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Department:  
Health  
REPUBLIC OF SOUTH AFRICA

**National Health Research Strategy: Research Priorities For  
South Africa  
2021-2024**

## **National Health Research Strategy: Research Priorities for SA 2021-2024**

Compiled by the National Health Research Committee (NHRC), comprising: Maureen Coetzee (Chairperson); Mahmood Ally (Deputy Chairperson); Anthony Hawkrige; Panjarasaam Naidoo; Glaudina Loots; Angela Mathee; Taryn Young; Nico Gey van Pittius; Joyce Tsoka-Gwegweni; Christo Heunis; Mushi Matjila; Heidi Abrahamse; Moses Mbewe; Mapitso Molefe and Gail Andrews. The NHRC was supported by the Secretariat, comprising: Thulile Zondi; Tshilidzi Muthivhi and Lesibana Malinga.

## ABBREVIATIONS

DHIS	District Health Information System
EDL	Essential Drug List
HCW	Health Care Worker
HIV/AIDS	Human Immuno-deficient Virus/ Acquired Immuno-deficient Disease Syndrome
IgA	Immunoglobulin A
IgG	Immunoglobulin G
NCD	Non-Communicable Diseases
NHI	National Health Insurance
NHRC	National Health Research Committee
PCR	Polymerase Chain Reaction
PHRC	Provincial Health Research Committee
SARS	Severe Acute Respiratory Syndrome
SDG	Sustainable Development Goals
WHO	World Health Organization

## FOREWORD BY THE DIRECTOR-GENERAL

The development of health research priorities is part of the mandate of the National Health Research Committee (NHRC). Research priorities will ensure that health research agendas and research resources focus on priority health problems.

The NHRC in identifying health research priorities, took into consideration the followings:

- the burden of disease.
- the cost-effectiveness of interventions aimed at reducing the burden of disease.
- the availability of human and institutional resources for the implementation of an intervention at the level closest to the affected communities.
- the health needs of vulnerable groups such as woman, older persons, children, and people with disabilities; and
- the health needs of communities.

In line with its areas of operation, the NHRC established a sub-committee for this purpose as one of its delivery structures. The process of consultation from which the sub-committee would get inputs from key stakeholders was the National Health Research Summit, held in September 2018. Following the Summit, ideas collected from key stakeholders were considered along with those from other important forums and sources to distil a list of high-level health research priorities that can be filtered down to specific research questions by the health research community. The research questions proposed should cover a whole spectrum of research for Health, including clinical, basic science, social, health systems, and policy research.

We would like to thank NHRC members and all the Provincial Health Research Committees (PHRCs) for their invaluable contributions to solicit provincial inputs and priorities for the strategy.

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**Dr SSS Buthelezi**

**Director General of Health**

2021-2024

## 1. Introduction

The development of health research priorities is part of the mandate of the National Health Research Committee (NHRC). In line with its areas of operation, the NHRC established a sub-committee for this purpose as one of its delivery structures. The process of consultation from which the sub-Committee would get inputs from key stakeholders was the National Health Research Summit, initially planned for October 2017 and ultimately held in September 2018 due to factors outside the NHRC's control. Following the Summit, ideas collected from key stakeholders were considered along with those from other important forums and sources listed under references, to distil a list of high-level health research priorities that can be filtered down to specific research questions by the health research community. Research questions should cover a whole spectrum of research for Health, including clinical, basic science, social, health systems, and policy research.

## 2. Framework for priority setting

The priority setting framework should not be seen as static, but rather fluid and responsive to changing health-related circumstances and needs in South Africa. In order to account for this continual contextual change in the health environment, the NHRC determined that Priority Setting exercises should be conducted regularly (at least every five years); to identify broad priority areas for health-related research, pitched primarily at a National Governance level. These broad and specific priority areas should then be interrogated in relevant stakeholder workshops in order to set more specific research priorities at institutional and researcher levels.

Priority setting exercises must consider the “three pillars” of process, tools, and context:

- The *process* of priority setting is not static, but should be continuous and cyclical, responsive to the changing health environment and local need; and involving a large number of stakeholders from both health and other sectors (including education, environmental affairs). The process should be objective, participative, and based on consensus. Appropriate preparation and planning is essential.
- *Tools* for priority setting include all the resources and instruments required to collect, organise and analyse the multiple information sources required to set priorities (including different metrics for burden of disease measurement).
- The particular and complex sociopolitical, economic and cultural *contexts* within South Africa must be taken into account to ensure appropriate identification of priority areas. Results of priority-setting exercises must be simple and clear and free of jargon in order for policy makers to fully understand the report, and therefore able to implement the results appropriately.

## 3. The Process

The following conceptual framework for research for health prioritisation was developed by the NHRC, through stakeholder engagement and discussion. This framework was implemented at the Summit, and developed further through continued stakeholder engagement.

Practical steps outlined in the WHO-published Module II: Setting priorities for health research were followed, which include:

Step 1: Planning the process –the NHRC took leadership and involved views from stakeholders, directly through the 2018 Health Research Summit, themed “Research for Health” and subsequent interactions, as well as indirectly through taking into account products of other key stakeholder interactions and documents.

Step 2: Situational analysis – each NHRC sub-committee conducted a situational analysis in its area of responsibility, which were presented at the 2018 Summit with opportunity for stakeholder input.

Step 3: Involving stakeholders – various stakeholder inputs were collected through the sub-committee situational analyses exercises at the Health Research Summit, through inviting inputs to different NHRC documents, as well as through perusal of stakeholder interaction documents.

Step 4: Selecting criteria: this step took into account that the purpose of priority-setting was aimed at National Level, using a bottom-up approach. Therefore, health challenges emanating from local/district level, through to Provincial and National were taken into account to identify broad health research priorities.

