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KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Bridging research and reality: Lessons learned from the KZN PHCTC as a governance model for Universal Health Coverage (UHC)

Prof Z Luvuno, Mr J Mndebele, Mrs H Langa, Dr T Kathree, Dr A van Rensburg, Prof I Petersen (on behalf of the PHCTC)

Outline of the Talk

- Background of the PHCTC
- How We Work
- Theory of Change
 - The Learning Collaboratives
 - The PHCTC Sub-Committees
- The Products/Impact of PHCTC
- Lessons Learned

Background

- The KZN PHC Transformation Committee was established in 2018
- Functions as a learning collaborative where academics and the Department of Health (DoH) work together to understand, innovate, and evaluate Health System Strengthening Innovations

OBJECTIVES

To develop a community oriented, people-centred, comprehensive health system in KZN

To enable healthy, self-reliant, empowered communities in KZN

LONG-TERM OUTCOMES

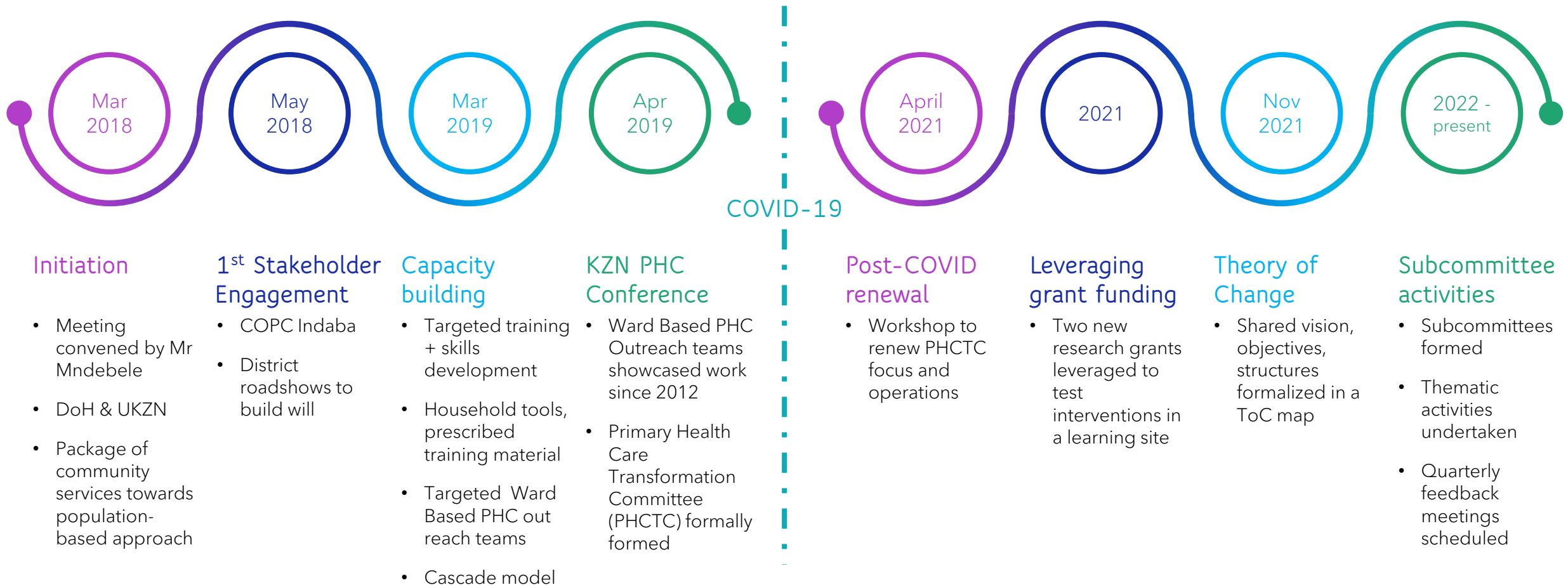
A community oriented, people-centred, comprehensive, integrated health system in KZN

Reorganised organogram to enable integration

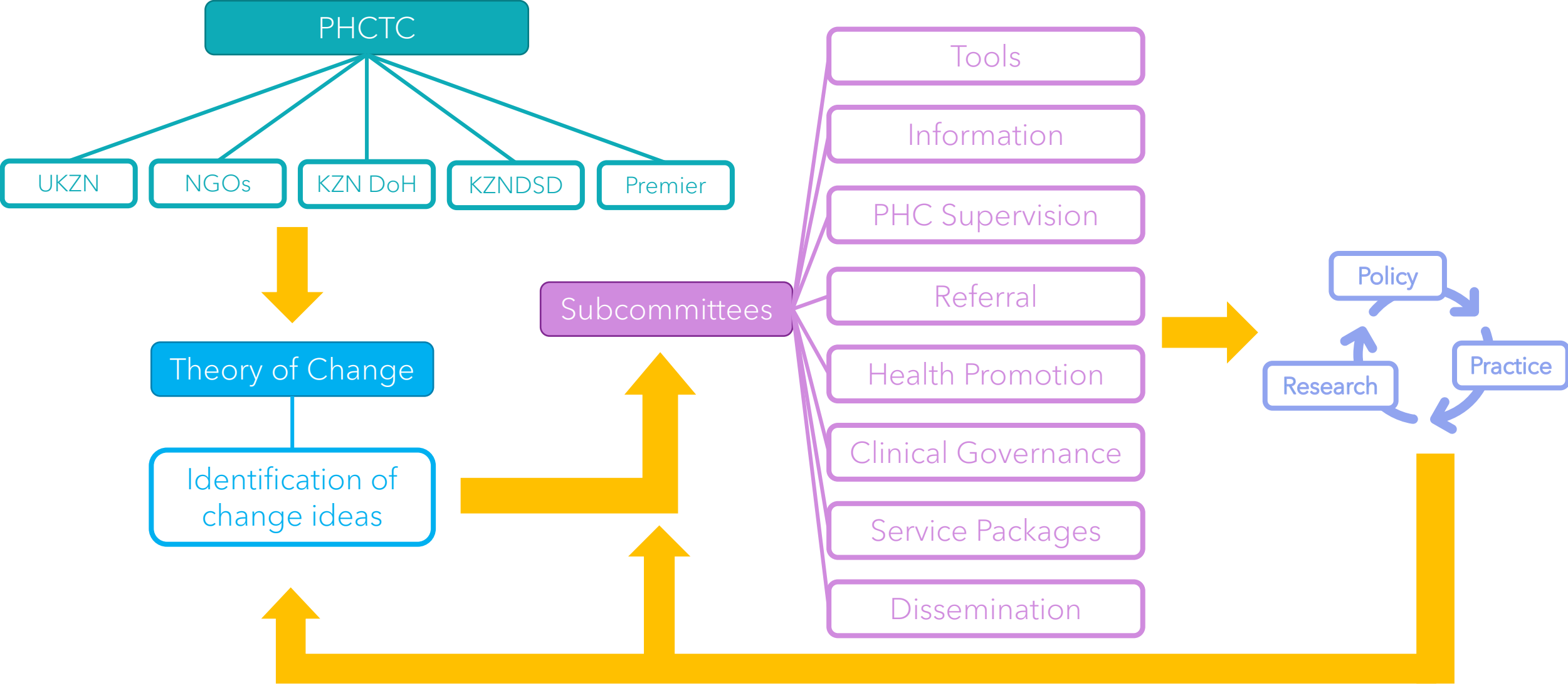
Healthy, self-reliant, empowered individuals and communities in KZN

