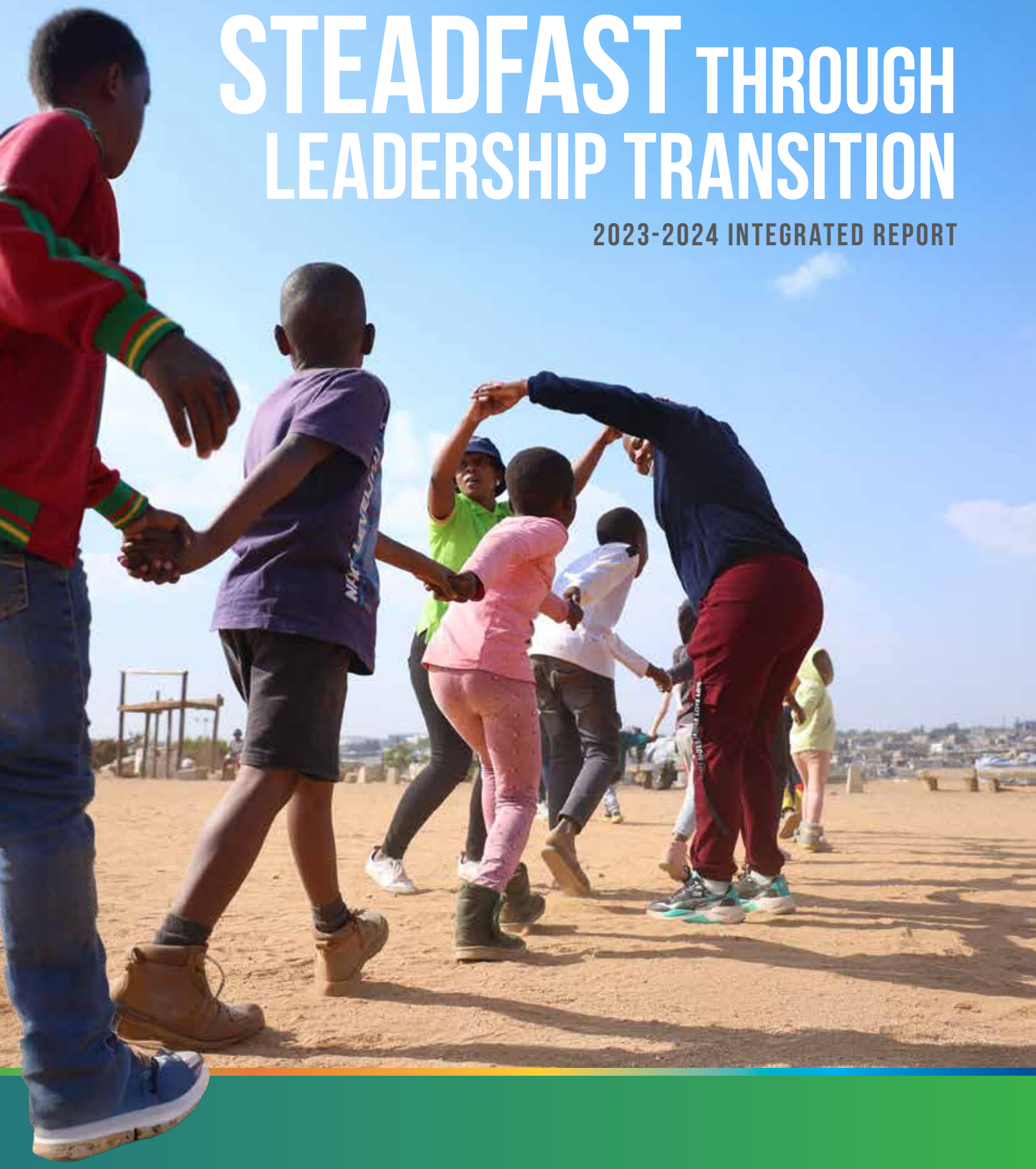
ANOVA HEALTH INSTITUTE

STEADFAST THROUGH LEADERSHIP TRANSITION

2023-2024 INTEGRATED REPORT



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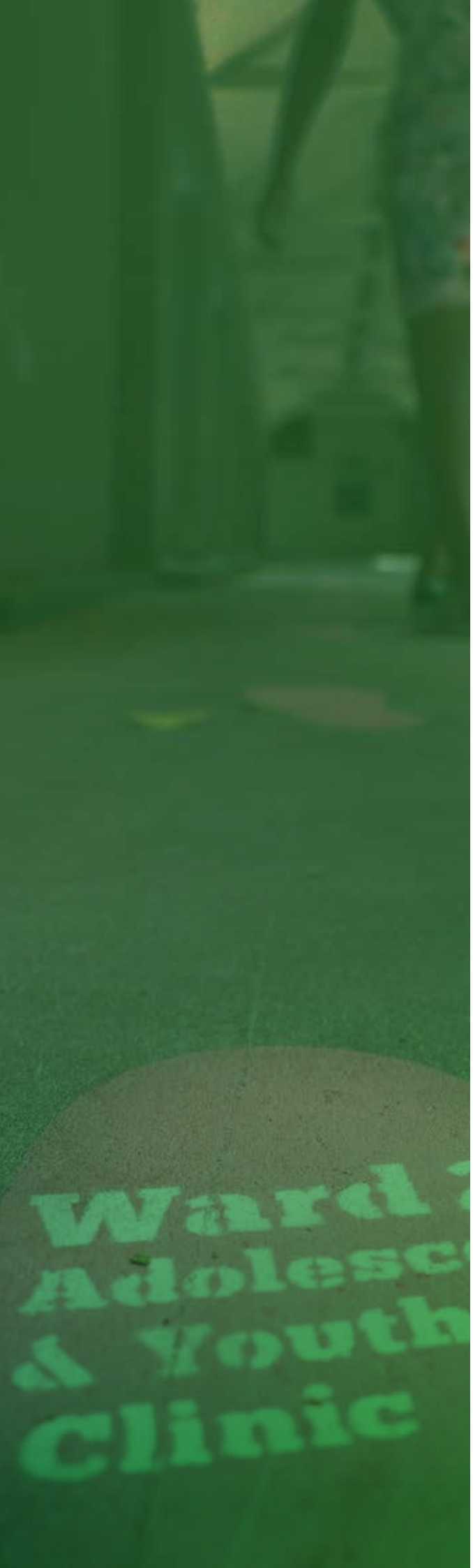
ABOUT THIS REPORT



SCOPE AND BOUNDARY

The Anova Health Institute NPC is a non-profit company (Registration Number: 2009/014105/08) headquartered in Johannesburg, South Africa. This Integrated Report presents our financial, programmatic, environmental, social and governance performance for the period 1 October 2023 to 30 September 2024 and describes our goals, performance, responsibilities, policies, risks and plans.

Although the reporting period ended on 30 September 2024, this report is published in the second quarter of 2025. Geopolitical events subsequent to our financial year-end cannot be ignored, as the impact on our activities and our sustainability is catastrophic. On 20 January 2025, the newly inaugurated US President Donald Trump ordered a 90-day pause on all USAID programmes, including the PEPFAR programme. On 26 February 2025, Anova received notices of termination for the USAID-funded HIV Care and Treatment Programmes, APACE and Hanyani Bophelo (Limpopo) programmes. By 10 March 2025, all but a handful of USAID programmes around the world had been cancelled. Therefore, we present this report to our stakeholders in an environment of unprecedented upheaval.

MATERIALITY

The concept of materiality drives the content of this report. Materiality is defined as information about issues that have a meaningful and considerable impact on our ability to create value over the short, medium and long term. The material matters that impact our performance and sustainability have been considered by our Executive Management and Board. We have evaluated them according to our strategic objectives, stakeholder engagement and the "six capitals" (see pg. 6).

All reporting on our programmes, governance, and economic performance contains detail on material issues.

In reviewing our material issues, we considered:

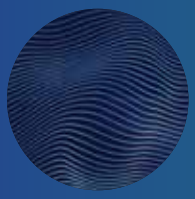
- Anova's values, strategies, goals and targets
- Our stakeholders' expectations, needs and views
- Our funders' expectations and contractual requirements
- Significant risks that could affect our performance, identified through our risk management process

The material priorities for the year covered by this report are discussed further in the sections covering the organisational overview, impact assessment, our people, community engagement, sustainability, knowledge sharing, and financial sections.

