



HEALTH
SYSTEMS
TRUST



ANNUAL REPORT 2022/23

OUR FOOTPRINT

1. Gauteng

› Midrand

2. KwaZulu-Natal

› eThekweni: Westville Durban

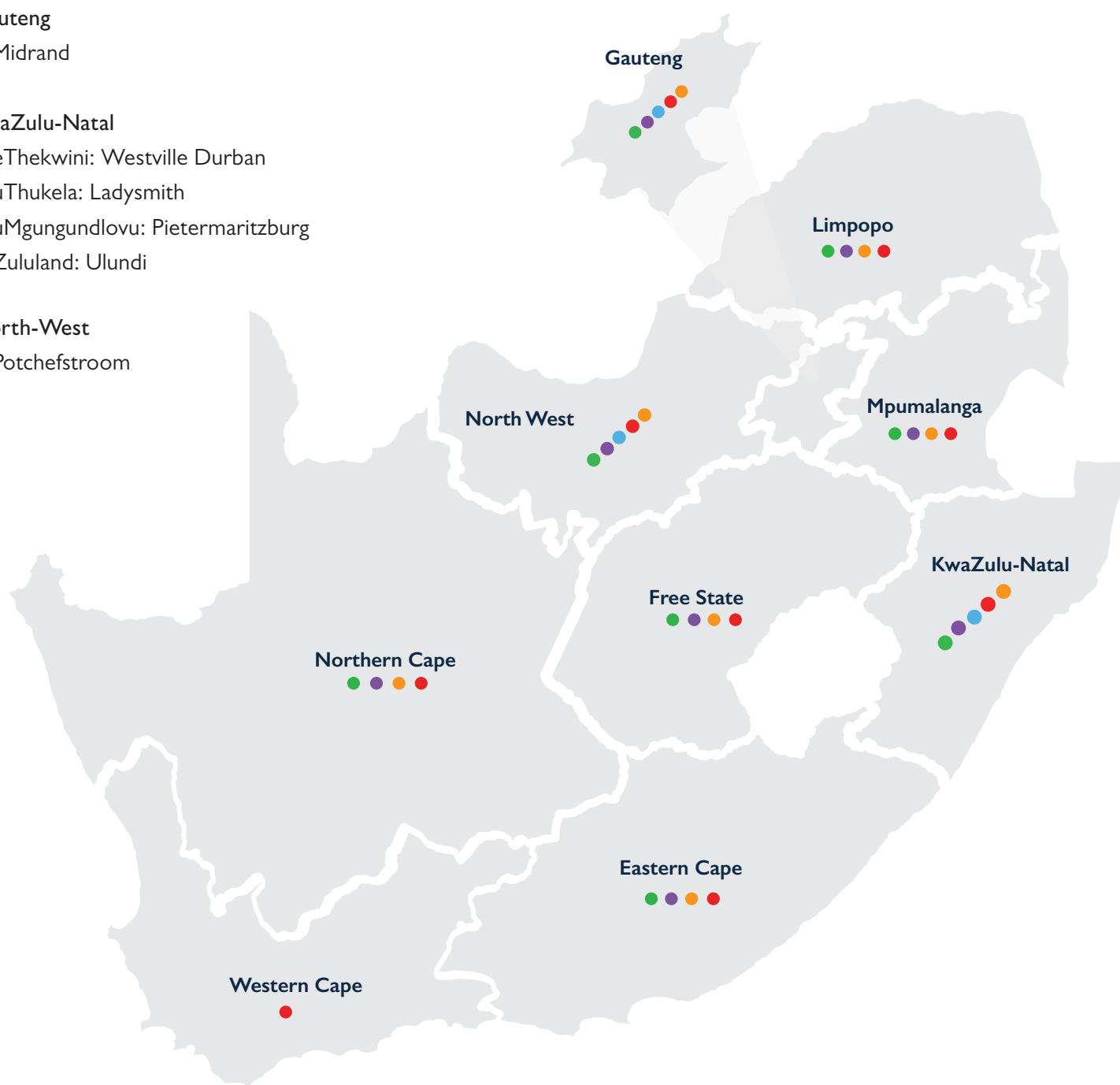
› uThukela: Ladysmith

› uMgungundlovu: Pietermaritzburg

› Zululand: Ulundi

3. North-West

› Potchefstroom



- Management and implementation support
- Priority health programmes
- Essential national health research

- Information for planning, monitoring, evaluation and decision-making
- Mentoring and training

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ABOUT US

The Health Systems Trust (HST), a leading role-player in South African public health, focuses on health systems research and strengthening, and strategic support in the implementation of priority health programmes. Established in April 1992, 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.

Our Vision

Improved health access and outcomes in South Africa and beyond

Our Mission

A renowned African organisation driving change for effective and equitable health systems

Our Values

Our values as an organisation always motivate us to aim higher and strive to be and do better. They are easily remembered by the acronym **ASPIIRE** which captures the essence of who we are.

Our Approach

A PHC and implementation science approach that is inspired by:

- Being people-centred, collaborative, multi-disciplinary, evidence-based, locally driven and innovative.

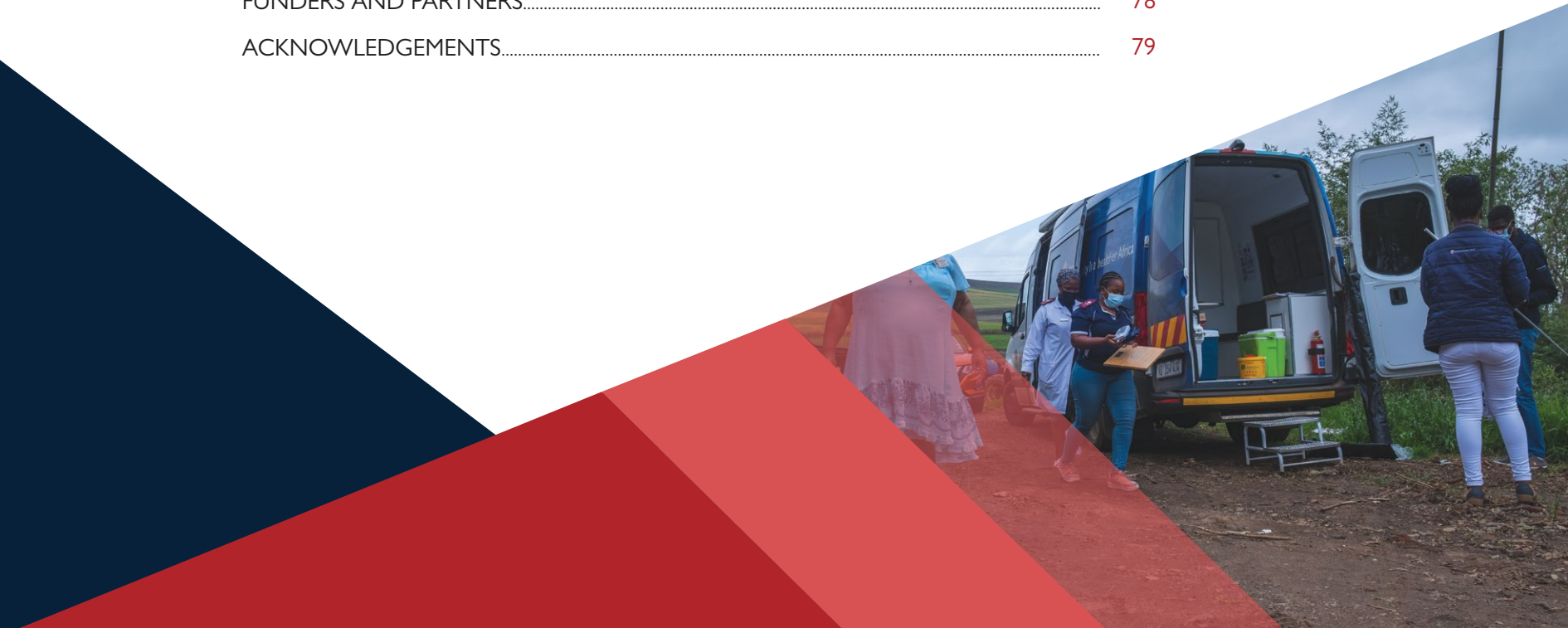


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ABBREVIATIONS & ACRONYMS

ACDC	Africa Centres for Disease Control and Prevention	HPSR	health policy and systems research
AIDS	Acquired Immunodeficiency Syndrome	HR	human resources
APC	adult primary care	HSS	health systems strengthening
ART	antiretroviral therapy	HSRC	Human Sciences Research Council
AYFS	Adolescent- and Youth-friendly Services	HTS	HIV Testing Services
BDS	birth defect surveillance	HTS_POS	the number of individuals who received HIV Testing Services and received an HIV-positive test result
CBA	community-based ART	HTS_YIELD	the number of clients diagnosed as HIV-positive out of those tested for HIV
CBOs	community-based organisations	ICT	Information Communication and Technology
CCMDD	Central Chronic Medicine Dispensing and Distribution programme	ICTS	index contact testing services
CCPAC	Cervical Cancer Prevention Action and Control Programme	IHM	Institute for Health Measurement
CDC	U.S Centers for Disease Control and Prevention	IHRs	international health regulations
CHAI	Clinton Health Access Initiative	IOM	International Organization for Migration
CIDERU	Cancer & Infectious Diseases Epidemiology Research Unit	IMCI	Integrated Management of Childhood Illness
CINDI	Children in Distress Network	IPs	implementing partners
CMM	Case Management Model	IRD SA	Interactive Research and Development South Africa
COP	country operational plan	IT	Information Technology
COSO	Committee of Sponsoring Organizations of the Treadway Commission	ITIL	Information Technology Infrastructure Library
CSO	Clinic Support Officer	J&J	Johnson & Johnson
CQI	continuous quality improvement	KAP	Knowledge, Attitude and Practice
DGMQ	Division for Global Migration and Quarantine	KIIs	key informant interviews
DHS	district health services	KZN	KwaZulu-Natal
DMoC	differentiated models of care	KZN DoH	KwaZulu-Natal Department of Health
DO ART	Delivery Optimization for Antiretroviral Therapy	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)
DsD	direct service delivery	LGBTQI+	lesbian, gay, bisexual, transgender, and queer or questioning
DSP	district support partner	LSHTM	London School of Hygiene and Tropical Medicine
EDCTP	European & Developing Countries Clinical Trials Programme	M&E	monitoring and evaluation
eIMCI	electronic Integrated Management of Childhood Illness	MCWH	Maternal, Child and Women's Health
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	NHI	National Health Insurance
HPRS	Health Patient Registration System	NHI-IS	National Health Insurance Information Systems

ABBREVIATIONS & ACRONYMS

NHLS	National Health Laboratory Service	TA	technical assistance
NHRC	National Research Health Committee	TB	tuberculosis
NHRD	National Health Research Database	TEG	Tropical Epidemiology Group
NIMART	Adult Primary Care and Basic HIV Course for Health Professionals	TLD	Tenofovir, Lamivudine, Dolutagravir
NPER	National Pregnancy Exposure Registry	TREATS	Tuberculosis Reduction through Expanded Anti-Retroviral Treatment and TB Screening
OPIQ	Optimizing Performance by Improving Quality	TROA	total remaining on ART
PACF	Positive Action for Children's Fund	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)	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	U=U	Undetectable=Untransmittable
PITC	provider-initiated testing and counselling	UB	Unfinished Business for Paediatric and Adolescent HIV
PLWHIV	people living with HIV	UHC	universal health coverage
PMMH	Prince Mshiyeni Memorial Hospital	UCSF	University of California, San Francisco
PMTCT	Prevention of mother to child transmission	UKZN	University of KwaZulu-Natal
PoE	points of entry	UTT	universal testing and treatment
POEs	Portfolios of Evidence	VL	viral load suppression rate
PoPCAB	Population Connectivity across Borders	Wits RHI	Witwatersrand's Reproductive Health and HIV Institute
POPS	PEPFAR Operation Phuthuma Support	WHO	World Health Organization
PrEP	pre-exposure prophylaxis	ZAMSTAR	Zambia South Africa
PSP	provincial support partner		
PuP	pick-up point		
QI	quality improvement		
RIS	Research and Implementation Science		
S/GAC	U.S. Global AIDS Co-ordinator and Health Diplomacy (Bureau in the State Department)		
SA	South Africa		
SAHR	South African Health Review		
SANC	South African Nursing Council		
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		
SR	sub-recipient		

MEET THE BOARD OF TRUSTEES



Prof Salome Maswime • Chairperson

Salome Maswime is a Full Professor and the Head of the Global Surgery Division at the University of Cape Town; and an Obstetrician and Gynaecologist. She is a member of the Academy of Science South Africa. She is the vice-President of the Women in Global Health South Africa; and member of the FIGO Committee on Ethical Aspects of Human Reproduction. After specialising she completed her MMED and PHD in Obstetrics and Gynaecology. She did a postdoctoral research fellowship at the Massachusetts General Hospital and Harvard Medical School. She has received numerous awards for her research contribution, including the trailblazer and young achiever award by the President of South Africa in 2017, and the 20 Young Shapers of the Future in Health and Medicine by Encyclopedia Britannica.



Dr Dumani Kula (Stepped down as Board Chair in March 2023, and retired from the Board in May 2023)

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



Mr Shadrack Mapetla • Deputy Chair

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



Dr Peter Barron • 2nd Deputy Chairperson

Dr Peter Barron is an independent public health consultant with extensive experience of health systems research, monitoring and evaluation, health sector management and delivery of primary health care and health systems strengthening, especially in sub-Saharan Africa (including in-depth expertise in the management of HIV, TB and MCH programmes). He has a keen understanding of The Global Fund and how it works at global and country levels. He has a background in accounting and understands the issues of health financing and sustainability from a developing country, sub-Saharan African perspective. He was a member of the TERG of The Global Fund (2018 to 2022) and is an honorary Associate Professor at the School of Public Health, University of the Witwatersrand (since 2017).



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 University of Natal.



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.



Adv Bridgette Sehlapelo • Trustee

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 management/Executive. During her tenure as an in-house legal practitioner, she worked in different institutions, specialising in various areas of law. Advocate Sehlapelo later joined the Advocate's Bar where she is presently practising as an Advocate.



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.



Mr Leo Deodutt • Trustee

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



Ms 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 Lerole David Mametja • Trustee

Lerole David Mametja is currently the Head of Department, Core Operations with the Health Professions Council of South Africa. Prior to that, he was Chief Programme Officer of TB and HIV Care, as well as the National TB Programme (NTP) Manager (Chief Director), in the National Department of Health for 11 years until June 2019. He has more than 20 years of experience in public health. He has held executive management positions, including as CEO of the Health Systems Trust. He served as Programme Executive of TB HIV Care until December 2019, and has been a Non-executive Director/Board Member from January 2020. He holds a Masters' Degree in Public Health (MPH) in Health Policy and Management from Columbia University, New York.



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 systems policy development and programme implementation, HIV and TB. He has co-authored several articles in the areas of 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.

Our sincere gratitude to the Trustees who were serving on HST's Board during the reporting period and whose terms have since come to an end.

Dr Suresh Ramdial (to end February 2023) • Dr Dumani Kula (to end May 2023) • Dr Tshegofatso Maimela (to end 31 July 2023)



Prof Salome Maswime

CHAIRPERSON

MESSAGE FROM THE CHAIRPERSON

The 2022 – 2023 year was one in which we achieved a number of important milestones. Soon after concluding our financial year in June 2023, the Board approved HST's 2023 – 2028 strategy in October which will inform and guide the organisation's work over the next five years.

As part of this process we refreshed our vision and mission statements. While strongly anchored in the work and contributions we have made to the development and improved performance of the health system in South Africa over the past 31 years since our establishment in 1992, we are an organisation committed to improving health on the African continent, which begins with addressing health system needs and priorities for the sixty-two million people living in South Africa. In the next few years the Board, working closely with management, will drive implementation of this strategy in line with our vision of improved health access and outcomes in South Africa and beyond, and our mission of being at the forefront of driving change for effective and equitable health systems.

The COVID-19 pandemic's impact on society and health systems strongly drove home the critical importance of building and sustaining resilient health systems. This remains central to HST's work and purpose. In this report we highlight achievements across our different areas of work; including strengthening local capacity for providing sustainable care and treatment services for HIV and tuberculosis and using investments in these programmes to support Maternal, Child and Women's Health in South Africa. HST does its work with funding support from the U.S President's Emergency Plan for AIDS Relief (PEPFAR) through the U.S Centers for Disease Control and Prevention (CDC) in the KwaZulu-Natal province, which is the province with the second-highest HIV prevalence in the country. Working in collaboration with the province and as support partner in four high burden districts we have provided technical assistance (TA) and direct service delivery (DsD) support in 328 and 249 facilities respectively and to their associated communities.

