

Advancing Knowledge for District Health System Strengthening

Introduction

As part of the PHASA conference in April 2025, the South African Learning Alliance for the District Health System (SALAD) hosted a workshop titled, *'Advancing Knowledge for District Health System Strengthening'*. The purpose of the workshop was to reflect on developments in, and achievements made by SALAD since its inception in 2022; and to engage public health practitioners in discussions around key aspects of the DHS, including **Community Oriented Primary Care (COPC), community participation, monitoring and evaluation (M&E), and health financing.**

Workshop design: The workshop adopted an interactive world café style design, in three parts:

- a) plenary overview, b) world cafes on key themes and c) plenary summative reflections.

PART I: Introductory Plenary

An overview of SALAD

Dr Tumelo Assegaai provided an overview of SALAD. SALAD is a learning network that emerged in 2022. It originated from system strengthening partnerships between health policy and system researchers and decision-makers at provincial and national levels.

The network's purpose is to support the DHS as part of wider health system strengthening, recognizing the DHS's key role in achieving universal health coverage. SALAD operates as a knowledge network and community of practice. It facilitates cross-provincial experience exchange and bottom-up learning to inform policy implementation and identify future policy and strategy needs.

SALAD's governance includes a Steering Group, a Secretariat, and five Working Groups. They are: Provincial Engagement, DHS History, Teaching and Learning, Leadership and Management, and Learning Health Systems/Quality improvement. Key activities undertaken by SALAD members include curating a Special Series on the DHS in the South African Medical Journal (SAMJ), holding a national workshop on COPC, and running a national webinar series.

The *new* SALAD logo

The SALAD logo was created to represent the unified vision of the network. The vision behind the logo is inspired by a root system of trees, where the roots absorb water and nutrients and anchor the tree.

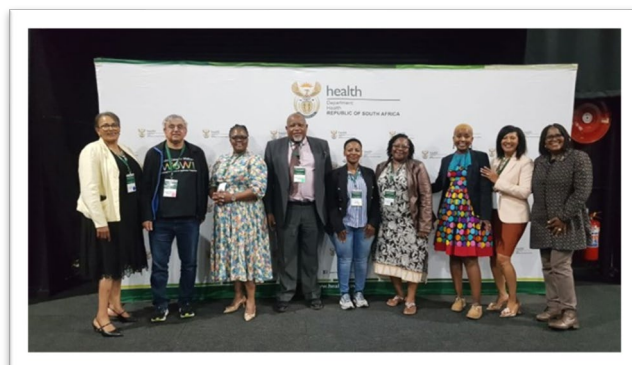


This symbolizes that a network of people, provinces, districts, and learning spaces working together can contribute to holding the health system up straight, anchoring it, thereby signifying a bottom-up approach. The dominant colour is green, representing growth, and energy, and highlighting the network's dynamic nature. A distinctive feature is the absence of an outline or boundary line around the logo - it is open to anybody and to all ideas, connecting all ideas and learnings together. The logo is ultimately linked to the goal of strengthening the

health system, with a particular focus on the district health system. Furthermore, the name 'SALAD' is intentionally not written in capital letters, which additionally emphasises the dynamic and energetic nature of this informal network of individuals collaborating and learning together.

The Provincial Engagement Working Group (PEWG)

Dr Cheryl Nelson, Chief Director of PHC Services in Mpumalanga Department of Health provided an overview of the PEWG which she convenes. Established in June 2024, the PEWG holds regular virtual meetings bringing together provincial managers and directors and academics and researchers from health education institutions to facilitate collaboration, knowledge exchange, and capacity-building among stakeholders across all nine provinces.



PEWG members at a workshop on PHC hosted by the NDOH

Midrand, Gauteng, November 2024

Key achievements include:

- Inclusive engagement with all nine provinces and the National Department of Health (NDOH).
- Sharing of key documents, such as NHI Proof of Concept plans.
- Facilitating cross-provincial learning for DHS strengthening and NHI evolution.
- Successful collaboration with other SALAD Working Groups, including the Leadership & Management Development Working Group.
- Maintaining frequent and structured communication channels.
- Achieving successful multi-provincial collaboration despite geographical challenges.
- Making progress in sharing insights on DHS service delivery issues.

