Editorial

We proudly introduce the 17th edition of the *South African Health Review* (SAHR), which is now officially accredited by the Department of Higher Education as a peer-reviewed publication.

One of the original intentions of the SAHR was to chronicle the development of South Africa's post-apartheid health system. While earlier Reviews focused on the need for policy development, in recent years we have concentrated on providing an analysis of implementation of those policies.

Recurrent criticisms of the health system emerging in each Review since its inception have been the lack of coherence and cohesion between and within units and programmes, the need for better integration and co-ordination of systems, procedures and processes within the health system, and the need to strengthen the critical support services that ultimately create the base for the delivery of comprehensive, high-quality services. The challenge of translating policies into practice in a complex health system has been longstanding, as is reflected in this quotation contained in the first edition of the SAHR:

> But more and more, the emphasis is moving towards the mechanics of implementation – the practical meaning of policies and assessment of their impact. On one hand, it implies a shift in focus from national to provincial and district level. On the other, it demands explicit support for initiatives which turn plans into operations… For the purposes of analysis, this Review has disaggregated the South African health system into discrete components such as financing, human resources developments and informatics. But these distinctions become more artificial the closer one gets to actual service delivery.[a]

As mentioned in last year's edition of the Review, 20 years into our democracy, the challenges remain; however, this year's Review suggests that not only does the tide seem to be turning, but it appears to be gaining momentum in moving away from pure discourse into action to bridge the gaps between policy and implementation. Elements of discrete policy and subject areas begin to resonate in and with each other, creating the raw weave for a seamless tapestry of synergy, harmony and complementarity as the fabric of one health system for a united country. This brings with it an understanding of the complexities of actual health service delivery, beyond the abstraction of policymaking and planning.

This year's edition of the *South African Health Review* consists of 17 chapters.

As is customary, the first chapter on Health Policy and Legislation provides an overview of South Africa's health policy and legislative landscape. Andy Gray and Yousuf Vawda provide a comprehensive account of the various Notices, Regulations and Amendments passed, and point out that the promulgation of the National Health Amendment Act (12 of 2013) has been fundamental to the creation of an independent Office of Health Standards Compliance (OHSC) which has been established to monitor compliance with norms and standards for the provision of health services in both the public and private sectors. The Office, which will advise the Minister of Health on the development of norms and standards, will also be a critical element in the proposed system of accreditation for National Health Insurance. Gray and Vawda also offer an update on recent case-law relating to health, and cite the case of *Kievits Kroon Country Estate v Mmoledi*, wherein the Supreme Court of Appeal held that a letter from a traditional healer explaining an employee's absence from work was acceptable. The authors suggest that "while the *Kievits* decision appears to place the recourse to traditional healers on par with 'mainstream' medical practitioners in respect of medical certificates and treatment options, it remains to be seen how widely it will be implemented in practice", and recommend that appropriate regulation of the traditional medicines sector will go a long way towards providing clarity on what could become a vexed issue in the workplace.

In Chapter 2, Thulani Masilela, together with Rosemary Foster and Matthew Chetty, provides an analysis of how far South Africa has come in implementing its eHealth Strategy, and concludes that a year after the publication of the Strategy, modest progress has been made, with five of the Strategy's 10 key priorities having been attained. The authors highlight the need for vigilant monitoring of implementation and timely addressing of bottlenecks and barriers. They note, that despite sustained support from the leadership of the health sector, the acquisition of the requisite human resources with the technical expertise and capacity to provide strategic leadership in this area is critical for steering the country towards the goals envisaged by and for the eHealth sector.