Affordable healthcare to individuals and communities

Timeline

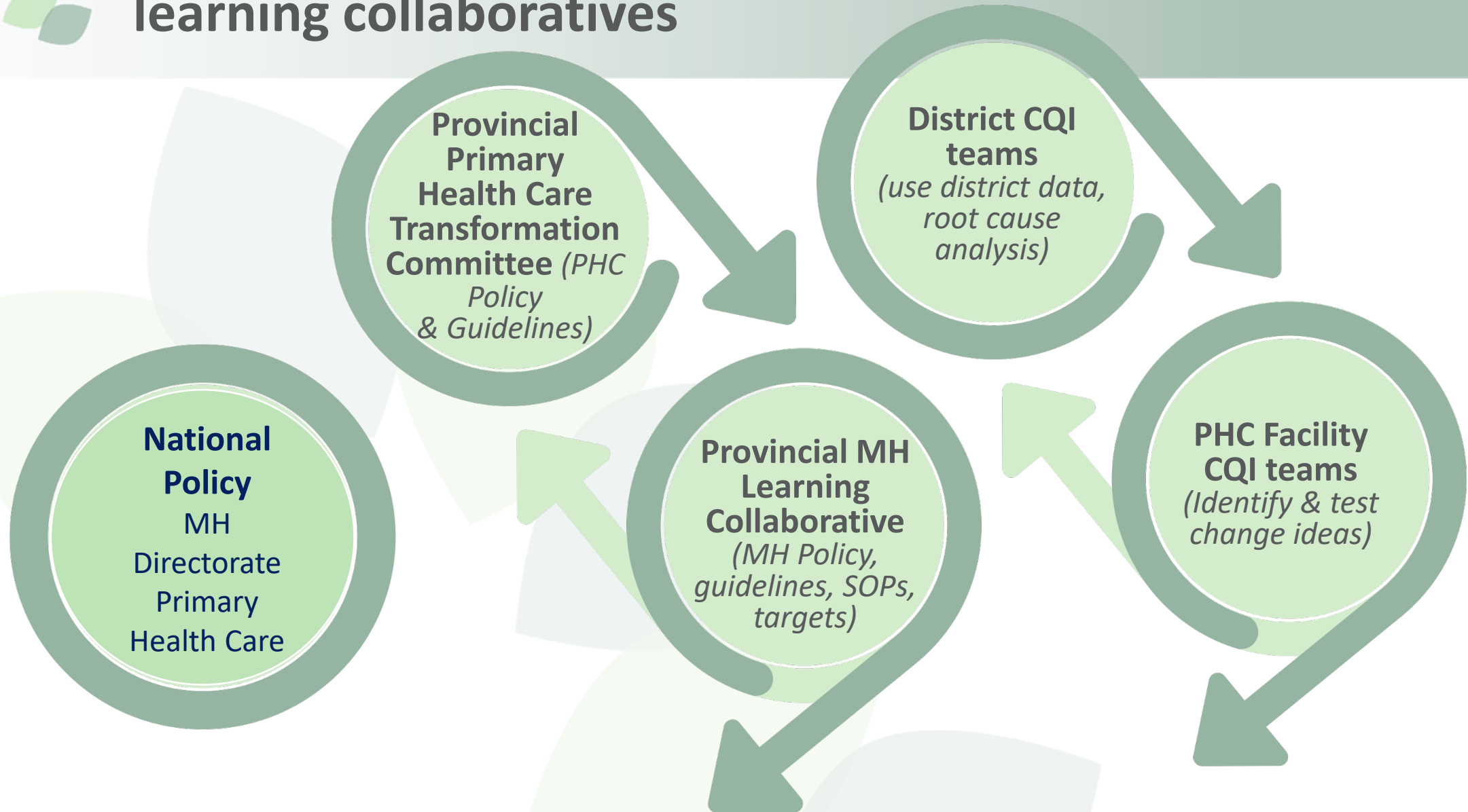


Operationalization

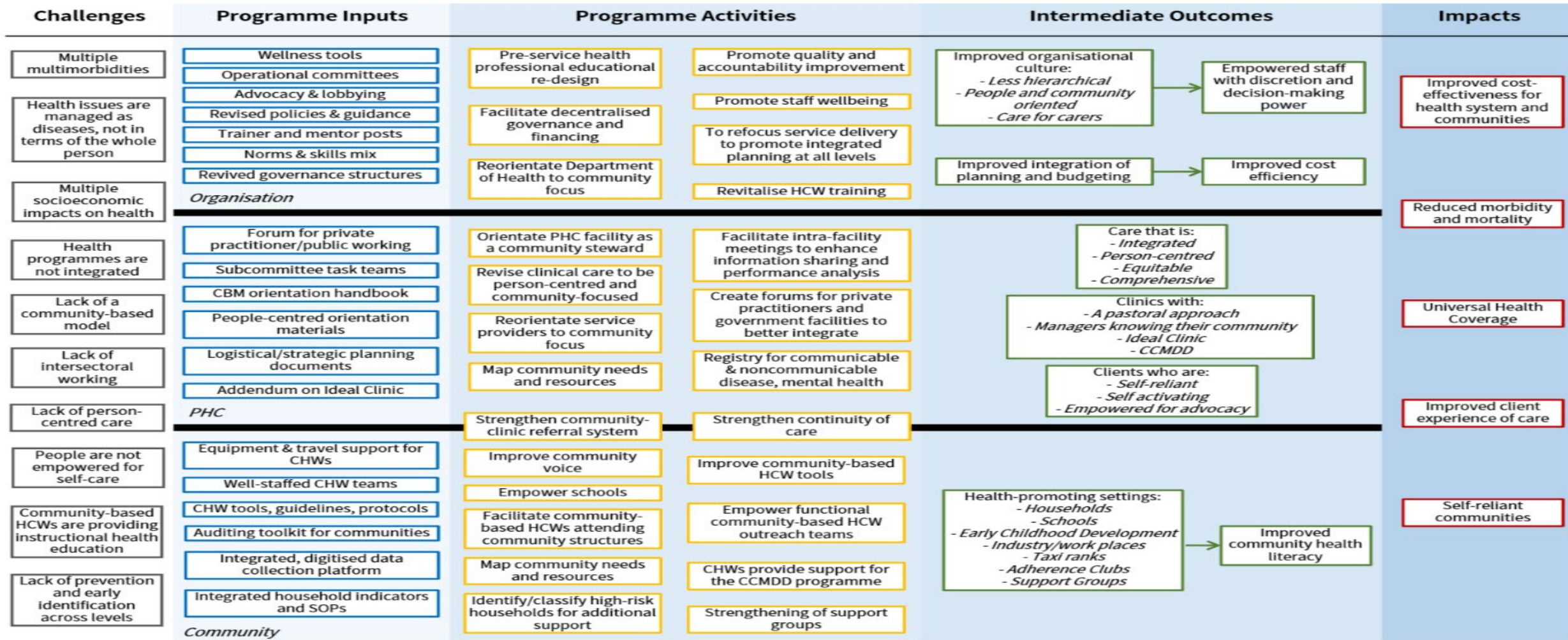




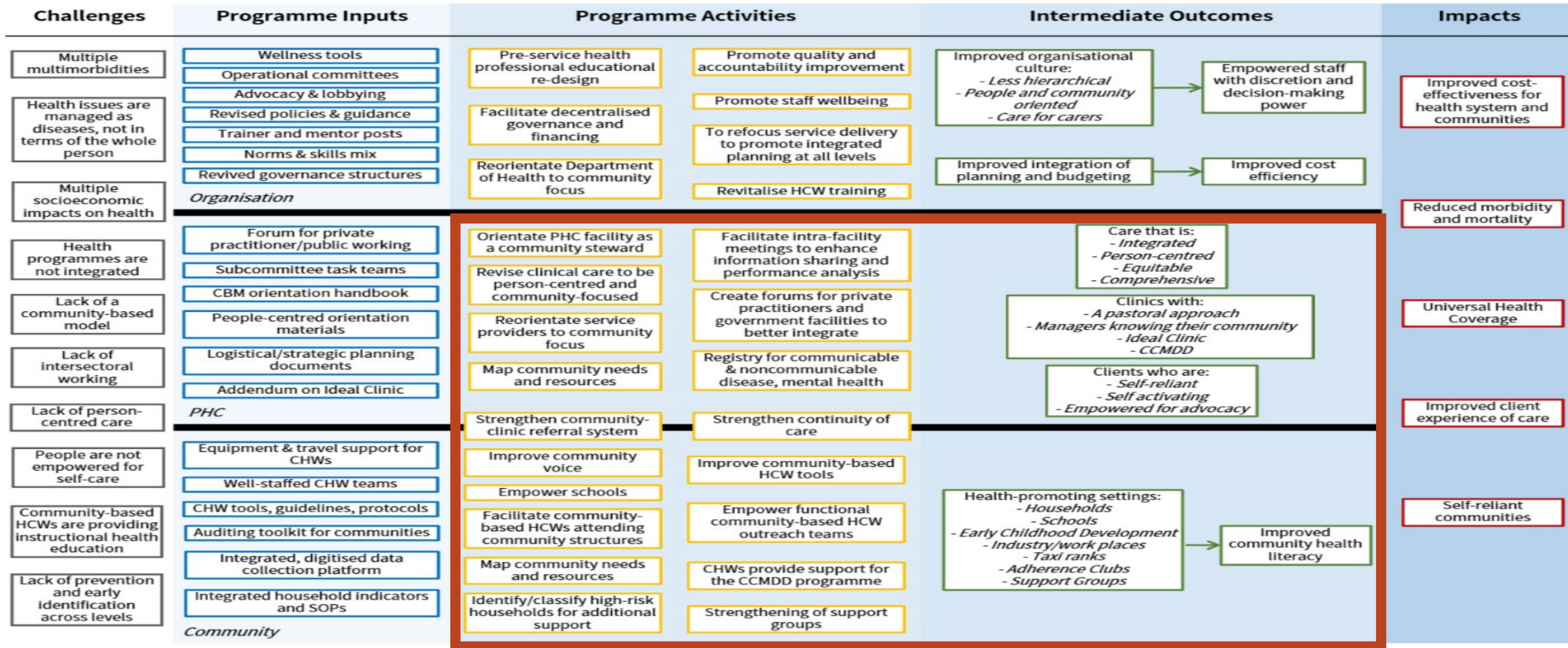
Establishment of multi-level learning collaboratives