WHAT ARE THE SIX CAPITALS?

The "six capitals" are the elements of value that are impacted or transformed by our activities and outputs, as we seek to create value over time. The concept of six capitals allows the presentation of information to be standardised across diverse organisations, whether commercial or not-for-profit. By using this framework, we are able to highlight and report on all forms of capital we use and reflect the interdependencies between them.

All six capitals are relevant to our operations:

WHAT ARE THE SIX CAPITALS?	MATERIAL MATTERS ALIGNED TO THE SIX CAPITAL
 1. FINANCIAL	Financial capital: Ensuring and sustaining sources of income
 2. MANUFACTURED	Manufactured capital: Managing extensive assets and ensuring electrical continuity
 3. INTELLECTUAL	Intellectual capital: Maintaining innovative programmes and disseminating best practices
 4. SOCIAL AND RELATIONSHIP	Social and relationship capital: Managing relationships with government partners and other stakeholders
 5. NATURAL	Natural capital: Managing our impact on the environment
 6. HUMAN	Human capital: • Ensuring health and safety of all our staff • Recruiting and retaining skilled human capital • Managing funding cycles and resource fluctuations

BOARD APPROVAL

This report was approved by the Anova Board on 17 July 2025. The Board is responsible for ensuring this Integrated Report addresses all the issues that are material to our ability to deliver value for our stakeholders and fairly presents the performance of the Anova Health Institute.

GLOBAL REPORTING STANDARDS

Anova prepared this report with reference to the Global Reporting Initiative (GRI) Standards. The GRI content index is documented in the GRI content table on pp. 69-71.

ACCOUNTABILITY

Anova utilises integrated reporting to demonstrate our commitment to transparency, public accountability, recording excellence and sustainable programming. The last Integrated Report was published in July 2024, for the financial year October 2022–September 2023.

“

INTEGRATED REPORTING DEMONSTRATES OUR COMMITMENT TO TRANSPARENCY AND ACCOUNTABILITY.”

ORGANISATIONAL OVERVIEW

Anova Health Institute exists to promote and facilitate good health, thereby improving and empowering lives. The expertise and extensive skills of our team provide the people of South Africa and further afield with the tools they need to live healthy lives. We partner with national, provincial and district departments of health and other stakeholders, including the private sector, to advance USAID-funded HIV and TB prevention, etc., care and treatment; to strengthen health systems and public health management; to promote good mental health; and to ensure that key populations, such as men who have sex with men (MSM) and people who use drugs (PWUD), have access to relevant and appropriate health services.

Anova's vision and mission define our purpose; give us direction; and shape our culture, behaviour, and decision-making.

MISSION

To improve people's lives and increase access to quality health care through innovative solutions, building on scientific evidence and productive partnerships.

IDEOLOGY

We believe that all people have the right to excellent health.

WHERE WE WORK, WHO WE SERVE

We support more than **990,000 people** on antiretroviral treatment (ART). We served thousands more through HIV prevention interventions, TB detection and treatment, community engagement, treatment literacy, and men's health services. We partner with departments of health at all levels to strengthen health systems, provide technical assistance, and build clinical capacity. The communities we serve are representative of the vastness of South Africa: high-density metropolitan settlements, peri-urban landscapes adjacent to the metros, and deeply rural, remote areas. Each environment has its own set of needs and challenges. There is no one-size-fits-all solution, so we deliver health care in a way that is accessible and appropriate for each population we serve.

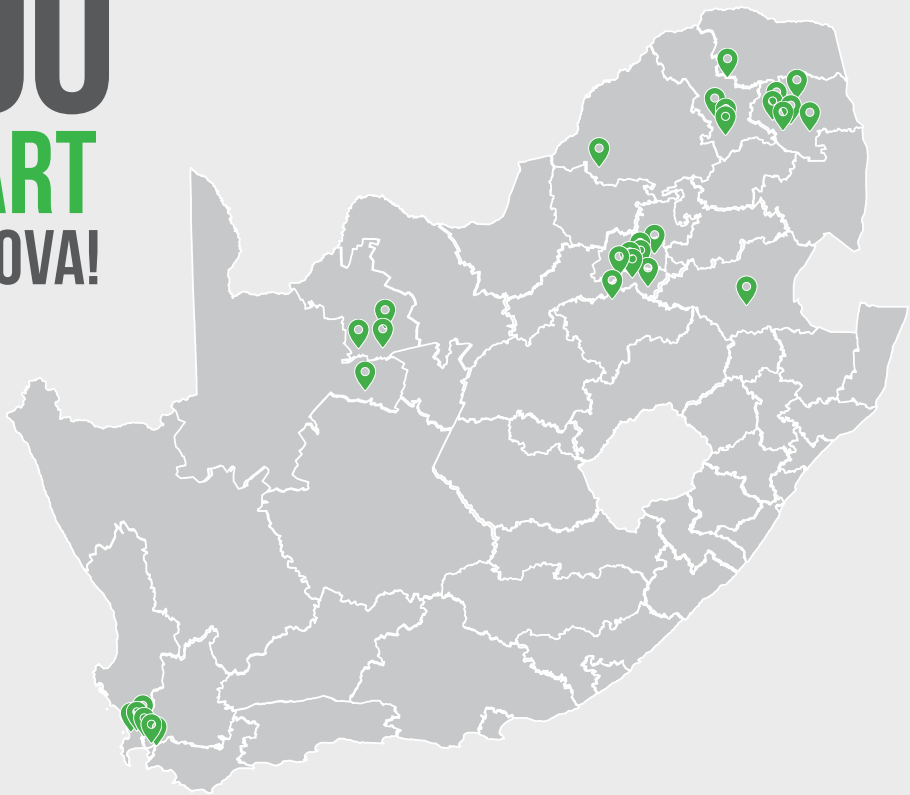
OUR STRUCTURE

Anova manages programmes in five provinces — Gauteng, Limpopo, Mpumalanga, Northern Cape and Western Cape. The largest programmes are the USAID-funded APACE — Accelerating Program Achievements to Control the Epidemic — and its sister programme in Limpopo, Hanyani Bophelo. Other donors support smaller targeted programmes. All programmes are underpinned by our team of technical experts. In the field a skilled workforce of nurses, doctors, data capturers and data analysts, counsellors, and public health experts are responsible for programme delivery. For more information on our funders see pp. 18-19 and pp. 66-67.

OUR PEOPLE

At the end of FY 2024, Anova employed 3689 people, 2719 female and 970 male.

990 000
PEOPLE ON ART
SUPPORTED BY ANOVA!



ANOVA IS HERE

OUR LEADERSHIP

HELEN STRUTHERS
JOINT CHIEF EXECUTIVE OFFICER

MOYAHABO MABITSI
JOINT CHIEF EXECUTIVE OFFICER

DIANA MOKOENA
CHIEF OF PARTY, APACE

YONELA MBANA
SENIOR LEGAL COUNSEL

GLENN JOSEPH
CHIEF OPERATIONS OFFICER

JAMES MCINTYRE
EXECUTIVE ADVISOR

RESHOKETSWE MPHELO-MDLULI
CHIEF FINANCIAL OFFICER WHO HAS SINCE RESIGNED

OUR LEADERSHIP SPLIT

29% MALE | 71% FEMALE

OUR BOARD

RENE KENOSI
BOARD CHAIR

FAITH MAYIMELA-HASHATSE
NON-EXECUTIVE DIRECTOR

HELEN STRUTHERS
JOINT CHIEF EXECUTIVE OFFICER

MOYAHABO MABITSI
JOINT CHIEF EXECUTIVE OFFICER

GLENN JOSEPH
CHIEF OPERATIONS OFFICER

SIPHO KABANE
NON-EXECUTIVE DIRECTOR

ANNABEL LEBETHE
NON-EXECUTIVE DIRECTOR

JULIAN DU PLESSIS
NON-EXECUTIVE DIRECTOR

LIESL LINTVELT
NON-EXECUTIVE DIRECTOR

CYPRIAN TEFFO
NON-EXECUTIVE DIRECTOR

OUR BOARD SPLIT

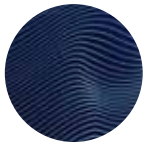
40% MALE | 60% FEMALE

OUR BUSINESS MODEL

Our activities are informed by a business model supported by our strategy. The model is based on the six capitals (see pg. 6) and aligned to our strategic objectives (see pg. 18); and we measure our performance against our vision of excellent health for all.

