

BOLD CONVERSATIONS

INTEGRATED
REPORT
2018

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Introduction: Scope and Boundary

The Anova Health Institute NPC is a non-profit company (Registration Number: 2009/014105/08) that is headquartered in Johannesburg and works in all nine provinces of South Africa, other African countries and Haiti. This Integrated Report presents our financial, programmatic, environmental, social and governance performance for the period 1 October 2017 to 30 September 2018 and describes our goals, performance, responsibilities, policies, risks and plans.

Anova's Executive Management and Board recognise the importance of materiality in determining the content and relevance of our reports. Our Executive Management and Board have considered matters that are material to our performance and sustainability. We have assessed these together with our strategic objectives and stakeholder engagement. Detailed reporting on these issues appears in the sections on our programmes and their impact, governance and economic performance.

Anova's material issues are:

- Scaling up our innovative programmes
- Recruiting and retaining skilled human capital
- Ensuring and sustaining sources of income
- Managing growth

Anova's organisational environmental impact is low, as our work is of a technical and service nature, with no product or manufacturing processes. Although we do not consider our environmental impact a material issue, it is briefly discussed in the environmental report (p 64) and in the GRI compliance table (G102-12).

Anova used the Global Reporting Initiative (GRI 102) guidelines to prepare this report in accordance with the Core option and has also applied the GRI NGO sector supplement. The GRI compliance index is documented in the GRI compliance table on pages 80-82 and is also available from our website, www.anovahealth.co.za

Anova utilises integrated reporting as a means to demonstrate our commitment to transparency, public accountability, recording excellence and sustainable programming. The last Integrated Report was published in September 2018.



Organisational Overview

The Anova Health Institute believes that everyone, regardless of circumstances, preferences or behaviour, has the right to excellent health. We believe that good health does not begin and end with clinical care and access to health care, but is impacted by psychosocial and cultural factors that go beyond a facility's location and capacity.

Our capabilities include technical expertise in HIV and TB prevention, care and treatment; health systems strengthening; public health management; and working with key populations, in particular men and young men who have sex with men (MSM/YMSM) and transgender individuals.

Our work extends along a continuum of stakeholders that encompasses provincial health authorities, district and facility-level health care workers, traditional leaders and community members. We initiate and encourage open dialogue between and among these groups where previously these conversations were covert. We understand the challenges faced by vulnerable and marginalised communities and have pioneered a unique set of solutions that transform lives by engaging and empowering people. Our research team continually asks questions that reveal needs and identify opportunities for new services or new approaches to existing service delivery, across all programmes.

VISION

To be the leading organisation
in innovative health programmes
that result in positive
health outcomes

IDEOLOGY

We believe that everyone has
the right to excellent health



Our technical support to the Department of Health has resulted in enhanced capacity within 194 facilities throughout South Africa and a stronger public health system overall. Our skills development of health care workers at all levels in the public sector has been a major contributor to the increase in the number of people on antiretroviral treatment, from 295 465 to 301 820 people, an increase of 2.1% in the last year."

Community engagement is vital to the success of all health programmes. Building capacity starts with health systems strengthening and extends to community systems strengthening. Community outreach workers are a critical link

in the chain of care that will see the UNAIDS 90-90-90 goals become a reality; and Anova has been especially effective in leveraging the support of communities, particularly when it comes to accessing hard-to-reach populations.

In addition to our work within the confines of South Africa, we have worked across a number of African countries as well as Haiti, which has much in common with Africa, through the International HIV/AIDS Alliance and the EQUIP Consortium, of which Anova was a founding member. Working with local partners we have introduced PrEP and provided support to key populations such as sex workers and men who have sex with men.

90-90-90

By 2020,

90% of all people living with HIV will know their HIV status.

90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy.

90% of all people receiving antiretroviral therapy will have viral suppression.

Material Issues

The material issues for this Integrated Report are those that have the greatest potential impact (positive or negative) on Anova's programmes, financial performance and our organisational reputation.

Anova's main material issues, approved by the Board, are:

- Scaling up innovative programmes
- Recruiting and retaining skilled human capital
- Ensuring and sustaining sources of income
- Managing growth

In reviewing our material issues, we considered:

- Anova's values, strategies, goals and targets
- Our stakeholders' expectations, needs and views
- Our funders' expectations and contractual requirements
- Significant risks that could affect our performance, identified through our risk management process

The material priorities for this year are discussed further in our programme reporting, human resources and financial sections.



CEO's report

2017-18 was a year of consolidation, completion and, paradoxically, preparation for the Anova Health Institute. As a number of grants and their associated programmes came to an end, we reflected on what we have learned and achieved through these initiatives, many of which were pioneering and unorthodox when they launched.

We continued to work with departments of health at multiple levels to build the capacity of health care workers, provide technical advice and assistance, and conduct direct service delivery. In the districts we support, 648 702 people tested for HIV and 48 300 were initiated on treatment. Mopani District in Limpopo deserves special mention for its success in reaching all three of the 90-90-90 targets and for achieving the status of best-performing district in the country. Rates of mother-to-child transmission stand at 1.03% in Mopani and less than 1% for Mopani and Johannesburg combined, compared to the national rate of 12% 10 years ago. In a deeply traditional rural area, this is an indication of the trust and cooperation that has been developed between Anova, health care facilities and the community at large. Success on this scale would not have been possible without the unwavering commitment of all our staff, donors, local health care workers and community outreach workers, who deserve our heartfelt thanks.

We are proud of Anova's impact on health services in South Africa, particularly the provision of HIV and TB care and treatment. While playing a major part in strengthening health systems at national, provincial, district and community levels, we have also been

instrumental in changing the narrative around key populations. We have embarked upon conversations that have redefined the way health care workers, policymakers and communities themselves think about men who have sex with men, sex workers, people who inject drugs, and transgender people. We have helped young men and young women think positively about their sexuality and find safe spaces to talk about their hopes, fears and desires...and to access HIV services that might have been otherwise out of reach.

Our evidence-informed and data-driven approach means we undertake extensive research and monitoring and evaluation, not only to measure our performance against targets but to ensure the interventions we recommend and implement are effective in solving the problems we have identified. Often our research studies prove a concept that is suitable for scaling up and new programmes emerge, in response to an unmet need in a particular population or community. Lastly, we have shared our expertise, particularly in working with key populations and delivering PrEP, outside of South Africa and indeed beyond the shores of this continent to Haiti, via EQUIP and the International AIDS Alliance. Although the funding for EQUIP has come to an end, we are proud to have shared our model of strengthening a health system at every level and have demonstrated that our scope of practice and approach translates to other countries. We hope the work will continue after we have gone.

Inside this report you can see the data and read the stories that showcase Anova's efforts to end the epidemic in the year 2017-18.

**“WE ARE PROUD OF ANOVA’S
IMPACT ON HEALTH SERVICES IN
SOUTH AFRICA, PARTICULARLY
THE PROVISION OF HIV AND TB
CARE AND TREATMENT.”**

Chairman's Statement

South Africa has made great strides toward combating the HIV epidemic. Many more HIV-positive individuals now access treatment and remain virally suppressed than ever before, and prevention technologies continue to advance. The elimination of mother-to-child transmission (EMTCT) and the availability of pre-exposure prophylaxis (PrEP) for men who have sex with men and sex workers are two key successes. But there is much more to be done.

A priority for any organisation is sustainability, and in the current economic environment this objective is not always easy to achieve. Therefore, we are delighted to announce that Anova was awarded the USAID/PEPFAR APACE grant – Accelerating Program Achievements to Control the Epidemic - which will run for five years from 2019-2023. This award is a result of the tremendous hard work and time commitment, over and above business-as-usual responsibilities, of many people within Anova. The quality of Anova's data collection and analysis was cited as one of the reasons for the success of our application and we look forward to assisting the South African Government in its efforts to improve data quality and data analytics as we work together to better understand and ultimately end the epidemic.

Anova was chosen as the implementation partner in four districts – Johannesburg and Sedibeng in Gauteng Province, and Mopani and Capricorn

in Limpopo. As the name suggests, APACE will accelerate efforts to reach the 90-90-90 targets and will focus on finding HIV-positive individuals and initiating them on treatment. Maintaining viral load suppression is another key activity.

During the year under review, the Board developed the strategic plan that will provide the road map for the organisation for the next five years. I am grateful to my fellow Board members for their guidance and support, as we have jointly steered Anova into its next phase of development. The Board and its committees ensure Anova is governed according to international and South African standards of good corporate governance and provide strategic direction to the Anova executive team.

On behalf of the Board, I would like to thank the CEO and the executive team for their leadership and dedication. The Board is also grateful for the dedication and perseverance of the entire staff and management team of Anova for continually striving to provide the best care possible to the communities we serve.

At Anova, we are always inspired by the wise words of Dr Martin Luther King, who said that life's most persistent question is: "What are you doing for others?"



“A PRIORITY FOR ANY ORGANISATION IS SUSTAINABILITY, AND IN THE CURRENT ECONOMIC ENVIRONMENT THIS OBJECTIVE IS NOT ALWAYS EASY TO ACHIEVE.”

2017-18 Strategic Areas

Anova's strategic priorities in 2017-18 focused on five key areas:

Impacting on healthcare

Anova is committed to providing practical support to the public health system in South Africa through technical advice, capacity building and direct service delivery, in an effort to reach the 90-90-90 goals and maximise the number of people who know their status, are on treatment and are virally suppressed. We are particularly committed to finding first-time testers and ensuring sustainable linkage to and retention in care, to achieve viral load suppression. In 2017-18 we also made inroads into the private health sector by strengthening the ability of GPs to meet the needs of men who have sex with men (MSM) and transgender individuals. We continued to prioritise key populations and

further developed our reputation as the provider of choice for services to MSM and transgender persons, gaining recognition for our expertise in sensitisation and training of trainers. We also expanded our services for children, adolescents and their caregivers. Pregnant women and infants remain a key focus. We are encouraged by the reduction in the rates of mother-to-child transmission in South Africa, but this requires constant vigilance on the part of health care workers and programme managers, so it is an ongoing priority for us.

Beyond South Africa

We take our experience to our neighbours in Africa and beyond, sharing knowledge, expertise and resources and adapting them to the local context. We build the capacity of local partners so the work can continue when our engagement is complete.

Research and surveillance

Research is a seminal component of Anova's work. A continuous cycle of implementation research ensures our programmes adapt to the changing needs and circumstances of the communities in which we work. HIV surveillance of key populations provides the information required to target the right interventions to the right people.

Knowledge dissemination

Anova presents key findings at HIV, TB and STI conferences nationally and internationally and publishes in the scientific press and health-related media. We participate in relevant seminars and provide continuing education to healthcare workers.

Sustainable funding

Anova monitors funding opportunities and responds to calls for proposals that align with our strategy. 2017-18 was notable for the award of the APACE grant (Accelerating Program Achievements to Control the Epidemic) by USAID. The ANOVA\APACE Programme will support the Departments of Health in the City of Johannesburg and Sedibeng in Gauteng and Mopani and Capricorn districts in Limpopo to strengthen health systems through direct service delivery and technical assistance. The programme officially began on 1 October 2018, and the reporting year was one of intense work on the part of the management team to ensure a high-quality application.



2018-19 Strategy

In 2019, Anova will celebrate 10 years of health programming, and will embark on a new phase of growth.

Anova's organisational strategy has followed a progressive path to date, as the organisation has grown, responding to the technical and developmental needs of our government partners, implementing new programmes and adding new activities and research projects, such as key populations programming.

Many grants closed out in 2018, and we laid the foundations for ANOVA\APACE, which runs from October 2018 to September 2023.

To prepare to meet the challenges we face...

as an organisation, as a nation, and globally...

in the fight against HIV/AIDS and TB, the Board and executive management team have carefully considered the strategic direction Anova should take for the next five years. Four strategic objectives have been identified:

1. Develop and implement impactful and sustainable health programmes, in alignment with relevant national and global plans.
2. Foster effective engagement with stakeholders and strategic partners, via collaboration and business continuity, thought leadership, innovative solutions, quality research and knowledge sharing.

3. Develop and implement organisation-wide strategies and policies to embed transformation.
4. Mobilise, deploy and manage resources and systems effectively and efficiently, to ensure and support the implementation of good governance and effective monitoring and evaluation towards sustaining programmes.

To achieve these objectives, four approaches will be adopted:

1. People-centred
2. Data-driven
3. Evidence-informed
4. Productive partnerships

This strategy will be subject to regular review and reflection, and plans may be adapted or modified in response to lessons learnt and changing environments and/or beneficiary needs, but the overarching strategic direction will continue to guide us.



Stakeholder Engagement

Anova's work spans social and cultural boundaries. Our stakeholders come from a wide variety of environments and have differing needs and expectations of us. But we all share the goal of finding solutions to the pressing healthcare problems of the day and improving the quality of health and

life for all South Africans. Without effective stakeholder engagement we would not be able to implement our programmes, projects and campaigns. Here we outline the stakeholder groups with which we engage and describe the nature of the engagement, their expectations of us, and our response.