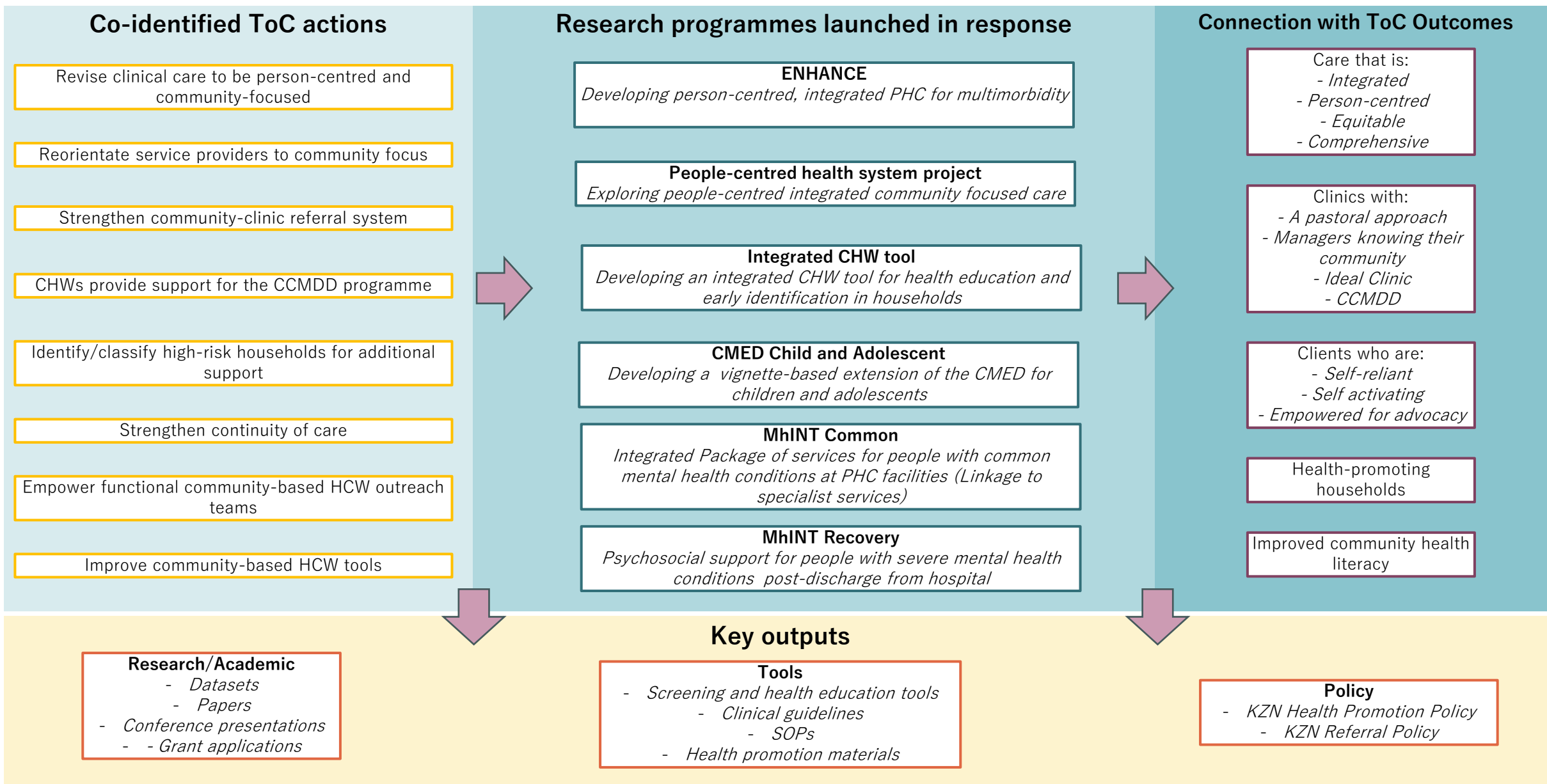
Theory of Change (TOC)



Theory of Change (TOC)



Research in support of TOC

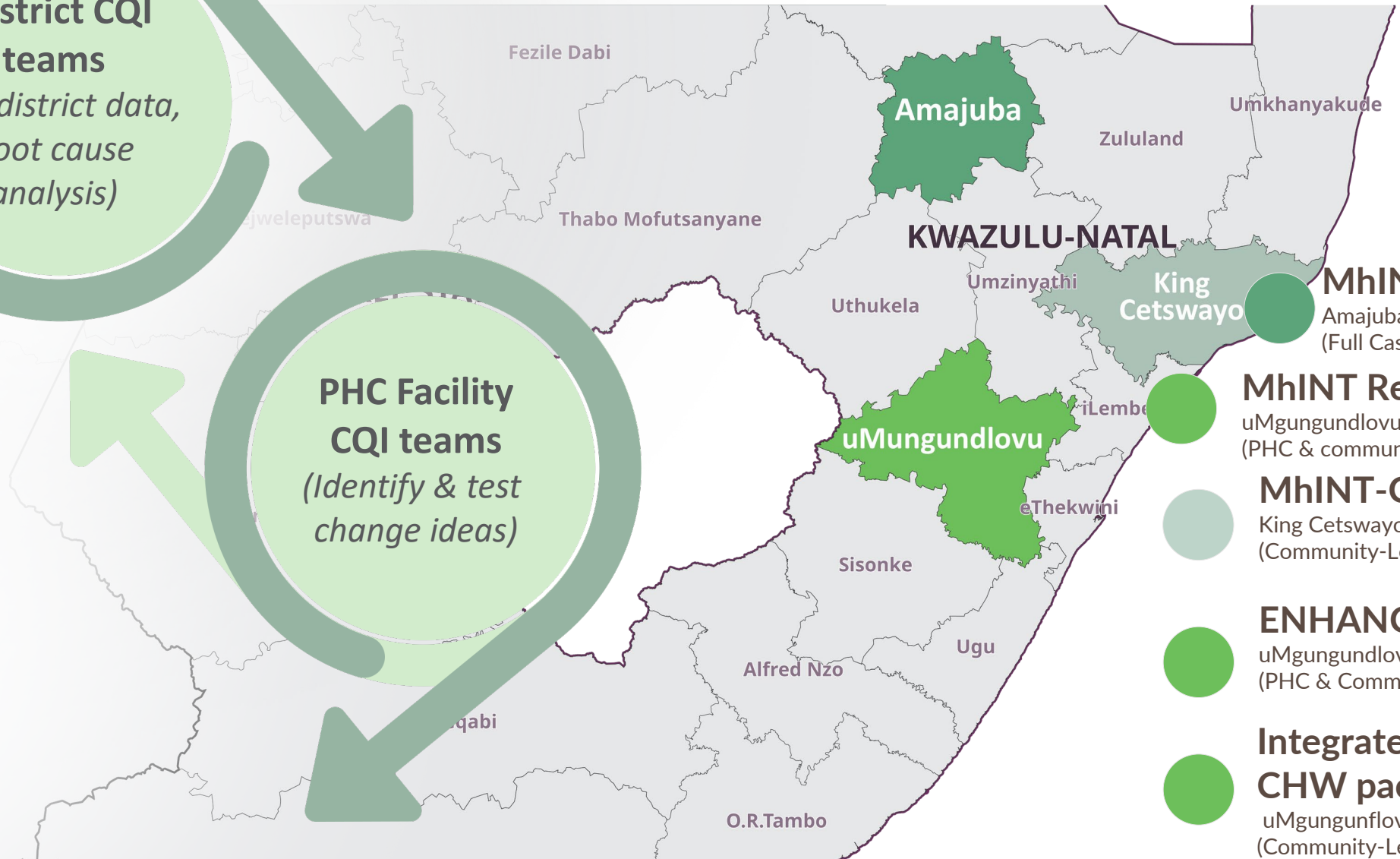




Establishment of District and PHC Facility Learning Collaboratives & Learning Sites

District CQI teams
(use district data, Root cause analysis)

PHC Facility CQI teams
(Identify & test change ideas)



MhINT Scale up
Amajuba
(Full Cascade)

MhINT Recovery
uMgungundlovu
(PHC & community)

