

HEALTH SYSTEMS TRUST



Annual Report 2001 / 02



10th anniversary 1992 - 2002



*Working for today's health system,
South Africa's future*



Our Mission

Health Systems Trust is a dynamic independent non-government organisation established in 1992 to support the transformation of the South African health system.

HST 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.

Our goals are to:

- Facilitate and support district health systems development
- Support and commission research to foster health systems development and equity
- Build South African capacity for health systems and policy research
- Actively disseminate and share information about health systems development, health care delivery and equity



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“It was a singular honour and privilege for me to have been the Chair of the first Board of Trustees of the Health Systems Trust which was established in South Africa in 1992.

It was a visionary idea that was initiated by the Kaiser Family Foundation from the United States of America. It leveraged funding from the Department of Health and entered into a true partnership with the South African Government in order to contribute to the transformation of the South African Health System. Its aim was to inform the development of a comprehensive health service that was equitable and included the funding of programmes to strengthen research, management and planning capacity.

Today, some ten years later the HST has developed into a respected, dynamic non-governmental organisation with funding from a variety of sources and continues to undertake research and fund projects that are designed to promote equity and efficiency in health and health care delivery. It is heartening to note that HST continues its operations in a consultative manner with all relevant stakeholders including the Department of Health.

Civil society organisations like the HST are crucial for sustaining our democratic state. It gives me great pleasure to write this tribute to the HST on the occasion of its tenth anniversary and I wish it well for many years to come as a vital part of our health sector.”

Jairam Reddy (Chairperson 1992 - 1998)



“The role and practise of HST is widely acknowledged - both here and in the global community - as a model of good practise by which an NGO compliments the work of government in support of health sector transformation. I was privileged to be a part of the Trust for a few years and congratulate the Staff and the Board on a decade of achievement.”

Marian Jacobs (Chairperson 1998 - 2000)

“The Health Systems Trust has been one of the foremost instruments for development and transformation of the health system in this country over the past decade. The HST’s contribution to district health system development in the most disadvantaged areas of the country has been invaluable. Major contributions have also been made to reproductive health, AIDS/HIV programmes, health systems research, electronic communication between health workers and reporting of progress particularly as regards improving equity in health service delivery.

It is clear that the help and guidance of the Kaiser Family Foundation via the Health Systems Trust and other initiatives, has had a most beneficial impact on health service development in South Africa post 1994. I am proud to have been associated with this work as one of the founding trustees of the HST. It has been most rewarding to have worked with people of the calibre of the other trustees, especially the chairpersons - and the executive directors.”

Joce Kane-Berman (Founding Trustee 1992 - 1998)



Chairperson's Report



This, my second annual report as chairperson of HST, provides an opportunity to reflect not only on one year, but ten years of Health Systems Trust's existence as a leading health NGO in South Africa.

I would like to acknowledge my predecessors, Professors Jairam Reddy and Marion Jacobs, for leading the organisation through much of its first decade, and all the Trustees who gave generously of their time and expertise to the work of Health Systems Trust. In the last year we parted with two Trustees, Leslie London and Francie Lund who have served HST well for the last five years, and welcomed new trustees Patrick Masobe, Eric Buch and Loretta Jacobus to the Board. We are also losing Thembeke Gwaqwa and Selva Govindsamy in the next few months as their term of office ends.

HST's key role has continued to be one of supporting and monitoring transformation towards the equitable provision of health services. This has included conducting health systems research to identify ways to improve service delivery, contributing to policy development, providing demonstration 'district development sites' for implementation of policy, and disseminating relevant research and policy information to a very wide range of decision makers and health workers.

The focus of this work is in District Health Systems, particularly in the rural areas of the country. We are also getting 'the fundamentals in place' in terms of health systems and processes. More recently however we have felt the need to shift some of the focus onto improving priority interventions within the District Health System.

In the last year especially, HST has needed to be responsive to changing needs and demands of the health system in terms of focusing on specific priority interventions. It was called on to assess the ability of the health service to deliver HIV/AIDS interventions, and to make recommendations on developing services to enable effective prevention and care. HST was able to respond rapidly and provide invaluable information to support this process. ISDS sites have also increased their focus on priority programmes within District development, such as TB Control, Sexually Transmitted Diseases and the Expanded Programme of Immunisation. In the last year a Community Development focus around Male Sexuality and Nutrition interventions has been developed in selected ISDS sites.

The diminishing financial and human resources for the public health sector, is an area of major concern for HST at a time when we are attempting to strengthen the health system, while also promoting equity as a key element of health service planning and delivery. HST has highlighted these issues through its publications, particularly the **South African Health Review**, and will have to be increasingly creative in assisting to find solutions to these challenges faced by the health system.

HST's management has undergone several changes in the last year, with CEO David Mametja taking a long overdue sabbatical, and Lilian Dudley stepping in as Managing Director and acting CEO. New senior staff appointed were David McCoy as Director Research, Nomonde Bam as Director Community Development and Nonhlanhla Makhanya as Director Technical Support.

With regard to the future, extensive debate about the changing role of an organisation such as HST has taken place within the Board and the organisation, and we believe that HST will continue to play a critical role in its next ten years. We will be starting this period with a strategic review process to evaluate the organisation and to plan its future role.

I would like to thank colleagues on the former and current Boards of Trustees, management and staff of HST, the Department of Health, funders and all partner organisations who have supported the goals of health system transformation. We look forward to building our partnerships to even more effectively support health systems transformation in the future.



Managing Director's Report 2001 /2002

In the absence of the Executive Director, David Mametja who is on Sabbatical, it is my pleasure as recently appointed Managing Director to provide this report.

Health Systems Trust celebrates its tenth anniversary this year. The organisation was established in 1992 by leaders of the progressive health movement in South Africa to support the transformation of the highly inequitable and inefficient South African health system of the time. HST can proudly say that it has made a significant contribution to supporting this transformation.

HST was originally built on two core programmes of Research, through which an extensive body of health systems research has been produced, and Information Dissemination, which served to disseminate research and policy information to a wide group of role-players in and outside South Africa. In 1996 HST established a third core programme, the Initiative for Sub-district Support (ISDS) to translate research and policy into practice at a service delivery level as part of District development. ISDS has subsequently grown to operate in more than 20 districts across all provinces, where it is playing a vital role in development of District Health, and contributing extensively to policy formulation on District Health Systems in South Africa.

More recently, HST's focus on Equity in Health has been consolidated within the Equity Gauge project which, in addition to monitoring equity indicators, works extensively with National and Provincial parliamentarians on the equity implications of their policy and decision-making. This work has also extended to local government counsellors in view of the important role that is envisaged for local government within the District Health System.

In recognition of the critical role that communities and community based organisations (CBOs) play in health in South Africa, a fledgling program within ISDS was established in 2001 to focus specifically on community development as part of District Health. The two key areas of attention within Community Development are HIV/AIDS prevention and care through a focus on the role of males, and community based nutrition. Both these projects utilise HST's research and health systems development expertise in building community capacity to address these health priorities.

Although HST remains strongly committed to a comprehensive and district approach to health, the HIV/AIDS crisis has resulted in a large component of HST research activity being focused on PMTCT (Prevention of mother-to-child transmission of HIV), VCT (Voluntary counselling and testing for HIV), STIs (sexually transmitted infections) and other HIV/AIDS interventions. Increasingly, ISDS is also focusing on district performance related to TB control, STIs and HIV/AIDS prevention and care. This focus will be further strengthened within the context of the District Health approach in the future.

In achieving its objectives, HST works with a range of academic, research, advocacy institutions and CBOs as well as government departments at National, Provincial and Local government level. The organisation is also privileged to be assisted by technical committees and Board subcommittees representing some of the top expertise in health systems and related areas in South Africa.

The HST Board of Trustees, currently chaired by Dr Zola Njongwe, has played a critical role over the years guiding and supporting the organisation. The Board has provided strong leadership to HST, and ensured accountability of the organisation to a wide range of stakeholders.

Managing Director's Report 2001/2002

The staff of HST has continued to grow in the last year, with a total HST staff complement of 74. A strong management team in HST, reflecting a diversity of expertise and experience in health systems development, provides internal leadership and support to programmes and staff. HST's commitment to sound management is reflected in the development of best practice Human Resource and Financial Management policies in the last year, as well as our commitment to employment equity. The organisational growth has resulted in the strengthening of HST offices in Johannesburg, Pretoria, Cape Town, and Pietermaritzburg, in addition to many staff working from health district located offices throughout the country.

Partnerships with several funders continue to provide support for the work of HST. HST looks forward to further expanding its funding partnerships in the next year to enable it to facilitate the health systems research, policy and implementation that is needed to impact on health and health systems transformation.

The future

Transformation of a complex health system clearly requires more than one decade to achieve the equitable, efficient and effective system needed to improve health in South Africa. Progress has been made as evidenced through the national Health Facility surveys and other objective evaluations by HST and others. However, many challenges remain, particularly in the face of diminished financial resources for health, the difficulties in recruiting and retaining health workers in the public sector, and the increasing demands for care as a result of HIV/AIDS.

HST will therefore be starting the new decade with a sense of having already contributed a great deal, but with major challenges ahead to assist in truly transforming the health system. The organisation is extremely well positioned to address these challenges through its internal expertise and many partnerships, and looks forward to continuing to make a contribution in the next decade. A first step in this process will be a strategic review of HST, to identify the most effective ways in which HST can contribute to health systems development and the challenge of HIV/AIDS in the future.

I wish to thank, on behalf of HST, all the organisations and individuals who have supported and contributed to the work of HST during the last year, the Board of Trustees and HST staff for their commitment and support, and the funders who have made the work possible.

Equity, District Health System Development and Quality of Care



The Health Systems Trust endeavours to play a key role in the transformation of the health system to a comprehensive, effective and equitable system through focusing on four main strategic areas: Equity, Health Systems Development, Quality of Care and HIV/AIDS. HST's work is implemented through its core programmes, Research, the Initiative for Sub-District Support, and HealthLink.

In the past eighteen months HST has undergone significant growth in terms of programmes and projects as well as in staff numbers. The Research Programme has embarked on new HIV/AIDS related projects, including Prevention of Mother-to-Child Transmission, Sexually Transmitted Infections and Mapping HIV Resources, and a large prospective project to identify the impact of decentralisation. The Initiative for Sub-District Support (ISDS) has seen the inclusion of the Male Sexuality and Reproductive Health projects, and the Integrated Nutrition Project.

Equity

The Equity Gauge Project, part of the HealthLink programme, is a partnership with national and provincial legislators. It aims to promote equity through actively monitoring progress towards equity, across a range of socio-economic, health and health status indicators. Much of the monitoring information is drawn from the work of the Research Programme and ISDS. An electronic database of key indicators (health status; financing; personnel; drug distribution; and quality of care) has been developed. This database will be regularly updated and is publicly accessible via the HST website.

The project has been the model for other projects around the world in developing countries. An international network, the Global Equity Gauge Alliance (GEGA), has been instituted to strengthen the efficacy of these country-based initiatives in the international arena. The twelve Equity Gauges are currently located in Africa, Latin America and Asia. GEGA supports an active approach to monitoring health inequalities. Findings are translated into specific policy recommendations and strategic health interventions, and form the basis for advocacy campaigns and community empowerment initiatives. The current chair of the GEGA coordinating committee rests with HST, and the secretariat is based in the Durban office.

Decentralisation of Health Care

Decentralisation of healthcare became a firm reality for South Africa with the finalisation of municipal boundaries and local government elections that took place at the end of 2000. The current long term vision will result in the decentralisation of health services from the provinces to local government. However in the short to medium term there is still no clarity with different provinces adopting different approaches. The Equity Gauge Project is building links with and providing support in the form of training and publications to local councillors as well as undertaking research to assess the impact of devolution on equity.

