICT team in the Durban office.



Mr Robert Hendricks
Manager: Human Resources

HUMAN RESOURCES

The Human Resources Unit has grown in the past year in response to the significant organisational growth resulting from the expansion of the SA SURE Plus project in KZN as surge activities gained momentum in the Siyenza districts to accelerate patient enrolment in HIV and TB treatment and care services. The HR team also provided key support for the continued roll out of the CCMDD programme and its related SyNCH electronic system in an effort to improve access to essential medicines for stable chronic illness patients including those living with HIV. We have also provided strong support to the TREATS project in the Western Cape as this TB research study has gained pace and the team has grown significantly in the current year. This past year has been testament to an HR team very responsive to, and playing a key role in support of important programme developments, emphasising the strategic role of an HR function in organisational achievements and objectives. This growth in the size and complexity of the programmes HST implements in the past few years has resulted in staff growth and development, providing the opportunity for employees to be promoted and for the appointment of a Senior HR Officer in line with our succession planning policy. The improved capacity allowed us to redeploy our officers to specific projects, which has led to improved service delivery.

The past year has been a busy one for the Unit, with HR playing a key role in supporting the geographic redistribution and realignment of project activities across different provinces resulting in significant staff redeployment, relocation and retrenchment. The close co-operation between the different units of the organisation ensured that the process was completed within the prescribed time-frame with minimal disruption to other areas of service delivery. At the same time, good collaboration with incoming implementing partners enabled many of the affected staff to secure new employment in related projects.

The Unit's continued involvement with staff training in conjunction with the Training Unit resulted in various courses being offered to employees which are closely aligned to their developmental needs. Uptake of HST's staff bursary programme continues to be good, resulting in several staff successfully progressing with their degree programmes, a number graduating, as well as one staff member completing their Ph.D programme. The Employment Equity (EE) Committee grew from strength-to-strength despite the challenge of losing members as a result of the geographic redistribution and realignment process, with members committing themselves to the goals and the objectives of the EE plan with renewed vigour.

The recruitment and selection process continued unabated with 298 employees joining us during this period, and the HST-managed teams growing by over 1 500 through various partnership arrangements. We also saw 244 staff members leaving HST, mostly as a result of projects coming to an end. Sadly, we also lost three employees, among them Ms. Julia Elliot, who was our longest serving employee at the time.

A new payroll and HR system, People 300, was introduced into the organisation and HR will now concentrate on ensuring the full utilisation and integration of the HR component of this programme, which will improve the efficiency of HR processes to the benefit of all employees. At the same time, in an endeavour to secure enhanced insurance and retirement benefits for our employees, after consultation with staff we have moved to a new service provider offering improved benefits.

Human Resources will continue to support the organisation with an all-encompassing suite of products and services to help staff have a better workplace experience.



Ms Natasha Chetty

Manager: Business Development

BUSINESS DEVELOPMENT

South Africa has approximately 220 000 NGO's that play a crucial role in supporting the country's development, and the Health Systems Trust is proud to remain one of the leading public health NGO's supporting the country and the region. HST has a strong and positive reputation and public profile, good stakeholder and donor relations, an internal capacity to learn and evolve in response to the shifting sector and funder landscapes sustaining a successful track record of quality work over the past 27 years. These strengths have helped HST grow and diversify into the successful organisation that we are, and the Business Development Team is privileged to support this process.

Through the support and commitment of our funders and the effective collaboration of our business development, technical and corporate services teams, our proposal development and programme implementation efforts resulted in HST currently managing a project portfolio in excess of R1.2 billion. Our strength lies in our ability to manage projects along the funding continuum, from large scale multi-year projects to more short-term high impact interventions. Over the past twelve months, the Business Development Unit (BDU) 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 toward key HST objectives to diversify our service offerings and balance our dependence on restricted donor funding. A key example of this was successful consultancy work that the organisation undertook to evaluate the HIV Testing component of the Global Fund's National Young Women and Girl's Programme, producing key recommendations supported by evidence to significantly improve the programme.

As many international funders gravitate toward more low-income countries we have seen a significant decrease in funding to South Africa and other middle-income countries. This has put strain on NGO's and business development activities taking place in a fast-paced, competitive environment, sharpening the focus on innovation in addressing key public health challenges. HST has embraced this development, demonstrating its ability to function effectively in this challenging environment, as evidenced from our successful proposals, continued funding for two large-scale projects receiving international funding and our affinity to embrace technology. These successes have allowed HST to continue providing services and supporting interventions addressing key health systems' challenges in South Africa such as HIV, TB and STI care and prevention services in KwaZulu-Natal with a focus on paediatrics and young women and girls; understanding the barriers to hypertension in South Africa; addressing wellness among healthcare workers servicing our public health sector; and strengthening patient administration systems at public facilities as well as investigating factors influencing patient service quality and patient satisfaction in public health services.

Aligned with our strategic objective to grow our regional footprint and contribute to health systems strengthening in the region, HST successfully supported health facility and data quality assessments in Namibia and Eswatini supporting the Global Fund's Programme to improve their programmatic and data quality globally. In addition to providing technical support to the HIV/TB and Malaria programmes, HST also supported readiness assessments and provided key recommendations to other facility programmes including sexual and reproductive

health, sexually transmitted infections, non-communicable diseases, allied services; e.g. surgical and blood transfusion services, tracer medicine availability and diagnostic services to strengthen integrated health services delivery in these countries. Going forward our business development activities will remain focused on supporting key national health priorities in South Africa, and contributing to broader health systems development in the region while building a sustainable organisation.

Investing in Building Research Partnerships in the Region and Beyond

In the past year, as part of HST's efforts to grow its contribution to health systems development and research in the region through collaboration and partnership, we have had a number of positive developments and engagements.

In April 2019, HST and the Eastern, Central and Southern African Health Community Secretariat signed a memorandum of understanding providing a framework for collaboration in the areas of capacity-building, policy and advocacy, research and evaluation, knowledge-generation and information-sharing. The purpose of this collaboration is to enable joint initiatives in pursuit of shared goals in advancing universal health coverage, global health diplomacy, and health systems strengthening.

HST's participation in multi-country workshops on analysis of health facility data, bringing together teams of analysts from countries in Southern and Eastern Africa as part of the **“Countdown to 2030: Generating statistics for women's, children's and adolescents' health from health facility data in low- and middle-income countries”** initiative provided valuable exposure on the state of routine health information systems in eastern and southern Africa. This interaction with other practitioners and experts in the region has also provided an avenue to showcase the depth of HST's experience in this area, creating potential opportunities for future regional collaboration.

Building on an earlier regional collaboration project, on monitoring of pro-poor health policy success in the SADC region, HST participated in a writing workshop hosted by the Institute of Development Studies at the University of Sussex. This workshop brought together collaborations across a wide spectrum including academia, civil society, and government from grassroots to the national and global levels, exploring how partnerships focused on the production of policy-engaged research seek to achieve societal impact and explored the challenges in these processes. HST's participation in a collaboration involving the Open University, and the Directorate of Planning, Policy and Resource Mobilisation of the SADC secretariat resulted in publication of an article entitled **“Regional Research–Policy Partnerships for Health Equity and Inclusive Development: Reflections on Opportunities and Challenges from a Southern African Perspective”** in the IDS Bulletin. Through the maintenance of such relationships we aim to foster future research collaborations with the SADC Secretariat and northern institutions, the latter having the potential to generate research capacity development opportunities for HST staff.