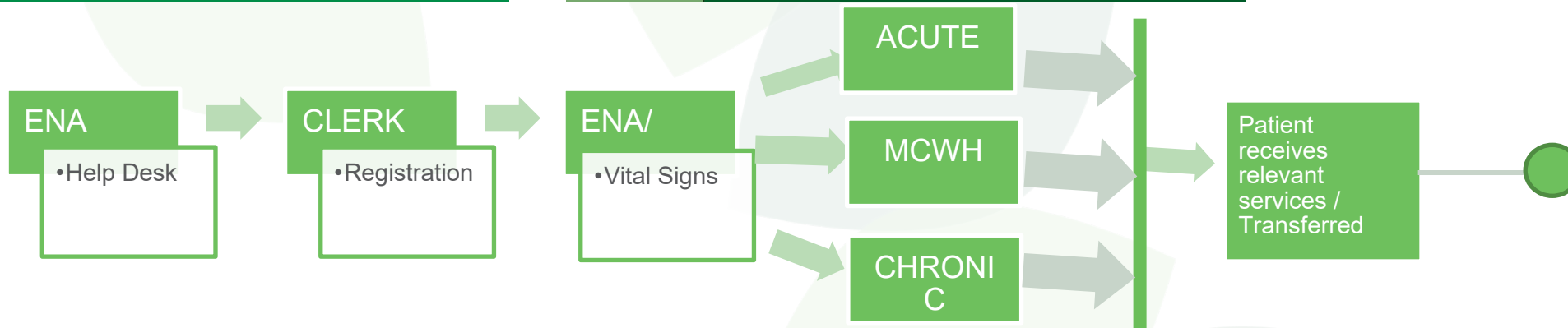
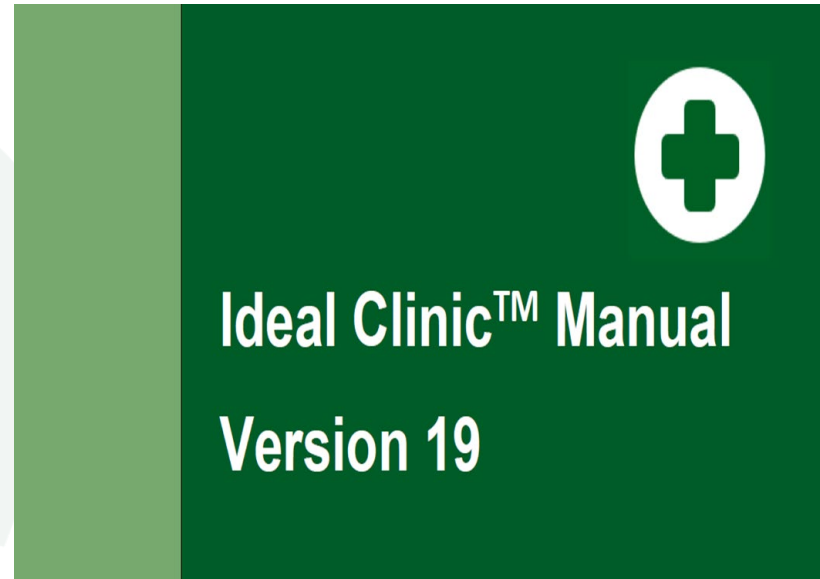
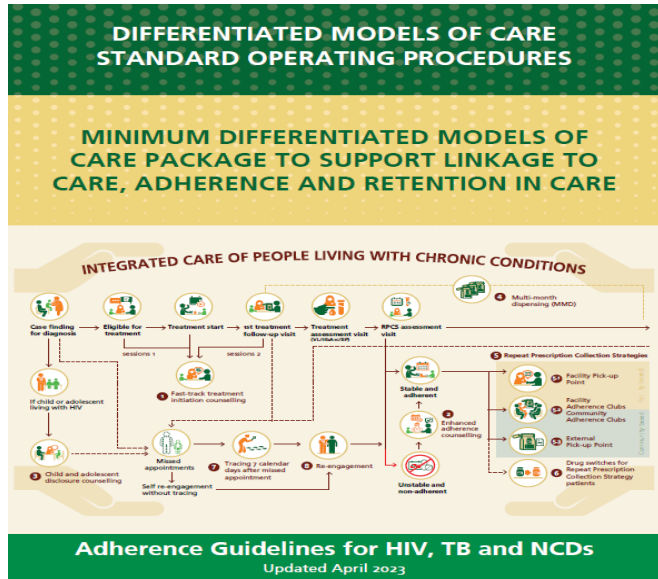
MhINT-C
King Cetswayo
(Community-Led)

ENHANCE
uMgungundlovu
(PHC & Community)

Integrated CHW package
uMgungundlovu
(Community-Led)



