



**Health Systems Research Unit
Symposium3**

**Making UHC truly universal:
What are the challenges to achieving UHC in
an unequal society and how do we target
these now?**

27-28 August 2024
SAMRC Conference Centre, Cape Town

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Introduction

With the NHI Bill signed, the research community need to deeply consider at the realities of achieving universal health coverage in South Africa and what role we play to support equitable care. In August the Health Systems Research Unit brought together local and international experts from academia, government and civil society to discuss the challenges and examine case studies for what is working now to improve health coverage in South Africa.

**Welcome address by Prof. Ntobeko Ntusi,
CEO and president of the SAMRC**



<https://www.youtube.com/watch?v=5303Tlmt-ml&list=PLFdK7Ly-ce5ng7NyCc4D9jWeNKhTU19rx&index=1>



OPENING SESSION

PLENARY: UHC challenges and needs in an unequal society: Opportunity for research to catalyse change

Mosa Moshabela

Vice Chancellor, University of Cape Town

https://www.youtube.com/watch?v=_HkQRECCqH8&list=PLFdK7Ly-ce5ng7NyCc4D9jWeNKhTU19rx&index=2

Prof. Moshabela stressed the need to work together to address the health crisis in South Africa. He sent a message to the SAMRC, driven by the Health Systems Research Unit and Department of Health (DOH) partners well as other institutions, to take the leadership to develop a comprehensive, explicit research plan for the National Health Insurance (NHI) with clear progress monitoring. He emphasised the need for evidence and to hold entities and institutions accountable. He also highlighted the need for funding for such research from the DOH.

Prof. Moshabela noted the importance of defining concepts in research, pointing out that currently the language is not consistent and that it's not clear if we have common understanding across concepts like National Health Insurance and Universal Health Coverage (UHC). He noted that health promotion may be omitted due to misunderstanding about what should be covered by the NHI package of care and the approach of focusing on curative programmes.

He stressed that we need to be explicit in what we are trying to 'fix' when we describe South Africa as an unequal society and to think about what NHI is trying to achieve in this regard. He noted that we have not found a way of advancing social justice in South Africa and it remains an aspiration.

He emphasised the need for new leaders and accountability, and most importantly, that we build a health system that people trust and which we can measure and monitor.



Colleagues Liesl Zuhlke, Mosa Moshabela, Nicholas Crisp and Kobus Herbst (left to right).

In the discussion the following points were raised:

- We can't use old tools for new problems - the structures are archaic and don't adapt very easily.
- The need for a new system for effective health promotion which will reduce the burden on

the health system was emphasised, which needs to be coordinated across different government departments.

- The need to move away from a health system that is only clinically based and therefore shaped to be reactive and individualistic.
- The need to address the issue of fraud in both the public and private sectors.
- The need to address the different ways of paying for healthcare across public and private sectors. It was noted here that the Contracting Units for Primary Healthcare Services described in the NHI offers the solution.

ORAL SESSION 1: Research to improve the lives of vulnerable populations and enhance quality health services and systems

<https://www.youtube.com/watch?v=TkmctalMhjQ&list=PLFdK7Ly-ce5ng7NyCc4D9jWeNKhTU19rx&index=3>

Speakers: Asha George

School of Public Health, University of the Western Cape
Gender and health systems

Christiane Horwood

Centre for Rural Health, University of KwaZulu-Natal

Migrant children, access to services ‘children on the move’

Kim Jonas & Zoe Duby

Health Systems Research Unit, SAMRC

Is the My Journey Programme, one of the two largest donor-funded combination HIV-prevention programmes, making a difference to the lives of vulnerable AGYW in SA?

Tanya Doherty

Health Systems Research Unit, SAMRC

The case for improving respectful care: results from a cross-sectional survey of person-centred maternity care in rural South Africa

Darshini Govindasamy

Health Systems Research Unit, SAMRC

Investing in vulnerable populations: High upfront costs but long-term equity gains



Panelists Zoe Duby, Kim Jonas, Christiane Horwood, Asha George with co-chairs Cathy Mathews and Akhona Rasmeni

Asha George

Asha George highlighted the lack of progress in achieving gender equality generally and the need to fully understand gender issues and integrate these into the health system. She emphasised that this is a critical time in which we need to strengthen the systems we have and forge equal partnerships as work on equity should not be done in inequitable ways. This is important as governments have committed to gender equality and the health sector has a responsibility to support vulnerable populations. The *how* is as important as the *why*.

For most articles on gender, sexual, reproductive and maternal health the first and last authors are most predominantly from the USA. We therefore must ask who is shaping the research agenda?

The aim of her research is therefore to increase awareness and engage interest in gender issues. Her study looked at integral factors that drove successful gender integration in Niger, Ethiopia, India, Nepal and The Philippines.

She emphasised that to have impact at scale you have to engage with government but change requires people with passion, champions inside and outside of government, partnerships, and legislative backing and policies. She noted that there are challenges in connecting the dots and making reforms in one part of health sector connect to another – there are islands of success but we need to spread the learning across sectors.

She pointed to the need for a more critical lens to understand impact. She also highlighted that programmes are living beings and without input they fall apart – and that sustainability is a journey not an endpoint.

Christiane Horwood

Christiane Horwood focused on her work on unaccompanied migrant children coming into South Africa from Zimbabwe. She noted that most are looking for a better life, education, opportunities, and

work to be able to support their families, and that South Africa is seen as answer to all their problems.

Her study methods include in-depth interviews (children aged 12 to 17 years), purposive and snowball sampling and she noted that recruitment was very difficult due to the nature of the investigation (children hiding from the police, and not always staying in one place).

Their reasons given for leaving home included family dysfunction, to escape poverty and hunger, the lack of opportunities at home and abuse.

