



HEALTH
SYSTEMS
TRUST



celebrating 30 years of improving health systems

ANNUAL REPORT 2021 / 22

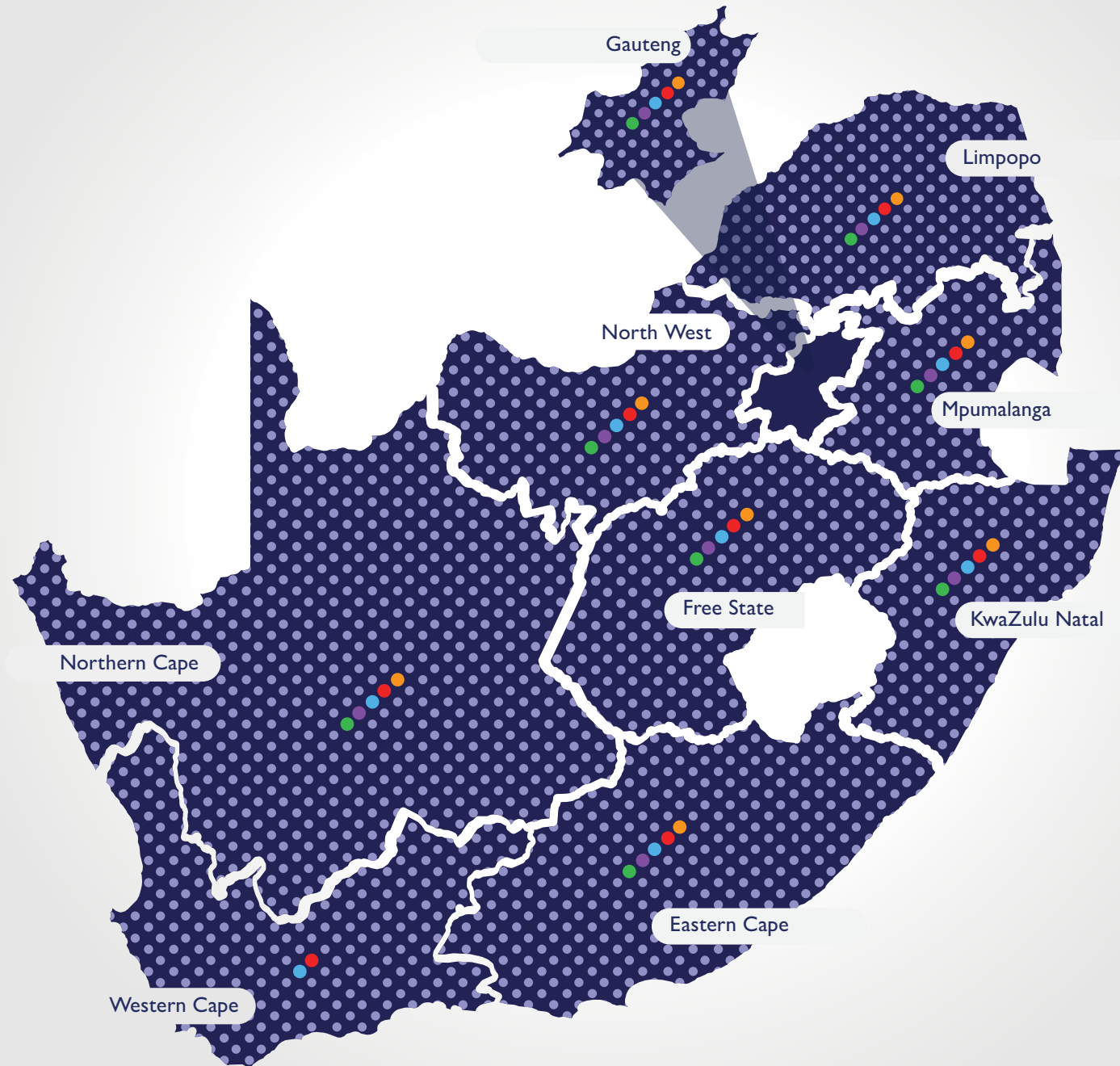
1. Eastern Cape
2. Free State
3. Gauteng
 - › Johannesburg
 - › Pretoria
4. KwaZulu- Natal
 - › Durban
 - › Ladysmith
 - › Pietermaritzburg
 - › Ulundi
5. Limpopo
6. Mpumalanga
7. Northern Cape
8. North West
9. Western Cape
 - › Cape Town

- 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

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November 2022



The Health Systems Trust (HST) is a leading role-player in the South African public health arena focusing on health systems strengthening, research, and strategic support to the implementation of priority health programmes. Established in April 1992 on the brink of democracy in South Africa, HST has played a significant role in the evolution of the national health system. Today our strength lies in the knowledge, insight and experience we harness through synergising our research and implementation outputs towards a healthy life for all.

Improved health equity in a healthier Africa



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



- 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

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





TABLE OF CONTENTS

ABBREVIATIONS AND ACRONYMS.....	03
BOARD OF TRUSTEES.....	06
MESSAGE FROM THE CHIEF EXECUTIVE OFFICER.....	08
EXECUTIVE SUMMARY.....	10
HIGHLIGHTS/ACHIEVEMENTS OF THE YEAR.....	12
CELEBRATING 30 YEARS AT THE FOREFRONT OF HEALTH SYSTEMS STRENGTHENING.....	18
DIRECTORATES' REPORTS.....	27
PROGRAMMES' DIRECTORATE.....	28
- Health Systems Research and Health Systems Strengthening	29
- Management and Implementation Support, Implementation of Priority Health Programmes.....	30
- Essential National Health Research.....	45
- Information for Planning, Monitoring, Evaluation and Decision-making.....	46
- Guidance, Mentoring and Training on Good Practice Development.....	46
- Corporate Services Directorate	48
- Finance, Grants and Compliance.....	49
- Administration.....	49
- Information and Communications Technology.....	50
- Human Resources	50
- Business Development	51
- Communications	53
SUMMARISED FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021.....	57
- Statement of Responsibility for Financial Reporting by the Board of Trustees	58
- Audit and Risk Committee Report.....	59
- Corporate Governance Statement.....	60
- Independent Auditor's Report.....	64
- Report of the Board of Trustees.....	66
- Statement of Financial Position.....	67
- Statement of Comprehensive Income.....	68
- Statement of Changes in Equity.....	69
- Statement of Cash Flows.....	70
- Accounting Policies.....	71
- Notes to the Annual Financial Statements.....	75
FUNDERS AND PARTNERS.....	87
ACKNOWLEDGEMENTS.....	88

ABBREVIATIONS & ACRONYMS

ACDC	Africa Centres for Disease Control and Prevention	HSR	health systems research
AIDS	Acquired Immunodeficiency Syndrome	HSS	health systems strengthening
APC	Adult Primary Care	HSRC	Human Sciences Research Council
ART	antiretroviral therapy	HSTi	Health Systems Trust Training Institute
AYFS	Adolescent- and Youth-friendly Services	HTS	HIV Testing Services
CBA	community-based ART	HTS_POS	the number of individuals who received HIV Testing Services and received an HIV-positive test result
CBOs	Community-based Organisations	HTS_YIELD	the number of clients diagnosed as HIV-positive out of those tested for HIV
CCMDD	Central Chronic Medicine Dispensing and Distribution programme	HWSETA	Health and Welfare Sector Education and Training Authority
CCPAC	Cervical Cancer Prevention Action and Control Programme	ICT	Information Communication and Technology
CDC	U.S Centers for Disease Control and Prevention	ICTS	index contact testing services
CHAI	Clinton Health Access Initiative	IHM	Institute for Health Measurement
CIDERU	Cancer & Infectious Diseases Epidemiology Research Unit	IHRs	International Health Regulations
CINDI	Children in Distress Network	IOM	International Organization for Migration
COP	Country Operational Plan	IMCI	Integrated Management of Childhood Illness
COSO	Committee of Sponsoring Organizations of the Treadway Commission	IPs	Implementing Partners
CSO	Clinic Support Officer	IRD SA	Interactive Research and Development South Africa
CQI	Continuous Quality Improvement	IT	Information Technology
DGMQ	Division for Global Migration and Quarantine	ITIL	Information Technology Infrastructure Library
DHS	District Health Services	J&J	Johnson & Johnson
DMoC	differentiated models of care	KIIs	key informant interviews
DO ART	Demonstration of community-based HIV treatment	KZN	KwaZulu-Natal
DsD	direct service delivery	KZN DoH	KwaZulu-Natal Department of Health
DSP	District Support Partner	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)
EDCTP	European & Developing Countries Clinical Trials Programme	LSHTM	London School of Hygiene and Tropical Medicine
eIMCI	electronic Integrated Management of Childhood Illness	M&E	monitoring and evaluation
EMR	electronic medical record	MO	Medical Officer
HAST	HIV and AIDS/STI/TB	MoH	Ministry of Health
HCT	HIV Counselling and Testing	MoI	Matrix of Interventions
HISP	Health Information System Program	MRC	Medical Research Council
HISP-SA	Health Information Systems Programme in South Africa	NDoH/DoH	National Department of Health/ Department of Health
HIV	Human Immunodeficiency Virus	NGO	non-governmental organisation
HIVSS	HIV self-screening		
HPRS	Health Patient Registration System		
HPSR	health policy and systems research		
HR	Human Resources		

ABBREVIATIONS & ACRONYMS

NHI	National Health Insurance	SR	sub-recipient
NHI-IS	National Health Insurance Information Systems	TA	technical assistance
NHLS	National Health Laboratory Service	TB	tuberculosis
NHRC	National Research Health Committee	TEG	Tropical Epidemiology Group
NHRD	National Health Research Database	TLD	Tenofovir, Lamivudine, Dolutagravir
NIMART	Adult Primary Care and Basic HIV Course for Health Professionals	TREATS	Tuberculosis Reduction through Expanded Anti-Retroviral Treatment and TB Screening
NPER	National Pregnancy Exposure Registry	TROA	total remaining on ART
OPIQ	Optimizing Performance by Improving Quality	TX_CUR_28	the number of adults and children currently receiving HIV treatment for 28 days
PEPFAR	U.S. President's Emergency Plan for AIDS Relief	TX_NEW	the number of patients newly initiated on HIV treatment within the quarter
PER	Pregnancy Exposure Registry	TX_PVLS (Den)	TX_PVLS (Den) percentage of ART patients with a suppressed viral load result (denominator)
PHC	primary health care	TX_PVLS (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
PHRCs	Provincial Health Research Committees	TVET	vocational, education and training
PITC	provider-initiated testing and counselling	U=U	Undetectable=Untransmittable
PLWHIV	people living with HIV	UB	Unfinished Business for Paediatric and Adolescent HIV
PMTCT	Prevention of mother to child transmission	UHC	universal health coverage
PoE	points of entry	UCSF	University of California, San Francisco
POEs	Portfolios of Evidence	UKZN	University of KwaZulu-Natal
PoPCAB	Population Connectivity across Borders	UTT	universal testing and treatment
POPS	PEPFAR Operation Phuthuma Support	VL	viral load suppression rate
PrEP	Pre-exposure prophylaxis	Wits RHI	Witwatersrand's Reproductive Health and HIV Institute
PSP	Provincial Support Partner	WHO	World Health Organization
PuP	pick-up point	ZAMSTAR	Zambia South Africa
S/GAC	U.S. Global AIDS Co-ordinator and Health Diplomacy (Bureau in the State Department)		
SA	South Africa		
SAHR	South African Health Review		
SANCTR	South African National Clinical Trials Register		
SA SURE PRO	South Africa Sustainable Response to HIV, AIDS, TB and Maternal and Child Health Project		
SC+	SmartCare Plus		
SCHISS	Strengthening Capacity for Health Information Systems Sustainably		
SDGs	Sustainable Development Goals		
SHP	Strategic Health Programmes		
SOPs	standard operating procedures		
SyNCH	Synchronised National Communication in Health		

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 (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.

Mr Shadrack Mapetla
Deputy Chair



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.

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.

Prof Salome Maswime
Trustee



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.

Our sincere gratitude to the Trustees who were still serving on HST's Board during the reporting period and whose terms have since come to an end. Ms Duduzile Nzama- Rabeng – retired in October 2021



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.

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.

Mr Leo Deodutt
Trustee



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.

Advocate Bridgette Sehlapelo holds an LLB degree, LLM (Masters in Tax), Certificate in Legislation drafting, and Certificate in Competition Law from the University of Pretoria. She further holds an MBL (Masters in Business Leadership) degree from UNISA School of Business Leadership. She was admitted as an Attorney in 2002 and started her career as a practising Attorney and later moved to various state-owned enterprises where she was an in-house legal practitioner on different levels, including Senior

Adv. Bridgette Sehlapelo
Trustee



Dr Themba Moeti
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.



Dr Dumani Kula | Chairperson

“What counts in life is not the mere fact that we have lived. It is what difference we have made to the lives of others that will determine the significance of the life we lead.”

In February 2022 the Health Systems Trust (HST) reached the important milestone of celebrating the 30th anniversary of its establishment in 1992. In this year we reflected on HST’s journey over the past three decades and our significant contribution to health systems development in South Africa as an organisation. Over the years we have seen the progressive evolution of our programmes as we aligned these to the changing national landscape to ensure that we continued to make impactful contributions as new health service developments emerged.

A significant development as we look to the future was initiation of the development of a new strategy for the organisation, to guide our work and contributions towards achieving the country’s universal health coverage goals.

HST has been in the privileged position of having its own history and development associated with the development of South Africa’s health system since democracy in 1994. Health system challenges and priorities, and helping to build a stronger and more resilient health system, have continued to be central to our work and our *raison d’être*.

In this reporting period a key factor was sustaining programme implementation and progress in a period following the immense challenges of the COVID-19 pandemic. Having successfully maintained programme implementation and business continuity during the peak of the pandemic, we have focused on ramping up programme implementation and building back better; in this “post COVID-19” recovery phase, recognising that the threat of a COVID-19 resurgence remained a reality.

I am pleased to share that in the 2021 – 2022 reporting period we have recorded a number of important achievements. In October 2021 we secured a further 5-year period of funding through to 2026 from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) to continue support to the national HIV and TB responses, with these co-epidemics remaining important causes of morbidity and mortality, and a constant threat to health and development in our country. This new grant will enable us to work with government and other partners to continue the important effort towards the country’s attainment of its 95-95-95 targets and the goal of achieving HIV epidemic control. A key part of this effort is our continued support to 336 facilities across four districts in KwaZulu-Natal province in the delivery of HIV treatment and care services to over 800 000 people living with HIV.

An exciting development over the past year has been the opportunity to grow HST’s support for improvement of access to critical services for underserved populations through work done in the areas of cancer and oncology services. This is being done through the Cervical Cancer Prevention, Access and Control (CCPAC) project in the Zululand District in KwaZulu-Natal. The project aims to address the challenge of high cervical cancer incidence and mortality by improving access to early screening, diagnosis, treatment and palliative services for cervical cancer in Zululand, through community-informed, evidence-based interventions.

In addition, during this period we secured funding to support a cancer-focussed edition of the South African

Health Review which we believe will provide an excellent opportunity to bring greater focus and attention to this important area as the country tackles the ever growing problem of non-communicable diseases, which are now amongst the leading causes of morbidity and mortality in our country.

A notable achievement in the past year has been HST's contribution to the national COVID-19 response. In addition to the technical support provided at national level and the service delivery and technical support in the KZN province focussed on the four districts in which HST is district support partner, HST published a COVID-19-focussed 2022 Special Edition of the South African Health Review. This well-received edition, produced in partnership with the Health Economics and HIV/AIDS Research Division (HEARD), University of KwaZulu-Natal, was launched by the Minister of Health, Hon Dr Joe Phaahla, in April 2022. It provided a unique perspective of health system responses and a broad range of lessons and experiences in the voices of health care workers from the front lines and across the different levels of the health system. This edition complemented the information published in academic journals and other sources in a unique way as the pandemic evolved.

An important development that arose out of the COVID-19 pandemic was HST's opportunity to support implementation of an eight-member state initiative in the SADC region on strengthening border health systems and regional health information sharing in eight countries: Botswana, Eswatini, Lesotho, Mozambique, Namibia, South Africa, Zambia and Zimbabwe, which included local, regional and international partners. Partners in this

initiative included Ministries of Health, Home Affairs and other sector ministries from the participating countries, regional organisations and international organisations such as SADC, the Africa CDC and the International Organisation on Migration (IOM).

Having contributed to the development and support of the National Department of Health's Central Chronic Medicine Dispensing and Distribution (CCMDD) programme and the SyNCH electronic system to support CCMDD, ensuring convenient patient access to medicines and the ability to monitor patient adherence in real time remains a key priority of our patient-centred approach.

Through the CCMDD programme and the SyNCH electronic system, stable patients with chronic diseases such as HIV, hypertension, and diabetes amongst others continued to be provided with convenient access to medicines reducing crowding in health facilities, optimising treatment adherence for stable patients and allowing those more in need of healthcare worker attention to receive it.

As at August 2022, about 2.8 million patients (74%) registered on SyNCH had active prescriptions reflecting quite good uptake and use of this service by eligible patients. We believe that not only has this contributed to improved patient management, but importantly better patient satisfaction and potentially improved health outcomes as we continue to support integration of HIV programme interventions into broader primary healthcare services.

This report provides a summary of achievements in the different programmes HST supported over the past year, illustrating the breadth of our work in support of improved health in South Africa. As I complete my sixth and final year on HST's Board, it is my pleasure to wish my colleague Prof Salome Masiwe all the very best as she takes up the role of Chairperson of the HST Board in 2023. It has been a pleasure and privilege working with her and my other Trustee colleagues.

I have no doubt that I leave HST in very capable hands in the Board and HST's executive management team. It has been an honour and privilege for me to be associated with HST and the good work that it does for the benefit of the health of South Africa's people and beyond. As Former President Mandela once said; "What counts in life is not the mere fact that we have lived. It is what difference we have made to the lives of others that will determine the significance of the life we lead."



DR DUMANI KULA
Chairperson: Board of Trustees



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

“Important lessons have been learnt over the past year, which have enabled the organisation to be better prepared for a post COVID-world, through development of innovative approaches which have the enhanced efficiency and customer focus of our services which we will carry into the future.”

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



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.

The Health Systems Trust celebrates 30 years in the health systems research and strengthening industry for this reporting cycle. It has allowed us to reflect on our journey as long-standing supporters of the health system in South Africa and often beyond over three decades that have created impact from the onset of democracy through a global pandemic. We asked a number of sojourners to share snippets of their involvement with us in our section on Celebrating 30 years at the forefront of health systems strengthening.

Our biggest project for the past few years, the South Africa Sustainable Response to HIV and TB (SA SURE PRO) Project under the U.S President’s Emergency Plan for AIDS Relief (PEPFAR), retained funding to remain the District Support Partner (DSP) to the National Department of Health (NDoH) in eThekweni, uMgungundlovu, uThukela and Zululand in KwaZulu-Natal (KZN). This means that we will be able to continue with improvin HIV and TB testing, treatment and care, to accelerate decongestion of facilities, and to provide support to achieve targets in line with the Joint United Nations Programme on HIV/AIDS (UNAIDS) 95-95-95 goals, STOP TB objectives, and specific targets set by the U.S Centers for Disease Control and Prevention (CDC) and the NDoH.

The table below illustrates the current status of achievement towards the UNAIDS 95-95-95 targets, showing progress compared to the same period in the previous year. Performance on the second 95 requires focus, although progress has been made since this period last year, along with required improvements in the children’s care and treatment cascade.

Performance against the 95-95-95 cascade in KZN, differentiated by age and gender

DISTRICTS	KNOWLEDGE OF HIV STATUS			ON ART			REACHING VIRAL LOAD SUPPRESSION		
	1st 95			2nd 95			3rd 95		
	Adult Females	Adult Males	Children (<15)	Adult Females	Adult Males	Children (<15)	Adult Females	Adult Males	Children (<15)
eThekweni	95%	93%	80%	88%	75%	59%	92%	92%	62%
uMgungundlovu	95%	93%	80%	88%	80%	62%	92%	92%	61%
uThukela	95%	93%	80%	93%	83%	60%	88%	88%	73%
Zululand	95%	93%	80%	92%	84%	66%	90%	90%	63%
HST Supported districts	95%	93%	80%	89%	78%	61%	91%	91%	64%

The Demonstration of community-based HIV treatment (DO ART project) has been implemented since July 2021 in two KZN districts with funding secured from the Bill & Melinda Gates Foundation (BMGF). The project offers community-based alternatives for access to ART, and was significantly successful in achieving participant enrolment targets two months ahead of schedule. Implementation has been undertaken in Zululand’s Nongoma sub-district in Zululand, and in 20 wards in eThekweni South. This work involved not only ART service delivery, but also community dialogues and focus-group sessions to effectively engage patients about their experience of care. In the past year, 8 732 people have been tested for HIV, with 884 diagnosed as HIV-positive in the same period. Of these, 880 were initiated on treatment, and 788 continued to receive treatment through the eight DO ART mobile teams, while 92 were referred to clinics due to the complex nature of their co-morbidities, or opted for facility-based treatment continuity.

The Cervical Cancer Prevention Action and Control Programme (CCPAC) aims to address the challenge of high cervical cancer incidence and mortality by employing a Continuous Quality Improvement (CQI) framework to improve



access to early screening, diagnosis, treatment and palliative services for cervical cancer in Zululand. This is done through community-informed, evidence-based interventions. To date, the project has been introduced to the Provincial and District DoH structures at all levels, and is engaged with development of the Theory of Change. A baseline assessment has been completed in two sub-districts, with the remaining four sub-districts to follow. This will guide the next steps that will focus on training and capacity building, service delivery, and community mobilisation and education.

Programmatic support for accelerated planning and operational readiness for COVID-19 preparedness and response: Border Health Preparedness Assessment and Country Readiness Plans, funded by the CDC has done regional assessments of population movement patterns across borders in Southern Africa. The project aims to strengthen border health systems across all eight participating countries, aiming to improve communication and collaboration among neighbouring countries. Country workplans were finalised and submitted, and in order to meet the deliverables of the project by September 2022, a workplan validation process has been followed under guidance of the CDC in collaboration with HST with each country.