As the first few chapters in this year's Review illustrate, South Africa is moving from *knowing* the path to improving our quality of health services to actually *walking* the path.[b] Evidence of this important shift is apparent in the efforts to improve quality of care in a variety of settings. Certainly, the concepts of quality improvement, PHC re-engineering and better planning for the journey to universal health coverage resonate in many of the chapters. However, as a country, we would do well to remember the caveat expressed in the *Lancet* earlier this year that unless the concepts referred to in the term "universal health coverage" are clearly defined, we run the risk of unintended consequences in the form of inequitable outcomes. The authors acknowledge that equity is generally considered to be a "natural consequence of the implementation of UHC policies", but warn that "the extent to which equity is improved through UHC policies is conditional on how UHC terms and policies are defined, designed, implemented and sequenced."[c]

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a Harrison D, editor, South African Health Review 1995. Durban: Health Systems Trust; 1995.

b Randolph GD, Lea S. Quality Improvement in Public Health: Moving from Knowing the Path to Walking the Path. J Public Health Management Practice. 2012, 18(1)4-8.

c O'Connell T, Rasanathan K, Chopra M. What does universal health coverage mean? Lancet. 2014;383(9913):277-79.

The pressing need to improve the quality of care in our health system has become a persistent refrain of government and civil society alike, and the successful reform of our healthcare system rests on our ability to take advantage of the significant opportunity inherent in the workings of the OHSC for such improvement to unfold in a co-ordinated and coherent manner. To this end, in Chapter 3, Winnie Moleko, Elliot Bafana Msibi and Carol Marshall describe recent developments in ensuring the quality of care in health establishments, and the steps taken to train and sensitise healthcare workers on existing norms and standards in preparation for the work of the OHSC. The authors conclude that, in addition to the National Core Standards (NCS) providing a useful mechanism for health establishments to measure their own performance, an added advantage has been a heightened awareness of the different dimensions of quality of care. Moreover, together with developments around the establishment of the OHSC, the NCS constitute an invaluable catalyst for stimulating and strengthening a culture of Continuous Quality Improvement in the health sector.

Robert Fryatt, Jeanette Hunter and Precious Matsoso, in Chapter 4, on Innovations in Primary Health Care, suggest that the current climate of change in the health sector – such as financing reforms under NHI and the creation of the OHSC – creates an appropriate context for more experimentation on potential approaches to expanding high-quality primary care services. They describe the recently introduced "Ideal Clinic" initiative which is aimed to systematically improve the quality of care in public sector PHC facilities. The authors also consider the case for introducing social franchising as a mechanism to improve healthcare delivery, using the National Core Standards of the OHSC and the guidelines and protocols being used for the Ideal Clinic project. They point out that, if effectively managed, social franchising can be cost-effective by providing services at a cost equal to or lower than that of existing services. Social franchising has the potential to improve access to care by increasing the number of service delivery points, and to enhance the quality of care by ensuring that the services provided adhere to quality standards and improve on existing levels of quality.

The 2011 edition of the SAHR notes that "the PHC re-engineering strategy is an essential – but not a sufficient – condition to achieve improved health outcomes; it has to be accompanied by a change of culture that incentivises system-wide planning and implementation to achieve desired outcomes and maximise strategic partnerships."[d] The next three chapters in the 2013 Review reflect on some of the achievements and challenges that have materialised in the three streams of PHC re-engineering since 2011.

In Chapter 5, Anna Voce and colleagues describe developments and progress in the implementation of the District Clinical Specialist Team (DCST) stream of PHC re-engineering. They outline the policy and strategic background underpinning the DCST stream, explain the recruitment and training of the teams, and conclude by highlighting the need for strengthened mentoring and coaching practices, the integration of the DCST stream with other PHC-strengthening endeavours, and the need for district-level co-ordination of programmes for improved outcomes.

In Chapter 6, Maylene Shung-King, Marsha Orgill and Wiedaad Slemming provide a comprehensive overview of school health in South Africa. They discuss the implementation of the Integrated School Health Policy (ISHP) and consider how the ISHP fares in relation to established international protocols for school health. Like the authors of the previous chapter on DCSTs, they note that the successful implementation of the ISHP rests on effective collaboration of multiple sectors and the many levels of the health system, suggesting that an important enabling factor has been the collaboration of the Departments of Health and Basic Education, as well as the priority given to school health by the Presidency. These "contextual game-changers", they submit, can potentially convert school health services from having the status of the "stepchild of primary healthcare programmes" into being recognised as a dynamic intervention. They caution, however, that careful planning is required for improving the coverage and staffing of school health teams, and propose that for at least the next two years, attention should remain on the Quintile 1 and 2 schools until service delivery to these disadvantaged groups is consolidated.