Equity, District Health System Development and Quality of Care

Health Care Financing and Equity

The Equity Gauge Project is supporting research that attempts to answer the question: 'What impact will decentralisation have on the public sector health care financing system and the ability of central and provincial government to progressively redistribute health care resources?'

The ISDS has been instrumental in initiating District Health Expenditure Reviews (DHER) in a number of districts and at least one DHER has been carried out in each province. Districts include the South Peninsula (Western Cape); Mount Frere (Eastern Cape); Mount Currie (KwaZulu-Natal), Mmatlhake (Mpumalanga).

The whole process has been adopted by the national Department of Health as a priority and all districts in the country will be expected to carry out expenditure reviews over the next five years. This work will enable each district in the country to quantify the financial gap between the existing services and the proposed minimum services, with the potential to be a powerful tool for equity in health services. This is a key example of how work carried out at the local level has impacted on national thinking and influenced national policy.

Equity and the Distribution of Resources

As part of the Local Government and Health Project, HST did research early in 2002 to describe the distribution of vehicles available for health services in three provinces (Gauteng, Limpopo and Mpumalanga). The research highlights the constraints and barriers to a more effective and integrated transport management system at the health district level.

Site Visit and Workshop on Local Government

A site visit and workshop on local government and health was organised in the Northern Cape in July 2001 for a group of about eighty people. The initiative brought together national and provincial parliamentarians, local government politicians, local and central government officials and other experts. The discussions were designed to stimulate debate and encourage an exchange of views, as well as to establish communication channels between the provincial and local spheres of government.

Support for Parliamentarians

The Equity Gauge Project has provided ongoing support for legislators at national and provincial level. This support has included making a number of presentations to national and provincial health committees on key findings from the National and Provincial Facilities Surveys and from the *South African Health Review*. In addition, the project has continued to assist legislators strengthen their participation in the budget processes. These activities are supplemented with a number of publications, targeting "non-technical" audiences, and are specifically designed to assist parliamentarians and local councillors. One of these key publications is "Bringing Health Closer to the People".

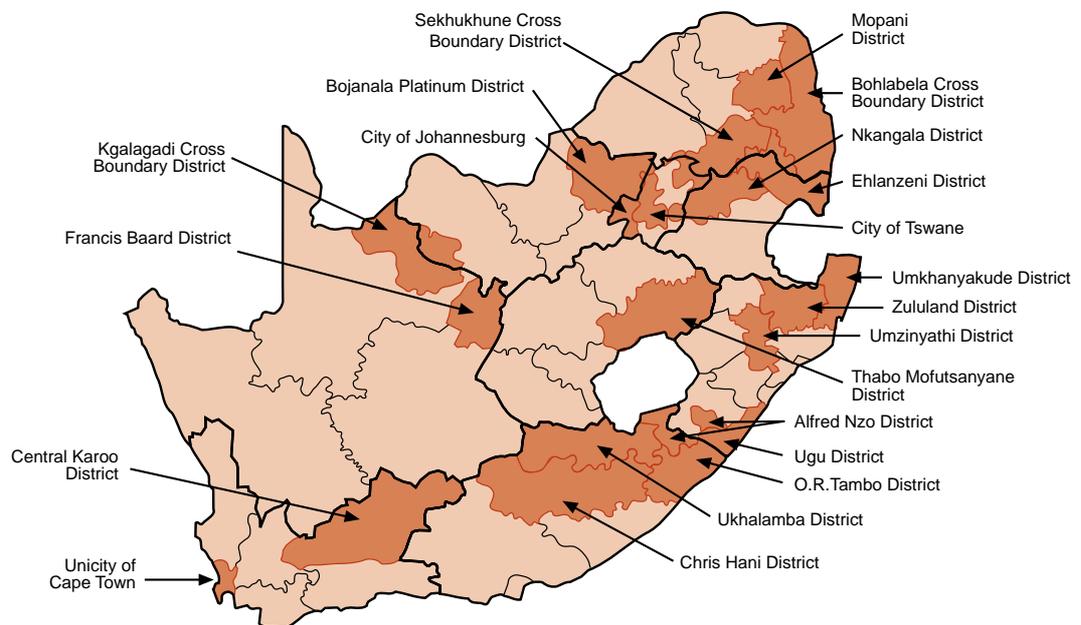




Equity, District Health System Development and Quality of Care

District Health System Development

The Initiative for Sub-district Support (ISDS) is working in all of the nine provinces in at least two districts in each province.



In 1996 the first ISDS sites included Mount Frere, Underberg, Pholela, Tonga, Shongwe and Kakamas. ISDS now has 21 sites with full time facilitators based in these districts at least 50% of their time.

European Union (EU) tender from the Department of Health (DOH)

The HST received an EU tender to the value of R14.5million from the Department of Health. This tender is focussed around giving support on a wide range of Primary Health Care issues to 13 rural development nodes based on the most disadvantaged District Councils in the country. This tender has received the highest profile and the heads of provincial health department have been very involved. It aligns to a presidential lead project aimed at strengthening the rural areas with a view to improving the quality of life.

In the execution of this tender ISDS has created alliances with other NGOs including:

- Rural Development Unit (CHESS) of the University of Natal
- The Valley Trust
- The Public Health Programme of the University of the Western Cape
- The Centre for Health Systems Research and Development of the University of the Free State

Equity, District Health System Development and Quality of Care

Supporting the District Management Team (DMT)

In every district support of the DMT has been a priority activity. Great emphasis has been placed on giving the DMT the confidence and necessary skills to do their job. Members of DMTs have been exposed to how things happen in other districts through cross-site visits. They have also been sent on various courses to introduce them to the basic philosophy of primary health care as well as being individually mentored by ISDS facilitators.

Several technical reports providing general and specific situation analyses (e.g. drugs, expenditure reviews, and sexually transmitted diseases) have been produced which are available as resource tools for all district managers in the country. These are available on the HST Website at <http://www.hst.org.za/pubs/>

The Annual District Health Systems Conference, February 2002

One of the highlights of this annual event is the District Health Systems (DHS) competition, which is aimed at rewarding the districts that have made considerable and measurable progress towards DHS implementation. The inclusion of the special category “district with external support” indicates that the Department of Health recognises and acknowledges the support and work that organisations such as the HST are providing.

The following ISDS supported districts emerged victorious from the 2002 DHS Competition:

- ODI District (part of DC 37) in the North-West Province was awarded the Best Urban District with External Support.
- Lejweleputswa District (DC 18) in the Free State won the award for the Best Rural District with External Rural Support
- Ehlanzeni District (DC 32) in Mpumalanga Province won the award for the District with the Best District-based HIV/AIDS Programme
- Greater Sekhukhune (CBDC 3) in Limpopo Province was a runner-up in the Best Rural District with External Rural Support

Communication

A number of districts such as Odi, Mount Frere, Humansdorp, Harlegratz, Taung have been assisted in producing district newsletters. HST provided technical assistance with the first newsletter, ensuring transfer of skills to the DMT to enable them to carry on with subsequent editions.



Equity, District Health System Development and Quality of Care



Health Information Systems (HIS)

In almost all provinces there has been some focus on the development of a district Health Information System. One of the highlights of this work has been assisting health managers to use the information arising from the data to make decisions. In the Kalahari district this resulted in a national publication on transport management, which has been incorporated into the district health information system.



Drug Management

Technical experts hired from the Schools of Pharmacy carried out drug situation and drug management analyses which resulted in a number of interventions. These include the introduction of a manual stock card system in Mount Frere and Impendle-Polela, the improvement of prescribing practices in two other districts, and an improved access to medicines through fewer drug shortages in most districts.



Mental Health

A greater availability and accessibility to mental health services in the Mount Currie, Lower Orange and Harlegratz districts came about as a result of the plans made to integrate mental health services with the rest of the primary health care services.



Quality of Care

Tuberculosis

The ISDS has worked very closely with the national manager for tuberculosis, and is assisting with the rollout of the national TB control programme throughout the country. Most of the ISDS sites have been selected as TB demonstration sites. These sites act as foci of “good practice” from which other districts can learn.



Nutrition

The Integrated Nutrition Programme (INP) has a number of components ranging from decreasing the mortality of children admitted to the district hospital with kwashiorkor and marasmus to getting intersectoral collaboration working in the community in order to improve access to water and sanitation.

As a result of the successful implementation of the INP the mortality rate for malnourished children in the Mt Frere hospital has dropped by 50%. This success story has been quickly taken up by other hospitals in the surrounding districts; another example of a successful “knock-on”.

Equity, District Health System Development and Quality of Care

This work exposed the fact that many families in the Eastern Cape were not receiving their child care grant. This was the subject of a TV documentary and as a direct result there was political intervention to ensure that the payments were made to the families.

The National Sexually Transmitted Infections Initiative (STI)

The National STI Initiative, is a collaboration between HST, the Reproductive Health Research Unit and the National Department of Health. The Initiative's goal is to facilitate improvement of the quality of care for sexually transmitted infections in both the public and private health sectors in South Africa.

Experiences and lessons learnt through implementation of different interventions in these sub-districts have been disseminated and shared widely through publications, with the aim of having a 'knock-on' effect of good practice to other districts.

HST, with the Department of Health, the South African Medical Association and the Centre for Health Policy, have initiated a specific programme to address STI control in the private sector.

“Our challenge is to keep our eye on the quality ball whilst at the same time giving some of our time to the structural changes that are critical for sustaining any improvements in the quality of care. Because of our team approach and our standing in the provinces we are often able to suggest innovations and actually implement these.”





Southern Africa continues to be plagued by deepening poverty, and an increasingly devastating HIV/AIDS catastrophe. HST has significantly increased our involvement in the area of HIV/AIDS by gearing our projects and programmes to assess how the entire health system is coping with the impact and demands that the pandemic has brought about.

Prevention of Mother to Child transmission of HIV (PMTCT)

HST helped develop and coordinate a research and evaluation programme for the national PMTCT learning sites. The report **'Interim Findings on the national PMTCT Pilot Sites'**, published by HST in February 2002, primarily describes the process, progress and extent of service implementation in the 18 pilot PMTCT sites, with a view to helping improve the effectiveness and efficiency of PMTCT services and inform any planned expansion of the programme.

In addition, Health Systems Trust has used this mandate to strengthen the routine information systems of the PMTCT programme and to raise questions about policy.

As part of the mandate, HST is managing a prospective cohort study of 800 mother-child pairs on behalf of the Department of Health. We have generated sub-contracts for six other research organisations through this project.

Possibly the most significant impact of the project has been to drive a process for the review of infant feeding policy and to highlight the faults within the existing protocol. The project demonstrates a significant link between health care infrastructure, programme implementation and equity.

Voluntary HIV counselling and testing (VCT)

Health Systems Trust was commissioned by the Department of Health to assess all government sites for VCT services. Working with the Department of Health, workshops were arranged with each province to discuss the research findings and develop plans for improving the VCT programme. To compliment this research, HST commissioned some in-depth social science research into VCT, intended to inform the development of appropriate and effective models for HIV counselling and testing.

Gauteng HIV review

Recognised as experts in Health Systems research, HST were commissioned to conduct a review of the HIV programme in Gauteng. Fieldwork and primary research was conducted and combined with other secondary information to provide an overview of the HIV health care services in the province. A number of researchers and experts from other organisations were brought into the process. Meetings were subsequently held with the senior managers of the province to present the key findings and recommendations.

The Male Sexuality Project

Given the powerful role of men in society, holistic reproductive and sexual health interventions targeting men will have a substantial impact in reducing women's vulnerability. Through the Male Sexuality project, a male sexual and reproductive health strategy, HST aims to promote the involvement of civil society, local government and Community Based Organisations (CBOs) in the fight against HIV/AIDS.

