Evidence of Engagement

Activity worksheet 1.1.1: Your personal definition of HSS

In this activity, you need to define the 'what', 'why' and 'how' of health systems science as a field of study. There is no right answer, so your response should be based on your experience, research and descriptions of common practice. Feel free to challenge existing conceptions of HSS and to posit new ideas. Also, feel free to add comments or observations to other people's definitions.

Name	Definition	Comments
Ethan Terblanche 3020408	What is HSS?: The structure, functioning, and interface that the healthcare systems have with greater social, political, and economic contexts is referred to as health systems science or HSS. That encompasses the knowledge about the way in which people, health professionals, laws, resources, and technologies play a part in population health. HSS seeks to use the best available evidence toward advancing the quality, access, and equity of care.	
	Why?: HSS is worth considering because it can be applied to such structural issues as inefficiency, inequality, and fragmentation of the healthcare system. HSS informs better healthcare policies through an understanding of the process involved in the delivery of healthcare; resource allocation is maximized and health services become more accessible and efficient for the greater good, especially among the less privileged classes. It finally allows lawmakers and doctors alike to make truly informed decisions which benefit the human condition.	

How?: Approaches used to study HSS include system modeling, case studies, and quantitative and qualitative analysis. It looks at how the various elements of a health system-for instance, the models for delivery of care, financing, and governance-operate in concert or fail to do so using multi-disciplinary methods borrowing from the disciplines of public health, economics, sociology, and political science. This also entails assessing and putting into practice solutions for complex health issues to promote patient-centered, integrated, and sustainable care.



Activity Worksheet 1.2.1 - Applying a Health Systems Framework

Portfolio of Learning Artefact - Please note that this activity can be included as evidence of your work and engagement.

Consider the different models above (figures 1 - 6). Each of these have a different focus or framing within an understanding of the health system. Many of the aspects within these models are related to each other, and the focus of each framework is intended for different outcomes. There are other ways in which the health systems can be framed that are not depicted above. As you read more widely within the field of health systems science, you will encounter other ways of picturing the health system.

For this activity, you are asked to read the case study below and to choose a framework to help you to think through the systems challenges within this case study. Once you have read the case study <u>CLICK HERE</u> $\underline{\psi}$ to complete Activity Worksheet 1.2.1.

Case Study: Intern Dilemma

A family medicine intern prepares to discharge from the hospital to home a 71-year-old male patient following a long hospitalisation for new-onset congestive heart failure complicated by acute renal failure. The discharge instructions include six new medications, a low-salt diet, support hose, exercise, and follow-up with a primary care physician in 5 days. She orders a visiting home nurse to go to the house and provide guidance, help administer and monitor medication adherence, check home safety, and measure blood pressure and weight. Unfortunately, the medications are administered on different schedules (once a day in the morning, twice a day, three times a day, once in the evening, etc.), and two of the medications are "off-formulary" and are unaffordable for the patient. In addition, there are no primary care physicians in his area that accept his insurance. The patient lives in a community that is a "food desert" and is unable to get low-salt food. There are no sidewalks, and the visiting home nurses consider his neighbourhood too dangerous to service. The patient quickly deteriorates, and after 4 days he decompensates sufficiently that his family calls 911. An ambulance takes him back to the hospital's emergency department, and he is admitted to the intensive care unit for a week.

(Skochelak, et al., 2021: 47)

Please see the document attached named Activity 1.2.1.

W2 S2_Question 1





Ethan Terblanche 2 months ago 📘 🔌 🗓



0:03

I think that structural racism occurs in institutions where is it done in a way that is subtle but evident, this type of racism is very systematic as it is built into the system. For example a "whites only" clinic that only serves to help white people. Whereas individual racism is your own bias against one group, where you as a person or an individual dislikes or even hates another group of people that differ from your race. In healthcare it can be different with structural racism, the whole or part of the institution may be racist in the way that they choose to perform their tasks, whereas individual racism can be staff or personal that are racist when helping patients or clients.

Reply

Activity 2.2.1



Activity Worksheet 2.2.1 - Racism & the Right to Heath \downarrow

e-Portfolio Artefact - Please note that this activity can be included as evidence of your work and engagement.

