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ALIGN Consortium. Landscape Assessment of Health Technology Introduction in South Africa's Public Health Sector — Medicines, Vaccines, Diagnostics and Devices. ALIGN Consortium South Africa: South African Medical Research Council; June 2026.

Leong TD, Leon N, Parrish AG, Chola L, Gebremedhin FS, Kufa T, Moodliar S, Dadan S, Mvelashe T, Nene A, Kredo T. From prioritisation to access: decision pathways for essential health technologies in South Africa's public sector. medRxiv [Preprint]. 2026 Jun 30. doi:10.64898/2026.06.29.26356812.

Case narratives and source details are available in the repository report: Leong et al. 2026; Case studies supporting the health policy analysis: decision pathways for essential health technologies in South Africa's public sector (Version 1). SUNScholarData.

https://doi.org/10.25413/sun.32814542

Lanthorn H, et al. Strengthening health innovation introduction: policy, financing, and advocacy enablers of effective, efficient innovation introduction. ALIGN Consortium; 2025.

https://dukeghic.org/2025/12/07/strengthening-health-innovation-introduction/

About ALIGN

ALIGN (Advancing Country-Led Innovation Introduction through Government Engagement and Evidence) works with national governments in Kenya, Senegal and South Africa to strengthen the prioritisation and introduction of new health products. It explores four transformation levers—market intelligence for decision-making, whole-of-government coordination, whole-of-market engagement and a portfolio-based approach—that may support more effective, efficient and country-led introduction of health technologies, aligned with national priorities and contexts.

About the policy brief series

The ALIGN policy brief series translates evidence from the South African landscape assessment into actionable priorities for national decision-makers.

Authors of this project brief

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POLICY BRIEF

THE SOUTH AFRICAN MEDICAL RESEARCH COUNCIL

From prioritisation to access of
health innovations in South Africa

STRONG FOUNDATIONS BUT FRAGMENTED CROSS-GOVERNMENT ALIGNMENT SLOWS ACCESS

SEPTEMBER 2026

Authors: Trudy D Leong, Khanyi Nkuku, Natalie Leon, Esther Anyango, Fatima Abrahams, on behalf of the ALIGN-SA consortium.

saMRC advancinglife

Alignment, not speed alone, is key to timely access. South Africa has a relatively formalised, multi-institutional system for introducing health innovations, but adoption does not always translate into timely, equitable routine access. Drawing on 25 case studies from the ALIGN-South Africa landscape assessment, this brief traced pathways from national prioritisation to routine public-sector access and assessed where avoidable delays may arise. Innovations typically move through multiple stages—including evidence appraisal, regulation, guideline development, financing, procurement and implementation—across different institutions and levels of the health system. The findings suggest that fragmented coordination and sequencing across these functions may contribute to avoidable delays. For policymakers and health-system decision-makers, the brief highlights opportunities for earlier alignment across these functions while preserving safeguards for sound policy and regulation.

WHY THIS MATTERS

South Africa has established processes for introducing new health technologies, **but transitioning from a policy decision to routine use involves many steps across different parts of the health system.** Poor coordination among these steps can lead to unnecessary delays.

WHAT WE DID

We traced **25 health innovations** across medicines, vaccines, diagnostics and devices, reconstructing **166 decision points** from prioritisation to routine public-sector access, identifying **how long introduction took—and what helped or hindered progress.**

25	166	22	3
cases	decision points	adopted	not adopted/ deferred

In tracking these decision points, we found that introduction pathways ranged from weeks to years. Faster pathways were supported by **political commitment, programme stewardship and stronger alignment;** delays were linked to **evolving evidence, feasibility gaps & bottlenecks across financing, procurement & implementation.**

THE ALIGNMENT GAP

Fragmented alignment between the sectors responsible for financing, procurement & implementation readiness was the most common source of avoidable delay.

WHAT THE CASES SHOW

1.FINDING - A formalised decision ecosystem

- Established appraisal & policy structures span multiple institutions & decision points.

POLICY IMPLICATION - Strengthen pathway alignment

- Address the introduction pathway as a whole: delays are rarely confined to a single bottleneck.

2.FINDING - Stronger enabling conditions accelerated access

- Political support, programme stewardship, advocacy & external support were associated with faster pathways

POLICY IMPLICATION - Embed coordination into standard processes

- Build effective sequencing & coordination into standard processes.

3.FINDING - Wide variation in time to access

- Pathways ranged from weeks to years; some adopted technologies remained inaccessible.