Stakeholder group - Beneficiaries	
Overview All people served by Anova's health programmes, including HIV prevention, treatment initiation, reproductive health and psychosocial support	
Impact and engagement Anova takes a bottom-up approach, talking to communities and local government and building programmes from the ground up. Beneficiaries' acceptance of and engagement with our teams and interventions is critical to outcomes.	
Expectations/concerns <ul style="list-style-type: none"> Improved access to quality and comprehensive health services Access to information 	How we respond <ul style="list-style-type: none"> Staff interactions at facilities and within the community and at events Information sharing via our social media platforms, pamphlets and brochures

Stakeholder group - NGO partners	
Overview Support for HIV programming and health systems strengthening is divided by donors among multiple NGOs, according to capacity and expertise	
Impact and engagement Anova partners with other health-related NGOs to share skills and provide complementary resources. Partners collaborate to deliver optimal outcomes and meet donor needs.	
Expectations/concerns <ul style="list-style-type: none"> Alignment of activities to avoid duplication Scaling up of innovative projects 	How we respond <ul style="list-style-type: none"> Regular partner meetings Sharing best practice through seminars and workshops

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Stakeholder group - Anova Board	
Overview Executive and non-executive directors of the organisation	
Impact and engagement The Board is committed to an active role in the governance and oversight of Anova but does not intervene unduly in the daily management of the organisation, trusting in the skill and competency of the management team.	
Expectations/concerns <ul style="list-style-type: none"> Strategy development Performance management Financial accountability 	How we respond <ul style="list-style-type: none"> Extensive updates at Board and sub-committee meetings Detailed discussions with senior management

Stakeholder group - Employees	
Overview All staff who deliver Anova's programmes and provide central services	
Impact and engagement Anova has a culture of teamwork and collaboration. The atmosphere is supportive and employees feel valued.	
Expectations/concerns <ul style="list-style-type: none"> Job security Working conditions and environment Developing staff 	How we respond <ul style="list-style-type: none"> Regular communication with staff via digital media Quarterly newsletter Identifying and promoting training opportunities for staff

Stakeholder group - Funders	
Overview Bilateral and multilateral donors, foundations, private donors	
Impact and engagement Our donors are a critical component of our work. They provide the resources and set the agenda for programme delivery, working in conjunction with the South African Government.	
Expectations/concerns <ul style="list-style-type: none"> Project relevance and timeous, high-quality delivery on objectives Exemplary financial compliance 	How we respond <ul style="list-style-type: none"> Regular progress meetings Detailed site visits to projects and the areas we work in Comprehensive financial reporting High-quality data

Performance Highlights

Health Systems Strengthening:

Mopani District

Rural Limpopo may seem an unlikely location for one of the biggest treatment successes in the country, but Mopani District, a municipality covering 20,000 km² with a population of over one million, 54% of them women, is close to achieving the 90-90-90 targets. It is called an “attainment district”, as it is successfully working towards these stretching targets. Within this overarching achievement lie a number of smaller triumphs, all of which show what can be achieved in a rural environment when stakeholders are engaged, particularly at community level. Indunas (chiefs) and religious leaders as well as Department of Health officials were consulted at every stage about proposed services, particularly where new ideas were being piloted, and 100% buy-in was secured. Effective community mobilisation helped to attract men and adolescents who were previously unreached by

testing services and we increased the number of adolescent- and youth-friendly services (AYFS). We also introduced support groups for virally unsuppressed children with intensified counselling to address adherence issues, as well as groups for suppressed children, to support continued adherence.

Mopani was a pilot district for decanting patients from congested clinics to facilities nearer home. Anova helped the district health team to implement this policy, with 75% of eligible patients decanted by end September 2018, from zero in 2016.

Cape Winelands

We were sad to see our partnership with the Cape Winelands Department of Health come to an end, but proud of our achievements there. In both the Winelands and Mopani District we have improved rates of paediatric disclosure by sensitising health care workers to the need to empower caregivers and to help them deal with their own feelings around the child’s HIV status.

Paediatric disclosure is sensitive and confidential and often difficult to define due to age-related limits to understanding. However, we piloted a tool in Limpopo, and scaled it up based on the pilot’s success. Implementation of the pilot in 2015 saw disclosure status increase from **24%** (of whom 68% were partially disclosed and 32% fully disclosed) to nearly **90%**, using an active process of age-appropriate disclosure support in children 5 years and older.

Data-driven

Our ability to manage large amounts of data is a key feature of our success in all districts and a factor in the award of the APACE grant. Working with data teams within the district departments of health, we have developed the skill of data managers, moving them from merely reporting data to understanding data, which has facilitated better knowledge of the epidemic. Not only do we ensure data systems are implemented in full compliance with Department of Health standards, we have measurably improved data quality, leading to greater accountability to donors, better-informed programmes and ultimately expanded access to health care.

Tuberculosis

We continued to improve diagnosis and treatment of tuberculosis by addressing two gaps. The first gap we identified was persistent high mortality among GeneXpert-smear-negative patients on presumptive treatment. Anova worked with the Mopani Department of Health to refine the clinical assessment of these patients, resulting in improved outcomes. Secondly, extra-pulmonary TB was often missed, due to poor clinical diagnosis. We reviewed the diagnostic techniques and management of this condition and strengthened the referral process to ensure patients receive appropriate treatment.

Barry Mutasa
Provincial M & E Technical
Advisor, Limpopo

A portrait of Barry Mutasa, a Black man with short dark hair and a light beard, wearing a dark brown blazer over a pink button-down shirt. He is looking directly at the camera with a slight smile.

**“OUR ABILITY TO MANAGE
LARGE AMOUNTS OF DATA
IS A KEY FEATURE OF
OUR SUCCESS.”**

Key populations:

Health4Men / Health4Trans

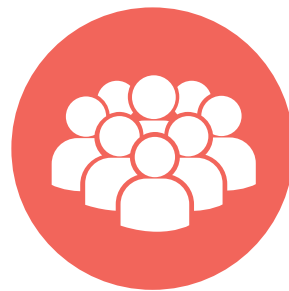
Anova's groundbreaking Health4Men and Health4Trans programmes ended in September 2018 in some areas, while continuing in others, but their legacies will live on in the capabilities of public health clinics and the skill of health care workers to have appropriate conversations with men who have sex with men (MSM) and transgender individuals. We worked across seven provinces to establish a model of MSM- and trans-friendly health care and build the capacity of staff to take accurate sexual histories and deliver competent, non-judgemental care to these key populations. Health4Men owes a large part of its success to its community outreach teams. We employed MSM from the communities to engage with their peers and create demand for the services. We also proved the concept of peer navigation as a means of bringing hard-to-reach MSM into the care

cascade. Peer navigation is the pairing of an HIV+ MSM with a peer who may be reluctant to access services. Anova was furthermore responsible for implementing PrEP across four Health4Men clinics and putting PrEP on the public health agenda as a viable prevention tool, not only for MSM but also for other key populations, such as sex workers.

JabSmart

People who inject drugs (PWID) can be among the hardest to reach of all key populations, due to a transient lifestyle and the need to be invisible to avoid arrest. They are at high risk of being infected with HIV and have complex needs, and often experience discrimination at both public and private health care facilities. Anova's JabSmart programme in Johannesburg offered HIV testing, treatment initiation, STI management, harm reduction, wound care and referral to rehabilitation and detoxification services.

People who inject drugs (PWID) are hard to reach. JabSmart offered HIV testing, treatment initiation and other important services to this key population.



Research and surveillance:

Female sex worker survey

Anova complements technical support to the health system and direct service delivery with ongoing research and surveillance. Key population surveillance utilises both behavioural and biological methods to determine population size, testing patterns and risk behaviours – critical components of successful programming and essential for effective policymaking. In 2017-18 we conducted the second survey of female sex workers in Johannesburg, Cape Town and Durban. This is the first time a comparison was done of the same population in the same geographic location, which provided deep insight into the changes that have taken place and the impact of interventions on this cohort over time. The data from this survey will inform the understanding of progress towards 90-90-90 in this population.

PopART

A major research study that closed out during the year was the HPTN 071 – Population Effects of Antiretroviral Therapy to Reduce HIV Transmission (PopART) study. Anova was the implementing partner for one of the three South African clusters of clinics. A clustered randomised controlled trial in nine locations in the Western Cape and 12 in Zambia, PopART studied the effect of treatment initiation at different CD4 counts on new infections. Results were presented at the Conference on Retroviruses and Opportunistic Infections (CROI) in March 2019.

STI management

Anova's expertise extends beyond HIV and TB and includes STIs. In an effort to optimise syndromic management we conducted a study of different models of diagnostic screening in a rural mobile clinic. In Johannesburg we administered a survey of drug resistance in men who have sex with men who present with persistent symptoms and found strong evidence of resistance in the context of Mycoplasma genitalium. We also completed a project involving eye infections in HIV+ patients in Limpopo and assessed the status of eye care services in Johannesburg.

Community health workers

Ward-based outreach teams (WBOTs) are a pillar of the South African Government's HIV/AIDS response and one of three components of Primary Health Care (PHC) re-engineering. Community Health Workers (CHWs) in the WBOTs contribute to all three of the 90-90-90 targets, having conversations with households about HIV prevention and testing, linking HIV+ individuals to care, supporting adherence and identifying defaulters. Anova assisted the Department of Health to mainstream the role of WBOTs and incorporate them into policy design after conducting an operational evaluation of their impact on health outcomes. Three publications have resulted from the evaluation.

Community engagement:

Anova believes firmly that clinical care alone, however high the quality, will not end the epidemic. Communities must be engaged and empowered to take responsibility for their own health. Furthermore, without community support and buy-in, programmes will fail. Anova's clinical expertise is accompanied by psychosocial and behavioural support that is inclusive and sensitive. In Mopani District, we have introduced mobile testing services for out-of-school youth who find it hard to get to the clinic, and have recruited gogos (grandmothers) as champions to have conversations with young people and influence them. We collaborate with indunas and traditional healers to ensure our activities are welcome in the villages and work with religious leaders to use church services as a platform to encourage testing. Pregnant women, women of childbearing age and male partners are all supported to know their status and adhere to treatment regimes. Lessons learnt from these programmes have been applied in other settings; the urban context presents different challenges and some initiatives are more successful in rural areas.

We the Brave / Young Heroes

We the Brave and Young Heroes are programmes that engage men and young men at a lifestyle level, beyond a clinical view of health. Using social media and peer support, MSM and YMSM are having conversations about issues that affect them day to day and impact on their vulnerability to HIV and STIs and their capacity to be sexually responsible. Young Heroes came to an end in 2018.

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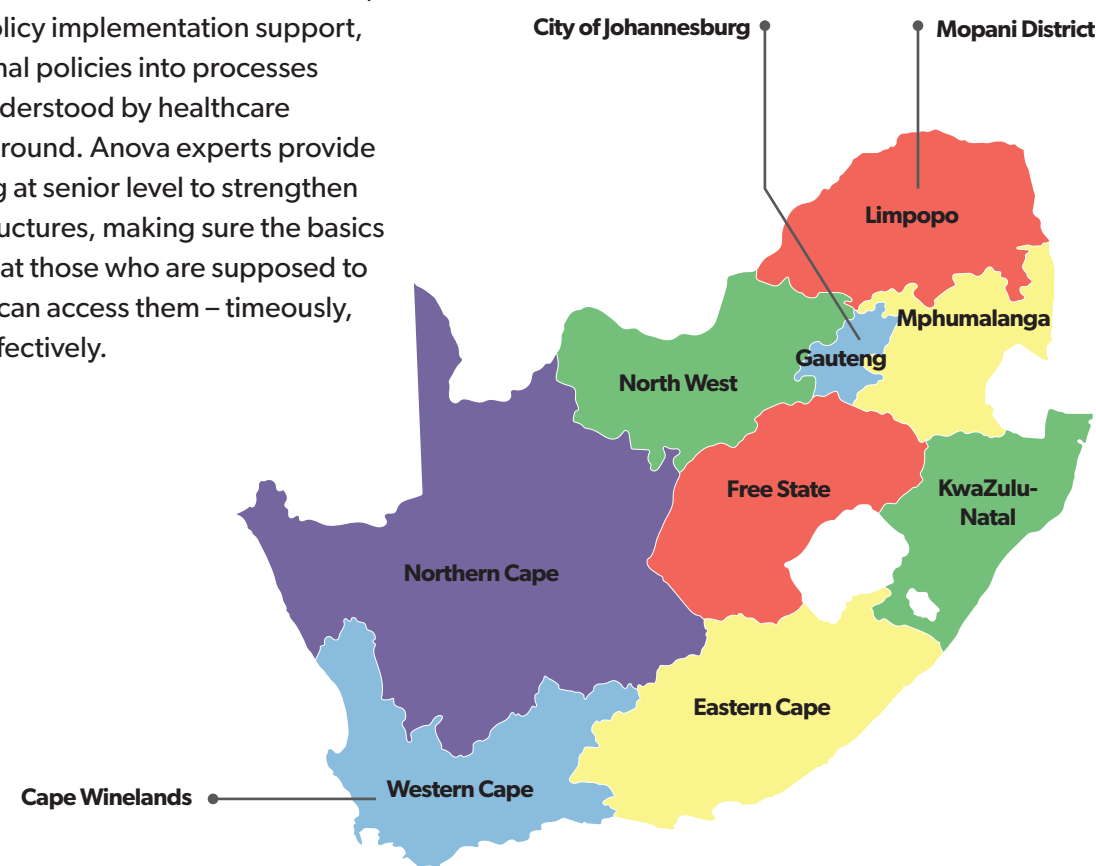
Our programmes and their impact