For this short activity, we want you to read <u>THIS REPORT</u> $\underline{\,\,\,\,\,}$ from Dr Mofokeng's address to the UN around the topic of racism and the right to health.

INSTRUCTIONS

- <u>CLICK HERE</u> <u>↓</u> to download Activity Worksheet 2.2.1.
- Complete parts 1 and 2, and share you views.
- Bring your ideas to class for discussion in Friday's seminar.

Please see document 2.2.1 attached

Activity 3.1.1



Activity Worksheet 3.1.1 - Choosing a local health focus \checkmark

Please submit this worksheet here as evidence of your work and engagement.

This activity will also help to focus your Situational Analysis.

For this activity, you need to select a key health challenge in South Africa and explore the literature on this topic. This is an opportunity to see how one health concern might be linked to other heath and social challenges, and to get a snapshot of what the picture is in South Africa and why it is important to draw attention to specific health concerns.

INSTRUCTIONS

- <u>CLICK HERE</u> <u>↓</u> to download Activity Worksheet 3.1.1.
- Complete parts 1 and 2 of the worksheet.

Please see the attached document named 3.1.1



Section 27 of the South African Constitution talks about the progressive realisation of the right to health. This means that the Government has to show that measures have been put in place to realise this right. How do we hold our government accountable for realising the right to health? This question is all the more important given that this is an election year!

Week 3 Session 2





Ethan Terblanche 2 months ago | 🐧 🐧 ॥





0:00

We can hold the government accountable for realising the right to health by monitoring healthcare policies, budgets, and service delivery while engaging in public participation and advocacy through civil society organisations. Legal action can be taken to challenge failures, and oversight mechanisms such as Parliament, Chapter 9 institutions, and independent watchdogs play a crucial role. Community mobilisation, including awareness campaigns and protests, also ensures transparency and equitable access to healthcare.

Reply



Activity 3.3.1 - Mapping with Appreciation &

Please submit this worksheet here as evidence of your work and engagement

For this tutorial, you need to meet in the teams you were assigned last week (Navigate to 'People' to double check). Before you start this week's tutorial, have a look at the Stop Stockouts website \Rightarrow , which will be used to give context to your case study. The Stop Stockouts Project (SSP) is a consortium of six civil society organisations dedicated to assisting the thousands of people whose lives are threatened by the chronic shortages of essential medicines and children's vaccines in South Africa. The Stop Stockouts Heat Map \Rightarrow , gives an indication of the severity of this issue as well as an indication of which parts of the country are most affected.

In this week's tutorial, as a group, you need to apply an Appreciative Inquiry philosophy to a case study on medicines stockouts.

INSTRUCTIONS

- CLICK HERE \downarrow to download Activity 3.3.1 Mapping with Appreciation.
- Follow the steps on the worksheet.
- Bring you work to the class seminar.

Please see the document named activity 3.3.1



Activity Worksheet 5.1.1 - Exploring Policy \downarrow

Portfolio Artefact - Please note that this activity can be included as evidence of your work and engagement.

This activity will also help to focus your Situational Analysis

For this activity, you need to consider the policy context of the local health concern that you have selected. To do this, you should search different data bases or websites to see what the policy environment surrounding your local concern is.

INSTRUCTIONS

 $\underline{\text{CLICK HERE}}\ \underline{\downarrow}\ \text{to download Activity Worksheet 5.1.1- Exploring Policy}.$

Complete the steps and use your findings in your situational analysis.

Please see the attached documnent named 5.1.1



Activity Worksheet 6.2.2 - Mapping Power 🖖

Please note that this activity can be included as evidence of your work and engagement.

This activity will also help to develop your Group Presentation. Please bring your work to your Group Tutorial on Friday.

For this activity, you will map out the mirco/macro context and power relations of agents in your case study. Do this by yourself first, and in your group tutorial, you will have a chance to compare your thoughts with those of your group members.

Instructions:

- <u>CLICK HERE</u> ↓ to access the Activity Worksheet.
- Work by yourself in preparation for your group tutorial on Friday.
- Use the information that you compile in your Group Presentation.

Please see the attached document named 6.2.2

Attched activities short desicriptions, and reflections

Activity 1.2.1- My Understanding of Health Systems Science (HSS)

Health Systems Science, to me, is the study of how care moves through people, policies, structures, and spaces. It is about more than hospitals or clinics; it's about understanding the invisible threads that hold a system together: relationships, power dynamics, resources, culture, and context.