The main challenge is time constraints and ensuring consistent attendance due to competing professional duties.

The PEWG's partnerships are considered invaluable, built on shared objectives, trust, and a commitment to co-production, vital for strengthening the DHS and ensuring equitable health care.

Overview of the development and implementation of South Africa's DHS

Dr Eleanor Whyte provided a review of the history of DHS development in South Africa since 1994. This review is the product of a SALAD author team and has been submitted to the South African Medical Journal as part of the *Special Series on the DHS*. A total of 116 items (including peer reviewed, grey and policy literature) was analysed.

The review considers DHS development since 1994 in three distinct periods:

Period 1 (1994-2000) focused on establishing legislative and governance foundations and building capacity at the district level. This involved developing a draft national policy, establishing committees, and creating guidelines and support materials. Challenges included the delayed finalization of the National Health Act (NHA) and confusion regarding municipal health service responsibilities.

Period 2 (Post-2000 to 2010) was characterised by a slowing pace of DHS development and reduced investment. While the NHA was passed in 2003, the emergent HIV epidemic significantly diverted attention and resources, leading to a verticalization of service delivery and potentially hindering broader system strengthening.

Period 3 (2010-Present) marked a reinvigoration of DHS strengthening efforts. Key initiatives included the NDoH's 10-point plan (2010) and the PHC re-engineering strategy (2011). The proposed National Health Insurance (NHI) also stimulated renewed focus, leading to proposals for district health authorities and the mandated establishment of district-level contracting units (CUPS).

The development of the DHS in South Africa since 1994 has been marked by periods of significant policy focus and challenges related to legislative frameworks, governance, the HIV epidemic, and resource constraints. Despite sustained political commitment, realizing a well-functioning DHS requires ongoing attention to various interconnected factors.

PART II: World Café Sessions

The workshop featured two rounds of World Café sessions, each focusing on one of four themes: COPC, community participation, monitoring and evaluation, and health financing.

Theme 1: Community Oriented Primary Care (COPC)

This café was facilitated by Charlyn Goliath and Prof. Hassan Mahomed.

Focus of Discussion: Strengthening collaboration between Higher Education Institutions (HEIs) and the Department of Health to capture learnings on COPC, and identifying key focus areas.

Key Takeaway Messages:

- The need to co-create and share lessons from practical implementation of COPC.
- Creating a culture to engage with communities and capacitating staff on how to do so effectively.
- The importance of governance and accountability across government departments to support COPC implementation.

Proposed Actions:

- HEIs need to prepare students and train existing staff using a relevant and context-specific curricula that enable understanding and implementation of the COPC approach.
- Create opportunities for sharing lessons learned.
- Focus on strengthening an inclusive and responsive DHS that supports community participation structures.
- Enable staff to engage with communities and stakeholders by breaking down complex terms for better understanding.
- Bring COPC into all undergraduate curricula and create short courses to support implementation.

Theme 2: Community Participation

This café was facilitated by Karessa Govender and Dr Krishna Vallabhjee.

Focus of Discussion: Exploring innovative forms of community participation within and beyond the healthcare landscape, and re-envisioning community participation to reflect current realities, challenges, and opportunities.

Takeaway Messages



- Community participation is a messy but important area central to PHC, health systems, and democracy.
- There is a need to draw on lessons from history and experiences both within and outside the health sector.
- Principles such as being agile, humble in engaging communities, building strong relationships through time and resources, rebuilding trust, and seeing communities as assets are crucial.

Proposed Actions:

- Focus on building the skills and confidence of managers and frontline staff to engage with communities effectively.
- Foster a mindset change towards genuine openness to engage and listen to communities, moving beyond 'ticking the boxes'.
- Explore different models of community participation, learning from various experiences and developing relevant skills.
- Recognize and leverage existing community structures and initiatives rather than solely creating new ones.
- Strengthen feedback platforms to ensure communities understand the disease profile of their area and recommendations from research.

Theme 3: Monitoring and Evaluation (M&E)

This café was facilitated by Noluthando Ndlovu and Associate Prof Peter Barron.

