DEFINING THE PROGRAMME OF THE HEALTH SYSTEMS TRUST: A
REPORT ON NINE REGIONAL CONSULTATIVE WORKSHOPS ' V
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Summary

The Health Systems Trust has just concluded a series of nine regional consultative
workshops aimed at shaping its programme within the brief described in its mission
statement. The key issues emerging from those discussions are highlighted here.
Fragmentation of health services, poor public participation in planning and
management, inequity in service provision and resource allocation, inaccessibility
of health care and poor intersectoral co- operation were identified as the most
critical areas for change within the South African health system.
Mechanisms for public involvement in health services and improved efficacy and
effectiveness of services were regarded as of greatest priority in health systems
research. Planning for re-integration of South African health services, the
development of intersectoral collaboration, and a comprehensive health information
system also featured prominently amongst the priorities for research. Health
economics was a crucial, but neglected area, and economic evaluation had to
become an integral part of health planning at all levels of care.
Key funding criteria included demonstration that the research was geared towards
implementation of recommendations arising from research results, appropriate
public interaction In research projects, evidence of inter- sectoral links and plans for
feedback of results to health personnel and community members.
Participants suggested numerous ways for strengthening research capacity,
particularly amongst disadvantaged South Africans, but stressed that the process
should not only develop new researchers. but impart appropriate research skills to
other individuals to enable the effective use of information.
Participants repeatedly noted the need for accountability of the Health Systems
Trust by both formal scientific review and informal consultation and evaluation.
The Trust had a responsibility to fund only that research which was necessary,
which answered the question in the simplest effective manner, and which provided
clear and implementable policy options.

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TEMPORARY ADMINISTRATOR
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DEFINING THE PROGRAMME OF THE HEALTH SYSTEMS TRUST: A REPORT ON
NINE REGIONAL CONSULTATIVE WORKSHOPS

1 . INTRODUCTION

The newly-established Trust for Health Systems Planning and Development ('Health
Systems Trust') is an independent organization committed to funding a programme
of scientific health systems research which will help inform the development of a
comprehensive health service for South Africa, based on equity.

An integral part of this process will be to strengthen health systems planning
capacity, particIJlarly of people for whom access to training has been denied.

To achieve these aims, the Trust will:

i) Define a systematic programme for addressing the priorities in health systems
research, through ongoing consultation with a broad range of interested parties.

ii) Provide funding for this programme by commissioning or accepting proposals
for specific research projects.

iii) Ensure that all research results are widely disseminated in order to inform
health policy and planning.

iv) Identify and support mechanisms whereby the skills of new researchers are
developed, with particular emphasis on redressing colour, gender, class or
urban bias.

Three funders, namely the Department of National Health and Population
Development, the Henry J. Kaiser Family Foundation and Kagiso Trust, have each
committed R5 million to the Health Systems Trust over a three-year period.
Additional funding may be sought at an appropriate time.

A Board of Trustees' Is, after consultation, responsible for determining the Trust' 3
research programme and for allocating funds. The Board may fund submitted
research'proposals which accord with the mission statement of the Health Systems
Trust, and commission research projects in areas of health systems planning which
it regards as crucial.

There have been three phases of consultation in the establishment of the Health
Systems Trust:

The first two, conducted by the funding agencies, identified the need to strengthen
health systems planning in South Africa and elicited broad support for the concept
of an organization, independent of any research or political group, which would
fund research aimed at developing appropriate health policy options for South
'Africa.

The third phase entailed a series of nine regional consultative workshops intended
to shape the research programme and activities of the Health Systems Trust within
the objectives prescribed by the Deed of Trust.

This report summarizes the proceedings of those workshops.

2. PURPOSE OF WORKSHOPS 7 i 37.1 if. 735:3
MN
The regional consultative workshops sought to:
i) inform people of the Health Systems Trust
ii) identify priorities for health systems research in South Africa at local, regional and national levels
iii) identify funding criteria
iv) explore ways of building capacity in a manner which redresses inequity in selection and training of researchers
The programme of the Health Systems Trust would be shaped by the information obtained through this initial process, but would be modified through ongoing evaluation and consultation.

3. METHOD OF WORKSHOPS
A list of categories of organizations was compiled and circulated to Trustees, who provided the secretariat with names of organizations operating in their region. This list was supplemented by other key players in each area, notably the National Progressive Primary Health Care Network and the Department of National Health and Population Development.
Invitations to participate in an informal regional workshop were extended to all groups identified through this process.
Organizational categories included community-based organizations; health, welfare and development non-government organizations (NGO's); the public and private health sector; educational and research institutions; politicai' and civic organizations; professional health groups; health-related industries and funders.
Each workshop was scheduled for three hours and consisted oftwo parts: First, plenary discussion in which the Health Systems Trust was introduced to the participants. This discussion included questions of clarification, observations, criticism and suggestions.
Secondly, directed input from the participants, who were asked to address specific questions related to health systems research priorities, funding criteria and strengthening of research capacity; ; - . r. - .. v 1.. '- . ' .
The Health Systems Trust was represented by the temporary administrator, and at least one Trustee at all workshops (with the exceptioh of Bloemfontein).
Attempts to present a broad vision of a future health service for South Africa were abandoned after the third workshop, as it became clear that fears of health policy prescriptiveness by the Board of Trustees were clouding the identification of research priorities and detracting from the process of consultation.
Workshop proceedings were sent to all invited organizations in their respective regions, regardless of attendance. This report will be similarly distributed.

