South African Health Review - Learning Health Systems

Mr Mbulelo Cabuko on behalf of Ms Thulile Zondi: Address from the National Department of Health

Acknowledge what is already known

Consider what is presented in the Foreword of the *Review*:

The health system generates a wide range of data, experience and innovation, but far too little of that knowledge reaches the people and places with the power to act on it, leaving the system data-rich but learning-poor.

- There is a growing awareness of a need for a shift in emphasis; from knowledge production to knowledge utilisation.
- South Africa has strong policies (e.g. the 2030 Strategy for Human Resources for Health and the National Digital Health Strategy) but implementation remains inconsistent.
- Information systems are fragmented. Weak surveillance in places, inconsistent denominators, incomplete private sector reporting and limited sub-national disaggregation all slow the move from signal to response.
- Data are too often collected to satisfy reporting requirements upwards, to the next level of management, rather than to inform decisions locally. Analytic capacity at district and sub-district level is thin.
- Promising innovation in one district is seldom known to the system.

The concept of a learning health system in which evidence is generated in the course of everyday care, examined reflectively, and translated into improved practice, continuously, and as a matter of routine, is emerging as a promising, yet undervalued strategy.

This edition demonstrates what learning looks like when it is embedded in the ordinary work of the health system, and what it will take to sustain it.

1. **Issues to consider taking forward**

   These are the recommendations that cannot be actioned by a district alone.

   - **Data governance and use:** Denominator governance, non-communicable disease surveillance, private sector reporting, routine plausibility screening. Indicators should drive improvement rather than describe it.
   - **Frontline capability:** Embedding participatory methods and community mobilisation into routine systems and tiered training for community health workers; protected time for learning; supportive supervision and routine audit alongside new clinical documentation.
   - **Institutionalising learning:** A recurring recommendation from this edition is that learning is routinely embedded in structures that already exist, for example: monitoring and evaluation cycles, patient feedback and complaints systems, district and facility quality improvement; instead of funding separate learning projects that end when the grant does.

- **Digital health.** The Ekurhuleni mobile health experience asks for internal technical capacity inside government rather than vendor dependence, formal governance, and long-term planning and procurement. The ultrasound mentorship paper emphasises a basic enabler: reliable connectivity at primary care level.
- **New and neglected risks.** Climate vulnerability assessment in primary care facilities; cybersecurity treated as enterprise governance rather than an IT problem; and operationalising the gender-affirming care commitments already contained in the National Strategic Plan.

2. **What the NDoH needs from the sector:**

- Document and submit what works, so that provinces stop solving the same problem separately — the Good Practices Repository is one potential pathway
- Design studies that answer questions managers are actually asking, and include implementation cost.
- Publish and share in time for planning and budget cycles.

Close: Thank the authors, reviewers and editors for their insights and recommendations.