She highlighted the contrasting stories of these children, the fact that they have no legal status in South Africa and that there are no provisions in the Constitution to protect them.

She noted that only those who ended up in hostels in South Africa were eventually able to go to school, and that although no one reported being refused healthcare many avoided going to health services as they didn't want to be reported to the police or other authorities.

However, the children showed an extraordinary ability to adapt to their circumstances. She therefore emphasised the need for child-centred interventions that take account of the complex living situations and needs of migrant children and emphasises their agency in determining their own choices.

Kim Jonas and Zoe Duby

Kim Jonas and Zoe Duby presented some of the findings of the HERStory – a mixed-methods study analysing HIV-prevention cascades in young women and adolescents.

The My Journey Programme evaluation showed a decrease in HIV incidence, as well as providing substantial information around teenage pregnancy and gender-based violence in adolescent girls and young women. It was a non-randomised controlled trial with 24 control and 24 intervention sites. The intervention substantially increased the use of PrEP (doubled the uptake but discontinuation remains a problem) but there was no real change in the use of contraception.



For the qualitative part, 68 interviews were done. The girls reported positive behavioural change, financial and material benefits, sexual and reproductive health education benefits, health benefits, mental health and psychosocial benefits, and educational or career benefits.

The project has also been found to be useful in reducing homophobic and homo-prejudicial attitudes, and the mental-health and psychosocial benefits were extensive.

However, they pointed to the important need for youth-friendly, non-judgmental services that allow continuous access and noted that the framing of blame in teenage pregnancy is still shaping policy and that behaviour change takes a very long time.

Tanya Doherty

Tanya Doherty highlighted the need for improving maternity care to incorporate a respectful care model in both the public and private health sectors. She emphasised that the experience of care is a continuum in which the domains include dignity & respect, communication & autonomy, and supportive care — in her survey communication and autonomy score lowest.



Respectful maternity care is a human right. Abuse in maternity services in South Africa is well described. Only 6% of women are allowed someone with them during labour and delivery. The worst care is experienced with vaginal delivery while a higher quality of care was shown in women who had caesareans. There was a lower quality of care for women who delivered at night.

Her research focused on the needs and experiences of nurses and on working collaboratively. The project has developed a co-created intervention with and for nurses to foster trust, respectful communication, and respectful maternal care.

Darshini Govindasamy

Govindasamy emphasised the need to invest in vulnerable populations for whom UHC is likely to be poor or non-existent. She noted that it will be important to balance cost-effectiveness vs. equity trade-offs. We therefore need equity-informed economic evaluations, however, such evaluations depend on inclusive and larger trials, and rich population-level surveillance data linked to public sector records. It's also not just about the distribution of health but the capability of people to achieve health.



She emphasised that talk is cheap and we need to put our money where our mouth is as it is a moral imperative to conduct relevant research to support better health delivery.

In discussion the following points were raised:

- The fact that we still haven't pushed past just educating on HIV to actual behaviour change.
- The need to design interventions for a multiplicity of outcomes and to be able to evaluate them.
- The need to move away from the assumption that it's up to individuals to change themselves.
- The need to involve all sectors from the beginning.



Delegates enjoying the networking and social time

PANEL DISCUSSION: What do we do to achieve UHC now? Challenges and targets for quality health care

<https://www.youtube.com/watch?v=VQqcDul9sxQ&list=PLFdK7Ly-ce5ng7NyCc4D9jWeNKhTU19rx&index=4>

Panelists:

Nicholas Crisp

Deputy Director General, National Health Insurance, NDoH

Jeremy Grimshaw

Clinical Epidemiology Program, Ottawa Hospital Research Institute

Helen Schneider

School of Public Health, University of the Western Cape

James van Duuren

People's Health Movement

Reno Morar

Nelson Mandela University

Lungiswa Nkonki

Department of Global Health, Stellenbosch University



From left to right: Jeremy Grimshaw, Helen Schneider, Reno Morar, James van Duuren, Lungisa Nkonki, Nicholas Crisp.

Nicholas Crisp

Crisp pointed to three pressing challenges: the complexity of financing health systems, with high fraud in the private sector being an issue beyond government corruption; that users of the health system cheat the system and lead to resource waste; and, that we focus on sick people instead of on maintaining health. This means we need to look to the continuum of care, starting with prevention through to rehabilitation. Approaches differ so we need to consider this explicitly.

In terms of reform, he noted that scale-up is possible as well as a multisectoral responsibility for health; that prices in the private sector can be fixed; and, that payment for healthcare without perverse incentives is needed — no fee-for-service but capitation instead.

He emphasised that the private sector has no standards and is not evidence-based and that this needs to change; that there is a need to access de-personalised data; that we need to focus on outcomes and the impact of what we are doing; and, that every aspect of NHI will need research e.g. benefits package, costs, etc.

He noted that the PHC platform is great but the private sector is a huge underutilised resource which leads to inequity in healthcare access. We need to look at how we bring those doctors and other resources back into the public sector. There is a need to harmonise PHC in the public and private sectors. Also good management is needed — large amounts of money do not go to healthcare because of management problems and inefficiencies.

Lungiswa Nkonki

Nkonki emphasised the need to understand emerging trends in other countries making good progress towards UHC including via PHC and investments in district and sub-district infrastructure and health-financing mechanisms.

She said that it is difficult to implement global standards of multidisciplinary teams in the private sector due to the way it operates and that there is inadequate leadership from NDOH and provinces for the private sector.

She noted that the unregulated supply of private sector care drives up prices and results in hospitals/clinics being built where they are not needed. There is no reliable database of private-sector health professionals and the incentives are misaligned. The Health Market Inquiry led by the Competition Commission looked at addressing challenges in the private sector and potential remedies. One main recommendation of the report was the establishment of a private-sector regulator. However, this is not yet established, seven years later. There is a need to identify key functions and what could be used in the current act.

