



HEALTH
SYSTEMS
TRUST



ANNUAL REPORT 2020/21

OUR FOOTPRINT

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

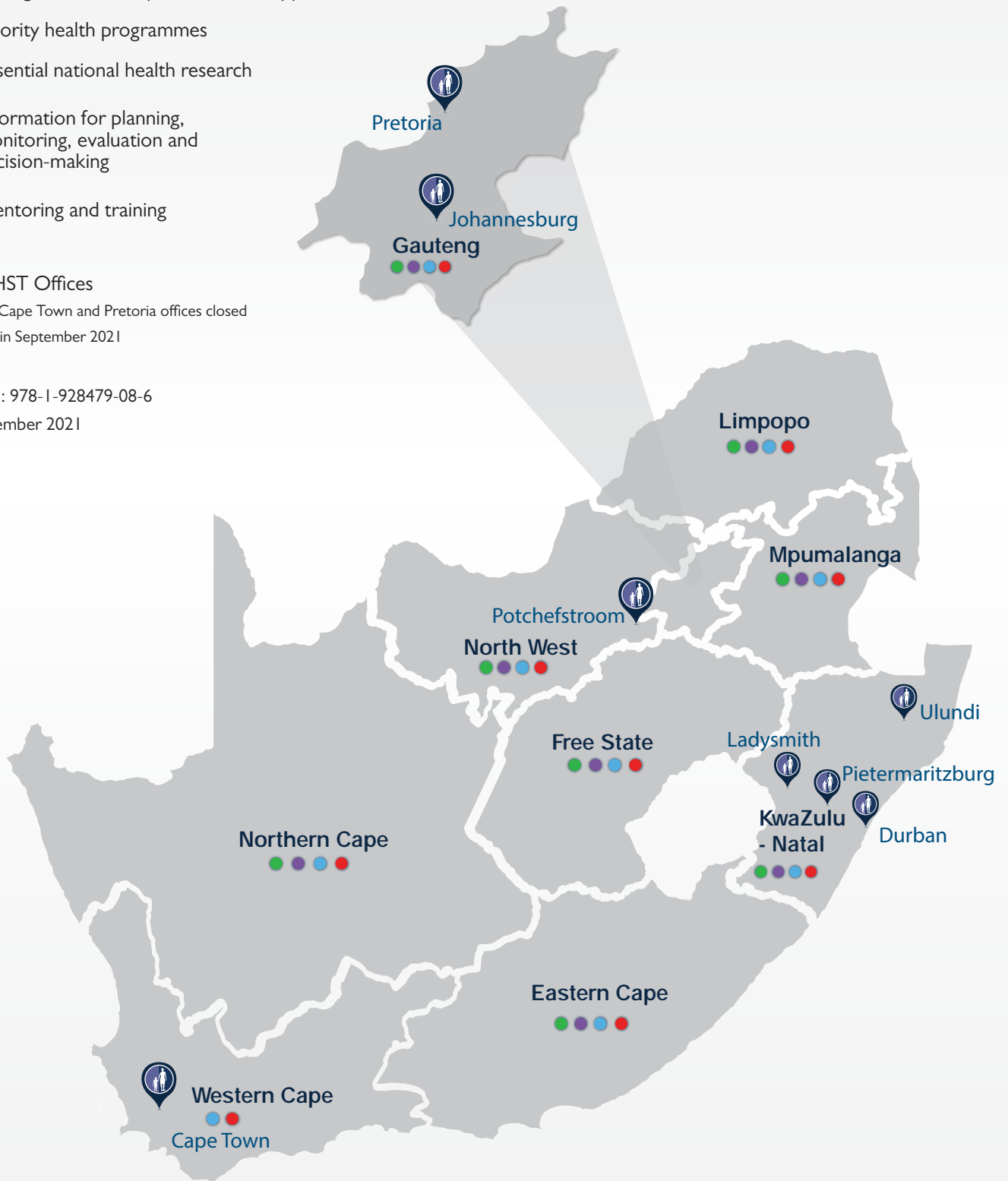


HST Offices

*Cape Town and Pretoria offices closed in September 2021

ISBN: 978-1-928479-08-6

December 2021





OUR **VISION**

Improved health equity in a healthier Africa

OUR **MISSION**

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

ABOUT US

OUR **VALUES**

- committed to excellence
- people-centred
- honest and transparent
- innovative
- responsive
- knowledge-driven
- collaborative

OUR **APPROACH** IS BASED ON

- the primary health care philosophy
- generating evidence-based interventions, good practice and innovations
- providing management, implementation and research support at all levels of the health system
- providing guidance, mentoring and training
- taking action to address the influence of the social determinants of health on the burden of disease
- tailoring our work to local contexts
- creating, sharing, storing and curating new knowledge

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ABBREVIATIONS & ACRONYMS

AHCs	Academic Health Complexes	Linkage	linkage to care (the process of initiating and maintaining engagement in medical and psychosocial services for people who are newly diagnosed as HIV-positive)
AIDS	Acquired Immunodeficiency Syndrome	LSHTM	London School of Hygiene and Tropical Medicine
ART	antiretroviral therapy	M&E	monitoring and evaluation
BAS	Basic Accounting System	MRC	Medical Research Council
BBBEE	Broad Based Black Economic Empowerment	NDoH/DoH	National Department of Health/ Department of Health
CBOs	Community-based Organisations	NGO	non-governmental organisation
CCMDD	Central Chronic Medicines Dispensing and Distribution programme	NHI	National Health Insurance
CDC	U.S Centers for Disease Control and Prevention	NHI-IS	National Health Insurance Information System
DHB	District Health Barometer	NHLS	National Health Laboratory Service
DHB: DHP	District Health Barometer: District Health Profiles	NHRC	National Research Health Committee
DsD	direct service delivery	NHRD	National Health Research Database
DSP	District Support Partner	NIDS	National Income Dynamics Study
EDCTP	European & Developing Countries Clinical Trials Programme	NIMART	Adult Primary Care and Basic HIV Course for Health Professionals
EDR.net	Electronic Drug-resistant Tuberculosis Register	OOP	out-of-pocket
EE	employment equity	PEPFAR	U.S President's Emergency Plan for AIDS Relief
eIMCI	electronic Integrated Management of Childhood Illness	PHASA	Public Health Association of South Africa
EMR	electronic medical record	PHC	primary health care
ETR.Net	Electronic Tuberculosis Register	PHRCs	Provincial Health Research Committees
FRP	financial risk protection	PLWHIV	people living with HIV
HCT	HIV Counselling and Testing	PSP	Provincial Support Partner
HISP	Health Information System Program	PuP	pick-up point
HIV	Human Immunodeficiency Virus	SA	South Africa
HPRS	Health Patient Registration System	SAHR	South African Health Review
HPSR	health policy and systems research	SANCTR	South African National Clinical Trials Register
HR	Human Resources	SA SURE Plus	South Africa Sustainable Response to HIV, AIDS and TB and Maternal and Child Health
HSR	health systems research	SDGs	Sustainable Development Goals
HSS	health systems strengthening	SOPs	standard operating procedures
HSTi	Health Systems Trust Training Institute	StatsSa	Statistics South Africa
HTS	HIV Testing Services	SyNCH	Synchronised National Communication in Health
HTS_POS	the number of individuals who received HIV Testing Services and received an HIV-positive test result	SR	sub-recipient
HTS_YIELD	the number of clients diagnosed as HIV-positive out of those tested for HIV	TA	technical assistance
ICRM	Ideal Clinic Realisation and Maintenance	TB	tuberculosis
ICT	Information Communication and Technology	TEG	Tropical Epidemiology Group
IMCI	Integrated Management of Childhood Illness	TLD	Tenofovir, Lamivudine, Dolutagravir
IT	Information Technology	TREATS	Tuberculosis Reduction through Expanded Anti-Retroviral Treatment and TB Screening
J&J	Johnson & Johnson	TX_CUR_28	the number of adults and children currently receiving HIV treatment for 28 days
KIIs	key informant interviews	TX_NEW	the number of patients newly initiated on HIV treatment within the quarter
KZN	KwaZulu-Natal		
KZN DoH	KwaZulu-Natal Department of Health		
LCS	Living Condition Surveys		

TX_PVLS	(Den) percentage of ART patients with a (Num) suppressed viral load (Denominator: Number of adult and paediatric patients on ART with suppressed viral load results (<1 000 copies of ml) documented in the medical records and/or supporting laboratory results within the past 12 months vocational, education and training
UB	Unfinished Business for Paediatric and Adolescent HIV
UHC	universal health coverage
UKZN	University of KwaZulu-Natal
UTT	universal testing and treatment
VL Suppression	Suppression viral load suppression rate
WebDHIS	District Health Information Software
WHO	World Health Organization
ZAMSTAR	Zambia South Africa TB and HIV Reduction Study

Meet The Board of Trustees



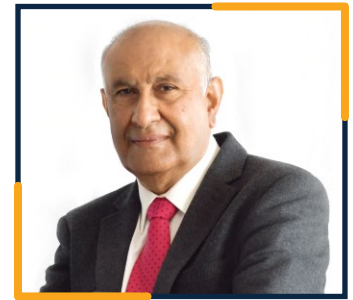
Dr Dumani Kula
Chairperson

Dr Dumani Kula has an MBChB and a Master's degree in Business Administration, and offers 17 years of professional experience spanning the public and private sectors, local and international enterprises, as well as clinical and executive management roles.



Mr Shadrack Mapetla
Deputy Chair

Mr Shadrack (Shad) K Mapetla is the founding shareholder and chairperson of Biotech Laboratories, the first black-owned and run pharmaceutical manufacturer in South Africa. His involvement in the pharmaceutical industry covers a number of years at a senior level for Aspen Pharmacare (as Chief Executive and Director: Corporate Affairs), Lesotho Pharma Corporation as Chief Executive and Boots Pharma in the UK.



Dr Suresh Ramdial
Trustee

Dr Suresh Ramdial has been a Senior Lecturer in Human Resource Management at the School of Management, University of Durban-Westville/University of KwaZulu-Natal for the past 35 years. He obtained his D.Admin at the University of Durban-Westville and Postgraduate Diploma in Industrial Relations from the Natal University.



Prof Salome Maswime
Trustee

Professor Maswime is an associate Professor and Head of Global Surgery at the University of Cape Town and the President of the South African Clinician Scientists Society. She is a former research fellow at the Massachusetts General Hospital and Harvard Medical School, and former lecturer at Wits University.



Mr Leo Deodutt
Trustee

Mr Leo Deodutt has a Bachelor's degree in Accountancy, and a Master's degree in Taxation (UDW), and is currently finalising his DBA at UKZN's Graduate School of Business and Leadership. He is a Senior Lecturer based at UKZN's School of Accounting, Economics and Finance, where he is responsible for the Financial Planning Institute (FPI) accredited programmes.



Ms Lalita Harie
Trustee

Lalita Harie has an illustrious career in the mental health field, spanning over 40 years, of which almost 20 were served as Executive Director of a large mental health NGO in South Africa. Ms Harie has a wealth of experience in strategy, people and community development, operational management, governance, and service delivery.



Dr Tshegofatso Maimela
Trustee

Dr Tshegofatso Maimela is a Public Health Medicine Specialist, involved in Monitoring and Evaluation at a Central Academic Hospital in Gauteng Province. She has been in public service for 14 years. Her interests are in Health Management Information Systems and their use for Decision-making and health service improvements.



Ms Francisca Nzama
Trustee

Ms Francisca Teresa Duduzile Nzama (commonly known as Zethu), holds a BA in Law from the University of Cape Town and an LLB from the former University of Natal, and has gained 13 years' experience as an admitted attorney. She is Executive Director of FZ Nzama Attorneys.



Ms Lerato Matsau
Trustee

Ms Lerato Matsau is a human resources practitioner and consultant with extensive private sector and NPO experience. She holds a BA (Psychology and Sociology) and BSc Hons (Psychology) degrees. She is the Director of the Human Palette, a human resource management and training consulting firm, is a certified facilitator and assessor for the Education Training and Development (EDTP) SETA and serves on the boards of Deliver a youth development NGO and Argon Securities.



Dr Themba Moeti
Ex officio CEO

Dr Themba Moeti is the Chief Executive Officer of the Health Systems Trust. He qualified in medicine and public health from the Royal Free Hospital School of Medicine and the London School of Hygiene and Tropical Medicine. He brings several years experience in the areas of health system policy development and programme implementation, HIV and TB. He serves as a member of the National HIV Think Tank and the Community Health Worker Think Tank of the National Department of Health.



REPORT FROM THE CHAIRPERSON



Dr Dumani Kula | Chairperson

As I write this report, well into the second year of the COVID-19 pandemic, the Health Systems Trust (HST) has adapted and we have weathered this storm as our work has continued despite the challenges of the pandemic. We quickly adapted our operations to COVID-19 conditions during the first lockdown, and have since maintained a high level of awareness and implementation of safety protocols and interventions for our staff and workplaces.

The country's experience of the second and third waves has been challenging, but also very instructive. During the second wave in the December 2020 and January 2021 period, with an unvaccinated workforce, many of our staff suffered severe illness and tragically we also lost a number of staff. Despite a long and severe third wave, as a result of positive uptake of the COVID-19 vaccine by 1 800 of our frontline health workers by early June 2021, health impacts

were considerably less, with few developing severe disease. This clearly demonstrates the value and impact of COVID-19 vaccination and its protective effect. We now stand at over 2 200 fully vaccinated staff.

As we work towards achieving a fully vaccinated workforce, we are mindful of the importance of continuing education, providing a supportive environment towards vaccination and the need to address the problem of vaccine hesitancy and the underlying misinformation that often accompanies it.

Despite the challenges of COVID-19, HST has realised important achievements over the past year, ensuring that our work and contribution to the health of South Africans continues. HST continues to make an important contribution to the country's HIV and TB responses; serving as District Support Partner in four districts that serve 336 facilities in the KwaZulu-Natal province, supporting 1.26 million people living with HIV (PLHIV). For the period July 2020 to June 2021 we performed well against key targets, exceeding the HIV testing target at 157% and meeting the viral load suppression target at 100%. A target of 81% was reached for patients newly initiated on treatment and 93% of patients were linked to care.

The negative impact on health seeking behaviour and access to health facilities impacted the performance of HIV and TB services significantly reducing the headcount in facilities amongst both adults and children. In response, HST implemented a number of innovations in deliveries to patients' homes and improving access through mobile clinic services, and as such succeeded in bringing over 107 000 patients previously lost to care back to treatment services.

HST continued to support the Central Chronic Medicines Dispensing and Distribution (CCMDD) programme, with the total number of registered patients reaching 4 528 237 by June 2021. This translates to growth of 24.5% on the June 2020 patient registration figure, exceeding national annual performance plan targets for the year.

The National Health Insurance Information System (NHI-IS) programme, with HST's support, is providing services in 3 115 facilities across 46 districts in eight provinces in the country. HST staff in their different capacities, on the ground at district and facility level, with data management and IT systems-related support, continue to support the delivery of COVID-19 services and support for the vaccine roll out programme respectively.

Despite the impact of hard lockdown on fieldwork, our Health Systems Research work through our Tuberculosis Reduction through Expanded Anti-Retroviral Treatment and TB Screening (TREATS) study team, managed to complete the fieldwork for this important follow-up study on the impact of a treatment and a combination prevention package on population-level HIV interventions on TB incidence and prevalence on schedule in June 2021. Our teams are now working on the data analysis, report writing and writing of research papers to disseminate the findings of this public health research study to the study communities, the country and the global TB research community.

2021 has also been a watershed year in that we were due to complete HST's largest project in September; the five year "Programmatic Implementation and Technical Assistance for HIV/AIDS and Tuberculosis Prevention, Care, and Treatment Services throughout the Health System in South Africa under the President's Emergency Plan for AIDS Relief" (SA SURE Plus) grant with funding from CDC/PEPFAR. Through this award we have been able to provide important support towards the KwaZulu-Natal province and the country's progress towards the 95-95-95 targets for HIV epidemic control.

HST was awarded a further five-year CDC grant to continue its work towards the country's achievement of HIV and TB epidemic control. As part of its strategic objective of supporting health systems strengthening in the region, HST is also due to provide support to a seven-country border health control initiative involving South Africa and six neighbouring countries, as well as provide support as a consortium partner to an HIV response health information systems programme in Zambia.

Recognising the profound impact that COVID-19 has had on the health system, society and the economy, the 2021 edition of the *South African Health Review* is dedicated to the COVID-19 pandemic and following its release by December 2021 will share many lessons and examples of how the health sector has coped with the various consequences of COVID-19. These will provide valuable lessons for health system strengthening, both now and in the post COVID-19 era, as health systems increasingly have to cope with new pandemics in this era of global warming and extensive population movement.

As I conclude I would like to acknowledge the dedicated work of the HST staff through these difficult times, and their ability to ensure service continuity throughout. Our

sincere condolences go out to the families and loved ones of the staff we lost, and we are glad that, with the roll out of the national vaccine programme, we have an effective tool at our disposal to add to the armamentarium of control measures.

I would like to take this opportunity to sincerely thank my fellow Trustees and HST management and for their leadership and guidance of HST's work. In particular, I would like to thank Ms Mandisa Hela, formerly Chair of the Health Systems Strengthening Committee and member of the Governance Committee, as she retires from the HST Board after a term of four years.

It is also my pleasure to welcome the new Trustees who have joined the Board as, together, we chart HST's way forward in these challenging times. As always, we are grateful to the Department of Health and our funders without whose support our work would not be possible.



DR DUMANI KULA
Chairperson: Board of Trustees

MESSAGE FROM THE CHIEF EXECUTIVE OFFICER



Dr Themba Moeti | CEO

As noted by the Board Chair in his report, the COVID-19 pandemic continues to be a major challenge, influencing and impacting everything we do. It is a key consideration in our planning, organisation of our work and service delivery, and the most important consideration concerning the safety and welfare of our staff as we do our work.

In the current annual report (2020/2021) we report on progress and achievements of 11 projects and activities across all our business units; the Health Systems Strengthening and Health Systems Research units, our communications and business development work, as well as our training and capacity-building initiatives. With the advent of COVID-19, our Corporate Services support functions; human resources, administration, fleet,

communications and finance; have all stepped up to the plate tremendously by being agile and responsive in rapidly changing conditions.

Ensuring that all our staff and teams have the required personal protective equipment and all our workspaces are COVID-19 compliant, and that those individuals who need to work from home have the necessary support has also necessitated that we build new and innovative supply chain and IT capabilities to ensure that our work and service delivery continues. My thanks to team HST for demonstrating your adaptability and responsiveness to ensure that work continues.

This report highlights the work we have done in the past year to support the national HIV and TB responses and progress towards attainment of the 95-95-95 targets for the country. It also illustrates how HIV and TB investments through the generous support that HST has received through our CDC/PEPFAR grant are leveraged to support health systems strengthening for access to medicines through the Central Chronic Medicines Dispensing and Distribution Programme (CCMDD), and SyNCH, the electronic information system that supports it. These NHI programmes ensure that patients with chronic diseases, including non-communicable diseases, have improved access to medicines and provide mechanisms to improve quality assurance and safety in prescribing.

In September of this year we completed work on the five-year 'Programmatic Implementation for HIV/AIDS and TB Prevention, Care, and Treatment Services' project under PEPFAR (SA SURE Plus), of which the progress is detailed in this report. We are grateful, through success in our application to the Sustaining HIV/TB Epidemic Control in South Africa under the U.S President's Emergency Plan for AIDS Relief PEPFAR, to be able to provide support for a further five-year period, in which we will work to meet our programme objectives and contribute positively towards HIV epidemic control in the districts that we work in, as well as throughout the rest of the country. For long-term success, building sustainable domestic capacity through the support from this grant will be a key objective.

Collaboration and a diversified programme offering are key success factors to meet HST's health systems strengthening objectives. Through the 11 projects implemented this year we have undertaken policy

focussed health systems research. Through our TREATS study work we expect to contribute data that will inform greater understanding of the impact of antiretroviral treatment and combination prevention interventions at community level on TB incidence and prevalence; TB being one of the leading causes of mortality in the country and in the sub-region of our continent.

In recognition of severe health, societal and economic impacts of COVID-19, with funding from the Johnson & Johnson Foundation, the 2021 Special Edition of the *South Africa Health Review* focuses on COVID-19 and its health system impact, responses and lessons learnt, including at community health service level. We trust that the knowledge and experiences shared in this edition when published will contribute to the country's future management of the disease, as well as our preparedness for pandemics of this nature in the future.

Despite the significant progress made in providing HIV treatment access to adults and its positive impacts on health and society; with South Africa having the largest treatment programme globally with almost 8 million people on treatment; progress with children, adolescents and other vulnerable groups remains a major concern. HST is therefore grateful for the support from the ELMA Philanthropies for work focusing on improving access and generating lessons learnt to address challenges to treatment access facing children and adolescents.

In the current economic environment, and with the added challenges of mounting a global response to COVID-19, funding and resources to support the type of work we do have many competing priorities. We are therefore extremely grateful for the support we receive through the grant funding made available by international and local funders. This enables HST, in the NPO sector, to contribute to the health sector effort of building a better and stronger South Africa and African continent through a healthier population. Even in this constrained funding environment we continue to seek collaborations that enable us to source funding to address major health challenges, in the country; contribute to achieving national health strategies and objectives; and to help build more equitable access to health services and improved health outcomes in the country and in the region.

None of the work we do would be possible without the support and collaboration of the National, Provincial and District Departments of Health in the areas that we work

in, and similarly without the generous support of our funders. On behalf of the management team, we are indebted to our dedicated staff who have worked exceptionally hard in this difficult period to ensure that our work continues. As a health organisation we were not spared the effects of COVID-19, and before vaccinations became available many of our staff got infected, several with severe illness, and sadly we also lost some colleagues to this disease. We are eternally grateful to them for their dedicated service, and will always honour and cherish the memories of the colleagues we lost, and convey our deepest sympathies to their families and loved ones.

With safe and effective vaccines now widely available, whose efficacy has been widely demonstrated, we are working hard to ensure that our staff get all the required support to fully take this opportunity to be protected against COVID-19, for their own protection and to ensure the safe workplaces and society that we all desire.

In closing, I would like to thank our Board of Trustees for their continued support and guidance, which has helped see us achieve important successes in a difficult year. I would also like to thank the management team and all of HST's staff for their dedicated support. With the end of various projects many staff have concluded their time at HST. I would like to thank them for their contribution to our work over the years and wish them every success in their future endeavours



DR THEMBA MOETI
Chief Executive Officer

EXECUTIVE SUMMARY

The Health Systems Trust performed well overall in what was a very challenging period for the year in review. The COVID-19 pandemic impacted significantly on our operations and ways of working from the first Level Five lock down and its impacts through to the severe second and third waves. The second wave particularly impacted on the health of many staff, resulting in severe illness and sadly in the loss of a number of staff. Conversely despite a long and severe third wave, health impacts on staff were fewer, and we believe that a significant number (about 1800 staff) being vaccinated by the third wave had an important protective effect.

A more constrained funding environment added to the challenges with significant impact on our staff and human resource capacity. Despite these challenges, through the dedication and commitment of HST staff across the organisation, and the staff truly pulling together as a team, important achievements were attained across our HSR, HSS and business development functions. Our Communications and corporate services functions provided strong support in terms of information and education, technical communications support to programmes as well as logistic and supply chain management support to ensure a functional and effective organisation in difficult and often rapidly changing conditions.

The Health Research (HSR) Unit has continued to focus on research, and our Health Systems Strengthening (HSS) Unit, on the implementation of technical support on behalf of the South African government, as well as international and national donors.

