

# Editorial

Eighteen years into democracy and three years after the national 2009 general elections that ushered in new national health leaders and a range of new legislation, South Africa finds itself in the throes of implementing numerous health sector reform policies aimed at transforming the public and private health landscapes and overcoming ever increasing inequities between its society's wealthiest and poorest. The current focus is on implementing the components of key strategies such as the Negotiated Service Delivery Agreement (NSDA) which presents four strategic outputs to be achieved by the South African government. Output four, which is to strengthen the effectiveness of health systems, primarily through the introduction of primary health care re-engineering and the 14-year-long planned implementation of National Health Insurance (NHI) as a financing mechanism for the health system, has received significant attention in the year 2012.

However, a range of programmatic activities designed to move towards attaining output one (increasing life expectancy), output two (decreasing maternal and child mortality) and output three (combating HIV and AIDS and decreasing the burden of disease from TB) have been substantially prioritised, escalated and supported by the release of a raft of plans and national strategies intended to be implemented on a wide scale. To this end, 11 NHI pilot sites have been identified that will serve as the basis for testing the process of overhauling the health system, and the generation of models, good practices and lessons to inform further implementation and future scale up to more districts. Much of what has spurred South Africa's commitment to re-engineering the health system has also been driven by South Africa's overwhelming quadruple burden of disease fuelled by a range of risk factors – such as unsafe sex and sexually transmitted disease; interpersonal violence; alcohol, tobacco smoking and obesity; maternal and childhood malnutrition; and decreased physical activity amongst other factors. The high prevalence of these and other risk factors, including rising non-communicable disease rates, has turned policymakers' attention to addressing the social determinants of disease.

Twenty years after the inception of the Health Systems Trust, this 16th edition of the *South African Health Review* (SAHR) broadly focuses on some of the key building blocks of the health system: financing, governance and leadership, medical products and service delivery. Throughout the Review, authors make reference to issues that relate to human resources and information. The Review also focuses on the social determinants of health and South Africa's quest to start addressing these. While the SAHR aims to provide a broad country perspective, this edition heralds the start of a move towards supplementing evidence of change with examples of actual change and activities on the ground through the inclusion of case studies, vignettes and profiles of interesting innovations. Below, we also introduce the newly launched Emerging Public Health Practitioner Award which provides a voice to young and upcoming under-35-year-old public health professionals. We hope that in years to come this award will inspire these practitioners to add to

new and ongoing public health debates and to present innovative solutions to problems that plague our health system.

This year's SAHR kicks off with two chapters that deal with legislation and financing respectively. Chapter 1 on *Health Policy and Legislation* focuses on the period 2011/12. Andy Gray and colleagues report that no new health-related legislation was passed during this period but that two health-related Bills are before Parliament namely the National Health Amendment Bill (Bill 2 of 2011) and the Mental Health Care Amendment Bill (Bill 39 of 2012). Secondary and tertiary legislation in the form of Regulations were published for comment or finalised by the Minister of Health, and board notices were issued by statutory health councils. In this chapter attention is paid to legislative barriers with regard to telemedicine and an intellectual property policy released for comment by the Department of Trade and Industry. The authors conclude that despite progress, some critical elements in the field of health policy and legislation remain unresolved.

Malebona Precious Matsoso and Robert Fryatt summarise progress against a plan of action and present future plans for introducing the NHI policy since the launch of the Green Paper in August 2011. In this chapter, entitled *National Health Insurance: The first 18 months* (Chapter 2), a discussion on the NHI Green Paper and legislative process is presented. This discussion covers management reforms and designation of hospitals; hospital reimbursement reforms; and public health facility audit, quality improvement and certification processes. Progress in implementing the primary health care re-engineering policy is outlined and work to enable provinces to plan, manage, modernise, rationalise and transform infrastructure for public sector hospital infrastructure and equipment is presented. The authors also report on progress in terms of human resources for health, information management and systems support, and provide an overview of progress towards strengthening district health authorities, financing, establishment of the NHI Fund and considerations for accreditation and contracting private providers. A list of five key challenges accompanied by their risks and proposed mitigation is also presented under the headings of 'consultation and communication', 'harnessing cost-effective health technology', 'making change happen', 'building up knowledge on what works' and 'retaining the focus on equity'. A number of case studies are presented and the authors conclude that universal coverage is no longer merely a dream for South Africa.