4. REPORT ON WORKSHOPS T : :.v"_..;'::;f-;,:, f V

4.1. Attendance _ - T

The attendance at all nine regional workshops IS tabulated below:

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Table 7. Attendance at Health Systems Trust regional consultative Workshops October- December 7992

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mama -_---
lndustry/commerce 2 -- :
Neo (hearth) nn"----
Nee (other) -------
Penman goups -_---II
Remh groups -H:----
Universiwnechnskn 12 m-nnn

' KEY TO VENUES:
BFN Bloemfontein EL East London PE Port Elizabgth
CT Cape Town JHB Johannesburg PMB Pietermaritzburg
DBN Durban . NCL Newcastle PTG Piete'rsburg

These 243 people represented 135 different organizations.

A breakdown of the total number of organizations represented is presented in Table 2 below. For purposes of analysis, each university department is regarded as a separate organization:

TABLE 2: Analysis of total number of organizations represented at consultative workshops '

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__-l-
___
' Research institutions which are not university-based eg. MRC, HSRC

4.2. Directed discussion

4.2. 1. Critical areas for change

THE SOUTH AFRICAN HEALTH SYSTEM

Critical areas for change

Fragmentation -_x 5
Public participation. _1 i
Accessibility _ i
Provision inequity _l ,
Intersectoral links _ 1
39 care emphasis _i :
Resource allocation _l I
Referral mechanisms _5 ,
Bureaucratic Mx _i !
Centralized control _) - l
Private sector _5 '
Training orientation _1
Health information _1 !
AlDS-related care _1
Policy formulation -_1 I
Rural area neglect -_ ' ' I
O 1 2 3 4 5 6 7 8

NO. OF WORKSHOPS

GRAPH 1

-v. .:-_?'x wax mutezxr ;:::-:r:::;w- 331:: 1-7;. 'zT'; , : ,

Participants were asked to identify elements of the current health system Which were of greatest concern to them.

This feedback Is presented In terms of the number of workshops at which concern was raised (GRAPH 1)

The most frequently articulated concern was fragmentation Of health"setvices. The overriding sentiment was the need for a single ministry and department of health for the entire country, which would oversee all health service functions.

Public participation included involvement in planning and managing health services at all levels, and greater public accountability by the Department of Health.

Accessibility of services referred not only to physical , proximity, but also to affordability and the need to move towards client-centred service provision.

Provision inequity and resource allocation both alluded to the need to develop a plan for redressing the current maidistribution of resources.

The private sector was widely regarded'as a maverick component of the country's health care, operating outside of overall health planning.

Many participants stressed the need for re-orientation of the training of health personnel to one which emphasized primary health care more strongly, and which was more appropriate to South Africa's requirements.

The process of policy formulation was identified as a crucial area for change. Elements of this process included directed overall planning, public consultation and accountability, feedback to health service personnel and follow-through to implementation.

Numerous other concerns were raised, many of which referred to the inadequacy of specific services such as rehabilitation, tuberculosis and nutrition support.

4.2.2. Priorities in health systems research

Priorities for health systems research in South Africa identified by workshop participants are presented in GRAPH 2.

Two issues topped the list of priorities for health systems research, namely mechanisms for public involvement in health services and improving service efficacy and efficiency.

There was a clear call to develop formal mechanisms whereby the public would be involved in planning and managing health services at all levels of care and administration.

Research regarding service efficacy and effectiveness included studies of cost-effectiveness, administrative and management systems and the appropriate use of personnel. l ,

Research related to urbanization included the provision of appropriate services in informal settlements, and in the context of poverty and high mobility.

The development of intersectoral collaboration by health services featured prominently at five of the nine workshops.

Health economics was regarded as crucial but neglected, particularly at regional and local level. Economic evaluation had to become an integral part of health planning.

' Research questions related to a health information system included appropriate data collection, use and feedback.

Planning for re-integration of South African health services required urgent action.

PRIORITIES lNleEALTH SYSTEMS RESEARCH

Public involvement _:
lntersectoral links -_____
Health economics -:_
Resource allocation -_3
Appropriate training
Health data system
Re-integration
Financing
Accessibility
Use of personnel
Rural heaith care
District- based care
Health promotion -_
Decentralization --
lillllllllll
0 1 2 3 4 5 6 7
NO. OF WORKSHOPS

GRAPH 2

Several participants identified a crucial choice for the Health Systems Trust. Health systems research could be described in broad terms as encompassing:

1. Macro-determinants of health
2. Health services
3. Community needs and public receptiveness to health care

The Health Systems Trust needed to decide on which levels of the health system it would focus.