HIV/AIDS

One of the key elements of this project involves the selection, training and mentoring of the CBOs who are used in the implementation of community based interventions, thus empowering the local structures. The project has been implemented in rural and disadvantaged sites, two of which have high HIV prevalence rates.

Mapping and Quality Improvement of HIV/AIDS Services in South Africa

The Ireland Aid fund HST in a project to map out the resource and funding flows for HIV/AIDS services at the sub-district level. The scope of these services include preventive, promotive, curative, and rehabilitative services, with a focus on the health, education and welfare sectors. This project will facilitate better planning and coordination of HIV services and improvement in the effectiveness of the country's response to HIV/AIDS.

Rural Health Care

In October 2001 a study tour, designed to contribute to promoting equitable and effective HIV services in under-resourced areas of South Africa was organised. A mixed group of about thirty people (including academics, researchers, health activists, Department of Health representatives, NGO staff, lawyers, and people living with HIV) visited Alfred Nzo Municipality.

A video documentary highlighting the inequitable state of health care provision in rural areas and outlining lessons learnt on the study tour has been developed.



Acknowledgements

ISDS Sub-Committee Group 2001/2

Mr Patrick Masobe Dr Louis Claasens

Ms Elise Levendal Dr Nelly Manzini

Prof Eric Buch Dr Thobekile Mjekevu

Professor David Power Dr Yogan Pillay

Prof Steven Hendricks Mr Shadrack Shuping

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Research Proposal Reviews 2001/2

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Mr Mbulelo Sogoni Ms Mapula Phiri

Dr Essop Jassat Mrs Susan Mnumzana

Dr Albertina Luthuli Mrs Freda Mathibela

Ms Beatrice Marshoff





E-mail lists hosted by Health Systems Trust

HST hosts a number of electronic discussion groups and mailing lists to promote health development in South Africa. Subscription is free and generally open, although some lists are restricted to specific interest groups. Some of the discussions have contributed directly to critical policy development.

HealthLink Bulletin [hlinfo-l]

Around 1200 people subscribe to this Bulletin which disseminates general information considered to be of interest to health workers, policy makers, researchers, donor organisations, medical insurance and pharmaceutical companies, and other non-government organisations.

This is the main channel for distribution of new information from the Health Systems Trust. Information includes notice of new publications, new research findings, conferences, events, news, job opportunities and other news items relevant to health systems development in South Africa.

The lists:

District Health Systems and Local Government [DHS-LG]

District Health Systems and Local Government discussion list is a very active list where members often participate in lively and relevant debates and discussion around the development of the district health system in South Africa and the important issues arising from the transfer of primary health care services to local government. Discussions and summaries of the discussions are prepared at regular intervals. The members of this list vary from non-government organisations, community based organisations, local government and provincial government employees as well as a number of national government representatives.

Prevention of Mother to Child Transmission of HIV [pmtct-national] discussion list

The PMTCT national list was established to promote discussion around issues relating to PMTCT. It is an open list aimed at health providers working in PMTCT sites, researchers, policy makers and health managers.

Health & Human Rights [hhrnet]

This list is hosted for the Health and Human Rights Project. The aim of the HHRNET is to promote communication between individuals and groups who wish to participate in the sharing of information and debates relating to health and human rights.

Drug Policy and Practice [druginfo]

DrugInfo is a list to keep health workers at all levels abreast of drug information, developments in drug policy in South Africa and related information such as rational drug prescribing. This list is very active and keeps subscribers up-to-date with the very latest local and international news.

Maternal & Child Health Mailing List [mchmail]

This list allows for dissemination of publications and information concerning MCH (Maternal and Child Health) including MCH News, a publication of the Child Health Unit, UCT. Information covers all aspects of MCH including

E-mail lists hosted by Health Systems Trust

policy issues, clinical information, news, useful contacts and research findings. It is also a discussion forum and information resource for all those with an interest in MCH.

Reproductive Health Discussion Group [repro-l]

The Reproductive Health Discussion Group aims to stimulate Southern African discussion on topics relating to reproductive health, particularly issues around service delivery, policy and research. Priority areas have been identified, but discussion is not restricted to these.

Rehabilitation/Disability [disability]

The purpose of this list is to share experiences and developments in the area of Rehabilitation and Disability, elicit help and opinions from colleagues working in the field and people with disabilities, contribute to the development of indicators that could be included in the health information system and develop a common language and understanding around terms. Summaries of the relevant discussions are used to inform policy at a national/provincial/district level.

Sexually transmitted Infections in the private and public health sector [sti-private-sector]

The purpose of this list is to exchange information on Sexually Transmitted Infections and to include both the public and the private sector in these discussions.

World Summit on Sustainable Development and Health Systems Trust [wssd]

This e-mail discussion list was initiated to stimulate discussion among South African health sector civil society to reach broad consensus on some of the most important environment and health priorities to be tabled at the World Summit on Sustainable Development 2002.

Public Sector Pharmaceutical Issues [psp] closed July 2002

This discussion list was hosted by The South African Drug Action Programme (SADAP) for health professionals in South Africa to discuss, debate and share information on issues relating to drug management.

Doctors' Dialogue [mailadoc]

Mailadoc, is a forum for doctors in a rural health care setting and is a very active list with quite a number of postings on any day. Lively discussions on various issues ranging from complex clinical queries to legislative to employment issues are discussed. It eases the burden of the isolation of rural doctors and helps facilitate their access to specialist knowledge, information and limited resources in order to improve the quality of rural healthcare. The list is moderated and subscription to this list is subject to application.

Other electronic information dissemination projects:

HST also hosts a number of closed discussion/distribution lists for various organisations to facilitate communication and collaboration and has worked closely with other organisations involved in the electronic information dissemination of key health issues. Technical expertise, training and the provision of hosting electronic forums has been provided for the Health and Development Networks (HDN) - <http://www.hdnet.org>

An example of a short discussion from the Mailadoc electronic discussion list, illustrating how valuable information is made available for all concerned:

--Original Message--

From: C O

Sent: Monday, September 30, 2002 3:48 PM

To: Doctor's Dialogue

Subject: [mailadoc] Management of PPRM in HIV+ women.

Hullo All

Any ideas on the approach to PPRM at less than 34 weeks gestation in HIV+ women?

The question really has to do with increased risk of MTCT with prolonged ROM, versus increased risk of immature lungs with early delivery.

We are still running an HIV prevalence in our district of just over 3%, so it is not a problem that I am being faced with daily, as it were, but it came up the other day, and no-one here was very sure.

C O

Obstetrician/Gynaecologist

--Original Message--

From: A K

Sent: 01 October 2002 06:36

To: B M

Subject: FW: [mailadoc] Management of PPRM in HIV+ women.

Dear M

This query came in recently. Do you have any advice?

Could you reply to C directly and copy to me. I will post your response on the Mailadoc list-serve if that's OK with you.

Hope you are well.

Regards

A

From: "A K"

To: "Doctor's Dialogue" <mailadoc@healthlink.org.za>

Subject: [mailadoc] FW: Management of PPRM in HIV+ women.

Date sent: Fri, 4 Oct 2002 18:12:09 +0200 Send reply to:

mailadoc@healthlink.org.za

Dear All

MB is an HIV/AIDS expert with the Department of O&G in X. Maybe others would like to see read his response.

--Original Message--

Subject: RE: [mailadoc] Management of PPRM in HIV+ women.

Dear C

PPROM at less than 34 weeks gestation in an HIV-infected woman is certainly a dilemma. I would start with deciding how close the baby is to viability and what resources are available to sustain the baby after birth. If the baby is pre-viable in your setting but viable in a tertiary care hospital, you have the option to transfer the mother to the tertiary care centre for delivery. If the baby is pre-viable in all settings (or if transfer is impractical) there is little benefit to delivering the baby to reduce its risk of HIV infection (as it is exposed to greater risk from prematurity) and all standard obstetric measures should be taken first to accelerate lung maturity (steroids) and second, to keep the baby in utero until viability is reached.

Under these circumstances any interventions that can be offered to reduce vertical transmission should be taken. If available, HAART therapy to reduce viral load would be the best option. Second to that would be ZDV, which might offer some protection against late in utero transmission. Nevirapine should be avoided until delivery is anticipated. Nevirapine's therapeutic benefit is limited to 24-hours. Data from the SAINT trial suggested that multiple doses of NVP to the mother results in exceedingly high rates of viral resistance. One might anticipate that with multiple doses of NVP, a resistant quasi-species might evolve and be the predominant species present at the time of delivery. In this event, one might argue, NVP would be ineffective when most needed.

In the event that PPRM occurs with a viable baby (when the risk of HIV transmission is greater than the morbidity and mortality associated with prematurity), efforts should be made to deliver the baby expeditiously. This can be done vaginally or by Caesarean section. Arguments for one course over the other would depend on the preferences of the mother, the institutions resources to offer C/S in this setting and the not-evidence-based perception that a non-elective C/S instead of a prolonged labour reduces the risk of vertical transmission. With either delivery option, NVP would be adequate anti-retroviral therapy, if combination ARV therapy is not available.

Ultimately, the first decision should be to weigh the risk of morbidity or mortality associated with premature delivery against the risk of HIV transmission.

Hope this is helpful.

Regards, MB

Publications



Author	Title	
Jacobs, Tanya; Jewkes, R	Health Sector Response to Gender Violence: A model for the development, implementation and evaluation of training for health care workers	January 2001
Smith, Matthew; Engelbrecht, Beth	Guide to Assessing Client Satisfaction at District Hospitals	January 2001
Rawlinson, Jakes et al.	Improving the Management of patients with Multi-Drug Resistant Tuberculosis in the Lower Orange District and Northern Cape Province	February 2001
Suleman, Fatima [ed]	Update issue # 59, Telemedicine	February 2001
Engelbrecht, Michelle et al.	Tuberculosis in Hlanganani Health District (Free State): A situation analysis	March 2001
Janse van Rensburg, Ega et al.	Tuberculosis in Kopano Health District (Free State): A situation analysis March 2001	
Janse van Rensburg, Ega et al.	Tuberculosis in Tshepo Health District (Free State): A situation analysis March 2001	
Mufamadi, Grace; Shongwe, Bongwiwe	The Quality of Care for Sexually Transmitted Diseases in Region E, Eastern Cape - Using the DISCA Tool	March 2001
Nicholson, Jillan	Bringing Health Closer to People - Local Government and District Health System	March 2001
Haynes, Ross	Kwik Skwiz Meetings and Minutes - Making them more effective May 2001	
Mathews, Catherine et al.	The evaluation of a video-based health education strategy to improve sexually transmitted disease partner notification in South Africa	May 2001
McIntyre, D	Briefing note on local government health service financing and expenditure and moving towards monitoring equity in local government health services	June 2001
Mullick, Saiqa et al.	Evaluating the Quality of Care for Sexually Transmitted Infections using DISCA (District STI Clinic Assessment)	June 2001
Philpott, Hugh	Kwik Skwiz 4 Key Components of a Successful Perinatal Audit	June 2001
Smith, Matthew; Engelbrecht, Beth	Developing a tool to assess Client Satisfaction at District Hospitals	June 2001