Work began on the publication of the 2022 – 2023 *District Health Barometer*, due to be released in early 2024 with a number of enhancements, including an interactive dashboard. This signals the return of this important health system resource for planning and evidence-based decision-making after an absence of two years. Relatively new areas of work that have continued, and which speak to HST's commitment to broadening our areas of contribution to the health system, include HST's support for the national community health worker programme, and support for the implementation of a cervical cancer prevention and treatment access programme in the Zululand District, from which we expect to generate lessons for improving service access and health outcomes in rural underserved populations.

As new challenges emerge, renewed focus and support is often required for challenging areas of established programmes that may experience declining performance. In this regard HST responded to an important opportunity to conduct qualitative research to identify barriers to immunisation in children in select zero-dose communities, which we trust will contribute to a greater understanding of the factors behind low childhood immunisation in affected districts; childhood immunisation being one of the most cost-effective interventions to improve child health.

HST's support to national health information systems has also continued through support for the implementation of the national Health Patient Registration System (HPRS) in the targeted 400 clinics and 40 public hospitals in eight provinces in the country.

The breadth of the programmes supported by HST, as well as challenges experienced and achievements, are further detailed in this report. On behalf of the Board of Trustees of HST, its management and staff, I would like to thank all our funders, partners, and stakeholders for their support in making our work possible over the past year and contributing to its success. I wish to thank my fellow Trustees for their unfailing support, and the staff of HST for their dedicated work at this time of transition as we pivot to the implementation of the 2023 – 2028 strategy at a time when health systems are facing many new challenges related to climate change and the emergence of new pandemic threats.

Our commitment to the shared vision of a successful and strong partner for South Africa's health system, leading in the areas of our expertise, being open to new ways of working, and embracing new challenges in a bid to emerge stronger, signals a positive future in the fast changing environment of the current era. I wish to express my special thanks to our former Board Chairperson Dr Dumani Kula, who retired from the HST Board in May 2023 after completing his six-year term, as well as my two former colleagues Dr Suresh Ramdial and Dr Tshegofatso Maimela who also stepped down from HST's Board in 2023.



PROFESSOR SALOME MASWIME
Chairperson of the Health Systems Trust Board of Trustees



Dr Themba Moeti

CEO

MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

Having celebrated 30 years of HST's existence in 2022, the 2022– 2023 financial year saw HST symbolically begin its journey on the next 30 years. The significance of work undertaken in the past year was therefore two-fold; implementation of plans and achievement of intended outcomes for each of our programme areas of work for the year, while also having relevance to, and providing the foundation from which we would begin to shape the next five years and beyond as we developed the organisation's strategy for the period 2023 – 2028.

In the reporting period we implemented 15 grants with an estimated value of R965 million, a good achievement in the current highly competitive and somewhat constrained funding environment. Our work has spanned the areas of support for the national HIV and TB responses, including paediatric and adolescent HIV services, improving access to cervical cancer prevention and treatment services, health information systems, improving access to medicines for patients with chronic diseases, supporting demand for and uptake of COVID-19 vaccination, and support to the national community health worker programme.

It has also included work on gathering evidence to better understand the barriers to uptake of childhood immunisation in selected districts and production of two key health system resources; the *District Health Barometer* and the *South African Health Review*, HST's annual policy implementation analysis journal. Beyond South Africa's borders we continued work supporting a health information systems project in Zambia.

In 2022 we concluded HST's support for a regional initiative borne out of the COVID-19 pandemic to strengthen border health systems in eight Southern Africa Development Community member states: Botswana, Eswatini, Lesotho, Mozambique, Namibia, South Africa, Zambia and Zimbabwe. This was a multi-sectoral project that involved engagement and collaboration between health and non-health sectors, including ministries of health, foreign affairs, interior, and animal health, in neighbouring countries with the involvement of regional organisations such as the Southern African Development Community (SADC), Africa Centers of Disease Control and Prevention (CDC), International Organization for Migration (IOM), and the World Health Organization (WHO), with the aim of greater collaboration, information sharing and improved capacity in participating countries to identify and respond to regional public health events in the future.

Efficient grant and financial management have seen us continue to deliver effectively on grants that we execute and programmes we support, enabling us to continue to provide effective support to the health system. A longstanding tradition of unqualified audits, cost efficient project management, and effective delivery have continued to build strong and trusting relationships with clients we serve. This has helped maintain funder confidence in the work we do as an organisation providing good value for resources with which we are entrusted, an essential ingredient that has helped us build long-term relationships with our funders where good performance and delivery on project objectives remain our highest priority.

Being in the second decade of HST's support to the national HIV and TB responses, a key consideration at this time as we continue to provide support to national efforts to reach the country's

95-95-95 targets by 2025, is consolidating and helping build a firm foundation for the sustainability of programme interventions into the future, working with government at national and provincial level, our funders, partners and stakeholders as well as with the communities we serve.

The data from the Sixth South African National HIV Prevalence, Incidence, Behaviour and Communication Survey (2022) provides an important baseline to measure our progress and to guide the work ahead with 7.8 million people living with HIV (PLHIV) in the country in 2022, 90% of adults living with HIV knowing their status, 91% of those diagnosed being on antiretroviral treatment (ART) and 94% of those on ART virally suppressed. The disproportionate impact of the HIV epidemic on certain demographic groups, African, women and the youth will need to guide our efforts, investments and strategies if we are to achieve the goal of epidemic control by 2030.

Much of our HIV and TB work on the ground is focused in the KwaZulu-Natal Province, one of the highest burden provinces where we support four districts and serve as the Provincial Support Partner. This report provides further details on our work in the Province, progress against the 95-95-95 targets in the province and our tailored interventions to enhance treatment adherence, and return patients lost to care interventions working jointly with staff at provincial, district, facility and community level to improve performance against the “second 95”. We have seen a continued positive trajectory in the number of patients on treatment in the districts we support which has risen to over 850 000, reversing the negative impacts of the COVID-19 pandemic and the period of civil unrest and floods in the province, all of which significantly impacted access to care and treatment adherence.

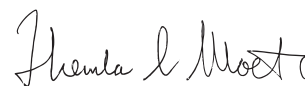
This report also provides information on achievements across all our projects and work undertaken in the nine provinces of the country as we strive to ensure that our work contributes not only to delivery of specific project or programme objectives, but that we effectively leverage funding that we receive to provide health systems strengthening support to enhance the sustainability of programme investments.

I would like to take this opportunity to thank my colleagues on the executive team and all HST staff for the excellent teamwork and collaboration across all units of the organisation that are central to the achievements we made in the past year, and our success as an

organisation. Our sincere thanks to our Board of Trustees for their continuing support and guidance and giving generously of their time to support our work.

Our work would not be possible without the support of all our funders and the support and collaboration of the National Department of Health, and the Provincial Departments of Health which are central to our success and which is greatly appreciated.

We look forward to implementation of HST’s renewed strategy over the next five years and through our support for priority national programmes to making our contribution towards the countries achievement of our national health goals on the journey to 2030, embracing emerging health challenges, and continuing to expand the scope of HST’s work to address these.



DR THEMBA MOETI
Chief Executive Officer

EXECUTIVE SUMMARY



The Health Systems Trust celebrates 31 years in the health systems research and strengthening industry for this reporting cycle.

Now operating under its third five-year grant, and funded by the U.S. President's Emergency Fund for AIDS Relief (PEPFAR) through the Centers for Disease Control and Prevention (CDC), the **SA SURE PRO Project** strengthens local capacity for providing sustainable care and treatment services for HIV, tuberculosis and Maternal, Child and Women's Health (MCWH) in South Africa (SA). The work entails HST serving as provincial support partner (PSP) and district support partner (DSP) in the eThekweni, uMgungundlovu, uThukela and Zululand Districts of KwaZulu-Natal (KZN), through an approach aimed at building sustainability through management support. This is grounded in formal training designed to build accountability and consequence-management strengths in the Department of Health (DoH) management teams, and continued mentorship and coaching at all levels of the health system.

Funded by the Bill & Melinda Gates Foundation, the Health Systems Trust is building on the impressive work and innovative outputs of the **'Delivery Optimization for Antiretroviral Therapy'** (DO ART) community-based ART demonstration project that was implemented from July 2021 to December 2022. The aim is to learn from the first phase of the project for enhancing the capacity of the KwaZulu-Natal Department of Health (KZN DoH) and its implementing partners to apply the DO ART approach for integrated client- and patient-centred community-based care.

The **Cervical Cancer Prevention, Access and Control (CCPAC) Project**, implemented in Zululand District, KZN, aims to improve access to early screening, diagnosis, treatment and palliative care services for cervical cancer through community-informed, participatory, evidence-based interventions. Funded by the Bristol Meyers Squibb Foundation, the project is in its second year of implementation and is implemented by a consortium of partners comprising HST, Genius Quality and The Cancer & Infectious Diseases Epidemiology Research Unit (CIDERU) at the University of KwaZulu-Natal (UKZN) and the KZN Department of Health.

'UBOMI BUHLE' stands for **'Understanding Birth Outcomes from Mothers and Infants, Building Healthcare by Linking Exposures'**, drawing from an isiXhosa phrase meaning **'life is beautiful'**. The **UBOMI BUHLE/Pregnancy Exposure Register (PER)** project was launched on 1 October 2021 in KwaZulu-Natal to monitor adverse effects on maternal health and birth outcomes from obstetric, therapeutic, clinical, infectious, and/or environmental exposures during pregnancy. The project is funded by the Wits Reproductive Health and HIV Institute (Wits RHI) through a grant from CDC through PEPFAR, and the Bill & Melinda Gates Foundation.

The fourth year of implementation of the **Unfinished Business (UB) Phase II Project**, funded by ELMA Philanthropies, was completed at the end of April 2023. The objective is to institutionalise strategies to achieve the UNAIDS global 95-95-95 targets for its 'Getting to Zero' strategy to end the HIV epidemic among children and adolescents by 2030. The project continued to support 81 facilities in KZN – 45 health facilities in eThekweni, 13 in uMgungundlovu, and 23 in Zululand – through provision of technical assistance and community outreach services to the targeted age group (0–19 years).

The **Global VAX Programme** under the 'Initiative for Global Vaccine Access' funded by the Centers for Disease Control and Prevention and implemented through its Task Force for Global Health. The purpose is to improve uptake of COVID-19 vaccination in six sub-districts in KwaZulu-Natal Province. The project is layered on an existing HIV/TB footprint for accelerated community entry, and the vaccine teams are partnered with community-based HIV and TB service-providers funded by the U.S. President's Emergency Fund for AIDS Relief so as to reduce stigma, increase uptake, and widen the vaccine education scope with specific access for those most vulnerable to COVID-19 infection.

The **Accelerating Development Against Pandemic Threats (ADAPT)** Global VAX project, funded by Right to Care (RTC) through the U.S. Agency for International Development (USAID), was implemented by HST from October 2022 until June 2023. The Global VAX campaign is a new initiative for global vaccine access to accelerate vaccine delivery assistance around the world. The core focus of the project was to improve access to COVID-19 vaccines, promote equity, and increase uptake of community-based vaccination services while strengthening facility-based vaccination by integrating immunisation into Primary Health Care services. The original goal of the project was to serve 70% of the eligible population in the HST ADAPT-supported districts, these being eThekweni South and four sub-districts in Zululand: AbaQulusi, Nongoma, Ulundi, and uPhongolo.

During the period under review, HST's **Health Information Technology (HIT) Project** team celebrated its eighth year of health system strengthening support to the National Department of Health. The team has successfully implemented the Health Patient Registration System (HPRS) in 3 215 public health establishments across eight provinces and 46 districts (excluding the Western Cape). The HST HIT Technicians were sub-contracted to the Health Information Systems Program South Africa (HISP-SA) to support the roll-out of HPRS at hospitals and the National Health Laboratory Service (NHLS) desktop access at clinics.

In 2021, the **South African Health Review (SAHR)** took an in-depth look at the response of the health sector to COVID-19, the challenges facing the health system, and how to begin rebuilding a better system. As a continuation of this theme, the 2022 edition looks

to the future by exploring health systems recovery after COVID-19, offering promising examples of COVID-19 response, mitigation, and recovery strategies. Emerging lessons from these efforts may be used to enhance health system resilience in South Africa and better prepare the country for future pandemics.

The Health Systems Trust, together with the Johnson & Johnson Foundation and Deloitte Africa, convened a **virtual closed policy dialogue** session entitled 'Post COVID-19 recovery: considerations for human resources for health.' The aim of the dialogue was to gather perspectives and stimulate discussion on how to leverage responses to COVID-19 to strengthen the health system for future pandemic preparedness as South Africa transitions from the pandemic response to recovery.

South Africa adopted the **Ward-based Primary Health Care Outreach Team (WBPHCOT)** Strategy in 2011. The WBPHCOTs consists of community health workers supported by nurse team leaders, and linked to local primary health care facilities (via referral, support and oversight). The WBPHCOTs are envisaged as a key element of PHC in the future National Health Insurance (NHI) system, and a WBPHCOT Policy Framework was launched in December 2017. The aim of the project was to conduct data analysis for the initial phase of the rapid assessment of the implementation of the Ward-Based Primary Healthcare Outreach Teams policy framework across the nine provinces.

The **Expanded Programme on Immunisation in South Africa (EPI-SA)** was introduced with an aim to protect children and pregnant women from diseases that can be prevented by immunisation, thereby preventing death and reducing suffering from childhood diseases. The perception of the importance of vaccines for children declined by 29.9% in South Africa in 2023, according to the United Nations Children's Fund (UNICEF). The aim of the project is to identify the supply and demand barriers and develop local strategies to improve childhood immunisation in four zero dose districts in South Africa. This will allow for policy makers to better understand the current immunisation landscape in South Africa and to provide strategies that can be implemented to improve uptake. The project is funded by UNICEF.

The **District Health Barometer** (DHB) received funding from the Public Health Enhancement Fund (PHEF) to produce the 2023 edition of the publication. The publication of the DHB after a 2 year hiatus was a very satisfying achievement for the team and a well-received development by regular users of the DHB and the broader health system, with its absence very much felt since the last edition published in 2020. The aim of the District Health Barometer is to provide a resource that illustrates health systems performance at national and provincial level as well as across the 52 districts across South Africa.

HIGHLIGHTS/ ACHIEVEMENTS OF THE YEAR

By financial year-end our staff component stood at 1 927 and our financial position is positive with a project portfolio of approximately R965 million in hand.



The **Cervical Cancer Prevention, Access and Control (CCPAC)** Project in Zululand District is strengthening the existing cancer surveillance programme initiated at Queen Nandi Regional Hospital; Project Officers were appointed, and cervical cancer has been added to the National Cancer Registry for collection of Zululand data. A cervical cancer patient tracking tool has been developed and is being piloted in the supported facilities. Through the project, cervical cancer screening and education has been extended to the community through provision of a roving Mobile Clinic, and initial results show an increasing demand for these services. Cervical cancer screening services in Zululand have improved markedly in the past year, with the overall uptake improving from 70% to 90% in the last quarter. From October 2022 to May 2023, 1 500 women received Pap smears in their communities.

The **District Health Barometer** received funding from the Public Health Enhancement Fund to produce the 2023 edition of the publication. An innovation that will be launched for this edition is an online, interactive data dashboard for the DHB that will feature a user-led navigation through the various pages of the dashboard, as well as the ability for the user to drill down geographically from national level to sub-district level.

South Africa Sustainable Response to HIV/AIDS and TB (SA SURE PRO) Project through continued support for case-finding and continuity of care, we have helped to increase the number of patients on treatment by 6 679. We have strengthened DoH ART and TB programme performance monitoring through applying the Operation Phuthuma (acceleration towards the 95-95-95 targets) approach, working at all levels for improved accountability and performance management. Our provincial support guides policy development for sustained improvement in the programme beyond the grant lifespan.

Key interventions for programme growth and scale-up in this regard include strengthened implementation of the Universal Test and Treat strategy through the case management approach; bolstering differentiated models of care through extended drug formularies and Clinician-led medicine pick-up points; augmenting community-based ART services and TB screening through Community Caregivers, Community Health Nurses and the Peer Mentor strategy; and reinforcing programmes targeting men and youth.

Childhood Immunisation Project - The Expanded Programme on Immunisation in South Africa (EPI-SA) was introduced with an aim to protect children and pregnant women from diseases that can be prevented by immunisation, thereby preventing death and reducing suffering from childhood diseases. The aim of the project is to identify the supply and demand barriers and develop local strategies to improve childhood immunisation in four zero dose districts in South Africa. This will allow for policy makers to better understand the current immunisation landscape in South Africa and to provide strategies that can be implemented to improve uptake.