The KZN Pregnancy Exposure Registry project, otherwise known as 'Ubomi Buhle' (Understanding Birth Outcomes from Mothers and Infants Building Healthcare by Linking Exposures), is a national project aimed at improving our understanding of exposure during pregnancy – to medicines, substances, diseases etc. – that can result in poor birth outcomes such as birth defects, low birth weight, stillbirth, premature birth and neonatal death. This is a national project requiring co-operation across provinces and shared implementation strategies. The project has proceeded smoothly since inception. Sentinel baseline studies have been completed, genetics counselling training has been provided, and implementation commenced in earnest in October 2021. Since then, 1 946 women have been enrolled in the study across the four participating facilities in the Prince Mshiyeni cluster. A total of 2 011 first visits and 3 517 follow-up visits by pregnant women who are being moni-

tored through the KZN sentinel sites have been reported.

HST has been responsible for the development and implementation of the Synchronised National Communication in Health (SynCH) electronic prescribing system for the NDoH, which is currently utilised in the Central Chronic Medicines Dispensing and Distribution (CCMDD) Programme. The objectives of SynCH are to automate certain CCMDD processes and improve programme efficiencies, while ensuring end-to-end visibility of the CCMDD process and transparency between stakeholders, minimising medication errors and prescription rejections, and promoting the rational use of medicines in South Africa. The overhauled and intensified SynCH support included training of 700 DoH SynCH end-users. This capacitation resulted in an 80% reduction in prescriptions cancelled between December 2021 and June 2022, a 27% reduction in patients on 'dormant' lists, and 4% decline in attrition rates. The training of health facility staff on the 'Expected Patient' enabled them to actively follow up patients before they could become classified as 'dormant'.

The Zambian MoH has adopted SmartCare as a national acceptable standard for an Electronic Health Records system (EHR). SmartCare has evolved into a fully-fledged EHR covering nearly all service delivery areas for a typical healthcare facility in Zambia. For this reason, the Strengthening Capacity for Health Information Systems Sustainably (SCHISS) consortium was sub-contracted by the CDC to revamp and manage the introduction of a package-based SmartCare Plus (SC+) system in Zambian public health facilities. HST provides technical assistance on the incorporation of clinical decision support tools into SC+, and is developing adoption strategies for the institutionalisation of the system in health facilities.

The Unfinished Business (UB) Phase II Project, funded by the ELMA Philanthropies, completed the third year of implementation under this phase at the end of April 2022. The project is implemented in three KZN districts, namely uMgungundlovu, eThekweni and Zululand, and supports 81 facilities with targeted interventions to achieve the 95-95-95 targets for adolescent and paediatric patients in the –19-year age group. Of the total

number of children and adolescents tested across the three districts, 1% (18 382) was identified as HIV-positive, 92% (16 928) of whom were initiated on treatment; 48% (31 289) were recorded as remaining on ART and a viral suppression rate of 83% (20 072) was achieved.

The electronic Integrated Management of Childhood Illness (eIMCI) project was an innovation project nested under the UB project in KZN and supported 37 health facilities in uMgungundlovu and iLembe districts. This project ended in December 2021. The findings of the uMgungundlovu feasibility study showed that although a standardised model for training, mentoring, supervision and IT support was provided by a dedicated project team, the ongoing eIMCI use was sporadic and varied considerably between facilities and periods.

HST's Health Information Technology (HIT) Project has implemented the Health Patient Registration System (HPRS) in 3 115 public health facilities in eight provinces and 46 districts (with the exception of the Western Cape) over the past seven years, thereby manifesting the organisation's vision for health systems strengthening.

Tuberculosis Reduction through Expanded Anti-Retroviral Treatment and TB Screening (TREATS) Project builds on the experience of ZAMSTAR and is nested within the HPTN 071 (PopART) trial in Zambia and South Africa (SA). The overall aim of the TREATS project was 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. In South Africa, the study was implemented in nine communities in the City of Cape Town Metropolitan Municipality and Cape Winelands District of the Western Cape Province. The project was comprised of two main sub-studies: an infection cohort study and a prevalence survey. The main findings of the 2021 edition of the South African Health Review (SAHR), funded by the Johnson & Johnson Foundation, was released in December 2021. The publication, which focuses on health sector responses to COVID-19 and what has been learnt two years into the pandemic, was

produced in collaboration with the University of KwaZulu Natal's Health Economics and AIDS Research Division (HEARD).

The Health Systems Training Institute (HSTi) is the training arm of the Health Systems Trust. Achievements for the period in review were winning the UNICEF bid to train healthcare workers in KZN and the positive feedback from the participants. HSTi continued to provide capacity-building and training support for the SA SURE PRO project and trained HST as well as KZN DoH and Ethekwini Metro staff on Basic HIV for Healthcare Professionals (NIMART). Other training included HIV counselling and rapid testing, as well as mentoring.

HIGHLIGHTS/ACHIEVEMENTS OF THE YEAR

Unqualified audit opinions from both funder-specific audits and our annual statutory audit.

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



SA SURE PRO: Immediate project recovery following the July 2021 riots. Following 10 days of violence, 52 154 patients had missed their appointments, and service disruptions were experienced across the four HST-supported districts in KwaZulu Natal. HST implemented daily track-and-trace and monitoring, which resulted in 46 819 patients being returned to care within six weeks of their missed appointments. In addition to tracing the missing cohort, the total number of missed appointments continued to decrease.

The implementation of quality improvement plans addressing viral load (VL) completion has resulted in a 6% improvement across this critical element of the cascade, with June 2022 results showing a 77% completion rate, compared to the 73% reported in June 2021. The continued excellent performance of 95% viral load suppression reflects that a much larger proportion of people living with HIV and on treatment are virally suppressed, contributing to prevention of new infections across an additional 45 668 people. This is a substantial accomplishment in terms of the global Undetectable=Untransmittable (U=U) messaging campaign for epidemic control.

A special project implemented in uThukela built on the overall success of quality improvement for VL completion, where such interventions resulted in it being the only HST-supported district with 100% linkage for male and female patients younger than 19 years. This good practice has been celebrated at national level.

Linkage rates remain excellent, with HST's performance being highlighted for good practice during CDC South Africa presentations to the Office of the U.S. Global AIDS Co-ordinator and Special Representative for Health Diplomacy) in December 2021 and May 2022. Notably, Zululand District was selected to share these good practices, Zululand District defied seasonal Q1 poor performance with a growth of 3 032 patients remaining in care.

HIV testing is driving case-finding, with a combination of HIV self-screening (HIVSS) and index contact testing services (ICTS) to increase the yield. Efforts resulted in 71 332 new HIV-positive diagnoses through a combination of ICTS (12% yield), and standard HIV Testing Services (HTS), with a total yield of 4% for the period. Of those found to be HIV-positive, 69 960 patients were initiated on treatment (98% linkage to care).

We have further optimised provider-initiated testing and counselling (PITC) by strategically placing NDoH and HST Lay Counsellors at key facility entry-points, and improving the quality of testing and counselling to strengthen treatment literacy and adherence.

The project has also focused on improving decongestion of facilities through implementing patient-centred, community-based ART services. The referral of patients through the CCMDD programme to external pick-up points (PuPs) has been a big achievement. These include the introduction of mobile CCMDD outreach teams, private external PuPs, and Peleboxes. The accelerated roll-out of these services to children and adolescents has been an encouraging development.

The Cervical Cancer Prevention Action and Control Programme (CCPAC) funded by the Bristol Myers Squibb Foundation aims to address the challenge of high cervical cancer incidence and mortality by employing a Continuous Quality Improvement (CQI) framework to improve access to early screening, diagnosis, treatment and palliative services for cervical cancer in Zululand. This is done through community-informed, evidence-based interventions.

DO ART: This demonstration study on optimisation of community-based delivery of antiretroviral therapy project has explored the opportunities for and challenges of implementing community-based ART (CBA) services to determine the health impacts of community-based clinical care and facilitating improved access to reliable, locally based and patient-centred care. In addition, this project funded by the Bill & Melinda Gates Foundation assesses the perspective of patients as well as the clinical, and field-based staff delivering the services, so that HST can improve service delivery approaches and enable sustainable modifications to the community-based model currently implemented by supporting partners and the DoH.

In the past year, 8 732 people have been tested for HIV, with 884 diagnosed as HIV-positive in the same period. Of these, 880 were initiated on treatment, and 788 continued to receive treatment through the eight DO ART mobile teams, while 92 were referred to clinics due to the complex nature of their co-morbidities, or opted for facility-based treatment.

The successes emanating from the DO ART project to date are:

- Innovation in the real-world setting of a limited service-delivery environment to improve HIV testing, antiretroviral therapy (ART) initiation and continuity of care
- Community engagement
- Data-gathering for quantitative and qualitative research.

Services offered at community level have been expanded to include provision of chronic medication for non-communicable diseases, referrals for medical male circumcision and recently provision of pre-exposure prophylaxis (PrEP) to eligible clients. Most importantly, the service delivery approach has adopted a holistic approach to patient care, taking physical and mental health into account, and making sure that all avenues of patient support are followed up through a community-based case management approach.

Programmatic support for accelerated planning and operational readiness for COVID-19 preparedness and response: Border Health Preparedness Assessment and Country Readiness Plans. This CDC funded project aims to strengthen border health systems across all eight participating countries, aiming to improve communication and collaboration among neighbouring countries. The activities include population movement pattern analysis, development of procedures for the detection, isolation, referral and management of ill travellers at points of entry (PoE), and emergency plan development. The capacity development and systems strengthening benefits of this multi-sectoral project to improve COVID-19 and other communicable disease cross-border control have been well received in participating countries. In addition, the involvement of regional and international human and animal health, and migration agencies has the potential to contribute to improved harmonisation in regional trans-border disease control efforts. Positive feedback and recommendations to strengthen regional collaboration were received at the projects final regional meeting in October 2022.

Synchronised National Communication in Health (SynCH): HST has provided national support to the CCMDD programme since its inception in 2014. The KZN DoH has requested HST's assistance to develop a blueprint for implementation of the SynCH system at hospital level. Changes to the system are required to accommodate the variations in processes, guidelines and formularies between primary and secondary levels of care. Three selected hospitals were visited by the HST SynCH team to determine the best approach for conducting readiness assessments and the required SynCH adaptations to accommodate hospital implementation.

The overhauled and intensified SynCH support included training of 700 DoH SynCH end-users. This capacitation resulted in an 80% reduction in prescriptions cancelled between December 2021 and June 2022, a 27% reduction in patients on 'dormant' lists, and 4% decline in adherence attrition rates. The training of health facility staff on the 'Expected Patient' enabled them to actively follow up patients before they could become classified as 'dormant'. HST pharmacists conducted M&E assessments at 441 medicine PuPs, and 284 training sessions were conducted at health facilities. This training, along with monitoring of prescriptions rejected by CCMDD service providers ensured an average reduction of 27% in prescription rejections across the four HST-supported districts.



The Unfinished Business (UB) Phase II Project, funded by the ELMA Philanthropies, completed the third year of implementation under this phase at the end of April 2022. The project is implemented in three KZN districts, namely uMgungundlovu, eThekweni and Zululand, and supports 81 facilities with targeted interventions to achieve the 95-95-95 targets for adolescent and paediatric patients in the 0-19-year age group.

Of the total number of children and adolescents tested across the three districts, 1% (18 382) was identified as HIV-positive, 92% (16 928) of whom were initiated on treatment; 48% (31 289) were recorded as remaining on ART and a viral suppression rate of 83% (20 072) was achieved. Despite this improvement in case-finding and treatment initiation performance (compared to Year Two performance), the total remaining on ART (TROA) declined, and strategies are being prioritised in conjunction with District Health Management Teams, partners and the SA SURE PRO project's facility-based team to meet programme targets.

The enrolment of children and adolescents in case management improved to 1 896 (9.6%) in uMgungundlovu District, and this may be indicative of the Case Management Model being conceptualised and refined in the district, and the need for wider sharing of good practices and lessons learnt for case management.

The KZN Pregnancy Exposure Registry project, otherwise known as 'Ubomi Buhle' (Understanding Birth Outcomes from Mothers and Infants Building Healthcare by Linking Exposures), is a national project aimed at improving our understanding of exposure during pregnancy – to medicines, substances, and diseases that can result in poor birth outcomes such as birth defects, low birth weight, stillbirth, premature birth and neonatal death.

This is a national project requiring co-operation across provinces and shared implementation strategies. The project has proceeded smoothly since inception. Sentinel baseline studies have been completed, genetics counselling training has been provided, and implementation commenced in earnest in October 2021. Since then, 1 946 women have been enrolled in the study across the four participating facilities in the Prince Mshiyeni cluster in eThekweni. A total of 2 011 first visits and 3 517 follow-up visits by pregnant women who are being monitored through the KZN sentinel sites have been reported. Six miscarriages and nine stillbirths have been reported, and two birth defects are being investigated.

South African Health Review 2021:

COVID-19-focused edition launched on 22 April 2022. The chapters cover information on, among others, the challenges of balancing lives with livelihoods, and the impact of COVID-19 on different cadres of healthcare workers, especially community health workers who found themselves at the forefront of the COVID-19 response. Other areas covered include the impact of COVID-19 on vulnerable populations like children, persons with disabilities, farmworkers, migrants, and the poorest in our society.

The Strengthening Capacity for Health Information Systems Sustainably (SCHISS)

consortium was contracted by the CDC in Zambia to revamp and manage the introduction of a package-based SmartCare Plus (SC+) system in Zambian public health facilities. HST provides technical assistance on the incorporation of clinical decision support tools into SC+, and is developing adoption strategies for the institutionalisation of the system in health facilities.



Adcock Ingram-funded mini vaccination campaign in Umlazi to support the KZN DoH increase vaccination rates for youth and men and women 35–49 years of age realised 340 vaccinations over 6 weeks utilising 10 Community Linkage Officers.



The electronic Integrated Management of Childhood Illness (eIMCI) project was an innovation project nested under the UB project in KZN and supported 37 health facilities in uMgungundlovu and iLembe districts. This project ended in December 2021. The principal project objectives were 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.

A journal article in BMC Paediatric was published in early 2022 that documented the outcomes of the feasibility study that was conducted in uMgungundlovu district.

The ongoing COVID-19 support to the KZN provincial DoH and districts was well received and acknowledged, and an article looking at the pattern of disease during admission to children's wards in iLembe and uMgungundlovu districts between January 2018 and September 2020 was published in the South African Medical Journal in 2022.



celebrating 30 years of improving health systems



Celebrating 30 years at the forefront of health systems strengthening

Andy Gray – ISDS, DrugInfo, South African Health Review, District Health Barometer – 1995

It almost feels as if HST has always been a part of my academic career. My first encounter – when there were a handful of staff in a central Durban office – was in 1995. I was part of the Interdisciplinary Health Group which approached HST for funding of a Health Systems Development project at the then University of Durban-Westville. Between 1998 and 2000, I was seconded from UDW to work with David Harrison, and then Peter Barron, as Co-ordinator: Drug Management in the Initiative for Sub-district Support (ISDS). That experience was intensely formative and enabled the development of relationships that persist to this day.

During my time at ISDS, HST was supporting primary healthcare facilities and staff by providing access to electronic communications and materials. One of the innovations was the creation of listservs on different topics, creating communities that could share information and engage in discussion. Candy Day created the DRUGINFO listserv, which initially focused on medicines information for clinical purposes, but which I shifted towards medicines policy issues. That list still has almost 750 subscribers and has enabled the dissemination of thousands of messages. I cannot imagine a working day without at least one posting to DRUGINFO.

Between 1997 and 2021, I have been privileged to co-author 39 chapters in the South African Health Review. I have also been a member of the editorial advisory board for a number of years, as the Review has matured into a well-recognised peer-reviewed publication. If I add a KwikSkwiz or two and some District Health Barometer chapters, as well as articles in other peer-reviewed publications, then it is clear there's a solid HST bloc in my CV!





David Mametja – Head of Department: Core Operations, Health Professions Council of South Africa (HPCSA) – 1994

I joined the HST in June of 1994. I was recruited by the then Executive Director (whose position would later be that of CEO) to be his deputy. The CEO resigned his position to focus on what was then known as the Initiative for Sub-District Development within the HST. I was subsequently appointed as the second CEO of the HST in October, 1996.

There were so many impressive highlights in the HST during my tenure there. I still regard the first ever Health Expenditure Review that enable South Africa to estimate resources allocation for health, at the time, 8.5% of GDP, for the first time a major achievement. Secondly, our planning that gave birth to the South African Health Review, which became the most authoritative annual account of health in South Africa, to later be supplemented by the District Health Barometer, ground breaking.

Finally, at a personal level, I was fortunate that the Board approved funding, supported by the Henry J. Kaiser Family Foundation, HST's main funder at the time, to take sabbatical to study Masters in Public Health (MPH) in Health Policy and Management at Columbia University, New York in the USA.



Dr Peter Barron – Research, ISDS, South African Health Review, District Health Barometer – 1996

I started at HST in 1996 as a director of research. I was in that job for about two years, and then I became the head (Director) of something called the ISDS initiative for district support. I was head of that almost until I left, which was about 2008.

Health system strengthening probably flowed out of the initiative for sub-district support. It evolved out of that and the research unit has been there all the way through this. I was head of both of units.

My highlight is the South African Health Review. I was involved in the first edition of that in 1995, even before I joined HST. I helped edit it and then I was the editor on a few editions and have been on the editorial board. I was also involved in the first District Health Barometer. I was the author of the first and second one, and was involved with most of them until quite recently.

Another one of the other highlights was when David Mametja became the CEO. It was a great pleasure to be able to support him and to watch him grow in the job. HST also produced people who've ended up in important positions in government in one way or another.

Candy Day – Project Lead National Contact Centre, DG Murray Trust – 1996



I started at HST a lifetime ago! I was finishing up my Masters in Clinical Pharmacology when I was invited for a 'chat' with the founding CEO, Dr David Harrison. After hearing about the vision of Health Systems Trust, and specifically the HealthLink Project, I was inspired to join the small team in April 1996. At the time, HealthLink was innovating by bringing digital health information to remote rural health facilities at a time when few people even knew about email, let alone had their own email address! My role was to initiate, develop and distribute electronic information resources for all levels of health workers.

There were so many highlights, as there was a huge vacuum and hunger for the information, as well as the connection to a community and the opportunity to share best practices and receive support. Together with local and international partners, HealthLink soon provided an array of email groups, websites and information resources to health workers, health services and facilities, including provision of the equipment and technology platform based on robust, low-cost, open-source solutions. The nature of the project revolved around overcoming challenges, so they are probably too numerous to recall.

The memorable challenges included teams getting stuck in ditches and mud en route to remote clinics. Using dial-up technology to connect to the internet and Linux-based systems meant many long hours poring over lines of computer code and trouble-shooting. The team members, and the users of the system, were pioneers, enthusiastic and passionate about finding solutions. This is illustrated in this snippet from one of the early HealthLink publications.

The vibrancy of HealthLink is in no small part due to the people who have become involved in the project. There are many interesting stories, and here we introduce you to two of the remarkable people who help to keep HealthLink ticking.

Jan Kleinhans had been introduced to computing whilst schooling, and in spite of his disability (he has been blind since birth) he has taught himself computing. With the advent of HealthLink in the Eastern Cape, he enthusiastically took on the management of the East London node in addition to his existing switchboard duties. He now manages all four Eastern Cape nodes from East London, where he has a voice box attached to his computer.

Sydney Visser had never touched a computer before November 1996, when he was suggested as a potential candidate to manage the new HealthLink node being set up in Upington at that time. He is now a computer node manager and manages the HealthLink users in the Northern Cape.

Ross Haynes – Retired – 1998



I started working for the Health Systems Trust (HST) on 1 March 1998 as a “knock-on” facilitator in the Initiative for Sub-district Development (ISDS). I served in the then Mount Currie Health Sub-district, which covered the Kokstad and Matatiele magisterial districts in southern KwaZulu-Natal. This was the start of a varied and immensely interesting time, which incorporated a variety of roles, within a dynamic and highly successful organisation. On my retirement at the end of September 2020 I had been part of the team for over 22 years.

Unlike most of my fellow field workers, I did not have a medical background but was accepted and appointed on the basis of my community development experience. This illustrated ISDS’s recognition that strengthening a system as intricate and varied as a health service requires a variety of skills and inputs.

Mount Currie Sub-district was an intriguing experience, albeit involving a very steep learning curve for me. The allocated three years came to an end all too soon and was followed by involvement in a variety of projects and other responsibilities, including health information systems, health systems research, training in a variety of activities, and much more.

In my latter HST years I joined the communications team, where I later focused largely on the SA SURE HIV and TB project, co-producing a number of publications with my colleagues and carrying out copy and content editing on SA SURE written outputs.

Meeting and working with incredible people is a memorable part of my HST career. The variety and breadth of my involvements kept my interest levels high and ensured that I kept learning and growing.

Stiaan Byleveld – Monitoring and Evaluation Manager, HST SA SURE Pro – 1999



I was introduced to HST back in 1999. I met Ronel Visser (HST), who was providing support with the implementation of the South African National District Health Information System (DHIS) software in the District and together with her, developed a DHIS Module for Emergency Medical and Rescue Services. I officially joined the Health Systems Trust on 1 February 2006.

I started at HST as HMIS Facilitator and was then appointed as Project Manager in 2007 on a 2-year National Department of Health (NDoH) HMIS project, managing a team of HST Facilitators who provided HMIS training and support in all nine provinces in South Africa. From 2009 to 2013, I was sent by HST to Lesotho as HMIS Lead, developing an integrated and decentralised HMIS for the country. In 2013 I was appointed as Monitoring and Evaluation Manager for the design and implementation of a monitoring and evaluation system to measure the impact of the current PEPFAR South Africa Sustainable Response to HIV/AIDS project. I also headed a health systems strengthening team from 2015 to 2017, as part of a South African NDoH project.

A highlight was leading an HST health systems strengthening team and demonstrating how the NDoH, in partnership with a Non-Government Organisation, can translate research into action and successfully lead a project to scale-up by improving data quality and ensuring efficient data collection processes in PHC facilities, through the 2015-2017 rationalisation of PHC registers and optimisation of patient administration systems NDoH project.



Ronel Visser – ISDS, Director: Health Systems Strengthening – 1999

I have been with HST since 1999 and there has never been a dull moment, but there are two occasions in my career with the organisation that stand out.

