

CONTEXT ANALYSIS (Remember not all of these issues might be relevant in this particular case!)

Contextual feature	Specific issues relevant to this experience	Impact of these issues on actors (name these) and the case, and implications for policy implementation
Micro context		
organisational climate & culture	Doctors in the military and the public sector earn different salaries and benefits, and military privileges have historically been preferred.	caused public sector physicians (Ministry of Health staff) to become dissatisfied, which sparked industrial action. brought attention to differences in compensation practices, which called for a change in policy.
other policies	Due to the absence of labor rules governing vital workers, ADHA was introduced.	Due to the initial lack of legal frameworks, it was challenging to settle conflicts, which resulted in frequent strikes. A cycle of new expectations and demands was started
organisational capacity	Administrative inefficiencies in the Ministry of Health's payment processing; the healthcare system's incapacity to manage significant payment revisions.	Government resources were strained and service delivery was disrupted as a result of ongoing discontent and additional strikes brought on by
interpersonal factors	strong support for higher pay among medical professionals (nurses, doctors, and other health workers).	Health workers' unity increased their collective negotiating power, which resulted in more inclusive policy reforms but also raised concerns about rising salary bills.
Macro context		
social & political pressures & interests	Support for striking physicians from the public and media, as well as pressure on the government to address the situation.	The government was forced to act swiftly to resolve wage inequities, and ADHA was selected as a stopgap option to continue providing
historical & socio-cultural context	long-standing complaints about the healthcare industry's low pay and unfavorable working conditions.	made people believe that the only way to get pay rises was through industrial action. This established a standard for upcoming conflicts.

economic conditions & policy	Government spending on wages is high, and payment delays are caused by budgetary constraints.	financial strain on the Ministry of Health and Finance, which prompted changes to policy, including the inclusion of ADHA in pay.
international context	Low pay is driving health professionals to migrate, and donors are worried about how long wage improvements will last.	The healthcare workforce was damaged by brain drain, necessitating policy changes to increase retention. The effectiveness of the monies' utilization to enhance health
environmental factors	excessive workloads brought on by a lack of employees; unequal pay distribution.	increased stress for the surviving medical staff, which fueled more strikes and unhappiness.

Unpacking agent behavioural drivers and power				
AGENT	Mindsets, values and interests		Forms and level of power to influence implementation	
	What are the core elements of the agent's 'mindset' (beliefs, values, interests driving behaviour in general?)	Given the elements identified in column 1, is actor's response to the change likely to be committed, compliant, indifferent, resistant, or hostile?	What forms of power can the agent mobilise to support his/her actions around the change?	What power limits does the actor face in taking action around the change?
Ministry of Health	maintaining healthcare service stability while controlling budgetary restrictions.	Due to financial limitations, they were first cooperative but eventually became resistant.	control over healthcare workforce policies and the ability to make policies.	Funding is provided by the Ministry of Finance; unions exert pressure.
Ministry of Finance	controlling the public budget and averting financial emergencies.	unwilling to accept pay increases yet obedient when coerced.	Control over spending; ultimate consent for decisions pertaining to wages.	Limited by available national finances and competing sectoral demands.
Ghana Medical Association (GMA)	promoting improved pay and working conditions for medical professionals.	Extremely dedicated to change; used strikes as a direct form of protest.	powerful collective bargaining power and the capacity to interfere with medical services.	reliant on governmental policy decisions; strikes were criticized by the public.

Nurses and Allied Health Workers	requesting improved working conditions and pay parity with physicians.	After being kicked out of ADHA, they became resistant after initially being indifferent.	the capacity to organize strikes and win over the public.	divided unions; less negotiating leverage than physicians.
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Contemporary Health

Week 3 – Session 1

Activity 3.1.1 – Choosing a Local Health Focus

This activity is an opportunity for you to contribute to your e-Portfolio. This activity will also be useful for your Course Paper. In this activity, you are developing the following competencies:



Scholarship



Systems Thinking

INSTRUCTIONS

- There are 2 Parts to this worksheet.
- Part 1: Choose a local health issue.
- Part 2: Map a timeline of your chosen issue.

Part 1: Research a local health concern

There are many health-related challenges that impact the health system in South Africa, from structural concerns, the burden of disease, and socio-political or environmental factors.