Health Systems Trust, together with the Johnson & Johnson Foundation and Deloitte Africa, convened a virtual closed policy dialogue session entitled **'Post COVID-19 recovery: considerations for human resources for health.'** The aim of the dialogue was to gather perspectives and stimulate discussion on how to leverage responses to COVID-19 to strengthen the health system for future pandemic preparedness as South Africa transitions from the pandemic response to recovery.

Ward-Based Primary Healthcare Outreach Teams Rapid Assessment - The aim of the project was to conduct data analysis for the initial phase of the rapid assessment of the Ward-Based Primary Healthcare Outreach Teams policy framework implementation across the nine provinces. This will provide NDoH with a broad overview of the implementation of the policy framework as well as provide recommendations and lessons learned to improve implementation.

The **Pregnancy Exposure Registry / Birth Defect Surveillance (PER / BDS – UBOMI BUHLE)** Project has a 98% enrolment rate to date. Of the 4 452 pregnant women who have been recruited, 4 368 have been enrolled. All participants have a known HIV status, with 26.5% being HIV-positive. Through the project, 13 congenital disorders have been recorded since October 2021, nine being major disorders (0.3%) and four being minor disorders (0.2%). A key project component is capacity-building for Midwives at the sentinel and referral sites on the management of adverse maternal and child health outcomes, with training for Department of Health staff comprising eight modules. Since the commencement of this initiative, there has been a visible improvement in the quality of data completed on maternity case records and facility health records in comparison to the baseline.

Unfinished Business for Paediatric and Adolescent HIV in KwaZulu-Natal made significant strides in ensuring the institutionalisation of the Paediatric and Adolescent Matrix of Interventions (Moi). This was cemented through capacitating the districts on the Moi, and ongoing mentorship support provided by the UB technical team at facility, sub-district and district levels. Implementation of the Moi has improved in Zululand District, as the NDoH has taken a leading role in implementing and monitoring this national initiative. Implementation gaps in the other two districts are being closely monitored and supported by the UB technical team. Key to achieving the project objectives has been strengthening collaboration with partners such as the CINDI Children in Distress Network, community-based organisations and the Departments of Social Development and Basic Education. Through these partnerships, the UB project successfully participated in the KZN Department of Health's Isibhedlela kubantu initiative in May 2023 in eThekweni District, which showcased the UB project's psychosocial interventions. This was an inter-project and multi-stakeholder event involving HST's SA SURE PRO and DO ART project staff as well as TB/HIV Care Association which provided community-based clinical and psychosocial services.

In October 2022, HST hosted a delegation from the Clinton Health Access Initiative – the Unfinished Business Consortium's national co-ordinating partner – to present on HST's Case Management Model that was developed and implemented by the SA SURE PRO team in uMgungundlovu District. This visit led to documentation of the model for sharing with the NDoH towards consideration of a national roll-out of the model.

The teams at the **Global Vax** Initiative are utilizing influenza vaccination drives, integrated PHC service provision, and transformational partnerships to extend coverage in order to meet the project's ambitious targets for the implementation of priority health programmes, which includes improving the uptake of COVID-19 vaccination in South Africa. The project team works closely with the Department of Health to ensure that demand-creation activities focus on the demographic groups with the greatest gap-to-vaccine-target.

In Zululand, our team conducted extensive community engagement, mapping, and mobilisation efforts across 29 areas and communities, so as to educate community members about the importance of COVID-19 vaccination and to facilitate the vaccination process whenever feasible. By the end of April 2023, **7 325** COVID-19 vaccinations had been conducted through community engagement activities at targeted outreach points. HST teams worked closely with the DoH facility staff to integrate COVID-19 vaccination into routine health care services through provision of intensive technical assistance across 60 facilities in eThekweni South and Zululand.

The 2022 **South African Health Review** includes commentary from healthcare workers, researchers, government advisors, academics, activists, and members of the community. It encompasses a diverse array of subjects, including reflections from the Ministerial Advisory Committee on COVID-19 regarding their work and the knowledge gained from it. Additionally, it explores the ramifications of COVID-19 on maternal, women, and child health and highlights the gendered implications of the pandemic, revealing that women experienced more pronounced effects of stress, fear, and depression during the lockdown period compared to men.

DO ART demonstration of community-based HIV treatment in two KwaZulu-Natal districts yielded the following results during implementation of the first phase:

- 10 359 individuals tested for HIV
- 993 HIV-positive clients identified and provided with community-based ART (9.6% yield)
- Index contact testing identified as the most successful case-finding strategy with a high positivity yield (36%)
- Initiation rate at 100%, with a same-day initiation rate of 94%
- 95% of patients retained in care for the duration of the project
- Viral load completion rate of 88% – exceeding the provincial average of 79%
- Viral load suppression rate of 74% – exceeding the standard of care (49.5%) in the supported districts.

In order to build a compendium of lessons learned, a rich tapestry of information gathered through these fora's quantitative and qualitative components can be analysed. This will allow the original demonstration project to serve as the basis for focused interventions aimed at enhancing case-finding and ART adherence in communities that are difficult to access and among patients who do not engage in health-seeking behaviour. The KZN-DoH and its implementing partners have received technical help to expand community-based ART service delivery in order to increase treatment and care access, based on the lessons learned.



DIRECTORATES AND UNIT REPORTS

The Health Systems Trust (HST) operates through its Programmes, Corporate Services (which includes Administration, Fleet and Travel), Finance (which includes Grants and Compliance), Human Resources, Business Development and Communications 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 Ronel Visser
Director: HSS



Ms Joslyn Walker
Programme Manager: HSS - SA SURE PRO



Ms Rakshika Bhana
Programme Manager: HSS - UB and eMCI



Dr Vishen Jugathpal
Programme Manager (National)

PROGRAMMES

HEALTH SYSTEMS STRENGTHENING AND RESEARCH AND IMPLEMENTATION SCIENCE UNITS

The Programmes' Directorate consists of the Health Systems Strengthening (HSS) unit which focuses on the implementation of technical support on behalf of the South African government as well as international and national donors and the Research and Implementation Science (RIS) unit.

The Health Systems Trust supports programmes and conducts health systems research at all levels of the health system, including community-based organisations, district, provincial, national, and institutional levels.

Project managers, researchers, technical specialists, health professionals, social scientists, facilitators, mentors, and experts from a wide range of fields work for the directorate. They are all passionate health activists committed to enhancing the health of the country and the communities we serve. From research on health systems and policies to programme evaluations and evidence-based technical support for the expansion of national health initiatives and priority health programmes, they oversee and carry out a wide range of projects. They collaborate well to fulfil HST's objective of being a reliable partner in enhancing health equity.

THE HEALTH SYSTEMS STRENGTHENING UNIT

In order to improve district-based services and the performance of the health system, the Health Systems Strengthening unit strategically uses, analyzes, and distributes information about health and associated disciplines. In the last several years, HST's contribution to national efforts to meet Sustainable Development Goal (SDG) targets for HIV and TB control has placed a significant emphasis on support for the swift scaling up of HIV and TB service delivery at the facility and district level. The aforementioned is made possible by the deployment of HST facilitators, technical advisers, physicians, and other employees who collaborate closely with healthcare professionals and health district administration teams at the provincial level. Through training and mentoring, in addition to supplementary services, the objective is to transmit skills for long-term quality improvement in service delivery.



HST and DoH staff happy to be of service at the Youth Day event.

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.

South Africa Sustainable Response to HIV/AIDS and TB (SA SURE PRO) Project

Now operating under its third five-year grant, and funded by the U.S. President's Emergency Fund for AIDS Relief (PEPFAR) through the Centers for Disease Control and Prevention (CDC), the SA SURE PRO Project strengthens local capacity for providing sustainable care and treatment services for HIV, tuberculosis and Maternal, Child and Women's Health (MCWH) in South Africa (SA).

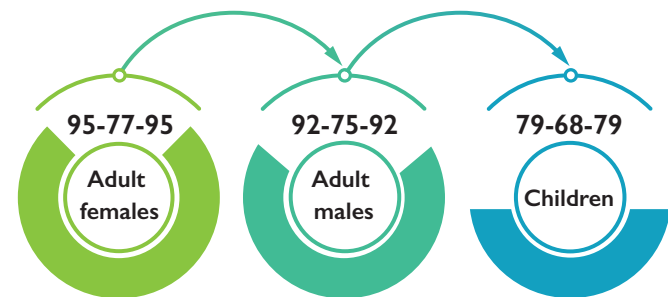
The work entails HST serving as provincial support partner (PSP) and district support partner (DSP) in the eThekweni, uMgungundlovu, uThukela and Zululand Districts of KwaZulu-Natal (KZN), through an approach aimed at building sustainability through management support. This is grounded in formal training designed to build accountability and consequence-management strengths in the Department of Health (DoH) management teams, and continued mentorship and coaching at all levels of the health system.

A hybrid model of direct service delivery (DsD) and technical assistance (TA) is implemented, whereby supplemental staff are assigned to provide facility- and community-based service delivery in partnership with DoH staff, and HIV and TB subject-level experts are assigned to provide technical support to DoH managers. We provide support in 378 facilities, with DsD staff allocated to 249 facilities across the four districts.

Interventions for HIV and TB epidemic control are crafted to build the capacity of communities, civil society and the DoH for HIV and TB case-finding, adult and child HIV care and treatment services, laboratory strengthening services, elimination of mother-to-child transmission of HIV (EMTCT), TB/HIV co-infection, community engagement, and health system strengthening.

Programme successes

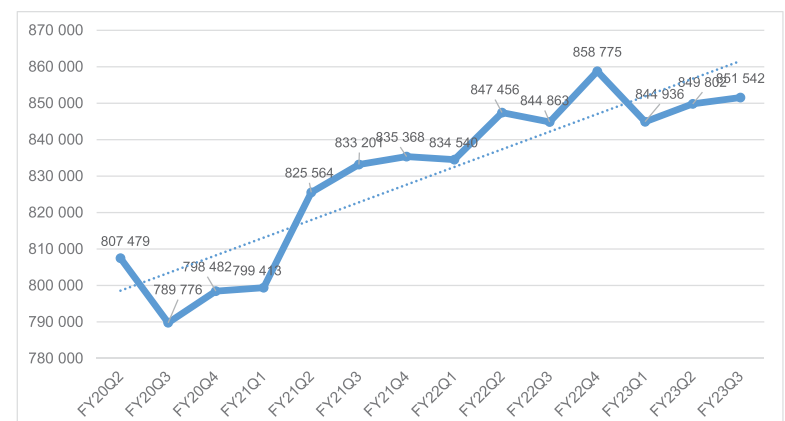
KZN has the second highest HIV prevalence in the country, with the greatest concentration of HIV infection occurring in eThekweni, which also has the greatest gap to target in terms of the 95-95-95 cascade. Together with the DoH, we have worked to close these gaps to the 95-95-95 UNAIDS goals through targeted interventions for integrated care and treatment. The cascade is represented in different population groups as follows:



This year, through continued support for case-finding and continuity of care, we have helped to increase the number of patients on treatment by **6 679**.

Figure 1 illustrates the continued growth in the number of patients on treatment since March 2020, showing a positive trajectory across the four supported districts. The past year has been a consolidation period, to recover from two years of devastating external events that had a severe negative impact on the health system.

Figure 1: Trend analysis of patients on treatment in four HST-supported districts March 2020 – June 2023



During the COVID-19 Level 5 lockdown from 27 March to 16 April 2020:

- ✓ 3 236 HIV-positive patients in eThekweni missed appointments.
- ✓ 93% of them were returned to care within five weeks.

In January 2021, the same methodology was applied to recover from the second COVID-19 wave:

- ✓ In eThekweni, missed appointments were reduced by 5 443, and
- ✓ the overall number of patients remaining on treatment increased by 4 061.

Ten days of unrest in July 2021 caused facility closures in all four districts:

- ✓ 58 196 patients had missed appointments.
- ✓ 46 819 of them were returned to care within six weeks of the violence abating.

Devastating floods and landslides in eThekweni (11–13 April 2022):

- ✓ Headcount fell by 79 264 from average (-12%)
- ✓ Early missed appointments increased by 9 588
- ✓ 10 098 'missed'

These shocks to the system have been counteracted through continued implementation of standard operating procedures and guidelines to strengthen the provision of high-quality care in sustained and systematic ways.

Through supportive supervision at facility level, along with focused interventions at facility and community levels, we are strengthening the following interventions:

- Targeted testing, case management, peer-led models for adherence, and community-based ART for patient-centred services
- Implementation of a status-neutral approach to HIV Testing Services to improve prevention and treatment outcomes
- Evidence-led approaches based on disaggregated targets for age and sex and key populations (orphans and vulnerable children, the LGBTQI+ community, sex workers, men)
- Community-based ART services that strengthen patient-centred approaches

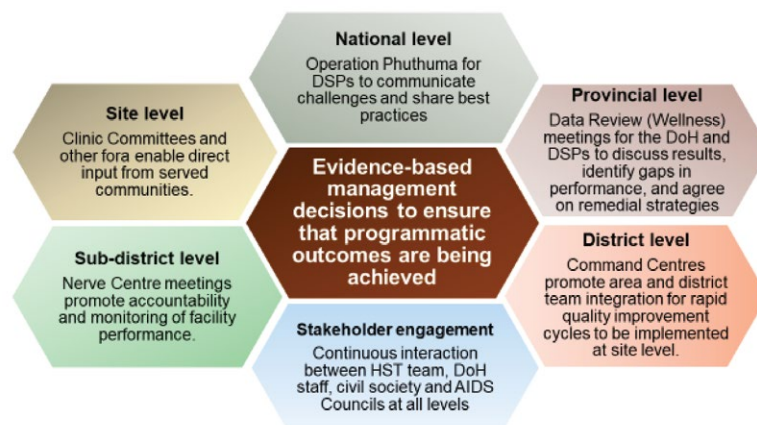
- Differentiated modalities of care through supply chain support, service provider engagement and community engagement
- Mentorship to District and Local AIDS Councils for improved clinical governance
- Support to Advanced Clinical Care programmes to reduce mortality from advanced HIV disease
- Strengthened file management systems and implementation of clinical chart audits for clinical governance, and data validation.



Community-based ART service delivery in uThukela (left) and uMgungundlovu (right)

These activities are implemented through evidence-based quality improvement plans, as illustrated in Figure 2.

Figure 2: Honeycomb illustration of the decision matrix:



We have strengthened DoH ART and TB programme performance monitoring through applying the Operation Phuthuma approach, working at all levels for improved accountability and performance management. Our provincial support guides policy development for a sustained improvement in the programme beyond the grant lifespan.

Next steps

Maintaining a people-centred focus

In line with the award's original objectives, HIV and TB care is optimised through patient-centred approaches. Key interventions for programme growth and scale-up in this regard include:

- strengthened implementation of the Universal Test and Treat (UTT) strategy through the case management approach;
- bolstering differentiated models of care through extended drug formularies and Clinician-led medicine pick-up points (PuPs);
- augmenting community-based ART services and TB screening through Community Caregivers, Community Health Nurses and the Peer Mentor strategy; and
- reinforcing programmes targeting men and youth.

Towards guiding, but not doing

During this reporting period, momentum has heightened towards changing the way in which we implement the project in the quest for enhanced sustainability through systematic devolution to DoH staff and adopting a more intense role in supportive supervision.

In April 2023, we presented a funder-approved project transition approach – based on a model to minimise undue reliance on DSP implementation – to the Provincial DoH. We will further downscale our direct service delivery support, and strengthening technical assistance through expanded training and development, management support and subject-level expertise assigned to strengthen identified programme areas, such as health promotion, health planning, and monitoring and evaluation.

This correlates with the planned reduction of approximately 500 staff positions at the end of financial year 2023, signalling a 27% increase in technical assistance (TA) posts and a 37% reduction in DsD posts.

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' 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 (UCSF) 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 SA SURE PRO Project also contributes to regular blog articles that showcases the work of its teams and individuals at the coalface of HIV/AIDS, STI and TB interventions. For more information on these do go to our website blog article section.

DO ART demonstration of community-based HIV treatment in two KwaZulu-Natal districts

Through this project, funded by the Bill & Melinda Gates Foundation, the Health Systems Trust is building on the impressive work and innovative outputs of the ‘Delivery Optimization for Antiretroviral Therapy’ (DO ART) community-based ART demonstration project that was implemented from July 2021 to December 2022.

The aim is to learn from the first phase of the project for enhancing the capacity of the KwaZulu-Natal Department of Health (KZN DoH) and its implementing partners to apply the DO ART approach for integrated client- and patient-centred community-based care, and thereby support all people towards leading healthy, productive lives.