Publications



Moodley, Jennifer et al.	Defining a Set of Reproductive Health Indicators - A research report	August 2001
HST	Annual Report 2000	September 2001
McCoy, David	A Simple Guide to the Free State Provincial Health Act, 1999	October 2001
Rawlinson, Mogale, Joyce	Tuberculosis Control Program: Implementing Proficiency Jakes; Testing for TB Smear Microscopy in the Northern Province, South Africa - Guidelines for Provincial or Regional Settings	October 2001
ISDS	What 's going on with the District Health System and Local Government? - Eastern Cape Department of Health	November 2001
Sait, Lynette	Site Visit to the Northern Cape: 23-26 July 2001	November 2001
Magwaza, S et al.	The Delivery of Integrated Reproductive Health Services at District Levels	January 2002
Makhanya, N	Research Programme Report 1999-2001	January 2002
Cottle, Edward et al.	The Cholera Outbreak: A 2000-2002 case study of the source of the outbreak in the Madlebe Tribal Authority areas, uThungulu Region, KwaZulu-Natal	February 2002
Couper, Ian	The Role of the Visiting Doctor in Primary Care Clinics	February 2002
Mbananga, N	The Utilisation of Health Management Information in Mpumalanga Province	February 2002
McCoy, David et al.	Interim Findings on the national PMTCT Pilot Sites	February 2002
Ntuli, Antoinette (ed)	South African Health Review 2001	March 2002
Couper, Ian et al.	Management of District Hospitals: Suggested Elements for Improvement	August 2002
Engelbrecht, Beth et al.	Financial Management: An Overview and Field Guide for District Management Teams	April 2002



INITIATIVE FOR SUB-DISTRICT SUPPORT (ISDS)

Category	Consultant	Grantee institution/person	Title	Project director	Grant period	Grant amount	Project Aim
AIDS Review	Dr Thandi Sigaxhe		Review of Gauteng AIDS Programme		September 2001 - November 2001	R 30 100	To review the Gauteng AIDS Programme as per the briefs prepared by the Gauteng Department of Health.
AIDS Review	Ms Elizabeth Mwirie		HIV Training at district level		12 March 2001 - 1 April 2001	R 2 500	To compare different approaches in HIV training and show the importance of soft issues in the impact at district level.
AIDS Review	Ms Farah Hassim		Review of Gauteng AIDS Programme		17 September 2001 - 26 October 2001	R 34 800	To review the Gauteng AIDS Programme as per the briefs prepared by the Gauteng Department of Health.
INP - Kellog	Mr Benjamin Ziyomo Sita		Integrated Nutrition Project		5 February 2002 - 30 April 2003	R 221 000	To provide technical support to the Site Facilitators of the Integrated Nutrition Project in four districts viz:- Alfred Nzo and/or Tambo in the Eastern Cape and the Umkhanyakude and Zululand Districts in KwaZulu-Natal.
Male Sexuality - Ford	Lizeka Audrey Napoles-Urgelles		Male Sexuality Baseline Survey		1 January 2002 - 30 April 2002	R 58 533	The ISDS Programme will be supported to co-ordinate the male-sexuality baseline survey/study activities in two sites of District 27.
Male Sexuality - Ford	Wanda MN Mthembu		Site Facilitation		1 June 2002 - 31 August 2002	R 35 512	The Consultant on behalf of the ISDS, will facilitate and support the implementation of the male sexuality and reproductive health program in two sites within the eHlanzeni District, with specific reference to the Ford Foundation funded project.
Male Sexuality - Ford	Zamandawide Nxumalo		Site Facilitation		2 April 2002 - 31 July 2002	R 21 853	The Consultant on behalf of the ISDS, will facilitate and support the implementation of the male sexuality and reproductive health programme in two sites within the eHlanzeni District, with specific reference to the Ford Foundation funded project.
Male Sexuality & INP - Kellog	Ms Audrey Napoles-Urgelles		Male Sexuality and Reproductive Health and the Integrated Nutrition Programme		1 April 2002 - 31 March 2003	R 221 000	To support the ISDS programme to coordinate and facilitate the implementation of the Male Sexuality project in DC 27, as well as provide technical support in the integration of INP and the Male Sexuality and Reproductive Health programme in DC 26 & 27.
ISDS	Deborah Newton		Mentoring of the Elsie's River Community Health Centre		1 June 2002 - 31 May 2003	R 42 940	To develop management capacity that is able to give leadership, direction, manage change and implement the administration and operational systems necessary to improve efficiency and quality of health service delivery.
ISDS	Gillian McDowell		Design, layout, typesetting and artwork of document		4 June 2001 - 30 June 2001	R 8 312	To do the design, layout and typesetting of a 45- page document on financial management, for the target group of district and primary level facility managers.
ISDS	Mrs Russel Garwood		Strengthen health administration at district and Institutional level in Region E, Department of Health, Province of the Eastern Cape		1 May 2001 - 30 October 2001	R 34 320	The Project Consultant will build capacity whilst developing effective administration systems at institutional and district level.
ISDS	Mrs Russel Garwood		Strengthen health administration at district and Institutional level in Region E, Department of Health, Province of the Eastern Cape		1 January 2002 - 31 March 2002	R 17 160	The Project Consultant will build capacity whilst developing effective administration systems at institutional and district level.
ISDS	Ms Hazeli Mbewu		Drug Management in South Peninsula		1 May 2001 - 30 April 2002	R 16 000	This grant is intended to promote the development of improved Drug Management practices in the South Peninsula district as a pilot for the greater Metropolitan area.
ISDS	Ms Ingrid Owens		Support for integration of Mental Health Services and Primary Health Care		1 February 2001 - 30 September 2001	R 17 350	This grant enables the Consultant, on behalf of ISDS, to complete the process of building supportive and sustainable systems in the integration process of Mental Health services and Primary Health Care in the Lower Orange district.

Category	Consultant	Grantee institution/person	Title	Project director	Grant period	Grant amount	Project Aim
ISDS	Nkosi Office Solutions		Conduct a situation analysis of the General Office Services and Registry in the Provincial Department of Health Bisho, Province of the Eastern Cape	Ansie van der Westhuizen	01 April 2001 - 13 April 2001	R 10 400	The Project Consultant will build capacity whilst conducting a situation analysis of the general office services registry in Bisho.
ISDS	Paradigm Financial Consulting Services		Using information for management: the HIS in the Namaqualand District of the Northern Cape	Ms Nafesa Akharwaray	1 January 2001 - 31 March 2001	R 10 000	To identify the information items that are useful to managers by working through the existing reports with the DMT, and consolidating these into two or three routine reports. To train hospital clerks to produce these reports on a regular basis and train the DMT in the interpretation and use of the reports for management purposes.
ISDS	PCB Technologies		Client satisfaction Utility	Mr Paul Boulle	20 August 2001 - 30 September 2001	R 21 350	To provide a database utility for the client satisfaction survey (as a module of the District Health Information System).
ISDS	Prof H de Groot		Establishing Perinatal audit and improving Obstetric Services in Hospitals in region E, Eastern Cape Province		1 January 2001 - 1 June 2002	R 82 500	To work with ISDS and the Public Health Programme of the University of the Western Cape to implement a perinatal audit system and improve the clinical management of obstetric services in six hospitals in Region E, Eastern Cape Province.
ISDS	Ronel Pienaar Associates		Facilitation and support to district systems Development in Region E of the Eastern Cape	Ronel Pienaar	1 March 2001 - 28 February 2002	R 136 427	To enable the Project Consultant to support the (interim) District Management Team(s) in implementing the district health system in Region E of the Eastern Cape.
AIDS Review		Township AIDS Project	District-based HIV/AIDS counselling training for health workers	Enea Motaung	1 November 2001 - 31 December 2001	R 20 160	To help develop and implement a comprehensive HIV/AIDS programme.
Ford Foundation		Community Responsive Programme (CRP)	Training Public Health Personnel, CBOs and NGOs in sexual and reproductive health with specific reference to HIV/AIDS	Mankuba Ramatepe, M.P.H.	1 July 2001 - 31 December 2002	R 480 667	CPR on behalf of the ISDS, will train public health personnel, CPOs and NGOs in sexual and reproductive health, with specific reference to HIV/AIDS in the 6 sites.
STI		Reproductive Health Research Unit	Strengthening STI care at District Level	Dr Mags Bekinska	1 January 2001 - 31 December 2002	R 3 394 112	Improve the quality of STI services in the district. Improve access to quality preventive and curative services for sex workers, and support structural change in commercial sex environments.
ISDS		Public Health Programme, University of Western Cape	Obstetric Support System – Region E, Eastern Cape	Prof. David Sanders	1 April 2001 - 31 March 2002	R 59 895	To improve maternity services and neonatal outcomes in Region E of the Eastern Cape.
ISDS		Centre for Health Systems and Research Development, UOFS	The Integration of Provincial PHC Programmes	Prof. HCJ Van Rensburg	1 July 2001 - 31 August 2001	R 26 135	To conduct qualitative interviews on the management of provincial PHC programme management in the Free State.
ISDS		Women's Health Project, University of the Witwatersrand	Investigation into the problems at Lenyenye Clinic	Dr Khin San Tint	28 January 2002 - 8 February 2002	R 26 370	To investigate the recurring problems at Lenyenye Clinic, Northern Province, as per the briefs prepared by the Greater Tzaneen Sub-district manager and the Initiative for sub-district support (ISDS).
ISDS		Centre for Rural Health (formerly known as CHESS), University of	EU Tender - Ugu and Umzinyathi Districts	Prof. Steve Reid	January 2002 - 31 August 2003	R 1 000 000	Help improve relevant management and administration capacity and PHC services in Ugu and Umzinyathi district municipalities in KwaZulu-Natal.
ISDS		Public Health Programme, University of Western Cape	Obstetric Support System - Region E, Eastern Cape	Prof. David Sanders	1 April 2002 - 31 March 2003	R 59 895	To improve maternity services and neonatal outcomes in Region E of the Eastern Cape.
ISDS		SA Foundation for Public Management and Development University of Pretoria	Facilitating Training in 5 key aspects of the Public Finance Management Act	Prof. David Fourie	1 April 2001 - 31 May 2001	R 20 000	To facilitate training on five key aspects of the Act, as per request from the National District Financing Committee.
ISDS		Strategy and Tactics	Assessing Client Satisfaction: Finalising the Tool and assist establishing a roll out programme in the Northern Cape	Matthew Smith-Grant	1 June 2001 - 30 November 2001	R 26 000	Mr Matthew Smith-Grant will assist with the processes of finalising software that assist in the calculations of assessing client satisfaction, which forms part of the quality assurance programmes of health facilities.