Health Systems Strengthening

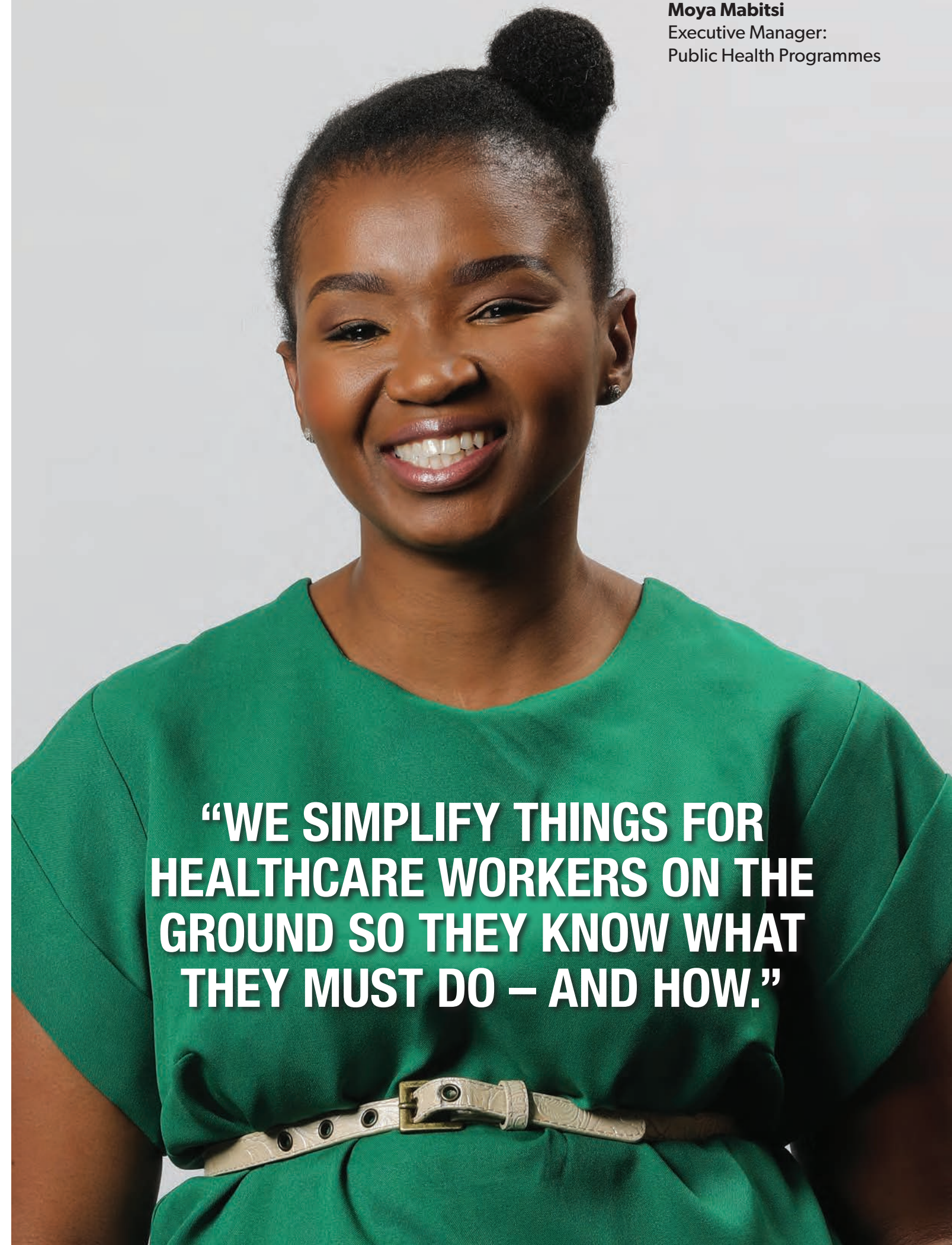
HIV has placed an undeniable burden on public health service delivery in South Africa. Paradoxically, it has also been a force for strengthening the health system. With funding from PEPFAR and USAID, Anova supported

three health districts in three provinces with health systems strengthening (HSS): City of Johannesburg (sub-districts C, D, E and G) in Gauteng, Mopani in Limpopo, and the Cape Winelands in the Western Cape. But the reach of HSS extends beyond the district health authorities with which we work. Our engagement is multi-stakeholder and multi-level.

Anova specialist advisers assist **provincial Departments of Health** with technical advice, guidance and policy implementation support, translating national policies into processes that are easily understood by healthcare workers on the ground. Anova experts provide capacity building at senior level to strengthen management structures, making sure the basics are in place so that those who are supposed to receive services can access them – timeously, efficiently and effectively.



Moya Mabitsi
Executive Manager:
Public Health Programmes



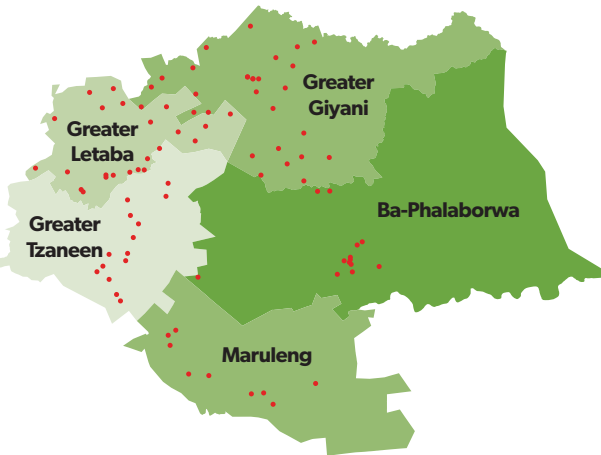
**“WE SIMPLIFY THINGS FOR
HEALTHCARE WORKERS ON THE
GROUND SO THEY KNOW WHAT
THEY MUST DO – AND HOW.”**

At **district and sub-district** level Anova is instrumental in strengthening the ability of staff to collect data, to understand it and to utilise it. Under Anova’s tutelage data quality has improved significantly within the districts we support, leading to more accurate measurement of performance against targets, more accurate target setting and better-informed programmes. In Mopani district, the team has interrogated patient files to find HIV-positive individuals and determine their treatment status, working toward the second 90 goal. Using geo-mapping it has been possible to define the need in specific localities, for instance identifying gaps in treatment initiation. Automation of data is also underway. Faster delivery of data to programme managers means a more rapid response. Anova’s data-driven process has resulted in an agile, nimble approach to planning and decision-making.

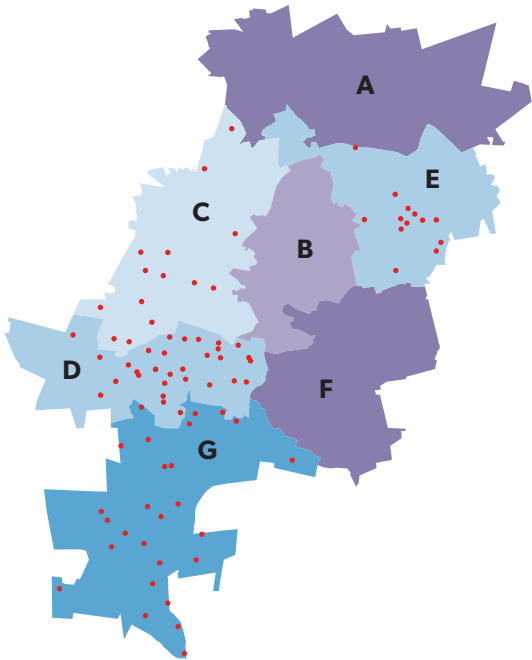
Number of HIV tests conducted and individuals started on treatment in COJ and Mopani

	COJ	Mopani
Number of facilities	79	115
Tested for HIV	357 024	291 678
HIV-positive	41 795 (11.7%)	11 414 (3.9%)
Started ART	36 102	12 198

Facilities in Mopani District (excluding Mobiles)




Facilities in Johannesburg Regions C, D, E & G



At **facility level** Anova trains and mentors nurses in NIMART (Nurse-Initiated Management of Anti-Retroviral Therapy) and provides specialist support with the management of difficult cases, including children. In Mopani nearly 300 nurses have graduated from NIMART training. Anova nurses train community health workers (CHWs), who provide screening services at community level, visiting homes to offer HIV testing and TB screening. CHWs also conduct weight and health education and assist with loss-to-follow-up tracing. Another key service to facilities is monitoring medicine availability. Anova assesses weekly reports from

the provincial Department of Health and the team visits any clinic reporting a stock-out to check stock levels. Where necessary an order is placed for the drugs, but the aim is to assist facilities before a stock-out actually happens.

Anova’s data unit not only supports district and sub-district managers, it supports data capturers in facilities to ensure systems are implemented in compliance with Department of Health standards for data collection, e.g. TIER.Net and ETR.



165

Nurses trained in NIMART

CHWs engaged by Anova

COJ

1854

Mopani

1800

Anova has worked tirelessly to reach **children, adolescents and young women** with testing services, treatment initiation and prevention tools. A deep understanding of the community context has gained the trust of caregivers, many of whom are dealing with their own issues around HIV, and has significantly improved rates of paediatric testing, disclosure and adherence. Anova's technical team has enhanced the capacity of districts to provide adolescent- and youth-friendly services; and in Mopani District there are now 40 out of 108 facilities accredited as AYFS by the district, from a standing start two years previously. A dedicated paediatric support group provides intensified counselling to virally unsuppressed children; and there are also support groups for children who are successfully suppressed, to ensure continued adherence.

Alongside clinical and technical support to district health authorities, Anova provides important psychosocial support in Mopani District via a project called **Family Free**. Funded by Orange Babies Netherlands, Family Free comprises a community centre and a mobile health unit and works in facilities. In an area where there is still a high maternal death rate from AIDS-related illnesses, the project targets pregnant women and women of childbearing age to ensure access to

PMTCT. Infected adolescents, young children and men as partners are also prioritised. The community centre provides HIV testing and other reproductive health services such as family planning and cervical screening. A men's campaign takes place on the first Saturday of every month. Viral suppression support groups facilitate disclosure between caregiver and child and help to improve rates of suppression.

The **DREAMS project** targeted adolescent girls from age 10. Through DREAMS Anova provided services alongside psychosocial support. Homework assistance, small business development and conversations with parents around how to engage with adolescents introduced a health-positive approach to HIV prevention and treatment among teens. Targeting schools with the highest rates of teen pregnancy, educators received training on how to teach life skills and sexual and reproductive health (SRH). Awareness raising took place about post-violence care – what to do and where to go. Most importantly, DREAMS gave girls a platform and a safe space to talk about sensitive issues.

Lucy Ranoto
Programme Manager
Mopani District



“IN EVERY MEETING, IN EVERY DISTRICT REVIEW, ANOVA IS VALUED AS A KEY PARTNER.”

Number of pregnant women
receiving antenatal care

Mopani

24 692

Number receiving ART

4 772

(19.3%)

COJ

53 112

Number receiving ART

11 886

(22.4%)



40 out of 108

facilities in Mopani District are
accredited as adolescent- and
youth-friendly



Score4Life, a component of DREAMS, reached the male partners of adolescent girls with pop-up testing services in spaces young men frequent – taxi ranks, shopping malls, etc. Hot drinks, free WiFi and a quick turnaround encouraged young men to “score” by knowing their status and adhering to treatment if positive. Score4Life pop-ups were located in Alexandra, Lenasia and Soweto in Gauteng Province. Treatment initiation happened on site.



26 355

men tested for HIV through
the Score4Life programme between
October 2017 and June 2018

1004

tested positive,
a positivity rate of

4%

Elimination of mother-to-child transmission is a major prevention success of the South African HIV programme, with national early transmission rates now standing at 0.9%. Anova has continued to prioritise pregnant women and women of childbearing age in all its health programmes. However, HIV transmission to infants is still taking place via breastfeeding and these children are often not identified until much later, when they start to show signs of failure to thrive or becoming visibly sick. The most difficult age group is 5-15. Anova’s paediatrics programme works to identify these “missing” children through intensified case-finding.

BOLD CONVERSATIONS



Key populations

Although men’s health and transgender health programmes are a small component of Anova’s total programme portfolio, they have justifiably attracted a disproportionate amount of attention. Anova has redefined the landscape for same-sex and transsexual health services. Through a lifestyle-based, sex-positive approach, health care has become not only more accessible and less discriminatory for MSM, YMSM, WSW and transgender people, there is a new discourse across South Africa and beyond. Anova pioneered PrEP for MSM through demonstration clinics, and in so doing has had an impact on government health policy.

As part of a capacity-building mandate, Anova has trained health care workers in service delivery to MSM and transgender individuals, providing guidance on how to talk about sensitive issues in a straightforward manner. Nurse mentors helped public sector nurses overcome discomfort and lack of confidence in dealing with MSM and trans health matters. Through the **Health4Men** and **Health4Trans** programmes, 437 health care facilities have been certified as competent in the provision of MSM/trans services across nine provinces, and over 20 000 nurse practitioners have been trained. But facilities and nurses are only half the picture. Health4Men owes a large part of its success to its community outreach teams. MSM from the communities were employed to engage with their peers and create demand for services. They worked tirelessly to provide education on risk reduction, STI screening, PrEP and HCT. Their commitment and the extraordinarily long hours they put in led to 102% achievement of target: over 46 000 MSM reached and nearly 40 000 HIV tests conducted.