Chapter 3 heralds a shift in focus from legislation and financing to service delivery-related matters and focuses on *HIV Treatment in South Africa: The challenges of an increasingly successful antiretroviral programme*. South Africa has the largest number of people with HIV in the world and now has the largest and possibly the most ambitious antiretroviral (ART) programme globally. The author, Francois Venter, examines political, policy, programmatic and other issues entailed by the initiation and expansion of the South African ART programme and frames most of his discussion within three politically related eras spanning the period 2004

to 2012. The role of non-profit organisations and civil society is also discussed, with mention of the role of activism, litigation and negotiations at all levels in the ultimate development of a successful widely implemented and supported programme. Francois Venter highlights successes – such as statistics showing that 2 million people were accessing ART at the end of 2012; a shift to improved treatment regimens; good viral suppression; retention in care and clinical outcomes; an increase in life expectancy attributed to increased access to ART; and a reduction in the national mother-to-child transmission of HIV rate from 30% to below 3%. Despite the undoubted gains, mostly made during the post-2008 era when a new political dispensation and subsequent reorientation and scale up of the programme occurred, the South African government still faces a number of challenges. The cost and scale of the programme, evolving HIV treatment guidelines, the failure of past and current prevention programmes, the need to continuously integrate HIV with TB and antenatal services, and the implications of adopting a 'treatment as prevention' programme in South Africa are also discussed. Good governance is required and the author highlights that provincially, with the exception of one province, poor financial and programme planning have proven to be major obstacles to seamless implementation and scale up. The chapter emphasises in its conclusion the need for strong medicines supply and service delivery systems which, if weak, can threaten the ongoing expansion of the treatment programme. Government is challenged to consider thinking creatively about how to best manage HIV as a chronic disease through developing systems that will facilitate ongoing disease monitoring and reducing the number of health facility visits.

Chapter 4 explores output 2 of the NSDA and is entitled *Maternal, Newborn and Child Health*. Lesley Bamford reports that, although South Africa continues to experience unacceptably high rates of maternal, newborn and child mortality, a decline in the under-five and maternal mortality ratio has been observed. The chapter provides an overview of global and national commitments and strategies aimed at improving the health of mothers, newborns and children, and discusses progress towards implementing priority interventions as outlined in the first National Maternal, Newborn, Child and Women's Health and Nutrition (MNCWH&N) Strategic Plan. An overview of global mortality rates and trends, including the primary causes of mortality within the groups under review is provided and the author attributes mortality in children to undernutrition. Evidence shows that increased coverage of proven interventions should specifically be aimed at the poorest and most disadvantaged children to overcome the increasingly observed disparity in mortality between the wealthiest and most deprived quintiles. Thus four international commitments and strategic documents are discussed, including the global strategy for women's and children's health that sets out key areas where action is urgently required for financing, policy and service delivery improvements, to the global strategy for elimination of new HIV infections among children. This strategy aims to reduce the number of HIV-related maternal deaths and to reduce the number of new childhood HIV infections. Eight local commitments and interventions are also presented, which range from a number of related strategic documents to the Tshwane Declaration to promote exclusive breastfeeding. In an attempt to track progress in implementing key interventions and programmes, Bamford presents the package of priority maternal and child health interventions as outlined in the MNCWH&N Strategic Plan, highlighting the 56 essential interventions that – when implemented

in packages relevant to the local setting – are most likely to save lives. The chapter concludes with a caution that without the needs of the health system being addressed, which include increasing the availability of adequate numbers of well-trained healthcare workers at facility and community levels; strengthening monitoring and evaluation systems; addressing equity; increasing accountability; and ensuring that all the components of the MNCWH&N Strategic Plan are implemented, South Africa will not attain the goals it has set for itself.