HSR was focused primarily on conducting essential national health research and worked on the following:

- **Tuberculosis Reduction through Expanded Anti-Retroviral Treatment and TB Screening (TREATS) Project.** The overall aim of the TREATS project is to measure the impact of a combined TB/HIV intervention (implemented in the PopART trial) of population level screening for TB, combined with universal testing and treatment (UTT) for HIV, delivered over four years, on notified TB incidence, prevalence of TB disease and incidence of TB infection. The nine study communities are located in the City of Cape Town Metropolitan Municipality and Cape Winelands District of the Western Cape Province. The project is made up of two main sub-studies: an infection cohort study and a prevalence survey.
- **Financial Risk Protection for Universal Health Coverage in South Africa (FRP).** The objective of the study is to describe and understand the challenges in the measurement of out-of-pocket expenditure and financial risk in South Africa.
- **Assessing the barriers to hypertension control in selected primary health care facilities providing chronic care services in the Zululand district.** The specific objectives were to determine the patient's hypertension control knowledge, attitudes and behaviour and also to identify the patient and provider perspectives of the barriers to hypertension control.
- **Job profiles toolkit: A resource package to formalise PEPFAR-created cadres within the public health sector.** The purpose of this project was to evaluate the scope and nature of PEPFAR-created healthcare workforces or functions needed to achieve sustained epidemic control. This would allow for the harmonisation of functions across

implementing partners, sharing lessons learnt, demonstrating the value of these roles, and supporting sustainability planning.

With regards to **information, planning, support, monitoring, evaluation and decision-making** the Health Systems Research unit disseminated two of HST's key publications, the *District Health Barometer (2019/20)* and *South African Health Review*.

- The *District Health Barometer*, the 15th publication since 2005, was funded by the National Department of Health and HST. The 15th DHB sought to highlight inequities in health outcomes and health-resource allocation and delivery, and to track the efficiency of health processes across all provinces and districts. Two sections, comprised of the DHB and the DHB Profiles produced 8 chapters as well as provincial segments. This edition covered aspects such as Sustainable Development Goals (SDGs), the Universal Health Coverage Index, the evolution of the COVID-19 pandemic and health system responses in South Africa and presented the latest burden-of-disease data.
- The findings of the 23rd edition of the *South African Health Review* were released to coincide with the International Day of Persons with Disabilities in December 2020. This edition recognised the gains made in disability-inclusive health care, but also acknowledged that progress has been limited in the public health system. The focus of each of the chapters is on access to equitable health care and disability inclusion rather than on specific impairments or medical conditions.

This was also the last year HSR supported the National Health Research Database (NHRD) before handing it over to the National Department of Health.



The national footprint of the HST-supported **National Health Insurance Information System programme** Project, (formerly Health Patient Registration System) spanned 3 115 facilities at the time of reporting. This project forms part of a number of key Health Systems Strengthening programmes that supported 336 facilities and a PLHIV population of approximately 1.26 million in efforts to achieve the 95-95-95 goals.

HST's biggest programme in terms of budget and overall reach is the **'Programmatic Implementation for HIV/AIDS and TB Prevention, Care, and Treatment Services'** project under PEPFAR (SA SURE Plus) in KwaZulu-Natal through partnerships at the national, provincial, district, facility and community levels. The aim is to improve human immunodeficiency virus (HIV) and tuberculosis (TB) testing, treatment and care, to accelerate decongestion of facilities, and to provide support to achieve targets in line with the UNAIDS 95-95-95 goals, STOP TB objectives and specific targets set by the U.S Centers for Disease Control and Prevention in support of attaining national targets. Expanding access to Differentiated Care modalities through support for alternative access to chronic medication (Central Chronic Medicine Dispensing and Distribution – CCMDD) and maintaining the Synchronised National Communication in Health (SynCH) software are integral elements of this programme. This is an example of programme efforts to leverage HIV funding and support to strengthen the health system in which the national annual performance plan targets for the year were surpassed.

In October 2020, **the project absorbed 69 DoH facilities previously supported by MatCH in eThekweni.** These high-volume and high-burden facilities accounted for an additional 252 367 patients requiring clinical management of HIV-positive patients on antiretroviral therapy (ART). Since the absorption of these facilities, the eThekweni support team has continued to increase the number of patients on ART in the district, **initiating an additional 37 934 patients** onto treatment, and overall, increasing the total remaining on ART by 5%, despite continued heightened population movement due to the effects of the COVID-19 pandemic.

The main goal of the **Central Chronic Medicines Dispensing and Distribution (CCMDD)** programme is to improve access to chronic medicines for public health sector patients. Since the inception of CCMDD in 2014, there has been a marked increase in the number of patients accessing medicines through this programme. The CCMDD programme has historically been paper-based and therefore subject to process inefficiencies. The **Synchronised National Communication in Health (SyNCH)** system was developed to rectify these issues and introduce a standardised, automated process in all provinces implementing CCMDD. The cumulative target of 3 million patients registered by 2019/20 has been exceeded with a total of 3 635 858 patients being enrolled in the programme according to service provider reports.

The **Unfinished Business for Adolescent and Paediatric HIV (UB)** Phase II Project, is funded by the ELMA Philanthropies and is in the third year of implementation in three KwaZulu-Natal districts, namely uMgungundlovu, eThekweni and Zululand. In total, 81 facilities are currently supported across the three districts. Project interventions are implemented across a matrix of scale, refine and test strategies to achieve the 90-90-90 targets for adolescents and paediatrics (i.e. 0–19 years).

The electronic Integrated Management of Childhood Illness (eIMCI) project is an innovation project nested under the Unfinished Business project for Paediatric and Adolescent HIV in KwaZulu-Natal (KZN) and supports 37 health facilities in uMgungundlovu and iLembe districts. The principal project objectives are to:

- Strengthen the quality of child assessment at primary care level through standardised implementation of electronic algorithms, training, mentoring and supportive supervision.
- Evaluate acceptability, feasibility, effectiveness and cost-effectiveness of eIMCI implementation compared to the current standard of care.

As South Africa is still faced with high levels of child mortality there is a need to maintain and strengthen programmes aimed at improving child survival. Integrated Management of Childhood Illness (IMCI) is the cornerstone of care for the sick child under five years at the primary health care (PHC) level, but the implementation has remained poor. The eIMCI project is conducted in partnership with the KwaZulu-Natal Department of Health (KZN DoH) to strengthen IMCI outcomes with the view towards a phased implementation within available NDoH resources for Information Technology (IT).

The national footprint of the HST-supported **National Health Insurance Information System (NHI-IS)** programme spans 3 115 facilities in eight provinces and 46 districts (with the exception of the Western Cape).

During the period under review, HST's HIT (Health Information Technology) team celebrated its sixth year of service provision to the National Department of Health. Since June 2015, the team has supported the roll-out of the Health Patient Registration System (HPRS) in public health facilities in eight of the nine Provinces.

HIGHLIGHTS/ ACHIEVEMENTS OF THE YEAR



Unfinished Business for Paediatric and Adolescent HIV: Across the three districts, eThekweni, uMgungundlovu and Zululand, of the total children and adolescents tested, 2% (12 550) were identified, and 88% (10 946) were initiated onto treatment with 52% (31 021) on antiretroviral treatment (ART) and a viral suppression rate of 82% (19 514) was achieved.

SA SURE Plus: The most significant successes of the year are the overall increase of 42 163 in patients on HIV treatment, compared to 21 043 during the previous year and returning 107 877 to care that had interrupted treatment. In October 2020, the project absorbed 69 DoH facilities previously supported by MatCH in eThekweni. These high-volume and high-burden facilities accounted for an additional 252 367 patients requiring clinical management of HIV-positive patients on antiretroviral therapy (ART). Since the absorption of these facilities, the eThekweni support team has continued to increase the number of patients on ART in the district, initiating an additional 37 934 patients onto treatment, and overall, increasing the total remaining on ART by 5%, despite continued heightened population movement due to the effects of the COVID-19 pandemic. Expansion and effectiveness of the Index Testing Cascade approach is evidenced by HST's reported index contact testing yield of 14%, which exceeds the overall testing yield of 4% during the reporting period.

HST has consistently received unqualified audits.

HST is currently managing a project portfolio in excess of R1.25 billion.

eIMCI: A standardised model with resources for implementation was developed for the eIMCI software, the hardware specifications, and the training and mentoring process. Electronic IMCI scale-up has continued in uMgungundlovu district (22 sites) and iLembe district (15 sites) with ongoing mentoring and IT support provided by HST. In uMgungundlovu district from December 2019 – January 2021, 9 684 eIMCI records were completed across 20 facilities, with a median uptake of 29 records per clinic per month and a mean proportion of child consultations using eIMCI of 15%. The retention-in-care rate improved from an average of 76% to 86% among children and adolescents aged 0–19 years during the reporting period. Viral load suppression in this age group reflected a 10% increase, from 78% to 88%, during the reporting period.

The 15th *District Health Barometer* was successfully released as was the 23rd *South African Health Review*.

HIT Team: Since June 2015, the team has supported the roll-out of the Health Patient Registration System (HPRS) in public health facilities in eight of the nine Provinces.

Progress with staff COVID-19 vaccination with over 2200 staff vaccinated

CCMDD/SyNCH: The 4 million patient registration milestone on the CCMDD programme was reached during the past year. A total of 4 528 237 patients were registered, which translates to growth of 24.5% on the June 2020 patient registration figure. Of the CCMDD total, 2 392 893 patients were processed from 2 332 facilities using SyNCH.

New grant successes including the CDC-funded Sustaining HIV/TB Epidemic Control in South Africa under the U.S President's Emergency Plan for AIDS Relief (PEPFAR) for the period 2021 to 2026. The largest in the current cycle, this award will enable a further five years towards epidemic control for the national HIV and TB responses, and continued support to 336 facilities in KZN supporting 1,26 million PLHIV.

Over the past year, the organisation's training arm, the Health Systems Training Institute (HSTi) developed new training offerings, and re-organised its structure and implementation approach repositioning itself and improving its potential to function sustainably in a highly competitive and changed environment.

The Health Systems Research unit continued to support the NDoH with a number of key research projects focused on essential national health research.

COVID-19 efforts at the forefront



SA SURE Plus

Support for Provincial and District operationalisation of the Resurgence Plans for the second and third wave of the COVID-19 pandemic.

- Support for planning and implementation of the Provincial COVID-19 Vaccination Roll-out Plan entailing resource mobilisation, implementation and reporting to provincial government leadership and the NDoH.
- Support for community screening, education, infection prevention and control, vaccine registration and vaccine site infrastructure and staffing.
- CCMDD and SynCH: COVID-19 specific regulations have been implemented:
 - Enhanced facility closure management for COVID-19 exposures
 - 12-month prescription extensions have been implemented to reduce physical contact
 - Multi-month dispensing (MMD3 and MMD6) support
 - No service delivery interruptions were reported during the COVID-19 lockdown period
- ART hotline continues to support those with queries related to treatment.
- Get checked. Go collect hotline: assisting patients from across South Africa regarding queries related to CCMDD.
- Get checked. Go collect radio shows: promoting CCMDD and assisting callers with queries related to CCMDD.

Unfinished Business and eIMCI

Technical assistance with the development and consultation process for a KwaZulu-Natal standard operating procedure (SOP) for PHC level screening and management of COVID-19 in children. IMCI Chart Booklets, IMCI case recording forms and Community Child Health Screening forms. Technical assistance with hospital level data collection systems for COVID-19: Inclusion of COVID-19 related data collection in hospital registers. Procurement/printing of COVID-19-amended registers for all paediatric wards in the province.

Published article: Evaluating the impact of COVID-19 on child health in KwaZulu-Natal, with the first article being published in the *South African Medical Journal* (SAMJ) in December 2020 and a second paper under way that looks at the pattern of disease during admission to children's wards in iLembe and uMgungundlovu districts between January 2018 and September 2020. Assistance with the assessment of facility infrastructure and procurement of equipment and supplies needed for implementing COVID-19-adapted clinic flow and patient management, e.g. gazebos for screening areas, testing areas and paint/masking tape for queuing and physical distancing (iLembe district).

- On-site mentoring and support to implement the adapted clinic flow as well as screening for and management of suspected COVID-19 in children, according to the KwaZulu-Natal SOP.
- Advocacy and support for clinic-level continuity of essential Child Health services, and assistance with recovery plans for nutrition and immunisation.

Directorates' Reports

Strengthening
collaboration and
improving programme
implementation and
impact.



DIRECTORATES' REPORTS

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



HST's programmatic activities for the year in review are presented under the category which largely represents the project area of focus.

HEALTH SYSTEMS RESEARCH AND STRENGTHENING UNITS

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

Programme support and health systems research within the Health Systems Trust extends across all levels of the health system, including national, provincial, district and facility levels as well as community-based structures.

The directorate is staffed with highly skilled and experienced project managers, researchers, technical specialists, health professionals, social scientists, facilitators and mentors across a broad range of disciplines who are passionate health activists dedicated to improving the health of the nation and the communities we serve. They execute and manage projects from health systems and policy research and programme evaluations to evidence-informed technical support and scale-up of priority health programmes and national health initiatives. Together, they work seamlessly to deliver on HST's mission to be a strong partner in improving health equity.

THE HEALTH SYSTEMS RESEARCH UNIT

The Health System Research (HSR) unit continues to align its research approaches and methodologies to current thinking and trends in Health Policy and Systems Research (HPSR). The unit delivers high impact and quality health information translation and research projects, whose outputs are shared widely through various platforms that include, dissemination of information in printed and electronic publications – as open-source, making presentations in conferences, training workshops and webinars. HSR aims to provide credible inputs to policy processes, provide a platform for wider engagement with diverse knowledge producers, policy makers and actors in non-governmental organisation (NGOs), research councils, universities, government and agencies. Occasionally, unit members are also requested to make evidence-based contributions to external reports and opinion pieces.

The Health Systems Research unit was led by Ntombizodwa Mbelle until September 2021. Up to September 2020, the staff complement was 58. By January 2021 the number of HSR staff, most of them Tuberculosis Reduction through Expanded Anti-Retroviral Treatment and TB Screening (TREATS) staff, had increased significantly to 112 owing to the need for additional field staff to fast-track data collection which was delayed by the COVID-19 related lockdown. When TREATS fieldwork was completed in June 2021, the staff complement scaled down to 18.

HSR project work has efficient administration support from Yandiswa Magwevana, Lisa Aspden, Shumeez Dollie and Nomandisinde Mndende.

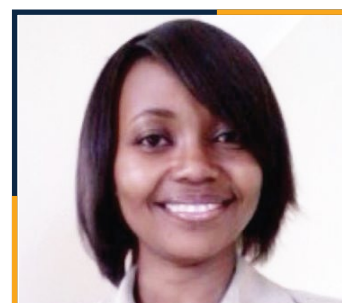
During this period, despite significant challenges, the unit managed to complete all projects, catch up on time lost during the COVID-19 lockdown

PROGRAMMES' DIRECTORATE



Ms Ntombizodwa Mbelle

Director: HSR



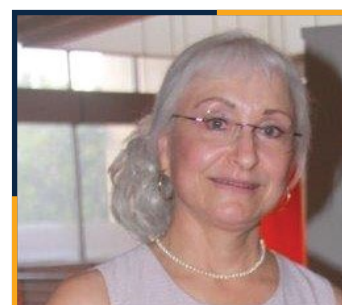
Dr Linda Mureithi

Project Manager for TREATS



Ms Ashnie Padarath

Project Manager:
South African Health Review



Ms Naomi Massyn

Project Lead:
District Health Barometer

and achieved all targets. The unit also embarked on employing strategies that facilitate collaboration with partners, particularly in income-generation and fundraising efforts and began the registration process of the Health Systems Research Ethics Committee with the National Health Research Ethics Committee of the National Department of Health (NDoH). No less than 16 proposals were developed, some of which are still awaiting funder responses. On a positive note the Johnson & Johnson Foundation is funding the 2021 *South African Health Review* and the European & Developing Countries Clinical Trials Programme (EDCTP) and 3ie continued to fund the TREATS project. The Heart and Stroke Foundation also funded research assessing barriers to hypertension control in selected primary health care facilities in KZN.

By the end of December 2020, three projects which fall under 'information for planning, monitoring, evaluation and decision-making', the *District Health Barometer* (DHB), *District Health Barometer Profiles* (DHBP); *South African Health Review* (SAHR); and National Health Research Database (NHRD), and four projects under 'conducting essential national health research' had been completed: Financial Risk Protection (FRP); Hypertension study; Job profiles toolkit; and TREATS. In terms of the World Health Organization (WHO) framework categorisation, three Health Information, one Service delivery/services, two Health workforce and one Health governance projects were concluded.

During the past year HSR concluded its Service Level Agreement with the NDoH and ensured the continuation of certain work with HST funding. HST is privileged to have been able to support policy focussed national health systems research priorities through this support and the support of other funders.

Other activities

Between July 2020 and June 2021, HSR staff attended a number of project-related and independent events for capacity-building, information-sharing and collaboration initiating events and activities. These covered a wide range of topics including – TB, NHI, district facility routine data and UHC, health systems, trends in research, STIs, Update on COVID-19 Studies, etc.

Highlights

- HST was represented by Zo Mbelle in the Advisory Group for a Health Systems research mapping project led by HSRC and PDME, completed the Evidence Map Analysis Report. A dissemination meeting was planned for late July 2021;
- Candy Day was seconded to DG Murray Trust for 90% of her time, starting in March 2021. She is providing support to the NDoH working with health data and information systems supporting the national COVID-19 vaccine programme;
- As the preferred organisation, HST is leading a Task Team on R & D Funding and Resource Mobilisation in SA and the South African Development Community (SADC);



Ms Nandipha Jacobs

Senior Researcher, Project Lead
Assessing Barriers to Hypertension Control in selected PHC facilities in KZN.

- Progress with application for the registration of the Health Systems Research Ethics Committee with technical support from the Deputy Director responsible at the NDoH.
- Technical support to the Deputy Director at NDoH for the registration of the Health Systems Research Ethics Committee was secured.

THE HEALTH SYSTEMS STRENGTHENING UNIT

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

I. MANAGEMENT AND IMPLEMENTATION SUPPORT

HST currently implements the **'Programmatic Implementation for HIV/AIDS and TB Prevention, Care, and Treatment Services'** project under PEPFAR (SA SURE Plus) in KwaZulu-Natal through partnerships at the national, provincial, district, facility and community levels. Our aim is to improve human immunodeficiency virus (HIV) and tuberculosis (TB) testing, treatment and care, to accelerate decongestion of facilities, and to provide support to achieve targets in line with the UNAIDS 95-95-95 goals, STOP TB objectives and specific targets set by the U.S Centers for Disease Control and Prevention (CDC). Expanding access to Differentiated Care modalities through support for alternative access to chronic medication (Central Chronic Medicine Dispensing and Distribution – CCMDD) and maintaining the Synchronised National Communication in Health (SynNCH) software are integral elements of this programme.

Programme objectives

Our programmatic aim is to strengthen health systems through sustainable capacity development at the lowest level within the District Health System, integrating national health priority actions including UNAIDS 95-95-95, primary health care (PHC) re-engineering, National Health Insurance (NHI), and improving the quality of HIV and TB care.

The project objective is to support the provision of HIV prevention, care, and treatment through technical assistance and, in select programmes, through supplemental support for targeted and priority populations at facility and community levels in four priority districts with high HIV and TB/HIV burden in KwaZulu-Natal.

Site-level supplemental support is provided through placement of staff in all tiers of the HIV cascade in facilities and communities, while technical



Ms Ronel Visser

Director: HSS



Ms Joslyn Walker

Programme Manager:
HSS - SA SURE



Ms Rakshika Bhana

Programme Manager:
HSS - UB and eIMCI

assistance is provided at sub-district, district and provincial levels. Our monitoring and evaluation (M&E) framework is used to track changes in service delivery and assess the impact of project interventions, thus enabling the project to adapt, improve and innovate.

Project location

As the Provincial Support Partner for the KwaZulu-Natal Department of Health (KZN DoH), HST continued to provide strategic technical assistance to the Province, which entailed strengthening of PHC systems and supporting Ideal Clinic Realisation and Maintenance (ICRM) reviews. A baseline assessment on readiness of the Province for full implementation of universal health coverage (UHC) was also conducted to inform Provincial strategic planning towards NHI. A KZN Online Data Visualisation Project was implemented, using technology and software solutions to enable various components of the NHI unit to track and monitor important business metrics, display historical trends, identify actionable insights and consolidate data in a dashboard format.

The programme implementation support provided includes facilitation of a multi-stakeholder forum which has led to the successful implementation of the Tenofovir, Lamivudine, Dolutagvir (TLD) transition strategy in KZN. To ensure sustained treatment adherence by patients on chronic medication (for TB, HIV and non-communicable diseases) and manage high losses to care, HST has assisted the Province in defining a District Facilitator role which has been approved for every district.

As the Provincial Support Partner, HST continues to provide Technical Assistance (TA) and support to enhance the department's capacity to deliver quality programmes and services across all ten districts and the eThekweni Metro. The support has been critical in enabling navigation around the challenges and complexities created by the COVID-19 pandemic. The TA and support includes the following:

COVID-19 Provincial Operations

- Support for provincial operationalisation of the Provincial Resurgence Plans for the second and third wave of the COVID-19 pandemic;
- Support for planning and implementation of the Provincial COVID-19 Vaccination Rollout Plan covering the health department. This was then followed by the phasing in of vaccination for all the other government departments as well as the different

age groups. The KZN province was supported in resource mobilisation, implementation and reporting to provincial government leadership and the NDoH.

Health System Strengthening

Strengthening of the department's capacity to provide quality health services has been done through development of a Provincial Clinical Governance Discussion document. This strategic document has been adopted by the Management Committee. Working with the Quality Assurance unit, a number of key standard operating procedures have also been developed.

Strengthening of PHC systems continued and included supporting Ideal Clinic Realisation and Maintenance reviews. A baseline assessment on readiness of the province for full implementation of Universal Health Coverage was also conducted so as to inform provincial strategic planning towards the NHI. A KZN Online Data Visualisation Project has been implemented. This project uses technology and software solutions to enable various components of the NHI unit to track and monitor important business metrics, as well as display historical trends, actionable insights and consolidated data in a dashboard format.

Strategic Health Programmes

Support has been provided for the initiation of a quarterly District Support Partners' Forum with clear Terms of Reference to ensure improved co-ordination of effort and facilitate alignment of operational plans (and resources) to the shifting provincial needs.

To promote learning across districts, especially those that have reached their 90-90-90 targets, a tool for capturing Good Practices has been developed and is being used by all the District Support Partners. This is to enable the province to rapidly scale up effective interventions across all eleven districts in the province so that KZN as a whole can move faster towards the UNAIDS 95-95-95 targets.

Programme implementation technical assistance and support provided included facilitation of a Multi-Stakeholder Forum that has led to the successful implementation of the TLD transition strategy in this province. To ensure sustainable implementation of adherence by clients on chronic medication (TB, ART and non-communicable diseases), the province has been assisted to define a District Facilitator role, which has been approved for every district. The Paediatric and Adolescents Treatment, Care and Support programme has been strengthened through an

innovative, radical implementation approach of the national strategy. This has made KZN province the leading province according to the NDoH assessment in this regard.



Ms Sibongile Shezi
Provincial Technical Advisor



Roger Tevan
Paediatric ART Manager at
the KZN Provincial
HAST Unit



Thandeka Khumalo
Provincial Technical Assistant
– Care and Support
Programme Manager



Sne Khuzwayo
Technical Advisor – Quality
Improvement: Office of the
Chief Director, Strategic
Health Programmes (SHP)



Vukile Mavundla
Provincial Technical Advisor

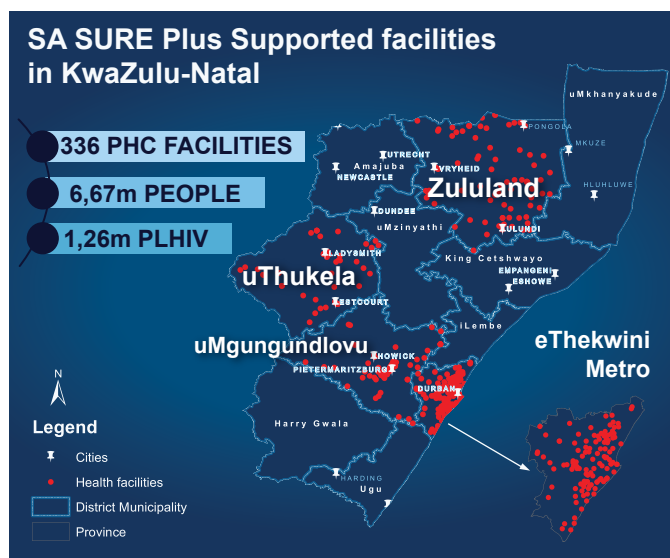
The Paediatric and Adolescent Treatment, Care and Support programme has been strengthened through an innovative, radical approach for implementation of the national strategy, for which the National Department of Health (NDoH) has recognised KZN as the leading province in this focus area.