COMMUNITY DEVELOPMENT

Funder/ Category	Consultant	Grantee institution/person	Title	Project director	Grant period	Grant amount:	Project Aim
Ford Foundation	Mr Ngoako A. Masila	Social Surveys	Pre and post intervention baseline brief in promoting male involvement in sexual and reproductive health and HIV/AIDS	Ms Bev Russel	Formative research: 14 January 2002 - 22 February 2002 Baseline Evaluation: 4 February 2002 - 31 March 2002 Post Intervention: 1 September - 31 October 2003	R 689 788	1. Formative research: To gain full understanding of the target population . 2. Baseline Evaluation: To quantitatively measure the knowledge, attitudes and behaviour of the target market before any interventions take place. 3. Post intervention evaluation: To measure the knowledge, attitudes and behaviour of the target market, after the intervention has taken place.
Ford Foundation	Mr Ngoako A. Masila		Male Sexuality Baseline Survey		1 February 2002 - 31 August 2002	R 56 000	To support the ISDS programme to co-ordinate the male sexuality baseline survey/study activities in two sites of Mopani District and Ba-Phalaborwa.
Ford Foundation	Unyezi		Male Sexual and Reproductive Health	Mr J.W. Mfethwa	1 June 2002 - 31 May 2003	R 60 000.00 per CBO for 12 months	To promote the involvement of males in sexual and reproductive health programmes in selected sub-districts.
	Isiphephelo HIV/AIDS Orphan Support	Mr Bheki Justice Mshali					
	Lethimpilo Youth Organisation	Mrs S.D. Mbatha					
	Siyakha Cooperative	Mr M.W. Mthembu					
	Talented Boys in Theatre	Mr Themba Shongwe					
	Ekukhanyeni Home Based Care	Ms Thandi Ngwenyane					
	Winterveidt Unemployed Committe	Mr Marks Baloyi					
	Winterveidt Youth Development Association	Mr Joel Moberg					
	Young Women's Education Group	Ms Audrey Mboweni					
	Pakgamang Re Tisane Ba-Phalaborwa	Ms Elizabeth Nkoenyane					
	Nkomazi Community Advice Office	Mrs Noxolo Daphne Nkosi					
	Thandamani Home Based Care	Mrs Vilima Feneusey					

Consultant	Grantee institution/person	Title	Project director	Grant period	Grant amount	Project Aim
Ms Lauren Muller		Interviews and write-up of "Voices" chapter 2002		1 May 2002 - 31 December 2002	R 13 090	To conduct interviews of specified health care workers for the "voices" chapter for the South African Health Review 2002.
Ms Nancy Coulson		HIV/AIDS Prevention Campaigns - SAHR 2001		18 September 2001 - 5 October 2001	R 19 800	To review and analyse the strengths and weaknesses of the use of mass media in South African HIV prevention campaigns, and to highlight the policy implications and recommendations arising from this review.
Centre for Health Policy, University of Witwatersrand		The day-to-day experiences of mid-level managers in the South African health system - SAHR 2001	Dr Helen Schneider	1 August 2001 - 31 October 2001	R 137 615	i) To prepare a chapter on the day-to-day experiences of mid-level managers in the South African health system for the South African Health Review 2001. The chapter will look at the challenges of implementation from the perspective of senior managers in the National and Provincial Departments of Health. ii) To participate in a workshop drawing together all researchers for the "Voices" component of the SAHR.
Centre for Health Policy, University of Witwatersrand		Private Health Sector: Policy implications of the National Health Accounts Project - SAHR 2001	Ms Jane Goudge	1 August 2001 - 15 October 2001	R 19 500	To prepare a chapter for the South African Health Review 2001 which will present and analyse the policy implications of the findings from the National Health Accounts in relation to the private sector.
Health Economics Unit, University of Cape Town		Local government health care financing - SAHR 2001	Prof D. McIntyre	1 August 2001 - 31 October 2001	R 108 367	To document and critically analyse key issues and actor views in relation to current and future alternative health care financing mechanisms at local government level.
FineLine Productions (Pty) Ltd		Equity Gauge Project Study Tour of rural Transkei	Mr Junaid Ahmed	3 October 2001 - 15 November 2001	R 91 319	To produce a broadcast quality video documenting the debates and discussions, and outlining the lessons learnt from the Equity Gauge Project study tour on HIV/AIDS in the Eastern Cape.
The South African Foundation for Public Management and Administration SAFPUM		Analysing Annual Reports	Prof David Fourie	1 December 2001 - 10 February 2002	R 70 000	To analyse National and Provincial Department of Health Annual Reports and to make recommendations regarding guidelines for the preparation of future annual reports in order to strengthen their value and compliance with requirements of the PFMA.
Health Economics Unit, University of Cape Town		Health sector decentralisation in South Africa research and monitoring strategy : Financing	Stephen Thomas	1 January 2002 - 31 December 2002	R 671 313	To contribute to equity in public sector health care financing and expenditure between and within geographic areas in South Africa, by critically evaluating current resource allocation mechanisms and patterns and the likely impact of devolution on resource distribution.
University of California, San Francisco		Global Equity Gauge Alliance – Measurement/information aspects equity gauges	Dr Paula Braveman	1 April 2002 - 31 March 2003	\$ 20 000	To provide support to the co-ordinating committee in the development and implementation of a Technical Support Strategy for the Global Equity Gauge Alliance (Gega).

April 1992

HST is founded and 3 staff are employed. Our Mission Statement and Deed of Trust are established. HST holds 10 regional consultative workshops aimed at shaping and refining its research programme within the brief described by the mission statement.

April 1993

HST is officially launched with David Harrison as executive director and Jaraim Reddy as chairperson. HST now has 12 Trustees. HST funds 25 health systems research projects to the value of R4.5 million.

1994

HealthLink is established as a pilot project in 3 provinces. The first Update is published in November. HST attracts support from several new funders. "The Research projects supported by HST provide opportunity for researchers to contribute significantly to health system reform following the election of a democratic government" J Reddy.

1995

The first South African Health Review is published and launched. Described by the media as 'the first of what is expected to become the standard annual reference work on the health sector'. An assessment on HST research and skills development programmes showed that HST supported research had a significant impact on health policy.

1996

David Mametja is appointed as Executive Director. The Initiative for Sub-district Support (ISDS) is established in 5 sites. The HST and HealthLink web sites are launched and the first HealthLink News issue is published. The Reproductive Health Research Fund is launched.

1997

HST conducts an internal strategic review and planning exercise to review and refocus the organisation. HealthLink launches various e-mail discussion lists, participates in the Second World Rural Health Congress in Durban and provides up-to-date information to web browsers around the world.

1998

Jaraim Reddy and the original founding Trustees retire from the Board having served the maximum 6 year term in office and a new Board of Trustees headed by Marian Jacobs takes over. The ISDS programme expands dramatically to 18 facilitators working in 21 districts. HST's strengthens its focus on monitoring equity with the funding of the Equity Gauge Project following a conference bringing together national and provincial legislators with health equity specialists.

1999

A District Health Systems Conference is held with the National Department of Health. The report findings of an external review of ISDS are very positive... "ISDS has made a significant and positive contribution to DHS development within South Africa..." A national Nursing Summit, a partnership between the National Department of Health, the South African Nursing Council and HST is held.

2000

Marian Jacobs completes her tenure as Board member and Dr Zola Njongwe takes on chairmanship. The HST web site was awarded two prizes by the UNESCO funded WoYaa! awards, 1st in the Sciences category and 5th in the Community Development category. An international conference hosted by the Equity Gauge project results in eleven other Equity Gauges being established in developing countries around the world. loveLife is launched and HST takes fiduciary responsibility for loveLife.

2001 – today

Lilian Dudley is appointed as managing director. The Research Programme has new HIV/AIDS related projects, namely PMTCT; STI; Mapping HIV Resources; and Devolution and Decentralisation projects. ISDS has expanded with the Male Sexuality and Reproductive Health projects, the EU Tender (worth R14.5 million) as well as the INP project. The "Global Equity Gauge Alliance" GEGA is established and the secretariat and chair is housed within HST. HST employs 75 staff and administers close on 100 grants.



Grant Category	Consultant	Grantee institution/person	Title	Project director	Grant period	Grant amount:	Project Aim
Local Government	Mr Dawie Du Plessis	Centre for Health Policy, University of Witwatersrand	Vertical relationships between national, provincial and local governance, management	Prof Lucy Gilson	1 March 2002 - 30 June 2003	R 588 769	To identify and monitor the changing roles, functions and inter-relationships between different spheres of government and to identify and monitor their impact on service delivery.
Local Government		Centre for Policy Studies	Research and monitoring of change at the local government level	Steven Friedman	25 March 2002 - Dec 2003	R 451 682	To explain how the structure and culture of local governance impacts upon the implementation of the district health system.
Local Government	Mr Dawie Du Plessis		Equity and distribution of resources		1 March 2002 - 30 June 2002	R 130 980	To describe the distribution of vehicles available for health services in three provinces (Gauteng, Northern Province and Mpumalanga), and describe the constraints and barriers to a more effective and integrated transport management system at the health district level.
PMTCT	Development Research Africa (DRA)		Survey of Infant feeding practices amongst infants age less than 4 months in PMTCT and Control sites in South Africa	Ms Anthea Dallimore	1 March - 15 June 2002	R 763 491	To describe and compare changes over a 15 month period in infant feeding practices amongst caregivers of infants less than 4 months old in both PMTCT and control sites.
PMTCT	Dr Fathima Paruk		Rapid Evaluation of Obstetric Practices of Primary Delivery Service in the National PMTCT Learning Sites		14 March 2002 - 14 April 2002	R 13 750	Evaluate the delivery and labour ward services in the PMTCT sites and the care of HIV positive women in labour in order to assess the clarity and appropriateness of current guidelines and policies and to propose appropriate recommendations to the Department of Health.
PMTCT	Dr Mitch Besser		Evaluation of the National PMTCT Programme		1 August 2001 - 31 July 2002	R 84 000	To provide technical and management support to HST's evaluation of the national PMTCT programme.
PMTCT	Dr Natalya Dinat		Rapid Evaluation of Obstetric Practices of Primary Delivery Service in the National PMTCT Learning Sites		14 March 2002 - 14 April 2002	R 10 000	Evaluate the delivery and labour ward services in the PMTCT sites and the care of HIV positive women in labour in order to assess the clarity and appropriateness of current guidelines and policies and to propose appropriate recommendations to the Department of Health.
PMTCT	Louisa Williamson		Information support to the PMTCT Programme (GP, Mp, NW and FS)		1 October 2001 - 30 April 2002	R 75 000	To provide technical and management support to Provinces on data collection for the national PMTCT programme.
PMTCT	Malcolm Steinberg		Costing the PMTCT Pilot Sites		1 February - 30 September 2002	R 251 925	To undertake a costing exercise of the implementation of the PMTCT protocol in four of the eighteen pilot PMTCT sites.(NP, KZN, WC and FS)
PMTCT	Norah Stoops		Information support to the PMTCT Programme (WC, NC and NP)		1 October 2001 - 30 April 2002	R 56 250	To provide technical and management support to Provinces on data collection for the national PMTCT programme.
PMTCT	Tanya Doherty		Evaluation of the national PMTCT programme		1 January 2002 - 31 January 2002	R 12 217	To participate in HST's evaluation of the national PMTCT programme.
PMTCT	Centre for Health and Social Studies (CHSS)		Information support to the PMTCT Programme (KZN and EC)	Dr Steve Reid	1 October 2001 - 30 April 2002	R 37 500	To provide technical and management support to Provinces on data collection for the national PMTCT programme.
PMTCT	Centre for Health Policy		Rapid Evaluation of three PMTCT sites	Dr Helen Schneider	1 November 2001 - December 2001	R 9 786	To conduct a rapid field assessment of three PMTCT sites in the country as part of the national evaluation of PMTCT.
PMTCT	HEARD, University of Natal		Costing the PMTCT Pilot Sites		1 February - 30 September 2002	R 337 587	To undertake a costing exercise of the implementation of the PMTCT protocol in four of the eighteen pilot PMTCT sites.(NP, KZN, WC and FS)
PMTCT	Agape AIDS Support Group		National PMTCT Cohort Study : Paarl site	Ms Zeida Fortuin	1 May 2002 - 31 May 2004	R 296 403	To manage the finances for the Paarl site of the national PMTCT cohort study, provide office space for the field researchers and to oversee the contracts and payment of the Community Health Workers.
PMTCT	School of Public Health – UWC		PMTCT National COHORT Study	Prof David Sanders	1 June 2002 - 28 February 2004	R 1 434 776	1) To investigate infant feeding patterns and behaviours of HIV+ and HIV- mothers post-natally. 2) Describe and measure the impact of the PMTCT programme on the health of infants born to HIV positive mothers. 3) Provide recommendations for the national Department of Health to strengthen the post-natal component of the PMTCT programme.

