

Speaker 4 — Dr Krishna Vallabhjee

Trustee, Health Systems Trust

11:55 – 12:00

Reflections and closing

5 minutes

Programme Director, colleagues, thank you. As a Trustee of Health Systems Trust, it falls to me to offer a few closing reflections and to bring our Programme to a close.

I have sat with the District Health Barometer for many years, across many editions. Each year the instrument sharpens a little, the methods mature a little, and the data tell a slightly different story. What does not change is the reason we do it. We produce this publication because a health system that cannot see itself, district by district, year on year, cannot improve itself.

You have heard a great deal this morning. I do not propose to repeat it. Instead, let me offer three reflections drawn from what we have heard.

The first reflection is about honesty. The 2024/25 edition contains findings that are difficult to read. A maternal mortality ratio moving in the wrong direction. A nursing workforce visibly ageing without replacement. These are not comfortable numbers. But a system that publishes them openly is a system that intends to act on them. The DHB is an act of institutional honesty, and we should keep it that way by resisting any temptation to soften difficult findings, or to defer inconvenient comparisons.

The second reflection is about the district as the unit of change. The keynote reminded us that the variation within South Africa is often greater than the variation between South Africa and other middle-income countries. A fifteen-fold difference in neonatal mortality between Namakwa and Ngaka Modiri Molema is not a statistic, it is a map of where leadership, investment, and problem-solving are most urgently needed. Our best districts show us what is possible inside our own system, under our own constraints, with our own people. The task of the next period is to treat those examples as transferable lessons and not as exceptions.

The third reflection is about patience. Health systems change slowly. Most of the gains we are celebrating today such as in early ANC booking, in TB testing, in adult viral load suppression, are the product of ten or fifteen years of sustained, sometimes unglamorous work. The districts that will improve most over the next five years will be the ones that stay with the work, even when the work feels slow. The DHB is an instrument of patience. It asks us to measure carefully, compare fairly, and keep going.

On behalf of the Board of Trustees of Health Systems Trust, I want to thank our colleagues from the National Department of Health, Ms Zondi and Ms Hunter, for their presence and leadership; Ms Ndlovu and the DHB team for another rigorous edition; the authors and peer reviewers from across the sector; our funders and partners; and every one of you in this room and online for being here.

The real work begins tomorrow, in the districts. Let us go and do it.

I now invite the Programme Director to formally close the event. Thank you.