Achievements

Implementation of the first phase of the project yielded the following results:

- 10 359 individuals tested for HIV
- 993 HIV-positive clients identified and provided with community-based ART (9.6% yield)
- Index contact testing identified as the most successful case-finding strategy with a high positivity yield (36%)
- Initiation rate at 100%, with a same-day initiation rate of 94%
- 95% of patients retained in care for the duration of the project
- The project had no missed appointments in the nine months prior to the extreme flooding in April 2022
- Viral load completion rate of 88% – exceeding the provincial average of 79%
- Viral load suppression rate of 74% – exceeding the standard of care (49.5%) in the supported districts.

The community response has been overwhelmingly positive, with barriers to care and treatment being identified through community dialogues, one-on-one engagement with healthcare workers and recipients of services, and focus group sessions.

The quantitative and qualitative data gathered through these fora have provided a rich tapestry of information to analyse and collate into a compendium of lessons learnt, so that the original demonstration project can be used as a foundation for targeted interventions that improve case-finding and ART adherence in



Listening to and integrating community feedback into the community ART approach has been central to the project's success.

hard-to-reach communities and among those patients who do not exhibit health-seeking behaviour.

Framed within a context of innovation, HST's technical assistance is being rendered through a collaborative, systematic, targeted, adaptive, customised and results-driven approach, so as to synergise research, policy and practice for an integrated care model – while transferring, mobilising and utilising the skills and knowledge accumulated during phase one of the DO ART project.

The lessons learnt have informed the provision of technical assistance to the KZN-DoH and its implementing partners to scale up community-based ART service delivery for improved access to treatment and care.

To date, engagements with provincial health management and three district teams have resulted in the adoption of the model in uThukela, eThekweni and Zululand, with King Cetshwayo District indicating interest in applying the model.

Cervical Cancer Prevention, Access and Control (CCPAC)

Project in Zululand District, KwaZulu-Natal

Core business: Supporting implementation of priority health programmes.

Project overview

The Cervical Cancer Prevention, Access and Control (CCPAC) Project, implemented in Zululand District, KZN, aims to improve access to early screening, diagnosis, treatment and palliative care services for cervical cancer through community-informed, participatory, evidence-based interventions.

Funded by the Bristol Meyers Squibb Foundation, the project is in its second year of implementation and is implemented by a consortium of partners comprising HST, Genius Quality and The Cancer & Infectious Diseases Epidemiology Research Unit (CIDERU) at the University of KwaZulu-Natal (UKZN) and the KZN Department of Health.

The primary objectives to be achieved over the three-year project period are to:

1. identify and explore barriers and facilitators to policy and programme implementation of cervical cancer control and prevention in Zululand District through a baseline assessment;
2. design evidence-informed interventions for the cervical cancer prevention, access and control programme in Zululand, using a community-informed approach;
3. educate and raise awareness on cervical cancer in rural and urban communities in Zululand District;
4. improve cervical cancer services by strengthening the health system and clinical interventions for cervical cancer; and
5. strengthen the existing cancer surveillance programme to improve identification of incidence and trends in various rural and urban populations of Zululand District.

Highlights of project achievement during the reporting period

Despite a delay in project start-up due to recruitment challenges, successful meetings were held with the Zululand District Management Team to introduce the project. Facility baseline assessments (situational analysis) were conducted in Abaqulusi, eDumbe and Nongoma Sub-districts, to determine the barriers and facilitators to policy and programme implementation of cervical cancer control and prevention, and priorities for project implementation.

The project is embedded within a TA approach with a view to long-term sustainable health system strengthening outcomes. Key to

this approach is Continuous Quality Improvement (CQI), which involves capacity-building for DoH staff and partners in the district to design evidence-informed interventions for cervical cancer prevention and control. From May to June 2023, 181 participants attended Master Trainer sessions for Nurses.

The process of strengthening the existing cancer surveillance programme was initiated at Queen Nandi Regional Hospital; Project Officers were appointed, and cervical cancer has been added to the National Cancer Registry for collection of Zululand data. A cervical cancer patient tracking tool has been developed and is being piloted in the supported facilities.

The CCPAC project activities entail screening women for early diagnosis, strengthening specimen-sampling techniques through training and capacity-building, and building referral pathways so that patients diagnosed with cervical cancer have access to lifesaving treatment as quickly as possible.

Through the project, cervical cancer screening and education has been extended to the community through provision of a roving Mobile Clinic, and initial results show an increasing demand for these services.



The Mobile Clinic for cervical cancer outreach activities.

Cervical cancer screening services in Zululand have improved markedly in the past year, with the overall uptake improving from 70% to 90% in the last quarter. From October 2022 to May 2023, 1 500 women received Pap smears in their communities.

Fifteen collaborative events were attended and supported in the district, including those convened by the DoH and partners. Among

these events were the *Isibhedlela kubantu* ('a hospital for the people') outreach campaign, the Humana People to People HOPE programme, supporting the DoH provision of health services for former mineworkers, HPV campaigns, and the DoH measles campaign.



Bringing services directly to Nongoma communities are (from left): Benedictine Hospital M&E Manager, Mrs Mbatha; Induna Baba Mthethwa; Benedictine Hospital CEO Mrs Zulu, and Dr Nompumelelo Ntshangase, HST's CCPAC Project Manager.

Key project challenges have related to resources, and competing DoH priorities, but we are overcoming these through partnering with the DoH to initiate train-the-trainer approaches where feasible, and engagement with DoH governance structures to procure required equipment.

Major outcomes and findings

- There are multiple barriers and facilitators to policy and programme implementation of cervical cancer control and prevention in Zululand District. Involving DoH staff in designing corrective interventions improves ownership and accountability, which are vital for successful project implementation.
- The quality improvement (QI) approach has been used to rapidly build on existing skills and competencies and to advance new knowledge through application of cutting-edge QI methods. Learning sessions have been implemented to promote peer learning and sharing across selected sites.
- There is generally poor knowledge of cervical cancer in the community. The project's awareness campaigns have generated great demand for relevant information, reaching 8 682 women and distributing Phila Ma materials (the DoH information leaflet on cervical cancer) during the past year.
- To address inadequate clinical skills for cervical cancer screening and prevention among healthcare workers, the project

has provided training, mentoring and coaching which is yielding positive results – Zululand has been one of the leading districts in terms of specimen quality in the past six months.

CCPAC Project contributions to conferences and knowledge fora

- CCPAC Learning Sessions – 23 August 2022, and from 24 to 26 April 2023
- Bristol Myers Squibb Africa Partners meeting, October 2022
- UKZN Cervical Cancer Webinar, 16 March 2023: Presentation on the current status of cervical cancer screening in KZN
- Zululand District DoH Perinatal Meeting, 12 May 2023

Future priority project activities

- We will upscale education and awareness of cervical cancer through various communication platforms.
- Project implementation will begin in Pongola sub-district, drawing on lessons learnt from our work in other sub-districts to determine the finer details of specific sub-district gaps to be closed for cervical cancer screening and control.
- Feedback on and sharing of the CCPAC programme's good practices with the relevant Provincial DoH governance structures will be intensified for further support for and embedding of the project.
- A Knowledge, Attitude and Practice (KAP) study will be conducted with community-based organisations. This will inform the project communications plan for related education and awareness-raising through radio broadcasts and social media platforms.



During a good practice workshop held at Ophuzane Clinic, participants illustrate their improvements in a hand-drawn run-chart.



Siyakhathala Clinic mentorship session: The team, supported by District PMTCT (prevention of mother to child transmission)/MCWH Programme Co-ordinator, Mrs Gabisile Kunene, visiting Vumani Clinic which innovated the patient tracking tool design.

Pregnancy Exposure Registry / Birth Defect Surveillance (PER / BDS – UBOMI BUHLE)

'UBOMI BUHLE' stands for '**U**nderstanding **B**irth **O**utcomes from **M**others and **I**nfants, **B**uilding **H**ealthcare by **L**inking **E**xposures', drawing from an isiXhosa phrase meaning '**life is beautiful**'.

The UBOMI BUHLE project was launched on 1 October 2021 in KwaZulu-Natal to monitor adverse effects on maternal health and birth outcomes from obstetric, therapeutic, clinical, infectious, and/or environmental exposures during pregnancy. The project is funded by the Wits Reproductive Health and HIV Institute (Wits RHI) through a grant from CDC through PEPFAR, and the Bill & Melinda Gates Foundation.

This multi-stakeholder project, with study sites across three provinces, i.e. Gauteng, Western Cape and KwaZulu-Natal, aims to improve understanding of exposures to medicines, substances and diseases during pregnancy that can result in adverse maternal and child health outcomes such as birth defects, low birth weight, stillbirth, premature birth, and neonatal death.

The project employs a series of health system strengthening approaches to monitor the impact of targeted obstetric, and therapeutic and clinical interventions. There is a particular focus on the risk of adverse birth outcomes associated with ART use, either as prevention through pre-exposure prophylaxis (PrEP) regimens,

or as treatment through efavirenz (EFV)-based and dolutegravir (DTG)-based regimens.

In KwaZulu-Natal, UBOMI BUHLE is being implemented in three sites that are linked to the Prince Mshiyeni Memorial Hospital (PMMH) in the eThekweni District: KwaMakhutha, Umlazi D and Umlazi U 21 Clinics.

The project objectives are to:

- build capacity at sentinel surveillance sites in the three provinces to obtain reliable routine antenatal (i.e. obstetric, medical and medicine exposure) and perinatal (labour/delivery, surface examination and birth outcome) data in a cohort of pregnant women; and
- establish a PER through the enrolment and follow-up of a cohort of pregnant women from the sentinel sites in order to assess the impact of therapeutic interventions, such as ART, on maternal and neonatal outcomes.

The project team consists of the following staff members: one Data Capturer at each recruiting facility, and two at the PMMH; a Genetics Counsellor; an Ultrasound Radiographer; a Data Manager; and a Project Manager.

The Ultrasound Radiographer ensures that every pregnant woman attending the sentinel sites has at least one scan during her pregnancy, as recommended by the World Health Organization. This service includes those who are not part of the programme, which has assisted in reducing the burden at Prince Mshiyeni Memorial Hospital's High Risk Antenatal Care. To date, 49.4% of women were provided with an ultrasound scan at or before 22 weeks' gestation.

A key project component is capacity-building for Midwives at the sentinel and referral sites on the management of adverse maternal and child health outcomes, with training for Department of Health staff comprising eight modules. Since the commencement of this initiative, there has been a visible improvement in the quality of data completed on maternity case records and facility health records in comparison to the baseline.

On 20 June 2023, HST joined representatives from the KZN DoH and implementing partners from Gauteng and the Western Cape in a visit to the three clinics where the project is being rolled out, in

order to observe first-hand how these health facilities are undertaking project activities and to review strategic support interventions. The relevant staff at each site conducted a walk-about, demonstrating the process flow that clients follow, and a stakeholder panel discussion to reflect on project-related challenges and learnings.



The multi-stakeholder delegation met for a site visit to KwaMakhutha Clinic



Sr Mbokazi from KwaMakhutha Clinic updates the delegation on the project's progress

One of the immediate project priorities is to offer basic ultrasound training for Advanced Midwives on how to conduct scans and the elementary analysis thereof; the KZN-DoH is liaising with the South African Nursing Council (SANC) for approval.

Although still in its early stages, the UBOMI BUHLE Project will assist the DoH in comparing the difference in trends based on the data collected. Further investigation is needed to determine all contributing factors to birth defects recorded among HIV-positive mothers, such as external toxins linked to flooding, as well as socio-economic and biomedical factors.

Unfinished Business for Paediatric and Adolescent HIV in KwaZulu-Natal

Project objective

The fourth year of implementation of the Unfinished Business (UB) Phase II Project, funded by ELMA Philanthropies, was completed at the end of April 2023. The objective is to institutionalise strategies to achieve the UNAIDS global 95-95-95 targets for its 'Getting to Zero' strategy to end the HIV epidemic among children and adolescents by 2030. The project continued to support 81 facilities in KZN – 45 health facilities in eThekweni, 13 in uMgungundlovu, and 23 in Zululand – through provision of technical assistance and community outreach services to the targeted age group (0–19 years).

The funding for DsD through ELMA Philanthropies and for community-based outreach services through ViiV Healthcare – Positive Action for Children's Fund (PACF) ended in April 2023; however, commitment for further funding through ELMA Philanthropies has been confirmed.

Project achievement and highlights

The project made significant strides in ensuring the institutionalisation of the NDoH Paediatric and Adolescent Matrix of Interventions (MoI). This was cemented through capacitating the districts on the MoI, and ongoing mentorship support provided by the UB technical team at facility, sub-district and district levels. Implementation of the MoI has improved in Zululand District, as the NDoH has taken a leading role in implementing and monitoring this national initiative. Implementation gaps in the other two districts are being closely monitored and supported by the UB technical team.

The project also participated in and supported a high-level Paediatric and Adolescent Workshop series conducted collaboratively with HST's Provincial Technical Team, the NDoH, and the World Health Organization in May and June 2023. These workshops solicited commitment from District Management Teams to implement and report on MoI interventions, and served as a platform to highlight upcoming NDoH priority programmes, such as the Global Alliance to end AIDS in Children by 2030.

Key to achieving the project objectives has been strengthening collaboration with partners such as the CINDI (Children in Distress)

Network, community-based organisations and the Departments of Social Development (DSD) and Basic Education. Through these partnerships, the UB project successfully participated in the KZN Department of Health's Isibhedlela kubantu initiative in May 2023 in eThekweni District, which showcased the UB project's psychosocial interventions. This was an inter-project and multi-stakeholder event involving HST's SA SURE PRO and DO ART project staff as well as TB/HIV Care Association which provided community-based clinical and psychosocial services.

Reaching the project's target group with services during normal working hours (08:00 to 16:30) has been a challenge in most facilities, particularly for running support groups and implementation of clinic support days, as children and adolescents are usually at school and caregivers are at work during this time-frame. The project has opted to extend service hours to weekends, which was initially implemented by project staff, but more recently has been adopted and led by the DoH.



Implementing weekend clinic support days in Pongola Sub-district, Zululand

Since April 2023, the showcasing of caregiver support groups by the uMgungundlovu UB team, and of multi-disciplinary team clinic support days by the Zululand UB team, has resulted in improved uptake of these interventions. In June 2023, the Zululand UB team also revived Adolescent- and Youth-friendly Services (AYFS) in Abaqulusi sub-district, which was a notable achievement since AYFS is an important platform for service delivery to youth.

Building staff capacity has been an important part of the UB project strategy to ensure provision of quality care. The project successfully

convened a four-day Quality Improvement training programme, attended by 34 technical team members across the UB and SA SURE PRO projects, which was further cascaded to the facility-based staff. The technical team were also orientated on the Operation Phuthuma Nerve Centre approach as a standard supervisory model, and on the Quality Improvement approach for provision of support to the DoH. This has resulted in the identification of indicator teams, convening of huddle meetings, and the revival and support of Nerve Centre meetings where paediatric and adolescent health indicators are addressed.

In October 2022, HST hosted a delegation from the Clinton Health Access Initiative (CHAI) – the Unfinished Business Consortium’s national co-ordinating partner – to present on HST’s Case Management Model (CMM) that was developed and implemented by the SA SURE PRO team in uMgungundlovu District. This visit led to documentation of the CMM for sharing with the NDoH towards consideration of national roll-out of the model.



Delegation from CHAI: Benchmarking visit on the Case Management Model, uMgungundlovu District

Project outcomes

Through implementation of targeted interventions outlined in the NDoH Mol, a total of **2 631** children and adolescents were identified as HIV-positive across 81 facilities in the three districts, 98% (**2 577**) of whom were initiated on treatment; 38% (**14 791**) were recorded as remaining on treatment, and a viral suppression rate of 87% (**10 841**) was achieved.

Despite high rates of case identification and treatment initiation (above 95%), the attrition rate for patients remaining on treatment across both age groups remains a challenge; ageing out of patients was identified as the highest contributory factor, followed by transfers out and loss to follow-up. Strategies to mitigate these challenges for continuity of care are being prioritised in conjunction with the District Health Management Teams, partners, civil society, and the SA SURE PRO project’s facility-based and outreach teams.

Challenges and mitigating factors

Challenges	Mitigating factors
Shortage of staff (Lay Counsellors) for HIV Testing Services	Advocate for and support provider-initiated testing and counselling and involvement of community-based organisations for testing
Non-functional Youth Zones to offer AYFS services	Identify and re-train facility AYFS champions
No ongoing funding for community outreach services	Capacitate and support Ward-based Outreach Teams
Increased rate of unsuppressed viral load	Support and monitor the use of optimised treatment as per new guidelines (dolutegravir-based regimens)

Future project activities will focus on:

- close monitoring of the implementation of treatment optimisation;
- scaling up technical support for implementation and monitoring of the Mol;
- supporting the implementation of the Global Alliance Pillars for ending AIDS in Children by 2030;
- increasing collaboration with DoH Social Workers and the Department of Social Development for implementation and institutionalisation of psychosocial interventions at facility-level;
- supporting implementation of the NDoH screening tool for clients in the 5–14-year age group in KZN; and
- supporting the NDoH in developing a Peer Support Framework in collaboration with implementing partners.