The first happened in Bothaville where we were rolling out research and ISDS with Kaiser Family Foundation funding where the funder essentially gave us carte blanche to use for those two areas.

Michael Sinclair from the Foundation was our “Project Officer” and key Foundation staff from the United States came to visit one of our ISDS sites at the time to observe the work we did under ISDS.

In preparation for the visit, the local political structures as well as the fairly newly appointed District Health Management Team were involved in the arrangements to host the Americans. The Mayor was closely involved in the arrangements and had the task of welcoming the guests which she took very seriously by getting onto back of a bakkie (dressed to kill, with mayor-chain and all) and was driving up and down the landing strip where the light aircraft bearing the visitor would land, with a megaphone asking the “people of Bothaville [to] please remove your cattle, the Americans are coming.”

The next was Twee Rivieren – the then Kalahari Gemsbok Park (now Kgalakgadi):

I arranged some training for one person per facility in the then “Lower Orange district” in the Northern Cape – on the District Health Information System (DHIS). The Rooikruis/Red Cross plane flew the staff in while Stiaan, the District Manager Nico Fourie and I transported all the computers by road to the rest camp.

We were there for a whole week, training the staff on the DHIS so that they can capture their data directly on the DHIS instead of sending stack of papers to the District Office every month where it was captured.

We organised a game drive and Stiaan and Nico fitted 2 plastic chairs to the front of a bakkie and acted as ‘spoor snyers’ (very brave and dangerous of course as there are lots of lion, cheetah, etc around). At one stage the ladies needed to powder their noses and there was no suitable place nearby to do so, so the men drove around and around a bush to check if there is anything in the bush, finally decided it was safe for the ladies to go into the bush.

Norah Stoops from HISP was with us for the training and the first morning, Stiaan and Nico woke us up at 4.30am to come and watch the sunrise with them. Moaning and groaning we got up and went outside in our pajamas – to find that the two men had chairs ready for us and made us coffee as well. We sat down and thankfully accepted the black coffee, only to discover that it was laced with Dutch courage! We drank our coffee and watched the sun rise on one of the most memorable trips in my HST journey.



Delene King – Administrative Manager, HST – 2000

I started at HST as the receptionist in early May 2000 at the tender age of 19. With the organisation being fairly small I played the role of the HR officer supporting the then HR Manager Chelsey Hadebe, arranging interviews from the desk of the reception and working in both portfolios. I tended to the arrangement of office meetings and the setup of Mancom meetings. I was then appointed as the Junior Administrator in 2004 supporting the HSR unit led by Irwin Friedman and providing overall Admin support to organisation.

In 2009 I left HST for a Senior Admin role at MRC and returned to HST in May 2010 as the Admin Manager supporting multiple projects. I continue to hold this title, which includes managing the Administration Unit, Fleet Unit, Travel Unit and the Board secretary duties. I have served as a Receptionist, PA to the HR Manager/Receptionist, Junior Admin/PA to the HSR Director, Senior Admin, Admin Manager; the list goes on.

At the time of joining HST I was intrigued by the work the organisation did. The units were referred to as ISDS (initiative for Sub-district support) Research and Health Link, which housed the SAHR and DHB. Launches were always an extravagant event and gave the team the opportunity to meet many high profile and successful individuals along the way.

However, names and units were always changing. Performing the role of the receptionist was not limited to just reception. Multi-tasking was always part of the job, and HST gave you the opportunity to explore and learn across all fractions. As receptionist I answered the phone, directed calls, set up meetings, arranged travel, etc. I was never bored and I had amazing colleagues who always transferred knowledge to the junior staff and this is why we continue to groom our colleagues in the Admin department because of the opportunities that was once awarded to us.

Grooming and training was consistent and very much part of our daily activities. There was always room to learn and grow; to study and improve your skills and learn. These opportunities were given to everyone, from the GA to the CEO. Funding was always a challenge. Many times we were told that this could possibly be our last year and our doors were closing, then a week later we secured funding and work continued. My journey started in HST in May 2000 and today I am still here 22 years later.

The highlights of my work experience include arranging the land and air travel needs for the teams that audited 4 923 health facilities across the country; working on HST conferences and planning of new projects with the Project Managers; facilitating SYNCH equipment and rolling out “party packs” of equipment according to the needs of each facilities; working late into the night and early hours of the morning getting equipment packed and couriered for implementation at facility level; managing remote offices and staff during the Covid-19 pandemic; and taking calls from police offices in the early stage of Covid-19 while they are arresting PPE suppliers in provinces during Level 5 lockdown. Witnessing staff get married, having babies, losing loved ones and being part of their personal journeys with them has made us all part of this family. It’s an honour and privilege working for HST. It provides purpose and we are committed and most importantly loyal individuals who want to see this organisation grow and continue for 60 more years to come.



Deena Govender – Director of Finance and Corporate Services, HST – 2001

I joined HST back in April 2001. In 2001 I was employed as the Finance Manager for a much smaller HST and a few years later my title was changed to Chief Financial Officer and eventually Director of Finance & Corporate Services.

Some of my biggest highlights at HST included watching the teams over the years successfully complete the many projects they had taken on; being part of a growing organisation that had under 100 staff to the larger NGO we have today with well over a 1000 staff members; being part of a Finance Team that consistently secured unqualified audits and watching staff grow in HST; and, despite all the challenges faced over the years, HST is in the best financial position that it has ever been and proudly boasts their own building in KZN.

Like any NGO, funding has and will always be a challenge especially when you need to invest non-direct project related activities, but they are necessary for good governance. We continue to thrive.



Dudu Zondi – Office Administrator, HST – 2002

My relationship with HST started in 2002, I have been with the organisation for 20 years. My first role with the organisation was that of a general worker. This involved cleaning duties, general support to the administrative function and other ad hoc duties. Joining the organisation in this capacity provided me with a good opportunity to learn about the organisation, the culture, the environment, and my colleagues. Some of the highlights for me include the immense growth I have experienced in my career within the organisation. I have been granted the opportunity to further my education and pursue various other roles within the organisation. Advancing from being a general worker to an office administrator, I have worked with various departments supporting i.e. admin, finance, travel, fleet, HSS, CDC and HSR projects. I have enjoyed interacting with other stakeholders both internal and external, including charity projects with the community. Some of the challenges include adjusting to new roles and new tasks, keeping up with the expansion of the organisation over the years, meeting stakeholder requirements and the recent challenges with Covid-19 rules and limitations.

Ashnie Padarath – Acting Head for Health Systems Research, HST – 2002



My affiliation with HST officially began 20 years ago when I joined the organisation as the Media and Advocacy Officer for the Equity Gauge project. The project's activities ranged from providing technical advice to newly elected parliamentarians, providing support to health facilities at district and local levels and working on international health equity platforms. It was a thrilling period in both the history of our nation and HST. There was an air of excitement in our offices, a sense of optimism and resolve emerging from our shared objective of creating a strong and equitable health system, and much robust debate and discussion on how to entrench health as a basic human right.

I had the opportunity to work on many different projects over the years, all of which featured HST's distinctive brand of innovation and partnerships, but my true interest lay with the South African Health Review, a publication on which I had heavily relied when I had just begun my career in the health sector. I wanted to be a part of and contribute to the development of this comprehensive resource that so eloquently captured the challenges and successes of transforming SA's health system.

I have been part of the creation of 12 editions of the SAHR since 2010. The satisfaction of approving each edition, receiving feedback on its worth and usefulness and welcoming three different ministers of health to the official launches of the Review have been some of the highlights from this period. Another highlight has been successfully accrediting the SAHR as a peer reviewed publication with the Department of Higher Education and Training.

I've had the good fortune of collaborating with many committed activists, scholars, and professionals throughout the years who have all contributed to developing the SAHR into a well-respected and authoritative commentary on health systems reform.

Fiorenza Monticelli – Business Development Specialist, HST – 2002



I joined HST in 2002. I had applied for the job as editor at that time. I had never worked for an NGO before, I'd worked for the private sector and in corporate. I'd done research, also in the private sector, and it was really very clinically oriented. So I came in as an editor and it was a pleasant surprise. I enjoyed the type of people that worked in an NGO setting.

Back then we worked in a 20 storey building in Foreshore in Durban. It was a very different way of working. I enjoyed it. I was the editor and I did the Healthlink, Bulletin and so on. I also edited the *South African Health Review* and I did all the lists. In those days we had about 9 or 10 lists. I did the annual reports. I did all of that. We worked like maniacs.

From editor I moved on to be a project manager. I developed the District Health Barometer with Candy Day and Peter Barron. They were the brains and I just had the ideas and more of a marketing angle on it. We worked quite well as a team for the five, six years that I was the project manager.

I have worked for HST on a wide range of things. I was also seconded to the Department of Health when the NHI first came to mind. That's how I moved to Johannesburg from Durban. In between projects there was also the establishment of HSTi, which I was involved in. I've been able to do a lot of different things. Now I'm in business development, so it's quite a wide trajectory over 20 years. It's definitely been a highlight to have the opportunity to be involved in such a wide range of activities. In business development I pull together all the experience and skills that I acquired. It's been great working with people who feel they want to have meaning and purpose in the world and make a difference.



Thulile Zondi – Cluster Manager, Department of Health – 2002

I joined HST as an ISDS facilitator in 2002. I was halfway through my MPH studies, having finished my course work at Wits in 2001, and busy with the research component at that time. HST was implementing an integrated sustainable Rural Development Project which focussed on Rural Noted, and I was the facilitator for Umkhanyakude District. When I arrived at NDoH in 2014 as a Chief Director for Health Information, Research, M & E, my DG then (Ms Matsoso) asked that I coordinate & manage HST-NDoH workplan. I was privileged to work with HST again, and produce high quality evidence for NDoH which was highly valued across the system. I was excited because I know the high standard of work (on evidence and health systems technical assistance) HST is known for

I worked as ISDS facilitator in 2002, Gauteng province DHS facilitator (two years later) and left HST (5 years later) when I was a national technical advisor clinic supervision for the Integrated PHC project.

A highlight was to work with such great leadership, a vibrant team and a very progressive organisation. I worked under the leadership of Ms Nomonde Bam as my manager, and Dr Barron as the overall HST CEO and later Mr Mametja. I had a privilege to be groomed earlier in my career in the health systems strengthening & PHC work by the best to be the professional I am today. I was excited about flexible working arrangement and working from sites and home. I was thrilled by the extensive travelling. I was well supported to be able to enjoy very challenging site work – I always knew that my boss and admin team would go out of their way to assist me. Once I had an accident at uMkhanyakude and my car was a write-off in the middle of nowhere. They stepped in, calmed me down and got everything sorted in no time.

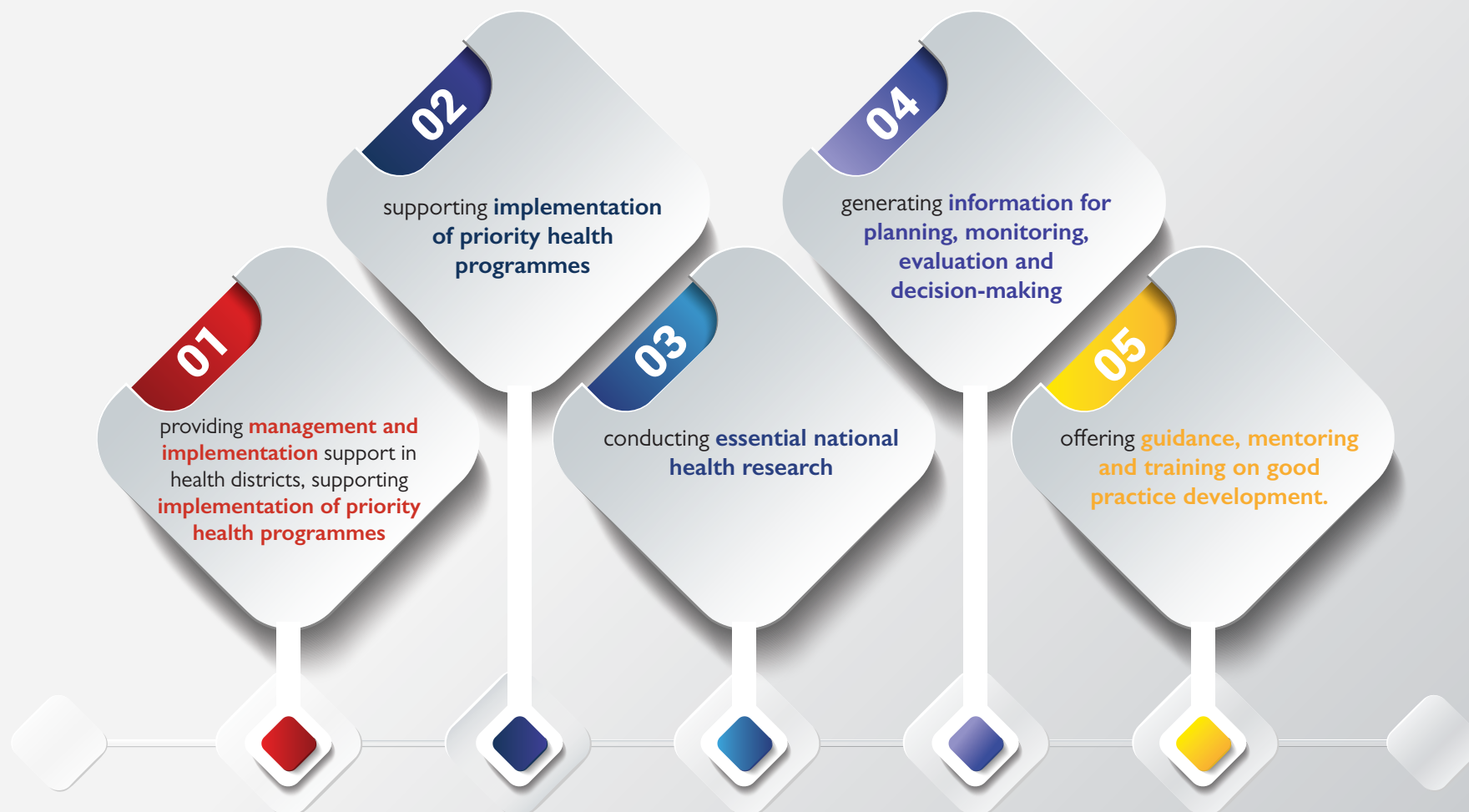
The work that HST did with my unit at NDoH was much needed at all levels of DoH, i.e. participation on the National Indicator Data Set, the DHB, SAHR and commissioned operational research annually. I wish we had more time to be a proper think tank for the department's strategic work, but the reality is that as NDoH senior management we are always rushed and expected to multi-task under pressure.

There were also a number of challenges. Working in a vast rural node when at the time all the roads were gravel was challenging. The anxiety of running out of funds – no one was guaranteed employment. Funders were becoming too strict, dictating the work and micro-managing and auditing our work -making it too difficult to do development work in “HST's” way with the stakeholders.

Directorates' Reports



The Health Systems Trust (HST) operates through its Programmes, Corporate Services which includes Finance, Grants and Compliance and Administration as well as 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.



Ms Rakshika Bhana

Programme Manager:
HSS - UB and eMCI



Ms Ronel Visser

Director: HSS



Ms Joslyn Walker

Programme Manager:
HSS - SA SURE

HEALTH SYSTEMS' RESEARCH AND STRENGTHENING UNITS

The Programmes' Directorate consists of the **Health Systems Research (HSR) Unit**, which focuses on health systems research, and the Health Systems Strengthening (HSS) Unit, which focuses on the implementation of technical support to the South African health system with funding from international and domestic 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 in clinical and public health fields, 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 and population health outcomes.

THE HEALTH SYSTEMS RESEARCH UNIT

The **Health Systems Research unit** continues to offer data for the South African health system's use in making decisions based on the best available evidence. Scholarly publications, reports, community involvement, and community input are used to disseminate research findings. A "universal test and treat" effort in Zambia and South Africa was one of the HSR unit's primary projects during the period under review. The study's findings will guide the development of new regulations and methods for combating the TB-HIV epidemic. The unit continues to produce the SAHR, a recognised peer-reviewed journal, as its yearly evaluation of the healthcare system.

The unit collaborates with other departments and has made contributions to both the DO ART project and the Border Health Project, which are being carried out by our health systems strengthening unit. The unit collaborated closely with the Communications Unit to develop policies and protocols for management of COVID-19 at the workplace.

THE HEALTH SYSTEMS STRENGTHENING UNIT

The **Health Systems Strengthening 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 Sustainable Development Goal (SDG) targets for HIV and TB control. The above 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. The goal is 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's areas of expertise include information for decision-making, leadership and community engagement, human resources, and quality improvement of service delivery. In short, we support the health system and those who work in it, offering a wealth of talent and powerful assets to health systems enhancement.

In October 2021, HST was granted an additional five-year Co-operative Agreement to implement the South Africa Sustainable Response to HIV and TB (SA SURE PRO) Project under the U.S President's Emergency Plan for AIDS Relief (PEPFAR). HST secured funding to remain the District Support Partner (DSP) to the KwaZulu Natal Department of Health in eThekweni, uMgungundlovu, uThukela and Zululand as part of HST's contribution to the national HIV and TB responses. The project is implemented through partnerships at national, provincial, district, facility and community levels. Our aim is to improve HIV and TB testing, treatment and care, to accelerate decongestion of facilities, and to provide support to achieve targets in line with the Joint United Nations Programme on HIV/AIDS (UNAIDS) 95-95-95 goals, STOP TB objectives, and specific targets set by the U.S Centers for Disease Control and Prevention (CDC) and the NDoH in order to achieve national HIV and TB control targets towards epidemic control.

UNAIDS developed an agenda for fast-tracking global, regional, country, province, district and city implementation, with focus and change in the delivery of high-impact HIV prevention and treatment services. This agenda informs the strategies of multinational organisations such as PEPFAR. The framework is structured around ambitious programmatic targets – initially set in 2014 as the '90-90-90' strategy for achievement by 2020.

Some countries were able to meet the 90-90-90 targets, but many regions fell behind in this quest. The updated UNAIDS targets, therefore, define what must be achieved by 2025, namely that 95% of those living with HIV know their status,

95% of those who know their status are on treatment, and 95% of those on treatment are virally suppressed. The Global Plan to End TB 2023–2030 is designed to guide countries in ending TB as a public health challenge by 2030, and builds on the previous edition which laid out priority actions for 2018–2022. The World Health Organization's End TB Strategy advocates for implementing a mix of biomedical, public health and socio-economic interventions, along with evidence-based advances to design and operationalise effective country-specific responses to end TB. With the vision of a world that is free of TB, the strategy is formulated around three pillars:

1. Integrated, patient-centred care and prevention
2. Bold policies and supportive systems
3. Intensified research and innovation

The strategy aims to achieve a 90% reduction in patients suffering from TB, and a 95% reduction in deaths from TB by 2035 – all while protecting families from the catastrophic costs that push them further into poverty.

The SA SURE project's hybrid model of technical assistance (TA) and direct service delivery (DsD) support to close gaps includes expanding access to Differentiated Care modalities through support for alternative access to chronic medication, and maintaining national technical support to the Synchronised National Communication in Health (SyNCH) system. SyNCH is the software that supports monitoring and reporting for the Central Chronic Medicine Dispensing and Distribution (CCMDD) programme implemented by the NDoH.

Programme aim and objectives

SA SURE PRO's 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 achievement of the UNAIDS 95-95-95 targets, 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 TA and supplemental support for targeted and priority populations at facility and community levels in four priority districts with high HIV and TB/HIV burdens in KwaZulu-Natal.

The approach is based on a health systems strengthening framework that implements quality improvement strategies across all levels of the health system, using the hybrid model where the PHC facility is the base from which community antiretroviral therapy (ART) services are provided. Community-based services are critical to serving populations and assisting in adopting health-seeking behaviours by improving their access to, and ownership of the manner in which health services are delivered. Improving the quality of services at the facility and community level is critical to the success of the model.

Site-level supplemental support is provided through placement of staff in all tiers of the HIV cascade in facilities and communities, while TA is provided at facility, sub-district, district and provincial levels. A monitoring and evaluation (M&E) framework is used to track changes in service delivery and assess the impact of project interventions, enabling the project to adapt, improve and innovate.

HST has implemented comprehensive, evidence-based programme and clinical service delivery interventions aligned with: (i) the Country Operational Plan (COP) 2021, the Universal Test and Treat (UTT) strategy and same-day initiation through the 'handshake' model (an approach whereby patients tested for HIV by Lay Counsellors and found to be HIV-positive are directly linked with a Nurse Clinician through in-person introduction and handover, for further assessment and treatment initiation); (ii) differentiated models of care (DMoC) for service delivery; (iii) transition to the tenofovir disoproxil–lamivudine–dolutegravir (TLD) drug regimen; and (iv) implementation of structured case management approaches that enable clear cohort monitoring for improved continuity of patient care.

Project location

As the Provincial Support Partner for the KwaZulu-Natal Department of Health (KZN DoH), HST continued to provide strategic TA to the provincial health structures, as informed by the needs of the province, and those of the SA SURE PRO project team. The provincial team provides support to the following units:

- Strategic Health Programmes (SHP) Unit
- health systems strengthening component of the NHI Branch
- District Health Services (DHS) Chief Directorates
- HST Provincial TA Team
- the four SA SURE PRO District Teams.

This support adopts a systems approach to strengthening clinical governance for improved health outcomes, including for HIV and TB. The Fast-Track Quality Assurance and Clinical Governance plan has been disseminated at district level to improve stakeholder relationships. This has led to the development of an electronic dashboard that enables real-time monitoring of clinical governance status across the province.

The team contributed to the development of the first-ever digitised Managers' Performance Management System, making KZN the leading province in this regard. Once tested in the field and scaled up, this system will improve effective management of the HIV and TB programmes.

To enhance co-ordination and collaboration, the TA team has developed the Joint Working Project-based Collaborative Framework that operationalises the Memoranda of Understanding between Implementing Partners and the DoH to align planning, resource-optimisation and joint support with programme operations across the province.

Assigning two TA Leads to the Care and Treatment and Paediatric Programme respectively has enhanced effectiveness. Reporting to the NDoH on programme

progress has been improved this year. Seven other provinces are using KZN as a model to benchmark their programmes and this has earned recognition from the NDoH.