Occupational health comes under the spotlight in Chapter 5, where Shahieda Adams and colleagues take an interesting look at two occupational populations for which the National Department of Health has legal responsibility, namely healthcare workers at risk of contracting tuberculosis, including multidrug-resistant TB, and former mineworkers with occupational lung disease due to exposure to hazardous dust. The Department's responsibility towards the former group is as an employer, and for the latter group it bears legal responsibilities for examination and compensation. The authors express their concern at the rising incidence and prevalence of multi-drug-resistant and extremely drug-resistant TB in healthcare workers. Global and local policies, statutory provisions and local institutional frameworks for managing TB among healthcare workers are presented but it is stressed that no uniform national strategy that actively supports TB risk management and limited active enforcement of current regulations exists. They argue that greater emphasis on intensified case finding and isoniazid prophylaxis and improved infection control is required for healthcare workers. For former mineworkers, the authors specifically discuss the problem of the failure of statutory examination and compensation systems for occupational lung disease. They question what the appropriate health system response to the combined silica/silicosis and TB epidemics should be, given that in the case of mineworkers these conditions have their roots in the private mining sector yet become the problem of the public sector. In response a review of key legislation that touches on the management of lung diseases in mineworkers, access to benefit medical examinations by former mineworkers, and claims management are presented. The chapter concludes with a range of recommendations, a central one of which is instituting measures to hold the mining industry accountable for reducing the root causes of the epidemic (the risk of exposure to silica dust at source) and for legal, financial and managerial reforms of compensation systems.

A key component of the district health system is the community and in South Africa, as has been reflected in many chapters of this Review, civil society has played and continues to play a pivotal role in shaping health policy, particularly in the era of HIV and AIDS. Kerry Cullinan, in the chapter entitled *Citizen Reporting on District Health Services* (Chapter 6), describes an innovative pilot project conducted in half of the NHI pilot districts that is aimed at reporting on health conditions at the district level in order to improve service provision. The underlying premise is that where political structures fail in the area of service delivery, collective citizen action ('social accountability') by or on behalf of the poor will spur policymakers and service providers into action. Numerous national examples of media-driven social accountability through the use of citizen journalists are presented and a description of the initiative is provided. The author states that this form of reporting will create more opportunities for district-level grievances and successes to be profiled and to be given the attention they deserve.

Chapters 7 to 10 shift the reader's focus to social and environmental determinants of health, and cover injuries, violence and alcohol; non-communicable diseases; and climate change. *Mainstreaming the Social Determinants of Health in South Africa: Rhetoric or reality?* is the seventh chapter in this Review. Here Laetitia Rispel and Sara Nieuwoudt draw from a range of government policy documents and budget speeches, as well as key informant interviews, and present an analytical perspective on the social determinants of health in South Africa. The chapter gives an overview of key global developments, including the 2008 Commission on Social Determinants of Health report. The authors report that locally, the NSDA recognises the importance of addressing the social determinants of health with some determinants linked to explicit actions, whereas the linkages in other policies are less clear. Furthermore, details on specific areas and mechanisms for intersectoral collaboration are not described in any of these policy documents. Their discussion on local action, highlighting progress and challenges made with regard to addressing the social determinants of health, provides a detailed analysis of the extent to which the determinants are reflected in the 2012 national and provincial budget speeches with a specific focus on intersectoral governance structures and corresponding governance actions. The authors conclude that rhetoric on the social determinants of health in South Africa exists in policy and at national and provincial levels with structural mechanisms ranging from narrow bilateral departmental arrangements to integrated planning approaches. The lack of prioritisation of intersectoral initiatives, however, casts doubt on government's capacity and ability to make substantial and measurable progress in this regard. Key barriers to intersectoral action and to addressing the social determinants of health can be characterised as being related to legislative and policy design, governance and leadership, gaps between policy and implementation, lack of or insufficient resources and resourcing, and lack of monitoring and evaluation. The chapter concludes with a call to learn from local and international experiences in order to thrust South Africa beyond rhetoric and lists a set of proposed activities to this end. Finally, there is also a call for more research evidence on the social determinants of health, as well as for a more critical discourse and focus on overcoming inequities.

Joanne Corrigan and Richard Matzopoulos, in Chapter 8, on *Violence, Alcohol Misuse and Mental Health: Gaps in the health system's response*, continue the discussion for the need for better intersectoral collaboration and make the point that the leading causes of disease burden in South Africa are inextricably linked. The authors provide evidence to support this claim. In their discussion of the interrelationship between alcohol abuse, violence and mental ill health the association between the three are explored. They attribute gaps in the health services to a lack of governmental recognition and prioritisation of the multi-directional links between the 'triad' as presented above which have knock-on effects of poor data availability, policies and interventions that can address these problems in an integrated manner. Other gaps relate to under-resourcing of the health system, the under-detection and inadequate management of these conditions within healthcare settings, and decreased access that results from a range of logistic-, cultural- and knowledge-related barriers. Surveillance is identified as a key component in supporting the identification and management of these public health problems; in particular, the institutionalisation of an injury mortality surveillance system. The authors present a case for better intersectoral responses within the health sector and

between relevant sectors, given the nature and overlap of the risk factors for violence, alcohol abuse and mental disorders. They present an example of an integrative approach at a national level – the establishment of the Inter-Ministerial Committee on Combating Substance Abuse in 2010 – and propose the establishment of a similar committee that will provide a joint platform for the three public health priorities with oversight provided at the highest level; that is, the Cabinet.