INPUTS

FINANCIAL
Total income
R1 096 623 352



MANUFACTURED
Extensive portfolio of physical assets (buildings, vehicles, etc.)

INTELLECTUAL
8 major programmes

Representation on external bodies

SOCIAL AND RELATIONSHIP
21 funders

29 partners (government and private)

119,000 social media followers

NATURAL
R2M investment in alternative and low-impact energy sources

HUMAN
3689 employees

ACTIVITIES

- Fundraising
- Delivering technical support and capacity building to DoH partners
- Providing direct service delivery alongside DoH staff where indicated
- Providing training to health care workers, community workers and communities
- Providing mental health services
- Strengthening health systems
- Serving the needs of key populations
- Reducing stigma through education and inclusivity
- Undertaking relevant and impactful research
- Disseminating information/ knowledge sharing

OUTPUTS

990,892 clients on ART supported by Anova

3,730,209 people tested for HIV through Anova this year

64,810 people initiated on PrEP in Anova-supported sites this year

14,425 children diagnosed and initiated on treatment in Anova-supported sites

191,900 pregnant women in vertical transmission prevention programme in Anova-supported sites

600 people initiated on OST

5 manuscripts published

25 conference presentations given

OUTCOMES

- Increase in number of South Africans who know their HIV status
- Increase in number of South Africans living with HIV who are on treatment
- Increase in number of South Africans living with HIV who are virally suppressed
- Decrease in mortality rate from AIDS-related causes
- Increase in numbers of men accessing health care services
- Significant reduction in rate of mother-to-child transmission of HIV
- Enhanced capacity of health professionals (in public health facilities) to manage HIV and related illnesses

OUR STAKEHOLDERS AND HOW WE ENGAGE WITH THEM

Western Cape MEC, Professor Nomafrench Mbombo, speaks at a men's health event organised by Anova.

Many people and organisations across South Africa and beyond have a "stake" in the work of Anova. These range from international and local funders, whose generosity makes our work possible, to the partners and agencies with whom we collaborate and cooperate, our employees who support quality health services, and the individuals and groups who access our services and whose lives are healthier as a result.

To understand the expectations of our diverse groups of stakeholders and respond in a way that aligns with our strategy and values, we engage in consultations. Having a genuine appreciation and grasp of each group's needs maximises our use of the six capitals and ensures their needs are net.

Stakeholder engagement is complex and can be delicate. Different groups can have varying and even conflicting priorities. Our stakeholder engagement strategy is developed and executed with care and sensitivity, ensuring appropriate and effective communication with each group. This section explains how we do that.

Stakeholder group	Overview	Capital impacted	Impact and engagement	Expectations/ concerns	How we respond
Beneficiaries	All people served by Anova's health programmes		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.	• Improved access to quality and comprehensive health services • Access to information	• Staff interactions at facilities and within the community and at events • Recruitment of employees from local communities • Information sharing via our social media platforms, pamphlets and brochures
Government partners (DoH)	National, provincial, district and sub-district departments of health		Anova works together with health authorities at all levels to build capacity and provide technical support, direct service delivery, training and mentoring	• Enabling environment for policy implementation • Skilled health workforce • Sharing findings and best practices	• Technical assistance at all levels • Supporting site visits • Joint health planning with the district
NGO partners	HIV programming and health systems strengthening is divided by donors among multiple NGOs, according to capacity and expertise. In some districts we collaborate on discrete aspects of an overall programme		Anova partners with other health-related NGOs to share skills and provide complementary resources. Partners collaborate to deliver optimal outcomes and meet donor needs.	• Alignment of activities to avoid duplication • Scaling up of innovative projects • Building local capacity	• Regular partner meetings • Sharing best practice through seminars and workshops • Information sharing via our social media platforms, particularly LinkedIn
Anova Board	Executive and non-executive directors of the organisation		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.	• Strategy development • Performance management • Financial accountability	• Extensive updates at Board and sub-committee meetings • Detailed discussions with senior management
Employees	All staff who deliver Anova's programmes and provide central services		Anova has a culture of teamwork and collaboration. The atmosphere is supportive and employees feel valued.	• Job security • Working conditions and environment • Developing staff	• Regular communication with staff via digital media • Identifying and promoting training opportunities for staff
Funders	Bilateral and multilateral donors, foundations, private donors		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.	• Programme relevance and timeous, high-quality delivery on objectives • Exemplary financial compliance	• Regular progress meetings • Detailed site visits to projects and the areas we work in • Comprehensive financial reporting • High-quality data • Information sharing via our social media platforms

CHAIR'S STATEMENT

The financial year 2023-24 was a year of transitions for Anova on multiple levels. My predecessor, René Kenosi, retired from the Board on 31 December 2023 and I took over from her as Chair on 1 January 2024. As our former CEO, Dr Helen Struthers, prepared for her retirement at the end of 2024, our Chief Medical Director, Dr Moyahabo Mabitsi, stepped up to become Joint CEO with Helen for 2024, to ensure a smooth handover of executive leadership. Moya was replaced as APACE Chief of Party by Dr Diana Mokoena. The APACE grant in Limpopo was superseded by a new USAID-funded programme – Hanyani Bophelo, and the former programme manager of APACE in that province, Dr Lucy Ranoto, became Chief of Party.

These transitions occurred smoothly, without disruption to Anova's programme activities. It was a successful year. As a Board we are pleased with the organisational performance for the financial year under review and commend and thank the Anova family for its execution of the 2024 strategy and plans, and for the impact made on the communities we served.

However, in the second quarter of FY 2024-25 (the first quarter of the calendar year 2025), all USAID-funded programmes around the world, including PEPFAR, were ordered to pause activities for three months under an executive order issued by incoming US President Donald Trump. Subsequently, the vast majority of USAID-funded programmes have been closed, and President Trump has issued a separate executive order prohibiting all aid to South Africa. We are therefore unable to continue USAID-funded programme activities.

Work funded by other donors continues, and we are grateful to all our donors and partners for their support in these difficult times. The funding received from USAID represented a significant portion

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THE BOARD IS CONFIDENT THE ANOVA LEADERSHIP TEAM CAN SIMULTANEOUSLY LEAD THE ORGANISATION, REIMAGINE A DIFFERENT FUTURE, AND CHART A PATH FOR THE ORGANISATION TO CONTINUE PLAYING A MEANINGFUL ROLE IN SOCIETY.”

of our income, and its sudden withdrawal presented a serious threat to our long-term sustainability and dealt a blow to our ability to continue providing services to those who had come to rely on the access to care and treatment supported by our operations.

Our employees lost their livelihoods without warning, which has led to hardship and uncertainty in their lives and families. We unfortunately had to terminate the contracts of many employees who had served Anova well, whom we released with a sense of gratitude and recognition for their valued contributions over years of service.

We are currently engaged in a broader process of restructuring the organisation and crafting a new direction for Anova. We are confident we will be able to leverage the wealth of expertise and knowledge gained through years of providing carefully designed health services in the South African public health sector to change direction and focus on new areas of need.

It is in this context that we present this integrated report on our achievements in FY 2023-24.

While these post year-end developments pose challenges, they are not insurmountable. The Board is confident the Anova leadership team can simultaneously lead the organisation, reimagine a different future, and chart a path for the organisation to continue playing a meaningful role in society.

We ended the 2023-24 financial year with a stable Board, strong links between executive and non-executive directors, and a competent, dedicated executive leadership team at the helm. The need to diversify our income streams was long identified as a priority project, and early in 2024 the Board strongly encouraged the management team to strengthen resource mobilisation efforts.