The Provincial TA team has taken the lead in training districts on Treatment Adherence Guidelines and strengthening capacity of hospital Chief Executive Officers and their management teams. HST has been praised for its consistent support following the improved overall monitoring of the strategic health programmes at provincial level.

TA is provided by a team of Advanced Clinical Care Clinicians, district- and cluster-level Clinicians and Monitoring and Evaluation (M&E) specialists, and cross-site facilitators for community entry, clinical governance, programme effectiveness and performance management. The impact of this technical support is demonstrated in the successful implementation of the programme across all levels of the health system. In addition to the health systems strengthening approaches these teams provide, they also provide supportive supervision through project implementation.

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 in a variety of contextual settings:

- 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.

Project achievements

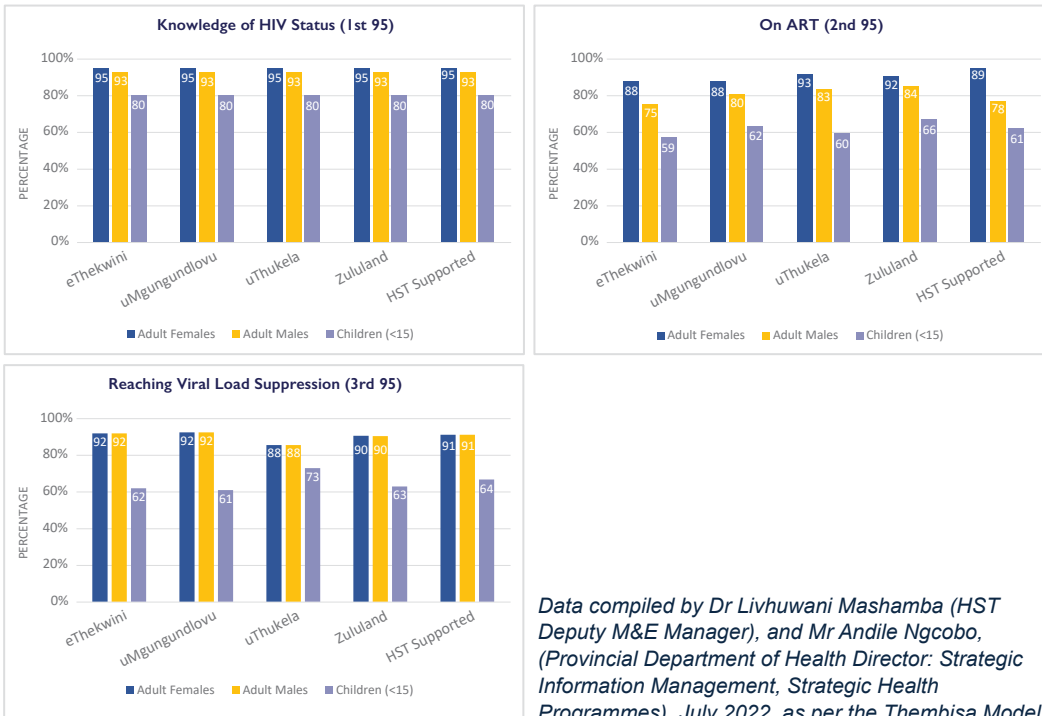
A number of major setbacks affected the project over the past year. The continued impact of the COVID-19 pandemic on global HIV and TB programmes has been felt throughout the programme. The social unrest in KZN during July 2021 disrupted service delivery and caused over 50 000 missed appointments in the four supported districts. Operational funding adjustments required reduction in the number of staff supporting the project. The devastation caused by flooding in KZN during April and May 2022 continues to affect facility and community service provision. Despite these challenges, the SA SURE PRO team has shown steadfast resilience, and through continued service integration in collaboration with the DoH, has achieved continued growth in the number of patients on treatment, and sustained movement towards epidemic control.



Newtown A Clinic in Inanda was severely damaged by floods in April 2022.

Table I illustrates the current status of achievement towards the UNAIDS 95-95-95 targets, showing progress compared to the same period in the previous year, while also illustrating that more is needed to recover from these cumulative disasters in the province. Critically, performance on the second 95 remains an area of concern, although progress has been made since this period last year, along with required improvements in the children’s care and treatment cascade.

Table I: Performance against the 95-95-95 cascade in KZN, differentiated by age and gender



Data compiled by Dr Livhuwani Mashamba (HST Deputy M&E Manager), and Mr Andile Ngcobo, (Provincial Department of Health Director: Strategic Information Management, Strategic Health Programmes), July 2022, as per the Thembisa Model

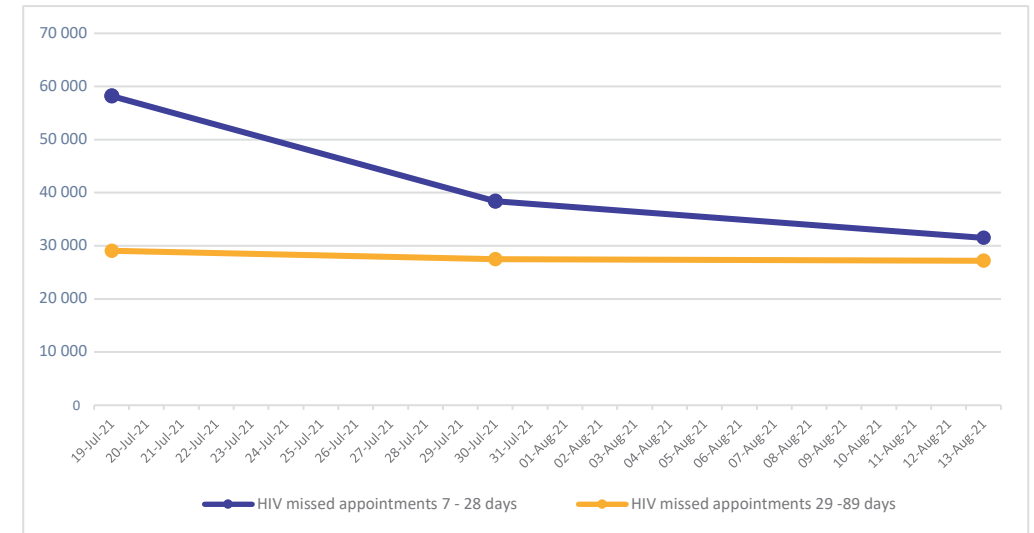
The University of Cape Town’s Thembisa Project partners with UNAIDS and the South African National Department of Health to produce official HIV estimates for the country. The Thembisa Model is a mathematical model of the South African HIV epidemic, designed to answer policy questions relating to HIV prevention and treatment, and is also a source of demographic statistics used for projections.

Key project accomplishments

The most significant success of the year was the immediate project recovery following the

ravages of the July 2021 riots. Following the 10 days of violence, 52 154 patients had missed their appointments, and service disruptions were experienced across the four HST-supported districts. HST implemented daily track-and-trace and monitoring, which resulted in 46 819 patients being returned to care within six weeks of their missed appointments. In addition to tracing the missing cohort, the total number of missed appointments continued to decrease.

Figure I: Recovery across the four HST-supported districts after the July 2021 riots: Reduction in total missed appointments within six weeks

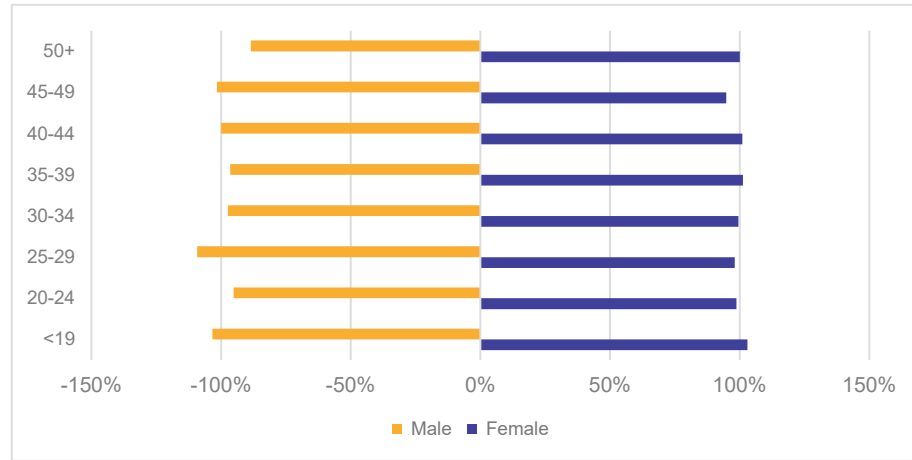


The same approach was adopted following the floods in April and May 2022, which mostly affected eThekweni. However, with 40 000 people displaced and the extensive facility disruptions following damage to water and electricity infrastructure, the recovery has been much more difficult. The overall annual increase of only 14 325 patients on HIV treatment reflects the challenges faced when compared to the growth of 38 000 in the previous year.

The implementation of quality improvement plans addressing viral load (VL) completion has resulted in a 6% improvement across this critical element of the cascade, with June 2022 results showing a 77% completion rate, compared to the 73% reported in June 2021. The continued excellent performance of 95% viral load suppression reflects that a much larger proportion of people living with HIV have the opportunity to be virally suppressed, contributing to prevention of new infections across an additional 45 668 people. This is a substantial accomplishment in terms of the global Undetectable=Untransmittable (U=U) messaging campaign for epidemic control.

A special project implemented in uThukela built on the overall success of quality improvement for VL completion, where such interventions resulted in it being the only HST-supported district with 100% linkage for male and female patients younger than 19 years. This good practice has been celebrated at national level.

Figure 2: HST: Proxy linkage – FY22Q2 – uThukela



Linkage rates remain excellent, with HST’s performance being highlighted for good practice during CDC South Africa presentations to the Office of the U.S. Global AIDS Co-ordinator and Health Diplomacy (Bureau in the State Department (S/GAC)) in December 2021 and May 2022. Notably, Zululand District was selected to share these good practices, as detailed in Figure 3.

Figure 3: Zululand District defies seasonal Q1 poor performance with an increase of 3 032 patients remaining in care

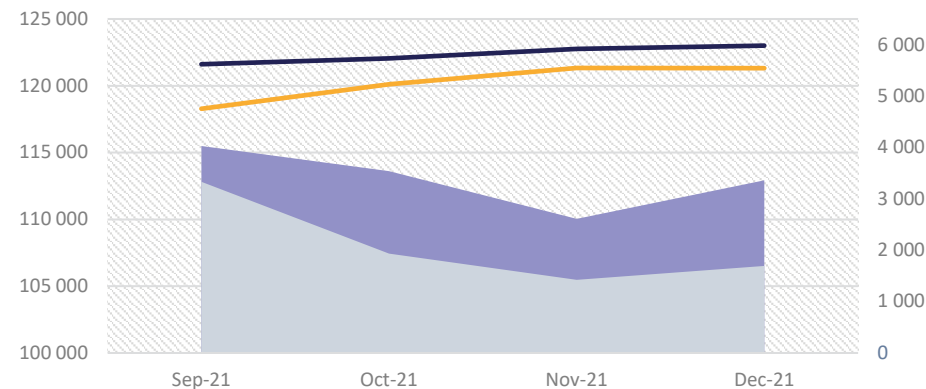
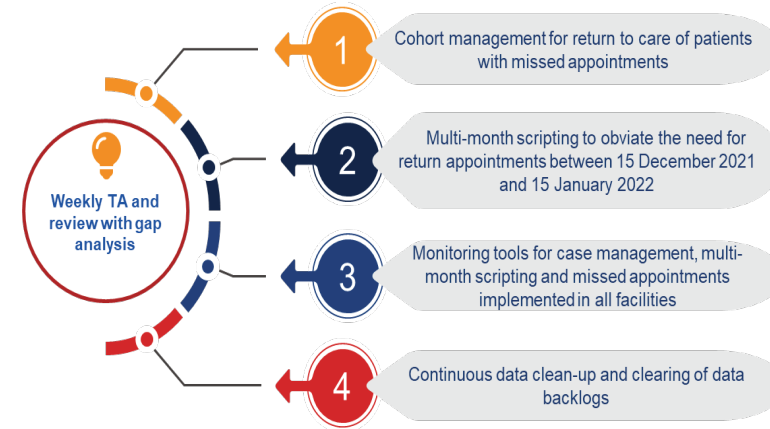


Figure 3 continued

	Sep-21	Oct-21	Nov-21	Dec-21
EARLYMISSED	4 028	3 541	2 609	3 358
LATEMISSED	3 331	1 935	1 425	1 694
TX_CURR_90 days	121 610	122 048	122 757	123 005
TX_CURR_28 days	118 279	120 113	121 332	121 311

These gains were achieved through implementation of the following activities:



Overall, HIV testing is driving case-finding, with a combination of HIV self-screening (HIVSS) and index contact testing services (ICTS) to increase the yield. Efforts resulted in 71 332 new HIV-positive diagnoses through a combination of ICTS (12% yield), and standard HIV Testing Services (HTS), with a total yield of 4% for the period. Of those found to be HIV-positive, 69 960 patients were initiated on treatment (98% linkage to care). Going forward, it will be critical to increase the scale of ICTS to improve the overall 4% yield and to augment the proportion of index contact tests conducted as a proportion of total HTS.

The project focuses on continuous quality improvement through rigorous data analysis that informs clinical interventions, so that identified gaps are closed through training and mentorship, and implemented in line with DoH quality assurance guidelines. We have further optimised provider-initiated testing and counselling (PITC) 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 TA and secondment of DsD staff to health facilities 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 2, which shows performance against targets over the period July 2021 to June 2022. The impact of the COVID-19 pandemic continues to limit facility headcounts, with fewer people visiting clinics. This was further exacerbated by the unrest and floods. We have redoubled 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 (HIVSS) test-kits, we continue to find and support clients who are reluctant to seek health services.

Table 2: Comparing key indicators against targets between July 2021 and June 2022

All Districts (n=4)	FY21/22 TARGETS	FY21Q4 RESULTS	FY22Q1 RESULTS	FY22Q2 RESULTS	FY22Q3 RESULTS	Summary of results	Performance against targets
		Jul-Sep 2021	Oct-Dec 2021	Jan-Mar 2022	Apr-Jun 2022		
HTS_TST	1 387 201	548 898	484 834	552 128	519 181	2 105 041	152%
HTS_TST_POS	99 472	18 093	16 610	20 144	16 485	71 332	72%
HTS_YIELD	7%	3%	3%	4%	3%	3%	
TX_NEW	98 612	17 474	16 844	19 527	16 115	69 960	71%
LINKAGE	99%	97%	101%	97%	98%	98%	
TX_CURR_28	965 463	835 368	834 540	847 456	842 963	842 963	87%
NET_NEW	130 095	2 167	-828	12 916	-4 493	9 762	
TX_PVLS (Den)	915 474	617 651	632 422	653 516	666 970	666 970	73%
TX_PVLS (Num)	869 694	588 887	602 378	621 191	634 555	634 555	73%
VL SUPPRESSION	95%	95%	95%	95%	95%	95%	

The project continues to exceed testing targets and to perform well across all levels of the cascade, despite challenges from external forces.

A project management approach has been adopted to mitigate and recover from interruptions to project implementation. The strategy involves the following key steps:

- Identify a baseline
- Identify a cohort of patients with missed appointments
- Assign daily targets for each facility
- Monitor patients with missed appointments for return to care on a daily basis through WhatsApp or Teams calls.

² A campaign specifically to bring men to healthcare, by providing them with information and support to get tested for HIV and to start and stay on treatment.

This strategy was built on the recovery efforts implemented in June 2020 in eThekweni to recover patients who missed appointments due to lockdown, and in October 2020 to recover patients in new facilities. It has been refined and perfected over the course of the system shocks experienced, and each time we implement this intensified activity, we improve continuity of care for patients with both early and late missed appointments. The strategy was used to good effect in November 2021 during the Net_New* Challenge and flood recovery efforts. Table 3 illustrates the outcomes of the Net_New Challenge to improve performance during this typically challenging quarter, which falls over the December festive period in South Africa and is usually characterised by a high number of missed appointments and treatment interruptions.

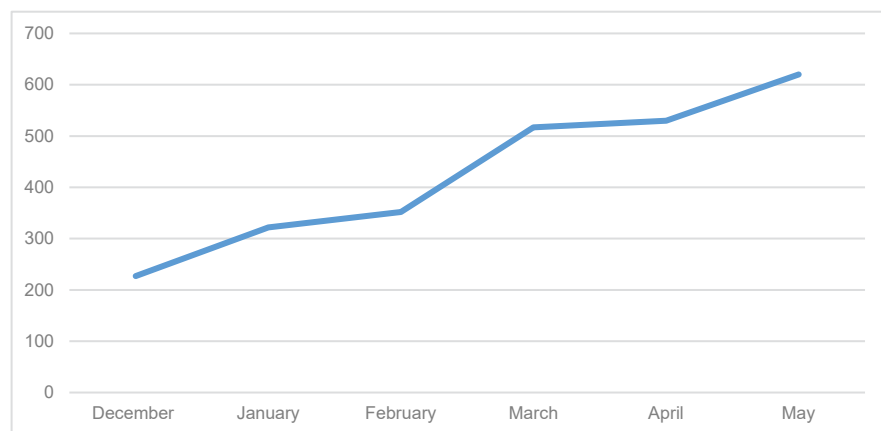
Table 3: Implementing the November Net_New Challenge to improve Q1 performance

Net_New_November Challenge REPORT: 30 November 2021		eThekweni Metropolitan Municipality	eThekweni District Municipality	uMgungundlovu District Municipality	uThukela District Municipality	Zululand District Municipality	TOTAL
TX_NEW results to meet targets for November and December	Monthly Target	1 806	2 726	1 720	833	1 114	8 199
	Result	1 448	2 366	830	611	829	6 084
	Achievement	80%	87%	48%	73%	74%	74%
Dormant Patient List to be reduced by 30% by 15 December	BASELINE: 1 November 2021	64 188		31 104	10 260	11 355	116 907
	Result	28 688		15 322	4 322	7 598	55 930
	Achievement	45%		49%	42%	67%	48%
Decrease Early Missed (EM) results by 20%	BASELINE: 1 October 2021	8 848	12 581	6 906	2 550	4 028	34 913
	Result	6 218	9 760	5 627	2 352	2 622	26 579
	Achievement	-30%	-22%	-19%	-8%	-35%	-24%
Decrease Late Missed (LM) results by 15%	BASELINE: 1 October 2021	6 881	12 389	4 036	596	2 120	26 022
	Result	6 109	10 070	5 001	1 118	1 439	23 737
	Achievement	-11%	-19%	24%	88%	-32%	-9%
Weekly RTT results to exceed 25% of EM and LM	BASELINE: 1 October 2021	3 196	3 042	3 104	1 023	2 388	12 753
	Result	2 980	4 681	2 666	1 034	1 217	12 578
	Achievement	24%	24%	25%	30%	30%	25%

*'NET_NEW' represents the number of patients remaining in care for a 28-day cycle.

The result was an overall positive Net_New for Quarter 1, for the first time since Net_New became a performance indicator measurement target in 2019.

The project has also focused on improving decongestion of facilities through implementing patient-centred, community-based ART services. The referral of patients through the CCMDD programme to external pick-up points (PuPs) has been a big achievement. These include the introduction of the mobile CCMDD outreach teams, private external PuPs, and Pelebox smart lockers to improve patients' convenience and ease of access to medicines. The accelerated roll-out of these services to children and adolescents has been an encouraging development.



This approach is designed to improve treatment adherence through accessibility to and ease of medicine collection for the critical cohort of children in the 5–19-year age group.

Future activities

District, facility and community-based support will continue to be rendered in the four supported districts for the next four years. However, the model is being adapted for a stronger focus on technical assistance as we decrease the number of supplemental staff deployed at facility and community level. This requires a shift in mindset towards our health systems strengthening approach, with emphasis on technical assistance and sustainable capacity development and support on the ground to integrate national health priorities that contribute to rapid acceleration towards epidemic control, as opposed to direct service delivery support.

³ A digital social innovation enabling patients to collect their repeat chronic medicine prescriptions at a convenient location in under two minutes instead of waiting for long periods at clinics.

Our focus in the coming year is to close the unmet ART needs in line with project targets through focused facility- and community-based interventions, which includes targeted testing, case management, peer-led models for adherence, and community-based ART for patient-centred services. We will continue to use evidence-led approaches based on disaggregated targets for age and gender, and geographic analysis to guide hotspot mapping and gap targeting.

We will scale up community ART services that strengthen patient engagement, while managing a reduced DsD staff component allocated to POPS sites and community-based services in line with revised funding.

POPS

PEPFAR Operation Phuthuma Support (POPS) is the new name for 'Siyenza':

- Intensive site-level management efforts at selected high-volume, high-burden facilities
- Managed/overseen by CDC South Africa's Quality Improvement Branch

The strategy remains the same, as POPS is a key CDC/PEPFAR programme that is rebranded from 'Siyenza', i.e.:

- to align with Department of Health language and programme priorities; and
- to remove any wording suggesting that it is 'a partner initiative'.

In this resource-tight environment, continued and improved collaboration with other Implementing Partners and advanced TA form the foundation that we will strengthen the impact of our work from. This approach entrenches the SA SURE PRO project's demonstration of the core principles of HST's health system strengthening, and represents an exciting phase in our support to the NDoH as we edge ever closer to achieving the 95-95-95 targets.

