



Department of Performance Monitoring and Evaluation

Report on the Assessment of Government Evaluations

An Overview of Health and health care in South Africa 1994-2010: Priorities, Progress and Prospects for New Gains

Date Evaluation was completed: 01 January 2010

Name of assessor: Cathy Chames

Evaluation Number: 9

Date Assessment Completed: 01 March 2013

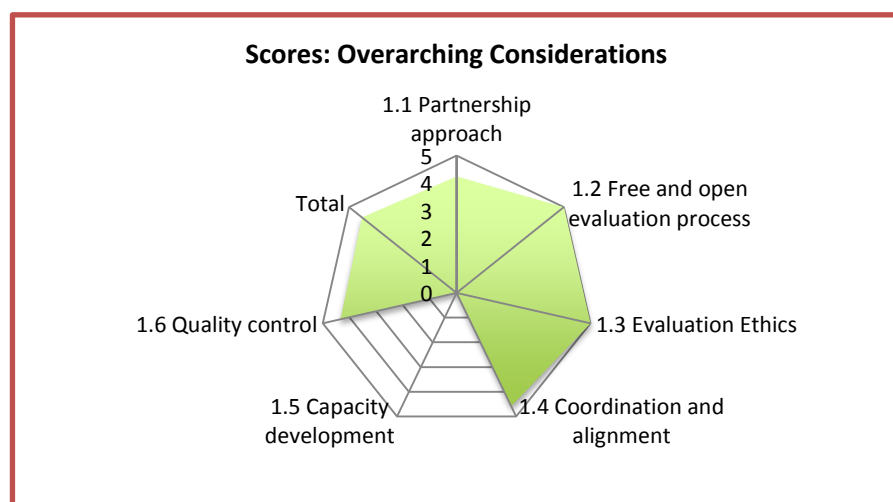
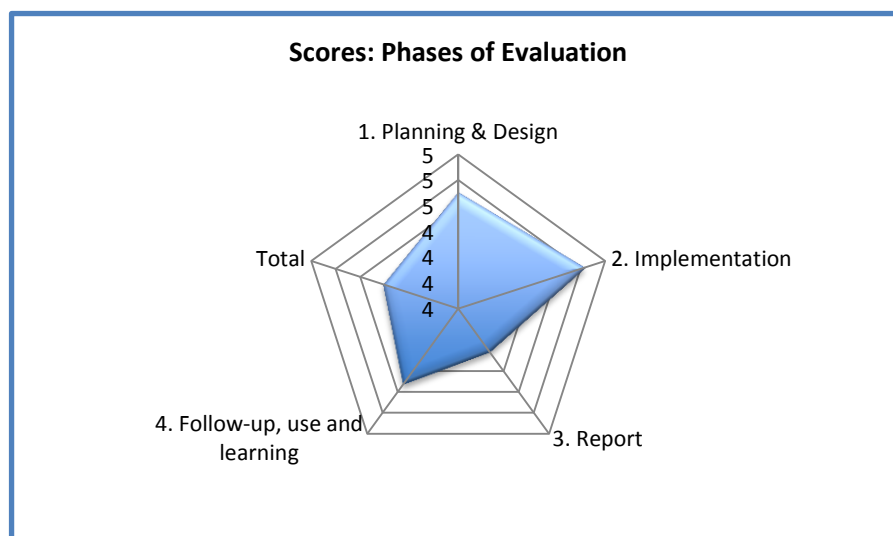
Evaluation Assessment Details

Title of evaluation report	An Overview of Health and health care in South Africa 1994-2010: Priorities, Progress and Prospects for New Gains
Completion Date of Evaluation	01 January 2010
Name of Assessor	Cathy Chames
Evaluation Number	9
Completion Date of Assessment	01 March 2013
Initiated by	Henry J Kaiser Family Foundation
Evaluation undertaken by	David Harrison, M.D. - Independent Consultant
Evaluation area / sector	Health
	Additional
National Outcome	Outcome 2
	Outcome 12 Additional
Type of Evaluation	Evaluation Synthesis
	Additional
What is being evaluated	Sector
	Additional
Geographic Scope	National
Period of Evaluation	15 September 2009 - 31 January 2010
Known Cost of Evaluation	\$10,000

Quality Assessment Scores

Phase of Evaluation	Score
Planning & Design	4.71
Implementation	4.83
Report	4.21
Follow-up, use and learning	4.52
Total	4.48