What HSS is: It's a field that explores the design, function, and impact of health systems, looking at both their strengths and their blind spots.

Why it matters: Because health is not equally accessible to all and understanding the system is the first step toward making it more just, inclusive, and effective.

How we study it: By bringing in diverse perspectives, engaging with complexity, questioning assumptions, and always staying grounded in the lived realities of the people these systems are meant to serve.

At its heart, HSS is about care — and about how we can collectively build systems that truly care, for everyone.

Activity 2.2.1- Racism & the Right to Health: A Reflection

Reading Dr. Mofokeng's address to the UN was a powerful reminder that health is not just about biology or access to services it's about justice. Racism, whether systemic or subtle, continues to

shape who lives, who suffers, and who gets to heal. The right to health is supposed to be universal, but the lived experiences of many show otherwise.

This activity pushed me to think critically about how racism is embedded in health systems in policies, language, practices, and even research. It reminded me that fighting for health equity means confronting uncomfortable truths and committing to change that is both structural and deeply human.

Including this in my portfolio is not just evidence of engagement it's a marker of a personal and professional commitment: to see, to listen, and to act.

Activity 3.1.1- Choosing a Local Health Focus: A Reflection

This activity gave me the chance to slow down and look closely at one health challenge in South Africa not as an isolated issue, but as something deeply woven into broader social, economic, and historical contexts. Through exploring the literature, I began to see how one concern, such as mental health, TB, or substance use, doesn't stand alone it intersects with poverty, access to care, stigma, and inequality.

The process of choosing a focus helped me sharpen my lens for the upcoming situational analysis. It reminded me that behind every statistic is a human story, and that drawing attention to local health challenges is an act of care, advocacy, and responsibility.

This artefact represents not just research, but my growing understanding of the interconnectedness of health and the importance of listening to what our local realities are telling us.

Activity 3.3.1- Mapping with Appreciation: A Reflection

This activity gave me a chance to approach a critical health challenge medicine stock-outs with a mindset of *appreciation* rather than solely focusing on deficiencies. By applying Appreciative Inquiry to the Stop Stockouts case study, I was able to shift my perspective: rather than just highlighting the crisis of medicine shortages, I looked for strengths within the system, community responses, and opportunities for improvement.

The Stop Stockouts Heat Map revealed the stark reality of how unequal access to medicines is in different parts of South Africa, but it also underscored the importance of collective action and innovation in the face of adversity. This exercise deepened my understanding of how crises are not just problems to fix but also moments to reflect on what's working and where we can build.

This activity isn't just about identifying what's missing but appreciating what exists and how we can strengthen those positive elements for long-term, sustainable change.

Activity 5.1.1- Exploring Policy: A Reflection

This activity required me to delve into the policy landscape surrounding the health issue I've selected, and it was an eye-opening experience. By searching various databases and websites, I was able to gain a clearer understanding of the policies currently in place, the gaps in policy, and the ways in which these policies are either supporting or hindering efforts to address the local health concern.

Exploring this policy context helped me see the bigger picture: health isn't just shaped by medical care or personal choices, but also by the policies that guide resources, care delivery, and even societal norms. It's a reminder that systemic change often starts with revisiting, refining, or even dismantling the policies that govern health.

This task also enhanced my situational analysis, as it grounded the health challenge in real-world policy frameworks, showing me both the constraints and opportunities that policies can create.

Activity 6.2.2- Mapping Power: A Reflection

This activity challenged me to think critically about the dynamics of power at both micro and macro levels within the case study I've been exploring. Mapping out the power relations between different agents involved whether they be individuals, organizations, or systems helped me understand how power operates in subtle yet significant ways. It revealed the networks of influence that shape decisions, access to resources, and, ultimately, health outcomes.

By doing this exercise on my own first, I was able to focus on the nuances of these power dynamics before discussing them with my group. It was a valuable exercise in reflection, as it allowed me to see the broader context of how power is distributed and contested. This understanding will not only help in our group discussions but also in refining our presentation, ensuring we address power structures and their impact on the health challenge we're focusing on.

This activity has deepened my appreciation for the complexity of power in health systems and reinforced the importance of understanding it if we are to push for meaningful change.