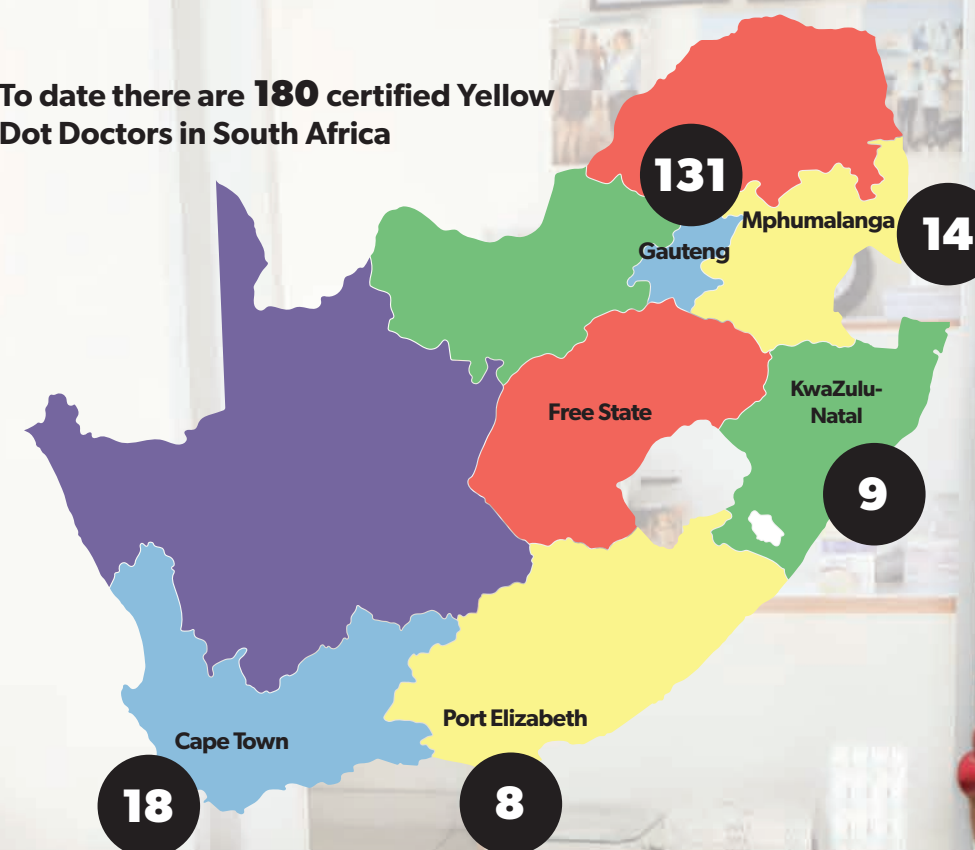
BOLD CONVERSATIONS



In the private sector, GPs have less experience of treating HIV than public sector health care workers. In particular, levels of competence and confidence in handling MSM patients are often low. Anova introduced the **Yellow Dot Doctor scheme** in 2016, educating private practitioners

on how to identify MSM in their practice, how to take a sexual history, how to address MSM issues from a health perspective, what questions to ask, and the latest developments in the field. Using the pharmaceutical model of academic detail, which only takes 15 minutes of a doctor's time, our trainers distributed materials and talked about MSM issues, including mental health.

To date there are **180** certified Yellow Dot Doctors in South Africa



**“YELLOW DOT DOCTORS
ARE UNFREAKOUTABLE”**



Young Heroes is a programme that recognises that young MSM have different concerns than their adult counterparts. Young men learning to understand their sexual orientation often experience bullying and challenges with coming out to family and friends, in a culture where homosexuality is still highly stigmatised. Young men may feel unable to talk to anyone close to them, for fear of rejection and violence. Young Heroes helps young men navigate their sexuality; it provides a platform where they are free to ask questions and explore issues that concern them. Through social media Young Heroes also raises awareness in the broader community of the obstacles YMSM face. Working in schools and universities and leveraging activities such as group discussion and theatre, Young Heroes, which began in 2016, had a noticeable impact in 2017, with nearly 10 000 followers on its Facebook page. Young Heroes has now come to an end, but its young heroes continue to be role models for other YMSM.

We the Brave complements **Health4Men** by looking through a lifestyle lens rather than a clinical one. We the Brave allows MSM to make an emotional connection with their health outside of core sexual health issues. The conversation avoids medical jargon and talks to men in a straightforward, sexy way. It has enabled men to tell their own brave stories about a multitude of things that matter to them, not just their health. As a result of engagement on several levels, men take better care of themselves, and this translates to more responsible sexual decision-making and better health outcomes. We the Brave has over 30 000 Facebook followers. Facebook content is user-generated and We the Brave men become role models for others.



JabSmart is a programme that aims to reduce the risk of people who inject drugs in Johannesburg becoming HIV-positive. South Africa's HIV epidemic has been labelled a generalised sexually transmitted epidemic. However, this description belies the fact that people who inject drugs (PWID) have a heightened risk from HIV as well as TB and other medical conditions, such as infection. PWID in Johannesburg have very high rates of HIV compared to the general population: between June and September 2018 JabSmart tested over 1000 individuals for HIV, with 46% testing positive. TB screening also yields high levels of symptomatic results. HIV transmission in this group is most likely linked to injection drug use rather than sexual behaviour, but PWID are not receiving appropriate services and many drug users report high levels of discrimination and stigma at both public and private health care facilities. Long waiting times may trigger withdrawal symptoms. Often PWID are told to come back when they are clean, which is an ineffective and unrealistic public health strategy. Injection drug use is on the increase in South Africa's large cities, and harm reduction has been shown to be an effective response to both the increase in drug use and the spread of HIV within this population.

JabSmart provides a total package of care using a mobile clinic and peer outreach. All peer educators are PWID themselves and, equipped with backpacks filled with harm reduction packs – sterile water, wipes, needles, cookers – they meet clients and encourage them to access testing and treatment services. JabSmart provides STI management and wound care, but services are focused on HIV rather than broad health care. By the end of September 2018, 591 people had tested positive, with 152 of them linked to care.

BOLD CONVERSATIONS




Research and surveillance

Research informs all of Anova's programmes. Without a robust research agenda, programme managers wouldn't know what is working and what is not. Anova monitors all projects and activities not only to measure target attainment, but also to learn from the communities where it works. Which interventions succeed on a behavioural level? Which ones never achieve full buy-in? What do clients and participants think about Anova? What do they want and need? How can they be better served?

Anova conducts surveillance of key populations – MSM, PWID and female sex workers, measuring viral load suppression, testing patterns, risk behaviours, health care access and utilisation, and population size estimation. Mixed method surveys using questionnaires and biological samples ensure scientific rigour. Population size estimates are essential for target setting, resource allocation, policy making, evaluation of intervention success and comparison of results across districts. Where the same activities lead to very different results in different areas, researchers can interrogate the situation to determine how non-clinical factors impact on clinical efficacy. Data on MSM showed the potential cost-effectiveness of PrEP in the HIV cascade and expansion of enrolment of MSM on PrEP was recommended to government as a result.

Research also tests concepts and models before taking to scale. Working in collaboration with the University of California at San Francisco and in partnership with other MSM organisations in four districts, Anova piloted an empowerment model of peer navigation, pairing HIV-positive MSM with men who may be reticent to access services. It was a randomised controlled trial that compared the impact of this approach with the standard of care and included qualitative studies to understand behaviour. The study proved that an evidence-based model from another setting could be transformed and adapted to the South African context and be successful. Anova is proud of its success in expanding the original, prevention-based concept to a full continuum of care concept, including treatment initiation and PrEP. This model is now ripe for scaling up and developing into a programme.

Anova's research is instrumental in moving toward 90-90-90. Number of first-time testers, frequency of testing and treatment initiation is recorded. All studies are powered to check viral suppression through biological samples. Therefore, if a person reports being on treatment the data will confirm if they are in fact adherent.

A portrait of Albert Manyuchi, a Black man with short dark hair and a beard, wearing glasses and an orange polo shirt. He is smiling slightly and has his arms crossed. The background is a plain, light grey.

**“ANOVA IS PROUD OF ITS
SUCCESS IN EXPANDING THE
ORIGINAL CONCEPT TO A FULL
CONTINUUM OF CARE.”**

Knowledge dissemination

In the course of running programmes Anova accumulates a lot of knowledge, and stakeholders at all levels of the value chain are eager to learn from the insights gained. Anova shared knowledge and skills through workshops, seminars (including those led by the Department of Health) and meetings; and Anova staff presented research findings at international conferences and produced 28 accredited academic papers (for more details see page 62).

In March, results of the longitudinal HIV self-testing (HIVST) study conducted by Anova among South African MSM in Mpumalanga Province were presented at CROI (Conference on Retroviruses and Opportunistic Infections) in Boston, Massachusetts. The study explored acceptability, feasibility, utilisation and

distribution patterns of self-testing, in an attempt to understand how HIVST might expand testing frequency in this high-prevalence area.

The Ward-Based Outreach Team project resulted in three research publications leading to a PhD for Dr Nireshni Naidoo, an Anova employee; other notable publications covered sexually transmitted infections and health systems innovations.

Beyond South Africa

Anova is a key partner and founding member of EQUIP, an African-led consortium of African partners tasked with technical support and direct service delivery. Anova provides expertise in key populations and PrEP. Anova worked with the Society for Family Health (SFH) to establish the first PrEP demonstration project in Namibia, developing tools and methodologies. The project launched predominantly for sex workers with two sites in June and July 2018, with the remainder coming on board after the end of the reporting year. The project is based in NGO clinics, providing services not only for sex workers but also for women in general, young people and male truck drivers.

In Mozambique Anova was part of a group helping to strengthen programmes for key populations and MSM. Through modelling, outreach and training, local organisations were able to reach more PLHIV in MSM networks. This project was completed in September 2018. In Lesotho Anova worked with the Elizabeth

Glaser Pediatric AIDS Foundation to establish male-friendly clinics, through exchange visits to South Africa for intensified skills sharing and training. The first male-friendly clinics in Lesotho resulted in increased uptake of testing and services for men. This project also concluded in September 2018.

Outside of Africa, Anova supported Haiti in the creation of its first key population health service project. Exchange visits were organised for implementation staff and policy staff and Anova helped to revise Haitian PrEP policy. Anova was also involved in PrEP policy development for Zambia.

The international platform of EQUIP creates an opportunity to present brands like Health4Men in other contexts and demonstrate their transferability. It also allows Anova to learn lessons about programme implementation from other African organisations, facilitating knowledge exchange on a meaningful and effective level. EQUIP showcases the extent of Anova's expertise and how it can be leveraged in related situations. Anova functions at every level of a health system and has technically strengthened local implementing partners and worked with service users at community level. Anova has proven that its model can be effectively translated to other countries.



Marketing

Content is king. Today's sophisticated consumers, particularly millennials, expect slick marketing that speaks directly to them and acknowledges their interests and preferences. This is as true for health messaging as it is for consumer goods. We have to continuously evolve and innovate to capture the attention of not only the youth but society as a whole. Anova recognises this and has a team of skilled marketing professionals, who support all programmes, projects and campaigns with the following:

- Insights, strategy and research
- Creative concepts, design and implementation
- Building & managing all digital platforms and social media
- Content creation
- Analytics
- Public Relations

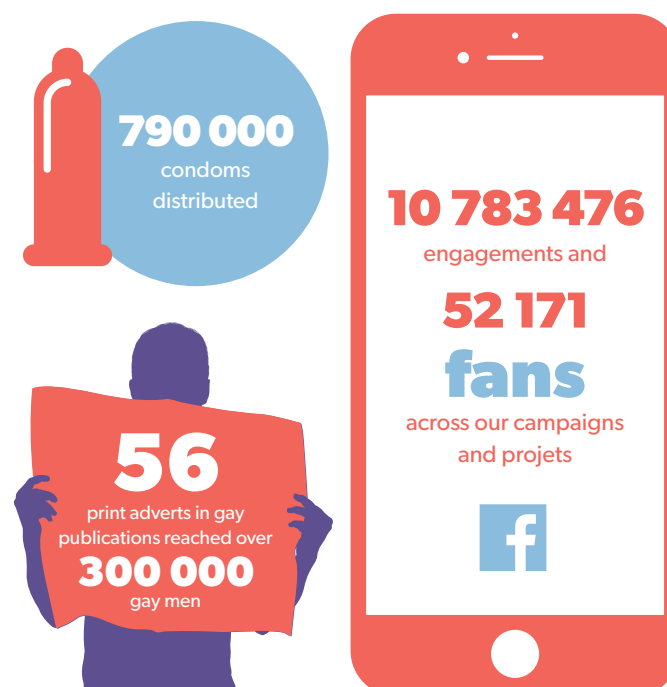
The main objective is to mobilize our target audience with relevant messaging, delivered at the right time and place to change risky health behavior. At Anova, we know that a multi-channel strategy is the most effective way to achieve our goal, so we always consider online and offline channels in a brief.