In Chapter 7, Thesandree Padayachee and colleagues provide an update on the implementation of Ward-based Outreach Teams (WBOTs) through a case study of the North West Province which was an early adaptor of the WBOT strategy. The authors make several recommendations that are likely to prove salutary for other provinces, and are encapsulated in the following summation of the key themes emerging from the three chapters examining PHC re-engineering.

Analysis of these key themes indicates that over the past three years, much emphasis has been placed on establishing the systems and support structures required to ensure the successful implementation of the re-engineering strategy. This includes recruitment of staff, planning for implementation, developing partnerships with civil society and the private sector, and strengthening communication and feedback mechanisms at district and sub-district levels. However, there remain some common challenges, such as the need for ring-fenced financing, poor management of human resource-related matters, and inadequate availability of and access to physical resources, and unless these are addressed, PHC re-engineering will never be fully implemented and may further weaken the very system it was intended to strengthen.

Chapter 8 focuses attention on the leadership structures of the district and provides insight into the context of a rapidly changing policy environment in which the constraints and challenges faced by District Health Management Teams impact on their ability to effectively translate national policy into district-specific strategies. Although these barriers are not new, they should be borne in mind as the country moves swiftly into consolidation of the gains made in district health systems strengthening and the establishment of "the district" as the site of implementation for many health sector transitions. Gustaaf Wolvaardt, together with a team of authors, reiterates the need for effective, decentralised decision making as one of a series of steps required to strengthen district management.

After sketching a brief history of medical schemes in South Africa, Shivani Ramjee and colleagues report on a study they conducted with key stakeholders in the private health sector, in order to establish what these stakeholders perceive their roles to be in the context of NHI in South Africa (Chapter 9). The authors suggest that there is significant expertise and experience within the private health sector that could be harnessed to accomplish the objectives of NHI.

d Naledi T, Barron P, Schneider H. Primary Health Care in SA since 1994 and Implications for PHC Re-engineering. In: Padarath A, English R, editors. South African Health Review 2011. Durban: Health Systems Trust; 2011.

In Chapter 10, Angela Mathee and Caradee Wright consider some of the challenges encountered and progress made in addressing environmental health issues in South Africa over the past two decades. They examine the contribution of environmental risk factors such as urbanisation, living environments, exposure to toxins, and how the role of poverty and inequity contributes to the burden of disease in the country. While the authors concede the numerous achievements made in this field, they warn that existing environmental problems emanating from poor industrial and agricultural practices and sub-optimally developed human settlements are likely to be exacerbated by the impact of climate change. They also highlight the potential role of environmental health practitioners in mitigating these challenges.

In Chapter 11, Nerisha Tathiah and colleagues provide a comprehensive account of cervical cancer in South Africa and of the lessons that should be considered in implementing the HPV vaccination programme. It is likely that human resource and other constraints are likely to hinder effective delivery of HPV vaccines to schoolgirls, and the authors recommend that the NDoH should mitigate this risk through: proper planning; resource forecasting and strengthened procurement systems; and reliable monitoring and evaluation, to determine the progress and impact of the vaccination strategy, and importantly, social mobilisation and advocacy efforts to improve the demand for the service.

On World AIDS Day in 2013, government re-launched the HIV Counselling and Testing (HCT) campaign under the rallying cry of *Get wise, get tested, get circumcised*. Since then, much has been done to encourage voluntary medical male circumcision (VMMC) and in Chapter 12, Kaymarlin Govender and colleagues review the current situation regarding VMMC in South Africa, including progress in achieving scale-up and the complexities of rolling out such an intervention. They also examine issues related to the integration of traditional and medical circumcision practices, and provide some perspective on implementation of VMMC for the future, including new technologies for non-surgical circumcision, strategies targeting particular groups for maximum cost-effectiveness, and the integration of VMMC into a wider range of HIV prevention and treatment services being rolled out in the country.

The next set of chapters acknowledges the severity of the tuberculosis (TB) epidemic in our country, and provides information of its extent in the general population as well as in children and adolescents. The final chapter in this trio considers the issue of TB stock-outs in the public health sector.