Overarching Consideration	Score
Partnership approach	4.24
Free and open evaluation process	5.00
Evaluation Ethics	5.00
Coordination and alignment	4.58
Capacity Development	Not Applicable
Quality control	4.33



1. Planning & Design

1.1. Clarity of Purpose and Scope in TOR

STANDARD: *The evaluation was guided by a TOR with at least the following sections explicit: purpose, scope and objectives; expectations regarding design and methodology; resources and time allocated; reporting requirements; expectations regarding evaluation process and products..*

Comment and Analysis

The Contractual Agreement between the Henry J. Kaiser Foundation and the independent consultant provides details of the purpose and scope of work and other details related to the method, time allocation and reporting requirements.

Rating 5

STANDARD: *The purpose of the evaluation was clear and explicit in the TOR*

Comment and Analysis

The purpose is clear - to conduct research and write a concise overview of the current state of South African Healthcare focusing on past progress and current emerging challenges.

Rating 5

STANDARD: *The evaluation questions were clearly stated in the TOR and appropriate to addressing the evaluation purpose*

Comment and Analysis

Although not stated as questions, the contractual agreement provides a list of key themes that the overview should focus on. In brief these include: progress since 1994 in meeting basic healthcare needs; shortcomings in health systems restructuring process that have lead to health delivery challenges; emergence of new healthcare challenges; current state of healthcare in terms of health outcomes; state of health systems management; outline of current and emergent health policy and financing challenges.

Rating 4

STANDARD: The approach and type of evaluation was suited to the purpose and scope of the evaluation TOR**Comment and Analysis**

A literature review was undertaken for this evaluation. This is suited to the purpose and scope of the evaluation. In terms of typology it is an evaluation synthesis and includes elements of a diagnostic evaluation since the findings were to inform the strategy of the Health Ministry for 2011 and 2012.

Rating 5***STANDARD: Intended users and their information needs were identified in the TOR*****Comment and Analysis**

The contractual agreement indicates that the purpose of the paper will be to help inform South Africa's national health leaders at a retreat scheduled for January 2010.

Rating 5***STANDARD: Key stakeholders were involved in the scoping of the TOR and determining the purpose of the evaluation*****Comment and Analysis**

The Ministry of Health had direct input into the TOR. It was drawn up in consultation with them by the Kaiser Family Foundation which lead the process but involved the Ministry in every step of the way.

Rating 5

1.2. Evaluation was adequately resourced

STANDARD: The evaluation was adequately resourced in terms of time allocated

Comment and Analysis

The time frames for this study were realistic and adequate.

Rating 5

STANDARD: The evaluation was adequately resourced in terms of original budget

Comment and Analysis

The evaluation was adequately resourced in terms of budget.

Rating 5

STANDARD: The evaluation was adequately resourced in terms of staffing and skills sets

Comment and Analysis

An independent consultant was contracted to complete the task. David Harrison had been involved in this process as head of the Health Systems Trust as far back as the early 1990s where he had also facilitated meetings with the Ministry and advised on policy implementation. Therefore he was well-equipped to undertake a task of this nature.

Rating 5

STANDARD: Where appropriate, the evaluation planned to incorporate an element of capacity building of partners/staff responsible for the evaluand

Comment and Analysis

Not applicable.

Rating N/A

1.3. Alignment to Policy Context and Background Literature

STANDARD: There was evidence that a review of the relevant policy and programme environments had been conducted and used in the planning of the evaluation by the evaluators

Comment and Analysis

It is unclear whether a review of policy and programme environments had been conducted and used to plan the evaluation by the evaluators. However, it is clear from the interview and the report that the author had extensive and in-depth knowledge of the legislative and policy environment in the health sector and it is assumed that this would have informed the planning of the study.

Rating 4

STANDARD: There was evidence of a review of appropriate literature having been conducted and used in the planning of the evaluation by the evaluators

Comment and Analysis

There is no clear evidence that a review of literature had been conducted and used in the planning of the evaluation by the evaluator. However, this evaluation involved an extensive review of available data and research studies in order to develop an overview of health and healthcare in South Africa and therefore it is assumed this would have informed the planning.

Rating 4

1.4. The evaluation methods planned were appropriate to the project

STANDARD: There was explicit reference to the intervention logic or the theory of change of the evaluand in the planning of the evaluation

Comment and Analysis

Not applicable - the report is a synthesis of data and research and therefore reference to intervention logic or theory of change is not required in the evaluation planning.