Given your understanding of pressing health issues, choose a focus area to research. In the box below, paste useful references that give you a better understanding of your chosen health concern:

The South African concern that I chose to look at is the burden of non-communicable diseases (Acronym NDCs). Some of these diseases that I looked at were diabetes, hypertension, and also cardiovascular health concerns, and how these were influenced by difference socio-economic and socio-political inequalities and how there are limited healthcare access to be treated.

Literature to support my statement.

Mayosi, B. M., & Benatar, S. R. (2014). Health and health care in South Africa—20 years after Mandela. *New England Journal of Medicine*, 371(14), 1344-1353.

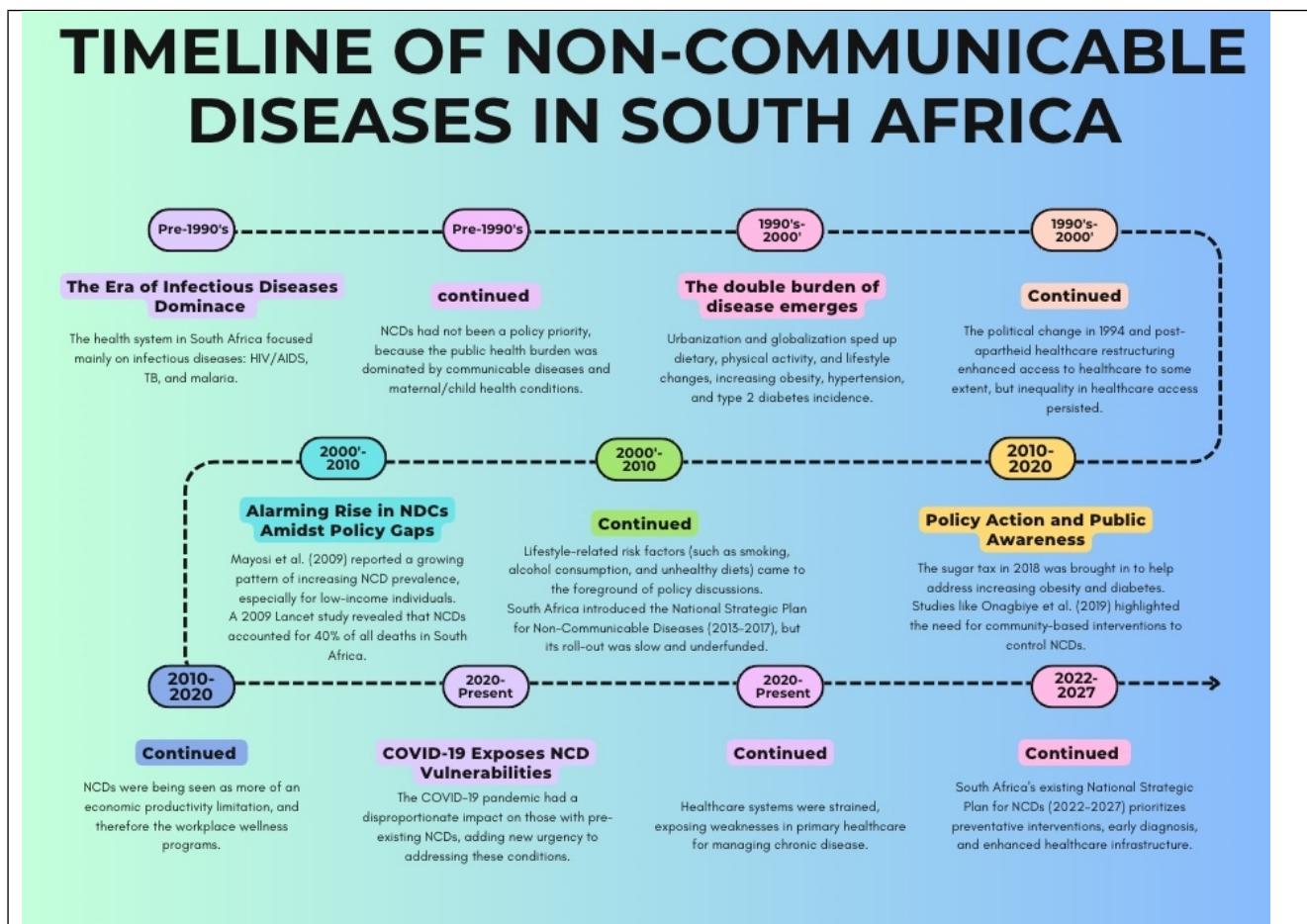
Bradshaw, D., Norman, R., & Schneider, M. (2007). A clarion call for action based on refined DALY estimates for South Africa. *South African Medical Journal*, 97(6), 438-440.