James van Duuren

Van Duuren noted that equity + quality + continuum of care – are overlooked aspects of the UHC definition. He said that initially the C of UHC stood for ‘care’ – and we need to go back to focus on healthcare rather than just the financial mechanism. We need broader focus than just on ‘coverage’. For example, we need to address social determinants of health – transport, housing, food systems, etc.

Scalable interventions include increased expenditure on primary healthcare (PHC) – which increases equity and is a cost-effective approach; implementing the recommendations of the Health Market Inquiry; the need to separate political and administrative roles; the need for accountability for hospital boards; and, the need to improve/expand screening and health promotion in communities.



Lungiswa Nkonki, Nicholas Crisp and Reno Morar

Jeremy Grimshaw

Grimshaw emphasised the need to work on three levels: policy formulation, population planning (e.g. redistribution of resources) and on-the-ground implementation, but he highlighted the need for evidence at all levels and pointed to the many innovative ways to rapidly synthesise evidence to inform decisions.

He noted that the Global Evidence Commission emphasises re-imagining the evidence world so we can do a better job; strengthening national evidence-support systems; and, leveraging global evidence. The aim is to work together across countries so that we have a coordinated global evidence ecosystem.

For example, drawing more and more on living systematic reviews as a mechanism. This global evidence can then be applied to local contexts.

Helen Schneider

Schneider pointed to the challenges including inequities in health and income that lead to a catastrophic disease burden; the structural inequality between the public and private sectors is a fundamental problem; prevention is imperative for policy, research and programmes; the politicisation of the public health system – with politicians running things and influencing it based on their agendas and corruption; and, dramatic budget cuts which are bad for health systems and create limited fiscal space for innovation and creativity.

She emphasised a number of potentially scalable interventions including the need to separate the political from the administrative in which the Public Service Amendment Bill is a fundamental aspect; the possibility of strengthening the fundamental unit of health system: PHC + community-based services (e.g. community hospitals); and, the need for action on social determinants of health.

She stressed the need not to break what already works in PHC.

Reno Morar

Addressing what we need Morar pointed to the urgency to separate the political from the administrative; to address corruption and fraud (medical aid scheme funds are public funds!); policy reforms; information including electronic health records for patient management, information sharing and integrated data; as well as a service-benefit framework and capitation in contracting for PHC.

In terms of evidence, he pointed to the need for more outputs in the public domain; to commission work from South African institutions; and, to set up NHI implementation committees – which need to be multistakeholder with South African and international experts as needed.

He noted that our strengths include our intellectual capital; the huge experience within the health-system; and, our high capacity for research and to plan and implement pilot projects.

The following points were raised in discussion:

- Resource management: there would be much more money available if it wasn't for corruption, private-sector fraud, and the overpayment of private health professionals.
- The accreditation process needs improvement with a focus on delivering high-quality healthcare.
- The National Public Health Institute of South Africa (NAPHISA) could be a potential mechanism to separate the political from the administrative.
- The current prescribed minimum benefit for the private sector – is an example of inadequate stewardship.



Tamara Kredo (HSRU Director and conference Chair), Jeremy Grimshaw (visiting chief scientist) and Ntobeko Ntusi, President of the SAMRC

ORAL SESSION 2: Rapid fire: Research evidence for policy change

<https://www.youtube.com/watch?v=ekFt3XR-ufc&list=PLFdK7Ly-ce5ng7NyCc4D9jWeNKhTU19rx&index=5>

Speakers:

Susan Goldstein

SAMRC Centre for Health Economics and Decision Science

When is evidence useful for policy makers?

Janine Jugathpal

Essential Drugs Programme National Health Insurance Branch, NDoH

Advances in national health decision-making for UHC

Solange Durão

Health Systems Research Unit, SAMRC

Adapting guidelines for newborn and child health for Nigeria, Malawi and South Africa - Lessons from the Global Evidence, Local Adaptation project

Wanga Zembe

Health Systems Research Unit, SAMRC

Social protection baseline assessment for people affected by tuberculosis in South Africa

Donela Besada

Health Systems Research Unit, SAMRC

The case for investing in mental health

Susan Goldstein – When is evidence useful for policymakers?

Goldstein emphasised the importance of timing: good research takes time and policymaking is a long process with different types of evidence needed at specific time points. She also noted that evidence is not a once-off and needs to be updated/produced over the long-term.

The research to policy process is complex and talking science to policymakers is challenging because they have little time and different expertise to scientists – it requires persistence. Researchers and other organisations need to become trusted sources for providing evidence to policymakers.

She emphasised the importance of qualitative evidence, the impact of hearing the voices of the most affected, and the need for multi- and interdisciplinary research. The ethics of providing evidence can also not be ignored.



Janine Jugathpal – Advances in national health decision making for UHC

Jugathpal pointed to the advances in national decision making due to collective, strategic collaborations with non-governmental organisations and research organisations. She noted that in the past committee members were predominantly clinical experts and there was a lack of methodologists but this has evolved dramatically. She noted, however, the

limited capacity and resources available in evidence-based healthcare and other technical skills such as health economics and that although there are processes and methodologies in place these are not necessarily comprehensively and inconsistently applied. The NDoH template for reviews was developed with Cochrane South Africa/GRADE including Evidence to Decision frameworks.

She pointed to the need for comprehensive and equitable health coverage, expanding to other technologies, stakeholder engagement, predefined and transparent priority setting, and clear and accessible guidance for the public.