Rating **N/A**

STANDARD: Key stakeholders were consulted on the design and methodology of the evaluation

Comment and Analysis

The Minister of Health and MECs were closely consulted in thinking through the type of support that was needed in order to strengthen their leadership. This informed the design of the report and key themes to be explored.

Rating **5**

STANDARD: The planned methodology was appropriate to the questions being asked

Comment and Analysis

The method involved a synthesis of available data and research studies drawing heavily on the time series of the South African Health Reviews. This is appropriate to the key themes covered in the scope of work for this evaluation.

Rating **5**

STANDARD: Planned sampling was appropriate and adequate given the focus and purpose of evaluation***Comment and Analysis***

Not applicable. The main method undertaken was a desktop analysis on available secondary sources and therefore sampling procedures were not considered.

Rating N/A

STANDARD: There was a planned process for using the findings of the evaluation prior to undertaking the evaluation***Comment and Analysis***

The evaluation was to be used as a discussion document to help inform the National Health Leaders' Retreat in January 2010. This Retreat was organised by the Kaiser Family Foundation which has provided on-going support to the health ministry and senior political leadership in their efforts to deal with the health and healthcare challenges facing South Africa.

Rating 5

1.5. Inception phase***STANDARD: The inception phase was used to develop a common agreement on how the evaluation would be implemented******Comment and Analysis***

A contractual agreement was entered into by the Kaiser Family Foundation and the individual consultant. It can be assumed that there would have been discussion and agreement on how the study would have been implemented at this inception phase.

Rating 4

2. Implementation

2.1. Ethical Review and Considerations

STANDARD: *Where data was gathered in contexts where ethical sensitivity is high, appropriate clearance was obtained through an ethics review board; e.g. in evaluation involving minors, institutions where access usually requires ethical or bureaucratic clearance, and situations where assurances of confidentiality was offered to participants*

Comment and Analysis

Not applicable as no primary data was collected.

Rating N/A

2.2. Evaluator independence

STANDARD: *Where external, evaluation team was able to work freely without significant interference*

Comment and Analysis

There is no evidence of any significant interference with the consultant tasked with this evaluation.

Rating 5

STANDARD: The evaluation team was impartial and there was no evidence of conflict of interest

Comment and Analysis

The primary source of data for this study was that of the South African Health Review (www.hst.org.za) which Dr Harrison initiated in 1995 when he headed the Health Systems Trust. Every chapter of this review has been subjected to independent peer review and the data chapters are independently scrutinised. It can therefore be assumed that there was sufficient independence and impartiality in the evaluation process.

Rating **5**

2.3. Key stakeholder involvement

STANDARD: Key stakeholders were consulted through a formalised mechanism or institutional arrangement during the evaluation

Comment and Analysis

Although there was no formalised mechanism set up for the evaluation the representative from the Kaiser Family Foundation was an intermediary between the consultant and the Minister and DG of Health. This was on-going throughout the evaluation process. It was also noted by the interviewee from the Kaiser Family Foundation that the Minister and Deputy Minister of Health was consulted throughout and they, in turn, consulted with the Provincial Health Ministers.

Rating **4**

STANDARD: Where appropriate, an element of capacity building of partners responsible for the evaluand was incorporated into the evaluation

Comment and Analysis

Not applicable.

Rating **N/A**

2.4. Methodology

STANDARD: The methods employed in the process of the evaluation were consistent with those planned

Comment and Analysis

The methods - a review of secondary data - were consistent with those planned.

Rating 5

STANDARD: Data collection was not compromised by fieldwork-level problems or unplanned diversions from original intentions

Comment and Analysis

Not applicable since no fieldwork was undertaken for this study since no primary data was collected.

Rating N/A

STANDARD: Forms of data gathering were appropriate given the scope of evaluation

Comment and Analysis

A review of available data and research studies was undertaken which drew heavily on a time series of health reviews and allowed for a trend analysis over time. This is appropriate given the scope of the study.

Rating 5

STANDARD: The data analysis approach and methods were appropriate and sufficient given the purposes of the evaluation***Comment and Analysis***

The main framework for analysis involved firstly looking at indicators for health status related to mortality, morbidity, infectious diseases, pregnancy etc. and looking for trends over time; and secondly reviewing the health care system including personnel, systems for financing, management and delegation of authority etc. The approach to data analysis was described as being both methodical and reflective. The description of trends over time was mostly methodical but the overall analysis in order to determine where progress had been made and not been made was more reflective and involved the consultant drawing on his experience and expertise in the field of health systems.