2. IMPLEMENTATION OF PRIORITY HEALTH PROGRAMMES

Support Global Vax Initiative to improve uptake of COVID-19 vaccination in South Africa

This project is implemented in support of the objectives of the Global VAX Programme under the 'Initiative for Global Vaccine Access' funded by the Centers for Disease Control and Prevention and implemented through its Task Force for Global Health.

The purpose is to improve uptake of COVID-19 vaccination in six sub-districts in KwaZulu-Natal Province. The project is layered on an existing HIV/TB footprint for accelerated community entry, and the vaccine teams are partnered with community-based HIV and TB service-providers funded by the U.S. President's Emergency Fund for AIDS Relief so as to reduce stigma, increase uptake, and widen the vaccine education scope with specific access for those most vulnerable to COVID-19 infection.

The project team works closely with the Department of Health to ensure that demand-creation activities focus on the demographic groups with the greatest gap-to-vaccine-target.

Having commenced in April 2023 and due to conclude in April 2024, implementation is under way in two HST PEPFAR-supported districts, i.e. Zululand and uMgungundlovu, covering five sub-districts in Zululand and one sub-district in uMgungundlovu.

The key objectives are to improve awareness and demand-creation for vaccine services in the selected sub-districts, and to strengthen integration of vaccination services at facility level through provision of technical assistance and delivery of vaccine services by community-based mobile health teams.

Interventions and activities

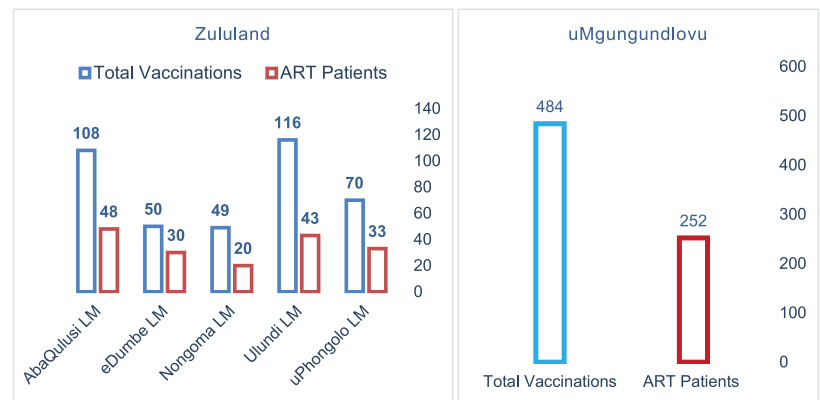
The principle strategy is to prioritise the vaccination of people living with HIV (PLHIV), and we are achieving this in the following ways:

- Working with District and Local AIDS Councils and community leadership for effective, targeted community entry and mobilisation
- Leveraging the weekly Missed Appointment data from TIER.Net to proactively contact patients through the SA SURE PRO and DoH tracing teams

- Working with facility Linkage Officers to reach patients who have missed their clinic appointments, offering wellness counselling for HIV, TB and COVID-19 care, treatment and prevention education
- Collaborating with non-governmental organisations such as TB/HIV Care and implementers of the 'Determined, Resilient, Empowered, AIDS-free, Mentored and Safe' (DREAMS) initiative to identify and vaccinate PLHIV. These partnerships enable us to target vulnerable populations for vaccination against COVID-19.

In the first two months of implementation, these strategies enabled 49% of all vaccinations to be provided to PLHIV as illustrated in Figure 3.

Figure 3: Total vaccinations vs immune-compromised individuals



In Zululand, our team conducted extensive community engagement, mapping, and mobilisation efforts across 29 areas and communities, so as to educate community members about the importance of COVID-19 vaccination and to facilitate the vaccination process whenever feasible.

The following events supported these activities:

- Stakeholder meetings held with the Ekubungazeleni community at Esiphambanweni Tribal House, and with Nongoma Tribal House and Community Health Workers
- One-on-one sessions in the Denge area and at Nongoma Taxi-rank
- Mobilisation activities in the Phongola Town area and at clinics
- Six vaccination mobilisation events conducted by both the Abaqulusi and eDumbe teams in Bhukumthetho Clinic and Mondlo Primary Schools
- Visits to 12 Mobile Unit Points in collaboration with the Sub-district Mobile Health Unit to conduct awareness talks and mobilisation around COVID-19 vaccination

- Demand-creation events, resulting in an impressive number of vaccinations being completed in Mpofana Sub-district.



Health education and mobilisation at Nyamvubu Area, Mooi River



Vaccination at Nyamvubu Area, Mooi River

In terms of next steps towards meeting the project's extensive targets, the teams will leverage influenza vaccination drives, integrated Primary Health Care (PHC) service provision, and transformational partnerships for extended coverage.

Accelerating Development Against Pandemic Threats (ADAPT) – Initiative for Global Vaccine Access (Global VAX)

Core business areas:

- Providing management and implementation support in health districts
- Supporting implementation of priority health programmes

The Accelerating Development Against Pandemic Threats (ADAPT) Global VAX project, funded by Right to Care (RTC) through the U.S. Agency for International Development (USAID), was implemented by HST from October 2022 until June 2023. The Global VAX campaign is a new initiative for global vaccine access to accelerate vaccine delivery assistance around the world. The core focus of the project aimed to improve access to COVID-19 vaccines, promote equity, and increase uptake of community-based vaccination services while strengthening facility-based vaccination by integrating immunisation into Primary Health Care services. The original goal of the project was to serve 70% of the eligible population in the HST ADAPT-supported districts, these being eThekweni South and four sub-districts in Zululand: AbaQulusi, Nongoma, Ulundi, and uPhongolo.

The Global VAX campaign is significant in the local context, as it aims to:

- improve awareness and demand creation for vaccine services in the supported districts and sub-districts
- strengthen integration of vaccination services into Department of Health and Implementing Partners' mobile service delivery through direct service delivery
- strengthen vaccine supply chain management, management of adverse events, and pharmacovigilance
- improve vaccination uptake through provision of technical assistance to high-volume PHC facilities in identified sub-districts.

During the project period, USAID implemented a strategic shift in its priorities, moving away from the 70% target and instead focusing on integrating COVID-19 vaccinations into PHC and reaching high-risk populations.

The project approach involved a two-pronged strategy of community-based vaccination as the DsD arm of the project and integration of COVID-19 vaccination into routine health care services through the provision of technical assistance.

By the end of April 2023, 7 325 COVID-19 vaccinations had been conducted through community engagement activities at targeted outreach points such as schools, churches, and South African Social Security Agency (SASSA) collection sites. HST teams worked closely with the DoH facility staff to integrate COVID-19 vaccination into routine health care services through provision of intensive technical

Health Information Technology (HIT) Projects

During the period under review, HST's Health Information Technology (HIT) Project team celebrated its eighth year of health system strengthening support to the National Department of Health.

The team has successfully implemented the Health Patient Registration System (HPRS) in 3 215 public health establishments across eight provinces and 46 districts (excluding the Western Cape).

The project has been divided into two arms, each having a different funding stream. The HST HIT Technicians had been sub-contracted to the Health Information Systems Program South Africa (HISP-SA) to support the roll-out of HPRS at hospitals and the National Health Laboratory Service (NHLS) desktop access at clinics. Budget constraints have reduced the initial team of six HIT Technicians to three members for the remainder of the reporting period.

Following negotiations between the NDoH and Right to Care, funding was secured through the United States Agency for International Development to sub-contract HST's HIT services from October 2022 until March 2023. This work entailed continued review and support of the Health Information Systems (HIS) – namely the Electronic Vaccination Data System (EVDS), the Three Interlinked Electronic Registers for TB and HIV reporting (TIER.Net), the NHLS system, and the HPRS. A no-cost extension and a subsequent limited-budget extension were negotiated until September 2023.

Since June 2015, the team has actively supported HPRS implementation in order to gather patient demographic data. During the initial stages of support, HST staff were seconded to the National Health Insurance Information Systems (NHI-IS) Programme Office. HST's approach to collaboration among provincial team leads is highly valued, as it directly contributes to the project's operational effectiveness. These efforts are closely monitored and led by the Project and Technical Managers.

During the initial implementation of the NHLS-HPRS project, the team provided assistance at specific sites which focused on the Contracting Units for Primary Healthcare Services (CUPS) initiative. This support involved preparing and implementing linked systems,

assistance across 60 facilities in eThekweni South and Zululand. The core focus of the technical assistance package is to conduct rapid assessments and develop quality improvement plans to close the gaps in the COVID-19 vaccination uptake rate.

HST was proud to have participated in RTC's hosting of USAID's Global Health Security Officer, Karen Coldwell, joined by Alexis Olson, a Consultant at Panagora. At the end of February 2023, the delegation conducted a site visit to uMlazi Township's N Section where USAID's Global VAX campaign was being successfully rolled out.



USAID, HST and Drama in AIDS Education (DramAidE) partners during a Global VAX campaign site visit at Menzi High School in uMlazi Township's N Section.

The highlight of the site visit was the noticeable synergy between schools, community leaders, and facilities in integrating immunisation with PHC services, as well as in addressing challenges and adopting good practices.



HST Nurse Clinician, Sister Penelope Ngidi, talks the visiting delegation through the vaccination process at Menzi High School.



HST's Health Information Technology (HIT) team members gathered for a Strategic Team Meeting in Port Edward, KwaZulu-Natal, in May 2023.

which serve as the basis for expanding implementation of these systems to other health establishments. The goal is to ensure that facilities are geared for NHI applications to achieve universal health coverage.

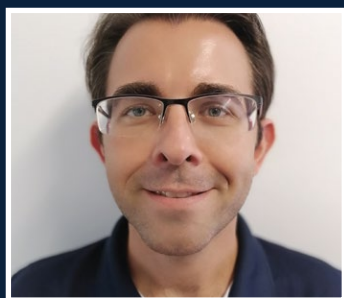
The Health Information Systems (HIS) Project reviews and supports facility health information systems, sharing related information with NDoH on the various systems utilised within the public health environment. The project team aims to ensure the sustainability of these systems and the transfer of ownership from the NDoH to provincial, district, and facility levels.

The two teams collectively contributed to the implementation and support of the HPRS, in collaboration with the NHI-IS Programme Office, which involved utilising the HST-developed reporting tool for analysing and evaluating data on health information systems. Currently, the data are undergoing formal adoption by the National Health Information Centre, so as to provide essential decision-making support to all key stakeholders.

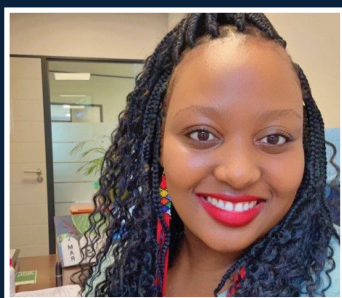
HST's reputation for delivering support of the highest standard has contributed to the request for continued support by the National Department of Health.



Ms Ashnie Padarath
Acting Director: RIS



Mr Michael Burnett
Senior Researcher: RIS



Ms Noluthando Ndlovu
Senior Researcher: RIS

RESEARCH AND IMPLEMENTATION SCIENCE

The health systems research unit provides data in order that the South African health system can use the best available evidence to make choices. Research findings are disseminated by reports, scholarly publications, community involvement, and community input. During the period under review, one of the main undertakings of the RIS unit was a "universal test and treat" effort in South Africa and Zambia. The results of the study directed the creation of new policies and strategies to stop the TB-HIV epidemic. The division still publishes the South African Health Review (SAHR), a reputable peer-reviewed journal, as part of its annual assessment of the healthcare system.

3. CONDUCTING ESSENTIAL NATIONAL HEALTH RESEARCH AND INFORMATION FOR PLANNING, MONITORING, EVALUATION AND DECISION-MAKING

In line with the HST Strategy 2023-2028, the Health Systems Research (HSR) unit was rebranded as the Research and Implementation Science (RIS) unit to better represent its capabilities and to facilitate working with other units' new ventures into M&E, implementation science, strategic information, data science and other related information-based (qualitative and quantitative data) services.

The work of the RIS 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 RIS research portfolio makes important and relevant contributions to health systems research with particular significance to the rapidly transforming public health context in South Africa.

Overview of the unit

The main outputs of the unit over the past year were:

- The *South African Health Review*
- Johnson and Johnson Policy dialogue
- WBPHCOTs: Ward-based Primary Health Care outreach teams assessment
- Childhood Immunisation Project
- *District Health Barometer*

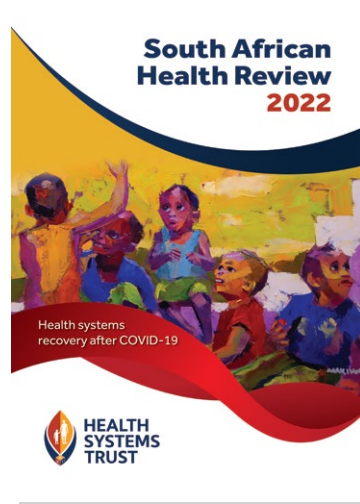
The South African Health Review 2022

In 2021, the *South African Health Review* (SAHR) took an in-depth look at the response of the health sector to COVID-19, the challenges facing the health system, and how to begin rebuilding a better system. As a continuation of this theme, the 2022 edition looks to the future by exploring health systems recovery after COVID-19, offering promising examples of COVID-19 response, mitigation, and recovery strategies. Emerging lessons from these efforts may be used to enhance health system resilience in South Africa and better prepare the country for future pandemics.

The 2022 SAHR includes commentary from healthcare workers, researchers, government advisors, academics, activists, and members of the community. It encompasses a diverse array of subjects, including reflections from the Ministerial Advisory Committee on COVID-19 regarding their work and the knowledge gained from it. Additionally, it explores the ramifications of COVID-19 on maternal, women, and child health and highlights the gendered implications of the pandemic, revealing that women experienced more pronounced effects of stress, fear, and depression during the lockdown period compared to men.

This edition provides a platform for researchers, practitioners, and policymakers to share their experiences and insights on how they navigated this crisis and to build more robust health systems for the future.

The *South African Health Review* is an accredited peer-reviewed journal of critical analysis and commentary by specialists on key issues relating to health systems policy and practice. It aims to strengthen Health Information Systems through the publication of accessible, South African perspectives on health policy developments and their implementation, as well as monitoring changes and challenges in the provision of equitable and accessible health care in the country. Collectively the editions of the *South African Health Review* constitute a key monitoring tool as well as a detailed historical record of the transformation of the health system of a middle-income country.



The publication is currently preparing its 26th edition – its first to focus exclusively on Cancer. This 2023 edition will explore the successes, challenges and gaps in cancer treatment and care within the South African healthcare system.

Johnson and Johnson Policy dialogue

The Health Systems Trust, together with the Johnson & Johnson Foundation and Deloitte Africa, convened a virtual closed policy

dialogue session entitled ‘Post COVID-19 recovery: considerations for human resources for health.’ The aim of the dialogue was to gather perspectives and stimulate discussion on how to leverage responses to COVID-19 to strengthen the health system for future pandemic preparedness as South Africa transitions from the pandemic response to recovery.

Speakers included representatives from the South African National Department of Health, the World Health Organization (WHO), the World Bank, and other non-governmental organisations who all identified impactful solutions and innovative approaches (policy and programme) to support healthcare worker satisfaction and effectiveness.

The discussions led to various approaches being identified, including:

- a re-commitment to the 2030 Human Resources for Health strategy,
- ways to building the resilience and agency of healthcare workers,
- investing in Community Healthcare Workers (CHWs),
- supporting healthcare workers in their needs as well as the promotion of medical research programmes with funding to improve health digitisation and data collection.

Ward-Based Primary Healthcare Outreach Teams Rapid Assessment

South Africa adopted the Ward-based Primary Health Care Outreach Team (WBPHCOT) Strategy in 2011. The WBPHCOTs consists of community health workers supported by nurse team leaders, and linked to local primary health care facilities (via referral, support and oversight). The WBPHCOTs are envisaged as a key element of PHC in the future National Health Insurance (NHI) system, and a WBPHCOT Policy Framework was launched in December 2017.

The aim of the project was to conduct data analysis for the initial phase of the rapid assessment of the Ward-Based Primary Healthcare Outreach Teams policy framework implementation across the nine provinces. This will provide NDoH will a broad overview of the implementation of the policy framework as well as provide recommendations and lessons learned to improve implementation.