The direct service delivery (DsD) model is implemented in four districts served by HST as the District Support Partner (DSP), where we support 336 PHC facilities:

- eThekweni – a high-burden metropolitan centre
- uMgungundlovu – a mixed profile of urban, peri-urban and rural populations
- uThukela – a mostly rural district with high-density towns
- Zululand – a mostly rural district with high-density towns.

Figure 1 highlights the geographical spread of HST's support to the HIV and TB response in the four supported districts in KwaZulu-Natal.

Figure 1: HST footprint in KZN



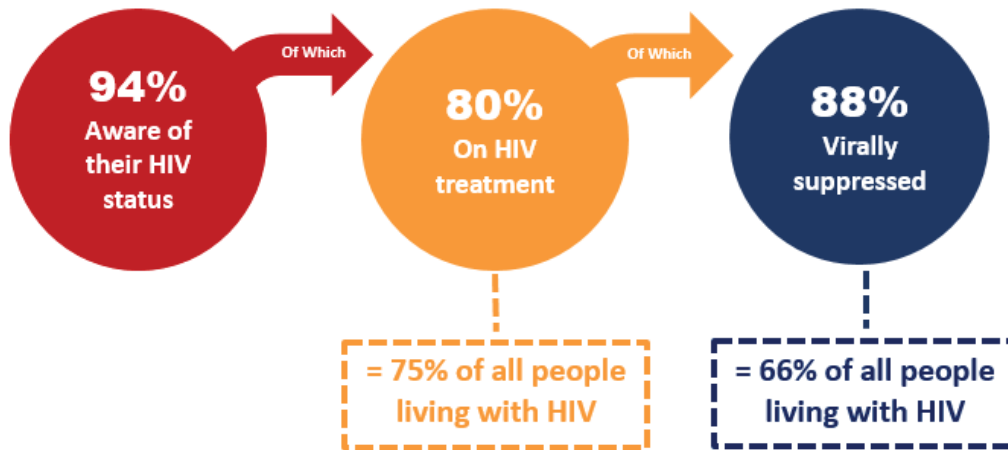
COVID-19 support

- Support for Provincial and District operationalisation of the Resurgence Plans for the second and third wave of the COVID-19 pandemic.
- Support for planning and implementation of the Provincial COVID-19 Vaccination Roll-out Plan entailing resource mobilisation, implementation and reporting to provincial government leadership and the NDoH.
- Support for community screening, education, infection prevention and control, vaccine registration and vaccine site infrastructure and staffing.

Project achievements

Despite the substantial impact of the COVID-19 pandemic on global HIV and TB programmes, HST has continued to perform well in implementing project activities, and is on track to achieve allocated targets for the year ending 30 September 2021. In addition, by 2020, the supported districts' progress had surpassed two out of three of the national targets, as illustrated in Figure 2.

Figure 2: HST performance across the HIV Cascade



This year has seen a number of project accomplishments:

- The most significant success of the year is the overall **increase of 42 163 in patients on HIV treatment**, compared to 21 043 during the previous year.
- In October 2020, **the project absorbed 69 DoH facilities previously supported by MatCH in eThekweni**. These high-volume and high-burden facilities accounted for an additional 252 367 patients requiring clinical management of HIV-positive patients on antiretroviral therapy (ART). Since the absorption of these facilities, the eThekweni support team has continued to increase the number of patients on ART in the district, **initiating an additional 37 934 patients onto treatment**, and overall, increasing the total remaining on ART by 5%, despite continued heightened population movement due to the effects of the COVID-19 pandemic.
- Expansion and improvement in the Index Contact Testing cascade is evidenced by HST's reported index contact testing yield of 14%, which exceeds the overall testing yield of 4% during the reporting period. Sixteen percent of all HIV-positive cases were found through this modality, compared to 12% during the same period in the previous year.
- The project focuses on continuous quality improvement through rigorous analysis of data that subsequently informs clinical interventions so that identified gaps are closed through training and mentorship, implemented in line with NDoH quality assurance guidelines. We have further optimised provider-initiated testing and counselling by strategically placing DoH and HST Lay Counsellors at key facility entry-points, and improving the quality of testing and counselling to strengthen treatment literacy and adherence.
- Continued growth in case-finding, treatment initiation and patients' continuity of care has been achieved through provision of technical assistance and secondment of direct service delivery (DsD) staff for HIV testing services, linkage to care, same-day ART initiation and fast-tracked treatment initiation counselling, viral load monitoring and data management support, as well as adherence support through community-based organisations. This is illustrated in Table 1 which shows performance against targets over the period July 2020 to June 2021. The impact of the COVID-19 pandemic continues to curb facility headcounts, with fewer people visiting clinics. We have redoubled our efforts for case-finding in communities, and through index contact testing, implementation of the MINA campaign for men's health, and assisted use of HIV self-screening kits, we continue to find and support clients who are reluctant to seek health services. **The SA SURE Plus project has also attained excellent linkage of clients to treatment, maintaining linkage rates above 95%.**

Table 1: Comparing key indicators against targets between July 2020 and June 2021

All districts (N=4)	FY21 CDC TARGETS	FY20/21 Q1	FY20/21 Q2	FY20/21 Q3	FY20/21 Q4	FY20/21 Q1	Performance against targets
		July-Sep 2020	Oct-Dec 2020	Jan-Mar 2021	Apr-Jun 2021	Summary of results	
HTS	1 256 296	329 332	514 655	560 062	570 061	1 974 110	157%
HTS_POS	89 514	12 911	21 187	22 769	21 592	78 459	88%
HTS_YIELD	7%	4%	4%	4%	4%	4%	56%
TX_NEW	92 892	12 453	20 015	21 996	20 925	75 389	81%
LINKAGE	104%	96%	94%	97%	97%	96%	93%
TX_CURR_28	1 012 883	546 115	799 413*	825 564	833 131	833 131	82%
NET_NEW	214 401	7 514	931	26 151	7 567	42 163	20%
TX_PVLS (Den)	968 814	423 474	607 729	606 502	608 895	608 895	63%
TX_PVLS (Num)	920 379	399 573	574 236	574 482	578 278	578 278	63%
VL SUPPRESSION RATE	95%	94%	94%	95%	95%	95%	100%

* In October 2020, the SA SURE Plus project absorbed 69 DoH facilities previously supported by MatCH in eThekweni.

The SA SURE Plus project continues to exceed testing targets and to perform well across all levels of the cascade.

- The roll-out of index contact testing and subsequent case-finding in children and adolescents living with HIV has been dramatically improved through focused layering of services with partners implementing community testing and support programmes for children and adolescents, as well as targeted testing through the use of risk assessment tools.

Figure 2: Index contact testing for children and adolescents – trends between October 2020 and June 2021

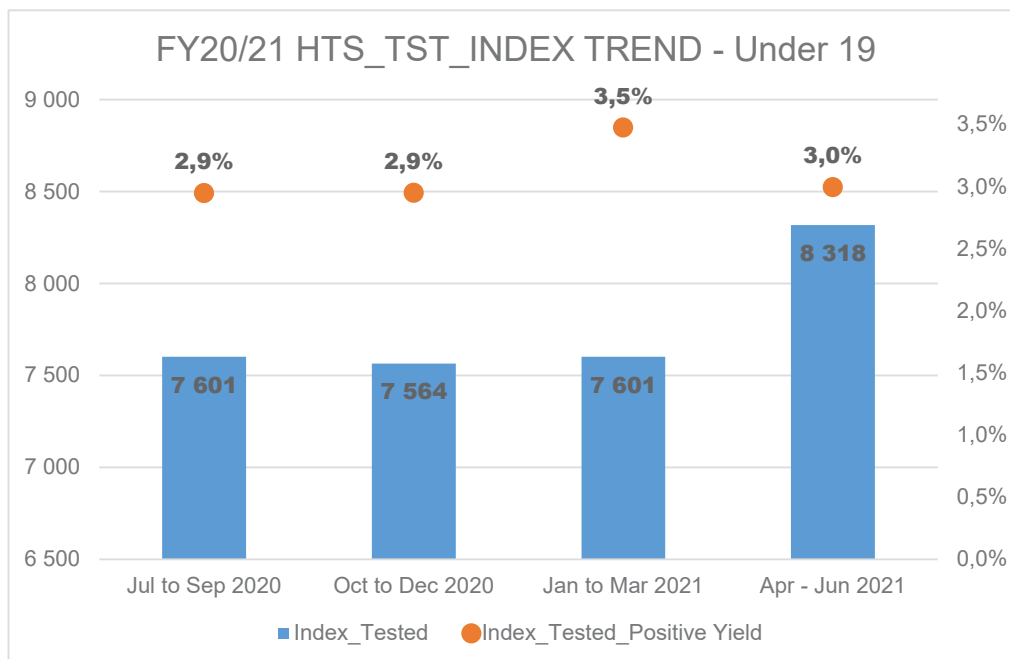
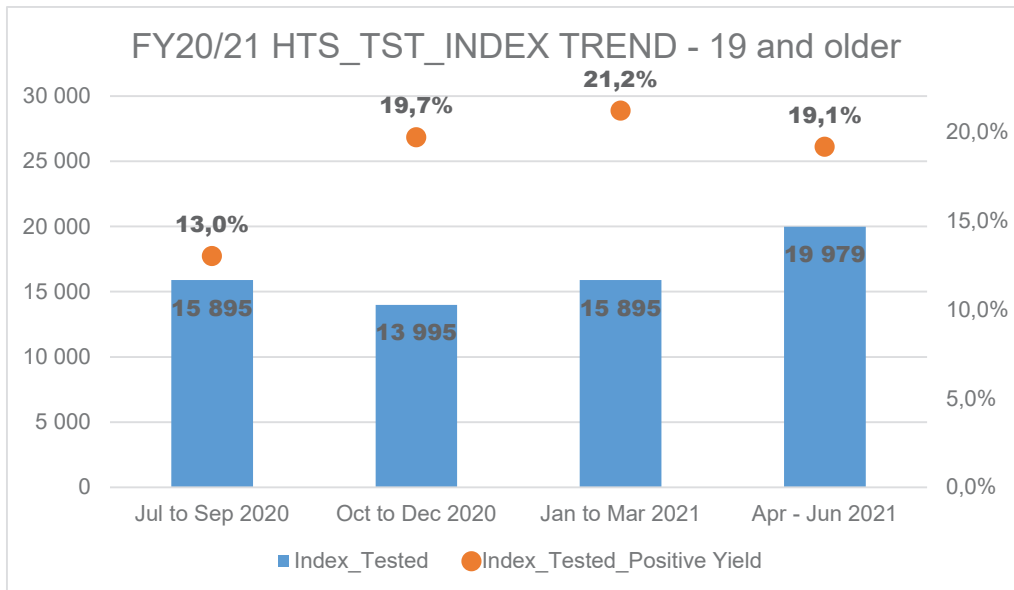


Figure 3: Index contact testing for adults – trends between October 2020 and June 2021



- The SA SURE Plus team has delivered a consistently strong performance in returning patients with interrupted treatment back to care. **In the year under review, 107 877 patients have resumed treatment through review of missed appointment lists for targeted tracing**, and HST has been commended by the CDC for our good-practice interventions in this regard.



HST Tracing Teams following up with patients who had missed appointments

- Through the continued roll-out of Differentiated Care options for alternative access to long-term medication – via the CCMDD programme and application of SyNCH software – patients who are clinically stable on their medicine regimens have a greater range of opportunities for convenient and patient-centred medicine collection than ever before, from mobile CCMDD pick-up points to an increased number of fixed pick-up points.

Future activities

District, facility and community-based support will continue to be rendered in the four supported districts for the next five years as we enter a new cycle of funding from PEPFAR into COP21. The approach will align with PEPFAR’s Country Operational Plan and NDoH objectives, with ongoing emphasis on sustainable capacity development and support on the ground to integrate national health priorities and contribute to rapid acceleration towards epidemic control. Programmatic integration of COVID-19 pandemic responsiveness through improved facility preparedness and innovations in community-based services will also be maintained.

LIST OF SA SURE PLUS PUBLICATIONS – JULY 2020 TO JUNE 2021

Phakama Digest

Third edition – July 2020: How the SA SURE project supported continuation of HIV services following the outbreak of COVID-19 in South Africa

https://www.hst.org.za/publications/HST%20Publications/Phakama%20Digest%20July%202020_FINAL.pdf

Fourth edition – December 2020: HIV index contact testing

https://www.hst.org.za/publications/HST%20Publications/Phakama%20Digest%20December%202020_FINAL_8Dec20.pdf

SA SURE Plus blog articles on www.hst.org.za

‘Fast, reliable and painless – HST supports facility-based roll-out of assisted HIV self-screening’. Judith King, 1 September 2020

<https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=35>

‘Nurses at risk of COVID-19 – telework to help HIV patients in South Africa. SA SURE Project, 30 November 2020.

<https://www.cdc.gov/globalhealth/stories/2020/nurses-at-risk-covid.html>

‘How Nurse-led pick-up points are boosting community HIV service delivery in uMgungundlovu’. Judith King, 11 February 2021.

<https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=46>

‘Cleaning up: strengthening the filing system at Phoenix Community Health Centre in eThekweni’. Judith King, 18 February 2021.

<https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=47>

‘HST radio campaign highlights the benefits of adherence to chronic medication’. Lunga Memela, 23 February 2021.

<https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=48>

‘DREAMS project launched by eThekweni Mayor at Inanda on World Health Day’. Lunga Memela, 8 April 2021.

<https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=52>

Resources

HIV Index Contact Testing Services Booklet – April 2021

KwaZulu-Natal Department of Health HIV Testing Services Register – October 2020

Index Testing SOP – May 2021

Updated National Adherence Guidelines – October 2020

COVID-19 Vaccination Cards – March 2021

Provincial Clinical Governance Document – March 2021

COVID-19 contact tracing and surveillance

Through deployment of contact tracing teams and Data Capturers at district and provincial levels, HST provided much-needed health systems strengthening support to contain the resurgence and spread of COVID-19 infection in South Africa through funding from the U.S. CDC.

From September 2020 to September 2021, HST deployed trained Enrolled- and Professional Nurses to support various public-sector clinics, hospital sites and step-down facilities, and conducted home visits in assisting the National Department of Health with tracing the contacts of patients with respiratory illnesses, including COVID-19.

HST also seconded skilled Data Capturers to collect related clinical data at hospitals on platforms such as DATCOV utilised by the National Institute for Communicable Diseases (NICD), and to support the Provincial Nerve Centres with database updates of required statistics for the NDoH and the NICD.

Twelve HST staff members (Data Capturers and Professional Nurses) were seconded to the NICD's division for surveillance of Notifiable Medical Conditions (NMCs). A minimum number of cases per individual per day is required for workforce efficiency and adaptation to specific indicators per province, district, institute and hospital. The NMC unit benefitted from HST's development of an Excel® notification tool to support data capture and basic analysis for easy compilation of operational reports. HST also crafted an SOP to assist with compiling notifier details of South African Nursing Council (SANC) and Health Professions Council of South Africa (HPCSA) membership.



At the District Office in Welkom are (from left) Noma Mokodue, Nkosiniphile Makwakwa and Sindi Msimanga, who also work at Thusanong Hospital in Odendaalsrus assisting with COVID-19 vaccinations.



Left: Data Capturer Linamandla Qeleshe is supporting hospitals in the Eastern Cape with the surveillance project.



Centre: Siphamandla Mzobe drives the HST vehicle to various hospitals in KwaZulu-Natal to assist with DATCOV data-capturing activities and other duties.



Right: Busisiwe Ali is supporting Chris Hani Baragwanath Hospital in Johannesburg with capturing data on DATCOV and various platforms.

HST's seconded complement of 20 staff members collaborated with designated DoH staff in six provinces to capture daily statistics received from sub-districts in the Eastern Cape, Free State, Limpopo, Gauteng, Northwest and KwaZulu-Natal provinces. Additional information on COVID-19 testing at road-blocks and province-specific activities was also captured on a daily basis. A minimum number of cases to be captured per day by each deployee was determined by the reported case mix within a district and province.

The information gathered is used to determine the rates of COVID-19 index case tracking, contact tracing, monitoring and referral, as well as testing coverage among 65 contacts of confirmed cases, COVID-19 positivity among contacts traced, and delineating hospital infection case mixes. In addition, death rates are captured to profile the severity of the illness and mortality for a full portrayal of South Africa's COVID-19 pandemic. These data have contributed positively to the country's COVID-19 reporting platforms and epidemiological surveillance.

The main goal of the **CCMDD** programme is to improve access to chronic medicines for public health sector patients. Since the inception of CCMDD in 2014, there has been a marked increase in the number of patients accessing medicines through this programme. The CCMDD programme has historically been paper-based and therefore subject to process inefficiencies. The **SyNCH** system was developed to rectify these issues and introduce a standardised, automated process in all provinces implementing CCMDD. The SyNCH system allows for online patient registration, selection of approved Pick-up Points (PuPs), electronic submission of prescriptions to CCMDD service providers', scanning capability for Patient Medicine Parcels (PMPs) issued to patients, and automated reporting at various levels within the health system.

SyNCH project objectives

- Improve access to chronic medicines
- Automate certain CCMDD process and improve programme efficiencies
- Ensure end-to-end visibility of the CCMDD process
- Ensure transparency between stakeholders
- Minimise medication errors and prescription rejections
- Promote the rational use of medicines
- Ensure compliance with Standard Treatment Guidelines (STGs) and Essential Medicine Lists (EMLs)
- Ensure tracking of Patient Medicine Parcels (PMPs)
- Allow for automated report-generation
- Improve patient outcomes

Project support

SyNCH was developed by HST, on behalf of the NDoH. HST was primarily responsible for the implementation of SyNCH in Dr Kenneth Kuanda District and Ngaka Modiri Molema (North West Province), Buffalo City Metropolitan and Chris Hani District (Eastern Cape), and Capricorn and Mopani Districts (Limpopo) in 2020. The SyNCH team has also been responsible for the training of Provincial and DoH officials, SyNCH implementation staff as well as District Support Partners (DSPs). HST has played a role in implementing and/or training DSP implementation teams in each of the 28 health districts.

In addition to providing support to the NDoH on CCMDD and SyNCH development, HST also supports SyNCH activities in eThekweni, uMgungundlovu, Uthukela, and Zululand districts in KwaZulu-Natal.



Ricardo Kettleidas
National Co-ordinator for
CCMDD and SyNCH



Vishen Jugathpal
Project Manager:
M&E Systems - CCMDD



Mildred Shabangu
National Implementation
Co-ordinator

Achievements

- The 4 million patient registration milestone on the CCMDD programme was reached during the past year. A total of 4 528 237 patients were registered, which translates to growth of 24.5% on the June 2020 patient registration figure.
 - Of the CCMDD total, 2 392 893 patients were processed from 2 332 facilities using SyNCH.
- COVID-19 specific regulations have been implemented:
 - Enhanced facility closure management for COVID-19 exposures
 - 12-month prescription extensions have been implemented to reduce physical contact
 - Multi-month dispensing (MMD3 and MMD6) support
 - No service delivery interruptions were reported during the COVID-19 lockdown period.
- CCMDD eligibility extended to stable adolescents and children and implemented.
- A new rejection tool was launched to reduce prescription rejections.
- The CCMDD programme has been rebranded as Dablapmeds by the NDoH.
- SyNCH was successfully implemented in the remaining six PEPFAR-supported districts which included 587 primary healthcare facilities and 122 external PuPs.
- An online error reporting platform was implemented to improve programme oversight across all stakeholders.
- The pick-up point model was optimised to improve contract management and PuP administration.
- Interfaces between SyNCH and CCMDD service providers were developed to increase the visibility of manually processed prescriptions (also known as “partial SyNCH”).
- All SyNCH reports were upgraded with data dictionaries to improve usability for a variety of stakeholders.
- Ongoing quality improvement and system optimisation activities to improve data integrity and security done.
- Provincial helpdesks have been established in seven of the nine provinces using SyNCH.
- Thirteen new HST Peleboxes have been installed across four districts and are ready for activation.
- HST mobile van project extended to Zululand; three mobile vans are functioning across Zululand District to support 26 PuP point sites.
- Get checked. Go collect hotline: assisting patients from across South Africa regarding queries related to CCMDD.
- Get checked. Go collect radio shows: promoting CCMDD and assisting callers with queries related to CCMDD.
- CCMDD Funda (to learn in isiZulu) Friday initiative, a weekly virtual training platform for multi-disciplinary teams, was launched in February 2021. The content includes CCMDD SOP refresher training, videos, experiences, success story telling and a SyNCH overview of the applicable topic.
- Adherence Club and Outreach Point (AC/OP) administration tool was developed and piloted in KZN – uMzinyathi District.
- uMzinyathi District has taken responsibility for the implementation, training and M&E of the SyNCH system. This is the proposed model for a successful system transition.

The **Unfinished Business for Adolescent and Paediatric HIV (UB)** Phase II Project, is funded by the ELMA Philanthropies and is in the third year of implementation in three KwaZulu-Natal districts, namely uMgungundlovu, eThekweni and Zululand. In total, 81 facilities are currently supported across the three districts. Project interventions are implemented across a matrix of scale, refine and test strategies to achieve the 90-90-90 targets for adolescents and paediatrics (i.e. 0–19 years).

The project was implemented amidst the COVID-19 pandemic and strict lockdown regulation periods which disrupted clients’ health-seeking behaviour as evidenced by the reduced facility headcounts over these periods. This necessitated a shift in technical strategy to be more responsive to COVID-19 regulations and this varied from off-site telephonic support when restrictions were more stringent, to in-person facility support once restrictions were more relaxed. Some facility-based activities, mainly group activities, such as support groups, facility quality team and/or data meetings

were also disrupted by the impact of the COVID-19 pandemic. Children and adolescents who could not access services at facility level during this time were reached through intensified community outreach efforts. Community outreach efforts were further strengthened in November 2020 by the COVID-19 relief grant that was awarded by the ELMA Foundation, which focused on targeted outreach activities.

The recovery period post stricter lockdown periods affected performance against targets adversely, specifically in the first two quarters. This was mainly due to lower facility headcounts resulting in fewer children and adolescents accessing care. Moreover, there were operational changes that were required in response to COVID-19 in the last two quarters of the year and once these adjustments had taken effect a marked improvement in programme performance was observed in comparison to the previous two quarters. The additional health facilities (20) in eThekweni that were taken over in October 2021 seem to have stabilised and UB strategies have been fully re-instated in most facilities.

In the second year of UB Phase II, some performance targets were missed, especially for the 0–14 (children) years' age group we believe largely due to the impact of COVID-19. Across the three districts, eThekweni, uMgungundlovu and Zululand, of the total children and adolescents tested, 2% (12 550) were identified, and 88% (10 946) were initiated onto treatment with 52% (31 021) on antiretroviral treatment (ART) and a viral suppression rate of 82% (19 514) was reached. Although there has been a slight drop in performance compared to Year 1, efforts have been intensified, intervention strategies re-introduced and increased and facility quality improvement plans reinstated and monitored at selected facilities. Promisingly, performance targets were reached and surpassed amongst children and adolescents, for retention in care at 12 months in eThekweni district (1 062, 67%), HIV testing in uMgungundlovu (92 354, 58%) and viral suppression of tested patients in Zululand at 46%. Sharing of lessons learned and best practices across districts, will assist in ensuring that strategies are shared and adopted to improve performance in the paediatric care and treatment cascade.

Despite the challenges faced on the ground, the NDoH led a positive initiative to address the gaps identified in the HIV paediatric cascade. This initiative is the compilation of a minimum standard of care package with SOPs in the form of the Matrix of Interventions (Mol). The Mol activities and strategies are borrowed from best practices and lessons learned from existing UB strategies that are implemented. This serves as evidence of the value in investment cases made by the UB Consortium to the NDoH. In support of the national initiative, HST prioritised the development of facility Mol plans and monitors implementation of these plans at facility level.