Antoinette Stafford Cloete
Manager: Communications

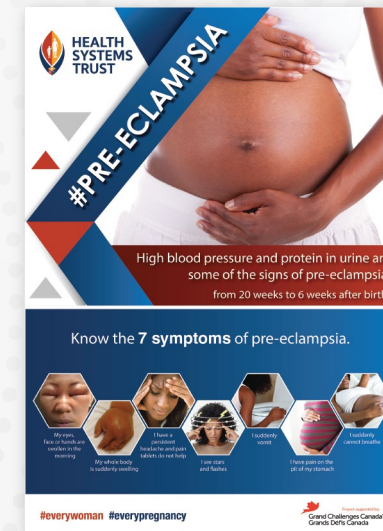
COMMUNICATIONS

The past year saw increased uptake of Communications Unit services by internal and external clients. Most notably, we began to more actively support our directorates with campaigns and with content support as members of cross-functional teams.

At the beginning of 2019 the Communications Unit (CU) began supporting the Grand Challenges Canada-funded Hypertensive Disorders in Pregnancy study with content and technical support related to the development of an mHealth solution as part of a strategy to minimise complications of hypertensive disease in pregnancy. One hundred respondents were enrolled in the study and the CU supported content development and deployment.



Leaflet and poster developed for the Hypertensive Disorders in Pregnancy study



In April the CU was approached by HST's Health Systems Strengthening Unit to roll out a communications campaign in eThekweni, KwaZulu-Natal, focused on demand-creation for Centralised Chronic Medicines Dispensing and Distribution services. Dubbed "Get Checked. Go Collect" it has made remarkable strides since inception with over 9 000 individuals (youth and men, in particular) reached through information provision to create awareness on testing (blood glucose, cholesterol, TB, HIV) to date. Of this number, a significant cohort tested and are being followed up. The Communications Unit, working with Grounded Media, developed an end-to-end communications campaign which included out-of-home, digital media and branding of mobile vehicles. An offshoot of the campaign is HST Communications' current involvement as a member of the PEPFAR-led Marketing (MAG) Consortium – a consortium made up of fundees who are focused on information-creation and dissemination on CCMDD.

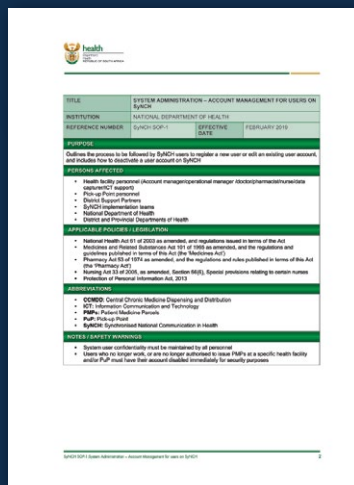


HST and Grounded Media staff busy with an outside broadcast as part of Get Checked. Go Collect campaign, Megacity Mall, Umlazi, KZN.

Further support was rendered to HSS when funder requirements needed us to work together to roll out the design and production of over 5 000 SyNCH and CCMDD kits comprising their Standard Operating Procedures and Training Manuals as part of the big push to reach increased targets for Siyenza within minimal time.



SyNCH Standard Operating Procedure



The CU has also continued its support of the Health Systems Research unit in the form of quality management of the *District Health Barometer* and its allied

profiles as well as its successful launch event in January 2019. The *South African Health Review* receives ongoing support via web, social media updates and design. A number of key reports done by Research for the National Department of Health did a turn at the CU for language editing and layout before submission, as did four Global Fund Eswatini reports related to that country's Ministry of Health.

A further focus area for HST Communications has been enhancing its brand, and to this end we have continued with a steady stream of articles on our website blog profiling the work we do and the people that do it. For more information on this please refer to our website at <https://www.hst.org.za/media/blog/default.aspx>



Kganetso Sekome, 2019 Emerging Public Health Practitioner winner.

For the period in review we focused, in the main, on investing in community healthcare workers, an important cog in terms of health systems strengthening, as well as meaningful partnerships for health. In addition we continued the dissemination of articles on those working with HIV at the coalface, recognised the winner of this year's Emerging Public Health Practitioner award (Kganetso Sekome) and profiled a number of HST staff who participated in the 5th Global Symposium on Health Systems Research in Liverpool in October 2018.



"As youth, we are not only infected and affected by HIV, but we are also located within a complex set of social ills such as violence, youth unemployment and gender-based discrimination, which are all root causes of HIV." Thandeka Radebe (31) is a Youth Ambassador, focusing on the lesbian, gay, bisexual, transgender and intersex (LGBTI) sector. She is originally from Mpophomeni in KwaZulu-Natal.

Our media exposure continues to grow and for the past year saw an increase of almost 2 000 Facebook followers up from the approximately 3 000 reported on in 2017/18.

Twitter has followed a similar trend with an increase of 600 followers making it 2 600 followers for the period in review.

The HST website www.hst.org.za maintains high visibility due to its content focus and targeted marketing of the work HST does. The website saw an 11% increase in terms of web users, making it 54 000 people who actively sought out the site with 269 000 page views, which is a substantial increase of 20% from the previous year; a strong indication that we are deploying useful and user-friendly health-related content.

Our marketing efforts have also taken the form of exhibiting at a number of key conferences throughout the year; such as PHASA 2018, the Rural Health Conference 2018, SA HIV Clinicians Society Conference 2018, Free State Department of Health Research Day 2018, the KZN PHC Conference 2019 and SA AIDS 2019.

The new financial year is already focused on streamlining our ways of working to better assist our colleagues with high quality information production and dissemination.

CONCLUSION

The Health Systems Trust remains in a stable financial position at the conclusion of a year of significant growth. We have made important progress in our work and saw the organisation grow in order to meet the growth in our project portfolio to about 2 500 personnel contracted and managed through various partnership arrangements. We pride ourselves on being an organisation that continues to pursue new knowledge and acquire new skills as we seek to build a better performing health service and continue to generate new evidence that will inform policy and investments in health services to tackle major health challenges in an impactful way.

The TREATS study saw the Research Unit grow from about 20 to close to 100 staff, and over this year has made considerable progress, with both the incidence and prevalence arms of the study well underway, and HST building a cohort of staff experienced in the conduct of clinical public health research. We are also excited at the capacity development opportunities this study has provided, including the award of a fellowship to a young statistician to pursue studies at masters level at the London School of Hygiene and Tropical Medicine in the 2019/20 academic year, and to return to apply those skills both in this study, and in broader public health research in the country in the 2020/21 financial year.

Studies under the policy-focussed health systems research workplan funded by the National Department of Health were satisfactorily concluded. We also obtained funding for a further year under the service level agreement with NDoH, which consists of six projects including our two flagship publications and new studies looking at the important issues of healthcare worker job satisfaction and financial risk protection as the country moves forward on scaling up progress towards universal health coverage and implementation of national health insurance.

Strengthening local capacity to provide sustainable HIV and TB and maternal, child and women's health-related care and treatment services in South Africa with funding from PEPFAR and working closely with government and other partners continues to be a major priority in our work. The significant gains made over the past year through HST's implementation of scale up efforts in HIV testing, treatment, linkage to and retention in care, and prevention efforts targeting vulnerable young girls and women, as well as improving male uptake of services will be further scaled up in the next year in support of the national effort to meet the 90-90-90 targets for the year 2020.