Rating 5***STANDARD: Key stakeholders were significantly engaged as part of the methodology******Comment and Analysis***

The representative from the Kaiser Family Foundation was an intermediary between the consultant and the Minister and DG of Health. This was on-going throughout the evaluation process.

Rating 5***STANDARD: The methodology included engaging beneficiaries appropriately as a key source of data and information******Comment and Analysis***

Given that this study involves a synthesis of the findings from previous research studies and analysis of secondary data beneficiary consultation is not applicable.

Rating N/A

2.5. Project management

STANDARD: The evaluation was conducted without shifts to scheduled project milestones and timeframes

Comment and Analysis

There were no shifts to project milestones and timeframes.

Rating 5

3. Report

3.1. Report was well-structured and presentation was clear and complete in each of these areas

STANDARD: Executive summary captured key components of the report appropriately

Comment and Analysis

The executive summary captures the main elements of the report in two pages. The two pages that follow then contain diagrams presenting the national priorities to reduce the burden of premature death and to improve the equity, efficiency and quality of health care for 2010-2015.

Rating 5

STANDARD: The context of the development intervention was explicit and presented as relevant to the evaluation

Comment and Analysis

The focus of the report is on the context of health care in South Africa. It provides a detailed time-series analysis of the state of health in South Africa and the state of the health care system, 1994 to 2010.

Rating 5

STANDARD: There was a clear rationale for the evaluation questions**Comment and Analysis**

Although not stated in the main report, the executive summary states that the rationale for conducting this study is to help inform discussion of macro health policy and planning by identifying key priorities and opportunities for consideration.

Rating 4

STANDARD: The scope or focus of the evaluation was apparent in the report**Comment and Analysis**

Although not stated in the main report, the introductory paragraph of the executive summary provides details of the scope and focus of the study.

Rating 4

STANDARD: A detailed methodology was outlined in the relevant section of a report (full report or 1/3/25) to the point that a reader could understand the data collection, analysis and interpretation**Comment and Analysis**

There is no explanation of the methodology in the report.

Rating 1

STANDARD: Key findings were presented in a clear way; they were made distinct from uncertain or speculative findings; and unused data was not presented in the body of the report

Comment and Analysis

The report presents the findings of the review of the state of health and the review of the health care system. Major accomplishments and shortcomings are integrated into each section which provides a clear and balanced view of the progress and challenges in efforts to improve the health of South Africans since 1994.

Rating **5**

STANDARD: Conclusions and recommendations were clear and succinctly articulated

Comment and Analysis

Conclusions and recommendations are integrated throughout the presentation of findings. The final section of the report is entitled "Prospects for New Gains". This provides an overall conclusion and presents a list of national health priorities. These national priorities are then presented in more detail in the executive summary of the report rather than in the full report which is fairly confusing for the reader. Important factors to consider about an National Health Insurance fund are presented in an appendix to the report.

Rating **3**

STANDARD: Acknowledgement of limitations of all aspects of the methodology and findings were clearly and succinctly articulated

Comment and Analysis

There is no acknowledgement of the limitations of the methodology and findings.

Rating **1**

3.2. Writing and presentation

STANDARD: *Quality of writing and presentation was adequate for publication including: adequate layout and consistent formatting; complete sentences and no widespread grammatical or typographical errors; consistency of style and writing conventions (e.g. tense, perspective (first person, third person); levels of formality; references complete and consistent with cited references in reference list and vice versa; etc)*

Comment and Analysis

Quality of writing and presentation, including formatting, is excellent.

Rating 5

STANDARD: *Appropriate conventions were used in presentation of data (e.g. use of appropriate statistical language; reporting of p-values where appropriate; not reporting statistically insignificant findings as significant; clarifying disaggregation categories in constructing percentages; not using quantitative language in reporting qualitative data, etc.)*

Comment and Analysis

The data presented is mostly quantitative and is from secondary sources. Appropriate conventions are used in its presentation.

Rating 5

3.3. Presentation of findings

STANDARD: The use of figures and tables was such that it supported communication and comprehension of results; and data reported in figures and tables was readily discernible and useful to a reader familiar with data presentation conventions

Comment and Analysis

Figures and tables are used extensively in the report. They are used to support the key arguments regarding health outcomes and priorities and lend clarity to findings throughout the report.