Solange Durão – Adapting guidelines for newborn and child health for Nigeria, Malawi and SA, Lessons from the GELA project

Durão presented work from the Global Evidence Local Adaptation (GELA) project which looks at how to best adopt, adapt or develop guidelines on child and infant healthcare to minimise waste and avoid duplication in South Africa, Malawi and Nigeria. GELA's scope of work aims to Engage, Synthesise, Decide and Share. This started with priority setting and the identification of priority topics for guidelines on newborn and child health (three topics were identified in South Africa). The next stage was to gather the evidence: using GRADE adoption process steps and to facilitate the process from evidence to decisions using Informed EtD frameworks, while building partnerships and capacity.

The lessons learned thus far include the need for partnering and co-creating with national policymakers, researchers and civil society; the necessity to fit into and find policy windows and align

timings; that priority setting is an iterative and dynamic process; that GRADE methods for reviews and guidelines are a new concept for many partners; and, that there are steep learning curves which require excellent research team collaboration and on-the-go learning.

Wanga Zembe – Social protection baseline assessment for people affected by TB in SA

Zembe reported on her study which is a desktop review, with secondary data analysis, including data from interviews.

The key findings highlight the absence of TB-specific social-protection measures in South Africa; foreground the inaccessibility of current TB-specific social-protection instruments by people with TB; identify challenges and barriers to social protection access by this population; highlight a social-protection system not designed to respond to TB, the absence of a multisectoral response to managing TB, a disease of poverty vs. pathophysiological/disease-based approach to management, etc.

Zembe highlighted the need for TB-specific social-protection programmes (such as a special Director General for People with TB, food parcels, and mental health services); adopting a multidisciplinary approach that goes beyond clinical care in the diagnosis and management of TB; and, developing a comprehensive package of cash and in-kind services and interventions that not only address the direct needs of the person with TB, but take into consideration household and family contexts.

She emphasised that such a comprehensive response will ensure that people with TB not only achieve better treatment outcomes but also avert the catastrophic costs associated with the disease, and thus recover and thrive post-illness.



Stanley Carries and Nandipha Gana

Cathy Mathews and Akhona Rasmeni

Donela Besada – The case for investing in mental health

Besada emphasised the burden of mental-health services in South Africa and the lack of investment, the inequitable and inefficient distribution of resources for mental healthcare within PHC and the need for specialised services resource allocation for mental-health services.

Priorities should include investing at the primary healthcare level; task-shifting mental-health care to non-specialist providers; and, the need for amplified training for these healthcare workers. There is a need to assemble an investment case for South Africa, and to estimate costs, benefits and returns on investment over a 15-year period for certain priority mental-health illnesses identified.



Donela Besado



Lively poster sessions with collaborators



Appendix A: Programme Health Systems Research Unit Symposium

27-28 AUGUST 2024

Making UHC truly universal: what are the challenges to achieving UHC in an unequal society and how do we target these now?

TIME	SESSION	CHAIR	PROGRAMME
08h00 - 09h00	REGISTRATION AND COFFEE		
09h00 - 09h20	WELCOME AND OPENING Speaker: Ntobeko Ntusi SAMRC President and Chief Executive Officer	Tamara Kredo	
09h20 - 10h15	PLENARY: UHC challenges and needs in an unequal society: Opportunity for research to catalyse change Speaker: Mosa Moshabela University of Cape Town Vice Chancellor	Jeremy Grimshaw	
10h15 - 10h45	BREAK		
10h45 - 12h30	ORAL SESSION 1: Research to improve the lives of vulnerable populations and enhance quality health services and systems Speakers: Asha George School of Public Health, University of the Western Cape Christiane Horwood Centre for Rural Health, University of KwaZulu-Natal Migrant children, access to services ‘children on the move’ Kim Jonas G Zoe Duby Health Systems Research Unit, SAMRC Is the My Journey Programme, one of the two largest donor-funded combination HIV prevention programmes, making a difference to the lives of vulnerable AGYW in SA? Tanya Doherty Health Systems Research Unit, SAMRC The case for improving respectful care: results from a cross sectional survey of person-centered maternity care in rural South Africa Darshini Govindasamy Health Systems Research Unit, SAMRC Investing in vulnerable populations: high upfront costs but long-term equity gains	Catherine Mathews C Akhona Rasmeni	
12h30 - 13h30	LUNCH AND POSTER SESSION		

Appendix A: Programme Health Systems Research Unit Symposium

27-28 AUGUST 2024

Making UHC truly universal: what are the challenges to achieving UHC in an unequal society and how do we target these now?

PROGRAMME

TIME	SESSION	CHAIR
13h30 - 15h00	<p>PANEL DISCUSSION: What do we do to achieve UHC now? Challenges and targets for quality health care</p> <p>Panelists: Nicholas Crisp Deputy Director General, National Health Insurance, NDoH</p> <p>Jeremy Grimshaw Clinical Epidemiology Program, Ottawa Hospital Research Institute</p> <p>Helen Schneider School of Public Health, University of the Western Cape</p> <p>James van Duuren People's Health Movement</p> <p>Reno Morar Nelson Mandela University</p> <p>Lungiswa Nkonki Depart of Global Health, Stellenbosch University</p>	Tamara Kredo and Yanga Zembe
15h00 - 15h15	BREAK	
15h15 - 16h30	<p>ORAL SESSION 2: Rapid fire: Research evidence for policy change</p> <p>Speakers: Susan Goldstein SAMRC Centre for Health Economics and Decision Science When is evidence useful for policy makers?</p> <p>Janine Jugathpal Essential Drugs Programme National Health Insurance Branch, NDoH Advances in national health decision-making for UHC</p> <p>Solange Durao Health Systems Research Unit, SAMRC Adapting guidelines for newborn and child health for Nigeria, Malawi and South Africa - Lessons from the Global Evidence, Local Adaptation project</p> <p>Wanga Zembe Health Systems Research Unit, SAMRC Social protection baseline assessment for people affected by tuberculosis in South Africa</p> <p>Donela Besada Health Systems Research Unit, SAMRC The case for investing in mental health</p>	Ameer Hohlfeld C Tasha Gloeck
16h30 - 17h00	CLOSING	Tamara Kredo
17h00	RECEPTION	

27-28 AUGUST 2024

Making UHC truly universal: what are the challenges to achieving UHC in an unequal society and how do we target these now?

