Editorial

The 2014/15 *South African Health Review* (SAHR) consists of 15 chapters that explore the range and depth of shifts in equity, efficiency and quality – both unfolding and neglected – in South Africa's public health arena.

The topography of this content is elevated with factual information on policy and legislative changes, progress reports on initiatives to transform and improve the health system, and accounts of innovative approaches applied at facility and district level that contain salutary lessons for scale-up and replication across the country.

Scanning the road already travelled in the journey of health system transformation, it is immediately apparent that our discourse has evolved from 'how to effect change' to 'how change has been experienced and understood'. Our health system is maturing, and numerous historical initiatives are bearing fruit, particularly when viewed in the light of recent policy decisions; a key example of this is the health sector component of the Negotiated Service Delivery Agreement 2010–14 (NSDA), which ushered in a series of reforms geared towards preparing the health system for the introduction of National Health Insurance.

The release of this 18th edition of the *Review* occurs a month after the adoption of the global 2030 Agenda for Sustainable Development, which is described by UN Secretary-General Ban Ki-moon as embodying "the yearnings of people everywhere for lives of dignity on a healthy planet". This synchronicity affords a viewing of South African health reform and innovation over a wider continental and international vista. Lessons learnt from South Africa's health reforms emerge as a worthy contribution to the vision of "a long and healthy life for all" – not only for South Africans, but for the entire global family.

This edition is compiled along seven thematic pathways that traverse this vision of healthy nationhood:

- Health policy
- Policy implementation
- Attaining equitable health systems
- Strengthening human resources
- Private sector
- Emerging Public Health Practitioner Award
- Tracking progress

Health policy

In Chapter 1, Andy Gray and Yousuf Vawda reflect on developments – and in some cases, the lack thereof – in South Africa's health policy and legislation charted over the past year, noting that despite the non-appearance of the White Paper on National Health Insurance, the development of national secondary legislation informing the implementation of the National Health Act is continuing. Only one health-related Act was passed in 2014/15: the Mental Health Care Amendment Act (12 of 2014), and no progress has been made with the Medical Innovation Bill, one of the few Private Member's Bills to be considered by Parliament. Gray and Vawda outline the substance of several court challenges to the Minister and statutory councils, particularly that calling for legislation to decriminalise physician-assisted suicide (with a landmark ruling in its favour having been made especially poignant after the death of the appellant, Advocate Robin Stransham-Ford, of natural causes due to terminal illness).

Policy implementation

To strengthen health system effectiveness, the Primary Health Care Re-engineering and eHealth Strategies, among others, were introduced as part of the NSDA in 2010. More recently, the Ideal Clinic initiative was introduced to ensure standardisation of high-quality healthcare delivery at facility level. The chapters included in this section describe progress in implementing the Ideal Clinic Realisation and Maintenance (ICRM) Initiative, implementation of the eHealth Strategy, as well as initial implementation of the District Clinical Specialist Teams as one component of the three-streamed PHC Re-engineering Strategy. Such implementation is crucial to the success of the envisaged NHI as a means of universal health coverage.

In Chapter 2, Robert Fryatt and Jeanette Hunter provide an account of developments made in the Ideal Clinic Realisation process from June 2013 to March 2015. The Ideal Clinic initiative is steered under Operation Phakisa – South Africa's adaptation of Malaysia's 'Big, Fast Results' strategy that is designed to fast-track the implementation of solutions for national key priority areas – to devise a detailed, costed implementation plan, clear persistent bottlenecks in clinics, test responses, make required modifications for scale-up, secure the needed resources, provide the necessary training, and build the knowledge needed to maintain the desired ideal clinic status. Eleven elements, known as transversal levers, are needed to accelerate the attainment of fully functional PHC facilities, including the development of a standard structure for the District Health Management Office with standard job profiles; development and implementation of a change management model; and ensuring integrated chronic disease management, encompassing the full value chain of continued care and support, patient record storage and retrieval to shorten excessive waiting times.

Implementation of the Ideal Clinic concept will see this model as the fulcrum of a community-based PHC service, including school health, ward-based outreach and environmental health. An important need is that of an effective service delivery platform for national strategic programmes such as the integrated plan for HIV and TB, family planning, and maternal and child health services.

Eight work-streams with crosscutting and complementary expertise were formed to focus on specified activities and outputs (i.e. service delivery, waiting times, infrastructure, human resources for health, financial management, supply chain management, institutional

arrangements, and scale-up and sustainability), and to prepare a final report after six weeks. All 10 components of the Ideal Clinic Realisation and Maintenance framework were fitted into these eight work-streams along with the transversal levers. Costing was done across all eight work-streams, each of which addressed the case for change, South Africa's aspirations for the Ideal Clinic, the issues hampering optimal health care and the root causes thereof, and how these could be resolved through specified solutions and initiatives.