World Health Organization. (2020). *Noncommunicable diseases progress monitor 2020*. World Health Organization.

Dockx, K., Van Remoortel, H., De Buck, E., Schelstraete, C., Vanderheyden, A., Lievens, T., ... & Vandekerckhove, P. (2019). Effect of contextualized versus non-contextualized interventions for improving hand washing, sanitation, and health in rural tanzania: Study design of a cluster randomized controlled trial. *International Journal of Environmental Research and Public Health*, 16(14), 2529.

Step 2: Map a timeline of your chosen issue.

Health issues are complex, interrelated and changing. From the literature that you have sourced, can you trace a timeline of your chosen health issue. This does not have to be a linear historical analysis, but rather your own picture of how the issue you have chosen has changed over time. Can you justify, from your mapping of the issue, why your chosen concern should be an area of focus?



Justification of the NCD framework that I chose:

For a justification to be made we firstly need to ask the question, why should we focus on non-communicable diseases in South Africa?

NCDs have a high mortality rate in South Africa, contributing to almost 51% of the total deaths in South Africa (WHO, 2022). Diabetes in South Africa is currently the leading cause of death in the country. The problem area of NCDs is that it links directly to the social determinants of health. With increasing areas of poverty, discrimination and inequalities problems arose in dietary patterns and limited access to sufficient healthcare, this problem worsens the NCD framework in marginalised underdeveloped communities. With the rise of NCDs it also had an impact on the economic status of

South Africa, the strains of NCDs contributes to the strains on the healthcare system and the workforce and productivity of medical professionals.

By mapping the problem of rising NCDs in South Africa, I can highlight the different inequalities, discrimination and the policy reforms that has contributed to the growth of non-communicable diseases in South Africa. NCDs should be made a priority to prevent any other strains on the healthcare system.

The South African NDP, aims to reduce but let yet eliminate NCDs by 20230, they plan to do this by implementing programs that strengthen primary healthcare, as well as early detection on non-communicable diseases. Such as regulating tobacco, alcohol and unhealthy diet plans. If we focus on the NCDs and how to reduce them then only can we develop a goal of eliminate them, focusing on NCDs aligns to both global and local (national) commitments in prevention strategies, early intervention methods, and policy reforms that migrate the long-term impacts of NCDs.

Contemporary Health

Week 2 – Session 2

Activity 2.2.1

This activity is an opportunity for you to contribute to your e-Portfolio and to develop the following competencies:



Health Advocacy



Systems Thinking

INSTRUCTIONS

- There are 2 Steps to this worksheet.
- Step 1: Characterising the Problem.
- Step 2: Addressing a Global Health Issue

Step 1: Characterising the Problem

Having read the report presented to the United Nations on Racism in Health and Medicine, how would you characterise this problem?

Think about the following:

- How important is this issue in relation to other health systems challenges, globally?
- Who is most affected by this issue and who is disinvested to seek change?
- Who should be held accountable for the issues raised?
- How does this issue relate to local health challenges?

Share your thoughts below:

I would characterize the problem by thinking about the following as, how racism in the healthcare system is implanted within all healthcare systems and structures. Systematic racism in healthcare leads to discrimination of patients in need of medical assistance. Racism in healthcare not only impacts the healthcare industry but the root of systematic racism intersects with other social determinates, such as economic, political and social discrimination.

The effects of racism in health and medicine impacts a wide range of minorities, limiting their access to proper and adequate healthcare. To really address this issue there would need to be a decolonisation of the medical, political and economic industry. There would need to be systematic change starting from medical education otherwise health discrimination, systematic racism and other disparities will continue in the global healthcare systems.

Step 2: Addressing a Global Health Issue

Now that you've thought about the importance or situation of the problem outlined in the report, what do you think should be done about it?

Think about the following:

- What key action points should be taken on a global level to address the issues raised in the report?
- Who should be responsible for addressing these issues?
- How would we know that change is being made on a local to global scale?

Share your thoughts below:

I think that there are various ways to help put an end to the global racism in health. We would firstly need to take accountability and recognise that there is still racism and discrimination in our healthcare systems.