Concluding two Global Fund projects in Eswatini and Namibia in the past year – on improving programme data quality on HIV and TB, but also covering indicators related to several other programme areas and diseases – continues to emphasise the importance of an integrated approach focussed on health systems strengthening. In the next year we look forward to continuing to grow our contribution to health systems development and improvement in health outcomes in the region beyond South Africa's borders, building on the strategic partnerships we have nurtured in the past year, as we make progress with implementation of HST's strategy in pursuit of our vision of improved health equity in a healthier Africa.

CONFERENCES & PRESENTATIONS

Gray A, **Day C**. Use of utilisation data to track implementation of a policy: the challenges of palliative care and the proposed morphine monitoring system. Presented at the 5th Medicines Utilisation Research in Africa (MURIA) symposium. July 2019. North West University, Potchefstroom.

Day C. Stratified analyses, district results and rankings, South Africa. Analysis of health facility data for key health service indicators: Eastern and Southern Africa Region. Countdown to 2030 for Women's Children's and Adolescents' Health, World Health Organization, African Population and Health Research Centre, UNICEF. 27–30 Nov 2018. Naivasha, Kenya.

Mureithi L, Burnett JM, Bertscher A and English R. Engaging private sector primary healthcare providers in the progress towards universal health coverage: models of contracting general practitioners into South Africa's public sector. 5th Global Symposium on Health Systems Research, Liverpool. 12 October 2018.

Padayachee T, Cois A and Sisam C. The National Health Research Database: Key developments and research trends between 2014–2018. National Health Research Summit 2018, Johannesburg 14–15 September 2018.

Padayachee T and Cois A. The National Health Research Database: Updates. 9th meeting of the National Health Research Committee, Pretoria 21 May 2019.

Padayachee T and Cois A (presented by Nandipha Jacobs). The National Health Research Database: research trends from the first four years of implementation. 7th Annual Free State Provincial Health Research Day. Bloemfontein 8–9 November 2018.

Cois A. Developing an automatic classification system for research protocols submitted to the National Health Research Database. Western Cape Provincial Health Research Committee. Cape Town 24 May 2019.

Cois A. Update on research for health in South Africa: some analyses of the National Health Research Database. Effective Care Research Unit (ECRU) symposium. East London, South Africa: 23 February 2019.

Conference Poster presentation

Sokhela G, Bhana R. Improving case-finding in children and adolescents with the alternative provider using the PITC approach. PHASA Conference, 9–12 September 2019, Parys, South Africa.

PUBLICATIONS & REPORTS

Davén J, Blecher M, Wishnia J, **Day C**. Finance. In: **Massyn N, Pillay Y, Padarath A**, editors. District Health Barometer 2017/18. Durban: Health Systems Trust; 2018.

Day C, Gray A, Ndlovu N. Health and Related Indicators. In: Rispel LC, **Padarath A**, editors. South African Health Review 2018. Durban: Health Systems Trust; 2018.

Ndlovu N, Day C, Sartorius B, Aagaard-Hansen J, Hofman K. Assessment of food environments in obesity reduction: a tool for public health action. In: Rispel LC, **Padarath A**, editors. South African Health Review 2018. Durban: Health Systems Trust; 2018.

Massyn N, Tanna G, Day C, Ndlovu N. District Health Barometer: District Health Profiles 2017/18. Durban: Health Systems Trust; 2018.

Mureithi L, Burnett JM, Bertscher A and English R. Emergence of three General Practitioner contracting-in models in South Africa: A qualitative multi-case study International Journal for Equity in Health 2018 17:107. <https://doi.org/10.1186/s12939-018-0830-0>

Yeates N, **Moeti T**, Luwabelwa M; Regional Research-Policy Partnerships for Health Equity and Inclusive Development: Reflections on Opportunities and Challenges from a Southern African Perspective. In Georgalakis J and Rose P Eds. Exploring Research-Policy Partnerships in International Development. IDS Bulletin Volume 50 Issue 1, June 2019 available at <http://dx.doi.org/10.19088/1968-2019.109>

FINANCIAL STATEMENTS



"As youth, we are not only infected and affected by HIV, but we are also located within a complex set of social ills such as violence, youth unemployment and gender-based discrimination, which are all root causes of HIV."

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT

AUDITED ANNUAL FINANCIAL STATEMENTS

for the financial year
ended 30 June 2019

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT ANNUAL FINANCIAL STATEMENTS

for the year ended 30 June 2019

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:	1 Maryvale Road Westville 3630
---------------------	--------------------------------------

Postal Address:	PO Box 808 Durban 4000
-----------------	------------------------------

External Auditors:	PricewaterhouseCoopers Inc. Pietermaritzburg
--------------------	---

Internal Auditors:	SizweNtsalubaGobodo Durban
--------------------	-------------------------------

Bankers:	Nedbank, First National Bank
----------	------------------------------

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
ANNUAL FINANCIAL STATEMENTS
for the year ended 30 June 2019

- 45 Statement of Responsibility for Financial Reporting by the Board of Trustees
- 45 Approval of the Annual Financial Statements by the Board of Trustees
- 46 Audit and Risk Committee Report
- 47 Corporate Governance Statement
- 51 Independent Auditor's Report
- 53 Report of the Board of Trustees
- 54 Statement of Financial Position
- 54 Statement of Profit or Loss and Other Comprehensive Income
- 55 Statement of Changes in Equity
- 56 Statement of Cash Flows
- 56 Notes to the Statement of Cash Flows
- 57 Notes to the Annual Financial Statements
- 66 Supplementary Schedules: Detailed Income Statement

CONTENTS

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT for the year ended 30 June 2019

STATEMENT OF RESPONSIBILITY FOR FINANCIAL REPORTING BY THE BOARD OF TRUSTEES

The Board of Trustees is responsible for the preparation of the annual financial statements of the Trust for Health Systems Planning and Development ("HST"). The annual 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 as set out on pages **57 to 59**.

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

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

The annual financial statements have been audited by the independent auditors, 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 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 **51 to 52**.

PREPARATION OF THE ANNUAL FINANCIAL STATEMENTS

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

APPROVAL OF THE ANNUAL FINANCIAL STATEMENTS BY THE BOARD OF TRUSTEES

The annual financial statements set out on pages **46 to 66** and the supplementary information set out on pages **66 to 68** were approved by the Board of Trustees on 22 October 2019 and signed on its behalf by:



Chairperson

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT for the year ended 30 June 2019

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 2019 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 2019 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 2019 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

Date: 18 October 2019

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT for the year ended 30 June 2019

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.

	Attendees		
	19/10/18	15/03/19	21/06/19
Mr A Kader (Deputy Chairperson)	✓	✓	X
Prof E Kibuka-Sebitosi (Deputy Chairperson)	✓	X	X
Ms M Hela	X	✓	✓
Dr D Kula	X	X	✓
Mr S Mapetla	✓	✓	✓
Mr T Masilela	X	✓	✓
Ms F Nzama-Rabeng	✓	X	✓
Prof D Sanders	X	✓	✓
Dr F Senkubuge (Chairperson)	✓	✓	✓
Ms E Skweyiya (Trustee)	✓	✓	X

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 2019 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 consists of the following non-executive members:

	Attendees		
	19/09/18	13/02/19	19/05/19
Mr J Deodutt (Chairperson, External member)	✓	✓	✓
Mr E A Moola (External member)	✓	X	✓
Dr F Senkubuge (Chairperson)	✓	✓	X
Ms E Skweyiya (Trustee)	✓	✓	✓

The Audit and Risk Committee addressed its responsibilities properly in terms of the charter during the 2019 annual financial year. No changes to the charter were adopted during the 2019 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 2019 financial year.