Representing a broad range of authors including government and non-governmental organisations, Chapter 3 provides an update on the steps being taken in collaboration with NGOs to execute reference implementation of the eHealth Strategy for South Africa in PHC facilities. Here, Milani Wolmarans and colleagues present the valuable lessons learnt through using the 700 facilities in the NHI facilities as pilot sites for this implementation process. Among these is the recognition that a cohesive patient administration system – including reducing the number of registers in these facilities from 54 to six – is the foundation needed for ensuring a rationalised process of patient access to healthcare facilities, which in turn supports quality health information services and effective facility management while improving patient experience.

Using a Theory of Change approach, Oboirien and colleagues, in their chapter *Understanding roles, enablers and challenges of District Clinical Specialist Teams in strengthening primary health care in South Africa*, explore the perceptions and experiences of the initial stages of implementation of the District Clinical Specialist Teams (DCSTs) in three districts to better understand organisational and behavioural characteristics influencing PHC strengthening. Their findings show that implementation was under way in all three districts, and the key enablers of DCST implementation related to the relative strengths of existing capacity and systems; the use of local or individual discretion and strategies when implementing the policy, thus enabling implementation despite existing challenges; trust-building mechanisms between the various actors; actors' abilities to leverage knowledge of local contexts and systems; and the roles of leaders and champions.

Key challenges encountered in all districts revolved around poor communication of the policy and its implementation at various levels; difficulty in expanding coverage due to recruitment (resulting in teams not being fully constituted according to the guidelines); financial constraints; and geographical access barriers, mainly due to transport issues in rural and remote areas. Other problems included resistance at the frontline as the role of the DCSTs was viewed with suspicion, but these are reported to be changing. Important future considerations are to address these challenges and, as the authors posit, to decide: "whether it is still justifiable to have a homogenous team given the differences in population size, number of facilities and rural context of the districts that DCSTs are supporting". The implications of these different contexts must be considered in future evaluations.

Attaining equitable health systems

Equity in health remains a focal topic for South Africa, where for many decades, healthcare service provision was divided along racial lines. More than 20 years into democracy, challenges in redressing this inequity prevail, despite political will and commitment. The four chapters presented in this section of the *Review* explore ways of confronting inequity within the district health system using a specific emphasis on mechanisms for shifting resources – human, financial and otherwise – to the lowest levels. Each of the four chapters respectively addresses decentralisation, task-shifting in public mental health services, better integration of disability services into the PHC platform, and an approach developed for assessing equity in public health resource allocation that accounts for rural contextual needs.

In Chapter 5, Hendricks and colleagues embark on a conceptual and practice-focused expedition into the implementation of a coherent decentralisation system that responds to the health needs of the population. After an overview of other nations' forms of decentralisation, they assiduously package the important lessons, caveats and issues that should be factored into the country's passage towards further decentralisation; this discussion covers the potential role of the National Department of Health in a new decentralised environment, and a set of criteria to phase and steer the decentralisation process is offered. The authors conclude that while decentralisation is not without its disadvantages, it could have an extraordinarily positive impact on the quality of and access to health services for our most vulnerable populations. As a means of advancing the successful implementation of the envisaged NHI-funded health system, the decentralisation process would require ongoing monitoring and evaluation against set targets.

The high prevalence of mental health disorders and their associated psychological and physical disabilities are highlighted by Maxine Spedding, Dan J. Stein and Katherine Sorsdahl in Chapter 6: *Task-shifting psychosocial interventions in public mental health: A review of the evidence in the South African context*. Informed by international documentation and literature, they propose that task-shifting from specialised to non-specialised health workers of psychosocial interventions to treat common mental disorders would be a worthwhile consideration for South Africa. To this end, they reviewed data on nine task-shifted interventions to address mental disorders in the local public mental health setting, and thematically analysed this evidence in the context of the new mental health policy that seeks to make health services more equitably accessible.

They report that locally, task-shifting studies have primarily focused on depression and substance-abuse, with fewer focusing on pregnant women and a paucity of research in the area of children and adolescents. In all the studies, various categories of health workers were employed to deliver a range of evidence-based interventions, and most studies supported the effectiveness of task-shifting to non-specialised health workers as an approach to improving primary care mental health service delivery. The authors highlight the need to further assess the costs and future sustainability of this process and to explore the best methods for implementation and scale-up. They also recommend that greater attention be paid to delineating human resource cadres – along with each category's duties and tasks, characteristics, skill sets and education levels – for conceptualising mental health service delivery interventions and ensuring adequately competent service providers.