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⁴ PEPFAR-supported initiative designed to rapidly accelerate South Africa's progress toward global epidemic control targets

SA SURE PRO-related blog articles

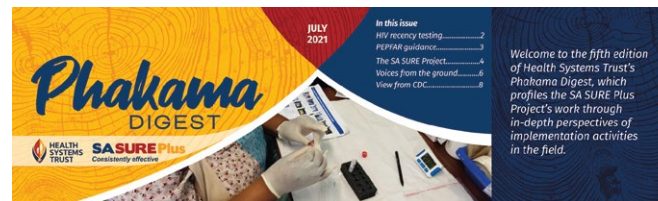
- 'The Phila Ndoda Programme promotes men's health in Zululand'
- 'HST promotes return to care for CCMDD patients following civil unrest in KZN and Gauteng'
- 'Resilient SA SURE teams ensure patients' continuity of HIV treatment and care'
- 'Successful roll-out of MINA men's health campaign in KZN's uThukela District'
- 'Sleeves up for COVID-19 jabs, now available for teens'
- "[We] sometimes struggle to speak about our health issues as men" – Varsity students and young professionals at men-only event in Durban'
- 'HST hosts newly appointed senior advisor to the Office of the U.S. Global AIDS Co-ordinator at Inanda CHC'
- "'We are all born for something good" – working to address intimate partner and gender-based violence'
- 'Campaign launch proposes 365 days of activism for no violence against women and children'
- 'Prolong the precious moments you have with your loved ones by adhering to chronic medication'
- 'Happy International Day of Women and Girls in Science!'
- 'Citizens are urged to participate in the 6th South African National HIV, Behavioural and Health Survey'
- 'Improving the clinical management of complicated HIV cases in eThekweni'
- 'Saving children's lives through effective viral load management'
- 'Say no to blessers and yes to education – empowering young boys and girls in uThukela'
- 'Let's rally the troops to give Rainbow Ridge in Clare Estate a brighter tomorrow'
- 'Commemorating World TB Day in uThukela'
- 'HST salutes society's unsung heroes – nurses'
- 'Breakfast meeting celebrates the launch of two quality improvement resources to strengthen the health system and manage TB and HIV in South'
- 'Integrating critical health services with COVID-19 vaccine uptake among communities with limited access in Zululand'
- 'Global Vax campaign launches in Pietermaritzburg'
- 'Taking integrated hospital services into the community'
- 'Phila Ndoda men's health campaign brings hope for control of South Africa's HIV epidemic'

SA SURE PRO-related communications outputs

Phakama Digest

The *Phakama Digest* series documents and shares models for good practice arising from the work of the SA SURE PRO project. In-depth articles describe how, through ongoing programme activities, we devise and implement new ways to address programme challenges, and present site-level and staff insights on various aspects of project implementation.

The fifth edition (July 2021) features HIV recency testing and the roll-out of a pilot study by the SA SURE PRO project.



The sixth edition (April 2022) features community-based HIV services, focusing on a demonstration project which applies the 'Delivery Optimization for Antiretroviral Therapy' (DO ART) model in a real-life setting to evaluate its efficacy in various contexts.)

Spotlight stories

Through the SA SURE PRO project, HST collaborated with data specialists from the University of California, San Francisco (UCFS) OPIQ (Optimizing Performance by Improving Quality) through their Interactive Research and Development South Africa (IRD SA) programme in building staff capacity for data visualisation, informatics and implementation science to harvest and standardise good practice for change interventions. The project's promising models and change ideas for development and implementation of key HIV and TB programme interventions were written up as narratives that integrated quantitative and qualitative data to demonstrate improved performance against targets and useful techniques to achieve this.

Produced during and after a Change Idea Writeshop held in May 2021 for SA SURE PRO district teams that was co-hosted by HST and OPIQ, the following 'Spotlight' stories were composed and published in the Spotlights Compendium launched in May 2022:

- Extended clinic hours in Sigweje Clinic, uThukela
- Community-based ART delivery in Sigweje Clinic, uThukela
- Clinician-led PuPs in Impilwenhle Clinic, uMgungundlovu
- Clinic Support Officer (CSO) night duty services in Caluza Clinic, uMgungundlovu
- Men's Health initiative in Queen Nolonolo Clinic, Zululand



A team session during the Change Idea Writeshop held in May 2021



The SA SURE Zululand team working on their change idea narrative.

The Demonstration of community-based HIV treatment (DO ART project) has been implemented since July 2021 in two KZN districts with funding secured from the Bill & Melinda Gates Foundation (BMGF). The project entails an exciting real-world application of a model tested through a randomised trial that was conducted by the Health Sciences Research Council (HSRC). The project brings together HST's Health Systems Strengthening and Health Systems Research Units collaborating in community-based service provision and conducting a study in the community that examines and seeks to resolve some of the barriers to care, as documented from a patients' standpoint.



Gugu Sokhela
Project Manager



Dr Douglas Ngcobo
Community co-ordinator

The project offers community-based alternatives for access to ART, and was significantly successful in meeting participant enrolment targets two months ahead of schedule. Implementation has been undertaken in Zululand's Nongoma sub-district in Zululand, and in 20 wards in eThekweni South. This work involved not only ART service delivery, but also community dialogues and focus-group sessions to effectively engage patients about their experience of care.

The aim of the project is to implement and evaluate comprehensive community-based ART (CBA) services to optimise the proportion of HIV-positive, ART-eligible people being initiated and maintained on treatment, and reaching viral suppression within six months. The findings of the integrated study will assist in building a deeper

understanding of the experiences and preferences among male and female participants receiving CBA services, which will inform appropriate service delivery mechanisms and improve health outcomes in partnership with the patients on treatment.

The project has also explored the opportunities for and challenges of implementing CBA services from the perspective of the clinical and field-based staff delivering the services, so that HST can improve these conditions and enable sustainable modifications to the community-based model currently implemented by supporting partners and the DoH.

HST set out to prove that through CBA services, more patients maintain continued treatment and achieve virological suppression. Improved quality of care, patient engagement and education can lead to higher viral load suppression rates than those achieved through the standard of care offered in facilities.

Finally, the project sets out to describe the cost and budgetary implications of implementing the CBA model in relation to a facility-based model, so that services can be adjusted for optimal cost-effectiveness.

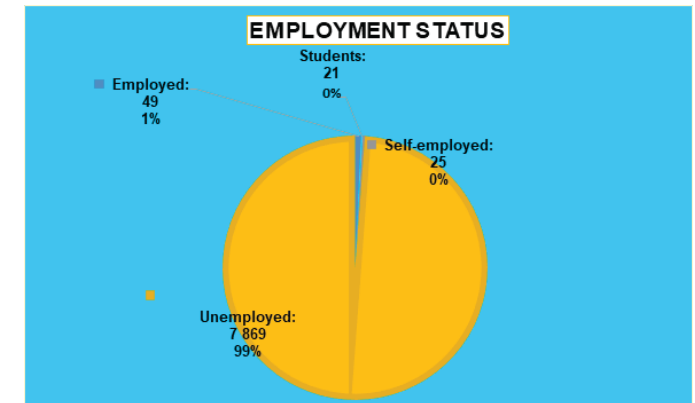
Project progress

In the past year, 8 732 people have been tested for HIV, with 884 diagnosed as HIV-positive in the same period. Of these, 880 were initiated on treatment, and 788 continued to receive treatment through the eight DO ART mobile teams, while 92 were referred to clinics due to the complex nature of their co-morbidities, or opted for facility-based treatment continuity.

A critical component has been the extensive engagement with patients on why the CBA model is so effective for them. The project has identified that 99% of the patients seeking treatment from the community-based mobile clinic are unemployed. Their financial situation regularly hinders their ability to access the facility, especially in the rural areas of

Nongoma where a facility visit can cost as much as R80 in taxi fares. This is prohibiting access to life-saving treatment, and without a community-focused approach, epidemic control will not be achieved, especially in a country such as South Africa where unemployment is so high.

Figure 5: Employment status of patients screened for HIV by the DO ART mobile clinics



The DO ART community-based approach differs from the standard of care in that instead of testing, counselling and initiating in the community, the patient accesses all services for clinical management in the community (including treatment). The success in case-finding, in particular, is the result of a revised model of community engagement, a guided planning process on where, when and who to test based on index contacts obtained in the clinic, and clustered case analysis. The feedback from patients engaged in focus group sessions and community dialogues has also been critical for the successful treatment of patients in the community.

The successes emanating from the DO ART project to date are:

- Innovation in the real-world setting of a limited service-delivery environment to improve HIV testing, ART initiation and continuity of care
- Community engagement
- Data-gathering for quantitative and qualitative research.

Community-based ART is not without its challenges, and the changing weather has made for some difficult days, with vehicles being stuck in the mud during bad weather, and teams having to contend with high levels of criminality or unrest affecting their ability to provide consistent community services.



The DO ART team tries to push the mobile clinic out of the mud following heavy rains in Nongoma.

The dedication and commitment of the team cannot be overstated. They have expanded the services offered at community level to include provision of chronic medication for non-communicable diseases, referrals for medical male circumcision and pre-exposure prophylaxis (PrEP), and have recently started issuing PrEP to eligible clients. Most importantly, they have adopted a holistic approach to patient care, taking physical and mental health into account, and making sure that all avenues of patient support are followed up through a community-based case management approach.

Future activities

The project will continue into 2023, ensuring at least 12 months of treatment follow-up for the entire cohort. In addition – due to its remarkable success in providing services to patients who often are unable to or do not want to access

health facilities – the project will be used as a platform to scale this CBA model across other United States President's Emergency Plan for AIDS Relief (PEPFAR) partners and in non-PEPFAR districts through the DoH.



Makhosi Khoza
Project Manager

The **Cervical Cancer Prevention Action and Control Programme (CCPAC)** aims to address the challenge of high cervical cancer incidence and mortality by employing a Continuous Quality Improvement (CQI) framework to improve access to early screening, diagnosis, treatment and palliative services for cervical cancer in Zululand. This is done through community-informed, evidence-based interventions.

This project is funded through the Bristol Myers Squibb Foundation and comprises an implementation science research component and a service delivery component. It is specifically designed to build capacity based on an implemented Theory of Change that has been developed with stakeholders including the DoH and community structures. The three components of the project are implemented through a consortium agreement with the University of KwaZulu-Natal's Cancer & Infectious Diseases Epidemiology Research Unit (CIDERU) and Genius Quality (which focuses on Quality Improvement Methodologies leading the Theory of Change) with the Zululand District Department of Health and the 4th partner.

The project adopts a phased implementation approach, working in two sub-districts at a time to achieve coverage across the district over a three-year period. The project

focuses on education and awareness; screening, diagnosis and treatment, building on and harnessing existing resources; community and stakeholder involvement; strengthening health system structures; healthcare worker capacity-building; and integration with existing PHC services to support sustainability beyond the programme's lifespan.

With the focus on supporting high-risk HIV-positive women to access services for cervical cancer detection, care and treatment, the project integrates existing HIV, tuberculosis (TB), maternal and child health (MCH), non-communicable diseases (NCDs), cancer and other PHC services to improve access and reduce stigma. To this end, capacity-building of current healthcare providers will be central to the project achieving sustainability of services. Monitoring and evaluation and surveillance of cervical cancer services is being strengthened to support quality data for decision-making and service improvement.

To date, the project has been introduced to the Provincial and District DoH structures at all levels, and is engaged with development of the Theory of Change. A baseline assessment has been completed in two sub-districts, with the remaining four sub-districts to follow. This will guide the next steps that will focus on training and capacity building, service delivery, and community mobilisation and education.

This section deals with **Programmatic support for accelerated planning and operational readiness for COVID-19 preparedness and response: Border Health Preparedness Assessment and Country Readiness Plans.** The CDC



Marieta Liebenberg
Project Manager

has made funds available to HST for the regional assessment of population movement patterns across borders in Southern Africa. The project initially included seven neighbouring

countries: Namibia, Botswana, Zimbabwe, Eswatini, Lesotho and Mozambique. The project scope has since been expanded to include Zambia, and partners with the International Organization for Migration (IOM), Southern African Development Community (SADC), the African Centres for Disease Control and Prevention (ACDC) and the World Health Organization (WHO).

The project is implemented with technical expertise from the CDC's Division for Global Migration and Quarantine (DGMQ) and has adopted a multi-sectoral approach that uses stakeholder engagement and participatory mapping to identify common priority areas among neighbouring countries for improved collaboration in emergency response planning and information-sharing.

The project aims to strengthen border health systems across all eight participating countries, aiming to improve communication and collaboration among neighbouring countries. The activities include population movement pattern analysis, development of procedures for the detection, isolation, referral and management of ill travellers at points of entry (PoE), and emergency plan development.

Project progress

The project had a slow start, with multiple layers of protocol and approvals being needed from senior levels of government in all eight countries. This required all the respective Ministries of Health, Immigration, Agriculture and other agencies to approve support of the project. Since these approvals were secured, however, there has been a marked acceleration in implementation.

Following extensive virtual meetings and written communications, site visits commenced in February 2022. The project was described to the participating country representatives, and visits to Eswatini, Namibia, Botswana and Mozambique enabled needs assessments to be carried out. Each country identified their particular priority needs, and together training plans and workplans were developed that would address the gaps identified.

Table 4: Progress against the developed training plan

Border Health Project				Jun-22			Jul-22			Aug-22			Sep-22							
Training Plan				6-10 Jun	13-17 Jun	20-24 Jun	27 Jun - 1 Jul	4-8 Jul	11-15 Jul	18-22 Jul	25-29 Jul	1-5 Aug	8-12 Aug	15-19 Aug	22-26 Aug	29 Aug - 2 Sep	5-9 Sep	12-16 Sep	19-23 Sep	26-30 Sep
Region / Country	Training Topic	# of Location day	Timeframe																	
All	Planning	3	13-15 Jun 22			x														
	Regional Workshop (June)	5	Zimbabwe (Vic Falls)			x														
	Reflection	5	27 Jun - 1 Jul 22				x													
Sub-Region 1 (SA, Lesotho, Namibia, Botswana)	PopCAB	3	South Africa (Pta)					x												
	MTP, Emergency Response Plans & SOPs	5	Lesotho (Maseru)						x											
Sub-Region 2 (Eswatini, Mozambique, Zimbabwe)	MTP, Emergency Response Plans & SOPs	5	Eswatini (Mbabane)						x											
	PopCAB	3	Zimbabwe (Vic Falls)												x					
All	GIS	5	Botswana (Gaborone)																	
	Planning	3	5-7 Sep 22																	
	Regional Workshop (September)	5	TBD (Tentatively Windhoek, Namibia)																	
All	Invites send																			
	RSVPS																			
	Venue selection																			
	Reflection	5	19-23 Sep 22																	

Implementation of the training plan commenced in June 2022, at a regional meeting in Victoria Falls, Zimbabwe.



HST CEO, Dr Themba Moeti welcomes delegates to the regional Border Health meeting in Victoria Falls.



Country teams map priority of entry and the services and activities that affect population movement in the border regions.

Following the five-day regional meeting where countries discussed their priority areas of need, identified their challenges and shared best practices, an intensive five-week training series commenced. The first training workshop was held in Pretoria, followed by Eswatini, Lesotho and Zimbabwe. These focused on capacity-building for points of entry and Population Connectivity across Borders (PopCAB) toolkit training. The PopCAB toolkit is used for gathering and analysing information about population mobility to inform public health interventions, and to determine the types of travellers moving through an area, the routes taken, and the reasons for travel. Understanding these patterns of movement helps to inform emergency preparedness and response strategies for communicable diseases, including COVID-19.



Point-of-entry training with participants from eSwatini, Zimbabwe and Mozambique pictured in Mbabane, eSwatini, with Front Row, Left to Right: The Kingdom of eSwatini Minister of Health, Ms Lizzie Nkosi, the U.S. Ambassador Ms Jeanne Maloney, and the DGMQ Technical Lead, Ms Sarah Ward.

Country workplans were finalised and submitted, and in order to meet the deliverables of the project by September 2022, a workplan validation process has been followed under guidance of the CDC in collaboration with HST with each country.

The technical aspects of the project are focused on the countries' response to the COVID-19 pandemic at points of entry and where population movement creates joint priority areas for the neighbouring countries. More generically, however, the concept is aimed at building sustainability into each country's emergency response and border health monitoring, and can be integrated into the epidemiological perspectives of any communicable disease programme to strengthen the public health emergency response plans for each country, beyond the COVID-19 pandemic.

This project presents an opportunity to strengthen border health surveillance and align strategies to strengthen regional cross-border public health information-sharing through co-ordinated communication, preparedness and response in the respective countries as required under the International Health Regulations (IHR), to which all SADC Member States are signatories.

Further activities

Three more training events took place, as well as a final regional meeting that was hosted in Cape Town. Additional capacity-building sessions, regional assessments, border assessments and the implementation of the PopCAB toolkit in each of the eight participating countries was conducted. These interventions are designed to generate a deeper understanding of the complex movement patterns in border communities and among mobile populations to facilitate the appropriate public health management strategies required to mitigate the spread of disease across borders.

The **KZN Pregnancy Exposure Registry project**, otherwise known as '**Ubomi Buhle**' (Understanding **B**irth **O**utcomes from **M**others and **I**nfants **B**uilding **H**ealthcare by **L**inking **E**xposures), is a national project aimed at improving our understanding of exposure during pregnancy – to medicines, substances, diseases etc. – that can result in poor birth outcomes such as birth defects, low birth weight, stillbirth, premature birth and neonatal death.

HST has been contracted by the University of the Witwatersrand's Reproductive Health and HIV Institute (Wits RHI) to support this Pregnancy Exposure and Birth Defects Surveillance Project at the request of the provincial DoH, which saw collaboration with relevant stakeholders in our roles as Provincial and eThekweni District Support Partner.

The project aims to establish a National Pregnancy Exposure Registry (NPER) through the enrolment and follow-up of a cohort of pregnant women from selected sentinel surveillance sites in three provinces in order to assess the impact of therapeutic interventions, such as antiretroviral therapy, on maternal and neonatal outcomes. HST supports three sentinel sites in KZN.

The project employs a series of health system strengthening approaches to monitor the impact of targeted obstetric, therapeutic and clinical interventions, and infectious and/or environmental exposures in pregnancy on adverse maternal and birth outcomes.

The project will strengthen the collection of health information in the maternal case records of pregnant women and their infants. The key intervention is to support the development and management of the KZN Pregnancy Exposure Registry (PER) database, ensuring that it is in line with the National PER requirements and is interoperable and compatible with provincial health information systems. In addition, the project develops and disseminates midwife training materials on good antenatal and postnatal practices, and



Gugu Sokhela
Project Manager

develops a platform for monitoring the safety of medicines in pregnancy throughout South Africa.

Project progress

This is a national project requiring co-operation across provinces and shared implementation strategies. The project has proceeded smoothly since inception. Sentinel baseline studies have been completed, genetics counselling training has been provided, and implementation commenced in earnest in October 2021. Since then, **1 946** women have been enrolled in the study across the four participating facilities in the Prince Mshiyeni cluster. **A total of 2 011 first visits and 3 517 follow-up visits by pregnant women who are being monitored through the KZN sentinel sites have been reported.** Six miscarriages and nine stillbirths have been reported, and two birth defects are being investigated.

Next steps

The first phase of the project is due to end in September 2022. However, additional funding is being secured to extend the lifespan of the project to build a culture of medicine safety awareness among pregnant women and their healthcare providers, as well as policy-makers, through training, capacity-building and demonstration of good practices.

HST has been responsible for the development and implementation of the **Synchronised National Communication in Health (SynCH)** electronic prescribing system for the NDoH, which is currently utilised in the Central Chronic Medicines Dispensing and Distribution (CCMDD) Programme. The objectives of SynCH are to automate certain CCMDD processes and improve programme efficiencies, while ensuring end-to-end visibility of the CCMDD process and transparency between stakeholders, minimising medication errors and prescription rejections, and promoting the rational use of medicines in South Africa.

Project support

HST has provided national support to the CCMDD programme since its inception in 2014. The year 2021 was the final year of our CCMDD support to the NDoH; a new partner was appointed for this purpose from October 2021, and HST has assisted with transitioning its support activities to the new partner.

However, HST remains the national support partner for the SynCH system and continues with related development and support. We have already implemented SynCH in all PEPFAR-supported districts in South Africa, and continue to provide Provincial Helpdesk support to the SynCH end-users and other stakeholders. HST also supports CCMDD and SynCH activities in eThekweni, uMgungundlovu, uThukela, and Zululand districts in KwaZulu-Natal.

Project achievements during reporting period

- HST's support for the CCMDD programme at national level proceeded until 30 September 2021. Handover of national support activities to the new CCMDD support partner, and of provincial support activities to the respective provinces, proceeded smoothly.
- The KZN DoH has requested HST's assistance to develop a blueprint for implementation of the SynCH system at hospital level. Changes to the system are required to accommodate the variations in processes, guidelines and formularies between primary and secondary levels of care. Three selected hospitals were visited by the HST SynCH team to determine the best approach for conducting readiness assessments and the required SynCH adaptations to accommodate hospital implementation.
- SynCH support to HST districts was revised to meet current and prospective needs, with greater emphasis on monitoring and evaluation. HST assists the KZN DoH with Internet connectivity for health facilities, which has resulted in improved utilisation of SynCH.
- An overhauled and intensified SynCH support which

- included training of 700 DoH SynCH end-users. This capacitation resulted in an 80% reduction in prescriptions cancelled between December 2021 and June 2022, a 27% reduction in patients on 'dormant' lists, and 4% decline in attrition rates. The training of health facility staff on the 'Expected Patient' enabled them to actively follow up patients before they could become classified as 'dormant'.
- HST pharmacists conducted M&E assessments at 441 medicine PuPs, and 284 training sessions were conducted at health facilities. This training, along with monitoring of prescriptions rejected by CCMDD service providers ensured an average reduction of 27% in prescription rejections across the four HST-supported districts.



Dr Vishen Jugathphal
Project Manager

Programme Manager, Dr Vishen Jugathphal was invited by the White House to be a panelist for the "Driving Technological Advancements and Digital Innovation" pillar of the "2022 Global Health Workforce Initiative" hosted by President Biden's administration where he gave a talk on the following:

- How can investments in technologies and digital tools strengthen the capacity of the health workforce? To expand accessibility and availability of health services?
- How can expanded and accelerated use of technologies and digital tools support countries in achieving Sustainable Development Goals and addressing inequity?
- Where can we get more "bang for our buck" in where investments are targeted?

Ongoing support

- The HST KZN SyNCH team visits external PuPs to provide refresher training and assist with cleaning the SyNCH data so that the system is used consistently. This ensures that it can be determined whether patients have actually collected their medicine parcels, or the parcels remained at the PuP, or were uplifted by the service provider.

Major outcomes and findings

- The endeavour to achieve optimal SyNCH performance at health facilities and PuPs has been hindered since the withdrawal of HST's CCMDD support at a national and provincial level. The reintroduction of provincial CCMDD support should assist in bridging any gaps that may be impeding ideal SyNCH utilisation.