Rating 5

STANDARD: Data analysis appeared to have been well executed

Comment and Analysis

Analysis of secondary data in order to present trends over time has been well executed.

Rating 5

STANDARD: Findings were supported by available evidence

Comment and Analysis

All findings are supported by evidence from secondary data and research studies.

Rating 5

STANDARD: The evidence gathered was sufficiently and appropriately analysed to support the argument

Comment and Analysis

The systematic analysis of secondary data in order to highlight trends in health and health care from 1994 to 2010 and to identify progress and priorities has been well executed.

Rating **5**

STANDARD: There was appropriate recognition of the possibility of alternative interpretations

Comment and Analysis

There is recognition of alternative interpretations of the findings of this study. The fact that the author acknowledges that there are different perspectives on what represents the greatest priority in health care is evidence of this.

Rating **4**

STANDARD: The report appeared free of significant methodological and analytic flaws

Comment and Analysis

There is no section in the report clarifying the methodology applied for the review, thus limiting the reader's ability to assess it for methodological flaws. Overall the report appears free of significant errors.

Rating **3**

3.4. Conclusions

STANDARD: Conclusions were derived from evidence

Comment and Analysis

The conclusions regarding the state of health and the health care system are all supported by existing data findings from previous studies.

Rating 5

STANDARD: Conclusions took into account relevant empirical and/or analytic work from related research studies and evaluations

Comment and Analysis

Reference to secondary data and other research studies is made throughout the report.

Rating 5

STANDARD: Conclusions addressed the original evaluation purpose and questions

Comment and Analysis

The key themes identified in the scope of work for this task have all been explored extensively in the report. It concludes with identification of clear priorities and opportunities for discussion and includes input on the proposed National Health Insurance. This addresses the original purpose of the study which is to identify key priorities and opportunities to inform the political leadership in the health sector.

Rating 5

STANDARD: Conclusions were drawn with explicit reference to the intervention logic or theory of change

Comment and Analysis

Not applicable.

Rating **N/A**

3.5. Recommendations

STANDARD: Recommendations were made in consultation with appropriate sectoral partners or experts

Comment and Analysis

The recommendations were not made in consultation with sectoral partners or experts. Instead they were made after extensive review of existing data and past studies written by experts in the health sector.

Rating **3**

STANDARD: Recommendations were shaped following input or review by relevant government officials and other relevant stakeholders

Comment and Analysis

The recommendations were split between those that relate to health priorities and those related to health systems priorities. The former based on the burden of disease in South Africa and what needs to be done to address them; and the latter focused on aspects such as management, HR, finances, and identifying obstacles and bottlenecks in the system. The recommendations were not shaped by relevant government stakeholders but instead they were interrogated and discussed extensively at the Retreat of leadership in the health sector.

Rating **3**

STANDARD: Recommendations were relevant to the policy context**Comment and Analysis**

The key strategies to reduce the burden of disease speak directly to policy, programme and service priorities; and the key strategies to improve the health system outline the most important policy and management instruments.

Rating 5

STANDARD: Recommendations were targetted to a specific audience sufficiently - were specific, feasible, affordable and acceptable**Comment and Analysis**

The recommendations or proposed strategies to reduce the burden of disease and improve the health system are targetted to the political leadership in the health sector in South Africa. They are specific and seek to address the national health priorities which have been presented in the report.

Rating 5

3.6. Relevant limitations of the evaluation have been noted**STANDARD: Relevant limitations of the evaluation were noted****Comment and Analysis**

There is no section in the report which deals specifically with the limitations of the study, however, the author highlights inconclusive data or gaps in data throughout the presentation of findings.

Rating 3

3.7 Protection of participants and risk considerations

STANDARD: *The full report documented procedures intended to ensure confidentiality and to secure informed consent where this was needed (in some cases this is not needed - e.g. evaluation synthesis - in which case N/A should be recorded)*

Comment and Analysis

Since this is an evaluation synthesis and no primary data was collected procedures for confidentiality and informed consent is not applicable.

Rating N/A

STANDARD: *There were no risks to participants in disseminating the original report on a public website*

Comment and Analysis

The report for this evaluation is available on the Department of Health's website.

Rating 5

STANDARD: *There were no unfair risks to institutions in disseminating the original report on a public website*

Comment and Analysis

The report for this evaluation is available on the Department of Health's website.