The Personnel Committee consists of the following members:

	Attendees		
	20/09/18	14/02/19	16/05/19
Mr A Kader (Deputy Chairperson)	✓	✓	✓
Mr S Mapetla (Trustee)	✓	✓	✓
Ms L Matsau (External member)	✓	X	X
Ms F Nzama-Rabeng (Chairperson)	X	X	X

FINANCE COMMITTEE

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

The Finance Committee consists of the following Trustees:

	Attendees		
	20/09/18	14/02/19	16/05/19
Mr A Kader (Deputy Chairperson)	✓	✓	✓
Dr D Kula (Trustee)	✓	✓	X
Mr S Mapetla (Trustee)	X	✓	✓

GOVERNANCE COMMITTEE

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

The Governance Committee consists of the following Trustees:

	Attendees		
	18/09/18	12/02/19	14/05/19
Mr T Masilela	✓	✓	✓
Ms Z Nzama	✓	✓	✓
Ms M Hela	✓	✓	x

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 2019 in relation to the criteria for effective internal control over financial reporting. The internal control process has been in place up to the date of approval of the annual report and annual financial statements. The Trust believes that its system of internal control over financial reporting and safeguarding of assets against unauthorised acquisitions, use, or disposition, met those criteria.

INTERNAL AUDIT

Sizwe Ntsaluba Gobodo 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

To the Trustees of Trust for Health Systems Planning and Development

OUR OPINION

In our opinion, the financial statements present fairly, in all material respects, the financial position of Trust for Health Systems Planning and Development (the Trust) as at 30 June 2019, and its financial performance and cash flows for the year then ended in accordance with the International Financial Reporting Standard for Small and Medium-sized Entities.

What we have audited

Trust for Health Systems Planning and Development's financial statements set out on pages 14 to 29 comprise:

- the statement of financial position as at 30 June 2019;
- the statement of profit or loss and other comprehensive income for the year then ended;
- the statement of changes in equity for the year then ended;
- the statement of cash flows for the year then ended; and
- the notes to the financial statements, which include a summary of significant accounting policies.



BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report.

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

INDEPENDENCE

We are independent of the Trust in accordance with the sections 290 and 291 of the Independent Regulatory Board for Auditors' Code of Professional Conduct for Registered Auditors (Revised January 2018), parts 1 and 3 of the Independent Regulatory Board for Auditors' Code of Professional Conduct for Registered Auditors (Revised November 2018) (together the IRBA Codes) and other independence requirements applicable to performing audits of financial

statements in South Africa. We have fulfilled our other ethical responsibilities, as applicable, in accordance with the IRBA Codes and in accordance with other ethical requirements applicable to performing audits in South Africa. The IRBA Codes are consistent with the corresponding sections of the International Ethics Standards Board for Accountants' Code of Ethics for Professional Accountants and the International Ethics Standards Board for Accountants' International Code of Ethics for Professional Accountants (including International Independence Standards) respectively.

OTHER INFORMATION

The trustees are responsible for the other information. The other information comprises the information included in the document titled "Trust for health Systems Planning and Development Audited Annual Financial Statements for the financial year ended 30 June 2019", which includes the Corporate governance Statement, Report of the Board of Trustees, and the Audit and Risk Committee report. The other information does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express an audit opinion or any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

RESPONSIBILITIES OF THE TRUSTEES FOR THE FINANCIAL STATEMENTS

The trustees are responsible for the preparation and fair presentation of the financial statements in accordance with the International Financial Reporting

Standard for Small and Medium-sized Entities and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the Trust or to cease operations, or have no realistic alternative but to do so.

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error; design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Trust's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Trust to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the trustees regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

PricewaterhouseCoopers Inc.

PricewaterhouseCoopers Inc.
Director: Bhimchand Soorajdin
Registered Auditor
Block C
21 Cascades Crescent
Pietermaritzburg
3201

Date: 22 October 2019

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT REPORT OF THE BOARD OF TRUSTEES for the year ended 30 June 2019

The Board of Trustees presents their annual report for Trust for Health Systems Planning and Development for the year ended 30 June 2019.

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 **54 to 66** in the attached annual financial statements.
- 2.2. As set out in the annual financial statements, the Trust had a total surplus for the year of R31 244 706 (2018: surplus of R22 064 242).
- 2.3. The ratio of administration expenses (excluding the unusual and extraordinary items), against gross income is 6% (2018: 10%) 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:

Name	Date appointed
Ms M Hela	1 May 2017
Mr A Kader	15 July 2014
Prof E Kibuka-Sebitosi	4 August 2014
Dr D Kula	15 May 2017
Mr S Mapetla	20 December 2017
Mr T Masilela	23 April 2014
Ms F Nzama - Rabeng	24 August 2015
Prof D Sanders	7 June 2017
Dr F Senkubuge	22 July 2014
Ms E Skweyiya	18 October 2013

4. Material events after year end

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

5. Going concern

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

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
as at 30 June 2019

STATEMENT OF FINANCIAL POSITION

	Notes	2019 R	2018 R
ASSETS			
Non-current assets			
Property, plant and equipment	7	39 870 568	24 584 959
		<u>39 870 568</u>	<u>24 584 959</u>
Current assets			
Trade and other receivables	8	189 870 226	158 453 805
Cash and cash equivalents	9	25 328 214	15 013 304
Accrued revenue	3	138 874 164	127 241 008
		<u>25 667 848</u>	<u>16 199 493</u>
Total assets		<u>229 740 794</u>	<u>183 038 764</u>
EQUITY			
Accumulated surplus funds and reserves		124 908 699	93 663 993
LIABILITIES			
Current liabilities			
Trade and other payables	10	104 832 095	89 374 771
Provisions	11	71 330 215	11 755 093
Deferred revenue	3	10 256 244	9 964 126
		<u>23 245 636</u>	<u>67 655 552</u>
Total equity and liabilities		<u>229 740 794</u>	<u>183 038 764</u>

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
as at 30 June 2019

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

	Notes	2019 R	2018 R
Grant income	3	727 400 249	528 383 724
Other income	4	12 999 990	6 903 038
Project expenses		(670 796 465)	(464 993 277)
Administration expenses		<u>(45 328 036)</u>	<u>(53 965 768)</u>
SURPLUS BEFORE INTEREST	4	24 275 738	16 327 717
Interest received	5	<u>6 968 968</u>	<u>5 736 525</u>
SURPLUS BEFORE TAXATION		31 244 706	22 064 242
Taxation	6	<u>-</u>	<u>-</u>
NET SURPLUS AFTER TAXATION		31 244 706	22 064 242
Other comprehensive income		<u>-</u>	<u>-</u>
TOTAL SURPLUS AND COMPREHENSIVE INCOME FOR THE YEAR		<u>31 244 706</u>	<u>22 064 242</u>