All communication collateral reflects Anova's brand values and commitment to better health for all. Our digital platforms continually evolve, encouraging user-generated content

and putting the target audience at the heart of the message. As with WE THE BRAVE, our users become role models for others to follow. Education and awareness are the cornerstones of our marketing strategies, that combined with innovative solutions to reach our audience, delivers on positive results.

The logistics team makes sure printed matter gets where it needs to go when it is needed, whether to a clinic in central Cape Town or a community centre in rural Limpopo.

The marketing team also manages the public relations strategy and ensures our successful health care programmes and our key research findings are widely publicised.



BOLD CONVERSATIONS

Nina Morris Lee
Head of Marketing

“THE FUN, STRAIGHT-TALKING TONE OF THE YELLOW DOT DOCTOR COMMUNICATION ENCOURAGES HONEST, NON-JUDGEMENTAL DIALOGUE WHICH LEADS TO BETTER HEALTH OUTCOMES.”

Governance

The Anova Health Institute is committed to establishing and upholding the highest standards of good governance and ethics. We have implemented robust governance practices, procedures and processes, which align with all significant governance principles in King III, as applied to nongovernmental organisations, and all regulatory and statutory requirements. Where the Board has determined that recommended practices are not in the best interests of Anova, or are not attainable in this size of non-profit organisation, they have not been pursued.

Our structures have been reviewed to ensure that they comply with the Companies Act No. 71 of 2008, as amended (the “Companies Act”). The Board is responsible for the strategic direction of Anova, and for ensuring responsible, ethical and sustainable corporate governance. The responsibilities of the Board and senior management have been clearly defined by the Board and are separate. The Chairperson of the Board is responsible for

providing overall leadership of the Board and ensuring that the Board receives clear and accurate information to enable the Directors to perform effectively. The CEO is responsible for the execution of the strategic direction, which is approved by the Board, through the delegation of authority.

The Management Executive Committee is responsible for the operational activities of Anova and monitoring operating and financial performance. It meets monthly, with additional meetings held if required. The Committee works with the CEO and COO to share responsibility for the operational activities of Anova, contribute to strategy, operational plans, policies and procedures and budgets; and assess and control risk to the Company.

The Committee members are the CEO, COO, Executive Director Government Liaison, Executive Human Resources Manager, Chief Financial Officer, and Executive Grants and Operations Manager.





The Board



Mr Joel Dikgole – Chairperson

Joel Dikgole (MBA, BCompt, MAP) is the Managing Director at JTD Consulting Pty. Previously, Joel was CEO of the Wholesale and Retail Sector Education and Training Authority (W&RSETA) and led the SETA through challenges and successes during his 13-year tenure. Joel has a passion for skills development in the education and training sector. He is a former Council Member of the University of Johannesburg and serves on the Finance Board of the Diocese of Johannesburg (Anglican) as the former Deputy Bursar.



Prof James McIntyre – Chief Executive Officer

Prof James McIntyre (MBChB, FRCOG) is the CEO of Anova, Honorary Professor in the School of Public Health & Family Medicine at the University of Cape Town, Honorary Senior Lecturer in the Mailman School of Public Health at Columbia University and Vice-Chair of the US NIH-funded International Maternal Paediatric and Adolescent AIDS Clinical Trials (IMPAACT) Network. James previously worked for 25 years at the Chris Hani Baragwanath Hospital in Soweto, South Africa.



Dr Helen Struthers – Chief Operating Officer

Helen Struthers (MSc, MBA, PhD) is the COO of Anova and an Honorary Research Associate in the Division of Infectious Diseases & HIV Medicine, Department of Medicine at UCT. Helen has worked in the health sector since 2001, managing large donor-funded projects supporting the Department of Health to increase quality HIV services throughout the country and beyond.



Mrs Susan Kekana – Executive Director

Susan Kekana (Degree in Nursing) is Anova's Executive Government Liaison. She held Senior Management positions at both the Gauteng Department of Health and the City of Johannesburg. She is one of Anova's most senior and respected managers and has mentored many of our younger managers. Susan brings to the Board a wealth of experience in the public health sector.



Mr Nico Theron – Independent Non-Executive Director

Nico Theron (B.Luris) is a legal advisor who started his career as a State Prosecutor. He is the CEO of Alchemy Consolidated Business Holdings (Pty) Ltd and has extensive specialised expertise in business ethics, commercial matters, fraud and other crimes, human resource related matters and drafting of papers in litigation and agreements.



Dr Moretlo Molefi – Independent Non-Executive Director

Moretlo Molefi (BSc, MB ChB, Telemed Dipl, SMP) is a medical doctor and a dynamic entrepreneur with a reputation for exemplary leadership. She is a pioneer of telemedicine in Africa. She is also the only African and woman serving on the Board of the International Society of Telemedicine and eHealth, which has members in over 56 countries. She is a non-executive board member of a number of major South African companies.



Mr Marthinus Venter – Non-Executive Director

Marthinus Venter (BCompt, CA) was Executive Manager Finance at Anova until he left to pursue his passion for farming and to run a large farming company. In his earlier years, Venter became one of the youngest CFOs with Staple & Later. He was also the Group Financial Director, followed by a position as Finance Executive within the Barloworld Group.



Mrs René Kenosi – Independent Non-Executive Director

René Kenosi is a qualified chartered accountant who provides internal audit, risk management, corporate training, and management consulting services. She is a former Chair of the Independent Board for Auditors, and has served on many Boards and Audit committees and the Advisory Council for the Minister of Home Affairs.

The Directors

The persons who have been Directors of the Company at any time during the period of this report are:

Independent Non-Executive Directors

Mr Joel Dikgole (Chairperson)
Mr Nico Theron
Dr Moretlo Molefi
Mrs Rene Kenosi

Non-Executive Director

Mr Marthinus Venter

Executive Directors

Prof James McIntyre (CEO)
Dr Helen Struthers (COO)
Mrs Susan Kekana

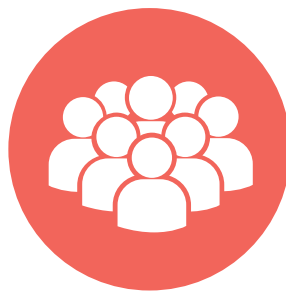
Independent Non-Executive Directors are appointed for a term of three years and may avail themselves for re-election for one additional three-year term, in accordance with the Anova Board Charter. The Independent Non-Executive Directors bring a diverse range

of skills and expertise to the Board. These include financial, human relations, legal, public service and health service experience. Independent Non-Executive Directors receive fees for services on the Board and Board Committees, which are set via a Board Resolution annually, and are benchmarked with similar nongovernmental organisations.

A full list of Directors’ personal financial interests is tabled at each Board meeting. Any potential conflict is reviewed, and Directors recuse themselves from any discussion and decision on matters in which they have a material interest.

Upon appointment new Directors are offered an induction programme tailored to meet their specific requirements. All Directors are provided with the necessary documentation in order to familiarise themselves with the Company and matters affecting the Board.

An ongoing programme of presentations and site visits coordinated within the quarterly Board meeting schedule aims to further increase Board members’ understanding of the work and environment in which Anova functions.



The Independent Non-Executive Directors bring a diverse range of skills and expertise to the Board. These include financial, human relations, legal, public service and health service experience.

The Board meets formally four times a year, with additional meetings held if required. The Chairperson, in consultation with the CEO, sets Board meeting agendas. Meetings are scheduled according to an approved annual work plan and management ensures that the Board members are provided with all of the relevant information in advance to enable the Board to reach objective and well-informed decisions. The Chairperson of each Board Committee reports back to the Board on Committee matters requiring approval by the Board after every Committee meeting. The minutes of all Committee meetings are circulated to all the Directors.

The Board reviews Board and Committee succession on an annual basis. The Board has determined that formal Board and Committee evaluations will be carried out every two years; The formal evaluations of the Board include evaluations of Directors’ and Chairperson’s performance as well as the attendance at Board meetings. In the intervening years when a formal review is not carried out, each Committee reviews its activities against the approved Terms of Reference and reports back to the Board on these matters.

Board Committees

As mandated by the Board Charter, three Board Committees assist the Board in fulfilling its objectives, although the Board remains ultimately responsible for any function it has delegated to a sub-Committee. The role and responsibilities of each Committee are set out in the Terms of Reference, which are reviewed on an annual basis and approved by the Board, ensuring that the Board is satisfied that it has carried out its responsibilities appropriately.

Audit and Risk Committee

The Audit and Risk Committee has an independent role with accountability to both the Board and stakeholders. The Committee does not assume the functions of management, which remain the responsibility of the Executive Directors, officers and other members of senior management. The Committee Terms of Reference allow the Committee to investigate any activity of the Company and permit seeking information or advice from any employee or external consultant. The membership of the Committee comprises three Independent Non-Executive Directors and one Non-Executive Director. In addition, the CEO, COO and Executive Finance Manager are also permanent invitees to the meetings of the Committee.

The Audit and Risk Committee nominates a registered auditor for appointment who, in the opinion of the Committee, is independent of the Company, determines the fees to be paid and the terms of engagement of the auditor and ensures that the appointment of the auditor complies with the Companies Act and other relevant legislation relating to the appointment of auditors.

In addition, the Committee reviews the annual audit reports and recommends acceptance of these reports to the Board. Key risk metrics and measures have been developed with risk indicators clearly defined. The Audit and Risk Committee reviews these annually to assess risk and makes recommendations to management on risk mitigation strategies. The Committee is an integral component of the risk management process. Specifically, the Committee oversees financial reporting risks; internal financial controls; fraud risks as they relate to financial reporting; and IT risks as these relate to financial reporting.

Remuneration Committee

The Remuneration Committee oversees the setting and administering of remuneration at all levels in the Company, and the establishment of a Remuneration Policy that will promote the achievement of strategic objectives and encourage individual performance strategy.

The composition of the Committee is in line with the King III recommendation whereby the majority of the members are Independent Non-Executive Directors. The CEO, COO and the Executive HR Manager are invited to attend all meetings except when their own remuneration is under consideration.

Anova is committed to remunerating staff in a way that ensures the organisation’s ability to attract, retain and motivate a highly skilled and talented group of individuals. The Committee considered recommendations on approaches to performance management-based remuneration and approved annual salary increases after considering the Remuneration Policy and benchmarking information from other similar employers.

Anova is committed to remunerating staff in a way that ensures the organisation’s ability to attract, retain and motivate a highly skilled and talented group of individuals.

The Remuneration Committee has also been tasked with the role of nominations for Board members and is responsible for making recommendations for members to the Board.

Social and Ethics Committee

The purpose of the Social and Ethics Committee is to assist the Board in ensuring that Anova complies with the relevant statutory requirements of the Companies Act, as well as best practice recommendations in respect of social and ethical management. The Committee monitors Anova’s activities, having regard to any relevant legislation, other legal requirements or prevailing codes of best practice, relating to social and economic development, good corporate citizenship, the environment, sustainability, labour and employment and company ethics. The Committee comprises three Independent Non-Executive Directors, three Executive Directors, the Executive Programme Manager and the Executive HR Manager.



Code of ethics

Anova is committed to promoting the highest standards of ethical behaviour among its Directors, management and employees. The Company has a Code of Ethics, which forms

part of each employment contract. The Code outlines conflicts of interest, the prevention of disclosure of company information, policies on the acceptance of donations and gifts and protection of the intellectual property of Anova.

Vision Ideology Code of Ethics

Vision

The leading organisation in innovative health programmes that result in positive health outcomes in all communities we serve

Ideology

Anova believes that everyone has the right to excellent health

Code of Ethics

The Anova Health Institute strives for the highest standards of ethical behaviour across all of our activities. The objective of this code of ethics is to ensure that all employees engaged by Anova adhere to the same code of conduct.

In this regard all Anova employees are required to:

- be accountable for decisions made;
- be helpful to each other;
- be results-oriented;
- be committed to achieve the mission of Anova;
- be committed to gender diversity and equality;
- be committed to learning from our successes and failures to improve performance;
- be committed to building each other's capacity;
- be transparent in decision-making and communication;
- contribute to team work;
- show initiative;
- be honest in dealings with staff and other stakeholders;
- respect each other's opinions and differences;
- share knowledge, experiences, skills and information; and
- treat each other with respect.

Excellence | Integrity | People | Innovation | Diversity | Collaboration

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Board meeting and committee attendance

Board Meetings attended in 2017-18

Members	Attendance			
	02 November	01 February	27 March	12 July
Independent Non-Executive Directors				
Nico Theron	√	√	√	√
Joel Dikgole (Chair)	√	√	√	√
Moretlo Molefi	√	√	√	√
Rene Kenosi	√	√	√	√
Mikateko Shisana				√
Non-Executive Director				
Marthinus Venter	√	*	*	
Executive Directors				
James McIntyre (CEO)	√	√	√	√
Helen Struthers (COO)	√	√	√	√
Susan Kekana	√	√	√	*

* Absent with apologies

Anova is committed to promoting the highest standards of ethical behaviour among its Directors, management and employees.