Assess the context -Existing Policies



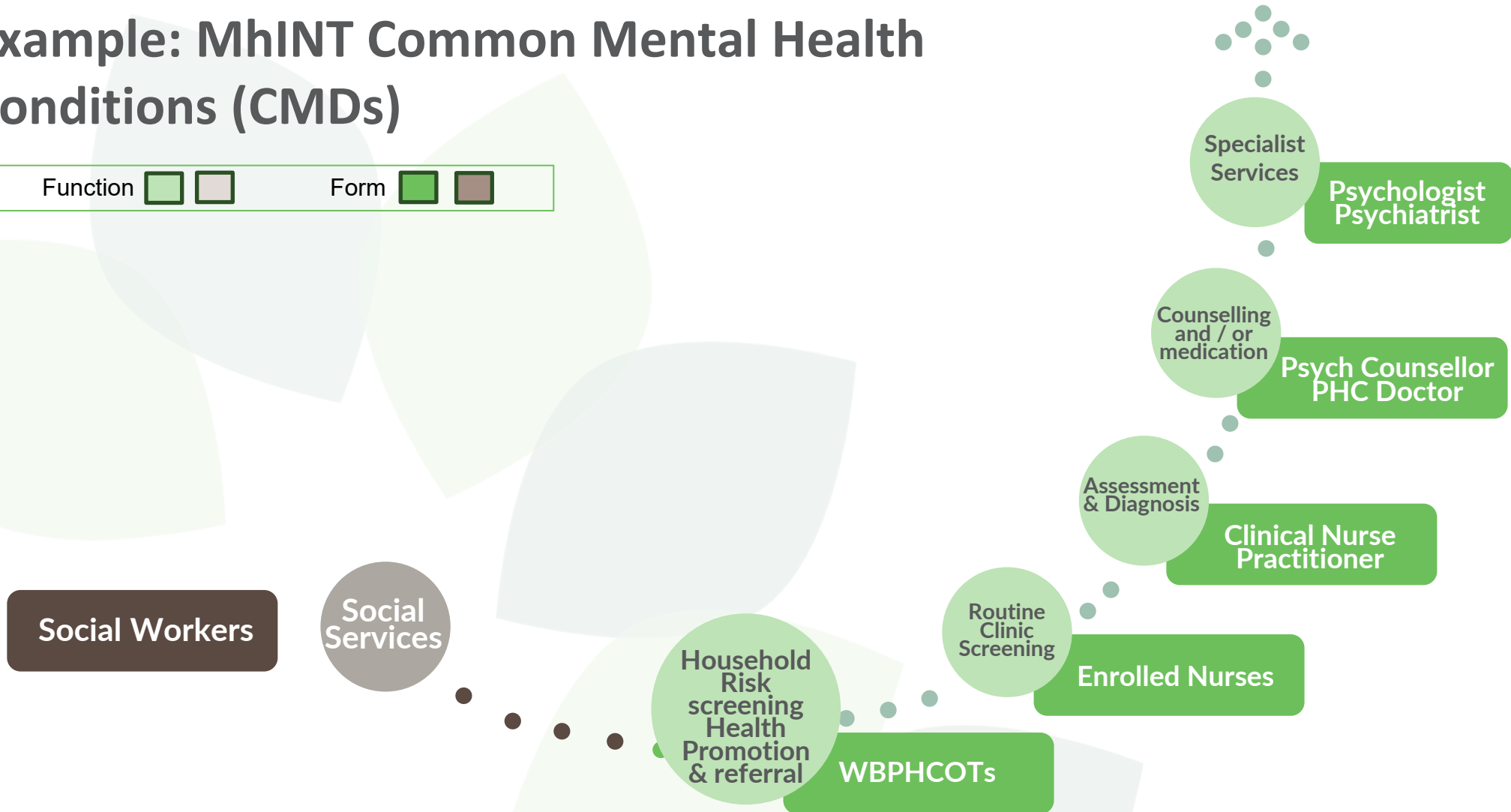
Process Map – Ideal Clinic



Layer innovations into the Care pathway

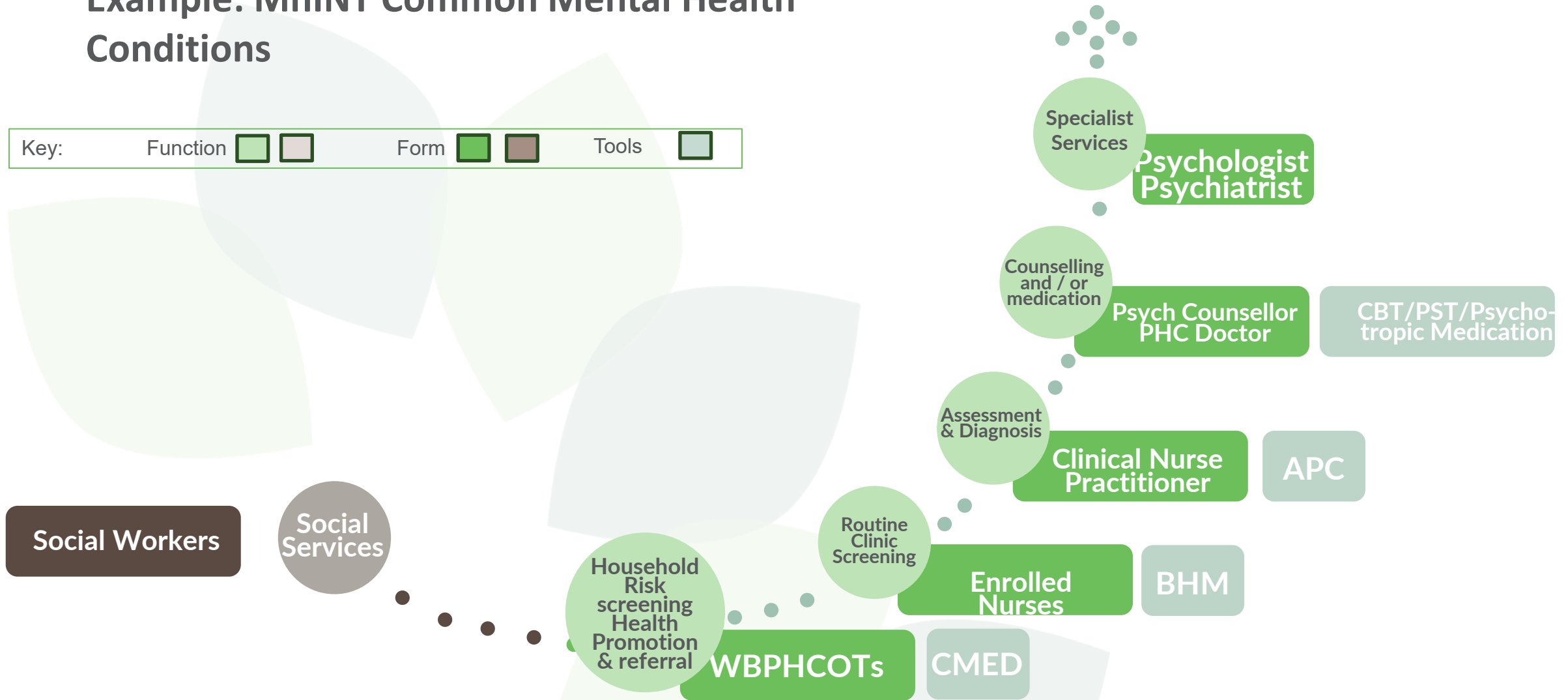
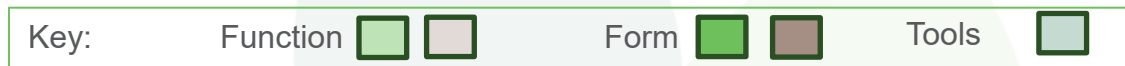
Example: MhINT Common Mental Health Conditions (CMDs)

Key: Function Form



Identify/develop and test evidence-based interventions & implementation strategies for each provider

Example: MhINT Common Mental Health Conditions

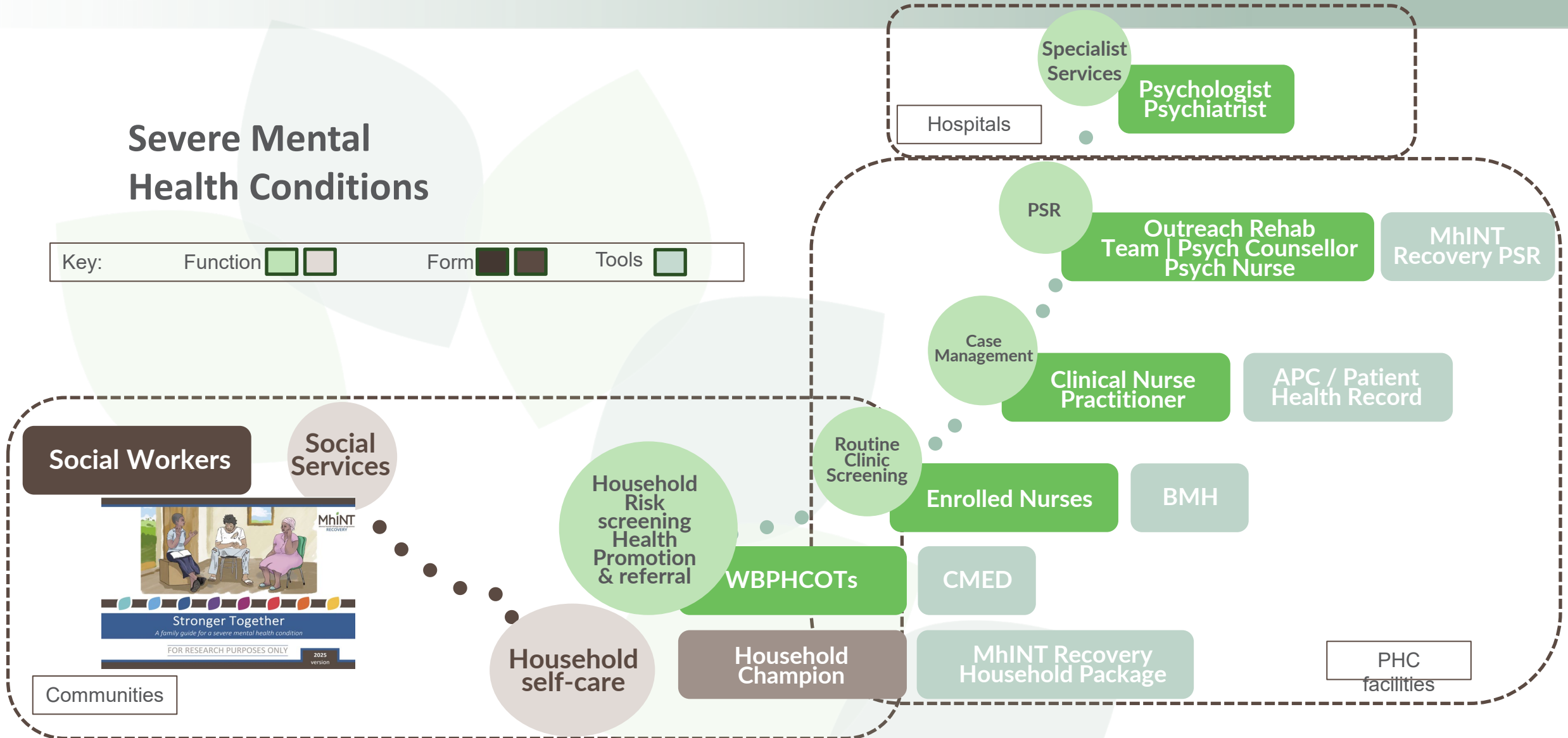




MhINT-Recovery

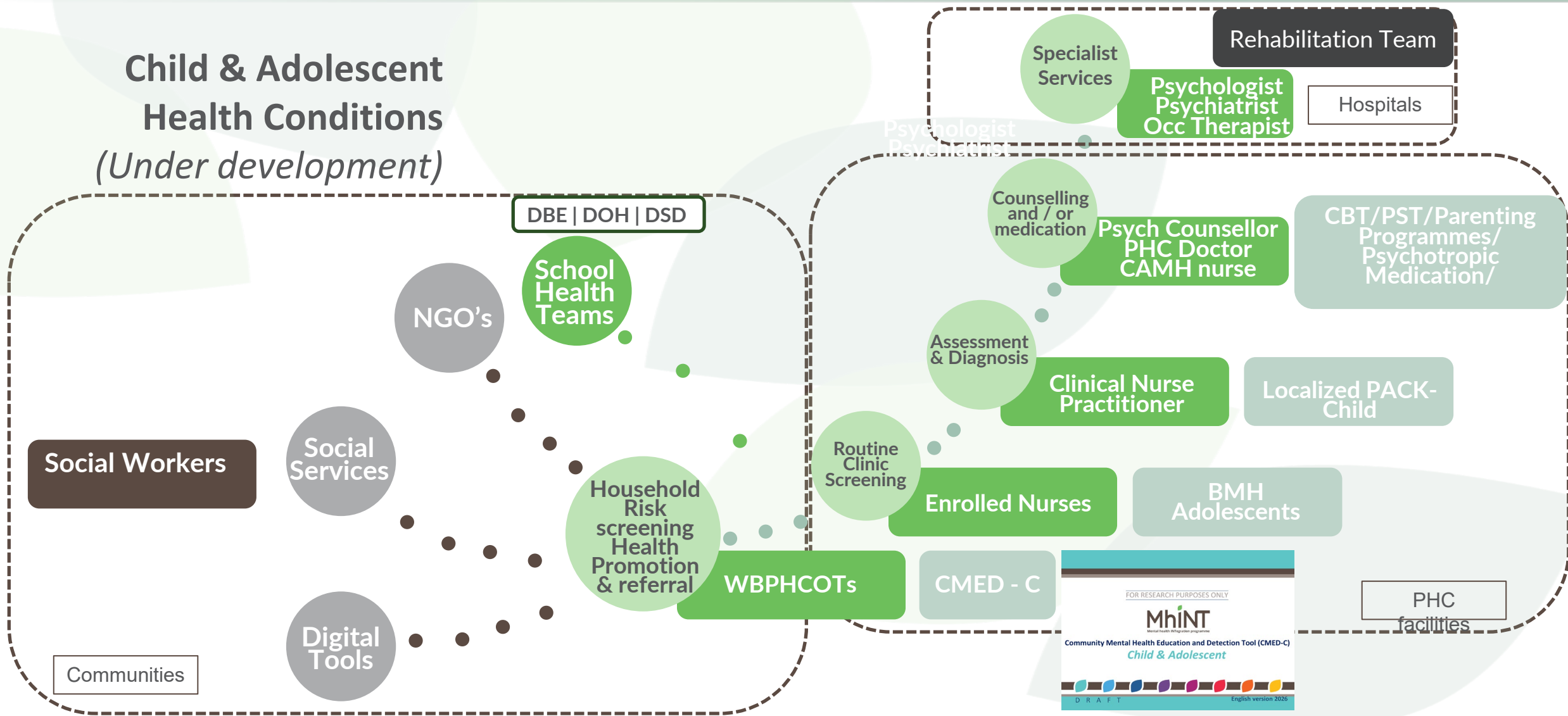
Severe Mental Health Conditions

Key: Function Form Tools



MhINT Child.