We are confident the organisation can draw from previous lessons and the resilience Anova has always displayed to negotiate this phase of uncertainty and change. Indeed, such agility is often required of leaders in all settings and organisations.

Tshidi Faith Hashatse
Board Chair

CHIEF EXECUTIVE OFFICER'S STATEMENT

The past year was marked by both continuity and transition. As we prepared for a leadership handover, we remained focused on delivering high-impact public health programmes, strengthening our internal capacity, and maintaining the stability that has been a hallmark of our organisation. Our committed leadership team, supported by a strong board, continued to deliver programme achievements while also laying the groundwork for the future.

Diversifying our funding sources is an ever-present priority, and we dedicated time and resources to sustaining and expanding our existing funding base. We awaited clarity on what the PEPFAR programme would look like after 2025, as the landscape shifted from a national focus (APACE) to provincial projects, like Hanyani Bophelo in Limpopo. Calls to submit funding applications were delayed, and we expected that the change in the US government might have some consequences. However, we did not anticipate the radical disruption that was to come, first in the freeze on USAID funding globally, and then in the US President's executive order shunning South Africa, and finally termination of the awards. As we publish this report, we are evaluating our options.

Closer to home, the change in government in South Africa has not significantly altered our operations, though we remain mindful of uncertainties within the public health system, particularly regarding provincial funding flows. Despite all these challenges, Anova has remained resilient.

A key strategic shift this year was the elevation of the focus on our people to a dedicated pillar within our strategy. "People" was previously an enabler, but as a strategic pillar human capital has the prominence it deserves, reflecting our commitment to fostering a culture where our employees feel valued and supported. Continuous improvement remains central to our approach, with greater automation and agility helping to enhance efficiency.

Throughout the year, our senior management team concentrated on positioning Anova for long-term success. Succession planning moved beyond the executive level, with a focus on preparing and developing the next generation of leaders. We encourage our people to take initiative, recognising that leadership is not just about being given opportunities but also about stepping forward to seize them.

Our programmes have continued to perform well despite the uncertain operating environment. One of the year's highlights has been seeing Moyahabo Mabitsi step into her new role as CEO. Leadership transitions are never simple, but she has embraced the challenge, and I have every confidence Moya will be able to weather the current storm and guide Anova into its next phase of growth. Another key milestone was the appointment of our new Board chair, Faith Hashatse, who has already made a significant impact and will play an important role in strategic leadership.

As I reflect on my time at Anova, I feel deeply privileged to have been part of an organisation

> "I FEEL DEEPLY PRIVILEGED TO HAVE BEEN PART OF AN ORGANISATION THAT HAS GROWN FROM A SMALL TEAM OF 200 TO OVER 3,500 STAFF, MAKING A REAL DIFFERENCE IN THE LIVES OF MORE THAN A MILLION PEOPLE."

“

ANOVA’S WORK HAS ALWAYS BEEN ABOUT PEOPLE – THE CLIENTS WE SERVE, OUR PARTNERS AND FUNDERS, AND THE EMPLOYEES WHO MAKE UP THIS REMARKABLE ORGANISATION.”

that has grown from a small team of 200 to over 3,500 staff, making a real difference in the lives of more than a million people. This success has been built on collaboration, partnerships and, above all, the dedication of our teams. Anova is a unique organisation with a strong culture of mutual support and professional growth. We have placed emphasis on the sustainability of the organisation and have set aside funds that will be utilised to build the organisation going forward. It has been immensely fulfilling to see people develop within the organisation and to know that I am handing over something that others can take forward and build upon.

Looking ahead, I have confidence that Anova will emerge from the current global political turmoil and continue to evolve under new leadership. No organisation should remain static, and Moya will bring her own vision and approach to shaping Anova’s future. Securing new funding to sustain and expand our impact is now more critical than ever. The capability is there, and I have no doubt the team will rise to the challenge.

I approach retirement with a sense of pride and gratitude. Anova’s work has always been about people – the clients we serve, our partners and funders, and the employees who make up this remarkable organisation. I am grateful to have worked with you all, and I also extend my thanks to the Board for its support and guidance throughout my time as COO and CEO.

Helen Struthers
Chief Executive Officer

OUR STRATEGY

Our strategy is aligned to the six capitals. The strategic objectives for the Anova Health Institute are:

1. **DESIGN**, identify and implement innovative and impactful health programmes.
2. **FOSTER** effective engagement with stakeholders and strategic partners to build resilient health systems.
3. **MOBILISE**, deploy and manage resources and systems effectively and efficiently, to ensure and support good governance.
4. **EMPOWER** our staff to be healthy, motivated and skilled through proactive identification of needs and skills development initiatives to achieve uncompromised excellence.
5. **DEVELOP** and implement organisation-wide strategies and policies to embed transformation.

OUR STRATEGIC ENABLERS:

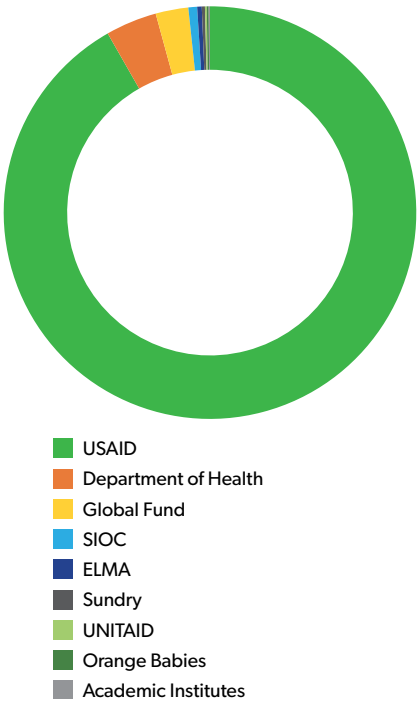
1. People-centred
2. Evidence-informed
3. Productive partnerships

FINANCIAL OVERVIEW

Funder, both international and South African make our work possible through their generous funding. Our largest funder is USAID, through the APACE programme and Hanyani Bophelo. We are also grateful to the Global Fund, Orange Babies, UNITAID, the Department of Health, NACOSA, the Sishen Iron Ore Community Trust, and the other funders who support our work.

Revenue for FY24 **R1 096 623 352**.

R1 016 474 137	USAID
R39 571 216	Department of Health
R28 423 455	Global Fund
R6 006 216	SIOC
R1 389 111	ELMA
R1 892 103	Sundry
R771 435	UNITAID
R1 620 129	Orange Babies
R475 550	Academic Institutes

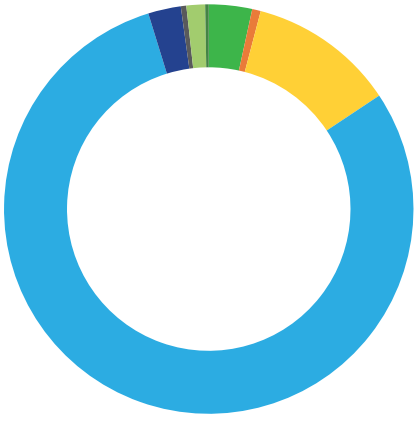


WHAT WE SPEND THE MONEY ON

We take a prudent approach to financial management and prioritise cost efficiency and cost effectiveness. The largest single expenditure is personnel costs.

EXPENDITURE BROKEN DOWN BY COST CATEGORY

R53 356 523	Management Fees
R22 111 545	Contractual
R4 290 101	Conference and Seminars
R65 742 011	Other Direct Costs
R907 095 125	Salaries
R16 484 207	Supplies
R2 277 512	Training
R 9 747 886	Travel
R20 441 939	Capital Cost



OUR FUNDERS:

USAID FROM THE AMERICAN PEOPLE

WESTERN CAPE DEPARTMENT OF HEALTH

the ELMA philanthropies

Ezintsha INVESTIGATE INNOVATE ADVANCE

The Global Fund To Fight AIDS, Tuberculosis and Malaria

FAMILY FREE - HCT

ORANGE BABIES

INTERNATIONAL AIDS SOCIETY

MSM PRIVATE SECTOR TIDES

IMPAACT

POSITIVE ACTION

SIOC COMMUNITY DEVELOPMENT TRUST

UNIVERSITY OF BOSTON

UNIVERSITY OF CONNECTICUT

UNIVERSITY OF NORTH CAROLINA

UNIVERSITY OF PENNSYLVANIA

NACOSA

BeyondZero

Unitaid SAVE LIVES FASTER

PSI

RIGHT TO CARE

fhi360

An extract of our Annual Financial Statements is on pg. 55

OPERATIONAL HIGHLIGHTS

In 2023–24, Anova was the **largest non-US-based implementer** of the PEPFAR programme globally, supporting over 990,000 people on HIV treatment,

15% OF PEOPLE ON ART IN SOUTH AFRICA.

