



Collaborative learning and co-creation as catalysts for health system strengthening

Introduction

On 9 September 2026, the South African Learning Alliance for the District Health System (SALAD) hosted a one-hour organised session at the World Congress on Public Health in Cape Town, South Africa. The session, which was attended by more than fifty local, national and international delegates, included an introduction to the South African District Health System (DHS) and SALAD as a learning network before a four-person panel shared their perspectives on:

What does collaborative learning contribute to health system strengthening, and how do we create/sustain spaces in which this kind of learning can happen?

Helen Schneider of the University of the Western Cape (UWC) and Eleanor Whyle of the University of Cape Town (UCT) co-facilitated the event, which featured the following panellists, all of whom have participated in and/or helped drive SALAD activities.

- Hassan Mahomed – Western Cape Department of Health and Wellness and Stellenbosch University
- André van Rensburg – Centre for Research in Health Systems, University of KwaZulu-Natal (UKZN)
- Noluthando Ndlovu – Health Systems Trust
- Sindiswa Gede – Eastern Cape Department of Health

What is SALAD?

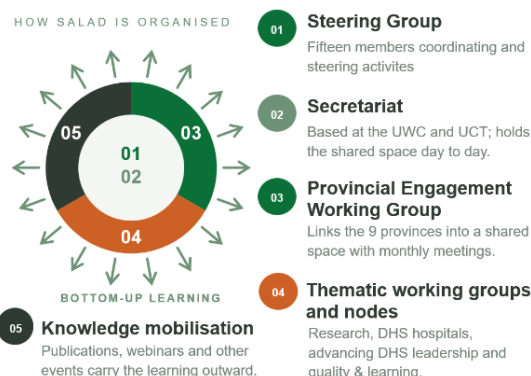
Helen Schneider provided a brief overview of SALAD's role, purpose and structure. SALAD seeks to be a catalyst for conversations between researchers, educators, and decision-makers committed to the idea of the DHS.

SALAD is anchored by three core objectives:

1. Enabling bottom-up knowledge generation and learning
2. Identifying policy and strategic needs across settings and supporting implementation
3. Strengthening the DHS for improved health outcomes

SALAD, though loosely constructed, is held together by a Secretariat at UWC and UCT and led by a Steering Group of about 15 members. The Provincial Engagement Working Group holds monthly experience-sharing discussions that reach across South Africa's nine provinces, creating a safe space for honest dialogue about challenges and successes. Other thematic working groups focus on a variety of topics that evolve as the needs and interest change. Across these structures, knowledge is mobilised through publications, webinars, annual retreats, conference presentations and other platforms, with the overall goal of driving learning about the DHS.

HOW SALAD IS ORGANISED



Why the South African DHS as the focus?

Eleanor Whyte explained the rationale for the focus on the DHS, by way of an analysis conducted by SALAD members of the [political and strategic evolution of the DHS since 1994](#). This work identified three loosely-defined periods. The first period (1994-2000) was characterised by investment in building the DHS and reorienting the health system away from the apartheid-era system, which was deeply fragmented and hospital-centric. During this time, district boundaries were drawn and redrawn, monitoring and evaluation and financial systems were created, and governance was established. At this stage, South Africa did not have a National Health Act (NHA), so the system lacked the clarity and stability that was later established after 2000 with the NHA's publication.

Period 1: 1994 - 2000	Period 2: 2001 – 2009	Period 3: 2010 –
• Formative activity • Establishing the legislative and governance foundations of the DHS • Building capacity at district and sub-district level	• Finalisation of NHA • HIV and MDG era drives programmatic orientation • Less attention to systemic issues • Less investment in strat planning, governance, leadership	• Development of NHI legislation • NHI-associated efforts to strengthen PHC • DHS as geographic loci for service delivery • Decentralisation remains incomplete

In the second period, the new and fragile structures were challenged by the exploding HIV epidemic and influenced by the Millennium Development Goals (MDGs). The need to respond to HIV distracted from broader health system strengthening efforts, especially in building leadership, governance, management and planning.