Internal and external partnerships are key to the implementation of UB strategies and we continued to work with our community partner AIDS Foundation of South Africa (AFSA) and finalised a Memorandum of Understanding (MoU) with the Children In Distress Network (CINDI Network) as an additional community partner. Internally, we are layering services especially at the coal-face, by strengthening the synergies and communication between the SA SURE Plus and UB projects. Joint resource planning (staff allocations) and sharing of lessons learned, including strategies and tools, is increasingly being done between projects and this helps with the reduction of duplication whilst maximising on service delivery.

The key lessons learnt during the reporting period include:

- Continuous quality improvement (CQI) offers a systematic response and/or approach to existing programmatic challenges that negate gains made in previous years.
- Community outreach services are a necessary supplement to facility-based services.
- Introduction and adoption of the HIV risk screening tool at facility and community level and facility index testing are the key case finding strategies which yield higher positivity rates in children and adolescents.
- Missed opportunities for testing children and adolescents in facilities were positively influenced by key entry point (KEP) testing.
- Collaborative efforts between the NDoH, community partners, SA SURE Plus and Unfinished Business projects fostered the implementation of sustained targeted interventions for children and adolescent HIV programmes in different facilities.
- Staff vacancies, especially those of the technical support team, adversely affects the implementation and performance of the project.

Going forward planned programmatic efforts will focus on:

- The mode of (in person, virtual, telephonic) clinical and technical mentoring, support and training within the context of COVID-19 regulations. The experiences and lessons learnt from previous outbreaks and restrictions will inform future implementation decisions.
- Facility and community-based case finding strategies as these remain a priority and key focus area for programme improvement.
- Adjusting the staffing model for streamlined and targeted implementation strategies in Zululand district, given that this is a rural district.

The electronic Integrated Management of Childhood Illness (eIMCI) project is an innovation project nested under the Unfinished Business project for Paediatric and Adolescent HIV in KwaZulu-Natal (KZN) and supports 37 health facilities in uMgungundlovu and iLembe districts. The principal project objectives are to:

- Strengthen the quality of child assessment at primary care level through standardised implementation of electronic algorithms, training, mentoring and supportive supervision.
- Evaluate acceptability, feasibility, effectiveness and cost-effectiveness of eIMCI implementation compared to the current standard of care.

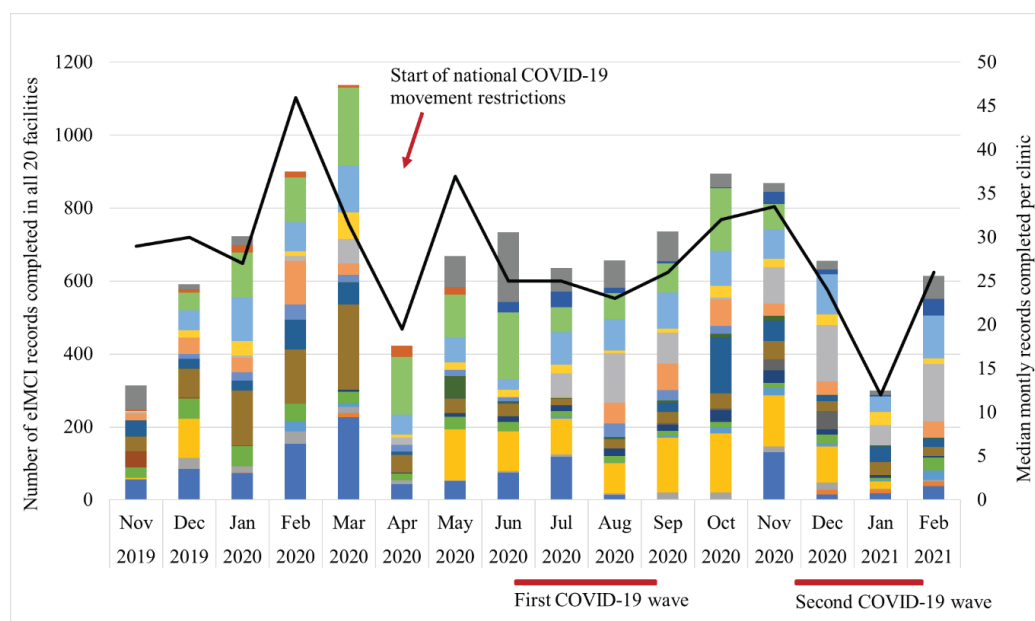
As South Africa is still faced with high levels of child mortality there is a need to maintain and strengthen programmes aimed at improving child survival. Integrated Management of Childhood Illness (IMCI) is the cornerstone of care for the sick child under five years at the PHC level, but the implementation has remained poor. The eIMCI project is conducted in partnership with the KZN DoH with the view towards a phased implementation within available NDoH resources for Information Technology (IT). The software entails a decision support tool built on an electronic medical record (EMR) system developed to facilitate efficient, accurate and comprehensive child assessments. A 2018 phase one implementation demonstrated good acceptability and promising uptake in uMgungundlovu district.

A second project phase was commenced to include an incremental scale-up in uMgungundlovu and iLembe districts with stronger mentoring and supervision components as well as evaluation of the feasibility and effectiveness of implementing eIMCI. The effectiveness study is carried out in iLembe district with the University of KwaZulu-Natal (UKZN) as the principal investigator, whereas the feasibility study is conducted in uMgungundlovu district by HST and the KZN DoH. A project-specific steering committee chaired by the KZN DoH oversees and guides the research and implementation. Since March 2020, the project team has assisted the DoH with COVID-19-related support needs, whilst concomitantly working for continuity of essential child health services in supported facilities.

Achievements

- A standardised model with resources for implementation was developed for the eIMCI software, the hardware specifications, and the training and mentoring process.
- Electronic IMCI scale-up has continued in uMgungundlovu district (22 sites) and iLembe district (15 sites) with ongoing mentoring and IT support provided by HST.
- In uMgungundlovu district from December 2019 – January 2021, 9 684 eIMCI records were completed across 20 facilities, with a median uptake of 29 records per clinic per month and a mean proportion of child consultations using eIMCI of 15%. The local COVID-19-related movement restrictions and epidemic peaks coincided with declines in the monthly eIMCI uptake (Figure 4).
- The eIMCI acceptability evaluation was published in November 2019 in the journal “Paediatrics and International Child Health” and the feasibility evaluation was submitted to the same journal in July 2021. Data collection for the effectiveness study was completed in June 2021.

Figure 4: Monthly eIMCI uptake in uMgungundlovu district from Nov 2019 - Feb 2021. The colours represent different facilities.



COVID-19-related provincial support

- Technical assistance with the development and consultation process for a KZN SOP for PHC level screening and management of COVID-19 in children.
- Assistance with the procurement of supplies needed for the continuity of child health services at PHC and community level: IMCI Chart Booklets, IMCI case recording forms and Community Child Health Screening forms.
- Technical assistance with hospital level data collection systems for COVID-19: Inclusion of COVID-19 related data collection in hospital registers.
- Procurement/printing of COVID-19-amended registers for all paediatric wards in the province.
- Evaluating the impact of COVID-19 on child health in KZN, with the first article being published in the South African Medical Journal (SAMJ) in December 2020 and a second paper under way that looks at the pattern of disease during admission to children's wards in iLembe and uMgungundlovu districts between January 2018 and September 2020.

COVID-19-related district support

- Assistance with the assessment of facility infrastructure and procurement of equipment and supplies needed for implementing COVID-19-adapted clinic flow and patient management, e.g. gazebos for screening areas, testing areas and paint/masking tape for queuing and physical distancing (iLembe district).
- On-site mentoring and support to implement the adapted clinic flow as well as screening for and management of suspected COVID-19 in children, according to the KZN SOP.
- Advocacy and support for clinic-level continuity of essential Child Health services, including mentoring in electronic IMCI/colour-coded IMCI forms and assistance with recovery plans for nutrition and immunisation.

The Family Monitoring project

In response to the persistently high newborn mortality rate, the Family Monitoring project was also commenced as a collaboration between the KZN DoH and HST that aims to empower new mothers to identify and respond early to signs of illness in their babies to facilitate timely re-entry into care. A pilot implementation with an acceptability/feasibility study is currently under way at four KwaZulu-Natal hospitals.

Key challenges and lessons learned

- The scale of eIMCI to uMgungundlovu primary care facilities was constrained by the availability of NDoH computers.
- Several health system factors have impacted the nurse's ability to implement the eIMCI system, importantly challenges in staff allocation, IT challenges and COVID-19-related disruptions in service delivery.
- The COVID-19 outbreak has required adaptation of project approaches and timelines due to rapidly changing needs and circumstances at the coal-face.

We would like to thank ELMA philanthropies, the KwaZulu-Natal Department of Health Child Health office and the University of KwaZulu-Natal Centre for Rural Health for the ongoing valuable collaboration and support.

2. IMPLEMENTATION OF PRIORITY HEALTH PROGRAMMES

The national footprint of the HST-supported **Health Information Technology (HST HIT) Project**, spans 3 115 facilities in eight provinces and 46 districts (with the exception of the Western Cape).

During the period under review, HST's HIT team celebrated its sixth year of service provision to the NDoH. The programme is presently funded until March 2022 by The Global Fund through Aquity Innovations with management and oversight by the NDoH.

Since June 2015, the team has supported the roll-out of the Health Patient Registration System (HPRS) in public health facilities in eight of the nine Provinces. Having been assigned to support the National Health Insurance Information Systems (NHI-IS) Programme Office led by Ms Milani Wolmarans (Chief Director: Policy Co-ordination and Integrated Planning) and Dr Pierre Fabe (Technical Advisor: NHI-IS Programme Manager), the HIT team members continue to deliver optimally on their mandate.

The onset of COVID-19 has necessitated the full development and implementation of tool-sets to assist with COVID-19-related processes and reporting at hospitals and clinics. The team provides second-level support and where required, supports the use of the Electronic Vaccination Data System (EVDS) at identified vaccination sites.

During initial roll-out of the EVDS at the COVID-19 vaccination sites, the team assisted at various sites with technological preparation and support.



The HIT team successfully assisted preparation of the EVDS implementation and use at the Charlotte Maxeke Hospital Vaccination Site in Parktown, Gauteng.

The team was commended for its resilience, creative problem-solving and effective implementation of rapid turnaround strategies, conducted in collaboration with the NHI-IS Programme Office. Collegial support, encouragement and synergy ensured that the HIT team's history of success with highly technical service offerings constituted an indispensable resource for the NDoH.

3. CONDUCTING ESSENTIAL NATIONAL HEALTH RESEARCH

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

Financial Risk Protection for Universal Health Coverage in South Africa (FRP)

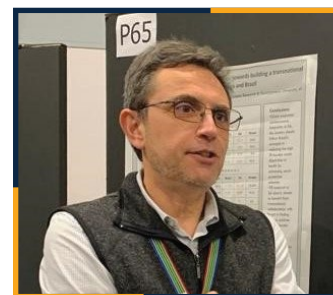
A number of years ago South Africa embarked on reforming its health system through Universal Health Coverage which is widely viewed as central to efforts to strengthen health systems and improve the level and distribution of health and health services. The National Health Insurance (NHI) programme promotes Financial Risk Protection for South Africans as the goal healthcare delivery so that households are protected from financial hardships associated with seeking healthcare. Equally, monitoring of progress on FRP should form a critical part of assessing the performance of this health reform. Therefore, understanding FRP factors was found to be critical, hence this study, which is one of many, was commissioned by NDoH. The objective of this study is to describe and understand the challenges in the measurement of out-of-pocket (OOP) expenditure and financial risk in South Africa.

This project was conducted in 2020 and finalised within the agreed time-frames with the NDoH. This national study which reviewed current literature on FRP and methods to estimate OOP expenditure, applied quantitative and qualitative data collection approaches among national government and other experts on the main factors associated with OOP expenditure, including secondary analyses of data on OOP expenditure and FRP. Main data sources used were the National Income Dynamics Study (NIDS), Income and Expenditure Survey (IES) and Living Conditions Survey (LCS).

Project timelines were met in terms of deliverables being submitted on time. At least three draft reports were submitted to the NDoH and subsequent meetings held to monitor progress. Following meetings with and input from the NDoH, the report was accepted in October 2020.

Having assessed the surveys used in this study and having arrived at the conclusion that their structures differ on key aspects such as recall period, expenditure categories and the healthcare items of expenditure, the research team found that there is a high likelihood of inconsistencies in the estimates of measures of OOP over time if all three surveys are used for monitoring FRP.

Findings and recommendations showed that inconsistencies in terms of measurement where the surveys from which data were extracted resulting in an incomplete incomplete picture of OOP payments, although they offer some insight into understanding the overall level of OOP in the country. For example, a range of services covered by the NHI and the pricing of items such as medicines can achieve FRP. To ensure consistency in the measurement of OOP over time, it is ideal to use one national household survey because, with consistency in survey design, a higher level of confidence can be attributed to changes in estimates of OOP over time. The IES and the LCS were found to be the most appropriate candidates for monitoring FRP as their sampling design seeks to ensure a nationally representative sample, and allows for identification of key drivers of OOP expenditure. Both surveys are collected every five years and each of them should provide sufficiently regular sources of data for monitoring FRP. The perception is that failure of service delivery, which results in challenges such as stock-outs of essential medicines, lack



Dr Annibale Cois



Ms Puni Mamdoo



Ms Natasha Esau

Annibale Cois, Ntombizodwa Mbelle, Puni Mamdoo and Natasha Esau formed part of this team.

of EMS responders or poor quality of medical care, is an important driver of catastrophic expenditure which disproportionately affects the poor, disadvantaged and vulnerable groups in society.

Assessing the barriers to hypertension control in selected primary health care facilities providing chronic care services in the Zululand district

The Heart and Stroke Foundation (HSF) commissioned this work for the period of a year from April 2019 to March 2020. Due to data collection being halted in line with COVID-19 regulations at the time, all project activities were postponed and the deadline for completion reset to December 2020.

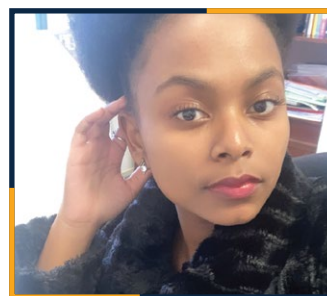
Hypertension among South African is reportedly high (above 40%) among females and males above 15 years of age. Despite the availability of treatment and access to health facilities, hypertension control remains low, identified uncontrolled hypertension is 42.8%, with reasons not being fully understood. It is within this context that further exploration of the challenges to achieving hypertension control, with specific focus on user and provider perspectives and experiences of poor hypertension control was conducted. This study aimed at determining the provider and patient barriers to hypertension control in selected primary health care facilities providing chronic care services in the Zululand District through a cross-sectional qualitative, explorative, descriptive study. The specific objectives were to determine the patient's hypertension control knowledge, attitudes and behaviour and also to identify the patient and provider perspectives of the barriers to hypertension control. Face-to-face key informant interviews (KIIs) and focus group discussions (FGDs) were conducted from health workers and patients in six selected facilities in the Zululand district.

Due to COVID-19 lockdown regulations, fieldwork was halted for a period of three months. Later, data collection was continued telephonically, then transcribed and analysed. The preliminary report was completed and submitted by the end of September 2020.

HST achieved the agreed upon milestones: the final narrative including a section on the role of and contribution by NGOs to hypertension control, and the audited financial reports were submitted and accepted in December 2020. HST was invited to present the study findings in an HSF Webinar, successfully completing and closing the project.



Ms Tamlyn Seunanden



Ms Nqobile Myende

The Heart and Stroke Foundation-funded project was led by Nandipha Jacobs and supported by a team comprised of Tamlyn Seunanden, Motlatsi Kekana, Natasha Esau and Nqobile Myende.

Job profiles toolkit: A resource package to formalise PEPFAR-created cadres within the public health sector

A key resource in the provision of HIV services (the continuum of care) is the healthcare workforce. For this reason they remain a critical factor for achieving the UNAIDS 90-90-90 targets. A major requirement in South Africa, a country with high HIV prevalence, is a qualified and trained healthcare workforce (cadres) in sufficient numbers, in the right place, at the right time, and who are highly motivated to ensure effective linkages across the HIV services continuum of care. This work was funded by the U.S Centers for Disease Control and Prevention (CDC) as part of funding for the HSS programme, SA SURE Plus, that they already support.

The purpose of this project was to evaluate the scope and nature of PEPFAR-initiated healthcare workforces or functions needed to achieve sustained epidemic control. This will enable the harmonisation of functions across implementing partners, sharing lessons learnt, demonstrating the value of these roles, and supporting sustainability planning.

A draft report was completed in December 2020. The report was presented as a toolkit to assist in lobbying the NDoH to formalise PEPFAR-created healthcare cadres, that are not part of the usual staff establishment of the NDOH, into the public health system structure for ongoing sustainability beyond the PEPFAR life-cycle. HSR completed its part of the project and submitted the report to HSS who oversaw the broader project and continued with completing the report.

The main challenge met when implementing the study was the timely access to the required data from District Support Partners (DSPs).

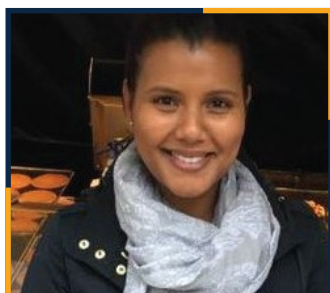
Tuberculosis Reduction through Expanded Anti-Retroviral Treatment and TB Screening (TREATS) Project

TREATS is funded by the European and Developing Countries Clinical Trials (EDCTP) and International Initiative for Impact Evaluation (3ie). It is led and project managed by Dr Linda Mureithi. Robynn Paulsen, Michael

Burnett, Algernon Africa, Carmen Sisam, Jerry Molaolwa, Redwaan Vermaak and Chante Williams are key project team members who are responsible for the incidence, prevalence and community components of this trial. Field activities are supported by team leaders.



Mr Michael Burnett
Project Lead for the
Prevalence Arm



Ms Robynn Paulsen
Project Lead for Incidence Arm

This is a four-year project which commenced in 2017 and is due for completion in October 2021; the project has received a no cost extension to April 2022. The overall aim of the TREATS project is to measure the impact of a combined TB/HIV intervention (implemented in the PopART trial) of population level screening for TB, combined with universal testing and treatment (UTT) for HIV, delivered over 4 years, on notified TB incidence, prevalence of TB disease and incidence of TB infection. The nine study communities are located in the City of Cape Town Metropolitan Municipality and Cape Winelands District of the Western Cape Province. The project is made up of two main sub-studies: an infection cohort study and a prevalence survey.

The “Infection cohort” was recruited between November 2018 and May 2019 in 6 communities. Approximately three-hundred young people aged 15–24 years were recruited in each community (total 2 002). This cohort was followed up with a total period of 24 months each with phone contact every six months and two annual visits. The “TB Prevalence survey” started in early 2019 with the aim of enrolling over 20 000 participants (over 15 years) in a cascading approach (1 community at a time) in all nine PopART communities.

The main achievements of the project are in the areas of stakeholder engagement, successful completion of the infection cohort study and the prevalence survey, and capacity-building.

Stakeholder engagements/communication

- The TREATS Community Advisory Board (CAB) met monthly to discuss project-related matters, including community sensitisation and mobilisation as well as study recruitment processes. There has been commitment from community leaders to support and help create awareness around TREATS.
- The team continues to provide updates to the Provincial DoH and local stakeholders who continue to support the project.
- In August 2020, following engagements with the ethics committee and department, HST received approvals to resume fieldwork with COVID-19 precautions in place.
- The fourth annual TREATS meeting was held virtually on 19–20 November 2020. It was attended by all consortium partners as well as study advisory group (SAG) members, including two SAG representatives from the NDoH and the Western Cape DoH.



OneStopTB mobile truck stationed in Luvuyo (Khayelitsha) during prevalence survey. Photo courtesy EDCTP

Infection cohort study

- In July 2020, the Infection Cohort Site Managers were trained virtually on completing the mid-year retention phone calls and giving results back to study participants.
- In August 2020, virtual training sessions were conducted with all field staff on COVID-19 safety precautions and 24-month follow-up visit procedures.
- The team successfully completed the final 24-month follow-up visit for the cohort in January 2021 achieving an excellent overall retention rate of 71%.

Prevalence survey

- Despite the challenges posed by the COVID-19 pandemic outbreak, the team successfully completed the prevalence survey at the end of June 2021.
- Fieldwork entailed deployment of two OneStopTB™ mobile trucks sequentially in nine study communities, to screen and test for TB. The truck is an all-in-one diagnostic centre divided into two sections: a built-in automated digital x-ray compartment, and a laboratory fitted with two GeneXpert machines which are used to detect TB (within approximately two hours).
- Fieldwork in the remaining six communities was conducted between September 2020 and June 2021. Overall, 32 532 community members were enumerated within households. Of these 26 922 were eligible to participate, with 18 723 being enrolled in the survey. The team achieved an exceptional 70% participation rate.
- In both the infection cohort study and prevalence survey, participants diagnosed with TB or HIV were immediately referred for care at their local health facility.



Prevalence Survey Field team in Dalevale community.

Capacity-building

- A Tropical Epidemiology Group (TEG) Fellowship was one of the capacity-building initiatives in the project. This training fellowship in medical statistics, offered in collaboration with the (LSHTM), included an opportunity to study for the M.Sc. degree in Medical Statistics at the LSHTM for one year, followed by a one-year work attachment at HST. This will entail development of statistical and research skills by working on the TREATS project.
- Jacob Busang, the recipient of the Fellowship, successfully completed the M.Sc in Medical Statistics in September 2020. He subsequently started his one-year attachment at HST in October 2020.

Activities that will be covered after completion of fieldwork in June 2021 are: data cleaning, validation and

analysis; writing of the manuscript, the dissemination of results to various stakeholders (communities, TB researchers, and the DoH at national and provincial levels).



Mr Jacob Busang

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

District Health Barometer 2019/20

The *District Health Barometer* (DHB) project team was led by Naomi Massyn, who was also the project manager. The publication was authored and edited by 51 public and private health experts, and seven editors, respectively. Additional input and advice were given by the DHB Technical Working Group composed of health research experts from education and research institutions, as well as government and non-governmental organisations.

The *District Health Barometer* 2019/20, the 15th publication since 2005, was funded by the NDoH with additional support from HST. The 15th DHB sought to highlight inequities in health outcomes and health-resource allocation and delivery, and to track the efficiency of health processes across all provinces and districts. It drew data from key government sources, including the District Health Information Software (DHIS), the Ideal Clinic Realisation and Maintenance system (ICRM), Statistics South Africa (StatsSA), the National Treasury Basic Accounting System (BAS), the National Health Laboratory Service (NHLS), the National Electronic Tuberculosis Register and the Electronic Drug-resistant Tuberculosis Register. Two sections, comprised of the DHB and the DHB Profiles produced eight chapters as well as provincial segments. This edition covered aspects such as Sustainable Development Goals (SDGs), the Universal Health Coverage Index, the evolution of the COVID-19 pandemic and health system responses in South Africa and presented the latest burden-of-disease data. Prior to the release of the DHB, a media blitz was done announcing the date of its availability on HST's website,



Ms Thesandree Padayachee



Ms Noluthando Ndlovu



Ms Candy Day

From left to right: Ms Thesandree Padayachee, Ms Noluthando Ndlovu and Ms Candy Day, three of the DHB 2019/20 authors.

an electronic pamphlet listing chapters that were covered by the publication and embargoed copies were shared with selected media. The 2019/20 edition of the DHB was published on HST’s website in December 2020. Unlike previous years, a physical launch could not be held due to COVID-19 lockdown restrictions, however, the publication was highly acclaimed and numerous messages of appreciation and praise were received from national, provincial and district Departments of Health, the Department of Planning, Monitoring and Evaluation in the office of the Presidency, as well as from other independent organisations in South Africa and abroad.