3.1 An initial two-dimensional framework was developed, which linked current broad priority diseases (according to the National Burden of Disease) with multifactorial determinants of health, thus incorporating the Public Health domain (Table 1).

**Table 1: Proposed two-dimensional tabular model for comprehensive health research priority setting**

Priority Disease (according to burden of disease estimates)	Biological determinants	Psychosocial and behavioural determinants	Health system factors	Political, economic and market factors	Planetary and environmental factors	Other
Communicable diseases						
Non-communicable diseases						
Maternal and child health						
Trauma & violence						
Mental health						
Etc.						

- 3 The above broad disease-based priority setting model was then refined into a three- dimensional model factoring in variables of equity, access, discrimination, marginalization and vulnerabilities, to ensure that research for health is targeted at benefiting those with the greatest need, and contributes to improved health, equity and access to health for all.
- 3.2 These aspects were then integrated using a “3D Combined Approach Matrix (CAM)” tool to further interrogate each broad priority area in terms of: impact, determinants, knowledge, and funding flows at individual, community, health sector and governance levels, as well as considering other factors related to equity in health, including poverty, gender, historical legacy, race, vulnerable population groups etc. (Figure 1). Using this model, multifactorial determinants of health were considered at different levels, as well as potential ameliorative approaches (considering different levels and sectors), responsive to the Health Sustainable Development Goals, and with the aim of implementation of Universal Health Coverage (UHC), and as appropriate to the new Digital Age in health.
- 3.3 A final Priorities List was developed, incorporating the above models, and expanding the Broad priority areas into Specific Priority and Key Focus Areas for Health Research (Table 2).

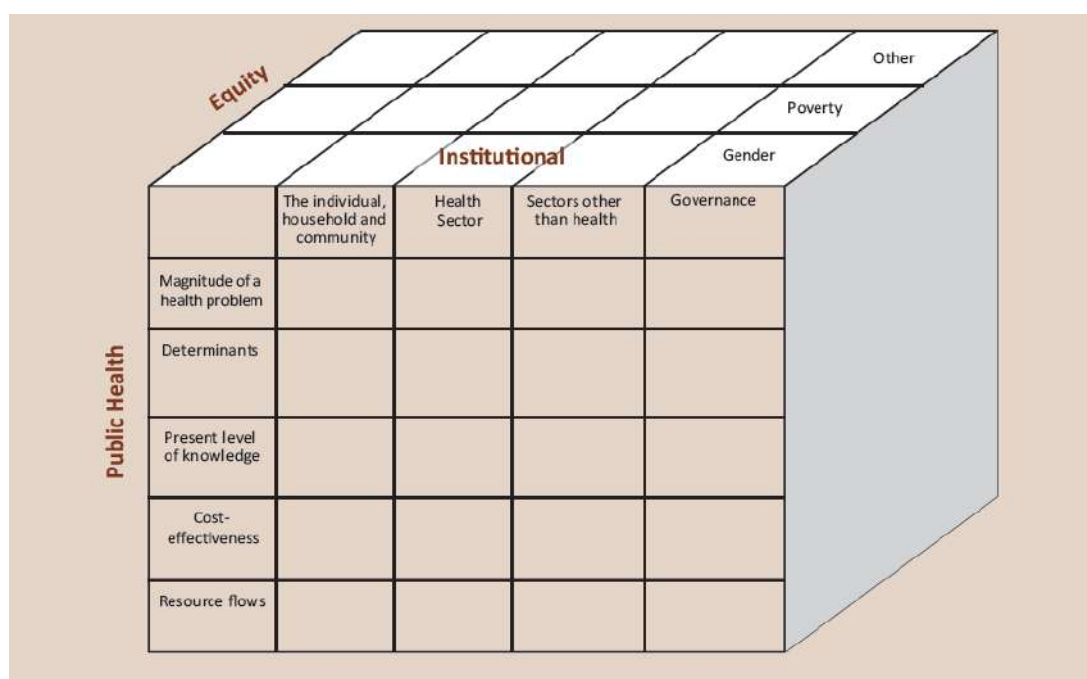


Figure 1: The Three Dimensional Combined Approach Matrix tool for research for health priority setting (from Ghaffar et al, <http://www.bvs.hn/Honduras/PIS/MEC3DEnglish.pdf>).

#### 4. The Product

**Table 2** presents the first product of the Health Research Priority Setting Process. The second process was to review national and international strategic documents that list research priority areas (**Table 3**). The third process involved further consultations with Provincial health Research Committees (PHRC) on the process to inform and facilitate the research priority setting, development and continuous review of health research priorities and on produced list of health research priorities (**Table 4**).

## 5. Further considerations:

Funding, financial implications and resource flows are incorporated into the list of Key Focus Areas for Health Research, in order to determine the prevailing level of investment in research for the identified health challenges, as well as influencing financial resource mobility towards health challenges of National importance.