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
as at 30 June 2019

STATEMENT OF CHANGES IN EQUITY

	HSS	HSR	CDC	Corporate Services	HST Reserve Fund	Total Equity
	R	R	R	R	R	R
Closing balance as at 30 June 2017	6 169 338	2 251 576	(358 456)	39 041 187	24 496 106	71 599 751
Total surplus and comprehensive income for the year	1 482 060	2 912 523	11 420 465	6 249 194	-	22 064 242
Transfers to Reserve Fund	(2 602 490)	(450 470)	-	(8 388 647)	11 441 607	-
Closing balance as at 30 June 2018	5 048 908	4 713 629	11 062 009	36 901 734	35 937 713	93 663 993
Total surplus and comprehensive income / (loss) for the year	4 821 655	7 033 355	(3 160 975)	22 550 671	-	31 244 706
Transfers to Reserve Fund	(1 091 956)	(508 755)	-	(1 426 652)	3 027 363	-
Closing balance as at 30 June 2019	8 778 607	11 238 229	7 901 034	58 025 753	38 965 076	124 908 699

TOTAL EQUITY COMPRISES THE FOLLOWING:

	2019	2018
	R	R
Accumulated Surplus Funds	85 943 623	57 726 280
HST Reserve Fund	38 965 076	35 937 713
	<u>124 908 699</u>	<u>93 663 993</u>

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
as at 30 June 2019

STATEMENT OF CASH FLOWS

	Notes	2019 R	2018 R
CASH FLOWS FROM OPERATING ACTIVITIES			
Cash generated from operations	A	29 844 818	53 989 144
Interest received	5	6 968 968	5 736 525
Net cash inflow from operating activities		36 813 786	59 725 669
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from disposal of property, and equipment		1 965 764	5 626 253
Acquisition of property and equipment	7	(27 541 641)	(19 230 735)
Net cash (used in) investing activities		(25 575 877)	(13 604 482)
Net increase in cash and cash equivalents		11 237 909	46 121 187
Unrealised gains within cash and cash equivalents		395 247	231 403
Cash and cash equivalents at beginning of year	9	127 241 008	80 888 418
Cash and cash equivalents at end of year	9	138 874 164	127 241 008

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
as at 30 June 2019

NOTES TO THE STATEMENT OF CASH FLOWS

	2019 R	2018 R
A. RECONCILIATION OF SURPLUS BEFORE TAXATION TO CASH GENERATED FROM OPERATIONS		
Surplus before taxation	31 244 706	22 064 242
Adjustments for:		
Depreciation	10 893 063	7 352 942
(Gain) on translation of foreign bank account	(395 247)	(231 403)
Increase in provisions	292 118	1 637 299
Profit on disposal of property, plant and equipment	(602 795)	(3 117 886)
Interest received	(6 968 968)	(5 736 525)
Cash inflows from operations before working capital changes	34 462 877	21 968 669
Working capital changes:		
(Increase) / Decrease in trade and other receivables and accrued revenue	(19 783 265)	664 597
Increase in trade and other payables and deferred revenue	15 165 206	31 355 878
Cash generated from operations	29 844 818	53 989 144

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
as at 30 June 2019

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

I. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

I.1. Basis of preparation

The annual financial statements have been prepared in accordance with, and comply with the International Financial Reporting Standard for Small and Medium-sized Entities (IFRS for SME's). The presentation currency of the annual financial statements is the South African Rand (ZAR). The accounting policies noted below are consistent with those of the prior year.

I.2. Property, plant and equipment

All property, plant and equipment is stated at historical cost less accumulated depreciation and impairment losses. Historical cost includes expenditure that is directly attributable to bringing the assets to working condition for their intended use.

Subsequent costs are included in the assets carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the Trust and the cost can be measured reliably. All other repairs and maintenance are charged to the statement of comprehensive income during the financial period in which they are incurred.

Depreciation is calculated using the straight-line method to allocate their cost to their residual values over their estimated lives as follows:

Motor vehicles	4 years
Computer equipment	4 years
Furniture and fittings	6 years

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at each statement of financial position date.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount (refer note 1.3).

Gains and losses on disposals are determined by comparing proceeds with carrying amount and are recognised within 'project and administration expenses' in the statement of comprehensive income.

I.3. Impairment of non-financial assets

Property, plant and equipment and other non-current assets that are subject to amortisation are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset's fair value less costs to sell and value in use. For the purposes of assessing impairment, assets are grouped at the lowest levels for which there are separately identifiable cash flows.

I.4. Financial instruments

Financial instruments recognized on the statement of financial position include cash and cash equivalents, trade and other receivables and trade and other payables. Financial instruments are initially measured at cost, which is the fair value of the consideration given or received including transaction costs when the entity becomes a party to the contractual provisions of the instrument and any subsequent measurement adjustments are made in accordance with the specific instrument related provisions of sections 11 and 12 of IFRS for SMEs. The financial instruments of the Trust consist primarily of deposits with the Trust's bankers, trade receivables and trade payables. The notes for cash and cash equivalents, trade receivables and trade payables should be referred to below for the measurement basis of each.

1.5. Trade and other receivables

Trade receivables are recognised initially at fair value and subsequently measured at amortised cost using the effective interest method, less provision for impairment. A provision for impairment of trade receivables is established when there is objective evidence that the Trust will not be able to collect all amounts due according to the original terms of receivables. Significant financial difficulties of the debtor, probability that the debtor will enter bankruptcy or financial reorganisation, and default or delinquency in payments are considered indicators that the trade receivable is impaired. The amount of the provision is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. The amount of the provision is recognised in the statement of profit or loss and other comprehensive income.

1.6. Cash and cash equivalents

Cash and cash equivalents include cash on hand, demand deposits and other short-term highly liquid investments with original maturities of three months or less. Bank overdrafts are shown within borrowings in current liabilities on the statement of financial position.

1.7. Trade and other payables

Trade payables are recognised initially at the transaction price and subsequently measured at amortised cost using the effective interest method.

Derecognition of financial assets and liabilities

a) Financial assets

A financial asset (or, where applicable a part of a financial asset or part of a group of similar financial assets) is derecognised where:

- the entity has transferred its rights to receive cash flows from the asset and either:
 - (a) has transferred substantially all the risks and rewards of the asset, or
 - (b) has neither transferred nor retained substantially all the risks and rewards of the asset, but has transferred control of the asset.

b) Financial liabilities

A financial liability is derecognised when the obligation under the liability is discharged, cancelled or expires.

Where an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as a derecognition of the original liability and the recognition of a new liability, and the difference in the respective carrying amounts is recognised in profit or loss.

Impairment of financial assets

The company assesses at each reporting date whether a financial asset or group of financial assets is impaired.

1.8. Funded projects

Funds granted to approved projects are expensed as and when payments are made, even if projects are of an ongoing nature.

1.9. Revenue recognition

Income from donations and grants, including capital grants, shall be recognised as income over the periods necessary to match them with the related costs which they are intended to compensate, on a systematic basis.

Income from donations and grants, including capital grants, is not recognised until there is reasonable assurance that the Trust will comply with the conditions attaching to it, and that the grant will be received.

Donations and grants, including capital grants that are awarded for the purpose of giving immediate financial support rather than as an incentive to undertake specific expenditures are recognised as income in the period in which the Trust qualifies to receive it.

Donations and grants, including capital grants, that are receivable as compensation for expenses or losses already incurred shall be recognised as income of the period in which it becomes receivable.