While NDoH developed and administered the assessment questionnaire, the completed questionnaires were submitted to RIS for analysis and write-up. Developing a qualitative analysis code book, RIS analysed the data using NVivo® and submitted a final report to the NDoH in March 2023.



Childhood Immunisation Project

Immunisation has prevented many diseases and disabilities as well as saved millions of lives in South Africa over the past 20 years. Nevertheless, vaccine-preventable illnesses continue to be a danger. The Expanded Programme on Immunisation in South Africa (EPI-SA) was introduced with an aim to protect children and pregnant women from diseases that can be prevented by immunisation, thereby preventing death and reducing suffering from childhood diseases. The perception of the importance of vaccines for children declined by 29.9% in South Africa in 2023, according to the United Nations Children's Fund (UNICEF).

The aim of the project is to identify the supply and demand barriers and develop local strategies to improve childhood immunisation in four zero dose districts in South Africa. This will allow for policy makers to better understand the current immunization landscape in South Africa and to provide strategies that can be implemented to improve uptake. The project is funded by UNICEF.

This will be a mixed-methods study utilising both quantitative and qualitative data. Assessments will be conducted in four districts that have been identified by UNICEF and the National Department of Health as being among the 20 in the country with either the highest proportion or largest numbers of 'zero dose' children. Participants include community members, healthcare workers and local health managers.

Data collection has been completed in 3 of the 4 district. The next steps include completing data collection in the 4th districts followed by data analysis and report writing.

District Health Barometer 2022/23

The *District Health Barometer* (DHB) received funding from the Public Health Enhancement Fund (PHEF) to produce the 2023 edition of the publication and this was very exciting for the team, users of the DHB and HST as there has been a two-year hiatus in the production of the DHB due to funding constraints, with the last edition being published in 2020.

The aim of the *District Health Barometer* project is to provide a resource that illustrates health systems performance at national and provincial level as well as across the 52 districts across South Africa. The main objective of this resource is to strengthen decision-making processes, planning and budgeting of health managers throughout the health system by providing them with facility level data that has been aggregated to district level so that they are able to monitor trends for key health system indicators. The DHB also includes the Universal Health Coverage (UHC) index for South Africa, which is calculated using a set of proxy indicators. This index will become even more important as the country works towards realising its goals for UHC during the implementation of National Health Insurance in South Africa.

The 2022/23 DHB will comprise data taken from routine data sources such as the web-based District Health Information System (webDHIS), the National Treasury Basic Accounting System (BAS), the Personnel Administration System (PERSAL), Statistics South Africa (Stats SA) and the Ideal Clinic Realisation and Maintenance (ICRM) system.

An innovation that will be launched for this edition is an online, interactive data dashboard for the DHB that will feature a user-led navigation through the various pages of the dashboard, as well as the ability for the user to drill down geographically from national level to sub-district level. In addition to this, using "time-sliders", the user will be able to select a specific time period at which to look at the indicators. This means that they can decide which indicators to focus on, over what time period, and at what level of aggregation. The aim of this innovation is to make credible health information more accessible to a wider variety of audiences across the country.



**We strive to be
outstanding in all we do**

SUPPORT SERVICES



Ms Melini Moodley
Chief Financial Officer



Ms Melisha Nunkoo
Manager: Finance



Ms Therusha Nandhal
Manager: Grants and Compliance

FINANCE

The 2023 financial year was a challenging, but rewarding year for Health Systems Trust. During the year, we continued to apply the good governance principles and guidelines contained within the King Code on Corporate Governance, exercising financial discipline to ensure efficiency, effectiveness and value for money on all our programmes and support services.

Key highlights and achievements during the year under review included the following:

- We elevated our BBBEE rating to level 3. This showcases our commitment to transformation while maintaining financial discipline.
- We maintained our track record of achieving an unqualified audit, which is a testament to our stringent accountability structures and strong internal control systems.
- We streamlined our financial reporting processes to enable us to better support HST's programme directorates.
- We streamlined our risk register, aligning it to our new strategic plan, to enable us to focus on mitigating key risks and challenges now and into the future.
- Our financial results for the 2023 financial year reflect a strong, stable financial position with adequate cash reserves.
- We made decisions to enhance returns on our investments, while continuing to preserve capital for a sustainable future.

Grants and Compliance

HST's Finance, Grants & Compliance teams worked tirelessly and with the utmost diligence and dedication behind the scenes to support the programmes directorates as well as our other support teams, with the goal of ensuring financial integrity on all our programmes while ensuring robust and resilient internal control systems, and adherence to policies and procedures.

As Chief Financial Officer I also wish to thank our Trustees and external members for their invaluable guidance, our auditors for the timely completion of our audits and their recommendations which help us grow stronger and our bankers for their support and service throughout this year. A special thanks is extended to all our funders, collaborators and partners as, without your support, we could never have achieved the positive outcomes we did this year.

As we look forward to another year supporting the health system, the words of Nelson Mandela ring true: "It always seems impossible until it's done".



Ms Liabo Molapo
Chief Human Resources

HUMAN RESOURCES

At HST, Human Resources are our greatest asset, playing a pivotal role in driving the organisation's vision – Improved health access and outcomes in South Africa and beyond. We are focused on people management strategies that enable our people to develop and perform at their optimum. As of the end of June 2023, the organisation had a total workforce of 1 927. Of these, 951 of the employees are directly contracted to HST while 976 are contracted via Temporary Employment Service. The core business is health and we have 63% women in our workforce; of the seven are management and three in the executive committee.

The organisation tracks and maintains the Human Resources for Health data of current employees in order to understand the numbers and categories of the cadres as well as any patterns that emerge in terms of skills, knowledge and the financial implications of managing this workforce. This enables the organisation to make informed decisions, like being able to determine availability of skills that can provide Direct Services Delivery and availability of personnel that can provide Technical Assistance. Diversity, equity, and inclusion are important to the organisation and we pursue an ambitious Employment Equity plan driven by a workplace represented Employment Equity Committee. The organisation has successfully attracted and increased the number of people living with disabilities as well as providing support through the provision of equipment and tools to accommodate special needs in the workforce. The organisation holds membership with organisations that work to create awareness and promote working with People Living with Disability which we value highly.

Gender distribution displays a ratio of 63% women and 37% men, highlighting the prevailing representation of women. Within the health sector, women hold a dominant presence, although certain projects involve male personnel. Consequently, recruitment strategies were adjusted to deliberately address and recruit the desired gender, facilitating the organisation's ability to effectively cater to client requirements and engage with a diverse demographic.

Human Resources Development is crucial to success at HST and to this end there is continuous learning and development within the organisation. The payroll spend on training was above the generally promulgated 1% for the 2022 financial year-end. The employees have had training that focuses on developing the skills that can be applied immediately during and after learning. This training aims to enhance participants' skills in producing professional technical reports, including data gathering, collation, and creating accurate and coherent reports. Technical reports play a vital role in influencing decision-making.

The organisation also supports long-term training through study assistance programmes for its staff with 69 employees undertaking their studies in various fields including Masters in Public Health, MBA Healthcare Management, Bachelor of Commerce Honours in HRM, Bachelor of Business Administrator, Diploma in Public Health and Postgrad Diploma in Primary Care Nursing. In the past year, 28 employees successfully graduated and are certified in their areas of expertise.

Streamlining processes through Human Resources Technology is critical for effective and efficient implementation of people management practices. The organisation has worked with SAGE People 300 for a number of years as its Human Resources Information System, Payroll processing and Leave management. These systems are consistently updated to stay abreast of developments and legislative requirements. Recruitment and selection is managed through a system called VOLT, which rationalises the process promoting integrity and fairness in the selection process.



Mr Deena Govender
Director: Corporate Services



Ms Delene King
Manager: Administration



Mr Deren Naicker
Manager: I.T Operations

The organisation has taken a step further by introducing a digitised Performance Management System which has been adopted at all levels by employees. The system included a 360-degree feedback process, which promotes a culture of feedback.

CORPORATE SERVICES

Administration

Under the direction of Ms Delene King, the Administration team, consisting of 35 employees, assures efficient administrative and logistical assistance to all staff members and stakeholders, both within and outside the organisation. Underpinned by a high degree of combined expertise and professionalism, the team upholds HST's policies through great standards of implementation and strict adherence to processes. One of the main achievements of this fiscal year was the assistance given to the Border Health Project. The Border Health Project received assistance from the Travel and Administration department with general logistics and training preparation in Botswana, Eswatini, Namibia, Lesotho, and Mozambique.

490 cars in the fleet are still in use to support all HST projects while adhering to corporate guidelines.

Information and Communications Technology

Infrastructure and Operations

The IT Infrastructure and Operations within HST ensures an up-to-date, stable, secure, and dynamic server infrastructure for the organisation, which includes Microsoft Windows and Linux servers consisting of both physical and virtual machines. The environment supports business critical applications such as a hybrid email infrastructure hosted on premises as well as in the Office 365 cloud. Other critical functions within InfraOps include monitoring, securing, backing up and restoring of IT systems.

Network and Telephony

The ICT Network and Telephony Services spans across five HST offices, providing seamless and secure connectivity to all stakeholders. The ICT department is responsible for the provisioning and support of Wi-Fi connectivity to all offices as well as the Wi-Fi 'Hotspot' areas located throughout the HST Offices. The Telephone Management System is a key communication tool with services hosted both on premises and in the cloud.

Cybersecurity Implementation Plan

The cybersecurity implementation plan was approved in 2022. This programme integrates with the set goals in all areas of cybersecurity to improve the security posture of the organisation and to manage IT risks. The Cybersecurity strategic plan incorporates a variety of processes and tools designed to help and deter, detect, and block threats. An incremental approach is taken to gradually mature cybersecurity practices, thereby improving agility and cohesion of all areas of IT operations.

IT Threat Management

To improve threat detection, incident management and management of IT vulnerabilities HST IT has deployed a variety of tools to reduce the information security incidents and vulnerabilities. HST also entrusted an independent Service Provider specialising in Information Security threat management with performing an external security assessment and penetration test to gain visibility of the state of vulnerabilities affecting our external, internet facing systems and applications.

BUSINESS DEVELOPMENT

South Africa has approximately 270 000 non-governmental organisations (NGOs) at the coalface of implementing programmes that uphold human rights and give a voice to the most vulnerable in society. The NGO sector also employs almost one million people. This highlights its crucial role in addressing the challenges of poverty, inequality and unemployment, the fight against the pandemic of gender-based violence and gender inequality, HIV and TB, amongst others. Funding for NGOs in South Africa, like other developing countries, is variable and highly competitive due to the lean pot of funding for a large number of NGOs across various sectors. Within this landscape, NGOs work hard to make an impact and maintain their relevance, visibility, effectiveness and strong networks to ensure their sustainability. Despite the very competitive and challenging environment, HST has continued to provide the quality services and support required by our beneficiaries, partners and stakeholders. 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.



Ms Natasha Chetty

Manager: Business Development

Over the past year HST has adapted to the world of work changes brought about by COVID-19 and its impact on funding priorities, focus of donors and health systems, and the contracting funding in the health space to South Africa as an upper middle income country, including the gradual reduction in bilateral funding to the HIV programme. We've examined our business model and refocused our purpose to address the smaller number of health systems-related solicited opportunities that are relevant to HST, and are actively

exploring funding opportunities in areas in which HST has not traditionally worked, but has the broad range of skills and experience to develop capacity while bringing in the required skills.

To increase our funding opportunities, we have implemented a combination of leading and sub-partnering whenever viable and our teams have actively pursued opportunities on the ground that emerge from current funded projects to enhance the work we are implementing toward meeting our targets. This approach aligns with key funders who have also shifted their models towards re-investing in projects and partners to leverage positive investments and sustain and further advance gains made. Strong relationships and continued support from funders including the CDC through PEPFAR, ELMA Philanthropies, the Johnson & Johnson Foundation, the Bristol Meyers Squibb Foundation, and UNICEF, have also ensured continued funding and growth of our portfolio of experience into new areas.

Key successful bids included a three-year Health Systems Research Grant which will enable support for National Department of Health priorities aimed at identifying mechanisms for improving health delivery, quality of care, patient and systems development; and continuation of support to the NDoH Digital Health Information System. These form part of HST's support for national Universal Health Coverage efforts through the NHI initiative in South Africa and the CDC-funded SA SURE PRO Project to continue and help sustain our HIV and TB programme support efforts nationally and across four districts in KwaZulu-Natal. We have also expanded our areas of interest to include climate change and health with a focus on data analytics and public 'Dashboards' to address misinformation.

The Johnson & Johnson Foundation-funded Community Health Worker Think Tank (CHWTT) project, overseen by the Business Development unit, is supporting the NDoH led CHWTT as the secretariat for the third year with HST staff as substantive members of the Think Tank. Through the implementation of its programme, the CHWTT brought together a highly skilled, experienced and respected group of experts including, the NDoH, NGOs, civil society organisations involved in community health work, academia, training accreditation organisations, United Nations agencies and funder organisations to support implementation, strengthening and updating of the national CHW programme in line with identified programme priorities. It has functioned as a platform for improved collaboration across sectors to support the strengthening of the community health worker programme. Through the CHWTT, HST supporting the NDoH served as an agent of change and catalyst that engaged with relevant stakeholders who are essential in the develop-

ment of the activities and research that are contributing to an updated CHW policy and plans for future work that will maximise CHW roles and their contribution to primary health care in South Africa.

Working closely with the Health Systems Strengthening and Research and Implementation Science teams, as well as the support functions in finance, administration, grants and communications, we continue to provide support to the development of new concept notes and proposals as well as supporting the development of proposals for continued funding in multi-year grants as required. Our lean team brings health systems research, programme experience, and our networks to work collaboratively with technical and support units in a business development approach optimises application of skills across the organisation. The organisation-wide application of HST staff's wide range of skills and experience has played a key role in maintaining funder confidence through the quality of our proposals and our delivery. This has ensured that after 30 years of existence we have remained a strong, competitive and sustainable organisation contributing positively to the health system in South Africa and beyond. The development of a new strategy for the organisation for the period 2023 – 2028 also provides the blue print for the further development and strengthening of HST's business development capacity and impact.

COMMUNICATIONS

The Communications Unit (CU) had a positive start to the new fiscal year. In order to increase awareness of the work we undertake as an organisation, we revised our strategy and concentrated on working more closely with programmes and initiatives. We improved our channel management procedures by switching to more flexible platforms, which increased the number of people subscribing to our newsletters and LinkedIn in particular.



Ms Antoinette Stafford Cloete

Manager: Communications

Through its Risk Communication and Community Engagement (also known as the Social Listening) forum, which has expanded to encompass messaging for all major health priorities and illness alerts, we have continued to support the National Department of Health's efforts to raise awareness on COVID-19 and other pandemics.

For the period in review the CU contributed over 60 articles on health which can be found here, <https://www.hst.org.za/media/blog/default.aspx>

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. Most notable has been the exponential growth of HST LinkedIn to over 20 000 followers as well as our weekly compendia of health-related news the 60percent and the HST Bulletin.

In May 2023 we had the privilege of supporting UNAIDS and the Bill & Melinda Gates Foundation in hosting a webinar on the Triple Dividend Report. In this webinar key speakers introduced the report, clarified its findings and led a reflective discussion on measures to adequately address resourcing the HIV response. <https://www.hst.org.za/media/Pages/TRIPLE-DIVIDEND-WEBINAR.aspx>

The goal of the HST Communications Unit is to recognise and celebrate the accomplishments of colleagues, and the data supports our attainment of this goal. To adequately support a growing organisation with expanding information needs, we will be updating our websites and onboarding capabilities in order to improve our marketing efforts even more.

CONCLUSION

The Health Systems Trust managed to weather the COVID-19 pandemic and despite this challenge sustained our operations and the organisation's financial stability.

By financial year-end our staff component stood at **1 927** and our financial position is positive with a project portfolio of approximately **R1 billion**.

Our largest programme, the **SA SURE PRO project**, is still actively supporting the rollout of direct services at the facility level on HIV/AIDS and STI mitigation. This is done through HIV testing services, linkage to care, same-day ART initiation and fast-track treatment initiation counselling, viral load monitoring and data management support, as well as adherence support through community-based organisations. By using the Operation Phuthuma (acceleration towards the 95-95-95 objectives) approach, we have reinforced the performance monitoring of the DoH ART and TB programmes. We continue to strive for better accountability and performance management in all levels. Policy creation is guided by our provincial assistance to ensure that the programme continues to improve when the funding period ends.