28 August 2024

0Gh30 - 12h00

WORKSHOP: Knowledge translation and implementation science: an introductory workshop

Facilitator: Jeremy Grimshaw

Objectives of the workshop

- To introduce core concepts from knowledge translation and implementation science (KT/IS)
- To discuss different KT/IS approaches and strategies
- To provide participants with practical tools to facilitate knowledge translation and implementation science planning

Format: In-person, interactive



Dr Jeremy Grimshaw received a MBChB from the University of Edinburgh, UK. He trained as a family physician prior to undertaking a PhD in health services research at the University of Aberdeen. He moved to Canada in 2002. His research focuses on the evaluation of interventions to disseminate and implement evidence-based practice. Dr Grimshaw is a Senior Scientist, Clinical Epidemiology Program, Ottawa Hospital Research Institute, a Full Professor in the Department of Medicine, University of Ottawa and held a Tier 1 Canada Research Chair in Health Knowledge Transfer and Uptake (2002-2022). He is a Fellow of the Royal Society of Canada, the

Canadian Academy of Health Sciences and a Corresponding Fellow of the Royal College of Edinburgh. He has been awarded the CIHR Knowledge Translation award twice and received the 2018 CIHR Barer-Flood career achievement award for Health Services and Policy Research. He has over 700 peer-reviewed publications. During the COVID-19 pandemic, he was co-lead of COVID-END. He is the co-lead of the Global Commission on Evidence to Address Societal Challenges.

Appendix B: Speaker bios

Donela Besada



Donela Besada is an epidemiologist and health economist working in the areas of maternal and child health services, HIV, TB, mental health, and human resources for health. Her work involves costing, cost-effectiveness and return in investment analysis. Most recently she co-led the national costing work of current mental health services in South Africa that formed the foundational work of the South African investment case to scale up mental health care in South Africa to achieve UHC. She recently completed her PhD degree at King's College London where her research was focusing on the development and application of a cost-effectiveness methodology for multi-sectoral investments for mental health services in South Africa.

Nicholas Crisp



Prof. Crisp is a medical doctor and public health specialist and Honorary Professor in Public Health Medicine at University of Pretoria. He was Superintendent General (HOD) of the Department of Health and Welfare in Limpopo where he served from 1995 to 1999. Prof. Crisp was then a self-employed consultant and has worked on projects in several African countries including South Africa, Nigeria, Ghana, Lesotho, Botswana, Namibia and Tanzania. In 2009 he served as Special Adviser to Minister Barbara Hogan. He was intimately involved in the establishment of the National Health Laboratory Service (NHLS), the transfer of the medicolegal mortuaries from police to health and the creation of the Forensic Pathology Services, and in the establishment of the South African Health Products Regulatory Authority (SAHPRA). During COVID-19 he was responsible for managing the vaccination programme. He is now employed as Deputy Director General: National Health Insurance and is responsible for establishing the governance and administrative capabilities of the entity that will manage the Fund.

Tanya Doherty



Prof. Tanya Doherty is a chief specialist scientist with a research focus on health system requirements for the optimal delivery of priority child health and nutrition programmes at community and primary care. She has conducted several cluster-randomised trials and programme evaluations of community and primary care interventions in South Africa and across the continent and has published over 150 peer reviewed articles. She is also an honorary professor in the Department of Paediatrics and Child Health at the University of Cape Town and extraordinary professor in the School of Public Health at the University of the Western Cape where she teaches and supervises masters and PhD students.

Zoe Duby



Zoe Duby is a socio-behavioural researcher, with a focus on sexual and reproductive health. She leads several qualitative studies with the Health Systems Research Unit, at the Medical Research Council in Cape Town. Zoe is also an Honorary Research Associate at the Division of Social and Behavioural Sciences in the School of Public Health at the University of Cape Town. Zoe's expertise lies in qualitative research in the field of the social context and behaviours surrounding HIV prevention, sexual and reproductive health, health service access and health equity, with a focus on women, adolescents and marginalised populations.

Solange Durão



BSc Dietetics (UWC), MPH (Epidemiology) (UCT)

Solange is a Senior scientist in the Health Systems Research Unit at the South African Medical Research Council. She is also the co-Director of Cochrane Nutrition and Cochrane Africa. She's currently pursuing her PhD in Public Health at Stellenbosch University. Her special interests include evidence-based health care, evidence synthesis, public-health nutrition and food security. Her work focuses on conducting evidence synthesis; supporting guideline development work, in South Africa as well as internationally, including work with the World Health Organization; supporting Cochrane reviews as a contact editor of Cochrane Public Health; and building capacity to do and use reviews to inform healthcare

decision making.

Asha George



Asha George joined the School of Public Health at the University of the Western Cape in 2016 as the South African Research Chair (SARChI) in Health Systems, Complexity and Social Change. She is also Adjunct Professor at the Johns Hopkins School of Public Health. She is a qualitative researcher engaged with health systems to advance health and social justice in low- and middle-income countries (LMICs). With a gender and rights lens, she focuses on the frontline interface and governance of services, taking into consideration community and health worker perspectives. She started her career working in Mexico with government ministries and the UN system to advance the Beijing and Cairo agendas for women's health and rights. She then returned to India, where she partnered with allies across community, district, state and national health systems to advance maternal health from a gender and rights perspective.