Grant Category	Consultant	Grantee institution/person	Title	Project director	Grant period	Grant amount:	Project Aim
PMTCT		Medical Faculty, University of Natal	PMTCT National COHORT Study	Prof Barry Kistnasamy	1 June 2002 - 28 February 2004	R 1 263 480	1) To investigate infant feeding patterns and behaviours of HIV+ and HIV- mothers post-natally. 2) Describe and measure the impact of the PMTCT programme on the health of infants born to HIV positive mothers. 3) Provide recommendations for the national Department of Health to strengthen the post-natal component of the PMTCT programme.
STI initiative	Cadre Consultancy		BSS Survey	Jo Stein	1 April 2002 - 1 May 2002	R 60 192	The purpose of this grant is to write up eleven final summary reports of BSS Surveys conducted across 4 provinces for Health Systems Trust and the Reproductive Health Research Unit.
Research	Ms N Mwo		To conduct a literature review on the international initiatives for research capacity building		21 January 2002 - 29 March 2002	R 28 197	To conduct a literature review on the review on the international initiatives for research capacity building.
Research	Ms Zandile Zungu		A review on health research capacity building programme in South Africa		21 January 2002 - 31 May 2002	R 35 101	To describe and analyse current experiences of capacity building programmes (CBPs) in health research by auditing current interventions in South Africa. This will help to identify programmes, which have been successful and could be models for roll-out and those needing improvement or strengthening.
Research	Prof Elma Kortenaar		A review of literature on research capacity development initiatives in South Africa		22 March 2002 - 19 April 2002	R 16 000	To identify research initiatives underway in South Africa which aim to build the capacity of health professionals.
Research		Department of Public Health, University of Cape Town	The level of care at regional and tertiary hospitals in the Western Cape		1 January 2001 - 30 June 2001	R 64 680	To describe the levels of care required by hospitalised patients in patients in public sector regional and tertiary institutions in the Western Cape and to enable managers to monitor the level of care requirements of hospitalised patients.
Research		Centre for Health Policy, University of Witwatersrand	Improving the quality of HIV/AIDS care provided by primary health care facilities in Gauteng Province	Ms Precious Modiba	1 March 2001 - 31 December 2001	R 195 902	To evaluate the response of Gauteng's public primary health care services to HIV/AIDS and the potential of these services to implement primary health care HIV/AIDS treatment guidelines.
Research		Department of Occupational Therapy, University of Cape Town	Rehabilitation and occupational therapy at district level	Prof R M Watson	1 February 2001 - 31 January 2002	R 128 700	The integration of a community-based occupational therapy rehabilitation service into the district health system in the Cape Town Metropolitan area.
Research		Department of Family Medicine and Primary Care University of Stellenbosch	The skills of medical practitioners in delivering district hospital services in the Western Cape Province	Dr M R De Villiers	1 March 2001 - 31 August 2001	R 54 800	To assess the professional skills of medical officers (MOs) employed in district hospitals in the Western Cape Province in comparison to the Western Cape defined core package of services for district hospitals.
Research		HEARD, University of Natal	Cost of AIDS care in South Africa - A literature review	Ms Samantha Willan	1 April 2001 - 30 June 2001	R 71 032	To inform Health Systems Trust of the most up to date research that has been undertaken on the costs of AIDS care in South Africa and to identify the gaps in the body of knowledge regarding the cost of care of people living with AIDS.
Research		Centre for Policy Studies	Review of Health Systems Trust Research Programme	Mr Steven Friedman	1 April 2001 - 30 June 2001	R 46 775	To determine how successful has the health systems research conducted, commissioned, funded or facilitated by the HST in South Africa been in impacting on policy formulation and implementation in a changing environment.
Research		Department of Family Medicine, Medunsa	Role of visiting doctors in primary care clinics	Dr Ian Couper	15 March 2001 - 31 August 2001	R 15 812	To understand the thoughts and feelings of clinic nurses working in Odi and Brits districts regarding the role of visiting doctors and to make recommendations on the basis of information gathered to the District Health Management Teams.
Research		Medical Research Council	Utilisation of health information for management in Mpumalanga	Ms Nolwazi Mbananga	1 April 2001 - 31 October 2001	R 15 191	To assess the utilisation of available health information in decision making.
Research		Health Behaviour Research Unit University of the North	Using information, motivational enhancement and skills training to reduce the risk of HIV infection for low-income urban women in the Northern Province, SA : A randomized clinical trial		1 May 2001 - 31 December 2001	R 35 800	To evaluate a motivation-based HIV risk reduction intervention for economically disadvantaged urban women.

Grant Category	Consultant	Grantee institution/person	Title	Project director	Grant period	Grant amount:	Project Aim
Research		CHESS, University of Natal	Operational research project to establish a monitoring system for community service by health professionals in South Africa	Dr Steve Reid	1 May 2001 - 30 April 2003	R 228 250	To establish a reliable and valid system within the national Department of Health over a 3 year period, for monitoring the effects of community service by health professionals in South Africa.
Research		School of Nursing, University of Natal	Establishing the skills required by selected health workers at functional level in the district health system	Prof Leana Uys	1 May 2001 - 31 March 2002	R 40 972	To achieve an optimal skills mix in District Health service settings and to develop human resource development plans on practice-based data.
Research		School of Nursing, University of Natal	Analysis of an interface between the Tertiary level (Intensive Care Unit) and the peripheral/district services	Ms B R Busi Bhengu	1 May 2001 - 31 October 2002	R 27 317	To analyse the interface and flow of patients in both directions between the tertiary level ICUs and the peripheral services and to develop a model for co-ordinating and integrating these services, including synchronising them with the needs and/or demands of the patients or clientele.
Research		Peri-natal Research Unit Baragwanath Hospital	A consultative workshop for caregivers involved in palliative care in Soweto	Dr Natalya Dihat	1 June 2001 - 31 October 2001	R 28 900	The primary purpose of the workshop is to define the roles and responsibilities of the public sector, and non governmental organisations in the provision of palliative AIDS care in Soweto. This will also inform future collaborative action.
Research		Child Health Unit, University of Cape Town	Rapid appraisal of services for HIV positive children at primary health care clinics in South Africa	Ms Sonja Giese	1 July 2001 - 31 August 2001	R 41 296	To conduct a rapid appraisal of the services offered to HIV positive children at primary health care facilities in South Africa.
Research		School of Nursing, University of Natal	The effect of two models of supervision on quality of care and job satisfaction in a district health system	Prof Leana Uys	1 September 2001 - 30 November 2002	R 106 673	To improve clinical supervision through the implementation of a supervisory model in order to enhance the quality of care and job satisfaction of nurses in different service settings in a District Health Service (DHS).
Research		Rural Development Services Network	Cholera outbreak 2000/01 : A case study of the source of the outbreak in areas that surrounds the Ngwelezane township in KwaZulu-Natal	Mr Edward Cottle	1 June 2001 - 31 August 2001	R 43 000	To establish the reason for the outbreak of cholera in the areas surrounding the Ngwelezane Township in KwaZulu-Natal.
Research		Department of Family Medicine, Medunsa	Key issues in clinic functioning : A case study of two clinics	Dr Ian Couper	1 August 2001 - 31 October 2001	R 21 491	To understand, through a case study, some of the factors involved in the functioning of primary care clinics, in order to make recommendations to district health management teams.
Research		School of Psychology, University of Natal Pietermaritzburg	An audit of voluntary counselling and testing in South Africa	Mr Vernon Solomon	1 August 2001 - 30 August 2002	R 576 450	To provide an audit of the current status of VCT in the country with a view to generating an analysis and recommendations for the promotion, development and sustainability of VCT services.
Research		School of Nursing, University of Natal	Participatory action research in policy implementation in nursing education: A quest for curriculum relevance and active learning	Prof Thandi Gwele	1 September 2001 - 31 December 2003	R 133 788	To analyse, facilitate and monitor the process of introducing a community and problem-based nursing education programme in WCCN in order to inform other or similar programmes nationally.
Research		School of Public Health, University of Western Cape	A contextual analysis of functions, roles and skills of nutrition personnel in the implementation at primary care level in the Cape Town Unicity	Dr Uta Lehmann	1 October 2001 - 30 April 2002	R 49 560	The project aims to gain a better understanding of the factors affecting implementation of INP at primary level in the Western Cape Metropolitan area and to make recommendations to improve implementation.
Research		Women's Health Research Unit, University of Cape Town	The use of progestogen-only contraceptives for postpartum contraception	Ms Andiswa Hani	1 November 2001 - 31 October 2002	R 167 123	To determine amongst postpartum and antenatal women, their past and intended use of contraception and their related health seeking behaviour and whether changing the time of administration of injectable progestogen-only contraception would be practical, feasible and acceptable to both women and the health care workers.
Research		Centre for Health Policy, University of Witwatersrand	Monitoring public-private partnerships in the South African health sector	Dr Duane Blaauw	1 November 2001 - 31 October 2001	R 285 515	To provide a more complex understanding of the different forms of PPPs, the actors and processes driving their development, mapping of current PPP initiatives as well as evaluating evidence on the advantages, disadvantages and success factors of different forms of PPPs.

Grant Category	Consultant	Grantee institution/person	Title	Project director	Grant period	Grant amount:	Project Aim
Research		Ingwavuma Orphan Care	A situational analysis of children living with terminally ill parents	Dr Ann Barnard	1 November 2001 - 30 April 2002	R 12 500	To describe the problems and coping strategies of children living with and/or caring for their terminally ill parents in the Ingwavuma Health District.
Research		Department of Community Health, University of Witwatersrand	Development of a Human Resource plan for implementation of the Integrated Nutrition Programme (INP) : Phase I	Prof William Pick	1 November 2001 - 30 April 2002	R 134 000	To ensure the provision of caring, competent, appropriately trained, accessible nutrition workers at all levels in the health care system such that the INP will be successfully implemented.
Research		Division of Family Medicine, School of Public Health and Primary Health Care, University of Cape Town	How many South African medical students of rural origin return to practise in rural area?	Dr Elma de Vries	1 January 2002 - 31 May 2002	R 14 930	To investigate the career choices of South African medical graduates of rural origin.
Research		Child Health Unit, University of Cape Town	An evaluation of the Western Cape Province screening programme for developmental disabilities in pre-school children	Ms Lori Michelson	1 March 2002 - 30 September 2002	R 108 190	To evaluate the implementation of the Western Cape Province Screening Programme for Developmental Disabilities in pre-school children.
Research		School of Nursing, University of Natal	Community-based education in basic nursing education, as a strategy to prepare nurses for the transforming health care system in South Africa : A grounded theory analysis	Ms N G Mtshali	1 April 2002 - 31 March 2003	R 45 109	To develop a framework or model for the design, implementation and monitoring of future CBE programmes that meet the demands of the South African population.
Research		Department of Family Medicine and Primary Health Care, Medunsa	Involving private general practitioners in the management of tuberculosis : Private public collaboration in a health district	Dr Ian Couper	1 March 2002 - 31 December 2002	R 49 170	To establish how private general practitioners (GPs) can be involved in the management of tuberculosis, in collaboration with the district health team, and whether involving the GPs will improve the outcome of tuberculosis management.
Skills Development Programme		School of Health Systems and Public Health, University of Pretoria	Conducting a district health expenditure and resource allocation review: Capricorn District Council, Limpopo	Prof Eric Buch	15 August 2001 - 30 January 2002	R 51 600	To conduct a district resource allocation and expenditure review for 2000/2001 financial year and document the results according to the national guidelines. To empower the District Management Team in Pietersburg (to be co-ordinated by the Province) in conducting and documenting the expenditure review and to empower the provincial office to facilitate similar processes throughout the province.
Skills Development Programme		Department of Community Health Pietersburg- Mankweng Hospital Complex Northern Province Limpopo	Research Intern – Ms Grace Rhulani Madale	Dr Jakes Rawlinson	1 November 2001 - 31 October 2002	R 96 000	To get an understanding of basic research principles, and to acquire skills and knowledge with particular emphasis on disease and health surveillance systems and health information systems.
Skills Development Programme		Child Health Unit, University of Cape Town	Research Intern – Ms Busiswe Welekazi Mzamo	Dr Michael Hendricks	1 January 2001 - 31 December 2001	R 84 874	To gain practical experience in Health Systems Research, Policy Development and Evaluation of Health Systems interventions.
Skills Development Programme		School of Psychology, University of Natal	Research Intern – Ms Debra Gray	Mr Vernon Solomon	1 September 2001 - 31 August 2002	R 128 380	To get an understanding of basic research principles, with an emphasis on HIV/AIDS issues and to acquire skills and knowledge in research methods.
Skills Development Programme		School of Public Health, University of the Western Cape	Research Intern – Ms Princess Norzame Matwa	Dr Uta Lehmann	1 January 2002 - 31 December 2002	R 103 000	The intern will be involved in the following 3 projects, namely: 1) A Contextual Analysis of Functions, Roles and Skills of Nutrition Personnel in the Implementation of the Integrated Nutrition Programme at Primary Care Level in the Cape Town Uricity. 2) A comparative investigation of nurses' workloads in different clinics in the Cape Metropole. 3) The development of a PhD proposal by the end of 2002, by Ms Matwa.
Skills Development Programme		Department of community Oral Health, University of Western Cape	A critical analysis of the provision of oral health promotion in oral health policy in South Africa.	Ms S Singh	1 January 2002 - 31 March 2003	R 23 500	To critically analyse the potential for proposals on oral health promotion activities in oral health policy to improve community oral health.