4.2.3. Nature of research projects

Participants were asked to suggest the types of research projects which ought to be funded by the Health Systems Trust. The response is presented in GRAPH 3:

The need for aetioneoriented research was re-iterated tinae and time again.

Participants felt strongly that plans for the implementation of recommendations should be included in the research proposal.

Appropriate interaction with relevant communities was regarded as an important criterion for project funding.

Organizational networking was strongly emphasized, with repeated calls for greater collaboration between health service and research and educational institutions.

NATURE OF RESEARCH PROJECTS
Criteria for funding
Action-oriented
Public interaction
lntersectoral links
Plans for feedback
Development-linked
i
Builds capacity 3 . l
Simple/attainable _! I
Organiz. networking _3 I
Generalizable models _E
Multi-disciplinary _?
Scientific rigour -!
Cost-effective -_);
Promotes equity -i
NO. OF WORKSHOPS
GRAPH 3

4.2.4. Building research capacity

One of the' priihary aims of the Health Systems Trust is to buiid research capacity of people whose access to training has been denied. Participants were asked how this aim could be realized.

Participants stressed that the aim of this process should not only be to develop new researchers, but to impart appropriate research skills to enable the effective use of information. Such individuals could include lay community members, health service personnel and workers in non-government organizations.

Options included:

i) Affirmative action policy

There had to be a commitment to redressing inequities in selection and training of researchers. This had implications both for individual researchers and for research institutions.

ii) Consultancies

Projects could be supported by funding the secondment of consultants for short periods of time.

iii) Mentor system
New researchers could be placed in a mentor programme with an established researcher
iv) Networking
The Health Systems Trust could facilitate the exchange of information, ideas and researchers between organizations in South Africa and internationally. lntersectoral networking at community level would allow for the skills of more community-based workers to be enlisted for research projects
v) Participatory research
Research could involve community members and all cadres of health personnel, including community and primary health care workers
vi) Scholarships
Scholarships could be provided to enable individuals to develop research skills outside of their own organizations
vii) Schools of public health ,_
Support could be given through scholarships or funding specific courses
viii) Simplification of research .
The Health Systems Trust could play an important role in demystifying research, so that it became an accessible tool to a far wider range of people in health service and non-government institutions
ix) Support groups
Support groups could be established for projects for proposal development and project follow-through.
x) Training courses
Support could be given to research and educational institutions to run short courses around research skills and proposal development. Special attention should initially be given to training of trainers.
4.3. The role and activities of the HST
The open, informal plenary discussion provided an opportunity for participants to voice their opinions about the role and activities of the Health Systems Trust. Several points of note emerged:
i) Accoun tabi/ity
It was generally recognized that the Health Systems Trust could not be expected to exercise the same degree of accountability as expected from organizations formulating heaIth policy, such as political parties and health departments. Nevertheless, mechanisms for ongoing consultation and evaluation should be created and used effectively. Such mechanisms included formal scientific evaluation of the progress of the Health Systems Trust, as well as informal review by forums such as these regional workshops.
ii) Allocation of funding '
The most vocal organizations were inclined to be funded. The Health Systems Trust had to demonstrate a commitment to strengthening groups and institutions which were traditionally neglected. There was a recognition that this commitment should not overwhelm the aim of producing scientific, implementable research recommendations. These two aims had to be integrated effectively.

iii) Appropr/a te research
There was a concern that research would be done which had previously been
conducted, or regarding policy options which really required no further
research. Projects funded had to address the research question in the simplest
and most cost-effective manner.
iv) Board of Trustees
There was a strong call for extending the expertise and representation of the
Board to include neglected geographical areas, lay people who could represent
the views of the public and professionals outside of the medical profession.
The importance of economic expertise was re-iterated. . '
v) Bureaucracy and unnecessary expense "
The Health Systems Trust had to demonstrate a modesty in expenditure '
commensurate with its task at hand. Administrative costs had to be keptto
i a minimum effective level '1 l ' "
vi) DI'ssem/hatl'on of information ,
The Health Systems Trust had a responsibility to ensure that research results
and recommendations were widely disseminated, fed back to appropriate
communities and channelled to relevant health authorities. i
viiilldentifying policy options ,
It was felt strongly that the Health Systems Trust should not assume to
formulate health policy. Its role was to fund health systems research which
would identify health policy options and explore their relative merits. .
5. POSTSCRIPT
This initial process of consultation is being used to shape the programme of the
Health Systems Trust within the parameters of its mission. This programme will
be adapted and refined through an ongoing process of consultation and research.
The Health Systems Trust has the potential to be a catalyst for transformation if
it demonstrates dynamic, directed leadership responsive to genuine consultation.