Thambazimbi Mental Health Awareness Day

Through our **new mental health programme**, funded by SIOC-CDT,

750 PEOPLE WERE ASSESSED AND INITIATED ON MENTAL HEALTH TREATMENT, either medical or psychosocial

33,139 ADOLESCENTS

initiated on **PREP – 15% MALE**

Engagement with
TRADITIONAL HEALTH PRACTITIONERS
strengthened and expanded in HIV testing.

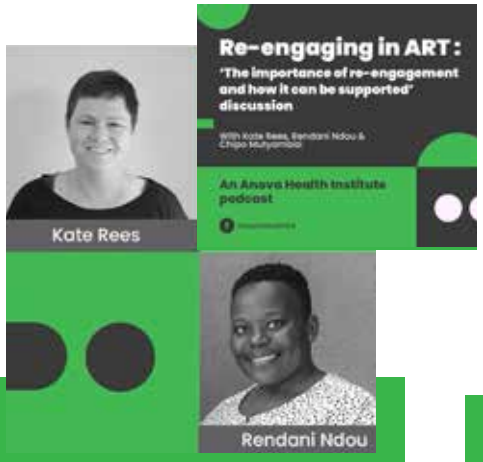
TWO MOBILE CLINICS added to the **JABSMART PROGRAMME** (total 3)
100% INITIATION of clients on ART

25 BENEFICIARIES under the **JABSMART** programme for people who use drugs completed a **SKILLS DEVELOPMENT TRAINING PROGRAMME** – 15 female, 10 male

Additional **3,307**
MEN INITIATED ON ART

R1 090 653 spent on socio-economic development

320 LEARNERSHIPS provided in child & youth care, social auxiliary work and business administration



Published/produced
5 JOURNAL ARTICLES, 2 PODCASTS, & BOOKLET
summarising past work

23 PRESENTATIONS at domestic and international conferences

Hosted a satellite session at the **SA TB Conference**, with >120 ATTENDEES.

119,000 FOLLOWERS on social media

IMPACT ASSESSMENT

Anova operates through a series of health programmes which are complementary. Our major funding is provided to respond to the HIV epidemic; further grants enable us to implement smaller, targeted programmes that address specific interrelated challenges. The largest programme is the USAID-funded APACE (Accelerating Program Achievements to Control the Epidemic) programme, part of the global PEPFAR programme, which Anova supports in Gauteng and the Western Cape. APACE is no longer active in Limpopo, where it has been replaced by a provincial programme, also part of PEPFAR and funded by USAID, called Hanyani Bophelo.

Our work takes us into nine districts across five of South Africa's nine provinces (see "Where We Work" on pg. 10). We aim to control and ultimately attain HIV epidemic control through the 95-95-95 cascade: 95% of people know their status; 95% of those who know their status are on treatment; and 95% of those on treatment remain virally suppressed. We aspire to reach these targets through direct service delivery, strengthening the health system through training and mentoring, technical assistance and advice, monitoring and evaluation, and research. Interwoven into programme goals are paediatric and adolescent HIV and TB care (including pregnant and breastfeeding women), key population support, interventions targeting adolescent girls and young women, community engagement, and HIV prevention through pre-exposure prophylaxis (PrEP).

While psychosocial support and client wellbeing has always been integrated into our clinical work, this year for the first time we were funded by SIOC-CDT specifically to work in the field of mental health.

This section describes our impact in 2023–24.

HANYANI BOPHELO

This new programme in Limpopo is, in one sense, a continuation of APACE, which ran in the province from 2018 until 2023. However, Hanyani Bophelo signals the future direction of the PEPFAR programme in South Africa1 – a province-by-province approach, and it contains

1 With the caveat that at date of publication we don't know if PEPFAR will continue in South Africa.

three objectives, with HIV care and treatment, in support of the 95-95-95 targets, still a key objective of the programme, similar to APACE. However, Hanyani Bophelo also carries the mandate of preparing to hand over the programme to the provincial Department of Health (DoH), contained in the second objective: "sustained health gains through structured and resilient health systems"; the programme includes a clear plan for training and development. The third objective is leveraging civil society and private sector partnerships to improve service delivery (read more in Community Engagement and Collaboration, pg. 34).

FIRST 95: HIV TESTING AND SCREENING

As South Africa closes in on the first 95 goal — number of people living with HIV who know their status — targeted HIV testing approaches are required to diagnose those not yet aware they are living with HIV. One such targeted approach is index testing, which continues to produce good results and has been particularly successful in finding children. (Index testing is the offer of HIV testing/screening to family members and contacts of someone who tests positive for HIV.)

As part of capacity building and ensuring sustainability, our team in Sedibeng district developed a mentorship model on index testing for lay counsellors in the DoH to provide them with skills required to provide HIV testing to clients using the index testing model. Over a 10-week period, counsellors followed a set curriculum and worked with a mentor, with the recognition of a graduation ceremony at the end of the programme. It was highly regarded by Gauteng DoH and will be rolled out to other districts, including City of Johannesburg.

In 2022–23, we began working with traditional health practitioners (THPs), recognising that South Africa has a multi-tiered health system and many South Africans rely on THPs as well as Western medicine. THPs can offer HIV testing and they play an important role in encouraging their clients to seek treatment when indicated. This year we scaled up our engagement with THPs both geographically and in terms of their contribution to the 95-95-95 cascade.

Effective community engagement is a key success factor in the HIV response. In addition to THPs, we worked with c. 30 civil society organisations who are contracted by DoH to provide HIV testing services. Among our areas of focus was training and capacity building around HIV testing and screening, including index testing and self-screening. Community support and collaboration for testing and screening helps relieve pressure on primary health care facilities and frees up skilled health care workers for more complex cases and allows them to focus on the other elements of the care cascade.

3,585,427
PEOPLE TESTED FOR HIV IN ANOVA-SUPPORTED FACILITIES

144,782
PEOPLE TESTING FOR HIV IN COMMUNITY

3,730,209
TOTAL

SECOND 95 – LINKAGE TO CARE AND RETENTION IN CARE

The HIV management guidelines in SA allow for PLHIV to be initiated on life-saving antiretroviral treatment (ART) as soon as they are diagnosed with HIV. Therefore, unlike in the past when there was a delay between testing and starting treatment, linkage to care/treatment rates are good. Clients diagnosed with HIV at community level are supported to ensure referral and linkage to their local clinic to start treatment, and Anova has worked to strengthen community-to-facility referral and linkage-to-care pathways.

The biggest challenge for the South African HIV programme is retention in care. The third 95 measures viral load (VL) suppression, which is an indicator of adherence to medication (and, therefore, engagement with the care system). However, we can only measure the VL of those clients who attend the relevant clinic visits. Clients disengage from care for a wide variety of reasons, often more social than medical, and so success in the second 95 — *95% of those who know their status are on treatment* — cannot be considered in isolation from the third 95 — *95% of those on treatment remain virally suppressed.*

Modelling suggests there are 1.1 million people living with HIV in South Africa who are not on treatment, and the majority of them have previously been initiated on ART but have since disengaged from care. Our efforts to ensure that those who know their status are on treatment are therefore concentrated on supporting clients to continue their treatment and remain in care, finding those who have disengaged, and supporting their journey back to care.