Our Staff



Directors

Executive Director

David Mametja

Managing Director

Lilian Dudley



Programme Directors

Antoinette Ntuli

David McCoy

Nomonde Bam

Nonhlanhla Makhanya

Peter Barron



Deputy Directors

Candy Day

Sarah Davids

Thulani Masilela



Support Services

Finance

Blessing Zama

Deena Govender

Fazila Kahn

Hlengiwe Shazi

Khuphukile Nyawose

Mahomed Imam

Nunu Gumede



Our Staff

Admin

Dawn McDonald
Delene Tissong
Duduzile Zondi
Farana Khan
Joyce Mareme
Julia Elliot
Jurie Thaver
Lerato Lebeko
Maud Moncho
Mercia Kuhn
Rachel James
Rosheen Seale



IT

Hendrik Lushaba
Rakshika Bhana
Ruth Grobler
Quintin Dreyer
Sean Preston



HR

Chesley Hadebe

Professional/Core Programme Research

Bongani Magongo
Nonkosi Slatsha
Rita Sonko
Ross Haynes
Sphindile Magwaza
Tanya Doherty
Vuyiswa Mathambo
Wendy Hall



Our Staff



Community Development

Mzikazi Masuku
Nomsa Mmope
Sakiwo Nombembe
Yolisa Sithela

ISDS

Abdul Elgoni
Alfred Mafuleka
Carmen Baez
Evangeline Shivambu
Faith Khumalo
Florence Bhunu
Gcina Radebe
Grace Mufamadi
Lesley Bamford
Naomi Massyn
Muzi Matse
Nandy Mothibe
Natalie Leon
Noluthando Ford-Ngomane
Puleng Molefakgotla
Ronel Visser
Sabine Verkuil
Sakumzi Ntaviya
Thulile Zondi

HealthLink

Alexandra Bambas
Khululiwe Mfayela
Fatima Suleman
Fiorenza Monticelli
Halima Preston
Petrida Ijumba
Solani Khosa
Thulasizwe Shezi

Skills Development and Capacity Building

Within HST, a number of our staff are benefiting from the staff development policy and are studying part time in areas such as Financial Accounting, Public Health and Business Administration. Ten members of our staff were promoted to more senior and challenging positions during the period covered by this report, and two interns, Mario Claasen in the Local Government and Health Research Programme and Hendrik Lushaba in the IT section were appointed within HST.

HST supports the development of capacity within the health sector and therefore our programmes have in capacity and skills development component to them. In addition HST has funded numerous skills development and training projects in the last year including *five* research interns at universities throughout South Africa and a total of *seventy one* research interns over the last ten years. Several Human Resource research projects, which examine the role, distribution, skills and competencies of doctors in a PHC setting as well as research examining the education of nurses were funded by HST in the last 18 months.



HST Board of Trustees

Zola is Chief Director Regional Health Services: Gauteng Health Department and was previously Chief Medical Superintendent at Pretoria Academic Hospital. She also headed Medical Services at the Greater Germiston City Health Department. She has been a medical officer in rural hospitals, and a community health specialist in the North West Province. Zola also brings to the HST insights on restructuring possibly one of the most difficult institutions in our health system, tertiary and academic hospitals.

Zola Njongwe *Chairperson*



Peta has post-graduate qualifications in business administration and management. While at Kagiso Trust, she worked with many NGOs and community-based organisations serving neglected communities. She has continued to maintain links with civil society organisations while fulfilling her demanding responsibilities as Strategic Executive:Corporate Services in the Johannesburg metropole and Regional Director (Region 10-Soweto).

Peta Qubeka *Vice Chairperson*



Barry is a specialist in Community Health with further training in Occupational Health. Barry has filled various positions in since 1989, when he started off as a Co-ordinator of Health Programmes for an NGO and then joined the University of Natal as a Specialist/Lecturer in Community/Occupational health. He brings to HST valuable experience as he has been involved with health system transformation over the last 15 years.

Barry Kistnasamy *Vice Chairperson*



Craig is the Head of the Department of Health in the Western Cape. Craig was the driving force behind the creation of the Mangaung Community Partnership Program (MUCPP) funded by the WK Kellogg Foundation. He is currently chair of the Essential National Health Research (ENHR) committee. Craig brings to the HST Board wide experience in health management, human resource development and clinical practice and research.

Craig Househam



HST Board of Trustees

Eric is Professor of Health Policy and Management in the School of Health Systems and Public Health and the School of Public Management and Administration at the University of Pretoria. He is a registered specialist in Community Health with wide experience in health policy and management, the South African health system and primary health care.

Eric Buch



Nelly is the Head of Department of Health and Welfare, Limpopo Province. She is responsible for Strategic Management of Health and Welfare Services which includes the development of health and welfare district services, social development, district hospitals, training schools, primary health care, human resource development and financial management. Nelly brings to HST her broad experience in nursing, primary health care, reproductive health and district health systems.

Nelly Manzini



Loretta is a member of the National Council of Provinces and chair of the select committee on health. She also serves as a member of the Select Committee on Education. Loretta is also a member of the Oversight and Accountability Joint Committee and the Delegated Legislation Joint Committee.

Loretta Jacobus



Patrick is currently Chief Executive Officer of the Council for Medical Schemes, a regulatory body established in terms of the new Medical Schemes Act to oversee the activities of medical schemes and to protect the interests of members of the scheme. Patrick completed an MSc in health economics at the London School of Economics, University of London during 1995. He then joined the National Department of Health where he was director for health financing and economics until recently.

Patrick Masobe



HST Board of Trustees

Selva is the Chief Director Financial Services and Management at the University of Durban Westville (UDW), a position he has held since 1994. Prior to this, he was the Director (Finance) also at UDW, a position he has held since 1987. Prior to 1987, he worked with the then Department of Internal Affairs, and later the Auditor General. This experience, combined with running finances of a large tertiary institution such as UDW has made Selva the “eyes and ears” of the Board on financial matters.

Selva Govindsamy



Thabo is presently the Chief Director of Hospital Services Cluster in the National Dept. of Health. Thabo has an in-depth understanding of the broad political processes unravelling in South Africa, and helps contextualise HST's own organisational policies and strategies.

Thabo Sibeko



Thembeke is Executive Director/General Secretary of the Democratic Nursing Association of South Africa (DENOSA), an important constituency of health workers in the health sector. We have found her direct accessibility to the HST's Secretariat reassuring.

Thembeke Gwagwa



Trust for Health Systems Planning and Development

Statement of Trustees' Responsibility

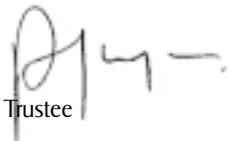
for the year ended 30 June 2002

The trustees are responsible for the maintenance of adequate accounting records and the preparation and integrity of the financial statements and the related information. The auditors are responsible for reporting on the fair presentation of the financial statements. The financial statements have been prepared in accordance with South African Statements of Generally Accepted Accounting Practice.

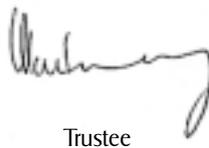
The trustees are also responsible for the trust's system of internal financial control. These are designed to provide reasonable, but not absolute, assurance as to the reliability of the financial statements, and to adequately safeguard, verify and maintain accountability of the assets, and to prevent and detect misstatement and loss. Nothing has come to the attention of the trustees to indicate that any material breakdown in the functioning of these controls, procedures and system has occurred during the year under review.

The financial statements have been prepared on the going concern basis on the assumption that the trust will continue to receive sufficient donor funding to meet its expenditure.

The financial statements set out on the following pages were approved by the board of trustees and are signed on their behalf.



Trustee



Trustee

Report of the Independent Auditors to the Trustees of Trust for Health Systems Planning and Development

for the year ended 30 June 2002

We have audited the annual financial statements of the Trust for Health Systems Planning and Development set out on the following pages for the year ended 30 June 2002. These financial statements are the responsibility of the trustees. Our responsibility is to express an opinion on these financial statements based on our audit.

Scope

We conducted our audit in accordance with statements of South African Auditing Standards. Those standards require that we plan and perform the audit to obtain reasonable assurance that the financial statements are free of material misstatement. An audit includes:

- examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements,
- assessing the accounting principles used and significant estimates made by management, and
- evaluating the overall financial statement presentation.

We believe that our audit provides a reasonable basis for our opinion.

Qualification

In common with similar organisations, it is not feasible for the trust to institute accounting controls over cash collections from grants prior to the initial entry of the collections in the accounting records. Accordingly, it was impracticable for us to extend our examination beyond the receipts actually recorded.

Qualified Audit Opinion

In our opinion, except for the effect of the matter referred to in the preceding paragraph, the financial statements fairly present, in all material respects, the financial position of the trust at 30 June 2002, and the results of its operations and cash flow information for the year then ended in accordance with South African Statements of Generally Accepted Accounting Practice and in the manner required by the Trust Deed.



Chartered Accountants (SA)

Registered Accountants & Auditors

11 December 2002

Trust for Health Systems Planning and Development

Report of the Trustees

for the year ended 30 June 2002

The trustees present their annual report, which forms part of the audited financial statements of the trust for the year ended 30 June 2002.

1. General review

The Health Systems Trust 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 South Africa.

Goals

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

2. Financial results

Full details of the financial results are set out on pages 4 to 17 in the financial statements.

During the course of the previous financial year certain grantees of the trust did not comply with all the financial controls required by the trust. The trustees have instituted corrective measures to ensure that all grantees comply with adequate and effective financial procedures and controls.

3. Trustees

The present trustees are:

Z Njongwe	B Kistnasamy
S Govindsamy	H Manzini
T Gwagwa	P Qubeka
C Housecham	T Sibeko

The following trustees resigned during the year under review:

T Fowler (resigned 31 December 2001)
M Jacobs (resigned 31 December 2001)
L London (resigned 31 December 2001)

Trust for Health Systems Planning and Development

Report of the Trustees

for the year ended 30 June 2002

The following trustees were appointed subsequent to the year end:

E Buch (appointed 28 August 2002)

L Jacobus (appointed 28 August 2002)

P Masobe (appointed 28 August 2002)

4. Material events after year end

No matter which is material to the financial affairs of the trust has occurred between the balance sheet date and the date of approval of the financial statements.