Kate Sherry urges policy-makers to consider integrating disability when planning for health services delivery in her chapter *Disability and rehabilitation: Essential considerations for equitable, accessible and poverty-reducing health care in South Africa*. Given its poor inclusion in health, current inequitable health outcomes, and limited access to care for people with disabilities, she makes a case for their right to health to be realised through the inclusion of rehabilitation

as a core component of PHC. Specifically, she advocates for improved access to general health care, strengthening the voices of people with disabilities in policy-making, planning and service provision, and building an evidence base on disability, health and rehabilitation. Importantly, if disability is not addressed, the effectiveness of other programmes focusing on both communicable and non-communicable diseases may be negatively affected.

Despite widespread efforts, SA faces persistent structural inequities in resourcing and delivery of care, notably with regard to resource allocation from provinces to districts and facilities that is not necessarily needs-based. In Chapter 8, Daygan Eagar and colleagues explore an approach to accounting for need in the assessment of equitable resourcing of the country's public health system, and present a concept for creating a rural index that specifically elucidates differences between rural and urban contexts, including demographic, geographic and socio-economic factors. They report "tentative evidence suggesting that within rural provinces, funds tend to flow disproportionately to districts and facilities located in urban areas". Their findings show that while the rural index was useful in distinguishing between urban and rural district hospitals in KwaZulu-Natal Province, its value as an approach lies within its facilitation of rural factors being accounted for in resource allocation models that focus on quality improvement in service delivery rather than on mere efficiency. They propose that such an index be incorporated into performance management frameworks that seek to "not only address issues of equity (between rural and urban settings) but also efficiency and effectiveness as an outcome of resource allocation processes."

Strengthening human resources

Nurses are the 'backbone' of the health system and those workers who provide services at the frontline of the health system are key to ensuring translation of relevant policies into practice at primary health care level. The four chapters that make up this section illuminate this territory's features and flaws. Chapter 9 investigates the numerous challenges that typify the nursing profession and impact on its viability; Chapter 10 documents a programme that aims to enhance the leadership abilities of nurse managers heading up clinic operations; Chapter 11 analyses data from a series of case studies that unpack how nurse managers make decisions; and Chapter 12 considers how community participation in the public health system at sub-district level can be enhanced, including the key enablers and barriers to effective participation of this kind.

In *A profession in peril? Revitalising nursing in South Africa*, Laetitia Rispel and Judith Bruce provide an analytical perspective of nurses and nursing in South Africa, and of the key issues that require attention in order to revitalise the profession. They conclude that nursing in South Africa is a profession at risk of being harmed or destroyed, and that immediate and significant action is needed in the areas of policy implementation, improving nurse practice environments, and nurse education. They call for key policy actors operating at national levels who are responsible for the leadership and management of nursing to address weaknesses in the area of policy capacity. Nurses should be capacitated and given opportunities to participate in policy development, implementation and feedback, and their training should enhance their political, policy and planning competencies. Focused leadership and development programmes are also required. The resource, administrative and quality-of-care aspects of their nursing practice environments should be addressed, and several aspects of nursing education, as well as continuing professional development for nurses, should be strengthened. These revitalisation efforts require high-level buy-in and support from key national actors.

Tim Wilson, Sarah Davids and Anna Voce present the Wellness for Effective Leadership (WEL) programme, and capacity-development intervention implemented through a series of workshops designed to support groups of frontline managers through facilitated positive shifts, spanning personal and interpersonal aspects and leadership practice and service delivery. Their chapter *Frontline managers matter: Wellness for Effective Leadership* highlights that personal and interpersonal contexts and existing organisational cultures are shown to be key contexts in which frontline managers are constrained in their daily activities and general functioning. This limits the efficacy of these nurses' leadership, despite their laudable sense of commitment to their work. The participants' responses indicate that many of these managers are bearing buried emotional trauma, stemming from growing up during the apartheid era, and that these factors have negative consequences on their personal and work relationships.

Vera Scott and colleagues, in Chapter 11 entitled *Operational health service management: Understanding the role of information in decision-making*, explore the nature of PHC facility-level decision-making in human resources management and quality improvement, and demonstrate its importance in terms of facility and health system performance. Using an in-depth multi-study approach, they describe the use of different types of information in decision-making, concluding that "local information and experience-based knowledge supports managers in adapting and innovating locally to ensure successful policy implementation, and formal information supports greater accountability in service delivery". Using an adaptation of Ortiz Aragón's 'Systemic Theories of Change' framework for purposeful capacity development, they explore the relationships between the hardware and both the tangible and intangible software of the health system. With Health Management Information System (HMIS) data development being uneven in South Africa, in that important HR data are not as available for decision-making as are other forms of routinely collected data, operational managers need access to and assimilation of a broad range of information including informal sources for decision-making. Good interpersonal and people-management skills are essential leadership attributes required for this function.