**Table 2: National Priorities Framework in Research- for Health**

Broad Area of Challenge	Specific Priority Areas	Key focus areas for research
<p>1. Burden of Disease</p>	<p>Communicable Diseases (HIV, TB, sepsis)</p> <p>Non-Communicable Diseases: (cancers, diabetes, cardiovascular disease)</p> <p>Injury, Crime and Violence (including gender-based violence)</p> <p>Mental Health (including Depression, para-suicide, risk behavior, harmful substance use)</p> <p>Maternal and Child Health (morbidity and mortality; including hypertensive disorders, pre-eclampsia, infectious disease in pregnancy, obstetric haemorrhage, mother-to-child transmission of HIV)</p>	<p>Consider the following at individual, community, health sector and governance levels, in relation to funding flows, and including different health models (e.g. traditional/indigenous health practice)</p> <ul style="list-style-type: none"> <li>a) Epidemiology and biological factors <ul style="list-style-type: none"> <li>• New case resurgence and drug resistance, drug-drug interactions, 90-90-90 targets.</li> <li>• Drug-resistance and vaccines, missing cases, infection control</li> </ul> </li> <li>b) Political, economic and market factors</li> <li>c) Health system factors</li> <li>d) Psychosocial, behavioural and environmental factors <ul style="list-style-type: none"> <li>• Education and Knowledge</li> <li>• Stigma</li> <li>• Compliance</li> <li>• Access</li> <li>• Environment (e.g. climate change, pollution, waste management, other systems)</li> <li>• Consider equity, discrimination, poverty, marginalization and other vulnerabilities</li> </ul> </li> <li>e) Product development (health innovation)</li> <li>f) Cost effectiveness</li> <li>g) Resource flow</li> <li>h) Ethical issues: Consider issues of justice, respect for persons, beneficence/non-maleficence; deontological vs. consequentialist approaches. This is needed to ensure health-related research stands to benefit those with the greatest need (without systematically excluding any group), and contributes to improved health, equity and access to health for all.</li> </ul>

<p>2. Health systems strengthening</p>	<p>The Nine Pillars of the Health Systems and Service Improvement Plan outlined in the Presidential Health Compact</p> <p>Other health systems strengthening</p> <p>Health Systems Innovation as outlined in the NSI White Paper</p>	<p>Consider the following, considering all sectors of health providers and consumers, from individual/community, to institutional, regional and national governance levels.</p> <ul style="list-style-type: none"> <li>a) Human Resources for Health (HRH), including technical skills</li> <li>b) Health policy and systems</li> <li>c) Training of healthcare workers (needs and implementation)</li> <li>d) Improved access to essential health products, for all sectors of community</li> <li>e) Infrastructure planning (health facilities)</li> <li>f) Engagement of the private sector and civil society in improving access, coverage and quality of health services</li> <li>g) Health service improvement (quality, safety and quantity of facilities, services and health outcomes) with focus on primary health care</li> <li>h) Public sector financial management systems and processes (efficiency and effectiveness)</li> <li>i) Governance and leadership improvement (oversight, clinical, accountability, policy frameworks coherence and coordination)</li> <li>j) Community engagement and empowerment to optimise community-based care</li> <li>k) Health information systems (integration, guidance to health systems policies, strategies and investments)</li> <li>l) Accountability</li> <li>m) Research translation and rollout of innovations</li> <li>n) Rural Health</li> <li>o) Health research financing/funding</li> <li>p) Monitoring and evaluation</li> </ul>
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<p>3. Universal Health Coverage (UHC)</p>	<p>National Health Insurance (NHI)</p>	<p>Consider the following at individual, household, community, health sector and governance levels:</p> <ul style="list-style-type: none"> <li>a) Norms and standards</li> <li>b) Rollout</li> <li>c) Financing/financial management</li> <li>d) Stakeholder buy-in</li> <li>e) Cost effectiveness a</li> <li>f) Management of service delivery (including referral pathways)</li> <li>g) Governance and leadership</li> <li>h) Human Resources for Health</li> <li>i) Information and Intelligence</li> <li>j) Infrastructure</li> <li>k) Equipment</li> <li>l) Supply chain</li> <li>m) Monitoring and evaluation (health system inputs, service delivery, and health status and financial indicators.</li> <li>n) Measures of essential health service coverage, quality and associated costs —promotion, prevention, treatment, rehabilitation, and palliation. <ul style="list-style-type: none"> <li>• <i>Consider Equity:</i> measure service coverage and quality, stratified by socioeconomic circumstances, gender, ethnicity, and other vulnerabilities.</li> </ul> </li> </ul>
<p>4. Digital Health</p>	<p>The nine strategic interventions to be achieved by 2024, proposed in the South African Digital Health Strategy</p> <p>Platforms</p> <p>Data collation</p>	<p>Consider the following, with consideration for implementation at different levels, from primary to specialized healthcare; and from individual to community and governance levels, in order to achieve the health-related SDGs, responsive to priority disease burden and ensuring equity (UHC).</p> <ul style="list-style-type: none"> <li>a) Leadership and capacity for digital health innovation and adaptive management</li> <li>b) Multi-stakeholder engagements for digital health implementation</li> <li>c) Sustainability in interventions, investments and funding mechanisms</li> <li>d) Governance structures and oversight mechanisms</li> <li>e) Integration of information architecture and systems for effective, safe, sharing of health information</li> <li>f) Digital applications and health services</li> </ul>

- g) Physical and network infrastructure, and connectivity
- h) National legislative, policy and regulatory frameworks for digital health
- i) Technical capabilities and support mechanisms
- j) Digitization of health (promotion, healthy living)
- k) Security and confidentiality (ethics, respect for persons, human rights)
- l) Monitoring and evaluation of digital health services
- m) Resource flows

**Table 3: National Priorities list in Research- for Health**

Broad Area of challenge	Specific Priority Area	Key focus areas for research
Burden of Disease	COVID-19	<p style="text-align: center;"><b>Aetiology</b></p> <ol style="list-style-type: none"> <li>1. Understand the natural history of the virus and shedding of it from an infected person</li> <li>2. Support implementation of diagnostics and products to improve clinical processes</li> <li>3. Develop disease models, including animal models for infection, disease and transmission</li> <li>4. Develop tools and studies to monitor phenotypic change and potential adaptation of the virus</li> <li>5. Better understand the immune response and immunity</li> <li>6. Would PCR and antigen assays currently in use in South Africa be able to detect the 501Y.V2 variant?</li> <li>7. Can a PCR-based test to distinguish the 501Y.V2 variant be developed rapidly?</li> <li>8. Can a post-marketing surveillance system that tracks indicators of potential assay failure for detecting 501Y.V2 or future variants be established?</li> <li>9. How do serological tests perform when infection is by the 501Y.V2 lineage?</li> <li>10. Can a post-marketing surveillance system that tracks indicators of potential assay failure for detecting 501Y.V2 or future variants be established?</li> <li>11. How do serological tests perform when infection is by the 501Y.V2 lineage?</li> <li>12. Can a post-marketing surveillance system that tracks indicators of potential assay failure for detecting 501Y.V2 or future variants be established?</li> </ol>