Over the past fifteen years, focus has shifted to horizontal integration, the move to National Health Insurance and the DHS as a mechanism for primary health care services. This period is still characterised by thinking of the DHS primarily as a service delivery mechanism, not a place for planning, management and governance – with those efforts still very much centralised at the provincial and national level. SALAD is seeking to reemphasise and refocus on strengthening the DHS as the foundation of the South African health system.

Crossing the academia/practitioner divide

Hassan Mahomed, who works for both the Western Cape Department of Health and Wellness and Stellenbosch University, began by reflecting on the historical divisions between academia and health system actors and how SALAD has brought them together.

As South Africa began to emerge from the COVID-19 pandemic, the National Department of Health (NDOH) began a consultative process ahead of an update to the national policy on the DHS. The NDOH brought together academics, civil society organisations and district managers from across the country to discuss these policy updates. Those involved in the process acknowledged that it enabled valuable dialogue with utility far beyond the policy revision.

“SALAD isn’t hierarchical like the National Department of Health. It feels like a safe space because we spoke on equal terms. We are comfortable with each other, more relaxed.”

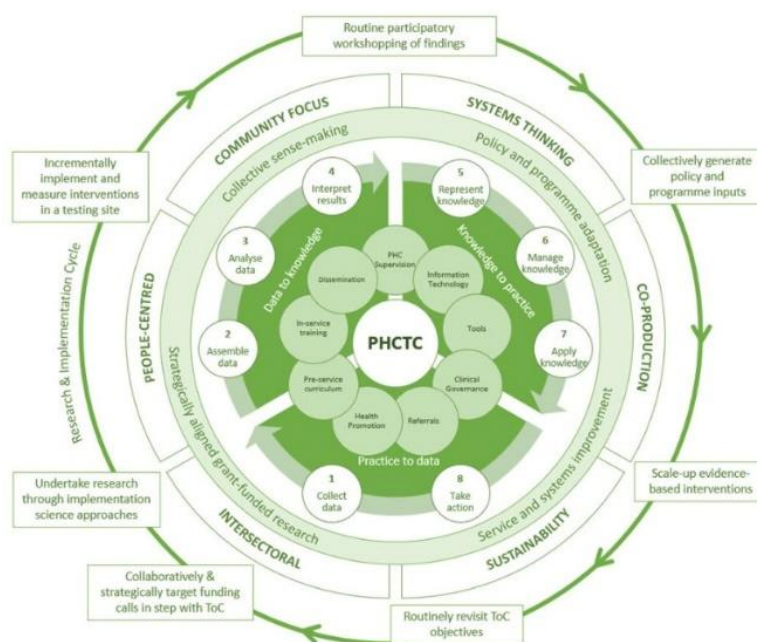
District health managers constantly work under intense pressure and face real challenges with no clear answers. By sharing their experiences with academics, researchers can identify key questions to answer. While formal research takes a long time, network-based conversations also create opportunities to consider these challenges, explore potential solutions, and develop ideas together.

To learn more about SALAD, access our webinars, or explore other SALAD knowledge products; scan this QR Code or email SALADLearning@gmail.com.



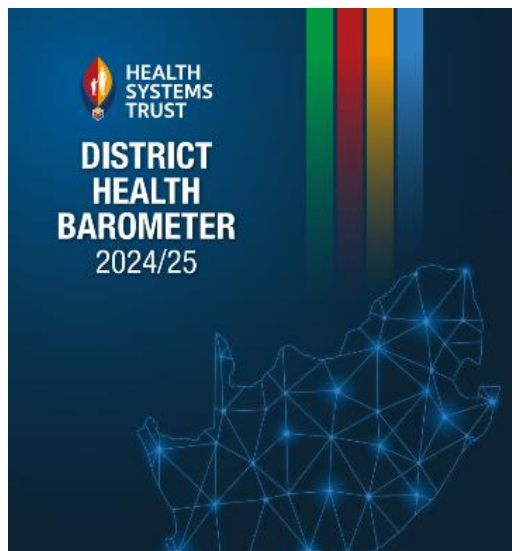
Building province-level learning partnerships

André van Rensburg (Centre for Health Systems Research and Development, UKZN) noted that in KwaZulu-Natal (KZN), one of South Africa's nine provinces, efforts to bring academics and provincial leaders together began in 2018. A senior manager within the provincial DHS worked alongside UKZN over a year to develop a Theory of Change (pictured right) stratified across community, primary health care and organisational levels. That process served as a blueprint for guiding research efforts – showing logical connections between evidence-gathering exercises and changes in policy and practice. Service-level agreements between the KZN Department of Health and UKZN enabled coordination around strategic initiatives, through a [Primary Health Care Transformation Committee \(PHCTC\)](#). Through SALAD the experiences of the PHCTC and KZN's achievements in the DHS have been documented and shared with other provinces.