We would also need to decolonize the medical education, starting with the new generation of medical and support staff, so that they do not continue with racist views going forward.

For example, something like an anti-racist training at the beginning of the year.

There would also need to be responsibility for change. The government, and institutions would need to make control and be responsible to advocate for change within.

International systems/ structures such as the WHO should monitor and set global benchmarks to ensure that there is equitable healthcare, and that systematic racism will not continue.

In South Africa we do not have control over what happens globally and how they act on their policies but we would need to start making changes locally and then globally. If we focus on the problem areas of racism in our area first, then it would generate a spark that could possibly change the global sector.

Systematic racism can only be stopped if we have an ongoing action, if we keep each other accountable. And if we measure progress locally first and then continue on a global scale.

Contemporary Health

Week 1 – Session 2

Activity 1.2.1

This activity is an opportunity for you to contribute to your e-Portfolio and to develop the following competencies:



Scholarship



Systems Thinking

INSTRUCTIONS

- There are 4 Steps to this worksheet.
- Step 1: Read the Case Study provided.
- Step 2: Select a Health Systems Model or Framework, either from Week 1 – Session 2, or from your chosen source. You may also choose to link more than one framework.
- Step 3: Apply this framework to the case study to highlight the health systems dynamics at play within the case study.
- Step 4: Reflect on the usefulness of health systems frameworks.

Step 1: Read the Case Study

Case Study: Intern Dilemma

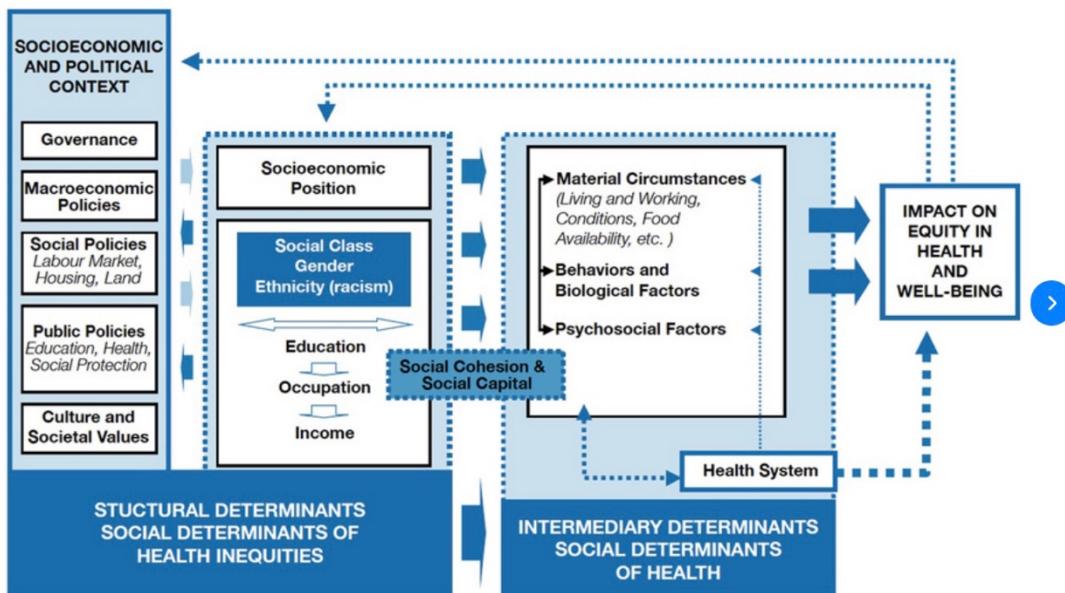
A family medicine intern prepares to discharge from the hospital to home a 71-year-old male patient following a long hospitalisation for new-onset congestive heart failure complicated by acute renal failure. The discharge instructions include six new medications, a low-salt diet, support hose, exercise, 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)

Step 2: Select a Health Systems Framework

Select a framework from [Week 1 – Session 2](#), or choose a framework from your own chosen source. If you like, you can choose to link more than one framework together. In the box below, explain why you have chosen this framework/s:

The health framework that I believe would work best is the Social Determinants of Health (SDOH) framework.



WHO framework of social determinants of health (World Health Organization, 2010, retrieved from [ResearchGate](#)).

The reason I think that this would work best is because the patient is facing various systematic barriers, he is facing a financial barrier, inadequate access to proper healthcare providers, food insecurity, as well as his living conditions are not the best. The SDOH examines how the social, economic and environmental factors impact a patient's health outcome. This health system framework provides a clear and concise outcome of how interconnected factors such as environment, social, and financial barriers impacts the outcome of poor health and patient care.