During the COVID-19 pandemic she co-convoked over a thousand participants primarily from LMICs in a virtual process to define sex and gender priorities for pandemic responses. <https://www.bmj.com/gender-and-pandemic> response. She supports gender-transformative programming in a learning partnership with NACOSA and Hope Africa in Klipfontein, Cape Town, co convenes the African Regional Community of Practice on Gender and Health and supports analysis of gender mainstreaming in health at scale with partners across Africa and Asia. With students, she is exploring how to queer health systems across African health systems.

Her contributions to global health leadership include election to the Board of Health Systems Global and serving as its Vice Chair from 2016-2018, and its Chair from 2018 to 2020; and serving as a Commissioner for the Lancet Commission on Re-Aligning Child Health for the SDG Era. In 2019, she was nominated to the Scientific and Technical Advisory Group for the Human Reproduction Program/ Department of Reproductive Health Research at WHO Geneva and serves as Chair since mid 2022. She also currently leads the Gender and Equity sub-group of the Global Financing Facility's Results Advisory Group and advises the Women's Health Exemplars team at Gates Ventures. Dr George is rated as a B3 scientist by the National Research Foundation. Since 2002, she has co-edited 3 edited volumes and 4 journal supplements, as well as co-authored over 150 journal publications and multiple technical reports and guidance documents.

Susan Goldstein



Prof. Susan Goldstein is a public health medicine specialist and Managing Director at the SAMRC Centre for Health Economics and Decision Science-PRICELESS SA. She worked at the Soul City: Institute for Social Justice (SCI) for over 22 years, communicating about health with both adults and children. She has a special interest in research, both qualitative and quantitative, and using evidence to inform policy in the topic areas of Health Promotion, NCDs, Immunisation, and Child Health and protection. She has published widely in the field of public health. She sits on the International Monitoring Board for Global Polio Eradication as well as on the Board for the Southern African Alcohol Policy Alliance. Orcid ID 0000-0002-3424-5319

Darshini Govindasamy



Dr Darshini Govindasamy is a specialist scientist in Health Economics at the Health Systems research Unit of the South African Medical Research Council (SAMRC). She obtained her PhD in Public Health and Policy-Health Economics from the London School of Hygiene and Tropical Medicine. Her papers have examined HIV treatment outcomes along the care cascade, linkage to HIV care, mental health and wellbeing among vulnerable groups, cost of community-based mental health and HIV-related interventions Publications She leads the Youth Health Economics Focal Area at the SAMRC which evaluates the effects and cost-effectiveness of interventions to improve the health and wellbeing for adolescents living with HIV and their caregivers. • Her team are currently

leading an IDRC-funded /WomenRise grant (Title: Evaluation of a cash plus gender transformative economic empowerment intervention for improving wellbeing and mental health among female cares of adolescents living with HIV in South Africa (CWEL+). • Her team were one of the first groups to lead a Wellcome Trust Mental Health Data Prize in the region. Dr Govindasamy also supports health economic activities on several research studies in the region. She is a Technical Working Group member for the implementation of the Health Financing Progress Matrix (HFPM) tool led by the National Department of Health. She serves as a steering committee member on a SAPRIN surveillance node (Umlazi Surveillance Initiatives to Nurture Grassroot Action) USINGA and academic editor for PLoS Global Health. Editorial Board | PLOS Global Public Health

Christiane Horwood



Christiane Horwood is a UK-trained family physician, who has been working in South Africa for over 20 years. She is a senior researcher with extensive research experience in the field of maternal and child health and nutrition, with a focus on infant feeding, skills development, community health and implementation research. Dr Horwood has experience of working in several African countries including Malawi and the Democratic Republic of Congo (DRC). She has been the principal investigator for several large programme evaluations and randomised-controlled trials (RCTs), including for newborn care, and breastfeeding support. She has long-standing partnerships with both WHO and UNICEF and has published over 40 peer-reviewed publications. Her current projects include a qualitative longitudinal study with mothers working in the informal work environment to prospectively explore these women's experiences and practices regarding pregnancy, infant feeding and childcare. This is a WHO-funded project and project work is being carried out in South Africa and in India. She is also PI for an upcoming RCT to evaluate the effectiveness of an electronic decision-making tool based on the Integrated Management of Childhood Illness (IMCI), known as eIMCI. She is also currently completing a sixth year in a partnership with colleagues in the DRC and Norway to support the development and implementation of a post-graduate programme in nutritional epidemiology at the Kinshasa School of Public Health. She has extensive experience in teaching and supervising students at Masters level.

Kim Jonas



Dr Jonas holds a PhD in Public Health from Maastricht University. She is a Specialist Scientist in the Health Systems Research Unit at the South African Medical Research Council, where she leads research focusing on adolescent and youth sexual and reproductive health. She has over 10 years working experience leading (as a PI/co-PI) several large cross-sectional household/school surveys, including implementation science studies. She is the PI of the impact evaluation project of a large donor-funded combination HIV prevention intervention for adolescent girls and young women in South Africa- The HERStory 3 Study. She is an Editor at the BMC's Reproductive Health Journal. Her research specialty is mainly on access and use of SRH services, unintended pregnancy prevention, HIV prevention and universal health coverage (UHC). She has co-authored over 50 peer-reviewed journal articles, 2 book chapters, 4 policy briefs and 5 research reports.