		13. How do serological tests perform when infection is by the 501Y.V2 lineage?
<b>Burden of Disease</b>	<b>COVID-19</b>	<p style="text-align: center;"><b>Epidemiology</b></p> <ol style="list-style-type: none"> <li>1. Understand the transmission dynamics of the virus, including the basic reproductive number, incubation period, serial interval, modes of transmission and environmental factors</li> <li>2. Define the severity of disease, including risk of fatality among symptomatic hospitalized patients, and high-risk patient groups</li> <li>3. Understand susceptibility of populations</li> <li>4. Identify what public health mitigation measures could be effective for control</li> <li>5. Is the 501Y.V2 lineage associated with more severe clinical disease than other lineages?</li> <li>6. Compared with other lineages, is the 501Y.V2 lineage associated with an increased risk of re-infection?</li> </ol>
<b>Burden of Disease</b>	<b>COVID-19</b>	<p style="text-align: center;"><b>Clinical Management</b></p> <ol style="list-style-type: none"> <li>1. Define the natural history of disease to inform clinical care, public health interventions, infection prevention control, transmission, and clinical trials</li> <li>2. Develop a core clinical outcome set to maximize usability of data across a range of trials</li> <li>3. Determine adjunctive and supportive interventions that can improve the clinical outcomes of infected patients (e.g. steroids, high flow oxygen)</li> <li>4. What is the relative transmissibility of the 501Y.V2 lineage compared with other circulating lineages?</li> </ol>

		<ol style="list-style-type: none"> <li>5. What are the clinical characteristics and outcomes for children infected with different SARS-CoV-2 lineages?</li> <li>6. How infectious is the 501Y.V2 variant, using aerosol sampling technology?</li> </ol>
<b>Burden of Disease</b>	<b>COVID-19</b>	<p style="text-align: center;"><b>Infection prevention and control, including health care workers' protection</b></p> <ol style="list-style-type: none"> <li>1. Understand effectiveness of movement control strategies to prevent secondary transmission in health care and community settings</li> <li>2. Optimise the effectiveness of personal protective equipment (PPE) and its usefulness to reduce risk of transmission in health care and community setting</li> <li>3. Minimise the role of the environment in transmission</li> </ol>
<b>Burden of Disease</b>	<b>COVID-19</b>	<p style="text-align: center;"><b>Candidate therapeutics R&amp;D</b></p> <ol style="list-style-type: none"> <li>1. Develop animal models and standardise challenge studies</li> <li>2. Develop prophylaxis clinical studies and prioritise in healthcare workers</li> <li>3. Ensure adequate supply of investigational? Therapeutics showing efficacy (address? Cost/affordability, equitable access, production capacity and technology transfer</li> </ol>
<b>Burden of Disease</b>	<b>COVID-19</b>	<p style="text-align: center;"><b>Candidate vaccines R&amp;D</b></p> <ol style="list-style-type: none"> <li>1. Optimize clinical trial design, including for Phase III/ prioritized candidates for testing</li> </ol>

		<ol style="list-style-type: none"> <li>2. Understand approaches to evaluate risk for enhanced disease after vaccination</li> <li>3. Develop assays to evaluate vaccine immune response and process development for vaccines, alongside suitable animal models [in conjunction with therapeutics]</li> <li>4. Does plasma or serum from persons vaccinated with novel Covid-19 vaccines neutralize the 501Y.V2 lineage?</li> <li>5. What is the relative representation of the 501Y.V2 lineage in novel Covid-19 vaccine trial participants that become infected with SARS-CoV-2, compared with other lineages?</li> <li>6. Does plasma or serum from individuals infected with non-501Y.V2 variants in the first wave of the epidemic neutralize the 501Y.V2 lineage?</li> <li>7. Do T cells from persons vaccinated with novel Covid-19 vaccines differentially recognise the 501Y.V2 lineage?</li> <li>8. Do differential specific IgG and IgA responses post-vaccination hold clues to potential protection against 501Y.V2 in HIV infected and uninfected persons?</li> <li>9. Do T cells from individuals infected with non-501Y.V2 variants in the first wave differentially recognise the 501Y.V2 lineage?</li> <li>10. Does the host metabolomic response differ between variants?</li> <li>11. Do differential specific IgG and IgA responses post-reinfection hold clues to potential protection against to 501Y.V2, in persons previously infected with non-501Y.V2 variants?</li> </ol>
<b>Burden of Disease</b>	<b>COVID-19</b>	<p style="text-align: center;"><b>Social sciences in the outbreak response</b></p> <ol style="list-style-type: none"> <li>1. Develop qualitative assessment frameworks to systematically collect information related to local barriers and enablers for the uptake and adherence to public health measures for</li> </ol>