Also, in recognition of limited funds and promotion of high access to electronic material, only 10 copies were printed on request from the DoH. The DHB continues to be acknowledged locally and globally as a notable source of information on the performance of health systems as well as being an invaluable tool for



district managers to plan ahead by providing information for district managers to benchmark their districts against others in the country and in strengthening the use of data for priority-setting and decision-making.

The DHB is temporarily discontinued with planned resumption of the publication when a new source of funding is secured. The publication is also available on the Health Systems Trust website at <https://www.hst.org.za/publications/Pages/DHB2019-20.aspx>

South African Health Review – 2020

The *South African Health Review* (SAHR) is an accredited peer reviewed publication. The 2020 edition was complemented with funding from HST; like the previous editions, it was also funded by the NDoH under an SLA that came to an end in March 2020. The aims of the SAHR are to advance the sharing of knowledge, feature critical commentary on policy implementation, and to offer empirical understandings for improving South Africa’s health system. It is recognised as one of the most authoritative sources of commentary on the South African health system and is widely used in teaching public health at undergraduate- and postgraduate level in South Africa and by scholars, donors, journalists, policy-makers and policy implementers at various levels of the health system.

The findings of the 23rd edition of the SAHR were released to coincide with the International Day of Persons with Disabilities in December 2020. Noting that not all disabilities are visible, this edition recognises the gains made in disability-inclusive health care, but also acknowledges that progress has been limited in the public health system. The focus of each of the chapters is on access to equitable health care and disability inclusion rather than on specific impairments or medical conditions. While some chapters relate to a specific medical condition, what is paramount is the relevance of each chapter to disability inclusion. Authors have noted that disability-awareness programmes tend to be driven by people who are not disabled, advocate for the inclusion and full participation of persons with disabilities, and stress the necessity for developing a participatory approach to disability-awareness activities which are respectful of linguistic and cultural diversity, traditions and preferences.

This edition was well-received far and wide given the recent unfortunate experience in South Africa where a large number of people with disabilities died, and the reported increase of mental health problems experienced as a result of COVID-19.

South African Health Review – Update on 2021 Edition

The *South African Health Review* for 2021 is a special edition focusing on COVID-19; *Health sector responses to Covid-19: what have we learnt?* is funded by the Johnson & Johnson Foundation and will be released in December 2021. This edition of the SAHR focuses on the impact of COVID-19 on existing health services and programmes particularly from the following perspectives:

- The impact of socio-economic disparities on prevention and treatment;
- The rationing of health care services and implications for equity of access;
- Strengthening of the country’s social compact and emergence of innovative collaborations and partnerships;
- Impact of measures taken to balance saving lives with saving livelihoods; and
- emerging lessons for the future management and prevention of pandemics and other public health emergencies.

Resounding responses to the first call and late breaker call were received from all over South Africa with over 100 abstracts received and reviewed. Forty (40) were accepted and the remainder not accepted owing to various reasons such as abstracts not related to theme; uncertain quality; or no new insights provided. Chapters on Community Health Worker (CHW)-related topics were commissioned to four health systems experts at the University of the Western Cape, University of KwaZulu-Natal, Durban University of Technology and the National Department of Health.

Planned activities for the remaining period of 2021 are:

- Completion of review process and circulating chapters to the Editorial Advisory Committee (EAC) and editorial team for internal review;
- Editing, proofreading, layout, review, printing a few copies and signing off on proofs. The final steps will be to disseminate the review by electronic launch and distribution of the printed books.

- Developing a suite of products to make the SAHR more user-friendly and accessible to frontline healthcare workers.

While we were able to source funding for the SAHR from the Johnson & Johnson Foundation for the 2021 edition, the long-term financial sustainability of the project remains a challenge. Therefore, securing sustainable funding is critical.

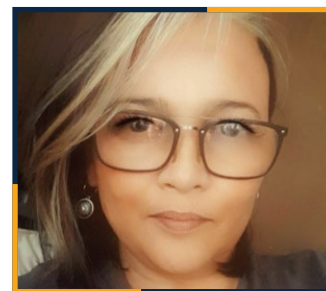
National Health Research Database



Ms Thesandree Padayachee



Dr Annibale Cois

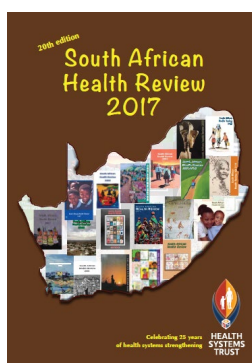


Ms Carmen Sisam

From left to right: The HST team care-taking the NHRD - Ms Thesandree Padayachee, Dr Annibale Cois, Ms Carmen Sisam

The National Health Research Database (NHRD) was led by Thesandree Padayachee and supported by Dr Annibale Cois on data analysis, and Carmen Sisam on operation of the system.

The NHRD is a system developed to track, manage and maintain a national research database that enables the National Health Research Committee (NHRC) and Provincial Health Research Committees (PHRCs) to



assess and process applications for conducting research activities in public health facilities. While the role of HST was to host and manage the system, the mandate grew to include implementation of the automated classification reporting functionality, develop a solution for the Academic Health Complexes (AHC), train and offer ongoing support to new super-users on the use of the NHRD, draw operational and strategic reports, and to train new administrators on the AHC solution.

As a national system, the NHRD could be accessed electronically throughout South Africa by users based in all nine provinces, who applied to conduct research in public health facilities.

HST successfully supported the maintenance and implementation of the NHRD, and provinces to manage and co-ordinate health research. It further provides the NDoH with technical support to monitor and track research trends across provinces. The mandate of aligning the system with the strategic call for a centralised mechanism that supports knowledge translation and evidence-based decision-making in the country was also achieved. Together with the NDoH, a fully-automated classification system which generates trend data plotting health categories and research activities was developed and tested. In addition, a solution for AHCs was piloted in two AHCs. Engagements with the AHCs were started in search of a collaboration on design, methodology and operation of the NHRD and the South African National Clinical Trials Register (SANCTR), since both share common characteristics such as being in the health space, a database of health research, and having been commissioned by and supporting NDoH policy-related activities.

The NHRD was handed over to the NDoH in November 2020 to continue its support for the coordination of health research in the country.

Dr Annibale Cois presented NHRD work on behalf of HST at an online conference in November 2020. Dr Gail Andrews the Chief Operating Officer at the NDoH and Thesandree Padayachee were co-authors of the abstract. Progress and final reports outlining processes, outcomes and outputs of the components and stages of the NHRD were produced, discussed and submitted. The Chief Operating Officer, Cluster Manager, Director and the Deputy Director with whom the HST NHRD had been working closely accepted the reports and indicated that they cherished the relationship between HST and the

NDoH and valued the excellent management and the output from HST.

This function was neatly handed over to NDoH through consultation meetings. Reports and the migration of the system from HST to NDoH, and communication plans for the AHC and automated classification were submitted followed by hand-over training workshops of NDoH programme officials and ICT Project and Portfolio Management. Although HST's support gradually tapered down as the ICT personnel at the department took over the running of the database, HST continues to pass on enquiries from users to the department and provide advice and support where necessary.

The new web address for the NHRD is:
<https://nhrd.health.gov.za>

For technical queries email: NHRD@Health.gov.za

5. GUIDANCE, MENTORING AND TRAINING ON GOOD PRACTICE DEVELOPMENT

There were major developments in 2020-2021 for the Health Systems Training Institute (HSTi) with the appointment of Prof Hoosen Rasool, a specialist in establishing, managing and strengthening education institutions to support the unit for the period of one year.

With the onset of COVID-19 in April 2020, the HSTi was compelled, like other training institutions, to revisit its strategy, operations and training delivery mechanisms. Consequently, the HSTi team has been busy with developing full and short courses through E-learning, blended learning and classroom and workplace learning. An online learning platform has been developed to ensure that learners can seamlessly move from one learning format to the other. Tutors have also been trained to use the new learning platform.



Prof Hoosen Rasool
Consultant



Dr Susanna Naude
Training Manager

The HSTI offers the following HWSETA accredited skills programmes:

- Advance HIV and AIDS Counselling
- Community Development
- Primary Health and Advocacy
- Counselling and Risk Behaviour
- Dread Disease and HIV and AIDS Awareness.

The following fully accredited programmes are offered:

- Further Education and Training Certificate: Counselling (NQF Level 4)
- Further Education and Training Certificate: Public Awareness Promotion of Dread Diseases and HIV/AIDS (NQF Level 4)
- National Certificate: Community Health Work (NQF Level 4).

The non-accredited short courses include:

- Adult Primary Care (APC)
- Basic Antenatal Care Plus (BANC Plus)
- Community Stakeholder Engagement
- Effective patient records management in hospitals and clinics
- Health Information Indicators and Analysis
- HIV Counselling and Rapid Testing
- Nurse Initiated Management of Anti-Retroviral Treatment (NIMART)
- Orientation to Effective Pharmaceutical management Gauteng
- Research Methods for Health, and Wellness for Effective Leadership.

The above courses are innovative, tailored and application-driven clinical and non-clinical training solutions aimed at strengthening health systems at all levels and improving the quality of primary health care.

HST has a nuanced grasp of the challenges faced in the delivery of primary health care. It has led us to develop inventive, locally responsive training solutions in support of global and local health agendas.

HSTi provides capacity-building and training support designed to enable expansion of universal health coverage through National Health Insurance (NHI) and initiatives such as the re-engineered primary health care, strengthening public health facilities, and improving quality of care. HSTi supports the health system and those who work in it through training and capacity-building.

Corporate Services Directorate



FINANCE, GRANTS AND COMPLIANCE

The Finance Department at HST is responsible for grants management, donor relations, accounting and financial management. The division is accountable for all funds disbursed to the organisation, ensuring that funding is used in an ethical manner with a high level of integrity for the achievement of key objectives, in line with professional business practice.

The main focus of the team is to ensure that financial reports are compiled in the required format and submitted timeously to management, enabling them to monitor and control budget variances, analyse trends in financial data and for critical decision-making that guides programme implementation.

The key considerations of economy, efficiency and effectiveness in procurement are upheld by the Finance Department, ensuring that donors and programme beneficiaries receive value for money on all HST programmes. HST's Corporate Services Directorate is also responsible for ensuring that the organisation contributes actively towards the country's transformative policies by taking a pro-active approach in promoting Broad-based Black Economic Empowerment (BBBEE). The Finance Department also exercises responsible stewardship of HST's cash resources to ensure that there is sufficient liquidity to meet the organisation's financial commitments in the ordinary course of business.

The Grants and Compliance team is responsible for designing and implementing policies and procedures to ensure that a strong system of internal control is in place. This team works diligently to maintain, monitor and evaluate the organisation's system of internal control to ensure the highest level of integrity, prevent breaches and respond with corrective action to any areas that require strengthening. The Grants and Compliance team also ensures that the organisation and key management and staff implementing programmes are aware of and comply with the rules and regulations contained within the various grant agreements that HST manages.

The Grants and Compliance Unit also assists HST's sub-recipients, providing them with valuable guidance on financial management and compliance with donor regulations and assisting them to develop appropriate systems and policies within their operational framework. HST empowers these organisations by assisting them to build capacity within their organisations to successfully manage grants.

HST subscribes to the good governance principles contained within the King Code on Corporate Governance and the internal control framework outlined by the Committee of Sponsoring Organizations of the Treadway Commission (COSO) and the organisation has an excellent track record of receiving unqualified audits over many years.

CORPORATE SERVICES DIRECTORATE



Mr Deena Govender

Director: Corporate Services



Ms Melisha Nunkoo

Manager: Finance

ADMINISTRATION

The Administration unit is responsible for planning, executing and monitoring support services for the organisation. Apart from the implementation and monitoring of administrative systems, 2020 was a year like no other; SOPs were amended to support our frontline workers facing the COVID-19 pandemic. Overnight, the team worked closely with suppliers to ensure the teams in the field had sufficient PPE amidst the Level 5 lockdown, stationery and furniture needs were dispatched to staff working from home, and relevant permits were issued to staff to ensure the continuation of work across all provinces. A 24-hour COVID-19 helpline was established to assist staff needs and was directed to a selection of Administrative staff to respond to. The 8-hour work day became non-existent during this time as around the clock support was required to receive stock late into the night from suppliers across the country. As the lockdown restrictions were lifted the office personnel complement was revisited allowing only 30% of staff access to the office whilst adhering to COVID-19 protocols. Social distancing was maintained across all offices to ensure staff safety. The commitment and dedication of the Administration team ensured that work continued to run efficiently and effectively during a very challenging time and the unit continues to support directorate programmes and projects with their key administrative requirements.

INFORMATION AND COMMUNICATIONS TECHNOLOGY

The ICT Team continues to support HST by implementing solutions to ensure the required connectivity and online presence are available at all HST offices, and for support staff in the field.

In 2020, HST embarked on an infrastructure modernisation journey to re-engineer the current environment that included the introduction to cloud capability. We are pleased to announce that the project to move critical server infrastructure to the new hybrid cloud platform was a huge success and went according to plan. These services include the Databases and Applications used to house data, websites and other information related to HST.

The key objective has been achieved to have an always “on” virtual environment with reliable connectivity and reduced costs for onsite infrastructure with an improved disaster recovery plan which has been designed and implemented.

HST staff have not been affected by the migration as connectivity remained the same. We have been monitoring the performance of connectivity and stability of the servers in the cloud environment and are happy thus far with the results.

There are many benefits of the hosted service, adding additional resources, for example, additional memory or hard drive space is a simple process and can happen within minutes.



Ms Delene King
Manager: Administration



Mr Deren Naicker
Manager: I.T Operations

The cloud infrastructure enhances HST's business continuity strategy where it currently has backup generators and backup fibre connectivity lines.

The COVID-19 pandemic is still a factor in the day-to-day operation of HST staff and all applicable ICT measures are currently implemented, which includes, remote login tools, additional security measures to our VPN platform, email scanning and impersonation attack identification, online meeting rooms to enforce social distancing and an always "on" virtual environment for project staff to meet and interact.

ICT security remains a priority for HST's IT department and the above implementation of these disciplines is intended to ensure the protection of information from a wide range of threats in order to preserve the confidentiality, integrity and availability of the information, thereby ensuring business continuity and minimising business risk.

HST IT is currently working on a new upgraded Helpdesk System which will assist technicians with better tracking of support calls and a streamlined life cycle of the day-to-day support calls with problem resolution.

HUMAN RESOURCES

Our employees are key to organisational performance and the current human resources strategy, approach and philosophy is based on delivering the organisation's strategy, achieving our mission and objectives and addressing its operational demands. The aim is to attract and retain people with the right skills and experience, and whose values are aligned with the organisation's culture and strategy.



Ms Sanele Ngubane

Acting Manager: Human Resources

Over the past year HR has continued to provide support and advisory services to meet the diverse recruitment and human resource management needs across the organisation. Our staff are our most valuable asset, so in

the past year we further developed our human resources capacity by (a) providing employees with access to training, development and lifelong learning; (b) creating a fulfilling work environment and opportunities; (c) capturing and sharing knowledge through capacitation workshops; (d) providing a safe environment both physically and psychologically; and (e) paying employees a fair and competitive remuneration. The above underpin the HR unit's role in supporting HST's employees to be the thriving and productive team essential for its success in a continually changing and demanding work environment as articulated in HST's human resource strategy.

HST's employee code continued to focus on creating a work culture that is transparent, mutually respectful, fair, and non-discriminatory; promotes open and constructive dialogue with management and employee engagement; provide safe working conditions; and encourage good work-life balance. The 2020–2021 financial year saw a significant expansion in HST's staff complement, and to enable the necessary support to HST employees, the HR team was expanded and restructured to effectively support the continuing growth of the organisation with the introduction of four HR District Co-ordinators and an Employee Relations Specialist. This expansion in manpower ensured that, with the appropriate support and guidance, managers and employees are empowered to be more accountable for their actions with benefits for organisational performance and employee job satisfaction.

HST has continued to appreciate and reward long service with the organisation, fostering an environment of mutual respect regardless of culture, gender or background, with zero tolerance for discriminatory behaviour. Employee wellness continues to remain a high priority, as well as a constructive and developmental approach to performance management so as to bring out the best in our staff. Having grown to a staff complement of employees, outsourced staff and independent contractors of close to 4 000 in the year under review, the HR team has focussed on providing the required support to all our staff and project teams, enabling the important work that HST does in the health sector to benefit the health services and communities we serve in the nine provinces of the country.

The unit and organisation complied with applicable labour legislation and this resulted in good labour relations and governance, a key value for HST in providing a safe, productive and secure environment for staff. Labour disputes were efficiently managed to ensure minimum liability for HST. Of those cases that were referred to the

Commission for Conciliation, Mediation and Arbitration (CCMA), all were settled amicably at the CCMA. There were various disciplinary cases which resulted in the necessary developmental guidance and sanctions as appropriate.

The COVID-19 pandemic that has brought significant changes to the ways of working of the unit and organisation, collaboration with other units played a key role in supporting this adjustment across the organisation. With most of its staff involved in the provision of clinical services in health facilities, and community-based health services, HST as an essential services provider constantly prepared to support its staff to continue to safely provide services in the COVID-19 environment, while at the same time adapting its operations and thus enabling a significant proportion of staff to work from home from time to time during the various COVID-19 alert levels. The unit, as part of HST's COVID-19 Committee, has played an important role in providing the required support to ensure that HST has appropriate HR and prevention and safety policies and protocols in the current COVID-19 environment, which were critical to HST being able to quickly adapt to and be able to operate in the current COVID-19 environment.

The current Employment Equity (EE) Committee grew and continued to provide support and input towards implementation of the organisation's EE plan and addressing EE challenges and barriers as we continue to build a strong organisation with diversity and equity amongst its key tenets.

The unit's continued involvement in staff development and training in conjunction with the Training unit resulted in various courses being offered to employees that are closely aligned to their developmental needs, and key priorities for the organisation. The uptake of HST's staff bursary programme continues to be excellent, resulting in several staff successfully progressing with their qualifications, with several successfully completing their studies, and thus enhancing their career and professional growth as they also contribute to building a strong and impactful organisation.

An important achievement in the current year has been the development, in collaboration with other parts of the organisation, of a human resource/talent management strategy, to provide HST with end-to-end HR services and solutions aligned to our mission and to enable HST to effectively, efficiently and sustainably deliver on our goals and objectives, achieving our public benefit purpose while

we organise and grow the organisation and its people. The COVID-19 pandemic has impacted on the pace at which we have been able to move forward with this strategy. While the strategy was developed in the early part of the COVID-19 pandemic, its implementation, alongside appropriate policies and practices in line with health and labour COVID-19 requirements, will ensure its application in a manner that is current and fit for purpose to the post COVID-19 work environment.

BUSINESS DEVELOPMENT

The past year has been an especially challenging one for most NGOs including HST where resilience was crucial to adapt to the impact of COVID-19. Through our agility and resolve HST has made great strides in adapting to the 'new' normal that is seemingly redefined periodically. A key emphasis has been on staff and teams to ensure their accurate understanding of the challenges faced and to support more collaborative approaches as we actively work toward solutions to ensure organisational integrity and sustainability.



Ms Natasha Chetty

Business Development Manager

HST has worked to mitigate challenges to business development through effective collaboration of our business development, technical and corporate services teams in pursuing key opportunities. The Business Development Unit has continued to provide core support to the organisation in identifying funding opportunities, as well as leading and executing responses to these. Proposal development and programme implementation efforts resulted in HST currently maintaining a portfolio in excess of R1 billion spanning large scale multi-year projects to more short-term high impact interventions. HST is also pleased to announce that we recently received the Notice of Award (NOA) from the CDC bid Sustaining HIV/TB Epidemic Control in South Africa under the U.S President's Emergency Plan for AIDS Relief (PEPFAR). This is a key project for HST as it supports the continuation of the largest project (SA SURE Plus) we currently implement.

This success ensures that we can continue to support HIV/AIDS and TB programme interventions in KZN and national efforts towards achieving the 95-95-95 goals for epidemic control in the province and in the country, as well as continue to leverage the broader health system benefits from this grant. We were also successful on a regional CDC bid (CDC-RFA-GH21-2149) as sub partner to the Institute of Health and Management (IHM) to support capacity strengthening within the Zambian Ministry of Health for health information system sustainability under PEPFAR. This will be an important opportunity to continue to grow HST's presence in the region in addition to the Border Health Project with six Ministries of Health in the region where HST is involved through CDC support. Adapting to new ways of working has been key to business development activities like proposal writing and building partnerships where most work is done virtually including connecting with other organisations and identifying opportunities through various digital platforms. Proactively incorporating COVID-19 into proposal content has also been important for funders and proposal objectives.

HST is appreciative of the commitment from our current funders PEPFAR, CDC and Elma Philanthropies who have continued their support toward mitigating the impact of HIV and TB on populations in KwaZulu-Natal through supplemental funding of care and treatment initiatives across the HIV and TB treatment cascade including support for PLHIV and active TB through community based initiatives, adherence to chronic medication and safe access to essential services and infection control measures.

The funding environment continued to prioritise COVID-19 efforts thereby reducing funding opportunities that the organisation has been accustomed to responding to. Reduced opportunities also makes competing for resources much more challenging. The heightened focus on digital and virtual spaces instead of physical engagements and the larger focus on collaboration and innovation to identify opportunities has contributed to changes in our thinking and ways of working to ensure we adapt. A good example of this was our ability to mobilise additional resources through our strong relationships with funders and partners on the ground to address identified gaps in projects. Through our SA SURE Plus project, additional funding was secured from the BMGF to complement current work on community ART. We have also developed strong relationships with Johnson and Johnson Foundation that have supported our special edition SAHR and we are

currently the secretariat for the CHW Think Tank that will support government address gaps in the CHW policy and implementation to support front line health workers in their important work. We are also lead on a consortium that has recently submitted a proposal to the Bristol Myers Squibb Foundation to integrate services and diversify our scope through supporting cervical cancer prevention and control in KZN. The emphasis on complementary and supplementary funding seems to align with the continued trend of working in partnerships and consortia as funders prefer a variety of collaborators and relationships with a focus on community participation for sustainability.

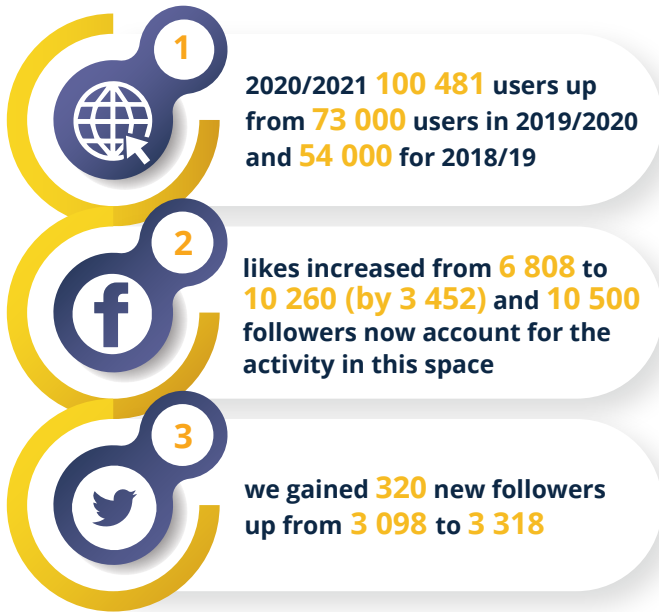
We continue to be mindful of the value of building, leveraging and strengthening the right relationships with key stakeholders, and current and potential funders that are important for new business and sustainability, while also ensuring that current projects are executed optimally to offer funders good value for money. BDU is also working closely with our communications unit to improve organisational visibility for greater connections and opportunities through activities such as CEO interviews on key platforms like DevelopmentAid as well as updating our marketing strategy for more focused ways of enhancing HST's visibility and attractability in support of organisational sustainability. BDU has also actively supported our HSTi unit respond to opportunities for sector capacity development.

COMMUNICATIONS

2020 into 2021 has been a year like no other for the HST Communications' unit. We decided to take our lead from the pantones for 2020 (Classic Blue) and 2021 (Illuminating Yellow and Ultimate Grey) and to manifest calm, strength and hopefulness in the approach to our work. These colours are also reflected in the design and layout for this year's annual report.