Janine Jugathpal



Dr Janine Jugathpal, graduated with her B.Pharm (2002) and PharmD (2012) from Rhodes University in Grahamstown. Her clinical pharmacy training was based at Cecelia Makiwane and Frere Hospitals in the Province of the Eastern Cape. Whilst working as a clinical pharmacist in East London, Janine served as member of the Primary Healthcare and Adult Hospital Level Expert Review Committees, subcommittees of the South African National Essential Medicines Committee (NEMLC) which develops the national Standard Treatment Guidelines and Essential Medicines List. In 2013, she was appointed as a pharmaceutical policy specialist: rational medicine use in the Affordable Medicines Directorate of the National Department of Health. In February 2015 she was appointed as the Deputy Director of the Essential Drugs Programme and currently still holds

that position. Janine is also involved with the work related to establishing a formal, coordinated HTA process within the NHI Branch.

Dr Reno Morar



Dr Reno Morar is currently the Head and Director of the Medical School in the Faculty of Health Sciences at Nelson Mandela University in Gqeberha. He is a Public Health Medicine Specialist and Executive Coach. He holds a medical degree (MBChB) from the University of KwaZulu-Natal; and postgraduate qualifications in public health (MMed Public Health Medicine, UCT and Fellowship of the College of Public Health Medicine of South Africa). In management, his qualifications include a Post Graduate Diploma in Health Management, Economics and Financial Planning (UCT); and a Post Graduate Certificate in Professional Coaching Practice (University of Stellenbosch Business School).

Reno was appointed as Chief Operating Officer of the University of Cape Town (UCT) from 2019 to 2023 having served the University since 2008 in various positions in the Faculty of Health Sciences including Health Services Advisor to the Dean, Deputy-Dean of Health Services and Human Resources, Acting Deputy-Dean of Faculty Operations, and as Acting Dean. Prior to Reno's appointment at UCT, his executive experience was as Medical Director and Head of the Clothing Industry Health Care Fund of the Western Cape Clothing Industry Bargaining Council. He has served as a Board member of several Non-Governmental Organisations.

In the health sector, Dr Morar served as a Council member on three national regulatory bodies– the Council for Medical Schemes (Executive Member); the Health Professions Council of South Africa (Executive Member) and the Medical and Dental Professions Board (Vice Chairperson); and the South African Medicines Pricing Committee (Vice Chairperson). Reno is currently Deputy-Chairperson of the Office of Health Standards Compliance in South Africa

Mosa Moshabela



Prof. Mosa Moshabela is the Vice-Chancellor and Principal of the University of Cape Town (UCT) and Chairperson of the Governing Board of the National Research Foundation (NRF). Until recently, he was the Deputy Vice Chancellor for Research and Innovation at the University of KwaZulu-Natal (UKZN), Chairperson of the Standing Committee on Health in the Academy of Science of South Africa (ASSAf), and member of the Board of the South African Medical Research Council (SAMRC). Prof Moshabela's research has recently focused on implementation science of health innovations, which cuts across multiple disciplines, and involves the design, implementation and evaluation of complex interventions in healthcare services and programmes and seeks to improve access, quality, equity and impact in healthcare for resource-poor settings in sub-Saharan Africa. Prof. Moshabela has been leading the Quality Health Systems and Transformation (QuEST) Center in South Africa, a collaboration with the T.H. Chan School of Public Health, Harvard University, USA, and he is a faculty member in HIV, Infectious Disease and Global Health Research Institute (HIGH IRI) at the University of Washington in St. Louis, USA. Internationally, he was a member of the Lancet commission on Synergies between Health Promotion, Universal Healthcare Access and Global Health Security, Advisory Board member for the Lancet Healthy Longevity, Advisory Committee member for the Lancet Commission on Investing in Health and a member of the Commission of the US National Academies for Science, Engineering and Medicine (NASEM) on the Global Roadmap to Healthy Longevity.

Lungiswa Nkonki



Lungiswa Nkonki is an Associate professor of Health Economics in the Department of Global Health at Stellenbosch University. Between 2013 and 2019, she served as a panel member on the Competition Commission of South Africa's Private Healthcare Market Inquiry. She is an Editorial Board member for PLOS Global Public Health and was an Editorial Advisory Board member of the South African Journal of Science from 2020 - 2023. She is a Future Professor Programme alumnus. Prof Nkonki convenes the Health Economic Evaluation track of the MPHIL Health System at Stellenbosch University. Her research interests include economic evaluation of healthcare interventions – particularly

the cost-effectiveness of community-based interventions aimed at improving maternal, child and adolescent health outcomes, measuring inequality in health outcomes, social determinants of health, health systems research, universal health coverage, and private healthcare.

Helen Schneider



Helen Schneider is a public-health specialist and health systems and policy researcher who has worked for more than 30 years on themes related to South Africa's health system. She joined the School of Public Health at the University of the Western Cape in 2011 and was its Director from 2013 to 2016. Since 2015, she has also been the director of the UWC/MRC Health Services to Systems Research Unit, and in 2016 was awarded a South African Research Chair (SARChI) in Health Systems Governance. Helen's research and policy interests have included an understanding of the political dynamics of AIDS policy under the Mbeki government and the health system-wide implications of programmatic interventions such as ARV scale-

up; the implementation of South Africa's Ward Based Outreach Team Strategy; governance and leadership of national community health worker programmes; and most recently, contemporary approaches to strengthening of primary health care and district health systems.

James van Duuren



Dr James van Duuren is the Deputy Secretary of the People's Health Movement. He is a medical doctor having completed his community service at Hewu Hospital in the rural Eastern Cape, a Primary Health Care advocate and a health equity researcher/activist. He is a Mandela-Rhodes Scholar in the Masters of Public Health at the University of Cape Town and an alumnus of the South Africa-Washington International Program. He was the convenor of the COVID-19 People's Coalition, as well as coordinating the People's Vaccine Campaign for equitable vaccine distribution towards the global South. He serves on the Board of the Rural Health Advocacy Project and is the past President of both the SHAWCO Health NGO and the Junior

Public Health Association of South Africa. He is active within PHM in coordinating the People's NHI Campaign and designs and runs health systems strengthening workshops for clinics committees, health forums and CHWs across the country.