Rating 5

4. Follow-up, use and learning

4.1. Presentation to stakeholders

STANDARD: *Results were presented to all relevant stakeholders*

Comment and Analysis

The report was circulated to the Minister of Health and MECs and was then presented at the National Health Leader's Retreat in January 2010.

Rating 5

4.2. Resource utilisation

STANDARD: *The evaluation was completed within the planned timeframes*

Comment and Analysis

The evaluation was completed within the planned timeframes.

Rating 5

STANDARD: *The evaluation was completed within the agreed budget*

Comment and Analysis

The evaluation was completed within the agreed budget.

Rating 5

4.3. Transparency

STANDARD: *The report was publicly available (website or otherwise published document), except where there were legitimate security concerns*

Comment and Analysis

The report for this evaluation is publicly available on the Department of Health's website.

Rating 5

4.4. Lessons learnt

STANDARD: *After completion of the evaluation, a reflective process was undertaken by staff responsible for the evaluation to reflect on what could be done to strengthen future evaluations*

Comment and Analysis

Only one consultant was tasked with undertaking this study which involved a review of secondary data and therefore a reflective process was therefore not applicable.

Rating N/A

4.5. Symbolic and conceptual value

STANDARD: *The evaluation study was seen by interviewed stakeholders as having added significant symbolic value to the policy or programme (eg raised its profile)*

Comment and Analysis

The timing of this study was significant in that it was at the time that the NH Insurance was being mooted. The discussion of NHI was happening outside of the health system and the Health Ministry was in the process of trying to understand how NHI could be introduced in South Africa and some of the pre-requisites for successful intervention. This paper helped with understanding why the focus of the discussions of the NHI should be shifting from finances to health provision. In other words, "we have to sort out the basics first before considering fancy financing options". Furthermore, the South African Health Review which is an important database of health information had not collated their work into a time series to show trends over time which is what this paper did. A similar process is now being undertaken by the Health Systems Trust today.

Rating **5**

STANDARD: The evaluation study was of conceptual value in understanding what has happened and possibly in shaping policy and practice

Comment and Analysis

This paper was unique in that it provided a perspective on the first 15 years of democratic government in health and underlined what was achieved in the early years and what has been de-railed. It also contributed to the provision of knowledge for the newly appointed provincial ministers who had little knowledge of what had been done before. This paper provided much needed background. The overall purpose of this study was to inform the discussion of macro health policy and planning by identifying key priorities and opportunities for consideration. The Department put the paper on their website immediately despite the fact that it highlighted a number of shortcomings of

Rating **5**

4.6. Utilisation of findings and recommendations

STANDARD: There was clear evidence of instrumental use - that the recommendations of the evaluation were implemented to a significant extent

Comment and Analysis

This study was significant in that it was part of a two and a half year process whereby the Minister of Health seemed to internalise and contextualise policy priorities with provincial ministers. This research was therefore a historical benchmark as the subsequent communication and the strategy of the ministry for 2011 and 2012 was consistent with the recommendations presented in the report. For example, the need to prioritise alcohol abuse which features hugely in terms of burden of disease in SA had been glossed over previously but now became a major thrust of the Minister's communication and some of the proposals in the paper were discussed as way of taking that forward. In terms of health management systems some of the priorities such as quality of care in district hospitals as a key area to be addressed - this issue and strategies to address quality of care was included in the 2011 and 2012 strategy as focus of minister.

Rating **5**

STANDARD: *There was clear evidence that the evaluation has had a positive influence on the evaluand, its stakeholders and beneficiaries over the medium to long term*

Comment and Analysis

It is difficult to assess the positive influence this evaluation has had on key stakeholders and beneficiaries. However, it is worth noting that there was overall consistency between the communication that emerged from the Ministry and the focus of the recommendations of the paper.

Rating **3**

References

Harrison, D, 2009, "An Overview of the Health and Health care in South Africa 1994-2010: Priorities, Progress and Prospects for New Gains, Henry J. Kaiser Foundation Contractual Agreement for the Provision of Services to the Henry J. Kaiser Family Foundation, 2009, Project title: Overview of the Current State of South African Health

List of Interviewees

David Harrison, Author: Independent Consultant, Telephonic interview, 26 February 2013.

Michael Sinclair, Contractor: Henry J. Kaiser Family Foundation, Telephonic interview, 4 March 2013.