THIRD 95 – VIRAL LOAD SUPPRESSION

Viral load suppression is critical for HIV epidemic control. A low VL is also indicative of good health and means the individual is unlikely to develop advanced HIV disease, and is unlikely to transmit HIV to their sexual partners. Furthermore, clients with a low VL are less likely to develop resistance to their antiretroviral regime and need second- or third-line regimens. Retention in care and adherence to treatment are key to attaining VL suppression. When clients disengage from treatment, their VL increases. Yet keeping clients in care is fraught with difficulty. Finding them and supporting them to restart treatment is critical to the success of the third 95. A number of our activities aim to do just that.

Limpopo has had particularly encouraging results, especially with children, reaching targets for VL suppression. Using a case management approach with a multi-disciplinary team, VL suppression in children is now 90%, an improvement from 75% at the start of FY23. We are looking at how we can replicate this model with adult clients.

Viral load testing for children

1.1 MILLION PEOPLE IN SOUTH AFRICA ARE ESTIMATED TO BE LIVING WITH HIV AND NOT ON TREATMENT. THE MAJORITY HAVE DISENGAGED FROM CARE. FINDING THEM AND SUPPORTING THEM TO LINK BACK TO CARE IS A PRIORITY.

CENTRAL CHRONIC MEDICINES DISPENSING AND DISTRIBUTION (CCMDD)

The CCMDD programme provides eligible clients with an opportunity to collect medication from out-of-facility pick-up points such as private pharmacies or in-facility pick-up points such as eLockers. CCMDD continues to play a big part in keeping clients on treatment, although there are areas in need of more external pick-up points, particularly in rural locations, and an over-supply of points in some urban areas. CCMDD is broadly popular with clients and effective in improving convenience and access to medications, not only ARVs but other chronic medication as well.

THE CCMDD PROGRAMME HELPS CLIENTS REMAIN ENGAGED WITH CARE BY MAKING IT CONVENIENT FOR THEM TO COLLECT THEIR MEDICATION.

TRACKING AND TRACING OF CLIENTS WHO HAVE DISENGAGED FROM CARE

Tracking and tracing is essential in finding individuals who have disengaged from care. This has been particularly successful with children, in conjunction with the roll-out of the newer paediatric anti-retroviral drug, dolutegravir (pDTG). In our Limpopo districts, we audited paediatric files and traced all children disengaged from care, brought them back to facilities and switched them from their previous treatment onto the pDTG regimen, contributing to VL suppression in children from 75% in FY23 to 90% in FY24.

In the City of Johannesburg, face-to-face tracing is more challenging due to safety issues. Instead, to address disengagement from care among adults, we ran a social media campaign geo-targeting the most affected areas, inviting clients to return to care. We used WhatsApp chat, and the response rate among clients was positive. Unfortunately, while appointments were enthusiastically booked, attendance was poor.

However, we were encouraged by the results of another initiative. We began working with THPs not only for HIV testing but also for retention in

care. THPs have a much more intimate relationship with households than health care workers in the public health system and they are highly trusted. Therefore, they have an enviable level of influence and can make effective referrals. By training and collaborating with THPs, we are able to bring greater numbers of disengaged clients back into care.

TRADITIONAL HEALTH PRACTITIONERS PLAY AN IMPORTANT ROLE IN SUPPORTING CLIENTS BACK INTO CARE

YOUTH CARE CLUBS AND FAMILY CARE DAYS

Family Care Days form part of the NDoH Paediatric and Adolescent HIV Matrix of Interventions. During a Family Care Day, children, adolescents and their caregivers are grouped together, reducing the number of clinic visits a family has to make each month. A family unit receives a package of comprehensive care, and Youth Care Clubs (YCCs) are linked to Family Care Days. Care Days have now been established in 70% of Johannesburg facilities, with nearly 1000 participants and improved engagement from the DoH.

YCCs are groups of 12–20 adolescents and youth comprising a mix of newly initiated, re-engaged, virally suppressed and unsuppressed individuals, both male and female. Groups are disaggregated by age depending on the number of HIV-positive youth in the clinic. Young people can collect their medication, consult with a health care worker, have blood drawn for VL testing, and engage in group discussions with peers on key topics such as mental health, relationships, planning for the future, etc.

In Limpopo 79 facilities offer YCCs and retention of youth in these clubs is nearly 100%. VL testing and suppression is correspondingly high.

FAMILY CARE DAYS REDUCE THE NUMBER OF TIMES A FAMILY UNIT HAS TO COME TO A FACILITY AND IMPROVE RETENTION IN CARE AND VL SUPPRESSION.

PREP FOR ADOLESCENT GIRLS AND YOUNG WOMEN

Pre-exposure prophylaxis (PrEP) is a biomedical method of HIV prevention. Pioneered among men who have sex with men (MSM), it is now a key prevention tool for adolescents and young people. We continued to exceed PrEP targets in the adolescent space, with particular success among young men.

We were especially pleased with results in our Limpopo districts, as until this year PrEP distribution was not approved by the provincial DoH for adolescents in facilities. When approval was granted, our teams worked hard to provide PrEP to young people who wanted it, and within months had surpassed the target, initiating 8,976 adolescent girls and young women on PrEP in Limpopo districts.

28,285 YOUNG WOMEN INITIATED ON PREP

MEN'S HEALTH SERVICES

Our men's health strategy this year focused on mass mobilisation of men in collaboration with civil society organisations. Rather than focusing solely on HIV testing and treatment, we prioritised messaging around gender-based violence; screening for non-communicable diseases, HIV and AIDS, and TB; male medical circumcision (MMS); and social determinants of health, to raise awareness and encourage health-seeking behaviour. Our experience shows that sensitisation and education lead to men finding their own way to accessing HIV testing and other services.

Across the five districts there were 205 men-friendly clinics, including five new sites in the City of Cape Town, where we also expanded the Coach Mpilo peer support programme. Coaches are men living with HIV who are stable on treatment and provide support and advice to men who are newly diagnosed with HIV or who have returned to care after a treatment interruption. A peer with a common personal experience can inspire a level of trust and empathy that may be difficult to achieve with a health care worker, helping men gain control over their HIV status and live healthily.

We continued our work with the private sector, sending teams to give health promotion talks in male-dominated workspaces. Our farm workers' project in Limpopo (Nompilo), while not exclusively a men's initiative, was instrumental in engaging hard-to-reach rural men, many of them migrant agricultural workers who often fall through the health care net.

152 FARMWORKERS NEWLY INITIATED ON ART

Our work with MSM included increased promotion of PrEP, resulting in an uptick in PrEP initiations across all sites. Among MSM already living with HIV, we emphasised VL suppression, seeking new ways to ensure everyone is virally suppressed. We developed support groups based around VL suppression and publicity promoted the U=U message. We also continued to train and sensitise health care workers around the needs of MSM, as we strive to eliminate stigma and discrimination. The Ivan Toms Centre for Men's Health in Cape Town continued to provide PrEP and ART to MSM through both facility services and mobile outreach.

205 MEN-FRIENDLY CLINICS SERVED BY ANOVA

15,210 MEN INITIATED ON PREP IN ANOVA-SUPPORTED SITES

3,543 MEN INITIATED ON PREP AT IVAN TOMS CENTRE FOR MEN'S HEALTH

PAEDIATRICS AND VERTICAL TRANSMISSION

Anova's specialist team with technical expertise in paediatric HIV medicine works alongside our district teams and DoH partners to find children living with HIV, bring them into care, and ensure they are virally suppressed. We are grateful to our community partners who provide tangible support on the ground, particularly with regard to HIV testing. The UNAIDS Global Alliance to End AIDS in Children, an alliance of 12 African countries united in their commitment to end AIDS in children by 2030, was launched in Gauteng with the support of all sectors of the South African National AIDS Council. This multi-stakeholder engagement will contribute to continued progress with children and is a key strategic focus as we look ahead.

While South Africa has made notable strides in reducing vertical transmissiown of HIV from mother to infant, pregnant and breastfeeding women remain a priority. HIV-positive pregnant women are highly adherent to their treatment regime, but once the baby is born adherence is less consistent. This is entirely understandable, considering the upheaval caused by a new baby. Postnatal clubs (PNCs) are one way of supporting mothers during the first months of a baby's life and helping women stay on treatment, so HIV is not transmitted to the infant via breastfeeding. PNCs, which are available in four out of the five districts, focus on care of the mother–infant pair as an integrated unit. Limpopo had particular success with PNCs, with 37 clubs run by mentor mothers employed by the DoH and a significant reduction in the vertical transmission rate.