		<p>prevention and control. This includes the rapid identification of the secondary impacts of these measures. (e.g. use of surgical masks, modification of health seeking behaviours for SRH, school closures)</p> <ol style="list-style-type: none"> <li>2. Identify how the burden of responding to the outbreak and implementing public health measures affects the physical and psychological health of those providing care for Covid-19 patients and identify the immediate needs that must be addressed.</li> <li>3. Identify the underlying drivers of fear, anxiety and stigma that fuel misinformation and rumour, particularly through social media.</li> <li>4. Contextually contribute to the design of research to ensure the involvement of communities throughout the process (in design, implementation and evaluation). Specific and additional priority themes identified by domain</li> </ol>
<p><b>Burden of Disease</b></p>	<p><b>COVID-19</b></p>	<p style="text-align: center;"><b>Vaccine effectiveness</b></p> <ol style="list-style-type: none"> <li>1. What is the effectiveness of COVID-19 vaccines on the South African COVID-19 epidemic measured in real time during the roll-out, including the effect of vaccination on COVID-19 related cases, hospitalizations and deaths?</li> <li>2. What is the effect of COVID-19 vaccine roll out on the evolving SARS CoV-2 virus, and are the immune responses elicited by the vaccines sufficient to neutralize viral variants? <ul style="list-style-type: none"> <li>• How do health care workers perceive COVID-19 vaccines and what is their vaccine uptake and adherence?</li> <li>• How does the general population (non-health care workers) perceive COVID-19 vaccines and what are the main stumbling blocks to optimal vaccine uptake and adherence?</li> </ul> </li> <li>3. How can early warning systems for COVID-19 outbreaks best guide and prioritize the vaccine rollout?</li> </ol>

		4. Vaccine hesitancy: what is the extent of vaccine hesitancy and why?
<b>Burden of Disease</b>	<b>COVID-19</b>	<p style="text-align: center;"><b>Vaccine Safety</b></p> <p>1. How safe and tolerable are COVID-19 vaccines outside clinical trials in the South African population? Pharmacovigilance will be critical to inform the regulators and the manufacturers and will require appropriate reporting.</p>
<b>Burden of Disease</b>	<b>HIV/AIDS AND TB</b>	<ol style="list-style-type: none"> <li>1. identify and implement effective interventions to prevent the spread of HIV/AIDS and TB</li> <li>2. assess the epidemiology, treatment and prevention of multidrug resistant and extensively drug-resistant TB</li> <li>3. assess the interaction of HIV/AIDS and TB with noncommunicable diseases such as diabetes, cardiovascular disease and mental health</li> <li>4. develop safer and more effective vaccines for HIV infection and TB</li> <li>5. develop new anti-TB drugs to reduce treatment duration and improve completion rates</li> <li>6. develop rapid, reliable, accessible, point of care diagnostic methods for TB;</li> <li>7. monitor the uptake and outcomes of treatment for HIV/AIDS and TB.</li> </ol>
<b>Burden of Disease</b>	<b>Non-communicable diseases (NCDs), communicable diseases other than HIV/AIDS and TB, trauma, and social determinants of health.</b>	<ol style="list-style-type: none"> <li>1. Acquiring accurate statistical data on the causes of death in South Africa to define the status quo</li> <li>2. Acquiring accurate data on the prevalence and incidence of NCDs in the population through active case finding</li> <li>3. Understanding the barriers to translation of existing evidence into policy and existing policy into implementation, including</li> <li>4. Assessing where and why existing health policies are not being implemented</li> </ol>

5. Assessing whether known interventions are being made and whether they are working effectively in different provinces/districts
6. Strengthening health promotion and disease prevention through:
  - Identification and validation of diagnostic and prognostic biomarkers of NCDs to enable early screening for disease and monitoring of treatment responses
  - Identification of environmental and genetic risk factors of disease, including identification of gaps in knowledge on the social, cultural and economic determinants of disease in South African populations
  - Identification of the barriers to healthy behavioural choices by individuals, and the potential impact of community-driven health interventions.
7. Prevention of violence and injury.
8. Develop and evaluate models of primary health care – a model for integrated care is needed, with identification of the factors that will enable its implementation at scale. This should make use of lessons learnt from HIV care. Important issues that need to be researched include task shifting, methods for enhancing adherence and the role of e-health
9. Inter-sectoral and multidisciplinary research to understand and influence the macro-economic and social determinants of NCDs and exposure to NCD risk factors. This is important to guide inter-sectoral action at district level.
10. Develop and evaluate school related interventions to promote healthy lifestyles. It is particularly important to find effective methods to influence future generations.
11. Identify best-buys for prevention, health promotion and treatment and care. The evidence base needs to be synthesised and evaluated in the South African context. There is an urgent need to review policies that will prevent or exacerbate NCDs, to monitor progress and effectiveness of these policies, and identify gaps in the policies to promote healthy lifestyles and prevent NCDs.

		<ol style="list-style-type: none"> <li>12. Implementation research is essential with rigorous evaluation of roll-out of interventions.</li> <li>13. Innovative research to develop low-cost screening and intervention approaches as well as medicines and vaccines is needed</li> </ol>
<b>Burden of Disease</b>	<b>Maternal mortality</b>	<ol style="list-style-type: none"> <li>1. Determine the impact of social determinants related to maternal death. This necessitates collaboration with experts (water, education, housing, nutrition, electricity) to ascertain minimum standards.</li> <li>2. Ascertain the quality of maternal services (antenatal care, reproductive education, postnatal care).</li> <li>3. Review the implementation programme in specific districts of the 'ten recommendations' arising from the Saving Mothers report.</li> <li>4. Ascertain how the District Health Information System (DHIS) data may be strengthened (maternal death registration).</li> </ol>
<b>Burden of Disease</b>	<b>Child mortality</b>	<ol style="list-style-type: none"> <li>1. generates a better understanding of neonatal infections (representing 1/3 of deaths)</li> <li>2. ascertains the HIV profile in children &lt;5 years (pattern might have changed following the widespread use of anti-retroviral drugs)</li> <li>3. determines the impact of vaccines – particularly on diarrhoea and acute respiratory infections in children &lt;5 years</li> <li>4. ascertains why 40% of deaths occur outside of healthcare facilities.</li> </ol>
<b>Health System</b>	<b>Governance &amp; Leadership</b>	<ol style="list-style-type: none"> <li>1. Review of what can be learned from experiences of provincial governance of relevance to UHC</li> <li>2. Clinic committees and hospital boards</li> </ol>