Our support with regards to COVID-19 communication increased many times over with ongoing support to the NDoH through its #iChooseVaccination channel, National Health Communicators Forum and the HealthEnabled-CovidComms initiative focused on Social Listening to develop, disseminate, monitor and report on messaging related to COVID-19, vaccine uptake, hesitancy and anti-vaccination trends on behalf of the National Department and the CDC.

Messaging has been shared across all platforms, both internally and externally and the reception has been good as evidenced by the continued growth on our channels:



A lot of the growth can be attributed to a team that has learnt to push the boundaries in terms of content quality, look and feel, and volume.

This has also been the year we focused on growing our internal marketing efforts and sharing all communications with staff to create more awareness across the board on our programmes and projects and to build a cadre of informed brand ambassadors that could speak to all of HST and not their area of work only. This has been key for the organisation in terms of working in a cross-functional way and utilising often immersed capabilities in a more effective way.



Ms Antoinette Stafford Cloete
Manager: Communications



Ms Willemien Jansen
Copy and Content Editor



Ms Lebohang Dikobe
DTP and Layout Artist



Mr Lunga Memela
Communications Engagement

It has been particularly useful with the continuation of the CCMDD initiative *Get checked. Go collect* which has seen numerous iterations since inception in June 2019. The campaign focuses on information on chronic conditions; how to test for it, go on treatment and stay on treatment. Many staff members who are experts on areas such as pharmacology, HIV, nutrition, psycho-social support, COVID-19 and others availed themselves for radio, blog articles and various other insights and inputs to make the campaign sustainable beyond the funded period which ended in April of 2021. We continue to keep the Whatsapp and call line 080 131 3992 open for queries and the website is alive <https://getcheckedgocollect.org.za/>

The Comms unit continues to support the various business units and programmes in terms of profiling the good work that they do via various media. Please see the list of blog articles generated that generated positive PR for the organisation .

LIST OF HST BLOG ARTICLES FROM SEPTEMBER 2020 TO JUNE 2021 FOR ANNUAL REPORT

Blog article: Life's more precious than Booze: Confronting the Truth about Fetal Alcohol Syndrome and Fetal Alcohol Spectrum Disorders
Author: HST's Communications Officer, Lunga Memela
Date: 9 September 2020
Link: <https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=36>

Blog article: Let's Talk Alzheimer's: Brain Health Starts Today
Author: HST's Communications Officer, Lunga Memela
Date: 21 September 2020
Link: <https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=37>

Blog article: Let's Pledge to Raise Continuous Breast Cancer Awareness
Author: HST's Communications Officer, Lunga Memela
Date: 30 October 2020
Link: <https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=38>

Blog article: Food Insecurity: The Problem Persists
Author: HST's Communications Officer, Lunga Memela
Date: 12 November 2020
Link: <https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=39>

Blog article: Let's Do More to Raise Awareness on Antimicrobial Resistance
Author: HST's Communications Officer, Lunga Memela
Date: 18 November 2020
Link: <https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=40>

Blog article: Get Over Your Discomfort about Disability and Be an Agent of Change... It Starts With You,
Author: Thesandree Padayachee (Programme Manager for Health Systems Research at the Health Systems Trust and PhD candidate in Disability Studies at the University of Cape Town)
Date: 3 December 2020
Link: <https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=41>

Blog article: Spotlight on Disability and Access to Care
Author: HST's Communications Officer, Lunga Memela
Date: 4 December 2020
Link: <https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=42>

Blog article: HST celebrates 15 editions of its district health barometer: 2019/20 publication to be released on 11 December!
Author: Naomi Massyn (Project Manager: District Health Barometer)
Date: 9 December 2020
Link: <https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=43>

Blog article: New Paper Evaluating Training of Clinic Committees Published in BMC Health Services Research
Author: HST's Communications Officer, Lunga Memela
Date: 15 December 2020
Link: <https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=44>

Blog article: South African Health Review Editor Reflects on 23rd Editions of the Review
Author: Ms Ashnie Padarath (SAHR Editor-in- Chief)
Date: 22 December 2020
Link: <https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=45>

Blog article: HST Radio Campaign Highlights the Benefits of Adherence to Chronic Medication
Author: HST's Communications Officer, Lunga Memela
Date: 23 February 2021
Link: <https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=48>

Blog article: You Are What You Eat: Salt Awareness Week 2021
Author: HST's Communications Officer, Lunga Memela
Date: 11 March 2021
Link: <https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=49>

Blog article: Happiness in a time of isolation
Author: Willemien Jansen, Copy and Content Editor
Date: 19 March 2021
Link: <https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=50>

Blog article: World Down Syndrome Day: Care, Collaboration and a Holistic Approach to Living with Disability
Author: HST's Communications Officer, Lunga Memela
Date: 19 March 2021
Link: <https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=51>

Blog article: DREAMS Project Launched by EtheKwini Mayor at Inanda on World Health Day
Author: HST's Communications Officer, Lunga Memela
Date: 8 April 2021
Link: <https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=52>

Blog article: Community Education in Pongola Spotlights HIV Transmission, Care and Treatment
Author: HST's Communications Officer, Lunga Memela
Date: 13 April 2021
Link: <https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=53>

Blog article: HST'S Hit Team Footprint across South Africa
Author: Magrieta Liebenberg (Project Manager: Health Systems Strengthening)
Date: 16 April 2021
Link: <https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=54>

Blog article: Systems Thinking: How an Innovative Idea Boosted the CCMDD Patient Return Rate At Reservoir Hills Clinic
Author: Presha Gopaul (Post-Basic Pharmacist Assistant), Nonhlanhla Sithole (Pharmacist), and Roma Ramphal – CCMDD Provincial Co-ordinator, KwaZulu-Natal
Date: 29 April 2021
Link: <https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=56>

Blog article: The Case for Midwives in South Africa. Is Midwifery Prioritised Enough?
Author: Joan Dippenaar (Technical Advisor: Health Systems Training Institute and Specialist Midwife)
Date: 5 May 2021
Link: <https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=57>

Blog article: CCMDD Funda Friday
Author: Roma Ramphal (CCMDD Provincial Co-ordinator, KwaZulu-Natal)
Date: 19 May 2021
Link: <https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=58>

Blog article: Turn Turquoise for the Elderly
Author: Dr Makhosazane Ntuli, Dr Sphiwe Madiba and Willemien Jansen
Date: 26 May 2021
Link: <https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=59>

Blog article: Men 2 Men Initiative, A Positive Stance towards Rebuilding Communities
Author: HST's Communications Officer, Lunga Memela
Date: 27 May 2021
Link: <https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=60>

Blog article: Towards Eradicating Child Labour
Author: Willemien Jansen, Copy and Content Editor
Date: 11 June 2021
Link: <https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=61>

Blog article: Youth Day Commemoration Promotes Good Health and Education in Umlazi
Author: HST's Communications Officer, Lunga Memela
Date: 23 June 2021
Link: <https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=63>

With the Business Development unit we also worked on making our CEO, Dr Themba Moeti, the very first DevelopmentAid Hero in their series of stories profiling health professionals making huge strides in the health systems strengthening space. Read the article here: <https://www.developmentaid.org/#!/news-stream/post/101758>

Every year we also have the privilege of supporting our colleagues with delivering on our two key publications, the *District Health Barometer* and *South African Health Review* by creating the necessary publicity to assist health journalists and others access this critical public health information.

We also continued to share updates on academic and peer-reviewed articles in the public health space as well as the latest on news, conferences and webinars via 60percent and the HST Bulletin which currently reflects registered numbers on our DevMan database of more than 1 800 active subscribers.

<https://www.hst.org.za/Pages/Subscription.aspx>

Our plan as a business unit is to continue to lend strong support to our colleagues when it comes to their communication needs and to amplify our approach by looking at how the helicopter view obtained from increased M&E can assist with refining messaging and campaigns.

CONCLUSION

Like most organisations globally, the Health Systems Trust had to continue with what has become a hybrid way of working for many, with some of its staff continuing with work-at-home where necessary and many others returning to the field to continue direct delivery of essential healthcare services.

The 'new normal' has meant huge adjustments, but the organisation has hit its stride in delivering on its programme objectives and providing the support it is known for. At the time of writing the organisation received another five-year cycle of funding from the U.S Centers for Disease Control and Prevention in acknowledgment of the excellent work it has rendered to the national HIV and TB responses through the SA SURE Plus programme over a number of years.

This continued support has ensured that our funding position remains positive, and enables us to continue our work addressing two leading causes of morbidity in the country. It also enables the conditioned leveraging of these resources to strengthen the health system and help build sustainable capacity in the public health system through transitioning the necessary technical capacity and expertise..

Within SA SURE Plus the most significant success of the reporting period has been an overall increase of patients on HIV treatment (42 163) compared to the target reached in the previous year (21 043). As testament to the good work being done by the project it absorbed 69 additional DoH facilities accounting for an additional 252 367 patients requiring clinical management for antiretroviral therapy.

A sub-project, the Central Chronic Medicines' Dispensing and Distribution programme reached the 4 million patient registration milestone in the past year. HST's support for this and other NHI initiatives will continue as part of our support for the achievement of key national strategic objectives.

The Unfinished Business for Paediatric and Adolescent HIV project, working across three high burden districts in KZN; eThekweni, uMgungundlovu and Zululand; continued to improve access to HIV treatment and prevention services for children and adolescents, initiating 88% of those HIV positive onto treatment, and achieving a viral suppression rate amongst these of 82%. Access to HIV treatment services and outcomes in children and adolescents remain poorer than those in adults. Hence generating lessons to improve access, retention in care and health outcomes for children and adolescents living with HIV will continue to be a priority through this ELMA Foundation funded project.

Embedded within Unfinished Business is the eIMCI project, which with ongoing staff mentoring and IT support across 37 sites in the uMgungundlovu and iLembe Districts has improved the retention in care rate among children and adolescents aged 0 – 19 from 76% to 86%. The intention is for these positive outcomes and lessons to be translated to the broader IMCI programme, so as to positively impact the management of childhood illnesses more generally.

HIT Team: Since June 2015, the team has supported the roll-out of the Health Patient Registration System (HPRS) in public health facilities in 8 of the 9 provinces.

HST's Health Systems Research unit continued to support the NDoH with a number of key research projects focused on essential national health research. The 15th *District Health Barometer* was successfully released as was the 23rd *South African Health Review*. We look forward to releasing the 2021 Covid-19 Special Edition in December this year.

Because of the pandemic many of HST's efforts have been intensified, and a number of innovations introduced to maintain good access to and demand for services and limit the reduction in numbers served. An important achievement has been returning over 100 000 patients lost to care during this period.

SA SURE Plus continued its support for Provincial and District operationalisation of the Resurgence Plans for the second and third wave of the COVID-19 pandemic as well as planning and implementation of the Provincial

COVID-19 Vaccination Roll-out Plan entailing resource mobilisation, implementation and reporting to provincial government leadership and the NDoH.

For the CCMDD and SyNCH COVID-19-specific regulations have been implemented to reduce potential facility related COVID-19 exposures, 12-month prescription extensions have been implemented to reduce physical contact and no service delivery interruptions were reported during the COVID-19 lockdown period. The ARV hotline continues to support those with queries related to treatment and the *Get checked. Go collect* hotline, still assists patients from across South Africa regarding queries related to CCMDD.

As we move forward to a new year, we have been empowered by the lessons learnt in ensuring service continuity even in the face of the COVID-19 pandemic. We remain committed to continued support of the country's efforts to providing more equitable access to high quality health services that address key priorities in South Africa's quadruple burden of disease.

CONFERENCES AND PRESENTATIONS

1. Virtual 51st Union World Conference on Lung Health 20–24 October 2020. Attended by **Linda Mureithi, Robynn Paulsen, Redwaan Vermaak**
2. **Mureithi L, Paulsen R, Burnett M.** TREATS in the time of COVID-19: Field challenges and successes. TREATS Annual meeting: 19–20 November 2020 (Virtual).
3. M Ruperez, K Shanaube, **L Mureithi**, C Wapamesa, JM Burnett, B Kosloff, A Schaap, S Floyd, E Klinkenberg and H Ayles. Can point-of-care CRP improve symptom-based TB screening for detection of TB in the community? The 51st Union World Conference on Lung Health. 20–24 October 2020.
4. E Klinkenberg, S Floyd, P de Haas, B Kosloff, T Gachie, P Dodd, M Ruperez, C Wapamesa, **JM Burnett, R Vermaak**, N Kalisvaart, A Schaap, S Fidler, L Mureithi, K Shanaube, R Hayes and H Ayles. Strategies to minimize culture in TB prevalence surveys – lessons from targeted culture testing in the TREATS project. The 51st Union World Conference on Lung Health. 20–24 October 2020.
5. **Burnett JM, Sisam C, Vermaak R.** IAS Virtual Conference 10–11 July 2020.

PUBLICATIONS AND REPORTS

1. **Day C**, Gray A, **Cois A, Ndlovu N, Massyn N**, Boerma JT. Is South Africa closing the health gaps between districts? Monitoring progress towards universal health coverage with routine facility data. BMC Health Services Research. forthcoming.
2. **Jensen C**, McKerrow NH. Child health services during a COVID-19 outbreak in KwaZulu-Natal Province, South Africa. *S Afr Med J.* 2021;111:114-119. <https://doi.org/10.7196/SAMJ.2021.v111i2.15243>.
3. Wademan DT, Mainga T, Gondwe M, Ayles H, Shanaube K, **Mureithi L**, Bond V and Hoddinott G on behalf of the TREATS study team. “TB is a disease which hides in the body”: Qualitative data on conceptualisations of tuberculosis recurrence among patients in Zambia and South Africa. *Global Public Health.* 2021:1-15.
4. Kathard H, **Padarath A**, Galvaan R, Lorenzo T, editors. South African Health Review 2020. Durban: Health Systems Trust; 2021.

Financial Statements

TRUST FOR HEALTH
SYSTEMS PLANNING
AND DEVELOPMENT
AND ITS SUBSIDIARIES

ANNUAL FINANCIAL
STATEMENTS
for the financial year
ended 30 June 2021



TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT CONSOLIDATED ANNUAL FINANCIAL STATEMENTS

for the year ended 30 June 2021

TRUST INFORMATION

Trust for Health Systems Planning and Development general information:

Non-profit Organisation	020/700/NPO
Public Benefit Organisation	18/11/13/3137
Trust (Masters Office - Pretoria)	1098/92
Domicile and Country of Incorporation	South Africa
Registered Address	1 Maryvale Road Westville 3630
Postal Address:	PO Box 808 Durban 4000
External Auditor:	PricewaterhouseCoopers Inc. Registered Auditors Internal Auditor: Pietermaritzburg
Internal Auditor:	SNG Grant Thornton Durban
Bankers:	Nedbank, First National Bank
Kwik Track Travel (Pty) Ltd Company registration number	2016/035109/07
Health Systems Training Institute (Pty) Ltd Company registration number	2016/035163/07
I on Maryvale (Pty) Ltd Company registration number	2020/021380/07



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TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT STATEMENT OF RESPONSIBILITY FOR FINANCIAL REPORTING BY THE BOARD OF TRUSTEES for the year ended 30 June 2021

The Board of Trustees is responsible for the preparation of the consolidated annual financial statements of the Trust for Health Systems Planning and Development Group. The consolidated annual financial statements have been prepared in accordance with and comply with the International Financial Reporting Standard for Small and Medium-sized entities (IFRS for SMEs) and the requirements of the Trust Deed, including accounting policies as set out on pages 19 to 23.

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

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

The consolidated annual financial statements have been audited by the independent auditors, PricewaterhouseCoopers Inc., who were given unrestricted access to all financial records and related data, including minutes of all meetings of members, the Board of Trustees and committees of the Board of Trustees. The Board of Trustees believes that all representations made to the independent auditors during their audit were valid and appropriate. The PricewaterhouseCoopers Inc. audit report is presented on pages 10 to 11.

PREPARATION OF THE CONSOLIDATED ANNUAL FINANCIAL STATEMENTS

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

APPROVAL OF THE CONSOLIDATED ANNUAL FINANCIAL STATEMENTS BY THE BOARD OF TRUSTEES

The consolidated annual financial statements set out on pages 54 to 61 and 65 to 87 were approved by the Board of Trustees on 23/06/2022 and signed on its behalf by:



Chairperson

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT AUDIT AND RISK COMMITTEE REPORT

for the year ended 30 June 2021

The Audit and Risk Committee is a sub-committee of the Board of Trustees, consisting of a combination of independent external members and Trustees. The following were members of the Committee during the 2021 financial year:

MEMBERS OF THE AUDIT AND RISK COMMITTEE

- Mr J Deodutt (Chairperson)
- Mr E A Moolla (External member)
- Dr T Maimela

The Committee is satisfied that its members have the required mix of skills, knowledge and experience in order to adequately discharge its duties detailed in the terms of reference contained within the Audit and Risk Committee Charter and the principles of good governance embodied within the King IV Code on Corporate Governance. Members of the Committee possess an adequate mix of critical skills to ensure the proper functioning of the Committee. These skills include financial, legal, technical and public health skills relevant to the business of the Trust and group.

MEETINGS OF THE AUDIT AND RISK COMMITTEE

The Audit and Risk Committee performs the duties detailed within its terms of reference within the Audit and Risk Committee Charter, subject to annual review, and holds quarterly meetings with key role players including management as well as the external and internal auditors. The auditors have unrestricted access to the Chairman of the Committee. Three scheduled meetings were held during the 2021 financial year with a minimum of 50% of Committee members attending each meeting.

EXTERNAL AND INTERNAL AUDIT

The Committee approved the appointment of PricewaterhouseCoopers Inc. as the independent external auditor. The Committee has satisfied itself through inquiry that the external auditor is independent, considering the nature and extent of non-audit services to be rendered to the Trust and group. The audit fee was approved by the Audit and Risk Committee taking into account the nature, timing and extent of the scope of audit work required.

The Committee approved the risk-based internal audit plan for the 2021 financial year and monitored its execution throughout the year. The Committee satisfied itself of the independence of the internal auditor, SNG Grant Thornton.

EXPERTISE AND EXPERIENCE OF THE FINANCE FUNCTION

The Committee assessed the competence of the Group's Finance function and is satisfied that the necessary resources are available, and that staff are experienced and competent.

ANNUAL FINANCIAL STATEMENTS

The Committee has reviewed the consolidated annual financial statements with management, and the Chairman of the Committee has met with the external audit partner, without management being present. The materiality level for the external audit was disclosed in confidence to the Committee and only disclosed to management after the audit was concluded. Following its review of the Group's consolidated annual financial statements, the Committee recommends them to the Board of Trustees for adoption.



J Deodutt
Chairman: Audit and Risk Committee

Date: 23 June 2022

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT CORPORATE GOVERNANCE STATEMENT

for the year ended 30 June 2021

The Trust for Health Systems Planning and Development Group confirms its commitment to the principles of openness, integrity and accountability as advocated in the King IV Code on Corporate Governance. Through this process stakeholders may derive assurance that the Trust and group is being ethically managed according to prudently determined risk parameters in compliance with generally accepted corporate practices. Monitoring the Group's compliance with the King Code on Corporate Governance where practical, forms part of the mandate of the Group's Audit and Risk Committee. The Group has complied with the Code, relative to HST's business during the year under review.

Board of Trustees

Responsibilities

The Board of Trustees ("the Board") was established on the basis of a legal Deed of Trust document, supplemented by a formally approved written charter. Its composition is balanced so that no individual or small group dominates decision-making. The Board meets regularly and is responsible for oversight and ensuring proper accountability by the Executive Management. The Executive Management attends the Board meetings by invitation.

The roles of Committee chairpersons and executives do not vest in the same persons and the chairpersons are non-executive Trustees. The chairpersons and chief executive provide leadership and guidance to the Trust and group and encourages proper deliberation on all matters requiring the Board's attention, and they obtain optimum input from the other Trustees. New appointments to the Board are submitted to the Board as a whole for approval prior to appointment.

The Board has ultimate responsibility for the management and strategic direction of the Trust and group, as well as for attending to legislative, regulatory, and best practice requirements. Accountability to stakeholders remains paramount in Board decisions, and this is balanced against the demands of the regulatory environment in which the Trust and group operates, and the concerns of its other stakeholders.

	Attendees		
	23/10/2020	26/03/2021	25/06/2021
Dr S Ramdial	–	✓	✓
Dr T Maimela	–	✓	✓
Ms M Hela	X	✓	✓
Dr D Kula	✓	✓	✓
Mr S Mapetla (Deputy Chairperson)	✓	✓	✓
Ms L Harie	✓	✓	✓
Ms F Nzama-Rabeng	✓	✓	✓
Prof Willem Fourie	–	–	–
Mr L Deodutt	✓	✓	✓
Prof Salome Masiwime	✓	✓	✓
Ms Lerato Matsau	✓	✓	✓

Governance structures

To assist the Board in discharging its collective responsibility for corporate governance, several committees have been established, to which certain of the Board's responsibilities have been delegated. These committees operate with written terms of reference and comprise, in the main, non-executive Trustees. The chairperson of each committee is a non-executive Trustee with the exception of the Audit and Risk Committee who is an independent external member. The following Committees play a critical role to the governance of the Trust and group:

Audit and Risk Committee

The role of the Audit and Risk Committee is to assist the Board by performing an objective and independent review of the functioning of the organisation's finance and accounting control mechanisms and risk management framework. It exercises its functions through close liaison and communication with executive management and the internal and external auditors. The committee met three times during the 2021 financial year.

The Audit and Risk Committee operates in accordance with a written charter authorised by the Board, and provides assistance to the Board with regard to:

- Ensuring compliance with applicable legislation and the requirements of regulatory authorities;
- Matters relating to financial accounting, accounting policies, reporting and disclosure;
- Internal and external audit policy;
- Activities, scope, adequacy, and effectiveness of the internal audit function and audit plans;
- Review/approval of external audit plans, findings, problems, reports, and fees;
- Compliance with the Code of Corporate Practices and Conduct;
- Review of ethics policies;
- and Risk assessment.

The Audit and Risk Committee consists of the following non-executive members:

	Attendees		
	16/09/2020	17/02/2021	19/05/2021
Mr J Deodutt (Chairperson)	✓	✓	✓
Mr E A Moola (External member)	×	✓	✓
Dr Tshegofatso Maimela (Trustee)	–	–	✓
Dr D Kula (Alternate member)	✓	×	×

The Audit and Risk Committee addressed its responsibilities properly in terms of the charter during the 2021 annual financial year. No changes to the charter were adopted during the 2021 financial year.

Management has reviewed the consolidated annual financial statements with the Audit and Risk Committee, and the Audit and Risk Committee has reviewed them without management or the external auditors being present. The quality of the accounting policies was discussed with the external auditors.

Personnel Committee

The Personnel Committee advises the Board on human resources and other personnel related policies including remuneration packages, and other terms of employment for senior executives. Its specific terms of reference also include recommendations to the Board on matters relating, inter alia, to executive remuneration, Trustees honorariums and fees and service contracts. Whenever necessary, the committee is advised by independent professional advisors. The committee met three times during the 2021 financial year.

The Personnel Committee consists of the following members:

	Attendees		
	17/09/2020	18/02/2021	20/05/2021
Ms L Matsau (Chairperson, Trustee)	✓	✓	–
Mr S Mapetla (Trustee)	✓	✓	✓
Dr S Ramdial (Trustee)	–	–	✓

Finance Committee

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

The Finance Committee consists of the following Trustees:

	Attendees		
	17/09/2020	18/02/2021	20/05/2021
Mr S Mapetla (Chairperson, Trustee)	✓	✓	✓
Dr D Kula (Trustee)	×	✓	✓
Mr L Deodutt (Trustee)	✓	✓	✓

Governance Committee

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

The Governance Committee consists of the following Trustees:

	Attendees		
	15/09/2020	16/02/2021	18/05/2021
Ms Z Nzama-Rabeng (Chairperson, Trustee)	×	✓	✓
Dr S Ramdial (Trustee)	–	–	✓
Ms M Hela (Trustee)	✓	✓	✓

Executive management

Being involved with the day-to-day business activities of the Group, these officers are responsible for ensuring that decisions, strategies, and views of the Board are implemented.