Remuneration Committee

Directors	Meetings	
	18 October	13 March
Nico Theron (Chair)	√	√
Moretlo Molefi	√	√
Joel Dikgole	√	√
James McIntyre (attendee)	√	*
Helen Struthers (attendee)	√	√



Board Committee Membership

Directors	Audit & Risk Committee		Remuneration Committee	Social & Ethics Committee
	Audit	Risk		
Independent Non-Executive Directors				
Nico Theron	Member	Member	Chair	Member
Joel Dikgole			Member	Member
Moretlo Molefi *	Member	Member	Member	Chair
Rene Kenosi	Chair	Chair		Member
Mikateko Shisana	Member	Member		Member
Non-Executive Director				
Marthinus Venter *	Chair	Chair		
Executive Directors				
James McIntyre	Attendee		Attendee	Member
Helen Struthers	Attendee	Member	Attendee	Member
Susan Kekana				Member
Moyahabo Mabitsi				Member
Prescribed Officers				
HR Manager			Attendee	Member
Finance Manager	Attendee	Attendee	Attendee	

* Resigned

Audit & Risk Committee

Directors	Meeting
	13 March
Marthinus Venter (Chair)	*
Rene Kenosi (Chair)	√
Nico Theron	√
Moretlo Molefi	√
Helen Struthers (Risk only)	*
James McIntyre (attendee)	√

Social & Ethics Committee

Directors	Meeting
	27 March
Moretlo Molefi (Chair)	√
Nico Theron	√
Joel Dikgole	√
Rene Kenosi	√
Helen Struthers	√
James McIntyre	√
Susan Kekana	√

* Absent with apologies

Publications

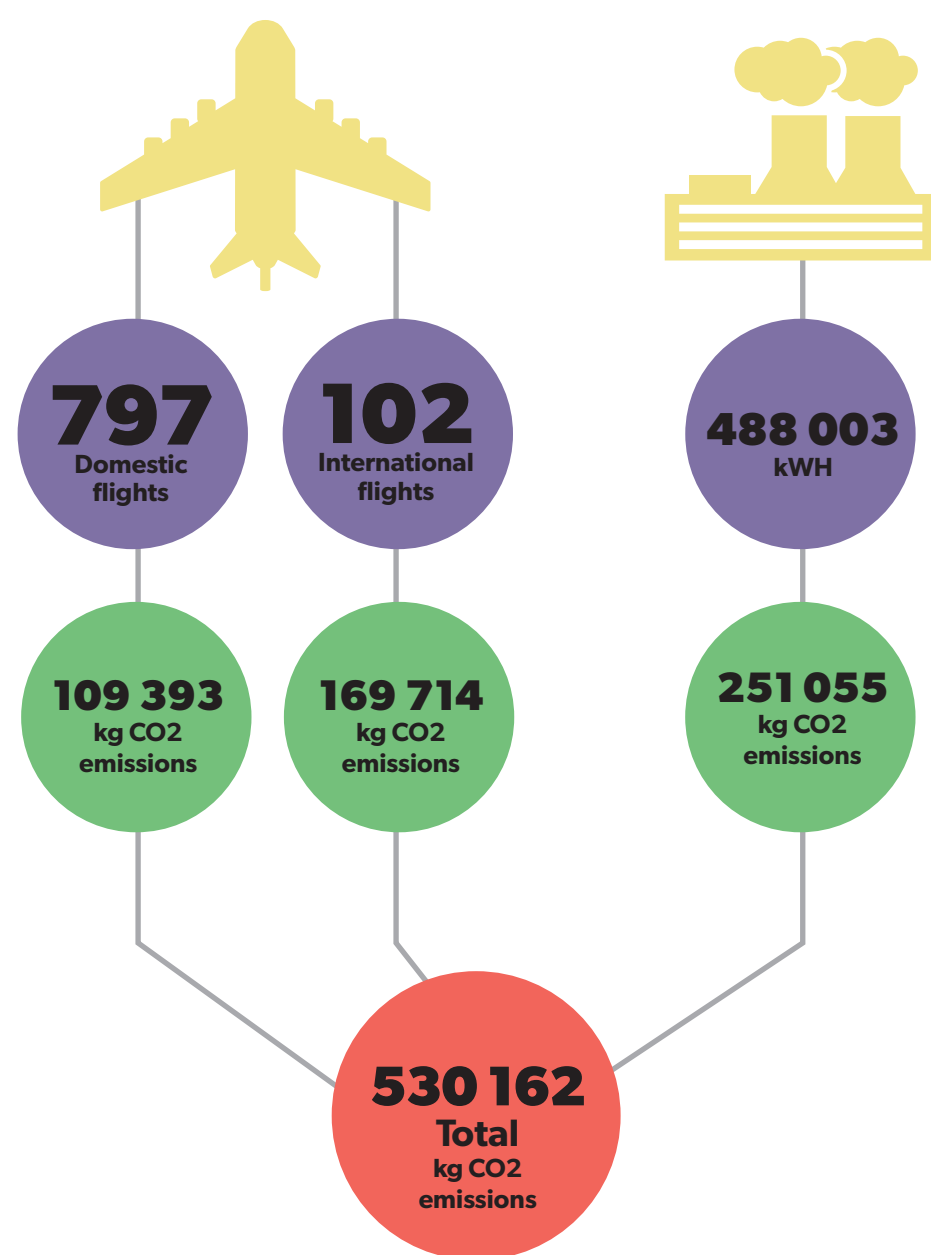
Authors	Title	Journal/Publisher
Mnyani CN, Buchmann EJ, Chersich MF, Frank KA, McIntyre JA	Trends in maternal deaths in HIV-infected women, on a background of changing HIV management guidelines in South Africa: 1997 to 2015	Journal of the International AIDS Society 2017, 20 :e25022
Lilian RR, Grobbelaar CJ, Hurter T, McIntyre JA, Struthers HE, Peters RPH	Application opportunities of geographic information systems analysis to support achievement of the UNAIDS 90-90-90 targets in South Africa	S Afr Med J 2017;107(12):1116-1120
Semugoma NP, Rebe K , Sonderup MW, Kamkeumah M, de Swardt G, Struthers HE , Eksen H, McIntyre JA	Hepatitis C: A South African literature review and results from a burden of disease study among a cohort of drug-using men who have sex with men in Cape Town, South Afric	S Afr Med J 2017; 107 (12): 1065-1071
Maleke K , Daniels J, Lane T, Struthers HE, McIntyre JA , Coates T	How social stigma sustains the HIV treatment gap for MSM in Mpumalanga, South Africa.	Glob Health Promot. 2017 Nov 1 1757975917737509
Malaba TR, Phillips T, Le Roux S, Brittain K, Zerbe A, Petro G, Ronan A, McIntyre JA , Abrams EJ, Myer L	Antiretroviral therapy use during pregnancy and adverse birth outcomes in South African women	Int J Epidemiol. 2017 46(5): 1678-1689
Peters RPH , Doyle R, Redelinghuys MI, McIntyre JA , Verjans GM, Breuer J, Kock M	Chlamydia trachomatis Biovar L2 Infection in Women in South Africa	Emerg Infect Dis 2017 23(110) 1913-1915
Lippman SA, Lane T, Rabede O , Gilmore H, Chen YH, Mlotshwa N , Maleke K, Marr A, McIntyre JA	High Acceptability and Increased HIV Testing Frequency Following Introduction of HIV Self-Testing and Network Distribution among South African MSM	J Acquir Immune Defic Syndr 2017: E Publication: Nov 27 201
Schwartz SR, Kavanagh MM, Sugarman J, Solomon SS, Njindam IM, Rebe K , Quinn TC, Toure-Kane C, Beyrer C, Baral S	HIV viral load monitoring among key populations in low- and middle-income countries: challenges and opportunities	J Int AIDS Soc. 2017 20 Suppl 7
Peters RPH , de Vos L, Maduna L, Mudau M, Klausner JD, Kock MM, Medina-Marion A	Laboratory validation of Xpert Chlamydia trachomatis/Neisseria gonorrhoeae and Trichomonas vaginalis testing as performed by nurses at three primary healthcare facilities in South Africa	J Clin Microbiol 2017; 55(12): 3563-5
de Waaij DJ, Dubbink JH, Ouburg S, Peters RPH , Morre SA	Prevalence of Trichomonas vaginalis infection and protozoan load in South African women: a cross-sectional study	BMJ Open 2017. 7(10) e016959
Rees K, Muditambi N , Maswanganyi M, Railton J, McIntyre JA, Struthers HE , Fourie PB, Peters RPH	The impact of implementing an Xpert MTB/ RIF algorithm on drug-sensitive pulmonary tuberculosis: a retrospective analysis	Epidemiol Infect. 2017. Dec 6 : 1- 10
Daniels J, Struthers HE , Lane T, Maleke K, McIntyre JA , Coates T	“Booze is the main factor that got me where I am today”: alcohol use and HIV risk for MSM in rural South Africa	AIDS Care 2018. 30(11) 1452 – 1458
Dubbink JH, Verweij SP, Struthers HE , Ouburg S, McIntyre JA , Morre SA, Peters RPH	Genital Chlamydia trachomatis and Neisseria gonorrhoeae infections among women in sub-Saharan Africa: A structured review	International Journal of STD & AIDS 2018 0(0) 1–19. Feb 28
Grasso MA, Manyuchi AE , Sibanyoni M, Marr A, Osmand T, Isdahl Z, Struthers HE, McIntyre JA , Venter F, Rees HV, Lane T	Estimating the Population Size of Female Sex Workers in Three South African Cities: Results and Recommendations From the 2013-2014 South Africa Health Monitoring Survey and Stakeholder Consensus	JMIR Public Health Surveill 2018. 4(3) e10188

Authors	Title	Journal/Publisher
Hoffman CM, Fritz L, Radebe O, Dubbink JH, McIntyre JA , Kock MM, Peters RPH	Rectal Trichomonas vaginalis infection in South African men who have sex with men	International J STD AIDS. 2018 956462418788418
Hugo JM, Rebe KB, Tsouroulis E, Manion A, de Swart G, Struthers H, McIntyre JA	Anova Health Institute’s harm reduction initiatives for people who use drugs	Sex Health. 2018 Apr;15(2):176-178
Iyun V, Brittain K, Phillips TK, le Roux S, McIntyre JA , Zerbe A, Petro G, Abrams EJ, Myer L	Prevalence and determinants of unplanned pregnancy in HIV-positive and HIV-negative pregnant women in Cape Town, South Africa: a cross-sectional study	BMJ Open. 2018 8 (4): 3019979
Jobson G, Murphy J, van Huyssteen M, Myburgh H, Hurter T, Grobbelaar CJ, Struthers HE, McIntyre JA, Peters RPH	Understanding health worker data use in a South African antiretroviral therapy register	Trop Med Int Health 2018; 23: 1207-1212
Lilian RR, Railton J , Schaftenaar E, Mabitsi M, Grobbelaar CJ, Khosa NS, Maluleke BH, Struthers HE, McIntyre JA, Peters RPH	Strengthening primary eye care in South Africa: An assessment of services and prospective evaluation of a health systems support package	PLoS One. 2018 May 14;13(5):e0197432
Lippman SA, Gilmore HJ, Lane T, Radebe O, Chen YH, Mlotshwa N, Maleke K, Manyuchi AE, McIntyre JA	High Acceptability and Increased HIV Testing Frequency Following Introduction of HIV Self-Testing and Network Distribution among South African MSM	J Acquir Immune Defic Syndr 2018 77(3) 279 – 287
Makhakhe NF , Grasso MG, Maleke KM, Struthers HE, McIntyre JA , Lane T	The Methodological and Practical Concerns Of Conducting An Integrated Bio-Behavioural Survey With Female Sex Workers: Lessons From The Field	East Afr J App Hlth Monitor Eval 2018
Mudau M, Peters RPH , de Vos L, Olivier D, Joseph Davey D, Mkhwanazi E, Feucht, McIntyre, JA , Klausner, Medina-Marino A	High prevalence of asymptomatic sexually transmitted infections among Human Immunodeficiency Virus (HIV)-Infected pregnant women in a low-income South African community	International Journal of STD & AIDS. 2018 29(4) 324-333 (Online 11 Aug. 2017)
Myer L, Phillip TK, Zerbe A, Brittain KJ, Lesosky M, Hsiao N-Y, Remien R, Mellins CA, McIntyre JA , Abrams EJ	Integration of postpartum health care services for HIV-infected women and their infants in South Africa: a randomised controlled trial	PLOS Medicine 2018. 15(3) e1002547
Naidoo N, Zuma N, Khosa NS , Marincowitz G, Railton J , Matlakala N, Jobson GA , Igumbor JO, McIntyre JA, Struthers HE, Peters RPH	Qualitative assessment of facilitators and barriers to HIV programme implementation by community health workers in Mopani district, South Africa	PLoS One. 2018 Aug 30;13(8):e0203081
Naidoo N, Railton N, Jobson G , Matlakala N, Marincowitz G, McIntyre JA, Struthers HE, Peters RPH et al	Fidelity of HIV programme implementation by community health workers in rural Mopani District: a community survey	BMC Public Health 2018; 18: 1099
Odayar J, Rangaka MX, Zerbe A, Petro G, McIntyre JA , Phillips TK, Abrams EJ, Myer L	Burden of tuberculosis in HIV-positive pregnant women in Cape Town, South Africa	Int J Tuberc Lung Dis 2018 22(7): 760-765
Rees K, Muditambi N , Maswanganyi M, Railton J, McIntyre JA, Struthers HE , Fourie PB, Peters RPH	The impact of implementing a Xpert MTB/ RIF algorithm on drug-sensitive pulmonary tuberculosis: a retrospective analysis	Epidemiol Infect 2018. 146(2): 246 -255
Van den Brand M, van den Dungen M, Bos MP, Weissenbruch MM, van Furth AM, de Lange A, Rubenjan A, Peters RPH , Savelkoul PHM	Evaluation of a real-time PCR assay for detection and quantification of bacterial DNA directly in blood of preterm neonates with suspected late-onset sepsis	Crit Care 2018; 22: 105

Environmental impact

Anova strives to be environmentally responsible and encourages a sustainable approach to energy consumption and waste management among all staff. Our offices make use of energy-efficient lighting and electronic communication

is maximised to reduce paper waste. As our work predominantly involves service delivery and technical support, the majority of our energy consumption is a result of staff travel and office operations.