		<ol style="list-style-type: none"> <li>3. Measurement of patient and social preferences</li> <li>4. Incorporating more democracy and openness into governance</li> <li>5. Monitoring governance and leadership in the health system</li> <li>6. The key role of governance and leadership in nurturing the software of health systems (see cross-cutting issues above) and enabling health system learning</li> <li>7. The distributed and collaborative nature of governance and leadership required in health systems</li> <li>8. Ethical leadership</li> </ol>
<p><b>Health System</b></p>	<p><b>Human resources for health</b></p>	<ol style="list-style-type: none"> <li>1. Performance evaluation structures and processes with accountability for delivery</li> <li>2. Leadership accountability, with action on incompetence, racism and illegal behaviour</li> <li>3. Position of health worker unions and professional bodies on NHI and health reform</li> <li>4. Review of workloads in public sector and private sector recruitment practices</li> <li>5. Linking HRH to socio-economic development (human capacity index)</li> <li>6. HRH management e.g. efficient filling of posts, career pathing, retention</li> <li>7. Models of consultation with health providers on policies and research</li> <li>8. Training and mentorship of health workers to develop critical thinking, engagement with data, problem-solving ethos</li> <li>9. Topics seen as important from the individual experiences of group participants</li> <li>10. Understanding healthcare worker (HCW) dissatisfaction, mental health and burnout</li> </ol>

		<ol style="list-style-type: none"> <li>11. Community health workers: role, recognition, maximising impact in the community, and relationships with other members of the team</li> </ol>
<b>Health System</b>	<b>Financing</b>	<ol style="list-style-type: none"> <li>1. Address all aspects of financing: collection, pooling and allocation of funds, strategic purchasing of services, provision of services</li> <li>2. Rapid evaluation of realistic NHI financing arrangements within the current context</li> <li>3. Evaluate the popularity of priority setting mechanisms such as citizens' juries or the like</li> <li>4. Capacity for financial management, especially at district level, to enable flexible alignment of budgets and planning</li> <li>5. Tariffs, including how tariffs are set</li> </ol>
<b>Health System</b>	<b>Service delivery</b>	<ol style="list-style-type: none"> <li>1. Service and benefit packages: designing and evaluating the benefit package (services included) for UHC; evaluating the approach towards benefit package design and health technology assessment; core services we need to deliver; how to expand these; and cost implications</li> <li>2. Balancing affordability and equity and rationalising clinical guidelines, Essential drug list (EDL), diagnostic and equipment choices. Identify areas for disinvestment</li> <li>3. Practices of policies created centrally and sent down to facility managers with no extra resources. Budgets required need to be assessed and areas for investment and disinvestment identified. This will allow us to see the opportunity costs of our choices and will force us to make the tough choices at a central (or provincial) level instead of making clinicians the ones that ultimately are responsible for implicit rationing and poor quality of care.</li> <li>4. Include environmental health as an explicit component of service delivery</li> </ol>

		<ol style="list-style-type: none"> <li>5. Develop a toolkit with provinces on how to deliver services drawing on medical school and specialist expertise and existing guidelines and manuals, 'turn around' district initiatives</li> <li>6. Identify and document best practices of service delivery</li> <li>7. The impacts of supply chains on service delivery</li> </ol>
<b>Health System</b>	<b>Quality</b>	<ol style="list-style-type: none"> <li>1. Develop and validate quality measures suitable for resource constrained settings</li> <li>2. Understand the extent and causes of variations in quality</li> <li>3. Assess equity of quality care across dimensions of vulnerability, including setting of care, demographics, and disease type</li> <li>4. Analyse the effect of quality care on health, confidence, and economic outcomes, including patient-reported outcomes, demand for health care and bypassing, health system waste, and catastrophic and impoverishing expenditures</li> <li>5. Test the effect of innovations in the preservice education of health professionals on delivery of competent and respectful care</li> <li>6. Evaluate effects of quality-centred health service design on health, user experience, equity of care, and health system function</li> <li>7. Explore individual and combinations of interventions to generate community demand for quality, including dissemination of locally relevant information and innovations that use new technologies</li> <li>8. Refine the best design for district-level learning strategies (eg, quality improvement collaboratives and other approaches)</li> <li>9. Analyse the effects of legal, performance, and social mechanisms to promote accountability in low-income and middle-income countries</li> <li>10. Test management innovations and intrinsic and extrinsic approaches to motivate providers</li> </ol>

		<ol style="list-style-type: none"> <li>11. Measure the costs and cost-effectiveness of improvement approaches and their sustainability</li> </ol>
<b>Health System</b>	<b>Information &amp; intelligence</b>	<ol style="list-style-type: none"> <li>1. Integrated electronic health records that work across primary, secondary and tertiary care levels</li> <li>2. Linking laboratory and facility information systems – a fully functional, well maintained information system for obtaining blood results and other tests reports that works for primary health care settings, especially blood results</li> <li>3. User Experience Design</li> <li>4. Issues of access to data</li> <li>5. Value all forms of knowledge: multiple perspectives, views of staff and patient experiences to be included and valued as legitimate forms of data, and not dismissed as anecdote</li> <li>6. Patient held records &amp; self-management tools</li> </ol>
<b>Health System</b>	<b>Equipment</b>	<ol style="list-style-type: none"> <li>1. Standardisation of equipment in specialized units</li> <li>2. Managing corruption</li> <li>3. Research on best practice, leadership and systems thinking skills for procurement teams who are compliance driven and not shown the clinical impact of supply chain delays</li> <li>4. Continuing education and information updates on technological advances relevant to the field</li> </ol>