Looking ahead, we want to consider how to better serve pregnant and breastfeeding adolescent girls, who fall into a gap between the YCC and the PNC. We are also keen to promote PrEP for pregnant and breastfeeding women. We are working with policymakers to influence national guidelines to allow midwives not trained in HIV management to be trained on HIV prevention and PrEP guidelines to increase the provision of PrEP to HIV-negative pregnant and breastfeeding women, moving SA closer to the elimination of vertical transmission of HIV.

POSTNATAL CLUBS SIGNIFICANTLY REDUCE TRANSMISSION OF HIV FROM MOTHER TO CHILD.

KEY POPULATIONS – JABSMART

The JabSmart programme enjoyed its best year in the history of the programme, and Anova was one of the best-performing partners providing services to people who use drugs (PWUD). We received additional funding to expand and increase our programme activities, enabling us to take our staff complement to 140, up from just 30 five years ago. We received additional funding to scale up the advocacy and human rights component of the programme and recruited two human rights ambassadors and two paralegals to strengthen legal support services to PWUD.

Our strategic focus continued to be reaching the 95-95-95 targets and we initiated 100% of clients who tested HIV positive on life-saving ART. Diagnosis and treatment of Hepatitis C continued to be a priority. For this programme in particular, a human rights-based approach and a strong capacity for human rights advocacy are essential if we are to achieve positive clinical outcomes. Stigma, marginalisation, negative health care worker attitudes and human rights violations are social and structural barriers to treatment access for PWUD. Therefore, retention in care and VL suppression can't happen without psychosocial support and sensitisation of health care workers, law enforcement officers, and Department of Home Affairs (DHA) officials. Many of our clients are undocumented migrants and lack of documents often causes them to be turned away from facilities. We worked with DHA and helped 64 clients obtain ID documents. We recruited four more social workers to support clients with the complex social and emotional challenges that underpin and/or overlap their HIV treatment and adherence challenges.

Along with other organisations providing support to PWUD, we increased our support to CBOs in the City of Johannesburg, working with 10 local organisations to build their capacity, ensuring continuity and sustainability of the PWUD programme beyond donor funding.

We also intensified the research aspect of our work. We concluded a study on Hepatitis C, in partnership with Ezintsha research unit and PSI, and secured funding for further studies.

We continued to run our skills development programme, a key strategy to support social re-integration of PWUD. Our approach has been recognised by other implementing partners as a best practice model, and we received a significant increase in funding. In the past we focused on training women in skills such as beauty therapy; 10 women pursued this course this year. A further 10 men and five women attended vocational training college and received certificates in trades such as plumbing and electrics.

We added two more mobile clinics to the single unit we previously had and opened a second opioid substitution therapy (OST) clinic in Soweto. The new clinic and the original clinic in Yeoville, in the City of Johannesburg, between them provided 600 clients with OST in a six-month period, a leap from 80 clients in six months in the previous year. Medical treatment is complemented by psychosocial support, including family reunification, a key factor in helping PWUD transition to a sustainable life without drugs.

100% OF PWUD WHO TESTED POSITIVE FOR HIV WERE INITIATED ON ART

600 PWUD RECEIVED OST

25 PWUD COMPLETED VOCATIONAL SKILLS DEVELOPMENT TRAINING

>110 000 HARM REDUCTION PACKS DISTRIBUTED (CONTAINING CLEAN INJECTION EQUIPMENT) TO PWUD

TB CASE FINDING AND PREVENTION

Tuberculosis (TB) continues to be endemic in South Africa, particularly among people living with HIV. TB is responsible for 45% of deaths among people with HIV. It is estimated that 60% of people diagnosed with TB are co-infected with HIV, so TB case finding and prevention is an essential part of HIV care. Community-based initiatives are effective in finding new TB cases and our community engagement team had positive outcomes for TB testing and screening.

139,210 PEOPLE TESTED FOR TB

46,499 PEOPLE STARTED ON TB TREATMENT

88,350 PEOPLE STARTED ON TB PREVENTION TREATMENT

TECHNICAL INNOVATION

Our technical specialists support our district programme teams and work with national and provincial departments of health to develop innovative solutions to ongoing challenges. We were involved in foundational work on several interventions that will roll out in FY24–25. Nonetheless, the preliminary work formed part of this year's activities. One such innovation is tenofovir urine testing. Clients often claim to be adherent because they don't want to incur the disapproval of the health care worker, but VL testing tells a different story. A simple dipstick urine test can instantly detect the level of tenofovir (an ARV) in the urine, enabling the clinician to determine if the issue is adherence or drug resistance. Because this is considered a medical test, approval was required from the National DoH, which came through after the end of FY2023–2024, and therefore implementation will occur in FY2024–2025. This will be a game changer in the identification of advanced HIV disease (AHD), particularly in the City of Johannesburg, the district with the highest prevalence of AHD.

MENTAL HEALTH

We received funding from the Sishen Iron Ore Company (SIOC) Community Development Trust to work in Waterberg district in Limpopo, and John Taolo Gaetsewe and ZF Mgcwawu districts in the Northern Cape. These are districts where SIOC–CDT has a presence with mining operations, either currently or historically. We support 15 primary health care facilities across these three districts, strengthening the capacity of health care workers to provide mental health care.

The programme trains community health workers and nurses to screen, diagnose and manage mental health conditions, aiming to improve access to mental health services. We work with partners who specialise in complementary areas such as gender-based violence and youth-focused programmes. A network of bi-directional referrals creates a virtuous circle of demand for related services.

As with all our work, we work closely with the provincial DoH in both provinces. We do not believe in creating parallel systems, which are unsustainable. We provide direct service delivery of specialist skills but focus on mentoring and capacity building of DoH teams. We supply evidence-based tools for health promotion, screening and linkage to care.

Clients screen positive most commonly for depression, anxiety and substance abuse, predominantly alcohol abuse. While these mental health conditions are common in SA, the Covid-19 pandemic brought them to the fore. Radio campaigns and community dialogues designed to raise awareness of mental health have been helpful in reducing stigma and improving referral pathways. The programme name, "Ke Bothlokwa", means "I matter". Everyone matters, and that includes their mental health.

3,811 CLIENTS SCREENED FOR MENTAL HEALTH CONDITIONS

1,110 CLIENTS REFERRED FOR MENTAL HEALTH CARE AND TREATMENT

COMMUNITY ENGAGEMENT AND COLLABORATION

Anova has always placed communities at the heart of our work. Our community engagement team works alongside the clinical and technical teams to ensure effective liaison with community and faith leaders, activists and advocates, authorities such as law enforcement, and civil society. We work with district and subdistrict departments of health and local AIDS Councils, as well as the South African National AIDS Council (SANAC). We deliver services via peer networks, such as mentor mothers in postnatal clubs and Coach Mpilo peer supporters for men. Our work would not be possible, or would not be as effective, without these partnerships and collaborations. We also work with other PEPFAR implementing partners, sharing tasks and complementing each other's areas of expertise.

While community engagement is a deeply embedded component of our approach, this year saw community participation and consultation become even more central, as we sought to empower community-based organisations (CBOs) to enable them to continue with a localised HIV response and position them to apply for funding to sustain the gains made in the HIV programme. Our community engagement team worked with c. 30 CBOs, providing training and capacity building. Our service delivery engagement focused on community HIV testing and screening, particularly index testing.

We also deepened our relationship with SANAC and local AIDS Councils. We now have representation at provincial and local levels of AIDS Councils and in six out of 18 sectors: health professions, men, women, PHIV, key populations, and disability.

The impact of these efforts was particularly evident in our partnership with traditional health practitioners (THPs) and in our interventions with men, children and adolescents, PWUD, and in the new care and treatment programme in Limpopo, Hanyani Bophelo, where leveraging civil society and private sector partnerships to improve service delivery is a key objective.