5. Auditors

PricewaterhouseCoopers Inc. will continue in office.

Balance Sheet

30 June 2002

	Notes	2002 R	2001 R
ASSETS			
Non-current assets			
Property, plant and equipment	7	10,170,030	7095,519
Current assets			
Receivables and prepayments	8	7,722,475	820,115
Cash and cash equivalents	9	37,853,970	77,636,344
		45,576,445	78,456,459
Total assets		55,746,475	85,551,978
EQUITY AND LIABILITIES			
Capital and reserves			
Trust capital and accumulated surplus funds		41,180,796	78,001,227
Current liabilities			
Trade and other payables	10	14,565,679	7,550,751
Total equity and liabilities		55,746,475	85,551,978

Income Statement

for the year ended 30 June 2002

Grant income	3	156,457,516	169,055,567
Other income		4,131,817	6,095,864
Project expenses		(148,983,674)	(117,829,052)
Grants paid		(50,319,960)	(10,965,617)
Administration expenses		(4,316,503)	(3,594,910)
(Deficit)/surplus funds		(43,030,804)	42,761,852
Net finance income	5	6,210,373	5,047,721
(Deficit)/surplus funds before tax		(36,820,431)	47,809,573
Tax	6	-	-
Net (deficit)/surplus funds for the year		(36,820,431)	47,809,573

Statement of changes in equity

for the year ended 30 June 2002

	Notes	2002 R	2001 R
Trust capital and accumulated surplus funds			
At beginning of year as previously stated		78,035,060	30,191,654
Change in accounting policy	14	(33,833)	-
At beginning of the year as restated		78,001,227	30,191,654
<u>Net (deficit)/surplus funds for the year</u>			
Research		(620,977)	(107,028)
Initiative for sub-district support (ISDS)		9,095,715	1,637,164
Healthlink		(1,551,543)	1,251,818
Central Administration (CORE)		(841,326)	123,030
Loveline		(42,902,300)	44,904,589
		(36,820,431)	47,809,573
At end of year		41,180,796	78,001,227

Cashflow statement

for the year ended 30 June 2002

Cash flows from operating activities			
Cash receipts from grants		156,457,516	169,055,567
Cash paid in respect of projects and to employees		(197,550,163)	(126,411,305)
Cash (used in)/ from operations	11	(41,092,647)	42,644,262
Net finance income		6,210,373	5,047,721
Net cash (used in)/ from operating activities		(34,882,274)	47,691,983
Cash flows from investing activities			
Proceeds from disposal of property, plant and equipment		-	129,297
Acquisition of property, plant and equipment		(4,900,100)	(6,799,883)
Net cash used in investing activities		(4,900,100)	(6,670,586)
Net (decrease)/increase in cash and cash equivalents			
Cash and cash equivalents at beginning of year		77,636,344	36,614,947
Cash and cash equivalents at end of year	9	37,853,970	77,636,344

1. Basis of preparation

The annual financial statements are prepared on the historical cost basis. The following are the principal accounting policies used by the Trust, which are consistent with those of the previous year and which comply with Statements of Generally Accepted Accounting Practice in South Africa.

1.1 Property, plant and equipment

All property, plant and equipment are included at cost. Cost includes all costs directly attributable to bringing the assets to working condition for their intended use.

Depreciation is recorded by a charge to income computed on a straight-line basis so as to write off the cost of the assets over their expected useful lives. The expected useful lives are as follows:

Motor vehicles	4 years
Computer equipment	4 years
Computer software	2 years
Furniture and fittings	6.667 years
Property	50 years

1.2 Receivables

Receivables consisting mainly of amounts to be reimbursed by funders, are carried at anticipated realisable value. An estimate is made for doubtful receivables based on a review of all outstanding amounts at the year-end. Bad debts are written off during the year in which they are identified.

1.3 Cash and cash equivalents

For the purpose of the cash flow statement, cash and cash equivalents comprise of cash on hand and deposits held at call with banks, net of bank overdrafts.

1.4 Funded projects

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

1.5 Revenue recognition

Grants received are recognised as income as and when payments are received, even if it relates to projects that are of an ongoing nature.

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

→ Interest income - as it accrues

1.6 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 income statement 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.

1.7 Comparative figures

Where necessary, comparative figures have been adjusted to conform with changes in presentation in the current year.

Notes to the financial statements

for the year ended 30 June 2002

2002

R

2001

R

2. (Deficit)/surplus funds

The following items have been charged/(credited) in arriving at the (deficit)/surplus funds:

Depreciation on property, plant and equipment (for detailed breakdown of depreciation refer to note 7)	1,688,533	762,958
Auditors' remuneration		
Audit fees – current year	70,000	70,000
Other services	39,542	-
	109,542	70,000
Loss/(profit) on disposal of property, plant and equipment	137,056	(36,263)
Consultancy fees paid	4,538,201	4,936,418
Operating lease rentals		
Land and buildings	434,021	511,598
Other	338,377	341,767
	772,398	853,365
Staff costs (see note 4)	20,701,965	14,168,091

3. Grant income

Funders	Healthlink	ISDS	Core	Research	Lovellife	Total
	R	R	R	R	R	R
Kaiser Family Foundation	2,792,500	16,965,825	2,062,500	2,181,725	92,052,701	116,055,251
Department of Health	-	5,191,382	-	2,188,477	25,000,000	32,379,859
WK Kellogg Foundation	-	2,182,500	-	-	-	2,182,500
Ford Foundation	-	2,457,420	-	-	-	2,457,420
Unicef	-	1,028,428	-	-	946,300	1,974,728
American Embassy	-	-	-	486,740	-	486,740
Irish Embassy	-	467,358	-	-	-	467,358
Liverpool School	-	-	-	296,204	-	296,204
University of Western Cape	-	64,500	-	-	-	64,500
WHO	-	61,830	-	-	-	61,830
Whcc Trust	-	-	-	27,931	-	27,931
Lutheran Church	-	3,195	-	-	-	3,195
	2,792,500	28,422,438	2,062,500	5,181,077	117,999,001	156,457,516

Notes to the financial statements

for the year ended 30 June 2002

2002

R

2001

R

4. Staff costs

Salaries and wages	20,701,965	14,168,091
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5. Net finance income

Interest received		
Bank	6,210,371	5,047,721

6. Tax

No provision for taxation has been made as the trust is exempt from income tax in terms of Section 10(1)f of the Income Tax Act.

7. Property, plant and equipment

	Motor Vehicles	Computer Equipment	Computer Software	Furniture and Fittings	Property	Total
	R	R	R	R	R	R
Year ended 30 June 2002						
Opening net carrying amount	1,453,266	2,406,010	18,843	351,233	2,900,000	7,129,352
Change in accounting policy	-	-	-	-	(33,833)	(33,833)
Opening net carrying amount as restated	1,453,266	2,406,010	18,843	351,233	2,866,167	7,095,519
Transfers	-	(9,989)	-	9,989	-	-
Additions/Improvements	990,443	2,027,593	139,714	1,400,752	341,598	4,900,100
Disposals	-	(137,056)	-	-	-	(137,056)
Depreciation charge	(444,982)	(933,763)	(24,461)	(225,118)	(60,209)	(1,688,533)
Closing carrying amount	1,998,727	3,352,795	134,096	1,536,856	3,147,556	10,170,030
As at 30 June 2002						
Cost						
Accumulated depreciation	2,551,509	4,903,050	164,288	1,981,764	3,241,598	12,842,209
	(552,782)	(1,550,255)	(30,192)	(444,908)	(94,042)	(2,672,179)
Closing carrying amount	1,998,727	3,352,795	134,096	1,536,856	3,147,556	10,170,030

Notes to the financial statements

for the year ended 30 June 2002

	Motor Vehicles	Computer Equipment	Computer Software	Furniture and Fittings	Property	Total
	R	R	R	R	R	R
Year ended 30 June 2001						
Opening net carrying amount	8,750	924,632	-	218,246	-	1,151,628
Additions	1,501,066	2,125,123	24,574	249,120	2,900,000	6,799,883
Disposals	-	(93,034)			-	(93,034)
Depreciation charge	(56,550)	(550,711)	(5,731)	(116,133)	-	(729,125)
Change in accounting policy	-	-	-	-	(33,833)	(33,833)
Depreciation charged as restated	(56,550)	(550,711)	(5,731)	(116,133)	(33,833)	(762,958)
Closing carrying amount	1,453,266	2,406,010	18,843	351,233	2,866,167	7,095,519

As at 30 June 2001

Cost	1,561,066	3,953,087	24,574	570,636	2,900,000	9,009,363
Accumulated depreciation	(107,800)	(1,547,077)	(5,731)	(219,403)	(33,833)	(1,913,844)
Closing carrying amount	1,453,266	2,406,010	18,843	351,233	2,866,167	7,095,519

2002

R

2001

R

8. Receivables and prepayments

Receivables	200,769	715,188
Receiver of Revenue - Value added Tax	7,427,830	-
Staff loans	31,426	110,537
Provision for doubtful staff loans	-	(35,175)
Deposits	62,450	29,565
	7,722,475	820,115

Notes to the financial statements
for the year ended 30 June 2002

2002
R

2001
R

9. Cash and cash equivalents

Current accounts	17,406,888	619,020
Call accounts	20,446,677	7,017,312
Cash on hand	405	12
	37,853,970	7,636,344

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

ISDS	15,357,810	5,269,289
Healthlink	7,131,517	4,812,356
Core	1,004,552	935,111
Research	2,243,149	5,062,796
Loveline	12,116,942	61,556,792
	37,853,970	7,636,344

10. Trade and other payables

Payables

Accruals	14,495,679	6,648,631
Provision for audit fees	70,000	70,000
National Progressive Primary Health Care Network	-	832,120
	14,565,679	7,550,751

11. Cash (used in)/from operations

(Deficit)/surplus funds	(43,030,804)	42,761,852
Adjusted for:		
Loss/(profit) on disposal of property, plant and equipment	137,056	(36,263)
Depreciation	1,688,533	762,958
Movement in working capital		
Increase in receivables and prepayments	(6,902,360)	(717,017)
Increase/(decrease) in trade and other payables	7,014,928	(127,268)
	(41,092,647)	42,644,262

Notes to the financial statements

for the year ended 30 June 2002

2002

R

2001

R

12. Operating lease commitments

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

Not later than 1 year	739,824	358,810
Later than 1 year not later than 5 years	1,210,017	210,856
	1,949,841	569,666

13. Commitments for grants payable

The future commitments for grants payable at the balance sheet date but not recognised in the financial statements is as follows:

Not later than 1 year	6,136,746	1,728,329
Later than 1 year not later than 5 years	1,214,536	-
	7,351,282	1,728,329

14. Change in accounting policy

During the year the trust changed its accounting policy with respect to the depreciation of property. In order to conform with South African Statements of Generally Accepted Accounting Practice the trust now depreciates property over 50 years. The comparative amounts have been appropriately restated.

Decrease in net profit due to depreciation release	60,209	33,833
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Restatement of opening accumulated surplus funds in respect of prior year adjustment

	33,833	-
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There is no tax effect in respect of these transactions.

15. Contingent liabilities

During the year the trust received an assessment from the South African Revenue Services relating to output VAT payable on grants received from the Department of Health.

The estimated liability is as follows:

VAT (inclusive of interest and penalties)	2,370,126	-
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This has been disclosed as a contingent liability as an objection in terms of section 32(1) of the VAT Act has been lodged and the response has not yet been received.

For 10 years now the Health Systems Trust has contributed to the development of a health system that can meet the needs of all South Africans, including the most disadvantaged. In the future we will continue to work with all stakeholders in order to improve health care, particularly in areas most underserved and in need.



HST – Working for today's health system, South Africa's future.



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