Additionally I would connect the Health Equity and Ethical Decision-making framework

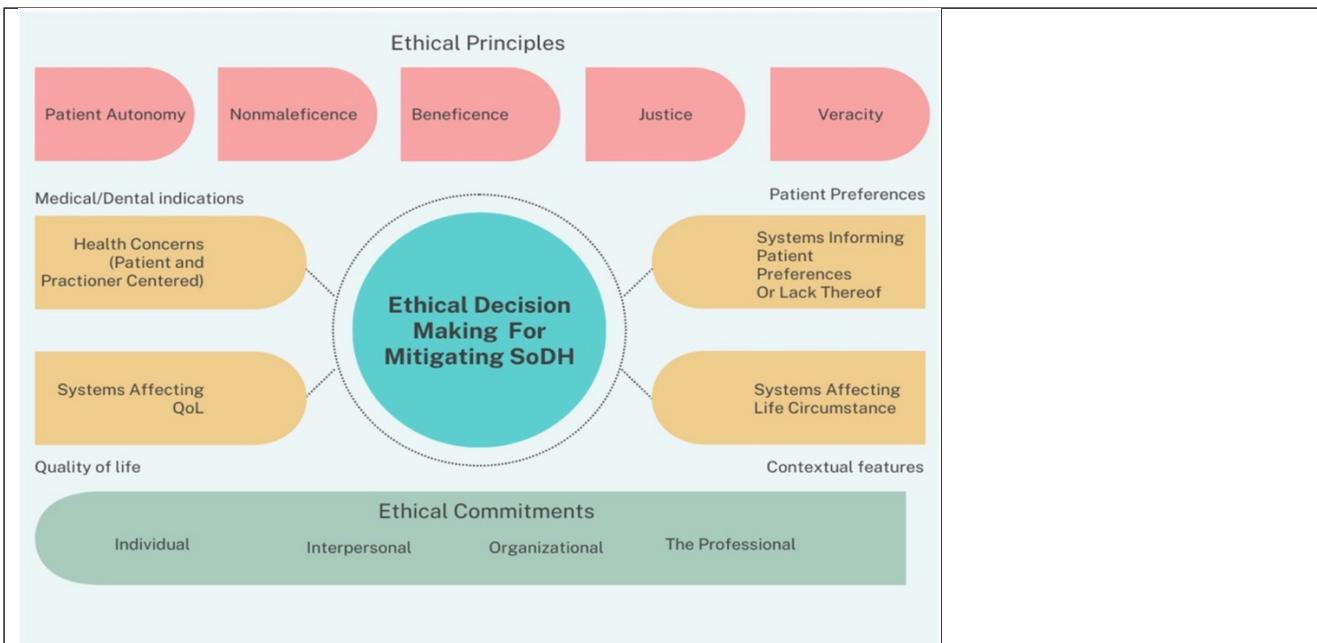


Figure 4. A systems-oriented ethical decision-making framework for mitigating social and structural determinants of health (Smith, 2023, retrieved from [Frontiers in Oral Health](#)).

This framework helps to understand and to analyse how the healthcare system might have failed to help address the patients' needs and what the best strategy might be for the patient and how it was not implemented straight away. This system emphasizes the fairness in healthcare, in the case study the patient was not treated fairly based on the outcomes that he experienced as barriers in his social, economic and environmental factors.