Heather Humphreys
Travel & Conference
Manager

“WE ARE AWARE OF THE IMPACT OF AIR TRAVEL ON CLIMATE CHANGE AND TRY TO LIMIT FLIGHTS TO THOSE THAT ARE ABSOLUTELY NECESSARY.”

Our people: Human Resources report

The Human Resources (HR) department continued to be a strategic partner who manages organisational change and enables the business with HR processes and initiatives aimed at achieving sustainable organisational performance.

This role has been particularly critical with the introduction of the APACE award, which required us to increase our staffing levels by nearly 50%. HR oversaw a massive recruitment drive and managed the growth of the organisation, while ensuring existing processes and functions were maintained.

During the reporting period we hired 274 new staff, the majority in Gauteng and Limpopo, where the APACE districts are located. We are pleased to report that we were able to transition the majority of our staff from the previous HSS programme to APACE.

There were 219 terminations, which included natural turnover. Total staff complement at end September 2018 was 856.

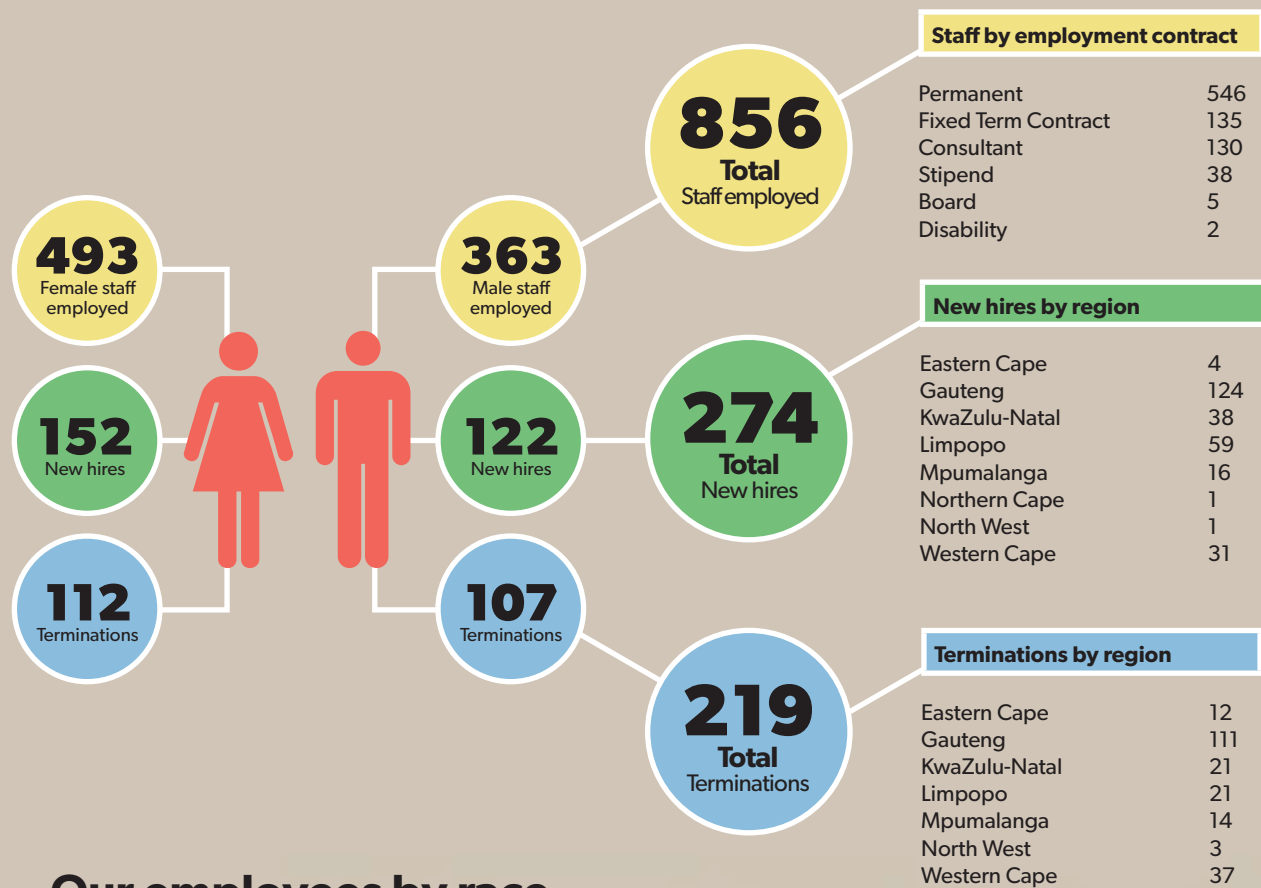
The success of our APACE application had far-reaching consequences for the way we do business as an organisation. The rapid growth required by a programme of this scale inevitably brings structural changes, and Anova was not immune. To ensure employee engagement and maintain morale during this period, we undertook consultations and conducted roadshows to help staff adapt to the changing environment.

We appreciate the contribution and cooperation of our dedicated employees during a period that was most definitely business unusual.

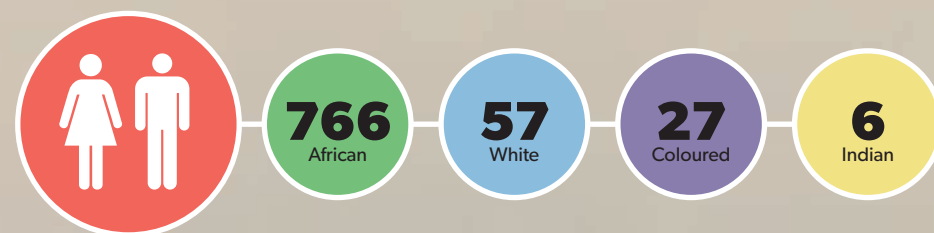
“We positioned ourselves for growth over the period while transitioning existing staff to the new programme and maintaining all processes and functions.”



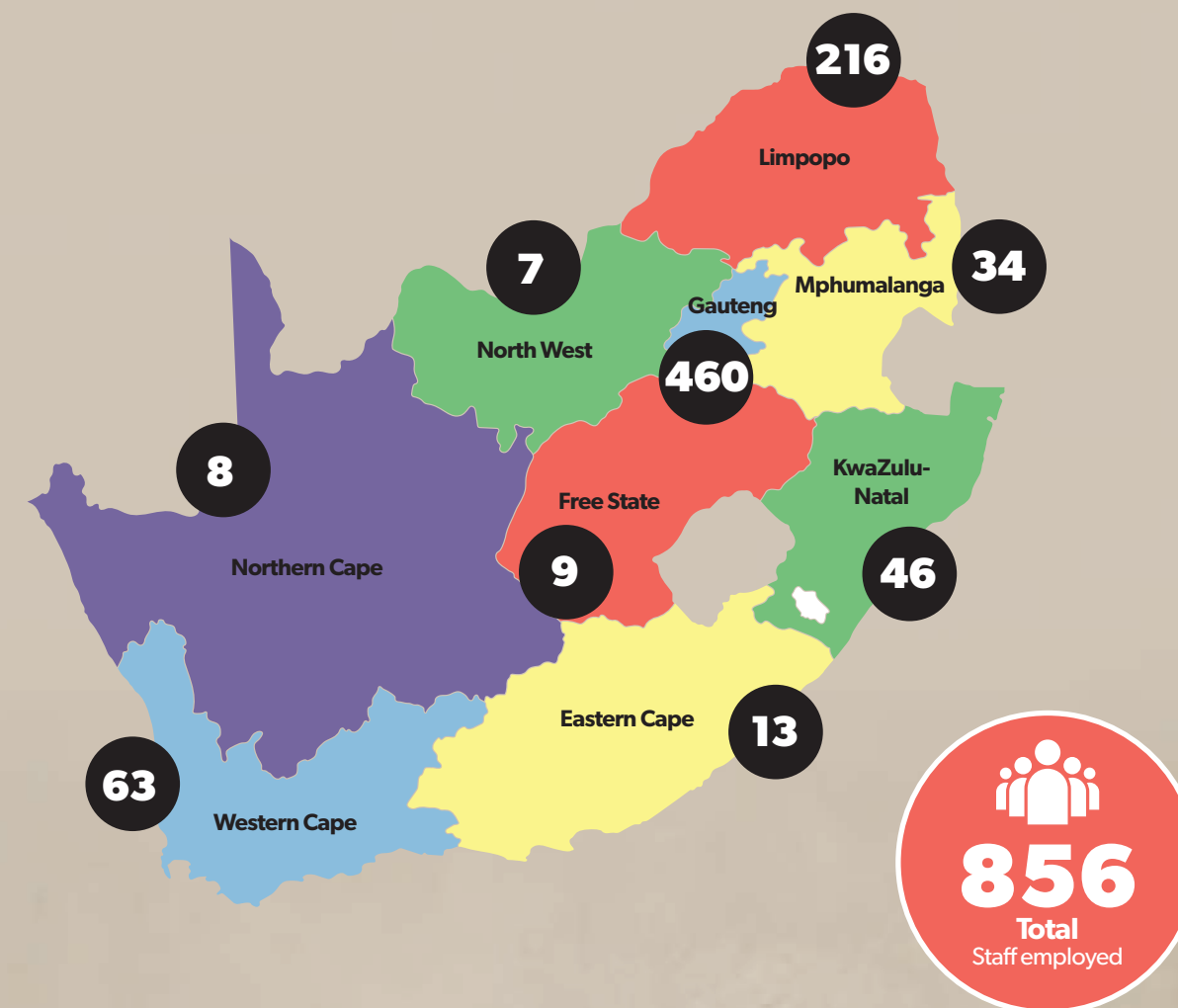
“IT IS EXCITING TO BE A PART OF THE ANOVA FAMILY, KNOWING THAT THE WORK WE DO MAKES A REAL DIFFERENCE TO THE LIVES OF SOUTH AFRICANS.”



Our employees by race



Number of employees by region



Our economic performance

Financial Report

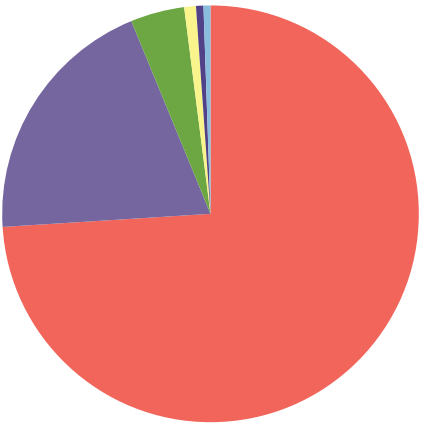
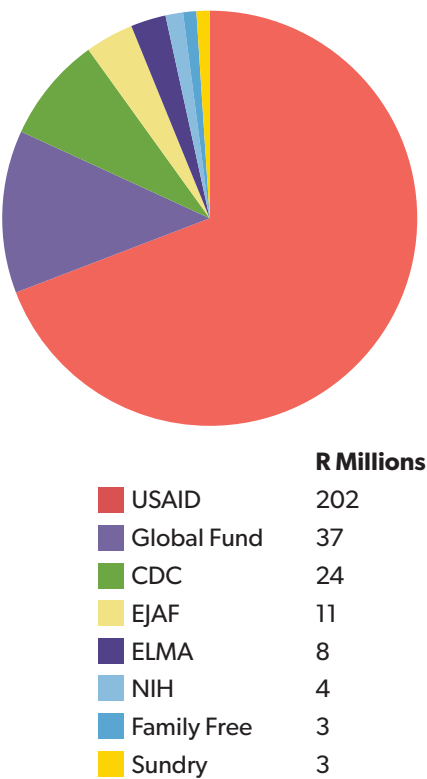
Grants received decreased by 1.3% compared to the previous year. The main contributor to this decrease was the slowdown and close-out of the USAID Health Systems Strengthening (HSS) grant, partially made up for by new awards from the Centres for Disease Control and Prevention (CDC), through the Aurum Institute, and the Global Fund to Fight AIDS, Tuberculosis & Malaria and Elma Foundation awards. Operational expenses were down 1.2% from the prior year, due in part to reduced activities as a result of the close-out of the USAID HSS funding, partly offset by the annual cost-of-living increase incorporated into staff salaries effective from March 2018.

Furthermore, operating expenses declined in line with decreased activities across existing projects. The increase in the net interest received for the year is the direct result of increased investment balances on Human Capital Provisions and other Core Investment accounts.