The **DO ART demonstration of community-based HIV treatment in two KwaZulu-Natal districts** where HST further provides technical assistance in an innovative framework using a collaborative, systematic, targeted, adaptive, customised, and results-driven approach to align research, policy, and practice for an integrated care model, has been well received in communities where it is implemented. It continues to generate lessons for community mobilisation and skills transfer utilising the knowledge and skills gained. The KZN-DoH and its implementing partners have received technical help to expand community-based ART service delivery in order to increase treatment and care access, based on the lessons learned.

The **Cervical Cancer Prevention, Access and Control (CCPAC) Project in Zululand District** screened women for early diagnosis of cervical cancer, strengthening capacity-building. Referral pathways were also strengthened so that patients diagnosed with cervical cancer have access to lifesaving treatment as quickly as possible.

Through the project, cervical cancer screening and education has been extended to the community through provision of a roving Mobile Clinic, and initial results show an increasing demand for these services.

Although still in its early stages, the **Pregnancy Exposure Registry / Birth Defect Surveillance (PER / BDS – UBOMI BUHLE)** Project will assist the DoH in comparing the difference in trends based on the data collected. Further investigation is needed to determine all contributing factors to birth defects recorded among HIV-positive mothers, such as biomedical, environmental and socio-economic factors, as well as socio-economic and biomedical factors.

Priorities for **Unfinished Business for Paediatric and Adolescent HIV in KwaZulu-Natal** include closely monitoring treatment optimisation progress and increasing technical support for MoI deployment and monitoring. Supporting the implementation of the NDoH screening tool for clients in the 5–14 year-old age group in KZN, as well as helping the NDoH develop a Peer Support Framework in partnership with implementing partners, are equally important as is increasing collaboration with DoH Social Workers and the Department of Social Development for the implementation and institutionalisation of psychosocial interventions at the facility-level.

The teams in the **Global Vax** Initiative are utilising influenza vaccination drives, integrated PHC service provision, and transformational partnerships to extend coverage in order to meet the project's ambitious targets for the implementation of priority health programmes, which includes improving the uptake of COVID-19 vaccination in South Africa.

Our two flagship publications continue to be highly valued resources in South Africa's public health system. Work has begun on the 2022/2023 *District Health Barometer* which for the first time will be an feature an interactive dashboard with user-led navigation through the various chapters greatly enhancing its versatility. We are excited to begin work on the 26th edition of the *South African Health Review* which will be cancer themed edition addressing a fast growing and under-resourced health system challenge which will be released in 2024 with the aim of raising awareness of and investment in oncology services in South Africa.

With the anticipated approval of of HST's strategy for the period 2023 - 2028 we look forward to this next chapter of HST's work and contribution to the health system in South Africa, supported by our dedicated and highly capable and with much appreciated support of stakeholders, funders and our Board of Trustees.



**We take responsibility for
our actions, performance
and business outcomes**

Trust for Health Systems Planning and Development and its subsidiaries

Annual Financial Statements for the year ended 30 June 2023

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

SUBSIDIARIES

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
I on Maryvale (Pty) Ltd	
Company registration number	

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STATEMENT OF RESPONSIBILITY FOR FINANCIAL REPORTING BY THE BOARD OF TRUSTEES

FOR THE YEAR ENDED 30 JUNE 2023

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 62 to 65.

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 55 to 56.

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 57 to 75 were approved by the Board of Trustees on 20 October 2023 and signed on its behalf by:



Professor Salome Maswime
Chairperson

AUDIT AND RISK COMMITTEE REPORT

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 2023 financial year:

MEMBERS OF THE AUDIT AND RISK COMMITTEE

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

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 2023 financial year with a minimum of 67% 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 2023 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: 28 October 2023

CORPORATE GOVERNANCE STATEMENT

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.

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:

	Date appointed	Date resigned/tenure ended
Dr Dumani Kula	01 May 2017	01 May 2023
Mr Shad Mapetla	29 November 2017	
Mr Leo Deodutt	25 June 2020	
Prof 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	31 July 2023
Dr Suresh Ramdial	30 March 2021	28 February 2023
Dr Peter Barron	18 January 2023	
Mr Lerole David Mametja	15 February 2023	

	Attendees		
	21/10/2022	17/03/2023	23/06/2023
Dr S Ramdial	✓	–	–
Dr T Maimela	✓	✓	✓
Dr D Kula	✓	✓	–
Mr S Mapetla (Deputy Chairperson)	✓	✓	✓
Ms L Harie	✓	✓	✓
Mr L Deodutt	✓	✓	✓
Prof S Maswime (Chairperson)	✓	✓	✓
Ms L Matsau	✓	✓	✓
Adv B Sehlapelo	✓	✓	✓
Dr P Barron (Second Deputy Chairperson)	–	✓	✓
Mr D Mametja	–	✓	✓

CORPORATE GOVERNANCE STATEMENT

Governance structures

To assist the Board in discharging its collective responsibility for corporate governance, several committees have been established, to which certain of the Board's responsibilities have been delegated. These committees operate with written terms of reference and comprise, in the main, non-executive Trustees. The chairperson of each committee is a non-executive Trustee. 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 2023 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		
	07/10/2022	15/02/2023	17/05/2023
Mr J Deodutt (Chairperson)	✓	✓	✓
Mr E A Moolla (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 2023 annual financial year. No changes to the charter were adopted during the 2023 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.

Human Resources Committee

The Human Resources Committee advises the Board on human resources and other personnel-related policies including remuneration packages, and other terms of employment for senior executives. Its specific terms of reference also include recommendations to the Board on matters relating, inter alia, to executive remuneration, Trustees honorariums and fees and service contracts. Whenever necessary, the committee is advised by independent professional advisors. The committee met three times during the 2023 financial year.

The Human Resources Committee consists of the following members:

	Attendees		
	15/09/2022	16/02/2023	18/05/2023
Ms L Matsau (Chairperson, Trustee)	✓	–	✓
Mr D Mametja (Trustee)	–	✓	✓
Dr S Ramdial (Trustee)	✓	✓	–

CORPORATE GOVERNANCE STATEMENT

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		
	15/09/2022	16/02/2023	18/05/2023
Mr S Mapetla (Chairperson, Trustee)	✓	✓	✓
Dr D Kula (Trustee)	–	✓	✓
Mr J Deodutt (Trustee)	✓	✓	✓

Governance Committee

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

The Governance Committee consists of the following Trustees:

	Attendees		
	13/09/2022	14/02/2023	16/05/2023
Mr D Mamejja (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 2023 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.

CORPORATE GOVERNANCE STATEMENT

Internal audit

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

Ethical standards

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

In summary, the Code requires that, at all times, all Group personnel act with the utmost integrity and objectivity and in compliance with the letter and the spirit of both the law and Trust policies. Failure by employees to act in terms of the Code results in disciplinary action. The Code is discussed with each new employee as part of his or her induction training, and all employees are asked to sign an annual declaration confirming their compliance with the Code. A copy of the Code is available to interested parties upon request.

Accounting and auditing

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

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

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

The external auditors were given unrestricted access to all financial records and related data, including minutes of all meetings of

Trustees, the Board of Trustees, and committees of the Board. The Trustees believe that all representations made to the independent auditors during their audit are valid and appropriate.

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

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

INDEPENDENT AUDITOR'S REPORT

To the trustees of 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 58 - 75, which comprise the statement of financial position as at 30 June 2023, 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 2023, 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 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 consolidated and separate 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 is 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 2023", which includes the reports on pages 49 - 54 and page 57. The other information does not include the annual financial statements and our auditor's report thereon.

Our opinion on the consolidated and separate 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 consolidated and separate 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.

INDEPENDENT AUDITOR'S REPORT

Responsibilities of the trustees for the consolidated and separate Annual Financial Statements

The 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 Medium-sized 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 consolidated and separate annual financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated and separate annual financial statements, the 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 trustees either intend to liquidate the trust or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the consolidated and separate 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 consolidated and separate 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 consolidated and separate 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 consolidated and separate annual financial statements, including the disclosures, and whether the consolidated and separate 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: 900583e Per: Paul Erasmus CA (SA), RA
 20 October 2023
 Durban

REPORT OF THE BOARD OF TRUSTEES

The Board of Trustees present their annual report for Trust for Health Systems Planning and Development Group for the year ended 30 June 2023.

1. GENERAL REVIEW

The Trust for Health Systems Planning and Development Group is a dynamic independent non-government organisation 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 healthcare 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 58 - 75 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 R89 159 089 (2022: R35 451 234). The group generated a surplus of R106 713 578 (2022: Surplus of R33 289 130).
- 2.3. The ratio of administration expenses in the Trust (excluding the unusual and extraordinary items), against gross income is 6% (2022: 4%) 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. 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.

4. 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 2023

Figures in Rand	Note(s)	Group		Trust	
		2023	2022	2023	2022
Assets					
Non-Current Assets					
Property, plant and equipment	2	173 520 346	129 086 377	120 374 281	79 248 748
Investments in subsidiaries	3			3 000	3 000
		<u>173 520 346</u>	<u>129 086 377</u>	<u>120 377 281</u>	<u>79 251 748</u>
Current Assets					
Accrued revenue	4	49 990 135	30 419 645	49 990 135	30 419 645
Cash and cash equivalents	5	224 067 114	243 210 677	202 925 837	232 512 202
Current tax receivable		257 761	380 114		
Loans to group companies				64 401 669	51 124 926
Trade and other receivables	6	20 928 712	25 585 992	17 254 480	24 947 239
		<u>295 243 722</u>	<u>299 596 428</u>	<u>334 572 121</u>	<u>339 004 012</u>
Total Assets		<u>468 764 068</u>	<u>428 682 805</u>	<u>454 949 402</u>	<u>418 255 760</u>
Equity and Liabilities					
Equity					
Accumulated surplus		294 067 060	193 768 633	281 002 315	198 258 377
Reserves		92 281 789	85 865 638	92 281 789	85 865 638
		<u>386 348 849</u>	<u>279 634 271</u>	<u>373 284 104</u>	<u>284 124 015</u>
Liabilities					
Non-Current Liabilities					
Nedbank financial liability	7		12 065 927		
Current Liabilities					
Bank overdraft	5		2 075		2 075
Deferred income		34 624 144	90 211 137	34 624 144	90 211 137
Loans from group companies				6 596	47 135
Nedbank financial liability	7		2 227 191		
Trade and other payables	8	47 791 075	44 542 204	47 034 558	43 871 398
		<u>82 415 219</u>	<u>136 982 607</u>	<u>81 665 298</u>	<u>134 131 745</u>
Total Liabilities		<u>82 415 219</u>	<u>149 048 534</u>	<u>81 665 298</u>	<u>134 131 745</u>
Total Equity and Liabilities		<u>468 764 068</u>	<u>428 682 805</u>	<u>454 949 402</u>	<u>418 255 760</u>

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2023

Figures in Rand	Note(s)	Group		Trust	
		2023	2022	2023	2022
Income	4	994 385 985	974 333 731	994 385 985	974 333 731
Other income	9	9 322 179	4 805 307	12 239 609	6 460 381
Operating expenses		(912 643 848)	(953 831 926)	(933 309 975)	(952 960 442)
Operating surplus before interest	10	91 064 316	25 307 112	73 315 619	27 833 670
Investment revenue	11	16 764 822	8 049 306	15 843 470	7 617 564
Finance costs		(1 115 560)			
Surplus before taxation		106 713 578	33 356 418	89 159 089	35 451 234
Taxation	12		(67 288)		
Surplus for the year		106 713 578	33 289 130	89 159 089	35 451 234
Other comprehensive income					
Total comprehensive income for the year		106 713 578	33 289 130	89 159 089	35 451 234

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2023

	Trust Reserve Fund	Accumulated Funds Trust	Total Trust	Total group equity (Subsidiaries and Trust Retained earnings)
Figures in Rand				
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
Adjustments to retained earnings	42 255 239	(42 255 239)		
Share capital	3 000		3 000	3 000
Prior year property, plant and equipment adjustment				333 683
Total changes	42 258 239	(42 255 239)	3 000	336 683
Balance at 01 July 2022	85 865 638	198 258 377	284 124 015	279 634 271
Surplus for the year		89 159 089	89 159 089	106 713 578
Other comprehensive income				
Total comprehensive income for the year		89 159 089	89 159 089	106 713 578
Adjustment to prior year balance		1 000	1 000	1 000
Total changes	6 416 151	(6 415 151)	1 000	1 000
Balance at 30 June 2023	92 281 789	281 002 315	373 284 104	386 348 849

TOTAL EQUITY COMPRISES THE FOLLOWING:	2023	2022
Accumulated Surplus Funds	294 067 060	193 768 633
HST Reserve Fund	92 281 789	85 865 638
	386 348 849	279 634 271

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 FOR THE YEAR ENDED 30 JUNE 2023

Figures in Rand	Note(s)	Group		Trust	
		2023	2022	2023	2022
Cash flows from operating activities					
Cash (used in) generated from operations	13	(5 968 772)	15 917 592	(16 333 612)	9 457 788
Interest income		16 764 822	8 049 306	15 843 470	7 617 564
Finance costs		(1 115 560)			
Tax received (paid)		122 353	(1 014 048)		
Net cash from operating activities		9 802 843	22 952 850	(490 142)	17 075 352
Cash flows from investing activities					
Purchase of property, plant and equipment	2	(23 636 459)	(2 590 652)	(21 122 751)	(2 215 112)
Proceeds from sale of property, plant and equipment	2	8 985 246	5 388 611	5 345 885	2 285 193
Net cash from investing activities		(14 651 213)	2 797 959	(15 776 866)	70 081
Cash flows from financing activities					
Advances/(Repayment) of group loans				(13 317 282)	20 919 275
Receipt/(Repayment) of other loans		(14 293 118)	14 292 980		
Net cash from financing activities		(14 293 118)	14 292 980	(13 317 282)	20 919 275
Total cash movement for the year		(19 141 488)	40 043 789	(29 584 290)	38 064 708
Cash and cash equivalents at the beginning of the year		243 208 602	203 164 813	232 510 127	194 445 419
Total cash at end of the year	5	224 067 114	243 208 602	202 925 837	232 510 127

ACCOUNTING POLICIES

I. 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.

I.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 I.3).

Gains and losses on disposals are determined by comparing proceeds with carrying amount and are recognised within 'project and administration expenses' in the statement of comprehensive income.

I.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.

I.3. Financial instruments

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

I.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

ACCOUNTING POLICIES

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 days' accrued leave for each employee (capped at a maximum of twenty-one days in accordance with organisational 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 utilised during their tenure at the organisation 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

ACCOUNTING POLICIES

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 recognised 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 recognised. 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 recognised.