Chapter 12 is entitled *Re-imagining community participation at the district level: lessons from the DIAHLS collaboration*, in which Susan Cleary and colleagues report on the outcomes of a series of sub-district engagements to understand and strengthen community participation using a number of approaches. These included a multi-stakeholder health risks and assets mapping activity; 'Local Action Group' initiatives; a capacity development initiative; and reflective sessions with service colleagues. Using a framework of collective capacity, the authors sought particularly to identify the enablers of community participation at sub-district level. This project forms part of the broader study in which Scott et al. participated (see Chapter 11), and hence Ortiz Aragón's framework is also applied in this piece of work.

The authors identify that budgetary and resource allocations, and infrastructure and technology for community participation are important to support these activities (hardware). In terms of software, the key role played by certain members of the sub-district health provision team was also highlighted through this work – exemplified by that of the environmental health practitioners and their ability to foster dialogue among local communities, given their placement within the sub-district. Other factors included organisational systems, knowledge and skills, and the ability to facilitate participatory engagements. These, combined with a 'relational skillset' of 'intangible software' such as values, power and communication, are important for fostering better community participation. Cleary et al. also assert that their work has "provided an example of how a participatory approach can powerfully enable change when stakeholders are brought into conversation around a common cause".

Private sector

Sparked by the Council of Medical Schemes' (CMS) stated intention of maximising access to good-quality medical scheme cover while working in the best interest of the consumer, Josh Kaplan and Shivani Ranchod, in their chapter *Analysing the structure and nature of medical scheme benefit design in South Africa*, articulate the design of 118 benefit options available in the open market to at least 30 000 beneficiaries who are offered at least four registered benefit options. They provide an overview of the nature and structure of these market options, highlighting that the most recent regulatory change affecting benefit design in South Africa occurred more than 10 years ago. Differences were identified between the demographics of the beneficiaries they serve and the corresponding contribution rates. The analysis also revealed that the incomplete regulatory environment within which the schemes are created and offered enables medical scheme providers' use of benefit designs to 'cherry-pick' members and to form them into homogenous groups. The authors argue that "medical benefit design in South Africa requires significant attention in order to facilitate equitable access to medical scheme cover in South Africa", and that under these circumstances, the industry is not likely to fulfill the requirement of 'Treating Customers Fairly'. In questioning the industry's commitment to deliver value to the customer, they call for medical aid schemes to reduce the complexity of choice that burdens each customer and for more transparency when marketing their benefit options.

Emerging Public Health Practitioner Award

Verusia Chetty, a doctoral student and lecturer in the Discipline of Physiotherapy at the University of KwaZulu-Natal in Durban, is this year's recipient of the Emerging Public Health Practitioner Award for her chapter entitled *A model of care for the rehabilitation of people living with HIV in a semi-rural South African setting* (Chapter 14). Chetty presents a model of care developed with the aim of feasibly addressing the demand for rehabilitation arising from the dramatic extension of the life-span of people living with HIV, along with HIV-related disabilities, co-morbidities and side effects of medication. Using an Integrated Learning in Action approach, the model is gauged for its usefulness in integrating patient-centred, evidenced-based rehabilitation practice into South Africa's response to HIV, and for its relevance in terms of policies that guide the country's rehabilitation practice. This entailed several sub-studies in a semi-rural healthcare setting in the province of KwaZulu-Natal, conducted in three phases and involving the multidisciplinary healthcare team at the site, affiliated non-governmental organisation representatives, service users and experts in the field. Phase 1 focused on a review of international rehabilitation models; the second phase constituted an enquiry into the perspectives of key stakeholders, and the final stage of work was directed towards reaching consensus among the experts on the framework guiding the model of care.

Tracking progress

A reliable means of navigation and orientation is needed for any journey, and especially for forays beyond expected parameters. The steadfast *Health and Related Indicators*, composed by Candy Day and Andy Gray as Chapter 15, represents just such an instrument, packing reflective thought around the capture, extraction and analysis of health data to answer considerably more than 'where are we now?'. Plotting our bearings at the turnstile between the close of the target cycle for the Millennium Development Goals and the debut of the Sustainable Development Goals agenda, the authors position South Africa among the global actors striving for progress in the health-related MDGs, and simultaneously draw this chapter's health statistical profiles inward to refocus on gains and losses made in regions and districts across the country.

They echo the call by international scholars for investment of resources to support more accurate and nuanced reporting of progress towards global goals, through standardised data, methods and models for estimating rates and levels of incidence, prevalence, illness and death. While acknowledging the South African National Department of Health's foresight in planning for a more efficient health management information system, they also note the need to formulate quantifiable national targets, so that future measurements and comparisons, based on precision and reasonable coverage, can inform the most appropriate decisions and effective implementation.

Shod with evidence, fuelled by a sense of justice, and spurred by collective action – our health system is powering forward. As this edition of the *South African Health Review* demonstrates, accuracy, imagination, diligence and resolve can take us into "lives of dignity on a healthy planet".

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