Resource allocation by cost category:

	R Millions
Personnel costs	219.4
Other Direct costs	58.7
Travel and Transport	12.4
Capital Costs	2.7
Seminars and conferences	1.7
Training costs	1.6

Source of income by funding source:



Independent auditor's report

To the Members of Anova Health Institute NPC

Our opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Anova Health Institute NPC (the Company) as at 30 September 2018, and its financial performance and its cash flows for the year then ended in accordance with International Financial Reporting Standards and the requirements of the Companies Act of South Africa.

What we have audited

Anova Health Institute NPC's financial statements set out on pages 74 to 75 comprise:

- the statements of financial position as at 30 September 2018;
- the statements of comprehensive income for the year then ended;
- the statements of changes in equity for the year then ended;
- the statements of cash flows for the year then ended; and
- the notes to the financial statements, which include a summary of significant accounting policies.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We are independent of the Company in accordance with the Independent Regulatory Board for Auditors Code of Professional Conduct for Registered Auditors (IRBA Code) and other independence requirements applicable to performing audits of financial statements in South Africa. We have fulfilled our other ethical responsibilities in accordance with the IRBA Code and in accordance with other ethical requirements applicable to performing audits in South Africa. The IRBA Code is consistent with the International Ethics Standards Board for Accountants Code of Ethics for Professional Accountants (Parts A and B).



Other information

The directors are responsible for the other information. The other information comprises the Report of the directors as required by the Companies Act of South Africa. Other information does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not and will not express an audit opinion or any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regards.

Responsibilities of the directors for the financial statements

The directors are responsible for the preparation and fair presentation of the financial statements in accordance with International Financial Reporting Standards and the requirements of the Companies Act of South Africa, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.



As part of an audit in accordance with ISAs, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the Company to express an opinion on the financial statements. We are responsible for the direction, supervision and performance of the Company audit. We remain solely responsible for our audit opinion.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

PricewaterhouseCoopers Inc.
Director: Raj Dhanlall
Registered Auditor
Waterfall City, Johannesburg
4 April 2019

Statement of financial position

	Audited results as at 30 September 2018	Audited results as at 30 September 2017
ASSETS		
Non-current assets		
Equipment, Furniture and Vehicles	3 254 416	5 932 706
Total non-current assets	3 254 416	5 932 706
Current assets		
Trade and other receivables	7 224 662	11 014 781
Cash and cash equivalents	93 210 750	74 756 157
Total current assets	100 435 412	85 770 938
Total assets	103 689 828	91 703 644

	Audited results as at 30 September 2018	Audited results as at 30 September 2017
CAPITAL AND LIABILITIES		
Capital and reserves		
Capital donation	2 608 041	2 608 041
Revaluation reserve	-	-
Accumulated surplus	25 509 999	25 429 176
Total capital and reserves	28 118 040	28 037 217
Current liabilities		
Trade and other payables	52 150 669	43 593 291
Grants received in advance	20 166 703	14 140 430
Deferred income	3 254 416	5 932 706
Total current liabilities	75 571 788	63 666 427
Total capital and liabilities	103 689 828	91 703 644

Statement of comprehensive income

	Audited results for the year ended 30 September 2018	Audited results for the year ended 30 September 2017
Revenue	290 838 686	294 546 165
Other income	1 127 083	1 524 645
Operating expenses	(296 460 726)	(300 121 911)
Loss/surplus from operations	(4 494 957)	(4 051 101)
Interest received	4 575 780	4 182 083
Surplus for the year	80 823	130 982

Our funders and partners

Without the generous support of our funders and partners, the work we do in improving people's lives and reaching our vision and goals

would not be possible. We would like to thank all of you for your unwavering commitment.

Funders



www.pepfar.gov



www.cdc.gov



www.usaid.gov



www.elmaphilanthropies.org



www.theglobalfund.org



www.impaactnetwork.org

ORANGE BABIES

www.orangebabies.org.za



National Institutes of Health

www.nih.gov



www.macaidsfund.org



www.aidsfonds.org

"OUR FUNDERS AND PARTNERS MAKE OUR WORK POSSIBLE. A BIG THANK YOU TO ALL OF YOU."

Partners

South African

- CHoiCe Trust
- City of Cape Town
- City of Johannesburg
- Foundation for Professional Development
- HIVSA
- Hoedspruit Training Trust
- Human Sciences Research Council
- INERELA+
- Kheth'Impilo
- MatCH
- Right to Care
- Singizi Consulting
- South African Departments of Health & Social Development (National & Provincial)
- TB/HIV Care Association
- The Aurum Institute
- University of Cape Town – Division of Infectious Diseases & HIV Medicine, Department of Medicine
- University of Cape Town – School of Public Health and Family Medicine
- University of Limpopo
- University of Pretoria
- University of Stellenbosch
- Wits Reproductive Health & HIV Institute

International

- Boston University School of Public Health
- Emory University
- Erasmus University Rotterdam
- Global Forum on MSM & HIV
- Johns Hopkins University
- Maastricht University Medical Centre
- National Institute for Communicable Diseases
- PACT
- Partners in Hope
- Society for Family Health Namibia
- University College London
- University of California, Los Angeles
- University of California, San Francisco – Centre for AIDS Prevention Studies
- University of Pittsburgh
- VU Medical Centre – Amsterdam
- World Health Organization



Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome	MDR-TB	Multiple Drug-Resistant TB
APACE	Accelerating Program Achievements to Control the Epidemic	MSM	Men Who Have Sex With Men
ART	Antiretroviral Therapy	MSMW	Men Who Have Sex With Men and Women
ARV	Antiretroviral	MTCT	Mother-to-Child Transmission
CBO	Community-Based Organisation	NGO	Non-Governmental Organisation
CDC	Centers for Disease Control and Prevention	NIAID	National Institute of Allergy and Infectious Diseases
CHW	Community Health Worker	NIH	National Institutes of Health
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored and Safe	NIMART	Nurse-Initiated Management of Anti-Retroviral Therapy
EMTCT	Elimination of Mother-to-Child Transmission	PEP	Post-Exposure Prophylaxis
HBV	Hepatitis B Virus	PEPFAR	President's Emergency Plan for AIDS Relief
HCT	HIV Counselling and Testing	PHC	Primary Health Care
HCV	Hepatitis C Virus	PrEP	Pre-Exposure Prophylaxis
HIV	Human Immunodeficiency Virus	PLWH	People Living with HIV
HIVST	HIV Self-Testing	PMTCT	Prevention of Mother-to-Child Transmission
HPTN 071	Population Effects of Antiretroviral Therapy to Reduce HIV Transmission (PopART)	PWID	People Who Inject Drugs
HSS	Health Systems Strengthening	STI	Sexually Transmitted Infection
IEC	Information, Education and Communication	TB	Tuberculosis
IMPAACT	International Maternal Paediatric Adolescents AIDS Clinical Trials Group	USAID	United States Agency for International Development
LGBT	Lesbian Gay Bisexual Transgender	WBOT	Ward-Based Outreach Team
M&E	Monitoring and Evaluation	WHO	World Health Organization
		WSW	Women Who Have Sex With Women
		XDR-TB	Extensively Drug-Resistant Tuberculosis
		YMSM	Young Men Who Have Sex with Men

GRI Index

Global Reporting Initiative (GRI) GRI Standards Content Index Anova Health Institute: 2018			
GENERAL STANDARD DISCLOSURES			
Strategy and Analysis			
Profile Disclosure	Description	Reference	Explanation
GRI 102-14	A statement from the most senior decision-maker of the organisation about the relevance of sustainability to the organisation and its strategy for addressing sustainability	pp 10, 12	The Chairman’s report can be found on page 12. The Chief Executive Officer’s report can be found on page 10
GRI 102-15	Description of key impacts, risks, and opportunities	pp 14-15	Risks and opportunities are discussed under “strategic goals”
Organisational Profile			
Profile Disclosure	Description	Reference	Explanation
GRI 102-1	Name of the organisation	cover	The name of the organisation is mentioned throughout the report. The back cover lists the organisation’s locations and contact details
GRI 102-2	A description of the organisation’s activities Primary brands, products, and services, including an explanation of any products or services that are banned in certain markets	pp 6-7 pp 28-49	Anova’s primary activities are described on pages 6-7. Our programme activities are described in pages 28-49
GRI 102-3	Location of organisation’s headquarters	Inside back cover	The location of Anova’s headquarters is listed inside the back cover
GRI 102-4	Number of countries where the organisation operates, and names of countries with either major operations or that are specifically relevant to the sustainability issues covered in the report	p 7	Anova operated in South Africa, Namibia, Mozambique and Haiti in this reporting period
GRI 102-5	Nature of ownership and legal form	p 4	The Anova Health Institute NPC is a non- profit company (Registration Number: 2009/014105/08)
GRI 102-6	Markets served (including geographic breakdown, sectors served, and types of customers and beneficiaries)	pp 18-19, 28-30	The description and map on page 28-30 and the list of stakeholders illustrate the geographic breakdown and beneficiaries served
GRI 102-7	Scale of the organisation	p 10 pp 68-69 pp 74-75	The scale of the organisation has been depicted by the number of beneficiaries served (page 10), total staff (pages 68-69) and financial statements (pages 74-75)
GRI 102-8	Employees – employment contract, gender, region	pp 68-69	Discussed under “HR report”
GRI 102-41	Percentage of total employees covered by collective bargaining agreements	GRI Table	None of Anova’s employees belongs to a trade union

GRI 102-9	The organisation’s supply chain	GRI table	The number and location of suppliers is not reported on. Anova has procurement policies which are designed to ensure best value for money, and promote B-BEEE, and generally uses local suppliers
GRI 102-10	Any significant changes during the reporting period regarding size, structure, ownership or supply chain	GRI table	No significant changes in this year
GRI 101-11	The precautionary approach	GRI table	Anova’s strategies and activities are aligned with the precautionary principle, to consider benefits and risks of any project, both human and environmental
GRI 102-12	Externally developed economic, environmental and social charters the organisation subscribes to or endorses	GRI table	Anova’s activities are undertaken in line with all regulatory frameworks of the government departments with which we partner
GRI 102-13	Memberships of associations and national or international advocacy organisations	pp 18-19 p 78	The organisations with which Anova partners, including local advocacy organisations are listed in our “stakeholders” (pp 18-19) and under the section “partners” (p78)
Identified Material Aspects and Boundaries			
Profile Disclosure	Description	Reference	Explanation
GRI 102-45	Entities included in the organisation’s consolidated financial statements	GRI table	Anova is a single entity with activities and offices in nine provinces. The financial statements are for the whole organisation
GRI 102-46	Process for defining the content of the report and how the organisation has implemented the reporting principles for defining report content	p 4	Material aspects are informed by stakeholders’ views and identified by management and the Board. Significance is determined only through discussions, as the organisation does not yet apply qualitative and quantitative tools
GRI 102-47	List of the material topics identified in the process of defining report content	pp 4 pp 14-15, 18-19	The process for defining the report content is described in the “scope and boundary” section, “our strategy” and “stakeholder engagement”
GRI 103-1-b	Specific limitations regarding the Topic Boundary within and outside the organisation	GRI table	This report attempts to cover all the material topics of Anova’s operations. Notes have been made throughout the report if data from specific projects has been excluded
GRI 103-1-C	Specific limitations regarding the Topic Boundary outside the organisation	GRI table	The report does not cover aspects outside the organisation
GRI 102-48	The effect of any restatements of information provided in previous reports	GRI table	There are no restatements in this report
GRI 102-49	Significant changes from previous reporting periods in the List of Material Topics and Topic Boundaries	GRI table	There were no significant changes in this report

Stakeholder Engagement			
Profile Disclosure	Description	Reference	Explanation
GRI 102-40	List of stakeholder groups	pp 18-19	The stakeholders are listed under “stakeholder engagement”
GRI 102-42	The basis for identification and selection of stakeholders with whom to engage	p 18-19	Anova attempts to engage with all its relevant stakeholders, as identified by management and provincial programme leaders
GRI 102-43	The organisation’s approach to stakeholder engagement, including frequency of engagement by type and by stakeholder group	pp 18-19	Engagement with key stakeholders, such as donors, staff and government partners, is an ongoing process. Anova engages with our government stakeholders at provincial level at least monthly, and with our major donor weekly
GRI 102-44	Key topics and concerns that have been raised through stakeholder engagement, and how the organisation has responded to those key topics and concerns	pp 18-19	Discussed under “stakeholder engagement”
GRI 102-50	Reporting period for information provided	p 4	Our reports are annual, and reflect our financial year, October 1, 2017 to September 30, 2018
GRI 102-51	Date of most recent previous report (if any)	GRI table	A report is produced annually. The last report was published in September 2018
GRI 102-52	Reporting cycle (such as annual, biennial)	p 4	Annual
GRI 102-53	Contact point for questions regarding the report or its contents	Inside back cover	Anova CEO, James McIntyre, can be contacted for any questions relating to this report. The email address is mcintyre@anovahealth.co.za
GRI 102-54	GRI content index for ‘in accordance’ - Core	GRI Index	This report has been prepared in accordance with GRI Standards – Core option
GRI 102-56	The organisation’s policy and current practice with regard to seeking external assurance for the report	GRI table	No external assurance has been sought for indicators in this report. An xternal assurance report, statements or opinions may be considered for further reports



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