Risk management and internal control

Effective risk management is integral to the Group's objective of consistently adding value to the business. Management is continuously developing and enhancing its risk and control procedures to improve the mechanisms for identifying and monitoring risks.

Operating risk refers to the potential for loss to occur due to a breakdown in control information, business processes, and compliance systems. Key policies and procedures which are in place to manage operating risk involve segregation of duties, transactions authorisation, supervision, monitoring, and financial and managerial reporting.

To meet its responsibility with respect to providing reliable financial information, the Group and its divisions maintain financial and operational systems of internal control. These controls are designed to provide reasonable assurance that transactions are concluded in accordance with management's authority, that the assets are adequately protected against material loss or unauthorised acquisition, use, or disposal, and that transactions are properly authorised and recorded.

The system includes a documented organisational structure and division of responsibility, established policies, and procedures, including a Code of Ethics to foster a strong ethical climate, which is communicated throughout the Group. It also includes the careful selection, training, and development of people.

Internal auditors monitor the operation of the internal control system and report findings and recommendations to management and the Board of Trustees. Corrective actions are taken to address control deficiencies and other opportunities for improving the system as they are identified. The Board, operating through its Audit and Risk Committee, provides supervision of the financial reporting process and internal control system.

The Group assessed its internal control system as at 30 June 2021 in relation to the criteria for effective internal control over financial reporting. The internal control process has been in place up to the date of approval of the annual report and consolidated annual financial statements. The Group believes that its system of internal control over financial reporting and safeguarding of assets against unauthorised acquisitions, use, or disposition, met those criteria.

Internal audit

SNG Grant Thornton served as internal auditors for the financial year. Their findings have been received by management and appropriate measures have been implemented to address the areas of improvement noted.

Ethical standards

The Group has developed a Code of Conduct (the Code), which has been fully endorsed by the Board and applies to all Trustees and employees. The Code is regularly reviewed and updated to ensure it reflects the highest standards of behaviour and professionalism.

In summary, the Code requires that, at all times, all Group personnel act with the utmost integrity and objectivity and in compliance with the letter and the spirit of both the law and Trust policies. Failure by employees to act in terms of the Code results in disciplinary action.

The Code is discussed with each new employee as part of his or her induction training, and all employees are asked to sign an annual declaration confirming their compliance with the Code. A copy of the Code is available to interested parties upon request.

Accounting and auditing

The Board places strong emphasis on achieving the highest level of financial management, accounting, and reporting to stakeholders. The Board is committed to compliance with the International Financial Reporting Standards for Small and Medium-sized Entities. In this regard, Trustees shoulder responsibility for preparing financial statements that fairly present:

- The state of affairs as at the end of the financial year under review;
- Surplus or deficit for the period;
- Cash flows for the period; and
- Non-financial information.

The external auditors observe the highest level of business and professional ethics and their independence is not impaired in any way.

The external auditors were given unrestricted access to all financial records and related data, including minutes of all meetings of Trustees, the Board of Trustees, and committees of the Board. The Trustees believe that all representations made to the independent auditors during their audit are valid and appropriate.

The external auditors provide an independent assessment of systems of internal financial control to the extent necessary for the audit, and express an independent opinion on whether the financial statements are fairly presented. The external audit function offers reasonable, but not absolute assurance, as to the accuracy of financial disclosures.

The Audit and Risk Committee set principles that were considered and accepted by the stakeholders for using external auditors for non-audit services.



INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the Trust for Health Systems Planning and Development

Our opinion

In our opinion, the consolidated and separate financial statements present fairly, in all material respects, the consolidated and separate financial position of Trust for Health Systems Planning and Development (the Trust) and its subsidiaries (together the Group) as at 30 June 2021, and its consolidated and separate financial performance and its consolidated and separate cash flows for the year then ended in accordance with the International Financial Reporting Standard for Small and Medium-sized Entities.

What we have audited

Trust for Health Systems Planning and Development's consolidated and separate financial statements set out on pages 67 to 86 comprise:

- the consolidated and separate statements of financial position as at 30 June 2021;
- the consolidated and separate statements of Profit or Loss and Other Comprehensive Income for the year then ended;
- the consolidated and separate statements of changes in equity for the year then ended;
- the consolidated and separate statements of cash flows for the year then ended; and
- the notes to the financial statements, which include a summary of significant accounting policies.

Basis for opinion

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

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

Independence

We are independent of the Group in accordance with the Independent Regulatory Board for Auditors' *Code of Professional Conduct for Registered Auditors (IRBA Code)* and other independence requirements applicable to performing audits of financial statements in South Africa.

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

Other information

The Board of Trustees are responsible for the other information. The other information comprises the information included in the document titled "Trust For Health Systems Planning and Development and its subsidiaries Annual Financial Statements for the financial year ended 30 June 2021". The other information does not include the consolidated or the separate financial statements and our auditor's report thereon.

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

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

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

Responsibilities of the directors for the consolidated and separate financial statements

The Board of Trustees are responsible for the preparation and fair presentation of the consolidated and separate financial statements in accordance with the

International Financial Reporting Standard for Small and Medium-sized Entities and the requirements of the Companies Act of South Africa, and for such internal control as the directors determine is necessary to enable the preparation of consolidated and separate financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the consolidated and separate financial statements

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

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

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

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the Board of Trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Group's and the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the consolidated and separate financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Group and / or Trust to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the consolidated and separate financial statements, including the disclosures, and whether the consolidated and separate financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the group to express an opinion on the consolidated financial statements. We are responsible for the direction, supervision and performance of the group audit. We remain solely responsible for our audit opinion.

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



PricewaterhouseCoopers Inc.

PricewaterhouseCoopers Inc.

Director: Bhimchand Soorajdin

Registered Auditor

Block C, 21 Cascades Crescent, Cascades

Pietermaritzburg, 3201

27 June 2022

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT REPORT OF THE BOARD OF TRUSTEES

for the year ended 30 June 2021

The Board of Trustees presents their annual report for Trust for Health Systems Planning and Development Group for the year ended 30 June 2021.

I. General review

The Trust for Health Systems Planning and Development Group is a dynamic independent nongovernment organization that actively supports the current and future development of a comprehensive health care system, through strategies designed to promote equity and efficiency in health and health care delivery in Southern Africa.

Goals:

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

2. Financial results

- 2.1. Full details of the financial results are set out on pages **67 to 86** in the attached consolidated annual financial statements.
- 2.2. As set out in the consolidated annual financial statements, the Trust had a total surplus for the year of R59 852 019 (2020: deficit of R15 522 800). The group generated a surplus of R50 265 677 (2020: deficit of R10 821 089)
- 2.3. The ratio of administration expenses in the Trust (excluding the unusual and extraordinary items), against gross income is 3% (2020: 7%) which is in line with the prescribed limit as set out in the Trust deed.
- 2.4. Please note that the following abbreviations have been included in the annual report:
- HST: Health Systems Trust
HSS: Health Systems Strengthening
HSR: Health Systems Research
CDC: Centers for Disease Control and Prevention

3. Trustees

Trustees serve on a voluntary basis and are not remunerated for their services.

The Trustees of the Trust during the financial year and at the date of the report are:

Name	Date appointed	Date resigned/ tenure ended
Ms M Hela	1 May 2017	30 May 2021
Mr A Kader	15 July 2014	31 July 2020
Dr D Kula	15 May 2017	
Mr S Mapetla	20 December 2017	
Ms F Nzama-Rabeng	24 August 2015	
Dr T Maimela	09 March 2021	
Dr F Senkubuge	22 July 2014	31 July 2020
Dr S Ramdial	06 March 2021	
Mr L Deodutt	25 June 2020	
Dr S Maswime	6 April 2020	
Ms G Harie	28 June 2020	
Ms L Matsau	28 May 2020	
Prof Willem Fourie	28 April 2020	

4. Material events after year end

On 11 March 2020, the World Health Organisation ("WHO") declared COVID-19 a pandemic. The South African government curtailed business activities in an attempt to reduce the spread of COVID-19. The trust and group remains cautious and continues to evaluate the impact of COVID-19 on its business. This event has been dealt with in more detail in note 19 of the financial statements.

Other than the above, the trustees are not aware of any matters or circumstances which are material to the financial affairs of the Trust and group that have occurred between year end and the date of approval of the consolidated annual financial statements

5. Going concern

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

6. Restatement of the consolidated annual financial statements

The annual financial statements of the Trust has been restated for the 2020 financial year to include the consolidation of the subsidiaries. The 2020 opening balance sheet has been restated to correct the earliest opening balance sheet. The restatement is due to certain entities being classified as subsidiaries of the Trust and are now consolidated into the accounts of the Trust. Previously these entities were not consolidated. The impact is that the Trust now prepares and presents a consolidated set of financial statements that incorporates subsidiaries (Group) and the Trust as a standalone entity.

Please see note 14 for more details on the impact of the restatement.

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
CONSOLIDATED AND SEPARATE STATEMENT OF FINANCIAL POSITION
as at 30 June 2021

	Notes	GROUP			TRUST		
		2021	2020	2019	2021	2020	2019
		R	R	R	R	RESTATED R	RESTATED R
ASSETS							
Non-current assets		174 977 043	33 443 063	2 557 986	111 961 157	146 887 391	139 872 568
Property, plant and equipment	7	174 977 043	133 443 063	92 557 986	111 958 157	146 885 391	39 870 568
Investments in subsidiaries		-	-	-	3000	2000	2000
Current assets		245 640 566	289 235 704	227 138 061	308 768 377	273 265 051	269 300 090
Trade and other receivables	8	41 474 268	22 192 521	24 655 953	41 332 642	22 192 521	25 328 214
Cash and cash equivalents	9	203 164 813	256 931 098	176 814 260	194 445 419	157 677 213	138 874 165
Loans to Group companies		-	-	-	72 000 065	83 283 232	79 429 863
Accrued revenue	3	1 001 484	10 112 085	25 667 848	990 250	10 112 085	25 667 848
Total assets		420 617 609	422 678 767	319 696 047	420 729 534	420 152 442	309 172 658
EQUITY							
Accumulated surplus funds and reserves		246 008 458	179 570 379	189 887 862	248 669 781	188 817 762	204 832 096
LIABILITIES							
Current liabilities		174 609 150	243 108 388	129 808 185	172 057 749	231 334 680	104 332 096
Trade and other payables	10	16 970 584	43 288 880	74 180 217	14 984 971	143 286 880	71 330 216
Loans from Group companies		-	-	-	3 000	17 645 722	-
Other financial liabilities		-	-	2000	-	-	-
Loan from other party	17	-	28 847 141	21 977 995	-	-	-
Provisions	11	21 148 198	302 255	10 402 337	21 148 198	302 255	10 256 244
Current tax		566 646	570 289	-	-	-	-
Nedbank Financial liability	16	138	-	-	-	-	-
Deferred revenue	3	135 923 584	170 099 823	23 245 636	135 923 584	170 099 823	23 245 636
Total equity and liabilities		420 617 609	422 678 767	319 696 047	420 729 534	420 152 442	309 172 658

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT CONSOLIDATED AND SEPARATE STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

for the year ended 30 June 2021

	Notes	GROUP		TRUST	
		2021	2020	2021	2020
		R	R	R	RESTATED R
INCOME	3	1 212 680 064	1 004 579 329	1 224 088 899	1 048 660 475
OTHER INCOME	4	25 972 382	36 939 536	25 183 445	4 798 791
OPERATING EXPENSES		<u>(1 197 029 660)</u>	<u>(1 060 074 072)</u>	<u>(1 194 130 644)</u>	<u>(1 074 712 187)</u>
SURPLUS (DEFICIT) BEFORE INTEREST	4	41 622 787	(18 555 207)	55 141 700	(21 252 921)
INTEREST RECEIVED	5	8 642 891	8 154 670	4 710 3190	5 730 121
SURPLUS (DEFICIT) BEFORE TAXATION		50 265 677	(10 400 537)	59 852 019	(15 522 800)
TAXATION	6	-	(420 552)	-	-
NET SURPLUS /(DEFICIT) AFTER TAXATION		50 265 677	(10 821 089)	59 852 019	(15 522 800)
OTHER COMPREHENSIVE INCOME		-	-	-	-
TOTAL SURPLUS (DEFICIT) AND COMPREHENSIVE INCOME FOR THE YEAR		<u>50 265 677</u>	<u>(10 821 089)</u>	<u>(59 852 019)</u>	<u>(15 522 800)</u>

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
 CONSOLIDATED AND SEPERATE STATEMENT OF CHANGES IN EQUITY
 for the year ended 30 June 2021

	Accumulated Funds Trust	Trust Reserve Fund	Total trust	Total group equity (Subsidiaries and Trust Retained earnings)
Year ended 30 June 2019				
Balance at the beginning of the year as previously stated	85 943 623	38 965 076	124 908 699	-
*Prior period error - Retained earnings adjustment	79 431 863	-	79 431 863	-
Restated Balance at beginning of year	165 375 486	38 965 076	204 340 562	189 887 862
Restated Deficit the year*	(15 522 800)	-	(15 522 800)	(10 821 089)
Transfer to reserves	(3 072 279)	(3 072 279)	-	-
Adjustments to retained earnings	-	-	-	503 606
Restated Year ended 30 June 2020	146 780 407	42 037 355	188 817 762	179 570 379
Surplus for the year	59 852 019	-	59 852 019	50 265 677
Transfer to reserves	(1 570 044)	1 570 044	-	-
Adjustments to retained earnings	-	-	-	16 372 402
Balance at Year ended 30 June 2021	205 062 382	43 607 399	248 669 781	246 008 458

Attention is drawn to the fact that the statement above discloses equity and reserves for the trust (as a standalone entity) and its subsidiaries (Group)

*See Note 14

2021	2020
	RESTATED
R	R

TOTAL EQUITY COMPRISES THE FOLLOWING:

Accumulated Surplus Funds	202 401 059	137 533 024
HST Reserve Fund	43 607 399	42 037 355
	<u>246 008 458</u>	<u>179 570 379</u>

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT CONSOLIDATED AND SEPARATE STATEMENT OF CASH FLOWS

for the year ended 30 June 2021

	Notes	GROUP		TRUST	
		2021	2020	2021	2020
Cash flows from operating activities					
Cash flows from operating activities	20	63 476 615	121 583 934	54 700 121	152 666 772
Tax paid		3 643	-	-	-
Interest paid		-	-	-	-
Interest received		8 642 891	8 154 670	4 710 319	5 730 121
Net cash from operating activities		72 115 863	129 738 604	159 410 440	158 396 893
Cash Flow from Investing Activities					
Acquisition of plant and equipment		(108 468 401)	(159 812 864)	(22 506 011)	(146 312 539)
Sale of property, plant and equipment		11 433 395	103 321 952	10 077 701	6 600 262
Net Cash Flows from investing activities		(97 035 006)	(56 490 912)	(12 428 310)	(139 712 277)
Cash flows from financing activities					
Receipt/(Repayment) of other loans		(28 847 142)	6 869 146	-	-
Repayment of group loans		-	-	(10 213 924)	-
Net cash from financing activities		(28 847 142)	6 869 146	(10 213 924)	-
Net increase in cash and cash equivalents		(53 766 285)	80 116 838	36 768 206	18 684 616
Unrealised gains within cash and cash equivalents		-	-	-	118 432
Cash and cash equivalents at beginning of year		256 931 098	176 814 260	157 677 212	138 874 164
Cash and cash equivalents at end of year		203 164 813	256 931 098	194 455 419	157 677 213

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT

NOTES TO THE CONSOLIDATED ANNUAL FINANCIAL STATEMENTS

for the year ended 30 June 2021

I. Summary of significant accounting policies

I.1. Basis of preparation

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

I.2. Property, plant and equipment

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

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

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

Motor vehicles	4 years
Computer equipment	4 years
Furniture and fittings	6 years
Land and buildings	20 years

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

An asset's carrying amount is written down immediately

to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount (refer note I.3).

Gains and losses on disposals are determined by

comparing proceeds with carrying amount and are recognised within 'project and administration expenses' in the statement of comprehensive income.

I.3. Impairment of non-financial assets

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

I.4. Financial instruments

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

I.5. Trade and other receivables

Trade receivables are recognised initially at fair value and subsequently measured at amortised cost using the effective interest method, less provision for impairment. A provision for impairment of trade receivables is established when there is objective evidence that the Group will not be able to collect all amounts due according to the original terms of receivables. Significant financial difficulties of the debtor, probability that the debtor will enter bankruptcy or financial reorganisation, and default or delinquency in payments are considered

indicators that the trade receivable is impaired. The amount of the provision is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. The amount of the provision is recognised in the statement of profit or loss and other comprehensive income.

1.6. Cash and cash equivalents

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

1.7. Trade and other payables

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

Derecognition of financial assets and liabilities

a) *Financial assets*

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

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

b) *Financial liabilities*

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

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

Impairment of financial assets

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

1.8. Funded projects

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

1.9. Revenue recognition

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

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

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

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

A matching portion of grant revenue is deferred as it relates to the purchase of capital assets that meet the criteria for capitalisation. Grant revenue is recognised to match the depreciation of the purchased assets that are capitalised to ensure that the grant revenue relating to the assets are matched to the related cost of the assets over time.

Income from sale of publications is included in other income. Other revenue earned by the Trust and group is recognised on the following basis:

- Interest income is recognized in profit or loss, using the effective interest rate method.
- Training income is recognised on an accrual basis in accordance with the substance of the relevant agreements.

Related parties

Revenue is recognised to the extent that the company has transferred the significant risks and rewards of ownership of goods to the buyer, or has rendered services under an agreement provided the amount of revenue can be

measured reliably and it is probable that economic benefits associated with the transaction will flow to the company. Revenue is measured at the fair value of the consideration received or receivable, excluding sales taxes and discounts.

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

1.10. Other income

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

1.11. Deferred revenue

Deferred revenue is a liability related to grant revenue for which revenue has not yet been recognized.

The entity records deferred revenue when it receives consideration from a donor before incurring any costs or completing the service to which the consideration relates. As the costs are incurred and the conditions of the grant are completed revenue is recognized.

1.12. Consolidation

Subsidiary undertakings, which are those companies in which the group, directly or indirectly, has an interest of more than one half of the voting rights or otherwise has power to govern the financial and operating policies, are consolidated. Subsidiaries are consolidated from the date on which control is transferred to the group and are no longer consolidated from the date that control ceases. The purchase method of accounting is used to account for the acquisition of subsidiaries. The cost of an acquisition is measured as the fair value of the assets given up, shares issued, or liabilities undertaken at the date of acquisition plus costs directly attributable to the acquisition. The excess of the cost of acquisition over the fair value of the net assets of the subsidiary acquired is recorded as goodwill. All inter-company transactions, balances and unrealised surpluses and deficits on transactions between group companies are eliminated. Where necessary, accounting policies for subsidiaries have been changed to ensure consistency with the policies adopted by the group.

1.13. Investments

Investments in subsidiaries, associates and joint ventures, are recognised at cost less accumulated impairment losses. Dividends are recognised when the right to receive payment is established.

1.14. Investment property

The group owns certain property that is held to earn long - term rental income and for capital appreciation.

Investment property is recognised as an asset when, and only when, it is probable that the future economic benefits that are associated with the investment property will flow to the entity, and the cost of the investment property can be measured reliably.

Investment property is initially recognised at cost. Transaction costs are included in the initial measurement. After initial recognition, investment property is carried at fair value.

Costs include costs incurred initially and costs incurred subsequently to add to, or to replace a part of, or service a property. If a replacement part is recognised in the carrying amount of the investment property, the carrying amount of the replaced part is derecognised.

1.15. Provisions

Provisions are measured at the best estimate (including risks and uncertainties) of the expenditure required to settle the present obligation, and reflects the present value of expenditures required to settle the obligation where the time value of money is material. Employee entitlements to annual leave and long service leave are recognised when they accrue to employees. An accrual is made for the estimated liability for annual leave and long-service leave as a result of services rendered by employees up to the statement of financial position date. Entitlements are measured with reference to the number of day's accrued leave for each employee (capped at a maximum of twentyone days in accordance with organizational policy) and multiplied by the current remuneration per day per employee. A provision is also made for the amount accruing to employees who elect to spread their remuneration over thirteen months, instead of the customary twelve months pay period, in order to receive a greater portion of their remuneration at the end of the calendar year. There is a measure of uncertainty regarding the timing of cash flows relating to leave pay

provisions as it relates to an employee's length of service and is either utilized during their tenure at the organization or paid out in cash when their services are terminated.

adjustments in the following financial year as a result of the key estimation assumptions.

I.16 Reserves

The different classes of reserves included on the Statement of Changes in Equity include accumulated surplus, being the net cumulative surplus or deficit of the entity over the years it has operated, as well as the HST Reserve Fund, approved by the Board of Trustees, and designated for the sustainability of the organization. Being mindful of the fact that HST operates in a very competitive environment, the Board of Trustees approved the creation of a Reserve Fund for the sustainability of the organization. The Reserve Fund may be utilized by approval from the Board of Trustees and has designated components for meeting the organization's contractual obligations in the event of funded contracts coming to an end, for bridging finance when the organization is between projects as well as sustainability.

I.17. Leased assets

Leases of assets under which all the risks and benefits of ownership are effectively retained by the lessor are classified as operating leases. Payments made under operating leases are charged to the statement of profit or loss and other comprehensive income on a straight-line basis over the period of the lease.

When an operating lease is terminated before the lease period has expired, any payment required to be made to the lessor by way of penalty is recognised as an expense in the period in which the termination takes place.

2. Significant judgements and sources of estimation uncertainty

Critical judgements in applying accounting policies

Management did not make critical judgements in the application of accounting policies, apart from those involving estimations, which would significantly affect the annual financial statements.

Key sources of estimation uncertainty

The financial statements do not include assets or liabilities whose carrying amounts were determined based on estimations for which there is a significant risk of material

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
 NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)
 for the year ended 30 June 2021

3. GRANT INCOME

Grant income for the year ended 30 June 2021

	HSS	HSR	CDC	Corporate	Accrued	Deferred	Total
	R	R	R	Services	revenue	revenue	R
				R	R	R	R
Centre for Disease Control (CDC)	-	-	1 222 714 441	-	-	(84 086 499)	1 138 627 941
London School of Hygiene & Tropical Medicine (31E)	-	6 454 896	-	-	-	(742 784)	5 712 112
European & Developing Countries Clinical Trials Partnership Association (EDCTP)	-	21 571 758	-	-	-	(4 880 873)	(16 690 885)
Health Information Systems Program (HISP) Dept. of Health	941 813	-	-	-	-	-	941 813
Massachusetts General Hospital	-	2 469 999	-	-	-	-	2 469 999
The ELMA Foundation	-	-	-	2 650 791	-	(876 616)	1 774 175
	38 726 811	-	-	-	-	(14 939 207)	23 787 604
	38 726 811	30 496 653	1 222 714 441	2 650 791	-	(105 525 979)	1 190 004 530

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)
for the year ended 30 June 2021

3. GRANT INCOME

Grant income for the year ended 30 June 2021

	HSS	HSR	CDC	Corporate Services	Accrued revenue	Deferred revenue	Total
	R	R	R	R	R	R	R
Balance carried forward	39 668 624	30 496 653	1 222 714 441	2 650 791	1 295 530 509	-	1 190 004 530
The University of Cape Town (UCT)	3 901 615	-	-	-	3 901 615	-	3 229 702
Bill and Melinda Gates Foundation	-	-	-	3 374 032	-	-	3 374 032
Grand Challenges Canada	(3 010)	-	-	-	(3 010)	-	(3 010)
Johnson & Johnson	-	2 409 578	-	1 901 115	4 310 693	-	2 542 408
The Heart & Stroke Foundation	-	151 079	-	-	151 079	-	151 079
Ragon Institute	-	-	-	9 925 619	9 925 619	-	9 210 014
The Regents of University of California	-	-	-	762 694	762 694	-	436 979
Aquity Innovations	14 505 268	-	-	-	14 505 268	-	14 337 926
Bill and Melinda Gates Foundation - DO ART	24 214 424	-	-	-	24 214 424	-	330 738
WITS Reproductive Health & HIV Institute	2 593 212	-	-	-	2 593 212	-	141 050
The DG Murray Trust	-	746 350	-	-	746 350	-	333 453
Accrued interest and Other income	27 004	35 681	582 395	345 169	990 250	-	990 250
	84 907 138	33 839 342	33 839 342	18 959 421	1 361 002 735	-	1 224 088 899

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

There are no unfulfilled conditions and other contingencies attached to the government grants that have not been recognized in revenue.