Non-communicable diseases have increasingly become a topic of debate given their contributions to rising morbidity and mortality rates both globally and locally. Thandi Puoane and colleagues in their chapter on *Chronic Non-communicable Diseases in South Africa: Progress and challenges* (Chapter 9) describe the current status of chronic non-communicable diseases and the key drivers of these in South Africa, and provide a five-year overview of local policies and practices. In South Africa, non-communicable diseases account for 37% of all-cause mortality and 16% of disability-adjusted life years. South Africa has shown commitment to focusing on these diseases through convening a summit in 2011. A strategic plan for non-communicable diseases is also under development. The chapter focuses on the 'big four' non-communicable diseases – heart disease, cancer, type II diabetes and chronic obstructive pulmonary disease – with a focus on their risk factors as presented within a framework ranging from biological, behavioural (e.g., tobacco use, obesity, physical inactivity, alcohol misuse), and societal (e.g., employment, poverty, education, accommodation, socio-economic status and behavioural risk factors) to structural and environmental (e.g., food environment, marketing of unhealthy products and behaviours) determinants. A range of policy responses is discussed, examples of initiatives and programmes targeting chronic non-communicable disease in South Africa are presented. A list of population-wide interventions to promote healthy diet, physical activity, and a healthy environment that the South African government should consider is included. The authors conclude that a wide range of interventions should be targeted at the broad range of determinants (e.g. individual and societal) with a specific focus on the development of policy responses to address the structural environment.

Jonathan Myers and Hanna-Andrea Rother discuss the *Public Health Impact of and Response to Climate Change in South Africa* in Chapter 10. They reflect on recent global declarations in the field of climate change and health and present key concepts and definitions that serve to frame their discussion on the potential impact of climate change on health in the country. Attention is paid to South African public sector responses to climate change and health with a review of what is being done at a national and provincial level. The authors conclude with a discussion on the barriers and enablers to the implementation of climate change interventions and underline the need for enhanced knowledge and understanding of the potential impacts of climate change on health in South Africa, particularly on the existing burden of disease. This requires the modelling of local climatological data to understand the health-equity implications of these changes. It also requires use of and access to mortality and morbidity data at the lower levels so that 'climate scenarios' can be produced. Transversal and cross-sectoral collaborations are proposed as being key to successful policy development and implementation. Research, development and collaborative work between academic health institutions and the health system, which focuses on the link between climate change and its potential impact on South Africa's burden disease, are called for.

Governance and leadership is a key building block of the health system. Chapters 11 to 13 touch on the national research system in South Africa; a university perspective of health policy and systems research; and leadership and management at sub-district level.

Given the inclusion of research and development strengthening in the 2009 to 2014 South African 10 Point Plan, Flavia Senkubuge and Bongani Mayosi, in Chapter 11 on *The State of the National Health Research System in South Africa*, present an assessment of the performance of the national health research system as envisaged by the Health Research Policy of 2001. The authors state that evidence shows that large economic return on investments can be observed when medical research is invested in at country level, and that global commissions have shown that health research is not given its rightful place in improving health, equity and development in low- and middle-income countries. A key recommendation is given by the authors that the latter countries spend at least 2% of their health programme budgets on health research, with donors adding at least 5%. In this chapter a framework for assessing national health research systems is used to determine the state of the South African national health research system with a focus on stewardship, financing, creating and sustaining resources, and producing, synthesising and utilising research. It is noted that because of declining investigator-initiated original clinical research over the past few years, South Africa should revitalise clinical research. Seven challenges and recommendations for the revitalisation of the health system are presented. These are increasing the financial allocation to health research; increasing funding to increase the number of relevant human resources; investing in health research facilities and infrastructure; creating of a National Priority Health Research Fund to stimulate new and innovative research and address key health system priorities; developing a National Regulatory Framework; establishing a planning, coordination and translation of research findings body; and finally ensuring the institution of national mechanisms for monitoring and evaluation of research conducted in the country.