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

ACCOUNTING POLICIES

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 organisation. 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 organisation. The Reserve Fund may be utilised by approval from the Board of Trustees and has designated components for meeting the organisation's contractual obligations in the event of funded contracts coming to an end, for bridging finance when the organisation 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	Note(s)	Group		Trust	
		2023	2022	2023	2022

2. Property, plant and equipment

Group	2023			2022		
	Cost or revaluation	Accumulated depreciation	Carrying value	Cost or revaluation	Accumulated depreciation	Carrying value
Buildings	27 289 454	(3 287 621)	24 001 833	27 257 935	(1 923 958)	25 333 977
Furniture and fixtures	5 979 736	(5 446 641)	533 095	5 950 173	(5 186 576)	763 597
IT equipment	32 186 517	(22 042 282)	10 144 235	27 608 002	(19 731 518)	7 876 484
Motor vehicles	216 696 037	(77 854 854)	138 841 183	215 427 260	(120 314 941)	95 112 319
Total	282 151 744	(108 631 398)	173 520 346	276 243 370	(147 156 993)	129 086 377

Trust	2023			2022		
	Cost or revaluation	Accumulated depreciation	Carrying value	Cost or revaluation	Accumulated depreciation	Carrying value
Furniture and fixtures	5 979 736	(5 446 641)	533 095	5 950 173	(5 186 576)	763 597
IT equipment	32 162 518	(22 018 283)	10 144 235	27 584 003	(19 710 852)	7 873 151
Motor vehicles	175 491 679	(65 794 728)	109 696 951	171 305 931	(100 693 931)	70 612 000
Total	213 633 933	(93 259 652)	120 374 281	204 840 107	(125 591 359)	79 248 748

Reconciliation of property, plant and equipment - Group - 2023

	Opening balance	Additions	Disposals	Depreciation	Adjustment for reassessed useful life and residual value	Closing balance
Buildings	25 333 977	31 519		(1 363 663)		24 001 833
Furniture and fixtures	763 597	29 562		(260 064)		533 095
Motor vehicles	95 112 319	16 341 335	(1 984 251)	(48 888 655)	78 260 435	138 841 183
IT equipment	7 876 484	7 234 043	(256 819)	(4 709 473)		10 144 235
	129 086 377	23 636 459	(2 241 070)	(55 221 855)	78 260 435	173 520 346

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
Motor vehicles	135 225 802	358 413	(1 507 364)	333 668	(39 298 200)	95 112 319
IT equipment	10 605 219	1 991 166	(89 723)		(4 630 178)	7 876 484
	174 977 043	2 590 652	(3 150 908)	333 668	(45 664 078)	129 086 377

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand	Note(s)	Group		Trust	
		2023	2022	2023	2022

2. Property, plant and equipment

Reconciliation of property, plant and equipment - Trust - 2023

	Opening balance	Additions	Disposals	Depreciation	Adjustment for reassessed useful life and residual value	Closing balance
Furniture and fixtures	763 597	29 562		(260 064)		533 095
Motor vehicles	70 612 000	13 859 146	(566 108)	(37 605 369)	63 397 282	109 696 951
IT equipment	7 873 151	7 234 043	(256 819)	(4 706 140)		10 144 235
	79 248 748	21 122 751	(822 927)	(42 571 573)	63 397 282	120 374 281

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
Motor vehicles	98 704 204	191 318	(290 124)	(27 993 398)	70 612 000
IT equipment	10 593 886	1 991 166	(89 723)	(4 622 178)	7 873 151
	111 958 157	2 215 112	(1 933 672)	(32 990 849)	79 248 748

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand	Note(s)	Group		Trust	
		2023	2022	2023	2022

3. Investments in subsidiaries

Name of subsidiary	% holding 2023	% holding 2022	Carrying amount 2023	Carrying amount 2022
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

2023

Summarised SOCI	Revenue	Profit/loss	Total comprehensive income
I on Maryvale (Pty) Ltd	4 315 445	(721 432)	(721 432)
Health Systems Training Institute (Pty) Ltd		3 852 388	3 852 388
Kwik Track Travel (Pty) Ltd	17 284 082	(439 622)	(439 622)
	<u>21 599 527</u>	<u>2 691 334</u>	<u>2 691 334</u>

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)
	<u>22 629 105</u>	<u>(2 158 089)</u>	<u>(2 158 089)</u>

2023

Summarised SOFP	Non-current assets	Current assets	Non-current liabilities	Current liabilities	Total net assets
I on Maryvale (Pty) Ltd	24 105 525	1 840 443	(26 571 474)	(420 909)	(1 046 415)
Health Systems Training Institute (Pty) Ltd					
Kwik Track Travel (Pty) Ltd	14 177 722	23 232 827	(37 823 933)	(335 616)	(749 000)
	<u>38 283 247</u>	<u>25 073 270</u>	<u>(64 395 407)</u>	<u>(756 525)</u>	<u>(1 795 415)</u>

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)
	<u>62 837 629</u>	<u>11 717 342</u>	<u>(76 143 718)</u>	<u>(2 898 002)</u>	<u>(4 486 749)</u>

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand	HSS	HSR	CDC	Corporate Services	Total	Accrued revenue	Deferred revenue	Deferred revenue
Centre for Disease Control (CDC)			836 135 198		836 135 198	34 675 952		870 811 150
The Public Health Enhancement Fund		3 312 960			3 312 960		(2 527 742)	785 218
Health Information Systems Program (HISP)	3 970 314				3 970 314		(9 934)	3 960 380
Right to Care NPC	26 333 762				26 333 762		(217 335)	26 116 427
Massachusetts General Hospital				7 847 158	7 847 158	6 240 114	(2 867 276)	11 219 996
Positive Action for Children Fund	6 790 553				6 790 553			6 790 553
The ELMA Foundation	29 438 707				29 438 707		(7 791 629)	21 647 078
The University of Cape Town (UCT)	1 058 851				1 058 851		(273 419)	785 432
Bill and Melinda Gates Foundation	21 927 134				21 927 134		(1 453 354)	20 473 780
African Health Research Institute				1 372 362	1 372 362		(1 372 267)	95
Johnson & Johnson		283 565		162 825	446 390			446 390
University of KwaZulu-Natal				1 798 206	1 798 206	857 219		2 655 425
Integration of TB in Education and Care for HIV/AIDS				3 212 228	3 212 228	999 794	(876 616)	3 335 406
Ragon Institute				5 223 694	5 223 694			5 223 694
The Regents of University of California				1 115 574	1 115 574			1 115 574
The Task Force for Global Health	6 765 253				6 765 253	316 300	(5 049 300)	2 032 253
University of North Carolina				353 506	353 506			353 506
WITS Reproductive Health & HIV Institute	5 652 610				5 652 610		(1 428 342)	4 224 268
Bristol Myers Squibb Foundation	12 920 388	3 123 118			16 043 506		(9 757 300)	6 286 206
Institute for Health Measurement	5 459 567				5 459 567			5 459 567
United Nations Childrens Fund		416 405		138 168	554 573	108 644		663 217
Adcock Ingram Healthcare (Pty) Ltd				1 000 000	1 000 000		(999 630)	370
	120 317 139	7 136 048	836 135 198	22 223 721	985 812 106	43 198 023	(34 624 144)	994 385 985

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.

Other accrued income for the 2023 financial year amounts to R6 792 112.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand	HSS	HSR	CDC	Corporate Services	Total	Accrued revenue	Deferred revenue	Deferred revenue
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) Dept. of Health	1 476 227				1 476 227		(283 323)	1 192 904
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								
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

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand	Note(s)	Group		Trust	
		2023	2022	2023	2022
5. Cash and cash equivalents					
Cash and cash equivalents consist of:					
Bank balances		224 057 184	243 206 355	202 915 907	232 507 880
Bank overdraft			(2 075)		(2 075)
Cash on hand		9 930	4 322	9 930	4 322
		<u>224 067 114</u>	<u>243 208 602</u>	<u>202 925 837</u>	<u>232 510 127</u>
Current assets		224 067 114	243 210 677	202 925 837	232 512 202
Current liabilities			(2 075)		(2 075)
		<u>224 067 114</u>	<u>243 208 602</u>	<u>202 925 837</u>	<u>232 510 127</u>

The cash and cash equivalents listed above are unencumbered and earmarked for project specific expenditure. The above figures include an amount of R92 281 789 (2022: R43 610 399) 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 Revolving credit line facility for R12 000 000 and for Nedfleet facility for R1 000.

6. Trade and other receivables

Deposits	837 910	1 027 570	821 950	1 011 610
Other receivables	12 034 057	2 309 084	8 375 785	2 244 686
Prepaid expenses	32 206	823 890	32 206	270 774
Receiver of Revenue - Value Added Tax	8 024 539	21 425 448	8 024 539	21 420 169
	<u>20 928 712</u>	<u>25 585 992</u>	<u>17 254 480</u>	<u>24 947 239</u>

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

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand	Note(s)	Group		Trust	
		2023	2022	2023	2022
7. Nedbank financial liability					
At amortised cost					
Nedbank bond			14 293 118		
The bond has been repaid in full during the year.					
Non-current liabilities					
At amortised cost			12 065 927		
Current liabilities					
At amortised cost			2 227 191		
			14 293 118		
8. Trade and other payables					
Accruals		31 909 430	33 455 873	31 823 180	33 309 765
Operating lease liability		277 667	540 316	277 667	540 316
Trade payables		15 603 978	10 546 015	14 933 711	10 021 317
		47 791 075	44 542 204	47 034 558	43 871 398
The fair value of trade and other payables approximate their carrying values.					
9. Other income					
Profit and loss on sale of assets		6 744 176	2 237 703	4 522 958	351 521
Profit on exchange differences			15 051		15 051
Other income		2 578 003	2 552 553	7 716 651	6 093 809
		9 322 179	4 805 307	12 239 609	6 460 381
10. Surplus/(Deficit) before interest					
Surplus/(Deficit) before interest is stated after the following:					
Income					
Income		994 385 985	974 333 731	994 385 985	974 333 731
Other income		9 322 179	4 805 307	12 239 609	6 460 381
		1 003 708 164	979 139 038	1 006 625 594	980 794 112

Other income consists of profit/loss on disposal of assets and other sundry income.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand	Note(s)	Group		Trust	
		2023	2022	2023	2022
Expenses					
Consultants, legal support and license fees		9 691 059	6 827 180	9 679 294	6 574 509
Depreciation on property, plant and equipment (refer to note 2)		(23 038 581)	45 664 078	(20 825 709)	32 990 849
External consultants		20 606 593	33 307 712	20 606 593	33 307 712
Operating lease rentals					
Land and buildings		5 656 386	10 272 118	9 971 831	13 624 885
Other		3 372 204	5 748 875	414 398	1 379 851
		9 028 590	16 020 993	10 386 229	15 004 736
Key Management Personnel:					
Remuneration: Key Management Personnel		11 675 658	7 421 881	11 675 658	7 421 881
Remuneration: Other Staff		702 350 367	734 527 003	702 350 367	733 436 210
11. Investment revenue					
Interest revenue					
Bank		16 755 445	8 049 306	15 843 470	7 617 564
Other interest		7 857			
SARS - Overpayment of taxes		1 520			
		16 764 822	8 049 306	15 843 470	7 617 564

12. 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.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand	Note(s)	Group		Trust	
		2023	2022	2023	2022
13. Cash (used in) generated from operations					
Net surplus before taxation		106 713 578	33 356 418	89 159 089	35 451 234
Adjustments for:					
Depreciation and amortisation		(23 038 581)	45 664 078	(20 825 709)	32 990 849
Profit on disposal of property, plant and equipment		(6 744 176)	(2 237 703)	(4 522 958)	(351 521)
Changes in reserves		1 000	3 000	1 000	3 000
Investment income		(16 764 822)	(8 049 306)	(15 843 470)	(7 617 564)
Finance costs		1 115 560			
Changes in working capital:					
(Increase) decrease in trade and other receivables and accrued revenue		(14 913 210)	(13 529 886)	(11 877 731)	(13 041 947)
Increase (decrease) in trade and other payables and deferred income		(52 338 121)	(39 289 009)	(52 423 833)	(37 976 263)
		<u>(5 968 772)</u>	<u>15 917 592</u>	<u>(16 333 612)</u>	<u>9 457 788</u>

14. Operating lease commitments

Minimum lease payments which fall due

- within one year	7 172 903	6 788 787	7 172 903	6 788 787
- in second to fifth year inclusive	7 614 300	13 377 910	7 614 300	13 377 910
Present value of minimum lease payments	<u>14 787 203</u>	<u>20 166 697</u>	<u>14 787 203</u>	<u>20 166 697</u>

Operating lease commitments include the lease of office space from which the entity operates.

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

15. 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 related parties

I on Maryvale (Pty) Ltd	26 571 474	744 546
Health Systems Training Institute (Pty) Ltd		3 845 577
Kwik Track Travel (Pty) Ltd	37 823 598	46 534 803
Trust for Health Systems Planning and Development	(64 395 072)	(51 124 926)

The above loans are unsecured, interest free and have no fixed terms of repayment.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Figures in Rand	Note(s)	Group		Trust	
		2023	2022	2023	2022
Related party transactions					
Rent paid to related parties					
	I on Maryvale (Pty) Ltd			4 315 445	3 731 601
Administration fees received from related parties					
	I on Maryvale (Pty) Ltd			820 904	744 026
	Kwik Track Travel (Pty) Ltd			4 321 021	4 449 827
	Health Systems Training Institute (Pty) Ltd				274 549
Hire of asset					
	Kwik Track Travel (Pty) Ltd			17 284 082	17 799 309
Training revenue received from related parties					
	Health Systems Training Institute (Pty) Ltd				1 098 195

16. Comparative figures

Certain comparative figures have been reclassified to correct the prior year reserves.

The effects of the reclassification are as follows:

Statement of Financial Position

Accumulated surplus	42 255 239
Reserves	(42 255 239)

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

The Trust has a Nedbank lease guarantee of R125 000, with no other securities.

CONFERENCE PARTICIPATION AND PRESENTATIONS

- Walker J, Mufamadi G, Byleveld S, King JA. Use of cohort tracing in eThekweni District, South Africa, to ensure HIV and TB patients' continued treatment and care following a social crisis and health emergency. Presented by Dr Phelelani Cedrick Sosibo at the 2022 Fast-Track Cities Conference, Sevilla, Spain; 12 October 2022.
- Khosa T. Session Chair on Advanced HIV Disease Management: 14th Annual Workshop on Advanced Clinical Care (AWACC), Durban, South Africa, 27 October 2022.
- Walker J, Sokhela G, Masuku M, Ngcobo D, Thela S, Grund J, King J. Enhanced community-based HIV service delivery to redress the impact of COVID-19 on the HIV response in KwaZulu-Natal, South Africa. Oral presentation: 11th SA AIDS Conference, Durban, South Africa, 21 June 2023.
- Sokhela G, Masuku M, Ngcobo D, Myende N, Gugai P, Shongwe P, Zulu N, Gumede N, Ngcobo N, King J. The role of community participation in planning and delivery of HIV care services in eThekweni and Zululand Districts, KwaZulu-Natal, South Africa. Oral presentation: 11th SA AIDS Conference, Durban, South Africa, 21 June 2023.
- Ngcobo D, Sokhela G, Mwandla S, Khalishwayo G, Nyawo Z, Dlamini S, Guga P, Shongwe P, Zulu N, Ngcobo N, Masuku M, King J. Patients' perspectives on improved access to HIV care through the DO ART Demonstration Project in eThekweni South, KwaZulu-Natal, South Africa. Poster presentation: 11th SA AIDS Conference, Durban, South Africa, 21 to 23 June 2023.
- Sokhela G, Ngcobo D, Masuku M, Mwandla S, Dlamini S, Nyawo Z, Khalishwayo G, King J. HIV index contact testing as a strategy to improve positivity yield for case-finding in community settings. Poster presentation: 11th SA AIDS Conference, Durban, South Africa, 21 to 23 June 2023.
- Walker J, Byleveld S, Shezi N, Mwelase M, King J. Applying the lessons learnt from COVID-19 recovery plans for continued HIV programme growth in KwaZulu-Natal. Poster presentation: 11th SA AIDS Conference, Durban, South Africa, 21 to 23 June 2023.

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<https://www.hst.org.za/media/Pages/Phakama-Digest-A-2022.aspx>
- Health Systems Trust / KwaZulu-Natal Department of Health / University of California San Francisco (UCSF) Optimizing Performance by Improving Quality (OPIQ). Spotlight on case-finding: Extended clinic hours at Sigweje Clinic, Alfred Duma Sub-district, uThukela District. Pretoria: UCSF; 2022.
https://opiq.ucsf.edu/sites/g/files/tkssra5951/f/wysiwyg/15_Extended%20Clinic%20Hours_Sigweje%20Clinic_FINAL.pdf
- Health Systems Trust / KwaZulu-Natal Department of Health / University of California San Francisco (UCSF) Optimizing Performance by Improving Quality (OPIQ). Spotlight on case-finding: Men's health initiative at Queen Nolonolo Clinic, Zululand District. Pretoria: UCSF; 2022.
https://opiq.ucsf.edu/sites/g/files/tkssra5951/f/wysiwyg/18_Philandoda%20Men%27s%20Health%20Initiative_Queen%20Nolonolo%20Clinic_FINAL.pdf
- Health Systems Trust / KwaZulu-Natal Department of Health / University of California San Francisco (UCSF) Optimizing Performance by Improving Quality (OPIQ). Spotlight on records management: Night Duty Clinical Support Officer at Caluza Clinic, Msunduzi Sub-district, uMgungundlovu District. Pretoria: UCSF; 2022.
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FUNDERS

- U.S Centers for Disease Control and Prevention
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- ViiV Healthcare UK Ltd
- Bill and Melinda Gates Foundation
- Wits Reproductive Health and HIV institute
- United Nations Population Fund
- Bristol Myers Squibb Foundation
- Institute for Health Measurement
- Health Information Systems Program South Africa
- Adcock Ingram Healthcare (Pty) Ltd
- Johnson & Johnson Foundation
- Right to Care
- The Task Force for Global Health

PARTNERS AND GRANT COLLABORATORS

- National Department of Health South Africa
- ASG
- University of Cape Town
- University of KwaZulu-Natal (UKZN)
- Aurum Institute
- TB/HIV Care
- Eastern Cape Department of Health
- Free State Department of Health
- Gauteng Department of Health
- KwaZulu-Natal Department of Health
- Limpopo Department of Health
- Mpumalanga Department of Health
- Northern Cape Department of Health
- North West Department of Health
- The National Health Research Committee
- UKZN CIDERU
- Genius Quality
- NICDAM
- The National Institute for Communicable Diseases of South Africa
- Aviro Health
- HERO
- Population Services International
- South African Medical Research Council
- Pact
- Children in Distress Network
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