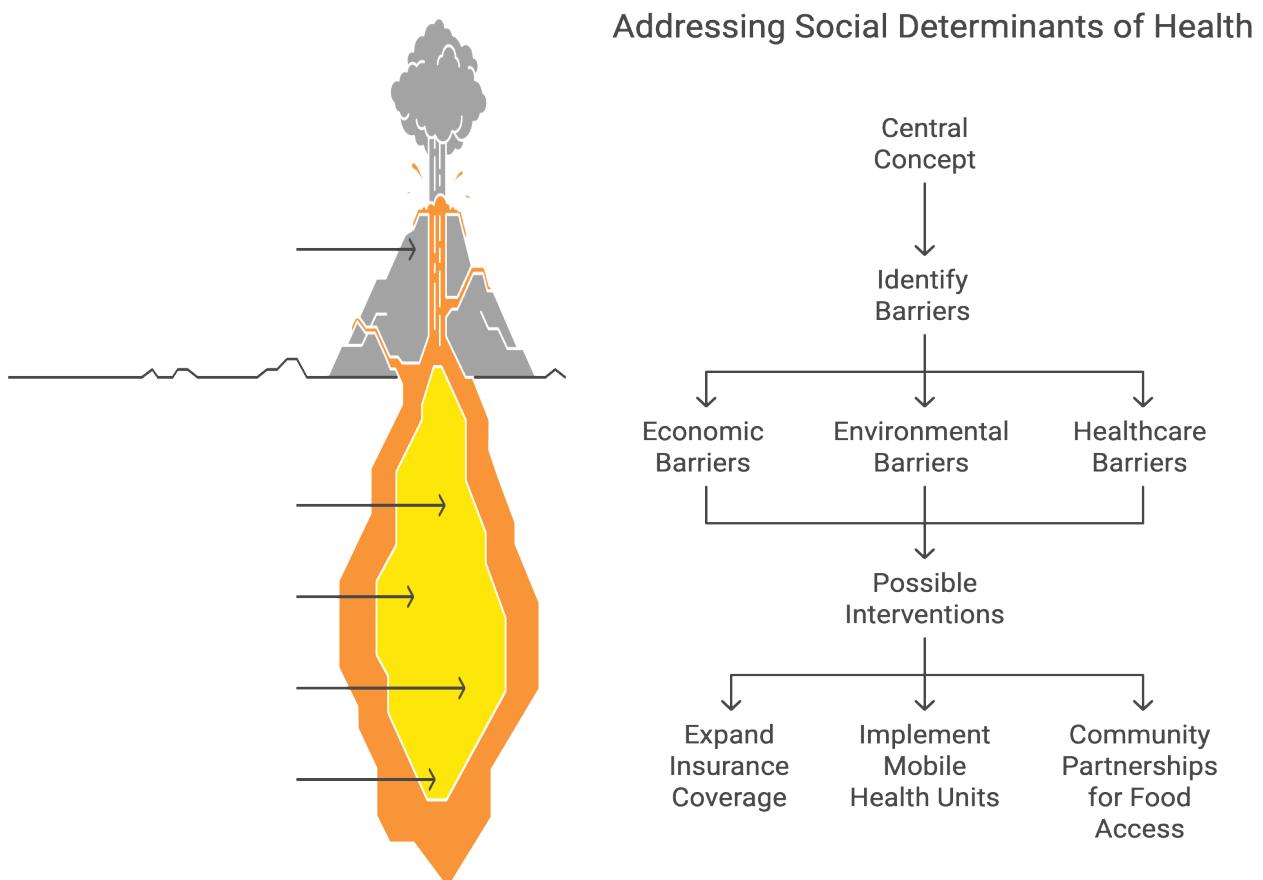
By integrating these two factors together, we are able to grab the evaluation of the health systems that are affecting the outcome of the patient, but we are also considering the ethical obligations of the healthcare professionals such as the family medicine intern and how they navigate challenges in social structures.



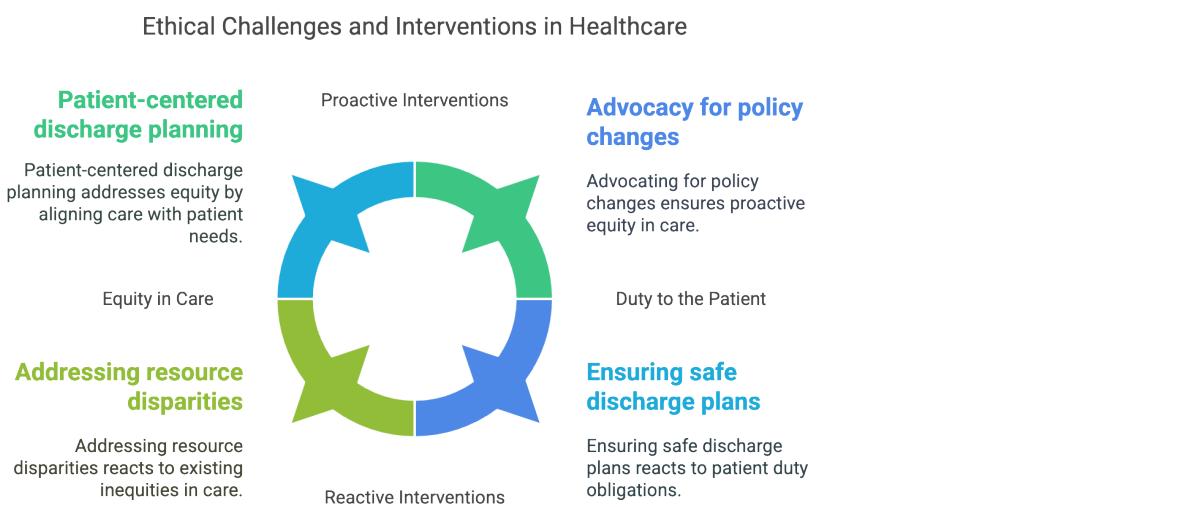
Step 3: Apply your framework to the Case Study