**Table 4: Consolidated Provincial Health Research Priorities in Research- for Health**

Broad Area of Challenge	Specific Priority Areas/Themes	Key Focus Areas for Research
Burden of disease	Communicable Diseases	<ol style="list-style-type: none"> <li>1. COVID-19</li> <li>2. HIV/AIDS and TB</li> <li>3. Malaria</li> <li>4. Diarrheal diseases</li> <li>5. Pneumonia</li> <li>6. Rabies</li> </ol>
Burden of disease	Non-communicable Disease	<ol style="list-style-type: none"> <li>1. Diabetes</li> <li>2. Hypertension</li> <li>3. Cancer</li> </ol>
Burden of disease	Violence and injury	<ol style="list-style-type: none"> <li>1. Intentional injuries (including homicide from sharp object, firearm, and blunt force)</li> <li>2. Road traffic injuries (including transport accidents of cyclist, passengers, and drivers)</li> </ol>
Burden of disease	Mental Health	<ol style="list-style-type: none"> <li>1. Suicide</li> <li>2. Substance abuse</li> <li>3. Anxiety disorders</li> <li>4. Mood disorders</li> <li>5. Depression</li> </ol>
Burden of disease	Maternal Child Health	<ol style="list-style-type: none"> <li>1. Sexual and reproductive health</li> <li>2. Teenage pregnancy</li> </ol>

		<ol style="list-style-type: none"> <li>3. Prevention of Mother to child HIV transmission</li> <li>4. Maternal and neonatal mortality</li> </ol>
<b>Burden of disease</b>	Social determinants of disease	<ol style="list-style-type: none"> <li>1. Intersectoral collaboration</li> <li>2. Traditional Medicine</li> <li>3. Health inequality</li> <li>4. Environmental Health (i.e air and water pollution)</li> <li>5. Nutrition</li> </ol>
<b>Health Systems</b>	Service delivery	<ol style="list-style-type: none"> <li>1. Referral systems</li> <li>2. Interfacility patient transport</li> <li>3. Emergency medical services</li> </ol>
<b>Health System</b>	Supply chain	<ol style="list-style-type: none"> <li>1. Pharmaceutical Management</li> <li>2. Procurement of Health and medical supplies management</li> <li>3.</li> </ol>
<b>Health System</b>	Human resources for health	<ol style="list-style-type: none"> <li>1. Organizational management system</li> <li>2. Capacity building in health services, salaries, benefits and non-financial incentives</li> <li>3. Staff retention strategies</li> <li>4. Employee wellness</li> </ol>
<b>Health System</b>	Infrastructure	<ol style="list-style-type: none"> <li>1. State of health facilities</li> </ol>
<b>Health System</b>	Quality	<ol style="list-style-type: none"> <li>1. Utilization of health facilities in rural and urban areas</li> <li>2. effective model for the compliments - complaints system</li> </ol>

3. PHC-Re-engineering

4. Ideal clinic status

## Sources and Resources

1. Council on Health Research for Development (Cohred). Essential National Health Research in South Africa: Towards National Consensus Building in Health Research. <http://www.cohred.org>.
2. Damian, D. J., Njau, B., Lisasi, E., Msuya, S. E., & Boule, A. (2019). Trends in maternal and neonatal mortality in South Africa: a systematic review. *Systematic reviews*, 8(1), 76. doi:10.1186/s13643-019-0991-y.
3. Ghaffar A, Collins T, Matlin SA, Olifson S. The 3D Combined Approach Matrix: an improved tool for setting priorities in research for health. Available from: <http://www.bvs.hn/Honduras/PIS/MEC3DEnglish.pdf>.
4. Groenewald, P., Bradshaw, D., Day, C, & Laubscher, R. Burden of Disease. Available from [https://www.hst.org.za/publications/DistrictHealthBarometers/\(SectionA\)BurdenofDisease.pdf](https://www.hst.org.za/publications/DistrictHealthBarometers/(SectionA)BurdenofDisease.pdf). (Accessed 2 December 2019).
5. Health Systems Trust. District Health Barometer 2017/2018. Available from <https://www.hst.org.za/publications/Pages/DHB20172018.aspx>.
6. Health Systems Trust. South African Health Review 2018. Available from **Error! Hyperlink reference not valid.** Hofman KJ, Tollman SM. Setting priorities for health in 21st century South Africa. *S Afr Med J* 2010; 100: 798-800.
7. Human Sciences Research Council. Human Sciences Research Council Strategic Plan 2016/2017 – 2020/2021.
8. Institute for Health Metrics and Evaluation (IHME) (2018). South Africa profile. Seattle, WA: IHME, University of Washington. Available from <http://www.healthdata.org/South Africa>. (Accessed 30 November 2019)
9. McIntyre D; Bloom G, Doherty J; Brijlal P. (n.d). Health expenditure and finance in South Africa. Published jointly by the Health Systems Trust and the World Bank. Available from <https://www.hst.org.za/publications/HST/Publications/hstefsa.pdf>. (Accessed 28 November 2019).
10. Kruk, ME; Gage, AD; Arsenault, C et al. High-quality health systems in the Sustainable Development Goals era: time for a revolution. *The Lancet Global Health Commission on High Quality Health Systems in the SDG Era*. [www.thelancet.com/lancetgh](http://www.thelancet.com/lancetgh) Vol 6 November 2018.
11. Li R, Ruiz F, Culyer AJ, Chalkidou K, Hofman KJ. Evidence-informed capacity building for setting health priorities in low- and middle-income countries: A framework and recommendations for further research. *F1000Res* 2017; 6: 231.
12. Madela-Mntla EN, Ally MM, Hawkrigde A, et al. (2018). National Health Research Summit Report: Research for Health. Pretoria: Department of Health, November 2019. Available from <http://www.health.gov.za/index.php/2014-03-17-09-09-38/strategic-documents>
13. Montorzi G, de Haan S, Ijsselmuiden CB. Priority Setting for Research for Health. A management process for countries: Council on Health Research for Development (COHRED); 2010.
14. National Research Foundation. NRF Strategy 2020. Available from <https://www.nrf.ac.za/sites/default/files/documents/NRFStrategy Implementation.pdf>
15. Nuyens Y. Setting priorities for health research: lessons from low- and middle-income countries. *Bull World Health Organ* 2007; 85: 319-321.
16. Pillay-van Wyk, V; Msemburi, W; Laubscher, R. et al. Mortality trends and differentials in South Africa from 1997 to 2012: second National Burden of Disease Study. Available from [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(16\)30113-9/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(16)30113-9/fulltext). Accessed on 29 November 2019.