Chapter 12, *Health Policy and Systems Research: Needs, challenges and opportunities in South Africa – a university perspective*, provides a South African higher education perspective on the growth of the field of health policy and systems research in response to the increasing international recognition of the need to deliver cost-effective health interventions within a strengthened health system. Marsha Orgill and colleagues list the key milestones in the development of the field and provide basic definitions and seek to frame health policy and systems research within the broader terrain on health research in general. They present three health policy and systems research groups located within higher educational institutions and a capacity assessment of these. The authors also set out the findings of a Public Health Association of South Africa pre-conference health policy and systems research workshop and discuss the challenges facing future local development of this field, at individual, organisational and system levels. The authors argue that this form of research, which adopts a 'systems thinking' approach, has a multi-disciplinary base that encompasses both social science and more traditional health research perspectives. They also propose that more research with a systems focus rather than an intervention focus is required, with a need to understand what policies mean, how they will impact on and reshape health systems functioning and to continuously learn from implementation.

Of importance is the need for research to ask questions such as why implementation fails and what it is that guides implementation at service delivery levels. Interrogating the roles of power and politics, among other things, is also needed. They conclude with a call to establish a community of practice for sharing and engagement across projects and institutions.

An exploration of the complexities and challenges of managing a sub-district and framing a debate on the role of districts and sub-districts using systems thinking and management theory with regard to strategic policy direction setting and operational service implementation is presented in Chapter 13, entitled *Crises, Routines and Innovations: The complexities and possibilities of sub-district management*. Soraya Elloker and colleagues present a case study on an action-learning project in a South African sub-district with a specific focus on leadership and management. The authors focus on the intangible software of the health system such as relationships, communication practices, values and norms and its role in determining the behaviours of those working in the health system and the location of organisational practices and routines within this software dimension. Three innovations for galvanising actors at the sub-district level and for building capacity to improve routines and relationships are presented: developing pro-active management; developing local service-improvement priorities; and generating local knowledge, priorities and action. The authors conclude that numerous competing demands, actors, existing organisational cultures and legacies undermine progress towards decentralisation and innovation and highlight the influence that organisational software has in this sphere. Ultimately, managers are expected, and should be willing and able, to manage in 'calculated chaos', hence management and leadership development programmes should focus on developing the software elements as well as technical skills and capacities.

Medicines, vaccines and technology are key building blocks and hardware of health systems. There is, however, a tendency to neglect the importance of these elements and supporting processes when key health system success factors are under discussion – in particular those related to procurement and management of these elements. In Chapter 14, Bada Pharasi and Jacqui Miot seek to shed light on *Medicines Selection and Procurement in South Africa* with a focus on these components in the 1996 National Drug Policy. The authors focus on medicines selection in the private sector; in particular, medicine formularies and guidelines and selection of medicines under prescribed minimum benefits. Standard treatment guidelines, the essential medicines list and the role of the pharmacy and therapeutics committees in the public sector, are discussed. The shift towards medicines procurement centralisation with the establishment of the Central Procurement Agency in 2011 and the Department of Health taking over the management of medicines tenders from the National Treasury are discussed. The authors emphasise the importance of applying evidence-based medicine, pharmacoeconomics and budget impact analysis when selecting medicines and that a coherent approach is required – especially in preparation for NHI. They highlight, however, that more attention needs to be given to medicine supply chain management at lower levels in the health system, particularly at the district level. They call for a monitoring and evaluation plan to measure the impact of the National Drug Policy's implementation and for a national review of implementation thus far.

Health Systems Trust is committed to developing young health policy and system researchers who work within the broad field of public health. Creating a space to hear these voices and to provide a platform for the introduction of new ideas, research and perspectives is considered to be crucial for expanding the body of public and private health sector and system researchers. To this end, we proudly launch the Emerging Public Health Practitioner Voices series. In the second half of 2012, we introduced the Emerging Health Practitioner Award and called for young and emerging public health practitioners under the age of 35 to submit a well-written and comprehensive piece of work that (1) bears relevance to the local and international public health community and current policy environment, (2) has a degree of innovation and originality, (3) identifies good practices and hindrances to policy implementation and (4) is scientifically rigorous and intellectually clear. Through a process of anonymous peer review two articles submitted for consideration in 2012 were assessed as being worthy of inclusion in this year's SAHR. These are presented below.