Child & Adolescent Health Conditions
(Under development)





ENHANCE

Evidence led co-created Health systems
interventions for MLTC-M Care

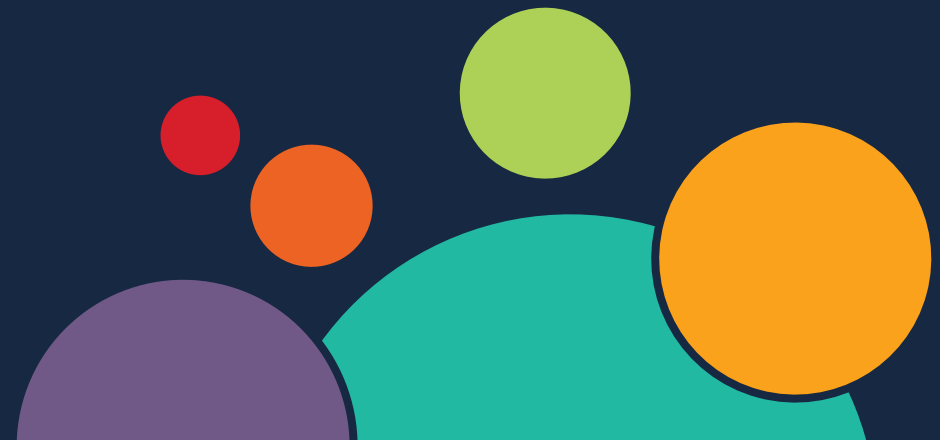
*Development and evaluation of a targeted, integrated, coherent, and people-centred approach to the management of Multiple Long-Term Conditions (MLTC-M) in South African primary healthcare-**Type 2 Hybrid trial and process evaluation***

NIHR RIGHT 3 award (NIHR201816)

FUNDED BY

NIHR

National Institute for
Health and Care Research



Co-developed resources

Stakeholder engagement and facility resources

What is ENHANCE?
ENHANCE is a program that helps primary care health facilities improve patient care through stakeholder engagement and facility resources.

The number of people with multiple long-term conditions is rising. This means that people are more likely to have multiple long-term conditions. This means that people are more likely to have multiple long-term conditions. This means that people are more likely to have multiple long-term conditions.

The ENHANCE study aims to help primary care health facilities, health workers and patients better understand the benefits of multiple long-term conditions (MLTC) care and lead to improved practices for MLTC care.

Better control of chronic conditions
Improved patient well-being
Increased adherence to medicines
Reduced polypharmacy

The ENHANCE intervention will provide trainings to the members of the primary care team to support them to work together to address patient priorities. The ENHANCE research activities will compare a traditional conventional care intervention with the results of the ENHANCE intervention.

14 primary care facilities
60 patients per facility

ENHANCE
Intervention Facilitator's Manual:
Facility Team Session

A manual to support ENHANCE facilitators to:
• Support ENHANCE on-site training sessions for facility teams
• (April 2019-2023, KZN)

Let's make the most of your time with your nurse or doctor.

Check for other health conditions because they affect from early. You will be better in time.

We offer you screening for:
Diabetes
Hypertension
Cardiac cancer
Depression

Every hour in South Africa, 5 people suffer a heart attack and 10 people have a stroke.

Let's make the most of your time with your nurse or doctor.

Diabetes? Diabete? Suikersteek? 70% of people with diabetes do not know they have it.

We of Taking more than 8 medications a day?

HIV? 1 in 10 people in South Africa are living with HIV.

Depression? Ukudakumba? Depression is a sign of weakness.

Let's make the most of your time with your nurse or doctor.

Check for other health conditions because they affect from early. You will be better in time.

We offer you screening for:
Diabetes
Hypertension
Cardiac cancer
Depression

Every hour in South Africa, 5 people suffer a heart attack and 10 people have a stroke.

Clinician resources and clinical decision support tool

Supplement to PACK
The adult with multiple chronic conditions
Consultation guide for primary care clinicians
Western Cape edition 2022

ENHANCE
Intervention Facilitator's Manual
Clinical training

ENHANCE
Intervention Facilitator's Manual:
Ongoing support and maintenance sessions
(02/08/2023)

ENHANCE
Course for Clinicians in KZN
ENHANCE Intervention Facilities

ENHANCE
Course for Clinicians in Western Cape
ENHANCE Intervention Facilities

Patient diary and CHW resources

ENHANCE
Intervention Facilitator's Manual
Community Health Worker Training Resources

My Personal Health Diary

Let's make the most of your time with your nurse or doctor.

Check for other health conditions because they affect from early. You will be better in time.

We offer you screening for:
Diabetes
Hypertension
Cardiac cancer
Depression

Every hour in South Africa, 5 people suffer a heart attack and 10 people have a stroke.

Hypertension? High blood? Hoë bloed? 1 in 10 people in South Africa are living with hypertension.

Diabetes? Diabete? Suikersteek? 70% of people with diabetes do not know they have it.

We of Taking more than 8 medications a day?

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Every hour in South Africa, 5 people suffer a heart attack and 10 people have a stroke.

The development of an integrated CHW household tool





What I can do (CHWs role)

Health education

Health education:

- About condition
- Healthy lifestyle
- Skills building
- Behaviour modification

Health promotion

Risk screening for referral for further assessment and diagnosis

Referral

Link family to get the required care at the **clinic, social services** or in the **community**

Support

- Adherence support
- Supporting a Household Champion to care for family and for self

Prevention

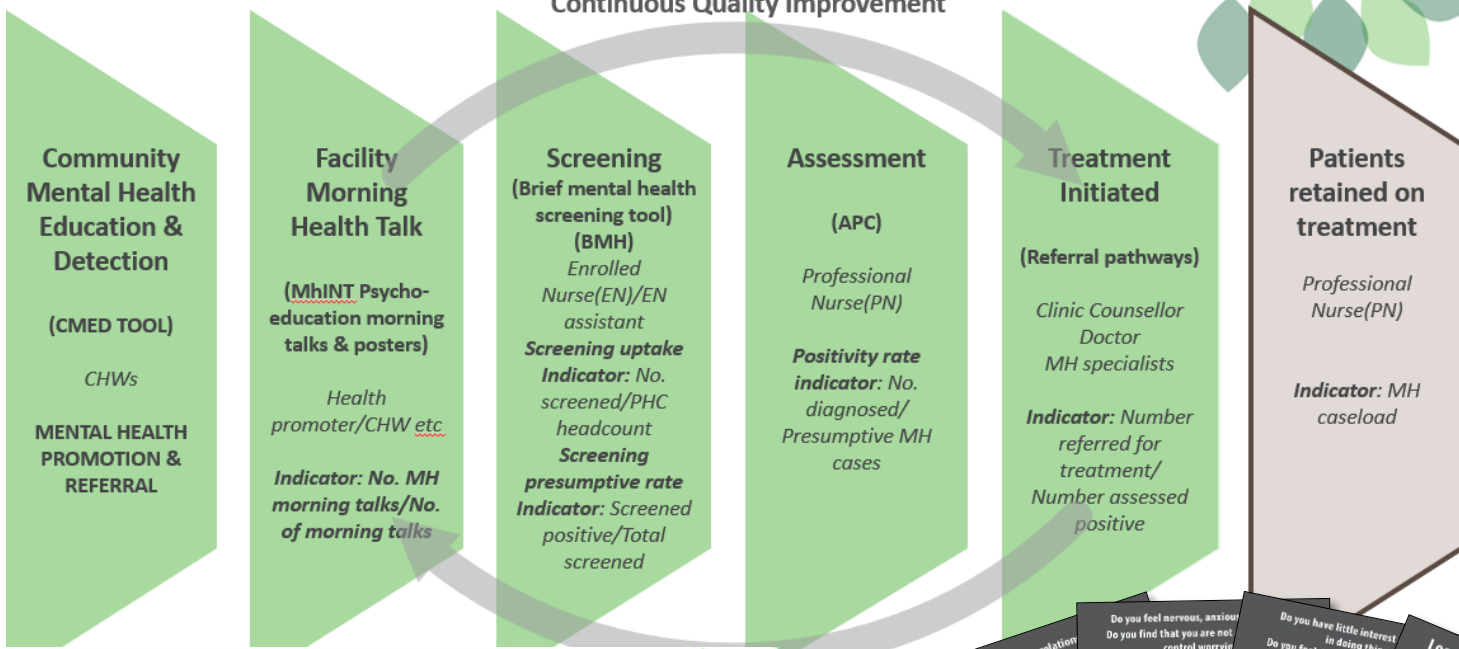
Prevention of diseases:

- Primary = health promotion
- Secondary = early risk screening
- Tertiary = supporting someone with an exiting condition / adherence
- Referral

Example: Strengthened Interventions along the care cascade (MhINT CMDs)

Strengthened MhINT intervention along the care cascade

Continuous Quality Improvement



Brief Mental Health Screening Tool (BMH)

How to score

Steps to administer BMH

Brief Mental Health (BMH) Screening for Common Mental Health Disorders in Primary Health Care
Training guide
April 2021

Brief Mental Health (BMH) Screening for Common Mental Health Disorders in Primary Health Care
3 September 2020

Tick Register

Feeling overwhelmed by relation can contribute to depression

Do you feel nervous, anxious, Do you find that you are not control worryin

Do you have little interest in doing things, Do you feel down, depressive

Loss & grief during COVID-19

Help yourself by:

Help yourself by:

Help yourself by:

Adult Primary Care 2020 update for medical students

adult primary care

Symptom-based integrated approach to the adult in primary care

- RESPIRATORY SYMPTOMS
- FEVER
- GASTROINTESTINAL
- CARDIOVASCULAR DISEASE
- MENTAL HEALTH CONDITIONS
- MUSCULOSKELETAL DISORDERS
- WOUND/HEALTH FACILITIES CARE

2019/2020

The story of Nontobeko

1. Read the story

2. Discussion

3. Ask

SMhINT
Southern African Research Consortium in Mental Health Integration

Community Mental Health Education and Detection Tool (CMED)



Capacity building tools (MhINT - CMDs)



2019 edition

MhINT Orientation Toolkit



Brief Mental Health Screening Tool (BMH)

April 2021

KWAZULU-NATAL PROVINCE
HEALTH

Where will screening happen? → VITAL SIGNS STATION Mental Health Screening BMH tool (BMH) Tick RDR register - (PPI screened for MH/Head Count) → Administered by trained ENEN/AFN Refer to BMH CAP for guidance

1. DEPRESSION: Patient Health	2. ANXIETY: Generalized Anxiety Disorder	3. ALCOHOL: Alcohol Use Disorders Identification Test (AUDIT)
Over the last 2 weeks, how often have you been bothered by the following problems?	Over the last 2 weeks, how often have you been bothered by the following problems?	I am going to ask you some questions about your use of alcoholic beverages
1. Little interest or pleasure in doing things	1. Feeling nervous, anxious or on edge	1. How often do you have a drink containing alcohol?
0 days 0 1-7 days 1 8-11 days 2	0 days 0 1-7 days 1 8-11 days 2	Never 0 Monthly or less 1 2-4 times a month 2 2-3 times a week 3 4 or more times per week 4
2. Feeling down, depressed or hopeless	2. Feeling nervous, anxious or on edge	2. How many drinks containing alcohol do you have on a typical day when you are drinking?
0 days 0 1-7 days 1 8-11 days 2	0 days 0 1-7 days 1 8-11 days 2	0 0 1 1 2 2 3 or 4 3 5 or 6 4 7 to 9 5 10 or more 6
3. Uziwa engathi and/or ukwazi lutho luthi yakho nentsi akubizayo	3. Uziwa engathi and/or ukwazi lutho luthi yakho nentsi akubizayo	3. How often do you have six or more drinks in one session?
12-14 days 3	12-14 days 3	Never 0 Less than monthly 1 Monthly 2 Weekly 3 Daily or almost daily 4
4. Uziwa engathi and/or ukwazi lutho luthi yakho nentsi akubizayo	4. Uziwa engathi and/or ukwazi lutho luthi yakho nentsi akubizayo	4. How often do you have six or more drinks in one session?
12-14 days 3	12-14 days 3	Never 0 Less than monthly 1 Monthly 2 Weekly 3 Daily or almost daily 4
A score of 3 or more is screen positive for depression	A score of 3 or more is screen positive for anxiety	A score of 4 or more is screen positive for harmful substance use
TOTAL /6	TOTAL /6	TOTAL /12

How to score

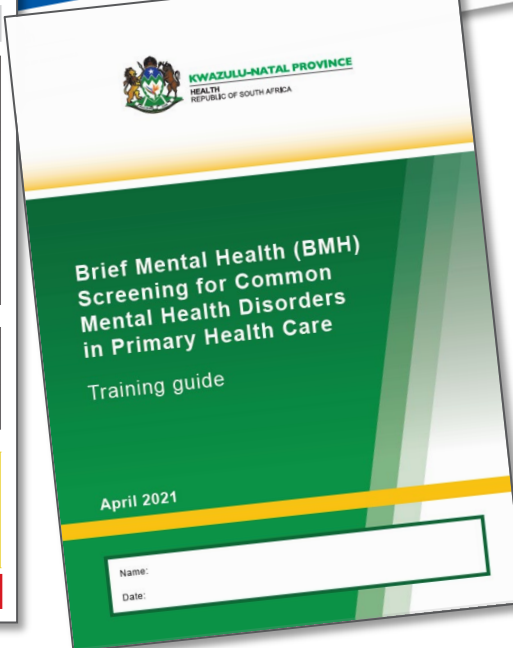
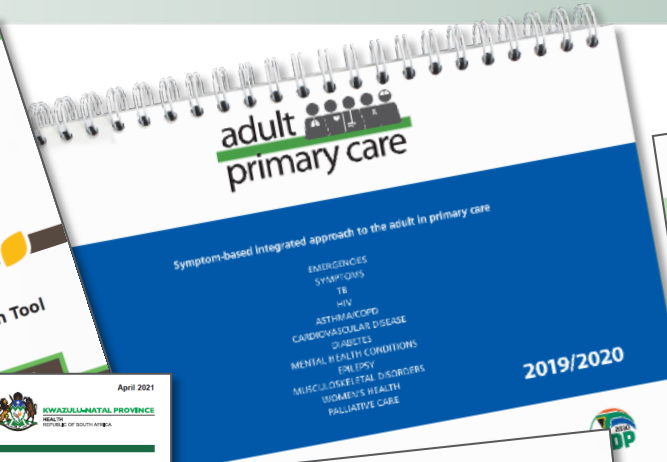
Score	What and how to record	Score	What and how to record	Score	What and how to record
2 or less	(NAD) (No Abnormally Detected) in the Mental Health section of the Clinical Management Page in the patient file.	2 or less	(NAD) (No Abnormally Detected) in the Mental Health section of the Clinical Management Page in the patient file.	3 or less	(NAD) (No Abnormally Detected) in the Mental Health section of the Clinical Management Page in the patient file.
3 or more	Write as a fraction i.e. 3/6, 4/6, 5/6 or 6/6 so that the CAP can use their Adult Primary Care Guideline to conduct further assessment	3 or more	Write as a fraction i.e. 3/6, 4/6, 5/6 or 6/6 so that the CAP can use their Adult Primary Care Guideline to conduct further assessment	4 or more	Write as a fraction i.e. 4/12, 5/12, 6/12, 7/12, 8/12, 9/12, 10/12, 11/12 or 12/12 so that the CAP can use their Adult Primary Care Guideline to conduct further assessment

Steps to administer BMH

Step 1	Step 2	Step 3	Step 4
Greet your patient and introduce yourself. If you are meeting a new patient explain what service you offer at the vital signs service point.	Screen using BMH. Ask the patient in a conversational style. Allow patient to ask questions if they are not clear.	Score each section of the BMH for each individual patient. Document Depression and Anxiety scores in the 'Mental Health' and Alcohol score in the 'Alcohol' section under the lifestyle risk assessment section of patient health record. Explain score and if screened positive inform the patient that the nurse will manage them further.	Tick in the RDR under individual patient. CAPs screened for Mental Disorders. If patient screened positive tick with (P) in the tick register. If the patient does not screen positive for any of the CMDs, then tick () in the tick register.

Substance is an emergency

If a patient should disclose suicidal thoughts, you should stop following these steps and escort the patient to the PN for further assessment and management.