17. Pinkney-Atkinson, V. Moving forward, taking NCDs into the SDG era with political will, policy coherence and stewardship - A REPORT TO INFORM THE MINISTER OF HEALTH, DR ZWELI MKHIZE. (2019). Available from <https://www.cansa.org.za/sancda-report-on-non-communicable-diseases>
18. South African Department of Health. Speech Budget Vote and Policy Statement by Dr Zweli Mkhize - Minister of Health on 12 July 2019.
19. South African Department of Health. National Digital Health Strategy for South Africa 2019 – 2024.
20. South African National department of Health. Health Research Policy in South Africa; 2001.
21. South African Department of Health. Policy Framework and Strategy for Ward Based Primary Healthcare Outreach Teams Available from <http://www.health.gov.za/index.php/2014-03-17-09-09-38/strategic-documents>.
22. South African Department of Science and Innovation (2019). White Paper on Science, Technology and Innovation March 2019. Available from <https://www.dst.gov.za/index.php/legal-statutory/white-papers/2775-white-paper-on-science-technology-and-innovation>
23. South African Government (2019). National Health Insurance Bill (B11-2019). Available from [https://www.gov.za/sites/default/files/gcis\\_document/201908/national-health-insurance-bill-b-11-2019.pdf](https://www.gov.za/sites/default/files/gcis_document/201908/national-health-insurance-bill-b-11-2019.pdf)
24. SOUTH AFRICAN MEDICAL RESEARCH COUNCIL. STRATEGIC PLAN FOR THE FISCAL YEARS 2015/16 - 2019/20. <http://www.mrc.ac.za/publications/MRCStrategicPlan.pdf>
25. South African Medical Research Council. STRATEGIC PLAN 2020/21 – 2024/25. Draft1, July 2019. Unpublished. Accessed on 28 November 2019.
25. The Presidency (2018). Strengthening the South African health system towards an integrated and unified health system. Presidential Health Summit Report COMPACT. Available from [www.thepresidency.gov.za](http://www.thepresidency.gov.za).
27. UHC research priorities for South Africa: a survey (2019). In draft. Product of a key stakeholder workshop on February 2019. Unpublished. (Accessed 30 November 2019).
28. United Nations General Assembly. Resolution adopted by the General Assembly on 10 October 2019. Political declaration of the high-level meeting on universal health coverage. 18 October 2019.
29. Viergever RF, Olifson S, Ghaffar A, Terry RF. A checklist for health research priority setting: nine common themes of good practice. *Health Res Policy Syst* 2010; 8: 36.
30. WHO (2004). Module II Setting priorities for health research Unit 2 Practical steps and critical issues. *Health Research for Policy, Action and Practice Resource Modules Version 2, 2004*. Available from [http://www9.who.int/alliance-hpsr/resources/ModuleII\\_U2\\_PracticalstepsV2.pdf](http://www9.who.int/alliance-hpsr/resources/ModuleII_U2_PracticalstepsV2.pdf).
31. WHO (2018). Country Cooperation Strategy at a Glance – South Africa. Global Health Observatory May 2017. Available from [apps.who.int › iris › bitstream › ccsbrief\\_zaf\\_en](https://apps.who.int/iris/bitstream/ccsbrief_zaf_en). (Accessed 28 November 2019)
32. WHO (2018). Noncommunicable diseases country profiles 2018 – South Africa. Available from [https://www.who.int/nmh/countries/2018/zaf\\_en.pdf?ua=1](https://www.who.int/nmh/countries/2018/zaf_en.pdf?ua=1). (Accessed 28 November 2019).
33. WHO (2019). WHO guideline on health policy and system support to optimize community health worker programmes. Available from <https://apps.who.int/iris/handle/10665/275474>
34. World Bank (2012). *Health expenditure and finance in South Africa (English)*. Public expenditure review (PER). Washington, DC: World Bank. Available from <http://documents.worldbank.org/curated/en/549571468101363808/Health-expenditure-and-finance-in-South-Africa>
35. Davies M, Morden E, Mosidi T, et al. Western Cape burden of disease (Rapid review update 2019). Available from <http://www.westerncape.gov.za/assets/departement.pdf> (Accessed 01 March 2021).

36. Khumalo G, Desai R, Xaba X, Mashabela M, Essack S, Lutge E. Prioritising health research in KwaZulu-Natal; has the research conducted met the research needs? *Health Research Policy and Systems* 2020 18:36
37. Worku E. Research for health priorities in the Northern Cape province: fostering research capacity to translate the identified research needs into action. *American Journal of Public Health Research* 2017 5:1
38. Motaung S. Gauteng health research and innovation summit 2019. *South African Journal of public health* 2019 3:56
39. WHO (2020). A coordinated global research roadmap: 2019 novel coronavirus. Available from [https://www.who.int/blueprint/priority-diseases/key-action/Coronavirus\\_Roadmap\\_V9.pdf?ua=1](https://www.who.int/blueprint/priority-diseases/key-action/Coronavirus_Roadmap_V9.pdf?ua=1).
40. SAMRC (2020). Strategic health innovation partnerships, request for application (RFA): Eastern Cape Health priorities. Available from <https://www.samrc.ac.za/sites/default/files/attachments/2020-07-31/200526-SAMRC-RFA-SHIP-EC.pdf>.

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