Nadia Hussey, a medical student at the University of Cape Town, takes a closer look at the effects of language barriers on the access patients and communities have to quality health care. Her chapter, entitled *The Language Barrier: The overlooked challenge to equitable health care* (Chapter 15), provides an insightful glimpse into the challenges language barriers pose to work efficiency and holistic treatment. She presents a case study of Madwaleni Hospital in the Amathole district in the Eastern Cape and explores current language difficulties, methods of overcoming these barriers, and proposes future broad health system solutions touching on effective translation and interpretation models. She discusses the need for developing a culture of multilingualism, through adopting a bilingual worker model, and explores the 'explanatory model' approach. In this approach a patient's personal and cultural experience of illness is addressed in order to gain an understanding of the patient's personal and cultural experience of illness in an environment where language barriers preclude easy understanding of the patient's condition and perception of disease.

The author draws attention to the absence of language as a component in key health sector reform policies, despite it being mentioned in the Patients' Rights Charter and the National Health Act (Act 61 of 2003). She also asserts that health promotion, prevention and community involvement cannot succeed without engagement in a dialogue in the language of the patient. Finally, she calls for the application of a multifaceted solution to ensure provision of multilingual healthcare in a multilingual society.

Adeleke Oluwatoyin, in Chapter 16, writes on the *Barriers to Implementation of Tuberculosis Infection Control among South African Healthcare Workers*. This author, from the School of Public Health and Family Medicine at the University of Cape Town, provides an overview of health system factors that influence health worker performance in implementing tuberculosis infection control in primary care clinics at district level. This chapter, which complements Chapter 5's presentation of occupational health challenges facing the Department of Health, provides a closer look at the barriers and enablers to implementing tuberculosis infection control and discusses how lessons learned from the work presented in this chapter could influence health policy reform and inform managers about ways in which health-worker performance could be improved in high-risk settings. The work, based on the author's

own research, lists the enablers of tuberculosis infection control implementation among health workers to be availability of resources in the form of infrastructure, human resources and consumables, leadership, supervision, collective practice and screening for TB in healthcare workers. Key barriers were identified as being non-proactive use of respirators, healthcare worker perceptions of tuberculosis concentration in certain sections of clinics, non-responsive compensation policies, patient non-compliance, issues pertaining to prioritising prevention activities, and training deficits. From a policy perspective, bureaucratic compensation delays were highlighted as a major barrier to building trust in the health system. Mechanisms to address these barriers were identified as key future areas for research.

Finally in Chapter 17, Candy Day and Andy Gray present key *Health and Related Indicators*. A comprehensive range of routine and non-routine data are presented and for each section that authors discuss recent developments. The content includes demographic, socio-economic, health services and health financing indicators. Provincial maps, colour graphs and indicator definitions are also included.

As South Africa focuses on the implementation of the many recently developed policies aimed at reforming the healthcare system and strives to move as close as possible to achieving the Millennium Development Goals (MDGs), it is perhaps also prudent to think about how the health sector will position itself in the post-2015 development agenda. Key issues are likely to be how to respond to the unfinished MDG health agenda, as many countries – including South Africa – will not meet the MDG goals for 2015. The changing agenda for global health that has been identified by the United Nations involves moving away from addressing disease-specific issues to a more equity- and social-justice-oriented approach that is rooted in the concept of understanding health as an indivisible human right that cannot be realised without tackling the economic, social and environmental determinants of health. In this regard, issues such as universal health coverage, addressing non-communicable diseases and ensuring access to services from an equity perspective will feature more prominently on the global health agenda. Attention is also likely to be focused on health in the context of sustainable development, where health is understood as both a potential beneficiary of and a contributor to sustainable development. Improvements in the physical environment and the implementation of mitigation and adaptation strategies to reduce the effects of climate change, for example, can result in reduced burdens of infectious diseases. In the case of health being understood as contributor to sustainable development, gains in implementing initiatives such as universal health coverage and fostering a more healthy population can contribute to poverty reduction and increased economic growth, resulting in progress towards creating sustainable livelihoods. This year's edition of the Review has begun to cover many of these issues and will continue to do so in future editions.

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Health Systems Trust