Wanga Zembe-Mkabile



Wanga Zembe-Mkabile is a Senior Specialist Scientist in the Health Systems Research Unit at the South African Medical Research Council. She has Masters and DPhil qualifications in Social Policy from the University of Oxford. Her main interests are research and teaching in social policy, specifically as this relates to social determinants of maternal and child health. Her current work seeks to unpack and understand low-income Black women's lived experiences of mothering in adversity.

Appendix C: Delegates list

Health Systems Research Unit Symposium 27 August 2024 Registration List

Name	Surname	Institution
Zahiera	Adam	CHAI
Onyinye	Akunne	University of the Western Cape
Woldekidan	Amde	University of the Western Cape
Funeka	Bango	South African Medical Research Council
Donela	Besada	South African Medical Research Council
Rowene	Bowker	The Bell House
Hazel	Bradley	University of the Western Cape
Amanda	Brewer	Guidehouse International - SCTA
Stanley	Carries	South African Medical Research Council
Susan	Cleary	University of Cape Town
Renier	Coetzee	University of the Western Cape
Sara	Cooper	South African Medical Research Council
Ruth	Cornick	University of Cape Town
Nicholas	Crisp	National Department of Health
Percival	Daames	Council for Medical Schemes
Chengetai	Dare	University of the Witwatersrand
Wouter	De Villiers	Stellenbosch University
Tanya	Doherty	South African Medical Research Council
Siya	Dubazana	University of the Witwatersrand
Zoe	Duby	South African Medical Research Council
Solange	Durao	South African Medical Research Council
Sumayyah	Ebrahim	South African Medical Research Council
Nabila	Ebrahim	South African Medical Research Council
Mark	Engel	South African Medical Research Council
Carnita	Ernest	University of the Western Cape
Lara	Fairall	University of Cape Town
Michelle	Galloway	South African Medical Research Council
Nandipha	Gana	South African Medical Research Council
Asha	George	University of the Western Cape
Natasha	Gloeck	South African Medical Research Council

Susan	Goldstein	University of the Witwatersrand
Darshini	Govindasamy	South African Medical Research Council
Jeremy	Grimshaw	Ottawa Hospital Research Institute
Nadine	Harker	South African Medical Research Council
Kobus	Herbst	South African Population Research Infrastructure Network
Lucille	Heyns	South African Medical Research Council
Ameer	Hohlfeld	South African Medical Research Council
Christiane	Horwood	University of KwaZulu Natal
Freedman	Ita-Lincoln	Stellenbosch University
Shabier	Jacobs	IMA Media Africa
Kim	Jonas	South African Medical Research Council
Janine	Jugathpal	National Department of Health
Mphatso	Kantonya	Stellenbosch University
Thenjiswa	Khowa	Ishishini lam
Mary	Kinney	University of the Western Cape
Tamara	Kredo	South African Medical Research Council
Ayesha	Kriel	Medscheme
Uta	Lehmann	University of the Western Cape
Trudy	Leong	South African Medical Research Council
Sylvia	Louw	South African Medical Research Council
Crick	Lund	King's College London/University of Cape Town
Kim	MacQuilkan	Benguela Health - EPiC-SCTA
Thizwilondi	Madzaga	University of Venda
Kwanele	Makeleni	SB Connect Africa
Catherine	Mathews	South African Medical Research Council
Retsedisitsoe Prudence	Mazibuko	Stellenbosch University
Mbali	Mazibuko	University of the Witwatersrand
Marli	Mc Allister	Stellenbosch University
Michael	McCaul	Stellenbosch University
Tracy	McClinton Appollis	South African Medical Research Council
Solange	Mianda	University of the Western Cape
Benjamin	Mogoye	National Health Laboratory Service
Hlengiwe	Moloi	South African Medical Research Council
Reno	Morar	Nelson Mandela University
Mosa	Moshabela	University of Cape Town
Audrey	Moyo	Stellenbosch University
Noluthando	Mpisane	South African Medical Research Council

Chanelle	Mulopo	University of the Western Cape
Viwe	Ncapai	Aveng Media
Sabelo	Nethe	N Projects
Lungiswa	Nkonki	Stellenbosch University
Kamo	November	University of Cape Town
Ntobeko	Ntusi	South African Medical Research Council
Pertina	Nyamukondiwa	University of Cape Town
Mandy	Ockhuis	Western Cape Education Department
Arrie	Odendaal	South African Medical Research Council
Gabriella	Oliver	University of the Western Cape
Joy	Oliver	South African Medical Research Council
Vuyelwa	Radebe	Stellenbosch University
Akhona	Rasmeni	South African Medical Research Council
Solomon	Rataemane	Chairperson MAC on Mental Health
Milli	Reddy	EpiC-SCTA (Supply Chain Technical Assistance)
Andre	Rose	SA Population Research Infrastructure Network
Faranaaz	Sayed	University of Cape Town
Nichola	Schaay	University of the Western Cape
Bey	Schmidt	South African Medical Research Council
Helen	Schneider	University of the Western Cape
Nasreen	Seedat	Right to Care
Namhla	Sicwebu	University of Cape Town
Rosa Nangamso	Stofile	South African Medical Research Council
Nokwanda	Sithole	South African Medical Research Council
Carmen	Späth	University of the Western Cape
Ntsane	Tefo	University of Cape Town
James	van Duuren	People's Health Movement
Linda	Velapi	University of the Western Cape
Brenda	Wilson	Memorial University of Newfoundland
Wanga	Zembe	South African Medical Research Council
Yanga	Zembe	South African Medical Research Council