On this page, map out your ideas as you apply your chosen framework. You can write or draw, make notes and provide explanations:

1. Social Determinants of Health (SDOH) Framework



2. Health Equity and Ethical Decision-Making Framework



Step 4: Reflection

Consider these questions and provide a response:

- How useful was your chosen framework in mapping out and making sense of the problem provided?
- Did you note any limitations to the framework you chose?
- If applicable, how would you adjust or adapt your framework to address any noted limitations.

Share your ideas below:

1. *How useful was your chosen framework in mapping out and making sense of the problem provided?*
 - The two systems that I integrated were very useful in mapping out the problem and analysing the problem. The SDOH framework helped me to identify the real problems that the patient experienced, and the barriers he had on healthcare. The Ethical Decision-Making Framework provided me with an analysis on the ethical obligations of the healthcare professionals, ensuring that discharge plans should align with the patient's capabilities.
2. *Did you note any limitations to the framework you chose?*
 - Yes, both frameworks have limitations. The SDOH lacks on providing any practical and feasible solutions within the patient's constraints. The ethical Decision-making framework focuses on individual interventions but does not address advocacy for change.
3. *If applicable, how would you adjust or adapt your framework to address any noted limitations.*
 - To address the limitations I would integrate a systems-thinking approach, incorporate a strengths-based perspective, expand ethical considerations.

Contemporary Health

Week 5 – Session 1

Activity 5.1.1 – Exploring Policy

This activity is an opportunity for you to contribute to your e-Portfolio as well as your Course Paper. This activity will also help you develop the following competencies:



Scholarship



Systems Thinking

INSTRUCTIONS

- There are 2 Parts to this worksheet.
- Part 1: Identifying Policies
- Part 2: Speaking to Policy

Part 1: Identifying Policy

Consider the local health challenge you have been thinking about for the past few weeks. Have you found any policies (international, regional, or local) that speak to your issue. There might be broad policy directive that the WHO will release to guide national governments. At the same time, there might be specific local health guidelines in place to implement an existing policy. For this part, search the internet and share what you find. Include references, links and websites that you find helpful:

Approximately 75% of total worldwide deaths occur from non-communicable diseases (NCDs), which include cancer, diabetes, cardiovascular disease, and chronic respiratory disease. NCDs cause 86% of premature deaths among low- and middle-income nations (The Guardian, 2024). NCDs form a serious health issue in South Africa, calling for comprehensive global, regional, and national policy.

Global Policies

WHO Global Action Plan 2013–2020 for the Prevention and Control of NCDs: This strategy seeks to reduce premature NCD death by 25% by 2025 with nine universal goals and a set of policy options to member states (World Health Organization, 2013).

Policies at the regional level:

African Union Initiatives: As a measure against the increasing challenge of noncommunicable diseases (NCDs), the African Union is striving to implement policies that are compliant with the WHO's Global Action Plan.

South African local policies:

National Non-Communicable Disease Prevention and Control Strategy Plan 2022–2027: With a focus on prevention, treatment, and care interventions, South Africa has developed this plan to address the rising NCD burden (National Department of Health, 2022).

Additional Resources:

The World Health Organization's Noncommunicable Diseases department has extensive information on global trends in NCDs, action plans, and solutions.

The South African National Department of Health contains information on regional health policy, law, and noncommunicable disease prevention programs. Coordinated efforts at all levels are needed to address NCDs and execute effective policies and interventions.