In Chapter 13, using information from National Department of Health databases, Marian Loveday and colleagues identify areas of sub-optimal performance in the National TB programme, with a focus on three categories of high-risk populations (miners, prisoners and healthcare workers). They offer pragmatic recommendations for addressing these problems, such as developing enhanced case-finding strategies in community settings and screening of all patients who enter health facilities, taking steps to reduce the initial defaulter rate, and reversing the trend of large numbers of TB patients who remain documented as having an unknown HIV status.

Jackie Smith, Sizulu Moyo and Candy Day provide information on TB in children and adolescents in Chapter 14. Using data from the Electronic TB Register over a five-year period, they conclude that TB in this cohort (0–19 years) represented 15.3% of all TB cases in South Africa, with the majority of cases in the 0–4 year age group, which is consistent with trends in most other countries with a high TB burden. They caution, however, that there may be an underestimation of the total disease burden in this group, as TB in children can frequently be misdiagnosed as other respiratory tract infections.

Using information from the District Health Information System and the Stop Stockouts Survey, Tamlyn Seunanden and Candy Day provide an account of the extent and impact of TB drug stock-outs in the public sector. Their analysis includes information on data quality and comparability from the data sources used, along with an assessment of the relationship between stock-outs and TB treatment outcomes. Chapter 15 illustrates that TB drug stock-outs are pervasively evident in several districts in South Africa, posing challenges to patients who require regular access to TB drugs and compromising patient health. They conclude that more research should be conducted using existing information to determine the impact of TB drug stock-outs, and that data quality in our routine information system should be strengthened. They also call for the development of guidelines to prevent TB drug stock shortages in health facilities.

Jessica Price, a fifth-year medical student at the University of Cape Town, is this year's recipient of the Emerging Public Health Practitioner Award (Chapter 16). In her chapter, which focuses on Lean Management, Jessica provides an account of an intervention in an orthopaedic outpatient clinic that aimed to reduce patient waiting times and improve patient satisfaction. Price's study demonstrates that Lean Management methods have the potential to achieve significant improvements in efficiency without additional resource investment, and she urges for more students to be given the opportunity to implement Lean projects as part of their studies, thereby increasing their exposure to examples of practical systems improvement with concomitant improvement of service delivery.

Chapter 17 on Health and Related Indicators, which has become the mainstay of every edition of the *South African Health Review*, provides a comprehensive account of key international and national data sources and literature on a range of health and related indicators. In addition to listing key new data sources as well as a succinct update on key issues and trends, Candy Day and Andy Gray also provide the most up-to-date information spanning health status, health services, health financing, demographic and socio-economic indicators.

2015 sees the end of the timeframe for the achievement of the Millennium Development Goals (MDGs). There is consensus that while these goals will not be met in most developing countries, the MDGs have been instrumental in sustaining global attention on some of the most intractable challenges facing the world and have catalysed the channelling of resources directed at addressing these challenges. It is with this in mind that South Africa would do well to begin to engage with the Sustainable Development Goals proposed by the United Nations General Assembly Working Group to guide the development of the post-2015 development agenda. Goal 3 refers specifically to ensuring healthy lives and the promotion of well-being for everyone at every age, but all 17 proposed goals – with their attendant 169 targets – have direct implications for health and health outcomes, and provide a strategic opportunity for countries to begin addressing the broader socio-economic determinants of health with greater intersectoral collaboration.

The *South African Health Review* is acknowledged as an "institution" – a perennial corpus of translational research that explores the social, behavioural, ethical, legal, economic and management enablers and impediments to the effective implementation of the country's health policies and plans. This edition contains chapters that investigate and track emerging technologies for and novel approaches to health programming, and offer cogent insights on good practice. However, even before the ink is dry, deliberate speed is needed to realise the results we urgently need. Accelerated integration of findings into policy and programming must be expedited, and multisectoral partnerships formed to facilitate the delivery of optimal health services. In addition, community voices must be embedded in our approach and inform impact evaluations. The complex functioning of our health service should be matched by suitably diverse and expeditious responses.

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