Brief Mental Health (BMH) Screening for Common Mental Health Disorders in Primary Health Care

Training guide

April 2021

Name:
Date:



Adult Primary Care 2019/20 Mental Health Programme

Facility Trainers Manual

2020 MhINT edition

Name:



MhINT Depression and Adherence Counselling Manual

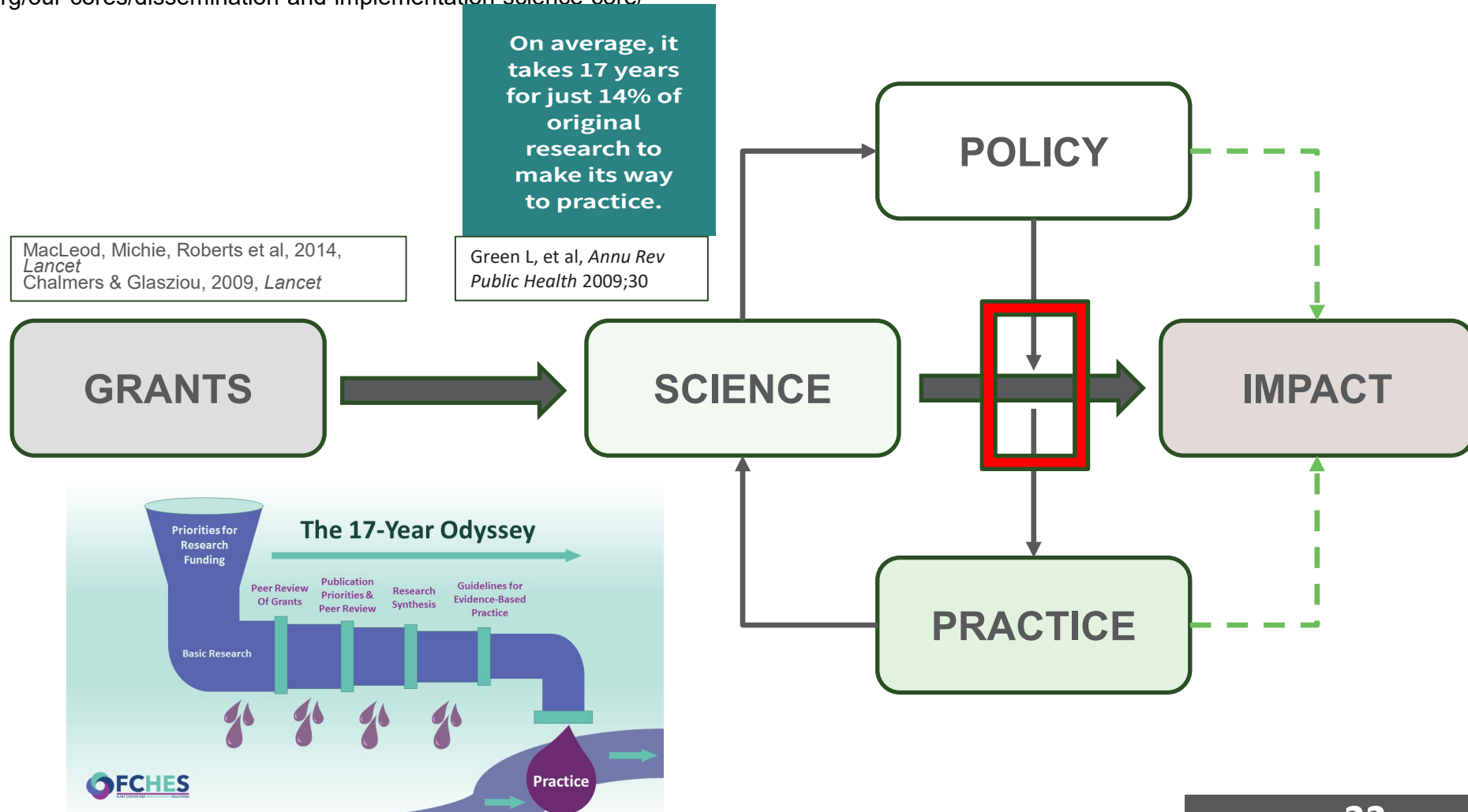
2019 edition
Stories in IsiZulu

Name:

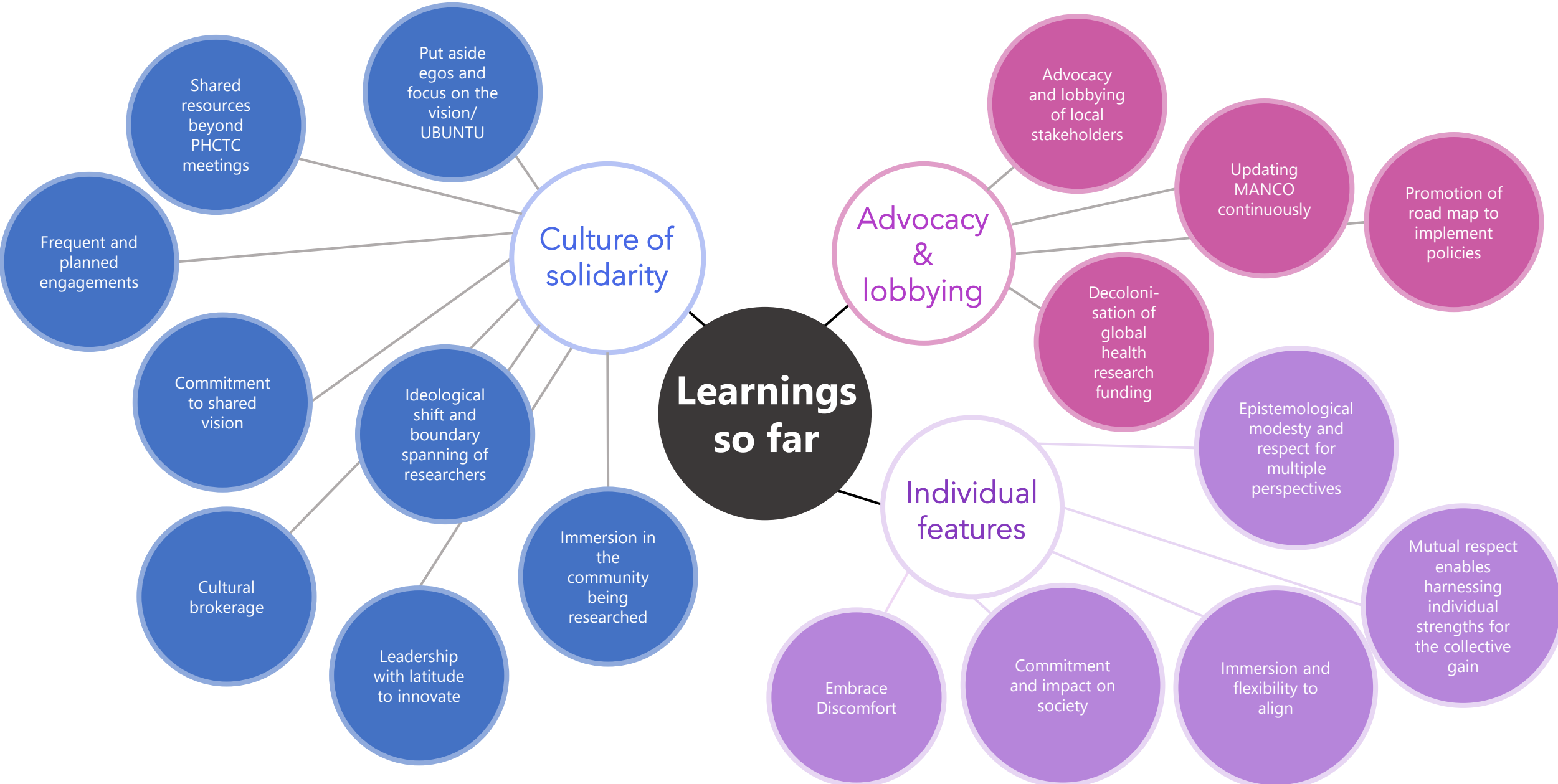
Estimate:

85% Waste in Reporting and Use of Biomedical Research Evidence

<https://flintcenter.org/our-cores/dissemination-and-implementation-science-core/>



Ingredients for a successful learning collaborative: Reflections





Quotes from PHCTC members

What has worked well:

“Has informed policy development and policy changes”

“Development of operational strategies to facilitate implementation of policies”

“Offered opportunity for funded research to respond to needs of District Health System”

“Increase likelihood that research will result in sustained positive change”

“Service delivery can be improved if all stake holders are together especially tackling issues from an academic level for better understanding of interventions

Conclusion



Dismantling Silos

True translation happens when multi-sectoral platforms actively bring evidence directly to decision-makers in real time.

Integrated Governance

Governance models like the PHCTC prove that public health responses must coordinate across sectors (health, education, and social development) to challenge the root causes of systemic vulnerability.

Dynamic Translation

Research must not remain siloed; it must flow continuously among academic investigators, health policymakers, and community-level implementers.

Continuous Feedback Loops

Effective governance requires a continuous feedback loop where real-world implementation data actively informs legislative adjustments and strategic frameworks

PHCTC



BUFFALO
BOARDROOM
RECEPTION
HIPPO
ELEPHANT
RHINO
TOILETS