References:

Health Department, National. (2022). The National Strategy Plan for Non-Communicable Disease Prevention and Control, 2022–2027. taken from of ICCP-PORTAL.ORG

The Guardian, 2024. A global health crisis: as The Guardian says, living longer does not necessarily mean being healthier. taken from the Guardian website.

WHO (2013). Global Action Plan for Noncommunicable Disease Prevention and Control, 2013–2020. taken from WHO.INT.

Step 2: Speaking to Policy

Having looked for different forms of evidence that speak to the policy domain related to your local health issue, what picture have you found? Is there a huge amount of policy directed literature on your topic, or is there a sore lack of information? When you look at what is out there, does it speak to the specificities of your problem? Briefly describe the policy landscape related to your health problem:

South Africa has a somewhat well-developed non-communicable disease (NCD) policy environment, with many national, regional, and international policies addressing the issue. Nevertheless, implementing the large corpus of policy-directed literature remains challenging, particularly in resource-constrained settings.

Availability	of	Policy-Directed	Literature:
There is a wealth of international policy documentation on noncommunicable diseases (NCDs), particularly from organizations such as the World Health Organization (WHO). The WHO Global Action Plan for the Prevention and Control of NCDs (2013–2020) and its Implementation Roadmap (2023–2030) provide comprehensive frameworks for addressing NCDs (WHO, 2013; WHO, 2023). Similarly, after recognizing the increasing burden of NCDs, the African Union aligned its approach with WHO standards.			

The National Strategic Plan for the Prevention and Control of NCDs 2022–2027, which outlines specific objectives for prevention, treatment, and healthcare system integration, has been put into effect nationally in South Africa (National Department of Health, 2022). Proactive measures are demonstrated by other local initiatives, such as laws imposing a sugar tax and restrictions on the sodium content of processed foods.

Policy	and	Implementation	Gaps
Despite the existence of policy literature on NCDs, there are significant gaps:			
Many programs, especially in low-income communities, place an emphasis on prevention but lack explicit, legally binding implementation measures.			
Broad policy frameworks frequently fail to adequately address the unique characteristics of the South African context, such as the relationship between NCDs and infectious diseases like HIV, food insecurity, and poverty.			
There is no data on the effectiveness of interventions like the sugar tax in South Africa or school-based HPV vaccination campaigns in promoting long-term health gains.			

The	Whole	Policy	Environment
Though there are still implementation issues and context-specific deficiencies, South Africa has a solid policy basis for treating NCDs. More specific and enforced methods are required, particularly for disadvantaged populations, even while global and regional policies provide organized guidelines. To determine how present policies affect NCD trends and how interventions might be customized to the particular health environment of South Africa, more study is required.			

References:

- National Department of Health. (2022). *National Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2022–2027*.
- World Health Organization. (2013). *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020*.
- World Health Organization. (2023). *Implementation Roadmap 2023–2030 for the Global Action Plan on NCDs*.

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	<p>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.</p> <p>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.</p>	
	<p>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.</p>	

Activity 1.2.1



Activity

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 [CLICK HERE ↓](#) 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 it is 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

Activity Worksheet 2.2.1 - Racism & the Right to Health ↓

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 THIS REPORT ↓ from Dr Mofokeng's address to the UN around the topic of racism and the right to health.

INSTRUCTIONS

- [CLICK HERE](#) ↓ to download Activity Worksheet 2.2.1.
- Complete parts 1 and 2, and share your views.
- Bring your ideas to class for discussion in Friday's seminar.

Please see document 2.2.1 attached

Activity 3.1.1



Activity

Activity Worksheet 3.1.1 - Choosing a local health focus ↓

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 health 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

- [CLICK HERE](#) ↓ 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

government...

To make governments...

We can hold the government...

We can hold the government...

The government can be held...

In order to hold the government...

0:00 / 0:02

Speaker icon | Settings icon | Share icon

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

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](#), 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](#), 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 stock-outs.

INSTRUCTIONS

- [CLICK HERE](#) ↓ to download Activity 3.3.1 - Mapping with Appreciation.
- Follow the steps on the worksheet.
- Bring your work to the class seminar.

Please see the document named activity 3.3.1



Activity

[Activity Worksheet 5.1.1 - Exploring Policy](#) ↓

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

[CLICK HERE](#) ↓ to download Activity Worksheet 5.1.1- Exploring Policy.

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

Please see the attached document named 5.1.1



Activity

[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 micro/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:

- [CLICK HERE](#) ↓ 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

Attached activities short descriptions, 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.