POLICY IMPLICATION- Measure access, not adoption alone

- Track time from prioritisation to routine access to reveal delays & equity gaps

4.FINDING - Evidence & readiness gaps slowed progress

- Evolving evidence & constraints in financing, procurement & implementation prolonged pathways.

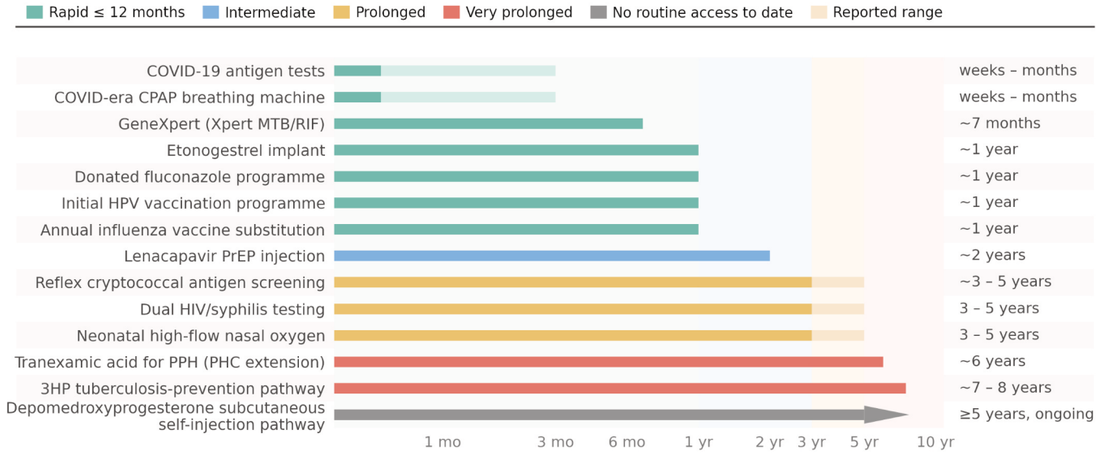
POLICY IMPLICATION- Prepare evidence & systems earlier

- Generate evidence & market intelligence early to inform appraisal, prepare financing, procurement & implementation.

Abbreviations: 3HP, three months of weekly isoniazid and rifapentine; ALIGN, Advancing Country-Led Innovation Introduction through Government Engagement and Evidence; COVID-19, coronavirus disease 2019; CPAP, continuous positive airway pressure; HIV, human immunodeficiency virus; HPV, human papillomavirus; HTA, health technology assessment; MDR-TB, multidrug-resistant tuberculosis; NAGI, National Advisory Group on Immunisation; NDoH, National Department of Health; NEMLC, National Essential Medicines List Committee; NHLS, National Health Laboratory Service; OST, opioid substitution therapy; PrEP, pre-exposure prophylaxis; SAHPRA, South African Health Products Regulatory Authority; SAMRC, South African Medical Research Council; WHO, World Health Organization.

Observed pathways ranged from weeks to nearly a decade

Introduction intervals for South African public-sector health technologies (n = 14 of 25 cases)



Elapsed time from national prioritisation to first routine public-sector access (logarithmic scale)

HOW ALIGN CAN RESPOND

The cases point to system-level levers that map directly to ALIGN's four decision-making pillars. **When applied together, they may strengthen pathway alignment, reduce avoidable delays and support more timely, equitable access.**

Evidence and market intelligence: feasibility, cost and market evidence is generated upfront, instead of leaving it for later.

Portfolio-based approach: grouping similar technologies across agenda-setting, appraisal, implementation and monitoring, so lessons are transferred.

Whole-of-government coordination: makes clear who is responsible for taking an adopted technology through to routine service delivery.

Whole-of-market collaboration: market actors are involved in development, funding and sequencing upfront, instead of leaving it for later.

A PRACTICAL SYSTEM AGENDA

Generate local clinical, feasibility, economic & market evidence early -before unresolved gaps become downstream delays.

Coordinate appraisal, regulatory, financing, tender & implementation planning rather than treating them as strictly sequential.

Distinguish adoption from access: endorsement is only one milestone on the path to routine service delivery.

Use time-to-access & time-to-broad-implementation as performance indicators; the latter helps to determine whether access is equitable.

Reduce avoidable delay without weakening transparent evidence appraisal, regulation or other safeguards of sound policymaking.

Faster is not always better. The aim is to reduce avoidable delays without compromising sound decision-making. Equitable routine access is the ultimate endpoint.