There are no other forms of government assistance from which the entity has directly benefited

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)
for the year ended 30 June 2021

3. GRANT INCOME

Grant income for the year ended 30 June 2020

	HSS	HSR	CDC	Corporate Services	Accrued revenue	Deferred revenue	Total
	R	R	R	R	R	R	R
Centre for Disease Control (CDC)	-	-	1 089 799 771	-	6 497 519	(133 259 755)	963 037 535
London School of Hygiene & Tropical Medicine (3IE)	-	1 880 739	-	-	456 824	(356 328)	1 981 235
European & Developing Countries Clinical Trials Partnership Association (EDCTP)	-	47 205 359	-	-	103 064	(22 931 112)	24 377 311
Health Information Systems Program (HISP)	14 160 275	-	-	-	418 126	(484 494)	14 093 907
KZN Dept. of Health	421 761	17 188 584	-	-	-	(3 118 738)	14 491 607
Massachusetts General Hospital	-	-	-	2 398 381	1 112 762	(527 060)	2 984 083
Road Accident Fund	1 430 479	-	-	-	-	-	1 430 479
The ELMA Foundation	20 771 702	-	-	-	-	(7 698 310)	13 073 392
The Global Fund	(956 741)	-	-	-	-	-	(956 741)
	35 827 476	66 274 682	1 089 799 771	2 398 381	8 588 295	(168 375 797)	1 034 512 808

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

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

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
NOTES TO THE ANNUAL FINANCIAL STATEMENTS (CONTINUED)
for the year ended 30 June 2021

3. GRANT INCOME

Grant income for the year ended 30 June 2020

	HSS	HSR	CDC	Corporate Services	Accrued revenue	Deferred revenue	Total	
	R	R	R	R	R	R	R	
Balance carried forward	35 827 476	66 274 682	1 089 799 771	2 398 381	1 194 300 310	8 588 295	(168 375 797)	1 034 512 808
The University of Cape Town (UCT)	1 832 345	1 832 345	-	-	1 832 345	156 338	156 338	1 988 683
Gilead Sciences, Inc.	-	-	-	2 398 381	1 090 980	-	-	1 090 980
Bill and Melinda Gates Foundation	(502 272)	-	-	5 637 475	67 920	-	-	5 203 123
Grand Challenges Canada	(320 292)	-	-	-	64 202	-	-	(256 090)
Johnson & Johnson	228 501	-	-	-	228 501	-	-	228 501
The Heart & Stroke Foundation	-	175 550	-	-	175 550	(151 079)	-	24 471
UNICEF	-	388 921	-	-	388 921	-	-	388 921
Ragon Institute	-	-	-	4 998 516	966 630	(788 056)	-	5 177 090
The Cabot Foundation	-	-	-	301 988	301 988	-	-	301 988
Accrued interest/other income	249 786	433 464	(19 575)	(147 484)	516 191	268 700	(784 891)	-
	37 315 544	67 272 617	1 089 780 196	14 279 856	10 112 085	(170 099 823)	1 048 660 475	

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

There are no unfulfilled conditions and other contingencies attached to the government grants that have not been recognized in revenue.

There are no other forms of government assistance from which the entity has directly benefited.

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
 NOTES TO THE CONSOLIDATED ANNUAL FINANCIAL STATEMENTS (CONTINUED)
 for the year ended 30 June 2021

GROUP		TRUST	
2021	2020	2021	2020
			RESTATED
R	R	R	R

4. (Deficit)/surplus Before Interest

(Deficit)/Surplus before interest is stated after the following:

Income	1 238 652 447	1 051 228 808	1 249 272 344	1 053 459 266
Income	1 212 680 064	1 048 660 475	1 224 088 899	1 048 660 475
Other income	25 972 382	2 568 333	25 183 445	4 798 791

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

Expenses:

Depreciation on property, plant and equipment (refer note 7)	58 212 421	46 920 574	48 711 244	34 881 602
Consultants legal support and license fees	1 280 435	2 974 910	776 959	2 974 910
External consultants	90 430 802	392 196 414	90 430 802	392 196 414
Operating lease rentals	18 319 451	58 142 044	16 614 325	57 216 725
Land and buildings	9 842 179	10 258 802	9 842 179	10 098 483
Other	8 477 272	47 883 242	6 772 145	47 118 242

Key Management Personnel:

Remuneration: Key Management Personnel	8 162 024	7 301 710	8 162 024	7 301 710
Remuneration: Other Staff	924 899 063	401 112 306	841 474 794	401 045 307

5. Interest Received

Bank	8 642 891	8 154 670	4 710 319	5 730 121
	8 642 891	8 154 670	4 710 319	5 730 121

6. Taxation

Trust

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

Subsidiaries

No provision has been made for 2021 tax as the subsidiaries do not have taxable income

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
 NOTES TO THE CONSOLIDATED ANNUAL FINANCIAL STATEMENTS (CONTINUED)
 for the year ended 30 June 2021

7. Property, Plant and Equipment

TRUST	Motor vehicles	Computer equipment	Furniture and fittings	TOTAL
2021	R	R	R	R
Opening net carrying amount	138 584 308	6 959 701	1 341 382	146 885 391
Additions/improvements	12 574 871	8 017 391	1 913 749	22 506 011
Disposals	(8 688 532)	(33 468)	-	(8 722 000)
Depreciation	(43 766 442)	(4 349 738)	(595 064)	(48 711 244)
Closing net carrying amount	98 704 205	10 593 886	2 660 067	111 958 158
Cost	182 857 451	25 823 484	7 704 442	216 385 377
Accumulated depreciation	(84 153 246)	(15 229 598)	(5 044 376)	(104 427 220)
Closing net carrying amount	98 704 205	10 593 886	2 660 067	111 958 157

TRUST	Motor vehicles	Computer equipment	Furniture and fittings	TOTAL
2020	R	R	R	R
Opening net carrying amount	27 875 869	11 173 244	821 455	39 870 568
Additions/improvements	143 995 725	1 317 074	999 740	146 312 539
Disposals	(32 086 741)	(3 215 569)	-	(4 416 114)
Depreciation	(1 200 545)	(2 315 048)	(479 813)	(34 881 602)
Closing net carrying amount	138 584 308	6 959 701	1 341 382	146 885 391
Cost	187 770 717	17 875 363	5 793 497	211 439 577
Accumulated depreciation	(49 186 409)	(10 915 662)	(4 452 115)	(64 554 186)
Closing net carrying amount	138 584 308	16 959 701	1 341 382	146 885 391

TRUST	Motor vehicles	Computer equipment	Furniture & fittings	Buildings	TOTAL
2021	R	R	R	R	R
Opening net carrying amount	141 400 804	6 979 034	1 341 382	465 590	150 186 810
Additions/improvements	55 655 992	8 017 391	1 913 749	26 471 190	92 058 322
Disposals	(8 688 532)	(33 468)	-	-	(8 722 000)
Depreciation	(52 804 128)	(4 362 404)	(595 064)	(450 825)	(58 212 421)
Closing net carrying amount	135 564 136	10 600 552	2 660 067	26 485 956	175 310 711
Cost	232 920 038	25 847 483	7 704 442	27 049 487	293 521 450
Accumulated depreciation	(97 360 568)	(15 242 264)	(5 044 376)	(563 531)	(118 210 739)
Closing net carrying amount	135 559 469	10 605 219	2 660 066	26 485 956	175 310 710

TRUST	Motor vehicles	Computer equipment	Furniture and fittings	TOTAL
2020	R	R	R	R
Opening net carrying amount	80 956 454	11 173 244	821 455	92 951 153
Additions/improvements	173 506 773	1 341 073	999 740	175 847 586
Disposals	(68 941 377)	(3 215 569)	-	(72 156 947)
Depreciation	(44 121 046)	(2 319 714)	(479 813)	(46 920 574)
Closing net carrying amount	141 400 804	6 979 034	1 341 382	149 721 220
Cost	278 344 383	17 899 362	5 793 497	302 037 242
Accumulated depreciation	(136 943 579)	(10 920 328)	(4 452 115)	(152 316 022)
Closing net carrying amount	141 400 804	6 979 034	1 341 382	149 721 220

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
 NOTES TO THE CONSOLIDATED ANNUAL FINANCIAL STATEMENTS (CONTINUED)
 for the year ended 30 June 2021

8. Property, Plant and Equipment

	GROUP		TRUST	
	2021 R	2020 R	2021 R	2020 R
Other receivables	11 855 216	-	11 855 216	3 853 369
Receiver of Revenue - Value Added Tax	21 679 091	14 878 132	21 550 467	14 862 783
Deposits	3 587 408	1 371 175	3 586 906	1 044 675
Prepaid expense	4 352 552	6 285 063	4 340 052	6 285 063
	<u>41 474 267</u>	<u>22 534 370</u>	<u>41 332 642</u>	<u>26 045 890</u>

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

9. Cash and Cash Equivalents

	GROUP		TRUST	
	2021 R	2020 R	2021 R	2020 R
Current accounts	53 078 346	37 280 530	51 428 259	28 474 116
Call accounts	150 081 453	219 591 577	143 012 146	129 144 106
Cash on hand	5 014	58 991	5 014	58 991
	<u>203 164 813</u>	<u>256 931 098</u>	<u>194 445 419</u>	<u>157 677 213</u>

The cash and cash equivalents listed above are unencumbered and earmarked for project specific expenditure. The above figures include an amount of R43 607 399 (2020: R42 037 355) in a designated account described as the HST Reserve Fund which is a discretionary fund and not project specific.

10. Trade and other Payables

	GROUP		TRUST	
	2021 R	2020 R	2021 R	2020 R
Trade payables	12 121 864	47 151 231	10 543 893	18 304 090
Accruals	4 555 771	24 896 070	4 148 124	24 896 071
Operating lease liability	292 950	86 719	292 950	86 719
	<u>16 970 585</u>	<u>72 134 020</u>	<u>14 984 967</u>	<u>43 286 880</u>

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

11. Provisions

	GROUP		TRUST	
	2021 R	2020 R	2021 R	2020 R
Leave and Severance provisions	21 148 198	302 255	21 148 198	302 255
	<u>21 148 198</u>	<u>302 255</u>	<u>21 148 198</u>	<u>302 255</u>

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
 NOTES TO THE CONSOLIDATED ANNUAL FINANCIAL STATEMENTS (CONTINUED)
 for the year ended 30 June 2021

12. Operating Lease Commitments

	GROUP		TRUST	
	2021 R	2020 R	2021 R	2020 R
The future minimum lease payments under non-cancellable operating leases are as follows :				
Not later than 1 year	4 833 695	5 953 726	4 833 695	5 953 726
Between 2 and 5 years	9 051 094	10 254 114	9 051 094	10 254 114
	<u>13 884 789</u>	<u>16 207 840</u>	<u>13 884 789</u>	<u>16 207 840</u>

Operating lease commitments include the lease of office space from which the entity operates. Leases range in duration from one year to five years and are subject to annual escalation clauses of up to 10% per annum. Sub-letting is generally not permitted express permission from the lessor

13. Contingent Liabilities and Securities

The Trust has issued guarantees held by Nedbank of R261 470 (2020: R1 796 770).

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT

NOTES TO THE CONSOLIDATED ANNUAL FINANCIAL STATEMENTS (CONTINUED)

for the year ended 30 June 2021

14. Correction of Error Note

The trust did not account for its transactions and balances with subsidiaries in its individual accounts and furthermore a consolidated set of financial statements wasn't prepared to disclose the financial performance and position of the group. The Trust's annual financial statements for 2020 have been restated to account for investments in entities that are defined as subsidiaries. The impact on the 2020 and 2021 balances relate to the compilation of a consolidated set of financial statements and the disclosure of all related party balances and transactions. The trust did not prepare a consolidated set of financial statements previously. HST is now a consolidated Group that includes the following 100% held subsidiaries:

Kwik Track Travel (Pty) Ltd
Health Systems Training Institute (Pty) Ltd
I on Maryvale (Pty) Ltd

This impacts both the Trust and consolidated Group financial statements.

The impact of this is on the Trust stand-alone results are as follows

	2019	2019	2019
	As previously stated	Correction of error	Restated
Statement of Financial Position			
Loans to group companies	-	79 429 863	79 429 863
Investment in subsidiaries	-	2 000	2 000
Statement of Changes in Equity			
Retained earnings	(124 908 699)	(79 431 863)	(204 340 562)
The movement in the statement of changes in equity can be reconciled as follows:			
Statement of Profit or Loss and Other Comprehensive Income			
Other Income			
Miscellaneous income	(12 066 617)	(82 080 753)	(94 147 370)
Operating expenses:			
Insurance	194 845	(513 110)	707 955
Vehicle rental	24 926 813	3 162 000	21 764 813

Net impact on Retained earnings for the year

	2020	2020	2020
	As previously stated	Correction of error	Restated
Statement of Financial Position			
Loans from group companies	-	(17 645 722)	(17 645 722)
Loans to group companies	-	83 283 232	83 283 232
Investment in subsidiaries	-	2 000	2 000
Statement of Changes in Equity			
Retained earnings	(127 031 621)	(61 786 141)	(188 817 762)
2019 Restatement impact		79 431 863	
2020 Restatement impact		17 645 722	
Statement of Profit or Loss and Other Comprehensive Income			

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
 NOTES TO THE CONSOLIDATED ANNUAL FINANCIAL STATEMENTS (CONTINUED)
 for the year ended 30 June 2021

14. Correction of Error Note (continued)

	2019	2019	2019
	As previously stated	Correction of error	Restated
Operating expenses:			
Vehicle rental	47 118 242	18 043 426	52 906 611
Vehicle repairs	8 478 939	(397 704)	8 081 235
Net impact on surplus for the year		17 645 722	

The impact of this on the consolidated results are as follows:

The Group (consolidated amounts) incorporate the Statement of Financial Position, the Statement of Profit or Loss and other Comprehensive Income, the Statement of Changes in Equity and the Statement of Cash Flows for 2021 and 2020 are included in the current set of financial statements for the first time to correct the error as noted above. The impact of the error on the earliest statement of financial position for the year ended 30 June 2019 is also disclosed on page 15.

15. Related Party Disclosure

	R	R
	2019	2019
		Restated

Relationships

Holding company	Trust for Health Systems Planning and Development
Fellow subsidiaries	Kwik Track Travel (Pty) Ltd
Fellow subsidiaries	Health Systems Training Institute (Pty) Ltd
Fellow subsidiaries	I on Maryvale (Pty) Ltd

Related party balances

Loan accounts - Owing (to) /by related parties

Trust for Health Systems Planning and Development	72 001 065	65 641 510
Kwik Track Travel (Pty) Ltd	(67 379 936)	(67 379 936)
Health Systems Training Institute (Pty) Ltd	(5 926 867)	1 738 426
I on Maryvale (Pty) Ltd	(27 999 000)	-

Related party transactions

Rent paid to related parties

I on Maryvale (Pty) Ltd	1 264 562	-
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Administration fees received from related parties

Trust for Health Systems Planning and Development	7 823 082	10 333 745
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Hire of asset

Kwik Track Travel (Pty) Ltd	8 828 797	2 703 000
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Disposal of assets - Profit/loss

Trust for Health Systems Planning and Development	360 326	717 250
Kwik Track Travel (Pty) Ltd	-	22 297 695

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
 NOTES TO THE CONSOLIDATED ANNUAL FINANCIAL STATEMENTS (CONTINUED)
 for the year ended 30 June 2021

16. Financial Liabilities

At amortised cost		
Nedbank bond	138	-

The bond bears interest at 6.00% per annum and is repayable in monthly instalments of R239 872,90 inclusive of interest per agreement.

17. Loan from other Party

At amortised cost		
Columbus Consulting (Pty) Ltd	28 847 141	21 977 995

The bond bears no interest, unsecured and has no fixed terms of repayment

18. Loans To/from Group Companies

Trust for Health Systems Planning and Development

The loan is unsecured, bears no interest and has no fixed terms of repayment		
Kwik Track Travel (Pty) Ltd	65 041 324	63 777 137
Health Systems Training Institute (Pty) Ltd	6 960 741	1 864 373
	<u>72 000 065</u>	<u>65 641 510</u>

Kwik Track Travel (Pty) Ltd

The loan is unsecured, bears no interest and has no fixed terms of repayment		
Trust for Health Systems Planning and Development	(65 041 324)	(63 777 137)
Health Systems Training Institute (Pty) Ltd	(1 033 874)	(3 602 799)
I on Maryvale (Pty) Ltd 2	28 000 000	-
	<u>38 075 198</u>	<u>(67 379 936)</u>

Health Systems Training Institute (Pty) Ltd

The loan is unsecured, bears no interest and has no fixed terms of repayment		
Trust for Health Systems Planning and Development	(6 960 741)	(1 864 373)
Kwik Track Travel (Pty) Ltd	1 033 874	3 602 799
	<u>(5 926 867)</u>	<u>1 738 426</u>

I on Maryvale (Pty) Ltd

The loan is unsecured, bears no interest and has no fixed terms of repayment		
Kwik Track Travel (Pty) Ltd	(28 000 000)	-
	<u>(28 000 000)</u>	<u>-</u>

19. Investment in Subsidiaries

	Percentage interest			
	2021	2020	2021	2020
Kwik Track Travel (Pty) Ltd	100%	100%	1000	1000
Health Systems Training Institute (Pty)Ltd	100%	100%	1000	1000
I on Maryvale (Pty) Ltd	100%	100%	1000	1000
Summarised SOCI				
	Revenue	Profit/loss	Total comprehensive income	
Kwik Track Travel (Pty) Ltd	8 828 797	788 937	79 617 735	

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT
 NOTES TO THE CONSOLIDATED ANNUAL FINANCIAL STATEMENTS (CONTINUED)
 for the year ended 30 June 2021

Health Systems Training Institute (Pty) Ltd	83 838 415	-	83 838 415		
I on Maryvale (Pty) Ltd	1 264 562	-	1 264 562		
Summarised SOCI	2020				
Kwik Track Travel (Pty) Ltd	Revenue	Profit/loss	Total comprehensive income		
Health Systems Training Institute	8 828 797	788 937	79 617 735		
Summarised SOFP	2021				
Kwik Track Travel (Pty) Ltd	Non current assets	Current assets	Non current liabilities	Current liabilities	Total net assets
Health Systems Training Institute	64 645 119	4 154 200	(66 075 198)	(1 512 662)	1 211 460
I on Maryvale (Pty) Ltd	1 033 874	3 144 399	(6 960 741)	(223 837)	(3 006 305)
	26 708 434	1 573 654	(28 000 000)	(818 901)	(536 812)
Summarised SOFP	2020				
Kwik Track Travel (Pty) Ltd	Non current assets	Current assets	Non current liabilities	Current liabilities	Total net assets
Health Systems Training Institute (Pty) Ltd	2 835 829	498 501 735	(67 379 936)	(29 268 693)	4 688 935
I on Maryvale (Pty) Ltd	3 602 799	752 150	(1 864 373)	(150 737)	2 339 839
	-	-	-	-	-

20. Reconciliation of surplus before taxation to cash generated from operations

	GROUP		TRUST	
	2021 R	2020 R	2021 R	2020 R
Surplus/(deficit) before taxation	50 265 677	(10 400 537)	59 852 019	2 122 922
Adjustments for:				
Depreciation	58 212 421	46 920 574	48 711 244	34 881 602
Gain on translation of foreign bank account	-	-	-	(118 432)
Profit on disposal of property, plant and equipment	(2 711 395)	(31 165 001)	(1 355 697)	(2 184 149)
Interest received	(8 642 891)	(8 154 670)	(4 710 319)	(5 730 121)
Correction of error – Retained earnings adjustment	16 172 402	503 606	-	-
Cash inflows from operations before working capital changes	113 296 214	(2 296 028)	102 497 247	28 971 822
Working capital changes:				
Decrease/(Increase) in trade and other receivables and accrued revenue	(10 171 146)	18 019 195	(6 164 917)	(14 838 087)
Increase in trade and other payables and deferred revenue	(39 648 453)	105 860 767	(41 632 209)	108 856 863
Cash generated from operations	63 476 615	121 583 934	54 700 121	152 666 772

TRUST FOR HEALTH SYSTEMS PLANNING AND DEVELOPMENT

NOTES TO THE CONSOLIDATED ANNUAL FINANCIAL STATEMENTS (CONTINUED)

for the year ended 30 June 2021

21. Going concern and subsequent events

The pandemic of the coronavirus disease(COVID-19) arrived in South Africa on 5th of March 2020 which has continued since then to reporting date in successive waves. The pandemic is having an impact on the economy and daily lives of the country. In the initial stages of the COVID-19 pandemic, the South African government declared a national state of disaster with various extensions and adjustments to the lock down levels. As at reporting date, the country is in adjusted alert level I which has been in place from 30 December 2021, with restrictions on gatherings, restrictions on the sale of liquor and a curfew been imposed.

During the lock-down operations were conducted remotely and funding continued from donors. Up until the date of the approval of the consolidated annual financial statements, the trust and group had not suffered any material loss in revenue and profit as a result of the pandemic. The COVID-19 outbreak did not cause any disruptions to business operations.

Management has a history of successful operations and access to readily available financial resources. Based on the receipt of written confirmations for continued support by funders, a consequential assessment of cash flows was conducted. This assessment established that, available cash flow resources were adequately aligned to budgets for the next twelve months and in light of the review and current financial position, are satisfied that the trust and group has access to adequate resources to continue in operational existence beyond the pandemic.

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

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

FUNDERS AND PARTNERS

US Centers for Disease Control and Prevention
The ELMA Philanthropies Services
National Department of Health South Africa
KwaZulu-Natal Department of Health
Heart and Stroke Foundation South Africa
ViiV Healthcare UK Ltd
London School of Hygiene and Tropical Medicine
The European and Developing Countries Clinical Trials
Partnership (EDCTP-TREATS)
Bill and Melinda Gates Foundation

Aquity Innovations NPC
Wits Reproductive Health and HIV institute
DG Murray Trust
Johnson and Johnson Foundation Scotland
University of Cape Town
National Institute of Health
The US President's Emergency Plan for AIDS Relief (PEPFAR)
Public Health Enhancement Fund (PHEF)

PARTNERS AND GRANT COLLABORATORS

Institute for Health Measurement Southern Africa
The Aurum Institute
NICDAM - National Institute Community
Development and Management
Grounded Media (PTY) Ltd
Insight Actuaries & Consultants (JHB)
Mpilonhle
Equity Health Consultants
KAVARACO (PTY) Ltd
University of Oxford
University of Witwatersrand
University of KwaZulu-Natal
Solugrowth (PTY) Ltd
ASG
Eastern Cape Department of Health
Free State Department of Health
Gauteng Department of Health
KwaZulu-Natal Department of Health
Limpopo Department of Health
Mpumalanga Department of Health
Northern Cape Department of Health
North-West Department of Health
Western Cape Department of Health
The National Health Research Committee
National Health Research Ethics Council
National Research Fund
National Health Laboratory Services (NHLS)
SEAD
HEARD

Health Information Systems Programme (HISP)
TB/HIV Care
KNCV Tuberculosis Foundation
Zambart
University of Sheffield
Imperial College London
The International Union Against TB and Lung Disease
QIAGEN
Delft Imaging Systems
National Institute for Communicable Disease (NICD)
Anova Health System
BroadReach health
Right to Care
MatCH - Maternal, Adolescent and Child Health Institute
Gilead Sciences, Inc.
Integration of TB in Education and Care for HIV/AIDS
(iTEACH)
SABIN Vaccine Institute
University of North Carolina at Chapel Hill
Human Sciences Research Council (HSRC)
Genius Quality
PSI - Population Services International
Project Last Mile
OPIQ Consortium - Optimizing Performance by Improving
Quality
University of California, San Francisco
Interactive Research and Development SA

ACKNOWLEDGEMENTS

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