Focus of Discussion: Monitoring DHS performance in SA, with a focus on a proposed dashboard of 20 practical and pragmatic indicators for district health managers. The emphasis was on using data for managerial decision-making and accountability, not just compliance.

Key Takeaway Messages:

- Data collection processes need improvement to address persistent issues of poor data quality, which leads to distrust in the information. Improving stakeholder engagement is essential to ensure everyone understands how their data impacts decisions.

- Staff need training on M&E concepts to shift the culture from collecting data for compliance to understanding its value for evidence-based decision-making and resource allocation. There needs to be improved understanding of the meaning of indicators for managers.
- The use of a simplified dashboard with key indicators can focus attention on crucial decisions.

Proposed Actions:

- Improve stakeholder engagement at different levels to sensitise and equip staff with an understanding of the purpose of data collection.
- Provide training to staff on why data is useful to foster a change in thinking and organisational culture towards using data for improvement, not fear of poor indicators.
- Focus on fewer, key indicators in dashboards to enhance their utility for decision-making.
- Work towards better integration of different data systems and a single source of truth.

Theme 4: Health Financing

This café was facilitated by Prof. Susan Cleary.

Focus of Discussion: The proposed transition from historical budgeting to capitation-based financing for primary healthcare under the NHI. Discussions centered on the practical implications, potential benefits, and challenges of this shift.

Key Takeaway Messages:



- Capitation has the potential to improve equity and responsiveness in resource allocation by funding facilities based on the population they serve.
- However, capitation is not a silver bullet and introduces major challenges related to service use variation, patient registration, the role of district hospitals, and systemic hurdles like migration.

- The role of district hospitals within a capitation model remains unclear.

Proposed Actions:

- Pilot capitation in selected PHC facilities or districts to test feasibility and gather valid data.
- Strengthen systems for population registration and patient attribution, potentially requiring collaboration with Home Affairs.
- Define the role of hospitals under capitation, exploring models that link PHC and district hospitals.
- Build public sector readiness and capacity for decentralised funding and reform existing budgeting and governance mechanisms.
- Continue structured engagement across all levels of the health system to co-develop financing reforms.

PART III: Closing Plenary

Following the World Café sessions, Prof. Rene English chaired a panel session during which rapporteurs presented the key takeaways and proposed actions from their respective groups. Discussions highlighted the interconnectedness of the various themes and the need for a holistic approach to DHS strengthening.

Key themes emerging from the plenary discussions included:

- The importance of skills and confidence among healthcare professionals to effectively engage in COPC and community participation.
- The need to learn from past successes.
- The ongoing challenges related to data quality and the use of data for decision-making in the DHS.
- The potential of capitation to improve equity but also the significant systemic and practical challenges associated with its implementation in the public sector.
- The complexity of community engagement and the need to move beyond statutory structures to find more effective and representative models.
- The necessity of intersectoral collaboration to achieve comprehensive health outcomes.

Advancing Knowledge for DHS Strengthening: The Role of SALAD

Participants reflected on how SALAD could further assist in advancing knowledge for DHS strengthening. Key suggestions included:

- Creating and maintaining safe spaces for honest conversations among policymakers, practitioners, and researchers.
- Facilitating the sharing of knowledge and lessons learned across provinces and districts.
- Creating opportunities to learn from other experiences, both locally, nationally, and globally, through research and networking.
- Connecting colleagues and linking them to relevant opportunities in the DHS space.
- Continuing to engage district health managers and sensitize them on the effective use of data.

Conclusion and Next Steps

The workshop underscored the ongoing commitment and the complexities involved in strengthening the DHS in SA. The discussions highlighted the potential of innovative approaches like COPC and capitation, the critical role of community participation, and the fundamental need for reliable data and effective M&E systems.

SALAD will continue to play a vital role in facilitating dialogue, knowledge sharing, and collaborative action to support the advancement of the DHS by:

- Strengthening its network to include a broader range of stakeholders and facilitate ongoing learning and collaboration.
- Working with provincial engagement working groups to address province-specific challenges and opportunities.
- Contributing to the evidence base through research and the dissemination of best practices.