Overview of future activities

- Planned activities include maintenance of back-end SyNCH data, development of a hospital-level blue-print for implementation, and handover of SyNCH to the NDoH.
- The Zambian Ministry of Health (MoH) vision is to provide equitable access to cost-effective, quality healthcare services, and to this end, the Zambian MoH has adopted SmartCare as a national acceptable standard for an Electronic Health Records system (EHR). SmartCare has evolved into a fully-fledged EHR covering nearly all service delivery areas for a typical healthcare facility in Zambia. For this reason, the **Strengthening Capacity for Health Information Systems Sustainably (SCHISS)** consortium was contracted by the CDC to support the Ministry of Health of Zambia in revamping and managing the introduction of a package-based SmartCare Plus (SC+) system in Zambian public health facilities.



Neeran Jooste
Project Manager:
Health Information Systems



Mildred Shabangu
National Implementation
Co-ordinator

Project support

HST provides technical assistance on the incorporation of clinical decision support tools into SC+, and is developing adoption strategies for the institutionalisation of the system in health facilities. The Institute for Health Measurement (IHM) Southern Africa seeks to develop similar functionalities that HST has developed for South Africa's SyNCH system to standardise and improve patient care in the Zambian public health sector. Working with IHM, the HST team has developed tools that IHM and the Zambian MoH can utilise to present data and information to clinicians on certain medicine interactions. HST expertise is enabling the development of best-practice and change-management strategies to assist with standardised implementation of the SC+ system by the Zambian health system and its implementation partners.

Future activities

Planned work includes testing the functionality of the newly developed SC+ prototype (which incorporates clinical decision support tools), and conducting user acceptance and user competency testing.

The **Unfinished Business (UB)** Phase II Project, funded by the ELMA Philanthropies, completed the third year of implementation under this phase at the end of April 2022. The project is implemented in three KZN districts, namely

uMgungundlovu, eThekweni and Zululand, and supports 81 facilities with targeted interventions to achieve the 95-95-95 targets for adolescent and paediatric patients in the 0-19-year age group. This multi-year programme is implemented in collaboration with the KZN DoH as part of a UB Consortium comprising the Clinton Health Access Initiative (CHAI) for national co-ordination, Anova Health Institute, Wits RHI, and HST. The extension of the project for an additional 18 months, until October 2023, was confirmed during the reporting period.

The project recovered some of the gains that had been lost in Year Two because of the COVID-19 pandemic, specifically in relation to case-finding and linkage to care. These gains are attributed to the implementation of targeted turnaround strategies at facility and community level and aligned with national priorities such as the National Paediatric and Adolescent Matrix of Interventions (MoI). HST actively supported implementation of the MoI in all UB-supported facilities and at district and provincial levels. This entailed the completion of district and facility MoI plans, provision of technical support in the implementation of MoI strategies, and reporting on MoI implementation to the NDoH.

Of the total number of children and adolescents tested across the three districts, 1% (18 382) were identified as HIV-positive, 92% (16 928) of whom were initiated on treatment; 48% (31 289) were recorded as remaining on ART and a viral suppression rate of 83% (20 072) was achieved. Despite this improvement in case-finding and treatment initiation performance (compared to Year Two performance), the total remaining on ART (TROA) declined, and strategies are being prioritised in conjunction with District Health Management Teams, partners and the SA SURE PRO project's facility-based team to meet programme targets.

The enrolment of children and adolescents in case management improved to 1 896 (9.6%) in uMgungundlovu District, and this may be indicative of the Case Management

Imbalenhle CHC- Youth Day



Facility staff interacting with School children



CEO and Nursing Manager receiving AYFS Couch donated by HST- UB

Harry Gwala Hospital Youth Event 15th of June 2022



Stage setup



Music Performance by invited School choir

Model being conceptualised and refined in the district, and the need for wider sharing of good practices and lessons learnt for case management. The UB project continued to work with and strengthen relationships with partners, i.e. Children in Distress Network (CINDI) and AIDS Foundation of South Africa (AFSA) towards the implementation of joint community case-management interventions. Key project highlights in the reporting period include:

- A UB Strategic Learnings report was compiled, focusing on specific strategies implemented by Implementing Partners (IPs) within their implementation district, and sharing good practice methodologies to enable continuous learning and to beneciate the work done within the UB Phase II Project within provinces and between a multitude of IPs in the realm of paediatric and adolescent HIV.
- On 26 and 27 May 2022, a delegation from Anova Health Institute conducted a benchmarking visit to the UB project in eThekweni District to assess HST strategies and interventions targeting the 0–19-year age group. Several insights were gleaned during the visit, notably the importance of ownership of the programme by DoH staff and community partners collaboration was highlighted as a critical factor to ensure sustainable patient outcomes.
- The joint Quality Improvement Paediatric and Adolescent HIV Project was initiated in October 2022 in 11 selected pilot facilities. Monthly progress meetings were held with District HIV and AIDS/STI/TB (HAST) officials and facility Paediatric Care leads. With scaled-up implementation of the Mol in facilities and increased momentum of the eThekweni District Paediatric Surge initiative, the quality improvement project was then incorporated into these efforts.
- In June 2022, numerous facilities hosted Youth Day events across all districts to generate awareness about Adolescent- and Youth-friendly Services (AYFS) and psychosocial support initiatives available for children and adolescents. Cato Manor Community Health Centre – a UB-supported facility – hosted the official launch of the AYFS Youth Lounge by the Provincial MEC for Health, Ms Nomagugu Simelane. (pictures attached)
- In June 2022, Pongola Sub-District in Zululand initiated Clinic Support Days as an intervention offered by a multidisciplinary

team. This was undertaken in collaboration with Sinethemba, a community-based organisation, as part of extending services during weekends to reach caregivers, school-going children and adolescents.

Planned programmatic efforts will ensure that the gains in case-finding and treatment initiation performance are sustained, and will focus on retention in care and viral suppression efforts. This will be achieved by addressing challenges related to data management, optimisation of facility flow pathways, strengthening community partnerships, and building capacity for improved clinical monitoring of patients. A comprehensive approach will be adopted to refine implementation processes and outcomes for improvement of programme performance.

eThekweni – Cato Manor CHC AYFS language Launch



HST UB and SA SURE technical advisors and outreach teams



Performance prior to MEC's speech

The **electronic Integrated Management of Childhood Illness (eIMCI)** project was an innovation project nested under the UB project in KZN and supported 37 health facilities in uMgungundlovu and iLembe districts. This project ended in December 2021. The principal project objectives were 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.

The eIMCI project was conducted in partnership with the KZN DoH with the view towards a phased implementation within available DoH 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 was carried out in iLembe district with UKZN as the principal investigator, whereas the feasibility study was conducted in uMgungundlovu district by HST and the KZN DoH.

During the reporting period, the eIMCI project was completed in uMgungundlovu and iLembe districts in December 2021. The findings of the uMgungundlovu feasibility study showed that although a standardised model for training, mentoring, supervision and IT support was provided by a dedicated project team, the ongoing eIMCI use was sporadic and varied considerably between facilities and periods. Key implementation barriers included

non-allocation of eIMCI trained nurses, computer challenges and COVID-19-related disruptions in the service delivery. Several challenges would need to be addressed for eIMCI implementation to be feasible and sustainable in our context, including better adherence to criteria for participant selection and post-training deployment of staff; improved capacity in the DoH for IT support; more efficient procurement processes; and improved alignment of programmatic priorities. A journal article in BMC Paediatric was published in early 2022 that documented the outcomes of the feasibility study that was conducted in uMgungundlovu district.

The ongoing COVID-19 support to the KZN provincial DoH and districts was well received and acknowledged, and an article looking at the pattern of disease during admission to children's wards in iLembe and uMgungundlovu districts between January 2018 and September 2020 was published in the South African Medical Journal in 2022.

Publications

HST's Health Information Technology (HIT) Project has supported implementation of the Health Patient Registration System (HPRS) in 3115 public health facilities in eight provinces and 46 districts (with the exception of the Western Cape) over the past seven years, in line with the organisation's health systems strengthening mission.

During the period under review, HST's HIT team celebrated its seventh year of service provision to the NDoH. The Global Fund to Fight AIDS, Tuberculosis and Malaria, through management by the NDoH, made funds available to Aquity Innovations for this initiative until March 2022. A continuation has been funded since March 2022 by the CDC through sub-contracting to the Health Information Systems Programme in South Africa (HISP-SA) team, which comprises six HST members.

Since June 2015, the team has been supporting roll-out of the HPRS to gather patient demographic data. Having been

seconded to the National Health Insurance Information Systems (NHI-IS) Programme Office led by the Chief Director: Policy Co-ordination and Integrated Planning and the Technical Advisor: NHI-IS Programme Manager, the presence of HIT team members in provinces is highly valued.

During initial roll-out of the NHLS-HPRS project, the team assisted at various sites with technological preparation and implementation of linked systems.

This forms the foundation for HST to assist with the roll-out of linked systems to a larger group of facilities, aiming to enable facilities to participate in South Africa's NHI programmes.

The contracted HIT team members successfully assisted with implementation of the NHLS- HPRS links in KZN.

The team was commended for its leadership in implementing the HPRS in collaboration with the NHI-IS Programme Office. A consistently high standard of project delivery ensured that HST's implementation skills are in demand for the continuation of support services to the NDoH.



The contracted HIT team members successfully assisted with implementation of the NHLS- HPRS links in KZN.

2. 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.

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

The TREATS project builds on the experience of ZAMSTAR, The Zambia South Africa TB and HIV Reduction study, a community randomized trial, and is nested within the HPTN 071 (PopART) trial in Zambia and South Africa (SA). The overall aim of the TREATS project was 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. In South Africa, the study was implemented in nine communities in the City of Cape Town Metropolitan Municipality and the Cape Winelands District of the Western Cape Province. The project was comprised of two main sub-studies: an infection cohort study and a prevalence survey.

The “Infection cohort” was recruited between November 2018 and May 2019. Approximately three hundred young people aged 15–24 years, were recruited in six communities. This cohort was followed up over 24 months, with phone contact every six months and two annual visits. The “TB Prevalence survey” started in early 2019 with the aim of enrolling participants (over 15 years) in a cascading approach (1 community at a time) all 9 PopART communities.

Project Achievements:

Stakeholder engagements/communication/dissemination

- Throughout the project, the team engaged with the TREATS Community Advisory Board (CAB) to provide project updates and plan for community dissemination events.
- Several dissemination activities took place in early 2022 to share results with various stakeholders from TB programme managers to community stakeholders. Over 220 people attended the various dissemination events.
- The CAB and various community leaders provided tremendous support and helped create awareness and buy-in around the TREATS project from inception right through to completion and dissemination of findings in each of the communities.
- A final project face-to-face meeting, attended by all consortium partners, took place between 8 and 12 March 2022 in Brighton UK. The project was formally concluded in June 2022.

Field work: Infection cohort study and Prevalence survey

- The COVID-19 pandemic and subsequent lockdowns presented the project with a number of challenges. However, the team managed to complete field work within the agreed timeline and budget. All fieldwork was completed in June 2021. Data cleaning, validation and analyses took place over the subsequent months.
- The “Infection Cohort Study” enrolled a cohort of 2002 adolescents and young adults in six communities at baseline, then followed them up annually with phone contact every six months. Achieving an excellent overall retention rate of 71% after 24 months of follow up.
- The “TB Prevalence Survey” (TBPS) recruited a total of 26 920 participants between February 2019 and June 2021 from nine communities in a cascading approach.



Prevalence Survey Field team in Dalevale community

- Fieldwork in the “TB Prevalence Survey” (TBPS) 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).
- Between February 2019 and June 2022, over 49 500 participants were enrolled in the TBPS in 9 communities in SA and 12 communities in Zambia with an overall participation rate of 60%. In SA the team enrolled a massive 18 649 participants, with a remarkable participation rate of 70%
- 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.



Community sensitisation and mobilisation during TREATS Prevalence Survey.

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 for a training fellow 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, working on the TREATS project.
- Jacob Busang, the recipient of the Fellowship, successfully completed the MSc in Medical Statistics in September 2020. Then subsequently completed a one-year attachment at HST in December 2021.

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

The main findings of the 2021 edition of the **South African Health Review (SAHR)**, funded by the Johnson & Johnson Foundation, were released in December 2021. The publication, which focuses on health sector responses to COVID-19 and what has been learnt two years into the pandemic, was produced in collaboration with the University of KwaZulu Natal's Health Economics and AIDS Research Division (HEARD).

The main findings of the Review were released on 8 December 2021 in the form of Chapters at a Glance that provide a short overview of each chapter, its aim, findings, and recommendations. The publication was officially presented to Minister of Health Dr Joe Phaahla at an event that took place in April 2022. The function was a hybrid event, attended in person and also virtually by a diverse group, including the members of HST's Board of Trustees, the authors, co-editors, funders, media houses and other contributors that made the publication and its launch a tremendous success.

The publication consists of 29 peer-reviewed chapters with over 100 contributors, the majority of whom are recognised

authorities in the health sector, whose topics thematically encompass both the impact of COVID-19 and the health sector's response. It also offers suggestions for creating a health system that is more resilient, responsive, and ready to meet the challenges of public health emergencies.

The chapters cover information on, among others, the challenges of balancing lives with livelihoods, and the impact of COVID-19 on different cadres of healthcare workers, especially community health workers who found themselves at the forefront of the COVID-19 response. Other areas covered include the impact of COVID-19 on vulnerable populations like children, persons with disabilities, farmworkers, migrants, and the poorest in our society.

We are proud to report that this edition of the SAHR is prefaced by a message from the Ministerial Advisory Committee on COVID-19, congratulating HST on producing a comprehensive edition with such a wide array of authors and peer reviewers.

In his keynote speech, Minister Phaahla expressed the government's and the Department of Health's sincere gratitude for the enormous contributions that all of its partners have made to the fight against COVID-19. Dr Phaahla said: "Many of you are sitting in this room today and the journal we are launching in many ways documents the work that you have done in collaboration with our health system in the fight against this pandemic. We would not be where we are today without your support, and I believe we will all take the lessons documented in this journal this evening and apply them to make our health system better prepared for and more resilient to the challenges of pandemics and emerging health challenges such as COVID-19."

Seven hundred and fifty (750) hard copies of the Review were printed and distributed to key stakeholders while thousands of people have accessed the SAHR electronically. The entire publication, overviews of each chapter and a

video highlighting the main findings of the Review are available on the HST website and our YouTube channel. Please see links below.

- Press release
- Overview video
- HST blog article – Facing Down COVID-19 – What We Can Create and Control
- 2021 South African Health Review
- Daily Maverick article published on 27 April 2022

A human resources for health policy dialogue held in partnership with and funded by Johnson and Johnson, entitled "Health System Recovery Post Covid-19 Considerations For The Future" was held as one of the outcomes of the 2021 South African Health Review.

4. GUIDANCE, MENTORING AND TRAINING ON GOOD PRACTICE DEVELOPMENT



Dr Susanna Naude
Training Manager

The Health Systems Training Institute (HSTi) is the training arm of the Health Systems Trust. Its working models are translated into capacity-building and training interventions that are delivered by HSTi to improve the quality of primary health care services delivered and their management, both HST staff as well as health sector stakeholders who are beneficiaries of its training programmes. The ultimate objective being improved health outcomes for populations served.

Achievements

In the current reporting period, HSTi facilitated training programmes to support staff capacity development needs in order to upskill in various them areas so as to be able to deliver effectively on their programme and other responsibilities.

In addition, the unit successfully submitted two training proposals for external funding to meet the training needs of staff in the KwaZulu Natal, Free State and Northern Provinces. The first as sub-contractor to the National Institute Community Development and Management Trust (NICDAM) with funding from ISIBANI for the training of health care providers on HIV self-screening (HIV SS) and SARS-COV-2 antigen rapid diagnostic testing in the Free State and Northern Cape provinces. Early in the implementation stages, there were funding challenges related to this work which then had to be deferred.

HSTi competitively secured a grant from the UNICEF South Africa Country Office to conduct face-to-face training on basic antenatal care (BANC), Prevention of mother to child transmission of HIV (PMTCT) and Pre-exposure prophylaxis (PrEP) for 240 healthcare workers in the KZN Province conducted as a series of eight trainings. This training started in May and was concluded by the end of July 2022. Positive feedback on the training was received from the participants and the province.

HSTi continued to make a positive contribution to HIV control efforts in the KZN province providing capacity-building and training support for the SA SURE PRO project training HST as well as KZN DoH and Ethekwini Metro staff on Basic HIV for Healthcare Professionals (NIMART). Other training included HIV counselling and rapid testing, as well as mentoring.

Corporate Services directorate





Mr Deena Govender

Director: Corporate Services



Melini Moodley

Chief Financial Officer



Ms Melisha Nunkoo

Manager: Finance

Finance, Grants And Compliance

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.

The Finance Unit at HST is responsible for financial management and ensuring accountability through management of the external and programme audits required by HST's various funders, as well as the data generated by the organisation's accounting system. This unit also exercises financial oversight over all funds disbursed to, and by the organisation, ensuring that funding is used in an ethical manner for the achievement of key planned objectives, in line with professional business practice. The Finance team exercises 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 key considerations of economy, efficiency and effectiveness in procurement are upheld by the Finance Unit, ensuring that donors and programme beneficiaries receive value for money on all HST programmes. HST's Finance Unit is also responsible working with senior and executive management for ensuring that the organisation contributes actively towards transformation in South Africa by taking a pro-active approach in promoting Broad Based Black Economic Empowerment (BBBEE) through active management of HST's BBBEE scorecard.



Therusha Nandhal

Grants and Compliance Manager

The Grants and Compliance team is responsible for grants management, and plays a significant role in funder and stakeholder relations, as well as designing and implementing policies and procedures to ensure a strong system of internal control. Working closely with the outsourced internal audit function as well as the Finance team, 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 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. This unit also works closely with Programme and Project Managers as well as the Business Development team to ensure efficient grant award management from the proposal phase all the way to close-out of grant awards. The team ensures that financial reports are compiled in the format required by funders and submitted timeously to management and funders, enabling them to monitor and control budget variances, analyse trends in financial data and for critical decision-making that guides programme implementation. The Grants and Compliance team assists HST's sub-recipients by assisting them to build capacity within their organisations to successfully manage grant awards.

Administration

The Administration department supports the entire organisation and helps the Directorates with travel, fleet, logistics, and administration assistance. The unit is responsible for ensuring that there is a seamless transition from project planning to project implementation and the efficient and effective execution of all project requirements. COVID-19 added another layer of complexity to our work, with the team working to support front line staff out in the field and those working from home. The team worked closely with suppliers to ensure that the teams working in the



Ms Delene King

Manager: Administration

field had enough personal protective equipment and employees who work from home also received stationery and furniture items, as well as the appropriate permissions to ensure that HST operations were able to continue in all provinces. A 24-hour COVID-19 helpline was set up to assist with staff needs, and calls were forwarded to various administrative staff members for support. The commitment and dedication of the Administration team ensured that work continued to run efficiently and effectively during a very challenging time.



Mr Deren Naicker

Manager: I.T Operations

Information and Communications Technology

In 2021, HST finalised the move of critical server infrastructure to the new hybrid cloud platform and we are pleased to announce that the cloud infrastructure has had minimal disruptions and a 99% uptime since inception.

With the key objective achieved to have an always-on virtual environment with reliable connectivity and reduced costs the focus shifts to streamlining existing systems, keeping up with modern technologies and trends, and enhancing the Information and Communication Technology (ICT) security environment.

We have successfully migrated our user data backup and interactive platforms using Microsoft OneDrive and Teams, ensuring that all staff now have backups on the go and are able to meet in any setting with an active internet connection.

The next objective set was to improve the efficiency of certain processes within the organisation by means of automation, simplification of tasks, or eliminating unnecessary steps using modern techniques and technology. In line with this objective, we have implemented a new service desk for IT related issues. This platform empowers the support team to deliver an outstanding service, with an intuitive ticketing solution, workflow automations, and Information Technology Infrastructure Library (ITIL)-ready functionalities. The ICT Team can then focus on what is most important, by organising work based on priority, service level agreements, and urgency, helping avoid bottlenecks.

The post-pandemic workplace continues to evolve and requires collaboration between remote and office workers, and so ICT Security remains a priority for HST's IT department.

HST has since strengthened web and email controls that apply strict rules. HST's systems block 1755 impersonation attacks and 218 malware infected emails on average on a monthly basis. We are currently investigating solutions that provide additional protection for the organisation as we see an increase in attacks globally. In 2021 the average number of global cyberattacks and data breaches increased by 15.1% from the previous year.



Ms Liabo Molapo

Chief Human Resources Officer

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.



The HR Team

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) pays employees 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; promote 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 of misconduct where some resulted in warnings and dismissals, and a medical incapacity

enquiry which also resulted in termination of employment.

The COVID-19 pandemic that has brought significant changes to the ways of working of the organisation and the unit in 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 supported 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 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 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.



Ms Natasha Chetty

Business Development Manager

Business Development

The past year has been a challenging one for business development across public health and many other sectors still recovering and readjusting from the impact of COVID-19. Many non-profit organisations (NPOs) are struggling to cope with reduced donor funding while grappling with increased demands for their services. We have experienced an estimated 30% reduction in relevant solicited funding opportunities, prompting a re-look at business strategies and the funding landscape. The 2021 Impact of COVID-19 on African Civil Society Organisations' survey of over 1 039 civil society organisations in 46 African countries revealed that over 68% of CSOs had experienced a loss of funding since the start of

the pandemic and only 8% had received any funding support from a government emergency relief fund in their country. This emphasizes how critical it is to maintain and enhance agility and adaptability as an NPO to keep moving forward to continue offering health systems services and support to our beneficiaries and partners. Ensuring that current projects are executed optimally and offering funders good value for money is important to us and has supported our sustainability during the challenging COVID-19 funding environment.