Income from sale of publications is included in other income.

Other revenue earned by the Trust is recognised on the following basis:

Interest income is recognized in profit or loss, using the effective interest rate method.

Training income is recognised on an accrual basis in accordance with the substance of the relevant agreements.

1.10. Other income

The company generates incidental income through non-core activities. Other income is measured at fair value of the consideration received or receivable and is recognized when it is probable that the economic benefits associated with the transactions will flow to the company and the amount can reliably be measured.

1.11. Deferred revenue

Deferred revenue is a liability related to grant revenue for which revenue has not yet been recognized. The entity records deferred revenue when it receives consideration from a donor before incurring any costs or completing the service to which the consideration relates. As the costs are incurred and the conditions of the grant are completed revenue is recognised.

1.12. Provisions

Provisions are measured at the best estimate (including risks and uncertainties) of the expenditure required to settle the present obligation, and reflects the present value of expenditures required to settle the obligation where the time value of money is material. Employee entitlements to annual leave and long service leave are recognised when they accrue to employees. An accrual is made for the estimated liability for annual leave and long-service leave as a result of services rendered by employees up to the statement of financial position date. Entitlements are measured with reference to the number of day's accrued leave for each employee (capped at a maximum of twenty one days in accordance with organisational policy), and multiplied by the current remuneration per day per employee. A provision is also made for the amount accruing to employees who elect to spread their remuneration over thirteen months, instead of the

customary twelve month pay period, in order to receive a greater portion of their remuneration at the end of the calendar year. There is a measure of uncertainty regarding the timing of cash flows relating to leave pay provisions as it relates to an employee's length of service and is either utilized during their tenure at the organisation or paid out in cash when their services are terminated.

1.13. Reserves

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 utilised 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 organization is between projects as well as sustainability.

2. LEASED ASSETS

Leases of assets under which all the risks and benefits of ownership are effectively retained by the lessor are classified as operating leases. Payments made under operating leases are charged to the statement of profit or loss and other comprehensive income on a straight-line basis over the period of the lease. When an operating lease is terminated before the lease period has expired, any payment required to be made to the lessor by way of penalty is recognised as an expense in the period in which the termination takes place.

3. GRANT INCOME

Grant income for the year ended 30 June 2019

	HSS	HSR	CDC	Corporate Services	Total	Accrued revenue	Deferred revenue	Total
	R	R	R	R	R	R	R	R
Centers for Disease Control (CDC)	-	-	571 605 997	-	571 605 997	42 068 121	(23 459 001)	590 215 117
Development Bank of SA (DBSA)	4 253 974	-	-	-	4 253 974	-	-	4 253 974
European & Developing Countries Clinical Trials Partnership Association (EDCTP)	-	37 249 277	-	-	37 249 277	-	(13 562 756)	23 686 521
Health Information Systems Program (HISP)	6 332 160	-	-	-	6 332 160	2 993 861	-	9 326 021
KZN Dept. of Health	1 578 049	12 504 406	-	-	14 082 455	1 581 000	(2 411 345)	13 252 110
Massachusetts General Hospital	-	-	-	2 521 892	2 521 892	-	(449 827)	2 072 065
Road Accident Fund	2 244 840	-	-	-	2 244 840	-	(918 029)	1 326 811
The ELMA Foundation	17 524 992	-	-	-	17 524 992	-	(5 197 473)	12 327 519
The Global Fund	40 101 864	1 951 564	-	-	42 053 428	1 286 724	-	43 340 152
	72 035 878	51 705 248	571 605 997	2 521 892	697 869 015	47 929 706	(45 998 431)	699 800 290

*Negative values are due to the reversal of prior year accrued income

There are no unfulfilled conditions and other contingencies attached to the government grants that have not been recognized in revenue. There are no other forms of government assistance from which the entity has directly benefitted.

3. GRANT INCOME

Grant income for the year ended 30 June 2019 (continued)

	HSS R	HSR R	CDC R	Corporate Services R	Total R	Accrued revenue R	Deferred revenue R	Total R
Balance carried forward	72 035 878	51 705 248	571 605 997	2 521 892	697 869 015	47 929 706	(45 998 431)	699 800 290
The University of Cape Town (UCT)	16 728 107	-	-	-	16 728 107	189 000	(706 206)	16 210 901
Gilead Sciences, Inc.	-	-	-	7 891 022	7 891 022	-	-	7 891 022
Bill and Melinda Gates Foundation	-	-	-	2 137 262	2 137 262	-	-	2 137 262
Grand Challenges Canada	815 162	-	-	-	815 162	545 612	-	1 360 774
Accrued interest/other income	(30 630)	(116 459)	(30 457)	(284 985)	(462 531)	462 531	-	-
	89 548 517	51 588 789	571 575 540	12 265 191	724 978 037	49 126 848	(46 704 637)	727 400 249

*Negative values are due to the reversal of prior year accrued income

3. GRANT INCOME

Grant income for the year ended 30 June 2019 (continued)

	HSS	HSR	CDC	Corporate Services	Total	Accrued revenue	Deferred revenue	Total
	R	R	R	R	R	R	R	R
Centers for Disease Control (CDC)	-	-	444 789 832	-	444 789 832	-	(4 640 091)	440 149 741
Development Bank of SA (DBSA)	17 540 227	-	-	-	17 540 227	4 812 137	(2 478 506)	19 873 858
European & Developing Countries								
Clinical Trials Partnership Association (EDCTP)	-	30 337 665	-	-	30 337 665	-	(29 385 171)	952 494
Health Information Systems Program (HISP)	1 470 709	-	-	-	1 470 709	1 557 509	-	3 028 218
KZN Dept. of Health	4 273 558	-	-	-	4 273 558	-	(1 578 049)	2 695 509
KZN Treasury	-	-	-	-	-	350 000	-	350 000
Massachusetts General Hospital - iTEACH and FRESH	-	-	-	12 339 476	12 339 476	1 033 469	(1 912 987)	11 459 958
National Dept. of Health	-	24 738 408	-	-	24 738 408	-	(6 742 192)	17 996 217
Road Accident Fund	1 652 366	-	-	-	1 652 366	12 450	(1 257 290)	407 526
The ELMA Foundation	18 944 689	-	-	-	18 944 689	-	(8 074 335)	10 870 354
The Global Fund		2 829 388			2 829 388		(704 447)	2 124 941
The University of Cape Town (UCT)	20 542 143	-	-	-	20 542 143	5 843 210	(10 882 484)	15 502 869
The University of KwaZulu Natal (UKZN) - FRESH	-	-	-	375 135	375 135	2 010 441	-	2 385 576
World Health Organisation	-	586 464	-	-	586 464	-	-	586 464
Accrued interest	(104 151)	(182 122)	-	(294 004)	(580 277)	580 277	-	-
	64 319 541	58 309 803	444 789 832	12 420 607	579 839 783	16 199 493	(67 655 552)	528 383 724

*Negative values are due to the reversal of prior year accrued income

4. SURPLUS BEFORE INTEREST

Profit before interest is stated after taking the following into account:

	2019	2018
	R	R
<u>Income</u>	12 999 990	6 903 038
Income – Donations	933 373	44 212
Miscellaneous income	12 066 617	6 858 826

Miscellaneous income consists of ad hoc sundry income
e.g. funds received from Health & Welfare SETA for training initiatives,
as well as commissions from service providers

Expenses:

Depreciation on property, plant and equipment (refer note 7)	10 893 063	7 352 942
Consultants legal support and license fees	796 280	1 489 999
Operating lease rentals	29 391 835	37 681 424
Land and buildings	7 627 022	7 323 633
Other	21 764 813	30 357 791

Key Management Personnel:

Remuneration: Key Management Personnel	7 246 886	6 972 759
Remuneration: Other Staff	211 578 712	200 872 209

5. INTEREST RECEIVED

Total interest received	6 968 968	5 736 525
	<u>6 968 968</u>	<u>5 736 525</u>

6. TAXATION

No provision for taxation has been made as the Trust is approved as a public benefit organisation in terms of Section 30 and is exempt from income tax in terms of Section 10(1)(cN) of the South African Income Tax Act.

