Re-engineering Primary Health Care: Learning-by-doing to support equity and access

The launch in 2010 of the initiative to Re-engineer Primary Health Care in the country has given South Africa’s longstanding commitment to the provision of primary health care (PHC) new impetus. The idea is to improve performance and access so that, for example, people can be diagnosed early and referred before their conditions deteriorate, routine care can be given to children as they grow up, and those with chronic illnesses can maintain their wellbeing by receiving regular care at a local level.

In 2010 Helen Schneider was a member of the Ministerial Task Team which compiled the discussion document for this important national initiative. Since then, the School of Public Health (SOPH) has been involved in a number of activities in support of the implementation of what has become referred to as ward-based primary health care outreach teams. As community-based lay health workers are central to these teams, this builds on the School’s long-standing interest and agenda of work regarding community health worker (CHW) programmes, both locally and internationally.

Community-based care

The development of ward-based outreach teams is founded on a dense community-based ‘economy of care’ that has emerged in South Africa over the past 15 years, largely around the response to HIV. With financial support from government and donors, a diverse array of lay health workers based in non-profit organisations (NPOs) was recruited to provide care, support and counselling in health facilities, homes and communities. In 2011, a government audit counted 70,000 such workers, many of whom existed in a semi-formal relationship with the health system.

Outreach teams represent an attempt to formalise, standardize and integrate existing community-based services into the formal primary health care system. The teams will be responsible for a defined number of households and will comprise generalist CHWs led by a registered nurse with close links to the local health facility.

WARD-BASED PHC OUTREACH TEAMS

![Community-based PHC Outreach Team Diagram]

- Team responsible for health of 1500 families
- No. of teams in a Ward (determined by population size)
- Preventative, promotive, curative and rehabilitative services (work with EHOs)
- Community Services
- Professional Nurse (Team leader)
- Health Promoter
- Environmental Health Officer
- CHW 250 families
- CHW 250 families
- CHW 250 families
- CHW 250 families
- HBC
The role of CHWs will extend beyond HIV/TB to include maternal and child health and chronic non-communicable diseases, and will shift towards a stronger preventive/promotive focus.

Although yet to receive a meaningful allocation of resources nationally, the concept of these outreach teams has largely been well received across the country. Several provinces are experimenting with the idea and instituting new systems and ways of managing community-based services. The national Department of Health has supported this by providing an in-service training programme for CHWs and outreach team leaders and is in the process of finalizing a national CHW curriculum that will lead to a formal qualification through the Quality Council on Trades and Occupations.

**Box 1: mHealth strategies for PHC**

Universal availability of mobile phone technology or mHealth has generated great interest in their possible health applications, particularly in community-based settings.

In 2011, working with the MRC, we conducted a review of the uses of, and experiences with mHealth, both locally and internationally, paying special attention to the challenges of sustainability. We identified four key capacity requirements for sustainability: government stewardship, organizational cultures of information use; technological interoperability; and sustainable funding.

During 2012, the MRC and the SOPH began piloting an mHealth version of the M&E system for ward-based outreach teams in the North West Province, assessing its feasibility and end-user acceptability, and the inter-operability with the District Health Information Systems. The results of this pilot will be available in 2013.
Monitoring the implementation of outreach teams

With funding from The Atlantic Philanthropies and Centers for Disease Control (CDC), the SOPH has worked closely with the national Department of Health to design and test a monitoring and evaluation (M&E) strategy for the outreach teams. Following a series of workshops and consultations starting in 2011, the broad principles of the M&E system were defined – and then further refined into a set of indicators, tools and manuals linked to the existing District Health Information System (DHIS). During the course of 2012 - in collaboration with the Health Systems Trust (HST), the Medical Research Council (MRC) and the Health Information System Project - this system was piloted in both paper-based and mHealth versions (see Box 1) in the North West Province. This resulted in the registration and screening of more than 40,000 households, and the institution of routine systems of follow-up and data reporting through the DHIS.

As with proposals for the National Health Insurance (NHI) and other reform initiatives in South Africa, the development and implementation of ward-based outreach teams requires the mobilisation of resources, actor buy-in and shifts in relationships at multiple levels of the health system. ‘Whole system’ transformations of this kind are inherently complex to manage and require active processes of reflection and considerable ‘learning by doing’. We hope to continue playing our part in providing support and critical feedback to ensure successful implementation of new policies which promote greater access and equity in South Africa’s health system.

From monitoring to evaluation of ward-based PHC outreach teams

In June 2012, we convened a one-day symposium attended by more than a hundred delegates to share experiences and research on ward-based outreach teams, CHWs and community-based services across the country. In preparation for this, we conducted a literature review and published an annotated bibliography of research on CHWs in low- and middle-income countries, confirming a growing interest in CHWs programmes in the academic community.

A smaller group met after the symposium to define an evaluation/research agenda relevant to the development of outreach teams (see Box 2). One particular outcome of this process has been the development of conceptual frameworks and protocols for rapid assessments of early implementation of ward-based outreach team development at provincial and district level. Field work for the first case study was conducted in the North West Province in late 2012. We plan to extend these assessments to other provinces in early 2013, in collaboration with HST and other partners.

Box 2: Key research questions related to ward-based PHC outreach teams

- Appropriate roles, scopes of responsibilities, competence and training for CHWs as outreach team members
- Systems and support for CHWs and outreach teams: workloads, referral, remuneration and retention, mHealth strategies (systems ‘hardware’)
- Relationships: between CHWs, team leaders, facilities, NPOs, local governance structures, communities and households (systems ‘software’)
- Unintended consequences of ward-based outreach teams policy: loss of NPO involvement
- Policy analysis: professional/regulatory barriers to CHW scope of practice, alignment between policies (e.g. National Health Insurance (NHI), other PHC streams)
- Outcomes and impact: access, mortality, cost effectiveness