Despite the challenges, HST has continued to provide the quality service and support required by the beneficiaries, partners and stakeholders we work with. Our resilience, commitment and the strong relationships with the Department of Health and key funding partners have supported us in sustaining the required level of effort to achieve optimal results across the projects we implement. Strong relationships and continuing support from funders including the CDC through PEPFAR, ELMA Philanthropies, the Johnson and Johnson (J&J) Foundation and the Bristol Meyers Squibb Foundation have also ensured continued funding. This has been achieved through layering COVID-19 response projects on current ones as well as funding for unsolicited projects to address gaps and needs within current projects. Key successful proposals include three large scale multi-year CDC-funded projects and a Bristol Meyers Squibb Foundation (BMSF)-funded project. The CDC-funded projects include continuation of our HIV and TB programme support across four districts in KZN and support to the health information systems in SA and Zambia. The BMSF project is a cervical cancer prevention (treatment) access and control project that has presented an excellent opportunity for the organisation to broaden our areas of work and contribution to improved health service access in rural areas through supporting cervical cancer early diagnosis, treatment and palliative care in the Zululand District. This project is implemented in close collaboration and synergy with our SA SURE PRO project through a focus on supporting HIV-positive women, who face a very high cervical cancer risk. HST's efforts to expand

our footprint into Southern Africa are bearing fruit through our participation in the Zambia CDC-funded health information system strengthening project with HST as sub-partner to the Institute for Health Management (IHM), and the Border Health Project which aims to strengthen border health systems across, and communicable disease control in the eight participating Southern African countries through improved communication, collaboration and data sharing.



Natasha Chetty, Fiorenza Monticelli and Mwenda Imenda

The Johnson and Johnson Foundation-funded Community Health Worker Think Tank (CHWTT) project in which HST is supporting the National Department of Health led Think Tank as the secretariat has gained momentum. This project is overseen by the Business Development (BD) unit. Through the broad range of skills and expertise represented on the Think Tank it provides technical guidance and support to strengthen CHW contribution to PHC service delivery through implementation of the Policy Framework and Strategy for Ward Based Primary Health Care Outreach teams. Through the CHW TT we are supporting priorities of the Department Health to support the effectiveness of this important cadre in the delivery of primary health care services at community level. Since the work on the CHWTT, HST has also partnered with the Johnson and Johnson Foundation on two other front line healthworker-focused projects led by the HST health systems research unit, i.e. funding for a special COVID-19

edition of the South African Health Review and supporting a policy dialogue addressing key lessons and recommendations for SA emergency responses.

Business development encompasses a wide scope of ideas, insights, and activities, and for a dynamic organisation like HST, collaboration is a cornerstone of the work that we do. This includes external collaboration with funders, like-minded partners, clients and beneficiaries, as well as internally across units and projects. Effective collaboration of our business development, technical and corporate services teams in pursuing key opportunities and our successful programme implementation efforts has 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. The BD Unit has also had close involvement with the development of the new five-year organisational strategy for renewed and refocused efforts toward HST's vision and mission. In addition, the unit is supporting and excited about development of the new marketing strategy currently under way for improving the visibility of HST's work, stakeholder engagement and business intelligence to informing current and the identification of new business opportunities.

As a unit with strong technical skills, experience and a good measure of institutional memory, the unit continues to provide organisation-wide support to other units and projects in support of efforts to mobilise funding and strengthen relationship building. We have been actively supporting the HSR and HSTi units find opportunities and implement projects. We have also recently supported our SA SURE project team to provide capacity building support to CBOs on identification and development of funding proposals. This was a wonderful experience for the BD unit providing an opportunity to engage with partners we work with on the ground, enabling us to gain fresh insights into CBO partner needs and capacities which will positively impact both our programme delivery as well as our business development approaches.

Communications

The Communications Unit (CU) entered the new financial year on an optimistic note. We had updated our strategy and focused our attention on closer co-operation with programmes and projects to create more exposure on the work we do as an organisation. We had solidified our processes with regards to channel management, moving onto more agile platforms, thus increasing subscription to our newsletters and LinkedIn, in particular.

We continued to support the National Department of Health efforts to increase awareness on COVID-19 through its Risk Communication and Community Engagement (also known as the Social Listening) forum which has now grown to include messaging for all key health priorities and disease alerts.

Based on our experience within risk communication on COVID-19 we were able to secure funding from Adcock



Ms Antoinette Stafford Cloete
Manager: Communications



Ms Willemien Jansen
Copy and Content Editor



Ms Lebohlang Dikobe
DTP and Layout Artist



Mr Lunga Memela
Communications Officer

Ingram to conduct an information-provision campaign in Umlazi, KwaZulu-Natal, encouraging youth (12-17 years) and men and women aged 35-49 years to vaccinate against COVID-19.

Our Communications Engagement Lead, Lunga Memela, was kept busy supporting our SA SURE PRO Project with story development and site visits with the CDC, contributing over 65 stories from approximately 8 authors. Key health messages were also amplified in the blog space:

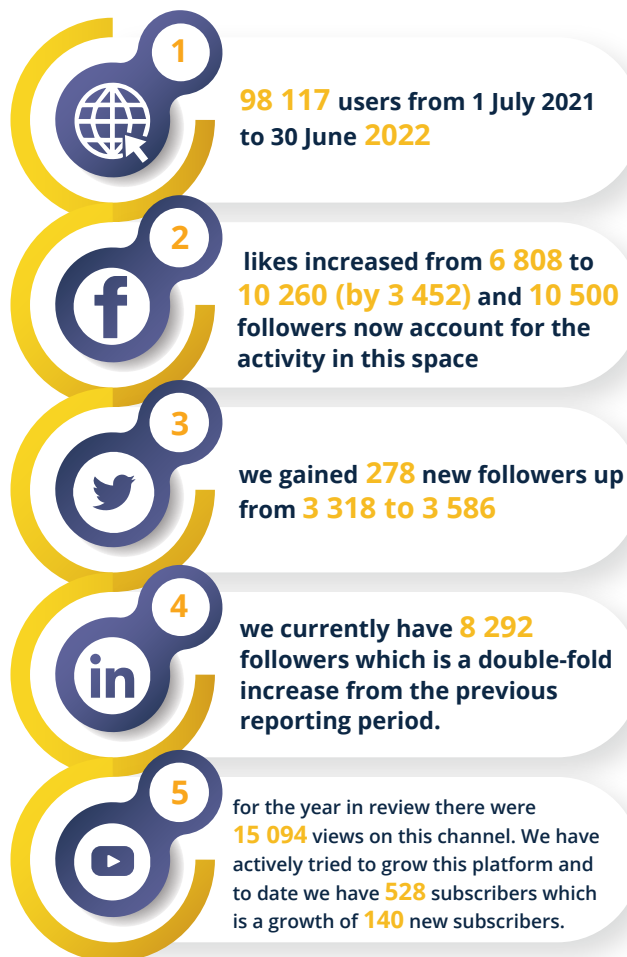
- The Phila Ndoda Programme Promotes Men's Health in Zululand
- Prioritising the needs of children and youth with disabilities
- Hepatitis Can't Wait
- Protecting breastfeeding - a shared responsibility
- HST promotes return to care for CCMDD patients following civil unrest in KZN and Gauteng
- Fast, Reliable and Painless: HST supports facility-based roll-out of assisted HIV self-screening
- In the frontline for persons with disabilities
- Promoting women, maternal, newborn and child healthcare on international gynaecological health day
- HST tackles soaring numbers of teenage substance abuse in KZN'S Umgungundlovu District
- Resilient SA SURE teams ensure patients' continuity of HIV treatment and care
- Today is International Day of Sign Languages, and these researchers are lobbying for equal access to health services for the deaf in South Africa
- Successful roll-out of MINA Men's Health Campaign in KZN's uThukela District
- Bold, brave and surviving breast cancer
- Sleeves up for COVID-19 jabs, now available for teens
- Global Iodine Deficiency Disorders Prevention Day
- Raising attention deficit hyperactivity disorder awareness

- In the age of smart phones, social media and increased dis- and misinformation, how information literate are you?
- It's Disability Rights Awareness Month. What are you doing about it?
- SADC observes Malaria Day on 6 November – there's hope
- World Diabetes Day, "Access to diabetes care"
- "[We] sometimes struggle to speak about our health issues as men" – Varsity students and young professionals at men-only event in Durban
- It's World Prematurity Day! Here's Why it Matters
- We need to care about toilets – World Toilet Day
- The Health Systems Trust hosts newly appointed Senior Advisor to the Office of the U.S. Global AIDS Coordinator at Inanda CHC
- Drug resistance is a serious danger to society
- Orange the world: End violence against women now!
- "We are all born for something good" – Working to address intimate partner and gender-based violence
- Celebrating international day of persons with disabilities
- Opinion Piece: There's a new variant, the fourth wave is here, and the festive season is upon us – get your jab!
- Campaign launch proposes 365 days of activism for no violence against women and children
- Universal Health Coverage Day lobbies for investment in health systems for all
- Department of Health - Health Systems Trust partnership strengthens health systems in Kwazulu-Natal
- Prolong the precious moments you have with your loved ones by adhering to chronic medication
- Make the Girl Child Safe from Cervical Cancer
- World Cancer Day 2022–2024: Close the Care Gap
- OPINION PIECE | Promoting Healthy Mothers and Babies Is Essential, And So Is Keeping Young Girls at School While Safeguarding Them from Pregnancy and STIs

- Happy International Day of Women and Girls in Science!
- Citizens Are Urged To Participate In the 6th South African National HIV, Behavioural & Health Survey
- Obesity – The Silent Killer
- Improving The Clinical Management of Complicated HIV Cases in eThekweni
- Public Health News Share: “Save Your Sight. The World Is Bright” – World Glaucoma Week, 6 to 12 March 2022
- Saving Children’s Lives through Effective Viral Load Management
- Say No to Blessers and Yes to Education - Empowering Young Girls and Boys in uThukela
- Let’s Rally the Troops to Give Rainbow Ridge in Clare Estate a Brighter Tomorrow
- Reflecting on TREATS Project on World TB Day
- Commemorating World TB Day in uThukela
- It’s World Bipolar Day
- HSTi Upskills Driver Mobilisers to Provide HIV Testing Services in uThukela
- This World Health Day, Who Is Calling on you to keep fellow humans and the planet healthy
- NIMART training continues to increase access to antiretrovirals in KZN
- Health Systems Trust launches Covid-19-focused 2021 South African Review
- Facing Down COVID-19 – What We Can Create and Control
- HST salutes society’s unsung heroes, Nurses
- Breakfast Meeting celebrates the launch of two new quality improvement resources to strengthen the health system and better manage TB and HIV in South Africa
- Integrating critical health services with COVID-19 vaccine uptake amongst communities with limited access in Zululand
- Global Vax Campaign launches in Pietermaritzburg
- Taking integrated hospital services into the community

- Promoting Adolescent and Youth Friendly Health Services (AYFS) in KZN
- Youth Day event highlights the need for the increased implementation of adolescent and youth friendly services at local clinics
- Phila Ndoda Men’s Health Campaign brings hope for control of South Africa’s HIV epidemic

Key public health messages continue to be shared across all platforms, both internally and externally and the reception has been good as evidenced by the continued growth on our channels.



Financial Statements

TRUST FOR HEALTH SYSTEMS PLANNING
AND DEVELOPMENT AND ITS SUBSIDIARIES

Annual Financial Statements
for the year ended 30 June 2022



Annual Financial Statements for the year ended 30 June 2022

TRUST INFORMATION

Non-profit Organisation	020/700/NPO
Public benefit organisation	18/11/13/3137
Domicile and country of incorporation	South Africa
Trust (Masters Office - Pretoria)	1098/92
Registered address	1 Maryvale Road, Westville, 3630
Postal address	PO Box 784, Westville, 3630
External auditors	Nolands Inc. Registered Auditors Durban 900583e
Internal auditor	SNG Grant Thornton, Durban
Bankers	Nedbank First National Bank
Kwik Track Travel (Pty) Ltd	
Company registration number 2016/035109/07	2016/035109/07
Health Systems Training Institute (Pty) Ltd	
Company registration number	2016/035163/07
1 on Maryvale (Pty) Ltd	
Company registration number	2020/021380/07

TABLE OF CONTENTS

The reports and statements set out below comprise the annual financial statements presented to the trustee:

Statement of Responsibility for Financial Reporting and Approval of the Consolidated annual financial statements by the Board of Trustees 3	58
Audit and Risk Committee Report	59
Corporate Governance Statement	60
Independent Auditor's Report	64
Report of the Board of Trustees	66
Statement of Financial Position	67
Statement of Comprehensive Income	68
Statement of Changes in Equity	69
Statement of Cash Flows	70
Accounting Policies	71
Notes to the Annual Financial Statements	75

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 17 to 20.

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, Nolands 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 Nolands Inc. audit report is presented on pages 9 to 10.

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 J Naidu, under the supervision of 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 11 to 31 were approved by the Board of Trustees on 22 November 2022 and signed on its behalf by:



Chairperson

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 2022 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 2022 financial year with a minimum of 50% of Committee members attending each meeting.

EXTERNAL AND INTERNAL AUDIT

The Committee approved the appointment of Nolands 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 2022 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: 22 November 2022

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.

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

	Attendees		
	21/10/2021	25/03/2022	24/06/2022
Dr S Ramdial	✓	✓	✓
Dr T Maimela	✓	✓	✓
Dr D Kula (Chairperson)	✓	✓	✓
Mr S Mapetla (Deputy Chairperson)	✓	✓	✓
Ms L Harie	✓	✓	✓
Ms Z Nzama-Rabeng	✓	–	–
Mr L Deodutt	✓	✓	✓
Prof S Maswime	✓	✓	–
Ms L Matsau	–	✓	✓
Adv B Sehlapelo	–	✓	✓

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. 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 2022 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		
	15/09/2021	16/02/2022	18/05/2022
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 2022 annual financial year. No changes to the charter were adopted during the 2022 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 a/ia, 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 2022 financial year.

The Personnel Committee consists of the following members:

	Attendees		
	16/09/2021	17/02/2022	19/05/2022
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		
	16/09/2021	17/02/2022	19/05/2022
Mr S Mapetla (Chairperson, Trustee)	✓	✓	✓
Dr D Kula (Trustee) No Yes No	–	✓	–
Mr L Deodutt (Trustee) Yes Yes Yes	✓	✓	✓

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		
	16/09/2021	15/02/2022	17/05/2022
Ms Z Nzama-Rabeng (Trustee)	–	–	–
Dr S Ramdial (Trustee)	✓	✓	–
Adv B Sehlapelo (Chairperson)	–	✓	–

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 2022 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.



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

Opinion

We have audited the consolidated and separate annual financial statements of Trust for Health Systems Planning and Development (the trust) set out on pages 13 to 31, which comprise the statement of financial position as at 30 June 2022, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the annual financial statements, including a summary of significant accounting policies.

In our opinion, the consolidated and separate annual financial statements present fairly, in all material respects, the financial position of Trust for Health Systems Planning and Development as at 30 June 2022, and its financial performance and cash flows for the year then ended in accordance with International Financial Reporting Standard for Small and Medium-sized Entities.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the consolidated and separate annual financial statements section of our report. We are independent of the trust and 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 annual 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). We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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 year ended 30 June 2022", which includes the reports on pages 3 – 8 and pages 11 - 12. The other information does not include the annual financial statements and our auditor's report thereon.

Our opinion on the annual 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 annual financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the annual financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed on the other information obtained prior to the date of this auditor's report, 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 Trustees for the Consolidated and Separate Annual Financial Statements

The Board of Trustees are responsible for the preparation and fair presentation of the consolidated and separate annual financial statements in accordance with International Financial Reporting Standard for Small and Mediumsized Entities and the requirements of the Trust Deed and laws and regulations applicable to the Trust, and for such internal control as the trustees determine is necessary to enable the preparation of the consolidated and separate annual 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 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 board either intends to liquidate the Trust or to cease operations, or has no realistic alternative but to do so.

Auditor's responsibilities for the audit of the Consolidated and Separate Annual Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated and separate annual 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 International Standards on Auditing 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 annual financial statements.

As part of an audit in accordance with International Standards on Auditing, 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 annual 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 trust's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the 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 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 annual 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 trust to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the annual financial statements, including the disclosures, and whether the annual financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the trustees 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.



Nolands Inc.
Registered Auditor
Practice Number: 900853e
Per: Paul Erasmus CA (SA), RA
22 November 2022
Durban

The Board of Trustees present their annual report for Trust for Health Systems Planning and Development Group for the year ended 30 June 2022.

1. General review

The Trust for Health Systems Planning and Development Group is a dynamic independent non-government 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 13 to 31 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 R35 451 234 (2021: R59 852 019). The group generated a surplus of R33 289 130 (2021: Surplus of R50 265 677)
- 2.3. The ratio of administration expenses in the Trust (excluding the unusual and extraordinary items), against gross income is 4% (2021: 3%) 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 Francisca Nzama - Rabeng	25 August 2015	24 August 2021
Dr Dumani Kula	01 May 2017	
Mr Shad Mapetla	29 November 2017	
Mr Leo Deodutt	25 June 2020	
Dr Salome Maswime	26 May 2020	
Ms Gita Harie	28 June 2020	
Ms Lerato Matsau	28 May 2020	
Adv Bridgette Sehlapelo	30 January 2022	
Dr Tshegofatso Maimela	21 March 2021	
Dr Suresh Ramdial	30 March 2021	

4. Material events after year end

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.

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2022

Figures in Rand	Note(s)	Group		Trust	
		2022	2021	2022	2021
Assets					
Non-Current Assets					
Investments in subsidiaries	2	-	-	3 000	3 000
Property, plant and equipment	3	129 086 377	174 977 043	79 248 748	111 958 157
		<u>129 086 377</u>	<u>174 977 043</u>	<u>79 251 748</u>	<u>111 961 157</u>
Current Assets					
Accrued revenue	4	30 419 645	1 001 484	30 419 645	990 251
Cash and cash equivalents	5	243 210 677	203 164 813	232 512 202	194 445 419
Current tax receivable		380 114	-	-	-
Loans to group companies		-	-	51 124 926	72 000 065
Trade and other receivables and accrued revenue	6	25 585 992	41 474 268	24 947 239	41 332 641
		<u>299 596 428</u>	<u>245 640 565</u>	<u>339 004 012</u>	<u>308 768 376</u>
Total Assets		<u>428 682 805</u>	<u>420 617 608</u>	<u>418 255 760</u>	<u>420 729 533</u>
Equity and Liabilities					
Equity					
Accumulated surplus		236 023 872	202 401 059	240 513 616	205 062 382
Reserves		43 610 399	43 607 399	43 610 399	43 607 399
		<u>279 634 271</u>	<u>246 008 458</u>	<u>284 124 015</u>	<u>248 669 781</u>
Liabilities					
	7	12 065 927	-	-	-
Current Liabilities					
Bank overdraft	5	2 075	-	2 075	-
Current tax payable		-	566 646	-	-
Deferred income	4	90 211 137	135 923 584	90 211 137	135 923 584
Loans from group companies		-	-	47 135	3 000
Nedbank financial liability	7	2 227 191	138	-	-
Provisions	8	-	21 148 198	-	21 148 198
Trade and other payables	9	44 542 204	16 970 584	43 871 398	14 984 970
		<u>136 982 607</u>	<u>174 609 150</u>	<u>134 131 745</u>	<u>172 059 752</u>
Total Liabilities		<u>149 048 534</u>	<u>174 609 150</u>	<u>134 131 745</u>	<u>172 059 752</u>
Total Equity and Liabilities		<u>428 682 805</u>	<u>420 617 608</u>	<u>418 255 760</u>	<u>420 729 533</u>

STATEMENT OF COMPREHENSIVE INCOME

Figures in Rand	Note(s)	Group		Trust	
		2022	2021	2022	2021
Income	4	974 333 731	1 212 680 064	974 333 731	1 224 088 898
Other income	10	4 805 307	25 972 382	6 460 381	25 183 445
Operating expenses		(953 831 926)	(1 197 029 660)	(952 960 442)	(1 194 130 643)
Operating surplus before interest	11	25 307 112	41 622 786	27 833 670	55 141 700
Interest received	12	8 049 306	8 642 891	7 617 564	4 710 319
Surplus before taxation		33 356 418	50 265 677	35 451 234	59 852 019
Taxation	13	(67 288)	-	-	-
Surplus for the year		33 289 130	50 265 677	35 451 234	59 852 019
Other comprehensive income		-	-	-	-
Total comprehensive income for the year		33 289 130	50 265 677	35 451 234	59 852 019

STATEMENT OF CHANGES IN EQUITY

	Trust Reserve Fund	Accumulated Funds Trust	Total trust	Total group equity (Subsidiaries and Trust Retained earnings)
Figures in Rand				
Balance at 01 July 2020	42 037 355	146 780 407	188 817 762	179 570 379
Surplus for the year	-	59 852 019	59 852 019	50 265 677
Other comprehensive income	-	-	-	-
Total comprehensive income 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	-	-	-	16 172 402
Total changes	1 570 044	(1 570 044)	-	
Balance at 01 July 2021	43 607 399	205 062 382	248 669 781	246 008 458
Surplus for the year	-	35 451 234	35 451 234	33 289 130
Other comprehensive income	-	-	-	-
Total comprehensive income for the year	-	35 451 234	35 451 234	33 289 130
Changes in reserves	3 000	-	3 000	3 000
Prior year property, plant and equipment adjustment	-	-	-	333 683
Total changes	3 000	-	3 000	336 683
Balance at 30 June 2022	43 610 399	240 513 616	284 124 015	279 634 271

TOTAL EQUITY COMPRISES THE FOLLOWING:

	2022	2021
Accumulated Surplus Funds	236 023 872	202 401 059
HST Reserve Fund	43 610 399	43 607 399
	<u>279 634 271</u>	<u>246 008 458</u>

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).