7. PROPERTY, PLANT AND EQUIPMENT

	Motor vehicles	Computer equipment	Furniture and fittings	Total
	R	R	R	R
2019				
Opening net carrying amount	17 368 743	5 827 144	1 389 072	24 584 959
Additions/improvements	20 064 110	7 434 594	42 937	27 541 641
Disposals	(1 305 933)	(57 036)	--	(1 362 969)
Depreciation	(8 251 051)	(2 031 458)	(610 554)	(10 893 063)
Closing net carrying amount	27 875 869	11 173 244	821 455	39 870 568
Cost	44 987 423	23 252 351	4 793 760	73 033 534
Accumulated depreciation	(17 111 554)	(12 079 107)	(3 972 305)	(33 162 966)
Closing net carrying amount	27 875 869	11 173 244	821 455	39 870 568
2018				
Opening net carrying amount	10 787 050	2 616 953	1 811 530	15 215 533
Additions/improvements	14 022 490	4 936 393	271 852	19 230 735
Disposals	(2 432 921)	(75 446)	--	(2 508 367)
Depreciation	(5 007 876)	(1 650 756)	(694 310)	(7 352 942)
Closing net carrying amount	17 368 743	5 827 144	1 389 072	24 584 959
Cost	32 076 265	15 932 004	4 750 823	52 759 092
Accumulated depreciation	(14 707 522)	(10 104 860)	(3 361 751)	(28 174 133)
Closing net carrying amount	17 368 743	5 827 144	1 389 072	24 584 959

8. TRADE AND OTHER RECEIVABLES

	2019 R	2018 R
Other receivables	800 000	-
Receiver of Revenue - Value Added Tax	19 264 872	11 878 502
Deposits	482 055	605 868
Prepaid expense	4 781 287	2 528 934
	<u>25 328 214</u>	<u>15 013 304</u>

The fair value of trade and other receivables approximate their carrying values. There are no amounts that are impaired. No significant doubt exists with regard to recoverability of trade and other receivables.

9. CASH AND CASH EQUIVALENTS

	2019 R	2018 R
Current accounts	34 208 656	25 084 595
Call accounts	104 633 017	102 139 777
Cash on hand	32 491	16 636
	<u>138 874 164</u>	<u>127 241 008</u>

Cash and cash equivalents as stated above related to the various departments as follows:

HSR	27 544 587	40 248 830
HSS	10 207 224	22 497 917
CDC	3 589 331	215 274
Corporate Services	97 533 022	64 278 987
	<u>138 874 164</u>	<u>127 241 008</u>

10. TRADE AND OTHER PAYABLES

	2019 R	2018 R
Trade payables	63 438 578	9 254 784
Accruals	7 701 719	2 235 027
Operating lease liability	189 918	265 282
	<u>71 330 215</u>	<u>11 755 093</u>

The fair value of trade and other payables approximate their carrying values.

11. PROVISIONS

Current year provisions	<u>10 256 244</u>	<u>9 964 126</u>
	<u>10 256 244</u>	<u>9 964 126</u>

12. OPERATING LEASE COMMITMENTS

The future minimum lease payments under non-cancellable operating leases are as follows:

Not later than 1 year	2 056 168	3 855 920
Between 2 and 5 years	1 474 895	1 242 336
	<u>3 531 063</u>	<u>5 098 256</u>

Operating lease commitments include the lease of office space from which the entity operates. Leases range in duration from one year to five years and are subject to annual escalation clauses of up to 10% per annum. Sub-letting is generally not permitted without express permission from the lessor.

13. CONTINGENT LIABILITIES AND SECURITIES

The Trust has issued guarantees held by Nedbank of R1 296 770 (2018: R628 700) in respect of the following entities:

AMOUNT	EXPIRY DATE	BENEFICIARIES
R136 470	31.03.2022	Aintree One Share Block (Pty) Ltd c/o Rabie Property Administrators (Pty) Ltd
R500 000	31.03.2020	IATA
R660 300	01.10.2024	The Langford Road Property Trust

Securities held as at 30 June 2019

Cession & Pledge of credit balances – R3 000 000 (First National Bank)

14. GOING CONCERN

No material uncertainties have come to the attention of management that would cast significant doubt on the organisation's ability to continue operating as a going concern in the foreseeable period.

15. SUBSEQUENT EVENTS

No adjusting events have occurred after the reporting period that would require adjustment of the annual financial statements and no non-adjusting events are present that would require disclosure.

DETAILED INCOME STATEMENT - AGGREGATE

	2019 R	2018 R
Grant income	754 120 063	546 514 273
Other grant income	727 400 249	528 383 724
Other income	5 324 300	3 785 152
Corporate Services - inter departmental charge	7 675 689	3 117 886
	13 719 825	11 227 511
Project and administration expenses	(729 844 325)	(530 186 556)
Assets < R7 000	6 963	6 963
Auditors fees	458 196	712 645
Bank charges	109 814	102 174
Central administration	13 719 825	11 227 511
Communications, branding, & marketing	155 345	493 988
Computer software & support	33 598 101	682 323
Consultants, legal support and licence fee	1 499 522	1 794 806
Depreciation	10 893 063	7 352 942
External consultants	301 650 524	191 795 033
Gain on foreign exchange	(395 247)	161 823
Gifts, donations and enterprise development	436 066	13 100
Insurance	707 955	2 823 259
Meetings/workshops	2 754 807	287 119
Office costs	409 683	614 120
Operating lease rentals – land & buildings	7 627 022	7 323 633
Operating lease rentals – other	21 764 813	30 357 791
Printing and stationery	4 345 931	4 488 284
Project expenses	57 177 462	29 365 221
Recruitment	411 264	259 887
Repairs and maintenance	3 280 546	3 306 663
Salaries	218 825 598	207 844 968
Staff development	208 234	621 028
Subscriptions	89 514	63 762
Telephones	3 015 370	3 700 200
Travel and accommodation	30 480 567	18 055 268
Training	16 613 387	6 732 045
Surplus before tax and interest	24 275 738	16 327 717
Interest received	6 968 968	5 736 525
Net surplus after tax	31 244 706	22 064 242
Accumulated surplus at the beginning of the year	93 663 993	71 599 751
Accumulated surplus at the end of the year	124 908 699	93 663 993

DETAILED INCOME STATEMENT – HEALTH SYSTEMS RESEARCH (HSR)

	2019	2018
	R	R
HSR	43 232 302	21 660 115
Grant income	37 733 908	21 660 115
Other income	5 498 394	-
Project expenses	(37 853 311)	(19 762 258)
Bank charges	2 625	6 827
Corporate services – inter departmental charge	4 589 715	2 962 139
Computer software and support	7 600	63 022
Depreciation	104 171	48 612
External consultants	1 797 899	2 392 946
Gain on Foreign Exchange	(395 247)	161 823
Meetings and workshop	127 358	195 825
Office costs	30 907	1 303
Printing and stationery	631 084	705 148
Project expenses	6 702 861	87 201
Salaries	22 358 431	11 572 883
Staff development	-	38 000
Telephone	75 993	105 927
Travel and accommodation	1 819 914	1 420 602
Surplus before interest and tax	5 378 991	1 897 857
Interest received	1 654 364	1 014 666
Surplus after tax	7 033 355	2 912 523
Accumulated surplus at the beginning of the year	4 713 629	2 251 576
Transfer to Reserve Fund	(508 755)	(450 470)
Accumulated surplus at the end of the year	11 238 229	4 713 629

This statement does not form part of the annual financial statements and is unaudited.