From data collection to sense-making

Noluthando Ndlovu (Health Systems Trust) shared that South Africa is rich in health-related data from its 52 districts, but it can be challenging to move from having data to making sense of it and taking action. She introduced [the District Health Barometer](#), which Health Systems Trust has partnered with the NDOH to publish for more than two decades. It describes district-by-district results across public health system indicators, showing how each district is doing on an indicator compared to other districts and national averages.



The DHS collects information on dozens of indicators every day, but managers often lack the analytical capacity or time to make sense of it. They also often don't see how the data informs resourcing or other decisions that could help them make practical changes in service delivery. SALAD has enabled conversations around this data, a sense-making role, diving deep to understand the root causes of challenges and empowering district managers to see what is really going on in their district through data.

Supporting the district manager

Sindiswa Gede (Eastern Cape Department of Health) has worked as a district manager for many years. In her experience, SALAD has created a space to break down district and provincial knowledge silos through experience sharing, safe and reflective spaces and learning documentation. SALAD has helped her tackle complex issues like the transition to National Health

To learn more about SALAD, access our webinars, or explore other SALAD knowledge products; scan this QR Code or email SALADLearning@gmail.com.



Insurance, Ideal Clinics, school health programmes and more. Through SALAD, she can learn best practices and new research.

Through SALAD, she has built personal connections with district managers across the country, creating opportunities for additional knowledge sharing and support. She can now pick up the phone and call a colleague to understand how they are tackling a particular challenge.

One of the most critical elements of SALAD is the lack of hierarchy and approach to intentional safe spaces. In the highly pressurised world of the DHS, SALAD-facilitated spaces can relieve some of that stress.

**“We are all
equal in
SALAD.”**

Audience reflections

Helen Schneider invited those in the room to share their experience with any similar models in other contexts as well as their experiences with SALAD.

- At the University of the Witwatersrand, a learning site in Sedibeng District (Gauteng) has enabled collaborative work between the university and district managers that has helped with the formulation of research questions. This experience has surfaced the challenges of sustaining these relationships amid personnel changes, especially with conflicting demands on people's times.
- Another SALAD member, who is a practising physician, noted the tension between creating a safe space between trusted players, while keeping it an open and inclusive space, avoiding creating a siloed organisation.
- An audience member from the United Kingdom shared his experience with a physical inactivity partnership. He spoke to the importance of data sense-making and moving beyond considering data collection as a donor-driven reporting exercise.
- Audience members from South Africa reflected that there is a need for this type of network beyond the DHS-for example, in tertiary hospitals and in oral health.

Final thoughts on enabling collaborative learning

The session ended with final thoughts from the panellists on collaborative learning through SALAD.

- Acknowledge that networks such as SALAD are an informal and volunteer space, occupied by people with formal organisational roles and obligations, and as such, participation cannot be mandatory
- Focus on creating common spaces for learning
- Remain deeply flexible
- Personal attitude is important – going into networks willing to change enables more learning
- Focus on the intentionality of relationships
- Remain open to best practices from everywhere - look beyond your silo.

**“The core of
learning is
humility.”**

To learn more about SALAD and access its resources:

SALAD hosts a [Repository](#) of information generated through the network, organised by theme: [The DHS in South Africa](#); [community-oriented primary care](#); [monitoring, evaluation and learning](#); [health financing](#); [leadership](#); and [quality health systems](#).

To join SALAD events or learn more about the Network, contact SALADLearning@gmail.com.

To learn more about SALAD, access our webinars, or explore other SALAD knowledge products; scan this QR Code or email SALADLearning@gmail.com.