STATEMENT OF CASH FLOWS

Figures in Rand	Note(s)	Group		Trust	
		2022	2021	2022	2021
Cash flows from operating activities					
Cash generated from operations	14	15 917 592	63 476 615	9 457 788	54 700 122
Interest income		8 049 306	8 642 891	7 617 564	4 710 319
Tax paid		(1 014 048)	(3 643)	-	-
Net cash from operating activities		22 952 850	72 115 863	17 075 352	59 410 441
Cash flows from investing activities					
Acquisition of property, plant and equipment	3	(2 590 652)	(108 468 401)	(2 215 112)	(22 506 010)
Sale of property, plant and equipment	3	5 388 611	11 433 395	2 285 193	10 077 701
Net cash from investing activities		2 797 959	(97 035 006)	70 081	(12 428 310)
Cash flows from financing activities					
Receipt/(Repayment) of other loans		14 292 980	(28 847 142)	-	-
Advances/(Repayment) of group loans		-	-	20 919 275	(10 213 924)
Net cash from financing activities		14 292 980	(28 847 142)	20 919 275	(10 213 924)
Total cash movement for the year		40 043 789	(53 766 285)	38 064 708	36 768 207
Cash at the beginning of the year		203 164 813	256 931 098	194 445 419	157 677 212
Total cash at end of the year	5	243 208 602	203 164 813	232 510 127	194 445 419

ACCOUNTING POLICIES

1. Basis of preparation and summary of significant accounting policies

The annual financial statements have been prepared on a going concern basis in accordance 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. The accounting policies noted below are consistent with those of the prior year.

1.1 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:

Item	Average useful life
Computer equipment	4 years
Furniture and fittings	6 years
Land and buildings	20 years
Motor vehicles	4 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 1.3). 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.

1.2 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.

1.3 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.

1.4 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.

1.5 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.

1.6 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.

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 twenty-one 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.

1.7 Funded projects

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

1.8 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.

1.9 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.

1.10 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.

1.11 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.

1.12 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.

1.13 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.

1.14 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.

1.15 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.

1.16 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.

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

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand	Group		Trust	
	2022	2021	2022	2021

2. Investments in subsidiaries

Name of subsidiary	% holding 2022	% holding 2021	Carrying amount 2022	Carrying amount 2021
I on Maryvale (Pty) Ltd	100 %	100 %	1 000	1 000
Health Systems Training Institute (Pty) Ltd	100 %	100 %	1 000	1 000
Kwik Track Travel (Pty) Ltd	100 %	100 %	1 000	1 000

2022

Summarised SOCI	Revenue	Profit/loss	Total comprehensive income
I on Maryvale (Pty) Ltd	3 731 601	210 829	210 829
Health Systems Training Institute (Pty) Ltd	1 098 195	(847 083)	(847 083)
Kwik Track Travel (Pty) Ltd	17 799 309	(1 521 835)	(1 521 835)
	22 629 105	(2 158 089)	(2 158 089)

2021

I on Maryvale (Pty) Ltd	1 264 562	1 264 562	1 264 562
Health Systems Training Institute (Pty) Ltd	83 838 415	83 838 415	83 838 415
Kwik Track Travel (Pty) Ltd	8 828 797	788 937	9 617 735
	93 931 774	85 891 914	94 720 712

2022

Summarised SOFP	Non-current assets	Current assets	Non-current liabilities	Current liabilities	Total net assets
I on Maryvale (Pty) Ltd	25 496 395	2 686 907	(25 810 473)	(2 697 812)	(324 983)
Health Systems Training Institute (Pty) Ltd	-	21 939	(3 845 577)	(28 750)	(3 852 388)
Kwik Track Travel (Pty) Ltd	37 341 234	9 008 496	(46 487 668)	(171 440)	(309 378)
	62 837 629	11 717 342	(76 143 718)	(2 898 002)	(4 486 749)

2021

Summarised SOFP	Non-current assets	Current assets	Non-current liabilities	Current liabilities	Total net assets
I on Maryvale (Pty) Ltd	26 708 434	1 573 654	(28 000 000)	(817 901)	(535 812)
Health Systems Training Institute (Pty) Ltd	1 033 874	3 144 399	(6 960 741)	(222 837)	(3 005 305)
Kwik Track Travel (Pty) Ltd	64 645 119	4 154 200	(66 075 198)	(1 511 662)	1 212 457
	92 387 427	8 872 253	(101 035 939)	(2 552 400)	(2 328 660)

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand	Group		Trust	
	2022	2021	2022	2021

3 Property, plant and equipment

Group	2022			2021		
	Cost or revaluation	Accumulated depreciation	Carrying value	Cost or revaluation	Accumulated depreciation	Carrying value
Buildings	27 257 935	(1 923 958)	25 333 977	27 049 487	(563 531)	26 485 956
Furniture and fixtures	5 950 173	(5 186 576)	763 597	7 704 445	(5 044 379)	2 660 066
IT equipment	27 608 002	(19 731 518)	7 876 484	25 847 483	(15 242 264)	10 605 219
Motor vehicles	215 427 260	(120 314 941)	95 112 319	232 920 038	(97 694 236)	135 225 802
Total	276 243 370	(147 156 993)	129 086 377	293 521 453	(118 544 410)	174 977 043

Trust	2022			2021		
	Cost or revaluation	Accumulated depreciation	Carrying value	Cost or revaluation	Accumulated depreciation	Carrying value
Furniture and fixtures	5 950 173	(5 186 576)	763 597	7 704 446	(5 044 379)	2 660 067
IT equipment	27 584 003	(19 710 852)	7 873 151	25 823 484	(15 229 598)	10 593 886
Motor vehicles	171 305 931	(100 693 931)	70 612 000	182 857 450	(84 153 246)	98 704 204
Total	204 840 107	(125 591 359)	79 248 748	216 385 380	(104 427 223)	111 958 157

Reconciliation of property, plant and equipment - Group - 2022

	Opening balance	Additions	Disposals	Prior year adjustment	Depreciation	Closing balance
Buildings	26 485 956	208 448	-	-	(1 360 427)	25 333 977
Furniture and fixtures	2 660 066	32 625	(1 553 821)	-	(375 273)	763 597
IT equipment	10 605 219	1 991 166	(89 723)	-	(4 630 178)	7 876 484
Motor vehicles	135 225 802	358 413	(1 507 364)	333 668	(39 298 200)	95 112 319
	174 977 043	2 590 652	(3 150 908)	333 668	(45 664 078)	129 086 377

Reconciliation of property, plant and equipment - Group - 2021

	Opening balance	Additions	Disposals	Adjustment	Depreciation	Closing balance
Buildings	465 590	26 471 191	-	-	(450 825)	26 485 956
Furniture and fixtures	1 341 382	1 913 748	-	-	(595 064)	2 660 066
IT equipment	6 979 034	8 017 391	-	4 666	(4 362 404)	10 605 219
Motor vehicles	141 400 804	55 655 992	(8 688 532)	(338 334)	(52 804 128)	135 225 802
	150 186 810	92 058 322	(8 722 000)	(333 668)	(58 212 421)	174 977 043

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand	Group		Trust	
	2022	2021	2022	2021

3. Property, plant and equipment (continued)**Reconciliation of property, plant and equipment - Trust - 2022**

	Opening balance	Additions	Disposals	Depreciation	Closing balance
Furniture and fixtures	2 660 067	32 628	(1 553 825)	(375 273)	763 597
IT equipment	10 593 886	1 991 166	(89 723)	(4 622 178)	7 873 151
Motor vehicles	98 704 204	191 318	(290 124)	(27 993 398)	70 612 000
	111 958 157	2 215 112	(1 933 672)	(32 990 849)	79 248 748

Reconciliation of property, plant and equipment - Trust - 2021

	Opening balance	Additions	Disposals	Depreciation	Closing balance
Furniture and fixtures	1 341 382	1 913 749	-	(595 064)	2 660 067
IT equipment	6 959 701	8 017 391	(33 468)	(4 349 738)	10 593 886
Motor vehicles	138 584 308	12 574 870	(8 688 532)	(43 766 442)	98 704 204
	146 885 391	22 506 010	(8 722 000)	(48 711 244)	111 958 157

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand

4. Grant income

Grant income for the Trust for the year ended 30 June 2022

	HSS	HSR	CDC	Corporate Services	Total	Accrued revenue	Deferred revenue	Total
Centre for Disease Control (CDC)	-	-	891 532 748	-	891 532 748	24 399 532	(53 235 627)	862 696 653
London School of Hygiene & Tropical Medicine (3IE)	-	905 741	-	-	905 741	-	-	905 741
European & Developing Countries Clinical Trials Partnership Association (EDCTP)	-	4 880 873	-	-	4 880 873	-	-	4 880 873
Health Information Systems Program (HISP)	1 476 227	-	-	-	1 476 227	-	(283 323)	1 192 904
Dept. of Health	-	-	-	-	-	-	-	-
Massachusetts General Hospital	-	-	-	1 104 866	1 104 866	1 157	(1 072 500)	33 523
Positive Action for Children Fund	1 360 187	-	-	-	1 360 187	-	-	1 360 187
The ELMA Foundation	38 683 453	-	-	-	38 683 453	-	(7 568 780)	31 114 673
The University of Cape Town (UCT)	2 609 580	-	-	-	2 609 580	-	(509 722)	2 099 858
Bill and Melinda Gates Foundation	23 883 686	-	-	-	23 883 686	-	(5 869 993)	18 013 693
Grand Challenges Canada	-	-	-	-	-	-	-	-
Johnson & Johnson	-	1 768 285	-	10 352 275	12 120 560	-	-	12 120 560
The Heart & Stroke Foundation	-	-	-	-	-	-	-	-
UK Online Giving Foundation	-	-	-	387 700	387 700	-	-	387 700
Integration of TB in Education and Care for HIV/AIDS	-	-	-	3 117 998	3 117 998	744 871	(876 616)	2 986 253
Ragon Institute	-	-	-	15 353 327	15 353 327	2 774 954	(4 415 747)	13 712 534
The Regents of University of California	-	-	-	1 671 918	1 671 918	44 583	(375 507)	1 340 994
Aquity Innovations	14 455 023	-	-	-	14 455 023	-	-	14 455 023
Bill and Melinda Gates Foundation - DO ART	-	-	-	-	-	-	-	-

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand

4. Grant income(continued)

WITS Reproductive Health & HIV Institute	4 187 961	-	-	-	4 187 961	-	(450 177)	3 737 784
The DG Murray Trust	-	1 061 897	-	-	1 061 897	-	-	1 061 897
United Nations Population Fund	295 224	-	-	-	295 224	-	(139 224)	156 000
Bristol Myers Squibb Foundation	13 015 389	-	-	-	13 015 389	-	(12 920 388)	95 001
Institute for Health Measurement	2 527 211	-	-	-	2 527 211	-	(2 493 533)	33 678
United Nations Childrens Fund	-	-	-	948 202	948 202	-	-	948 202
Adcock Ingram Healthcare (Pty) Ltd	-	-	-	1 000 000	1 000 000	-	-	1 000 000
	102 493 941	8 616 796	891 532 748	33 936 286	1 036 579 771	27 965 097	(90 211 137)	974 333 731

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.

Accrued interest and Other income for the 2022 financial year amounts to R4 909 096.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand

4. Grant income (continued)

Grant income for the Trust for the year ended 30 June 2021

	HSS	HSR	CDC	Corporate Services	Total	Accrued revenue	Deferred revenue	Total
Centre for Disease Control (CDC)	-	-	1 222 714 441	-	1 222 714 441	-	(84 086 499)	1 138 627 942
London School of Hygiene & Tropical Medicine (3IE)	-	6 454 896	-	-	6 454 896	-	(742 784)	5 712 112
European & Developing Countries Clinical Trials Partnership Association (EDCTP)	-	21 571 758	-	-	21 571 758	-	(4 880 873)	16 690 885
Health Information Systems Program (HISP)	941 813	-	-	-	941 813	-	-	941 813
Dept. of Health	-	2 469 999	-	-	2 469 999	-	-	2 469 999
Massachusetts General Hospital	-	-	-	2 650 791	2 650 791	-	(876 616)	1 774 175
The ELMA Foundation	38 726 811	-	-	-	38 726 811	-	(14 939 207)	23 787 604
The University of Cape Town (UCT)	3 901 615	-	-	-	3 901 615	-	(671 913)	3 229 702
Bill and Melinda Gates Foundation	-	-	-	3 374 032	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	-	(1 768 285)	2 542 408
The Heart & Stroke Foundation	-	151 079	-	-	151 079	-	-	151 079
Ragon Institute	-	-	-	9 925 619	9 925 619	-	(715 605)	9 210 014
The Regents of University of California	-	-	-	762 694	762 694	-	(325 715)	436 979
Aquity Innovations	14 505 268	-	-	-	14 505 268	-	(167 342)	14 337 926
Bill and Melinda Gates Foundation - DO ART	24 214 424	-	-	-	24 214 424	-	(23 883 686)	330 738
WITS Reproductive Health & HIV Institute	2 593 212	-	-	-	2 593 212	-	(2 452 162)	141 050
The DG Murray Trust	-	746 350	-	-	746 350	-	(412 900)	333 450
	84 880 133	33 803 660	1 222 714 441	18 614 251	1 360 012 485	-	(135 923 587)	1 224 088 898

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.

Accrued interest and Other income for the 2021 financial year amounts to R990 249.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand	Group		Trust	
	2022	2021	2022	2021
5. Cash and cash equivalents				
Cash and cash equivalents consist of:				
Bank balances	243 206 355	203 159 799	232 507 880	194 440 405
Bank overdraft	(2 075)	-	(2 075)	-
Cash on hand	4 322	5 014	4 322	5 014
	243 208 602	203 164 813	232 510 127	194 445 419
Current assets	243 210 677	203 164 813	232 512 202	194 445 419
Current liabilities	(2 075)	-	(2 075)	-
	243 208 602	203 164 813	232 510 127	194 445 419

The cash and cash equivalents listed above are unencumbered and earmarked for project specific expenditure. The above figures include an amount of R43 610 399 (2021: R43 607 399) in a designated account described as the HST Reserve Fund which is a discretionary fund and not project specific.

For the facility granted to I On Maryvale Proprietary Limited, the following security has been given to Nedbank Limited: First covering mortgage bond over I Maryvale Road, Dawncliffe, Westville for R21 600 000.
Cession of any insurance policy required in terms of covering the mortgage bond mentioned above.
Pledge and cession over all present and future lease agreement(s).

For the facility granted to Kwik Track Travel Proprietary Limited, the following security has been given to Nedbank Limited: Security cession, in favour of Nedbank Limited for wholesale account 7648110415 for R5 000 000.

6. Trade and other receivables and accrued revenue

Deposits	1 027 570	3 587 408	1 011 610	3 586 906
Other receivables	2 309 084	11 855 217	2 244 686	11 855 216
Prepaid expenses	823 890	4 352 552	270 774	4 340 052
Receiver of Revenue - Value Added Tax	21 425 448	21 679 091	21 420 169	21 550 467
	25 585 992	41 474 268	24 947 239	41 332 641

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.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand	Group		Trust	
	2022	2021	2022	2021
7. Nedbank financial liability				
At amortised cost				
Nedbank bond	14 293 118	138	-	-
The bond bears interest at 7.25% per annum and is repayable in monthly instalments of R181 994,83 inclusive of interest per agreement.				
Non-current liabilities				
At amortised cost	12 065 927	-	-	-
Current liabilities				
At amortised cost	2 227 191	138	-	-
	14 293 118	138	-	-
8. Provisions				
Provisions	-	21 148 198	-	21 148 198
9. Trade and other pay				
Accruals	33 455 873	4 568 270	33 309 765	4 148 124
Operating lease liability	540 316	292 950	540 316	292 950
Trade payables	10 546 015	12 109 364	10 021 317	10 543 896
	44 542 204	16 970 584	43 871 398	14 984 970
The fair value of trade and other payables approximate their carrying values.				
10. Other income				
Profit and loss on sale of assets	2 237 703	2 711 395	351 521	1 355 697
Profit on exchange differences	15 051	430	15 051	430
Other income	2 552 553	23 260 557	6 093 809	23 827 318
	4 805 307	25 972 382	6 460 381	25 183 445

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand	Group		Trust	
	2022	2021	2022	2021
11. Surplus/(Deficit) before interest				
Surplus/(Deficit) before interest is stated after the following:				
Income				
Income	974 333 731	1 212 680 064	974 333 731	1 224 088 898
Other income	4 805 307	25 972 382	6 460 381	25 183 445
	979 139 038	1 238 652 446	980 794 112	1 249 272 343
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				
Consultants, legal support and license fees	6 827 180	1 280 435	6 574 509	776 959
Depreciation on property, plant and equipment (refer to note 2)	45 664 078	58 212 421	32 990 849	48 711 244
External consultants	33 307 712	90 430 802	33 307 712	90 430 802
Operating lease rentals				
Land and buildings	10 272 118	9 842 179	13 624 885	9 842 179
Other	5 748 875	8 477 272	1 379 851	6 772 145
	16 020 993	18 319 451	15 004 736	16 614 324
Key Management Personnel:				
Remuneration: Key Management Personnel	7 421 881	8 162 024	7 421 881	8 162 024
Remuneration: Other Staff	734 527 003	924 899 063	733 436 210	841 474 794
12. Investment revenue				
Interest revenue				
Bank	8 049 306	8 642 891	7 617 564	4 710 319

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand	Group		Trust	
	2022	2021	2022	2021
13. 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				
The current taxation relates to Kwik Track Travel Proprietary Limited.				
14. Cash generated from operations				
Surplus before taxation	33 356 418	50 265 677	35 451 234	59 852 019
Adjustments for:				
Depreciation and amortisation	45 664 078	58 212 421	32 990 849	48 711 244
Profit on disposal of property, plant and equipment	(2 237 703)	(2 711 395)	(351 521)	(1 355 697)
Interest received	(8 049 306)	(8 642 891)	(7 617 564)	(4 710 319)
Changes in reserves	3 000	-	3 000	-
Correction of error - Retained earnings adjustment	-	16 172 402	-	-
Changes in working capital:				
Trade and other receivables and accrued revenue	(13 529 886)	(10 171 146)	(13 041 947)	(6 164 917)
Trade and other payables	(39 289 009)	(39 648 453)	(37 976 263)	(41 632 208)
	15 917 592	63 476 615	9 457 788	54 700 122

15. Operating lease commitments**Minimum lease pay**

- within one year	6 788 787	4 833 695	6 788 787	4 833 695
- in second to fifth year inclusive	13 377 910	9 051 094	13 377 910	9 051 094
Present value of minimum lease payments	20 166 697	13 884 789	20 166 697	13 884 789

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 without express permission from the lessor.

The note relates to the Trust's lease commitments within one year and from the second to fifth year.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand	Group		Trust	
	2022	2021	2022	2021
16. Related parties				
Relationships				
Subsidiaries			Kwik Track Travel (Pty) Ltd	
			Health Systems Training Institute (Pty) Ltd	
			I on Maryvale (Pty) Ltd	
Related party balances				
Loan accounts - Owing (to) by				
I on Maryvale (Pty) Ltd			744 546	28 000 000
Health Systems Training Institute (Pty) Ltd			3 845 577	5 926 867
Kwik Track Travel (Pty) Ltd			46 534 803	38 075 198
Trust for Health Systems Planning and Development			(51 124 926)	(72 002 065)
The above loans are unsecured, interest free and have no fixed terms of repayment.				
Related party transactions				
Rent paid to related parties				
I on Maryvale (Pty) Ltd			3 731 601	1 264 562
Administration fees received from related parties				
Trust for Health Systems Planning and Development			-	7 823 082
I on Maryvale (Pty) Ltd			744 026	-
Kwik Track Travel (Pty) Ltd			4 449 827	-
Health Systems Training Institute (Pty) Ltd			274 549	-
Hire of asset				
Kwik Track Travel (Pty) Ltd			17 799 309	8 828 797
Disposal of assets - Profit/loss				
Trust for Health Systems Planning and Development			-	360 326
Training revenue received from related parties				
Health Systems Training Institute (Pty) Ltd			1 098 195	-

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

17. Going concern and subsequent events

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.

18. Contingent liabilities and securities

Kwik Track Travel Proprietary Limited has an investment account that is pledged as security for an amount of R5 000 000. This investment is due to mature on 04 November 2022, after which the company will seek a revocation of the pledge for the full amount.

FUNDERS AND PARTNERS

- Adcock Ingram
- Aquity Innovations NPC
- DG Murray Trust
- Heart and Stroke Foundation South Africa
- Johnson & Johnson Foundation
- KwaZulu-Natal Department of Health
- London School of Hygiene and Tropical Medicine
- National Institutes of Health
- Public Health Enhancement Fund (PHEF)
- South African National Department of Health
- The Bill & Melinda Gates Foundation
- The Bristol Myers Squibb Foundation
- The ELMA Philanthropies
- The European and Developing Countries Clinical Trials Partnership (EDCTP)
- University of Cape Town
- United Nations Children's Fund (UNICEF)
- U.S. President's Emergency Plan for AIDS Relief (PEPFAR)
- ViiV Healthcare UK Ltd
- Wits Reproductive Health and HIV Institute

PARTNERS AND GRANT COLLABORATORS

- Anova Health Institute
- ASG IT Support Services
- BroadReach Healthcare
- Delft Imaging Systems
- Eastern Cape Department of Health
- Equity Health Consulting
- Free State Department of Health
- Gauteng Department of Health
- Genius Quality
- Gilead Sciences, Inc.
- Grounded Media (Pty) Ltd
- Health Economics and AIDS Research Division (HEARD)
- University of KwaZulu-Natal
- Health Information Systems Programme (HISP)
- Human Sciences Research Council (HSRC)
- Imperial College London
- Insight Actuaries & Consultants
- Institute for Health Measurement Southern Africa
- Integration of TB in Education and Care for HIV/AIDS (iTEACH)
- Interactive Research and Development SA
- Kavaraco (Pty) Ltd
- KwaZulu-Natal Department of Health
- Limpopo Department of Health
- Maternal, Adolescent and Child Health Institute (MatCH)
- Mpilonhle
- Mpumalanga Department of Health
- National Health Research Committee
- National Health Research Ethics Council
- National Health Laboratory Service (NHLS)
- National Institute Community Development and Management (NICDAM)
- National Institute for Communicable Diseases (NICD)
- National Research Fund
- Northern Cape Department of Health
- North-West Department of Health
- Optimizing Performance by Improving Quality (OPIQ) Consortium, in partnership with the University of California, San Francisco
- Population Services International (PSI)
- Project Last Mile
- QIAGEN
- Right to Care
- Sabin Vaccine Institute
- Solugrowth (Solutions for Growth) (Pty) Ltd
- TB/HIV Care
- The Aurum Institute
- The International Union Against TB and Lung Disease
- University of KwaZulu-Natal
- University of North Carolina at Chapel Hill
- University of Oxford
- University of Sheffield
- University of the Witwatersrand
- Western Cape Department of Health

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