DETAILED INCOME STATEMENT – CDC

	2019	2018
	R	R
CDC	590 215 117	440 149 741
Grant income	590 215 117	440 149 741
Project expenses	(593 376 092)	(428 729 276)
Bank charges	27 855	16 449
Corporate services – inter departmental charge	5 539 222	4 132 309
Computer software and support	33 234 518	386 303
Depreciation	8 586 222	4 161 099
External consultants and sub-recipients	268 302 744	179 266 573
Profit on disposal of asset	(1 908 727)	(272 473)
Operating lease rentals – buildings	6 628 439	6 284 125
Operating lease rentals – other	784 912	629 259
Printing and stationery	3 114 665	3 608 228
Project expenses	29 325 805	7 096 364
Repairs & maintenance	3 227 535	3 054 167
Recruitment	334 035	233 797
Salaries	166 825 719	170 983 189
Staff development	41 578	262 267
Subscriptions	-	13 540
Telephones	2 651 066	3 364 895
Travel and accommodation	50 306 081	39 340 313
Training and workshops	16 354 423	6 168 872
(Deficit) / Surplus before interest and tax	(3 160 975)	11 420 465
(Deficit) / Surplus after tax	(3 160 975)	11 420 465
Accumulated surplus / (Deficit) at the beginning of the year	11 062 009	(358 456)
Accumulated surplus at the end of the year	7 901 034	11 062 009

This statement does not form part of the annual financial statements and is unaudited.

DETAILED INCOME STATEMENT HEALTH SYSTEMS STRENGTHENING (HSS)

	2019 R	2018 R
HSS	87 890 836	52 378 333
Grant income	87 890 836	52 378 333
Project expenses	(84 207 236)	(52 027 507)
Corporate services – inter departmental charge	2 623 723	4 133 063
Communications, branding & marketing	-	316 451
Computer software and support	19 317	21 122
Depreciation	243 946	162 965
External consultants	31 549 881	10 135 513
(Profit)/loss on disposal of assets	-	(192 000)
Meetings/workshops	2 627 448	91 294
Office costs	55 947	194 713
Printing and stationery	20 752	8 793
Project expenses	7 020 806	8 238 508
Recruitment	54 154	-
Salaries	24 664 229	19 134 374
Staff development	166 657	80 454
Telephones	167 309	103 644
Training	1 840 997	499 990
Travel and accommodation	12 955 701	9 098 623
Surplus before interest and tax	3 683 600	350 826
Interest received	1 138 055	1 131 234
Surplus after tax	4 821 655	1 482 060
Accumulated surplus at the beginning of the year	5 048 908	6 169 338
Transfer to Reserve Fund	(1 091 956)	(2 602 490)
Accumulated surplus at the end of the year	8 778 607	5 048 908

DETAILED INCOME STATEMENT CORPORATE SERVICES

	2019 R	2018 R
CORPORATE SERVICES	69 367 974	62 195 321
Grant income	11 756 757	14 195 535
Other income	43 891 392	36 772 275
Corporate services - inter departmental charge	13 719 825	11 227 511
Administration expenses	(50 993 852)	(59 536 752)
Assets < R7 000	6 963	6 963
Auditor's fees	458 196	712 645
Bank charges	79 335	78 898
Computer software and support	336 666	211 876
Communications, brand & marketing	155 345	177 537
Consultants, legal support and licence fee	1 499 522	1 794 806
Depreciation and amortisation	1 958 724	2 980 266
Gifts, donations and enterprise development	436 066	13 100
Insurance	707 955	2 823 259
Profit on disposal of assets	1 305 933	(2 653 413)
Office costs	322 830	418 104
Operating lease rentals - land and buildings	998 583	1 039 508
Operating lease rentals – other	20 979 901	29 728 532
Printing and stationery	579 430	166 115
Project expenses	14 127 990	13 943 148
Recruitment	23 075	26 090
Repairs and maintenance	53 011	252 496
Salaries	4 977 219	6 154 523
Staff development	-	240 307
Subscriptions	89 514	50 222
Telephones	121 000	125 734
Training	609 853	63 183
Travel and accommodation	1 166 741	1 182 853
Surplus before interest and tax	18 373 571	2 658 569
Interest received	4 176 549	3 590 625
Surplus after tax	22 550 671	6 249 194
Accumulated surplus at the beginning of the year	36 901 734	39 041 187
Transfer to Reserve Fund	(1 426 652)	(8 388 647)
Accumulated surplus at the end of the year	58 025 753	36 901 734

This statement does not form part of the annual financial statements and is unaudited.

FUNDERS AND PARTNERS

FUNDERS

US Centers for Disease Control and Prevention
The Global Fund to Fight AIDS, Tuberculosis and Malaria
KwaZulu-Natal Treasury
The ELMA Philanthropies
National Department of Health South Africa
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
Grand Challenges Canada
UNICEF

PARTNERS AND GRANT COLLABORATORS

ASG
University of Cape Town Centre for Infectious Disease Epidemiology and Research (CIDER)
University of Cape Town
University of KwaZulu-Natal (UKZN)
UKZN Centre for Rural Health
Aurum Institute
Eastern Cape Department of Health
Free State Department of Health
Gauteng Department of Health
KwaZulu-Natal Department of Health
Limpopo Department of Health
Mpumalanga Department of Health
Northern Cape Department of Health

FUNDERS AND PARTNERS

PARTNERS AND GRANT COLLABORATORS (CONTINUED)

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

TB/HIV Care

Accenture

Nelson Mandela Children's Fund

South African Civil Society Coalition for Women, Adolescents and Children's Health (SACSoWACH)

University of Newcastle, UK

London School of Hygiene and Tropical Medicine

KNCV Tuberculosis Foundation

Zambart

University of Sheffield

Imperial College London

The International Union Against TB and Lung Disease

QIAGEN

Delft Imaging Systems



**HEALTH
SYSTEMS
TRUST**

Durban (Registered Office)

1 Maryvale Road, Westville 3630

Tel: +27 (0)31 266 9090

Johannesburg

1st Floor, Block J, Central Park

400 16th Road, Midrand 1682

Tel: +27 (0)11 312 4524

Cape Town

Block B, Aintree Office Park

Doncaster Road, Kenilworth 7700

Tel: +27 (0)21 762 0700

Central fax:

086 588 0394

General email:

hst@hst.org.za

www.hst.org.za