MEN'S HEALTH

Men have historically been and continue to be reluctant to engage with health care services. While male stoicism is often cited as a reason, another explanation may be the emphasis on reproductive, maternal and child health services in our primary health care environment, alienating men. To address this gap and reach more men, we increased the level of community-focused activities for men and focused on engaging with the men's sector and PHIV sector of SANAC and with men-led organisations. We identified five organisations as prospective partners and trained them on men's health issues, strengthened their governance capabilities, and boosted their resources with the recruitment and deployment of 10 learners. Together with Anova's enterprise development team, we provided laptops and other office necessities. Eventually we will be able to officially contract these organisations to work with us in providing comprehensive HIV/TB services.

CHILDREN AND ADOLESCENTS

Liaison with CBOs was also instrumental in the progress we made with children. In the City of Johannesburg, we received additional funding from USAID to increase capacity to cover gaps within the paediatric programme and to focus specifically on family-focused community testing and support. In Mopani we collaborated with organisations working with children on issues other than HIV, such as the DG Murray Trust (focused on stunting in children), to facilitate a holistic view of child health. In both districts in Limpopo, we worked with CBOs to support adolescents with retention in care, mental health, and other issues of concern to the youth. And we strengthened ties with organisations focused on orphans and vulnerable children (OVCs), such as HIVSA, Choice Trust and NACOSA, across all our districts. These organisations have deep ties in the community and provide an important interface with facility-based care, helping to build trust.

TRADITIONAL HEALTH PRACTITIONERS

We strengthened and consolidated our engagement with THPs this year, expanding their contribution to the HIV cascade from HIV testing and screening to retention. We currently work with THPs in all subdistricts in the City of Johannesburg and have made inroads into Sedibeng and Limpopo. We look forward to further widening and deepening our relationship with THPs.

PRIVATE SECTOR

We continue to work with farms in Limpopo on HIV testing, linkage to care, and health education, and with workplaces in other districts and industries as well. In Mopani district, we partnered with Hoedspruit Training Trust (Hlokomela) and provided HIV testing services to 2,840 farmworkers and their families, initiated 93 on HIV treatment and provided support to 118 clients to ensure they remain on treatment.

SUSTAINABILITY REPORT

ANOVA RETAINED LEVEL 2 B-BBEE STATUS

The sustainability of the organisation has been a priority in recent years. This commitment has been put to the test by the withdrawal of USAID funding, as discussed in "About this report" on pg. 4 and in the Chair's Statement on pg. 14., but we are resolute in our determination to continue providing quality health care to all South Africans, and to do so in a way that treats our environment and our communities responsibly and respectfully.

TRANSFORMATION

Following the latest B-BBEE assessment, which covered the financial year 2023 and took place in September 2024, Anova retained Level 2 status and increased our score from 83.39 to 94.21 points. (Level 2 is awarded for a score of 85 to 99.99 points.) The specialised B-BBEE scorecard measures management control, skills development, enterprise and supplier development, and socio-economic development. An organisation is considered fully B-BBEE compliant at Level 4.

Helping our suppliers grow their businesses

Anova is committed to societal transformation, both within the organisation and in the wider community. We spent R635,721 on enterprise and supplier development, and invested heavily in skills development for youth, including persons with disabilities, through accredited learnerships and YES4Youth initiatives. We also absorbed some learners into Anova on completion of their YES4Youth programme.

ENTERPRISE AND SUPPLIER DEVELOPMENT

We supported 12 black-owned enterprises from Johannesburg, Sedibeng and Limpopo with business enablers to run and grow their businesses, including five women-owned and one youth-owned business. We provided health care specialists such as pharmacists, doctors and other CCMDD providers (medication pick-up points) with medicine storage refrigerators, dispensary label printers, branding and signage, laptops, printers and other resources to support our retention-in-care programme and provide health care in the communities we serve. Following the year-end, we held an Enterprise & Supplier Development Handover Ceremony as part of Global Entrepreneurship Week (18–22 November 2024) to recognise and celebrate the entrepreneurs we supported in 2023–24. We provided support to some of our beneficiaries for a second year running in line with our strategy to encourage sustainable growth.

R333,944
SPENT ON SUPPLIER DEVELOPMENT

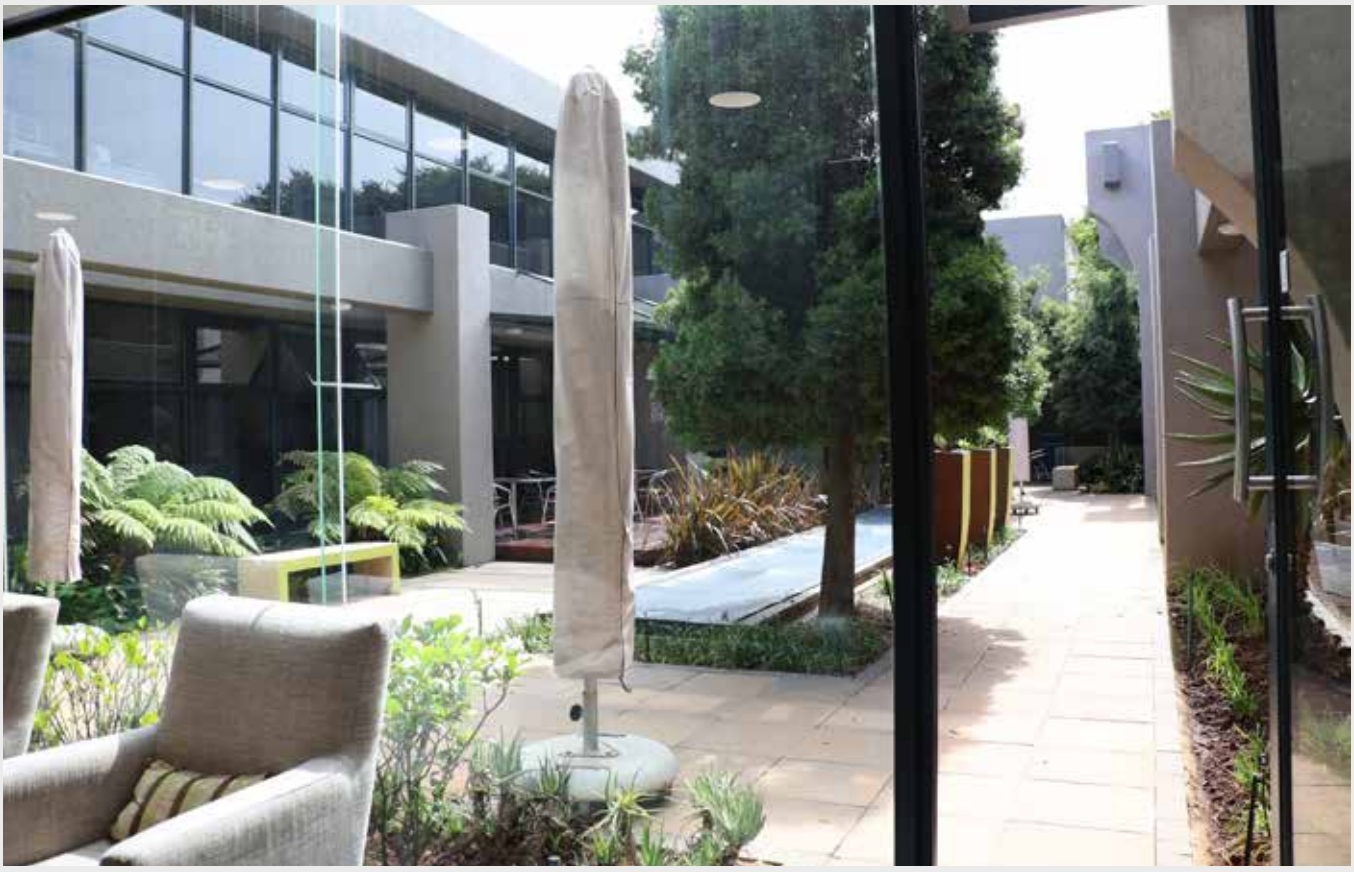
R301,777
SPENT ON ENTERPRISE DEVELOPMENT

R454,932
SPENT ON SOCIO-ECONOMIC DEVELOPMENT

R1,090,653
TOTAL SPEND

SKILLS DEVELOPMENT

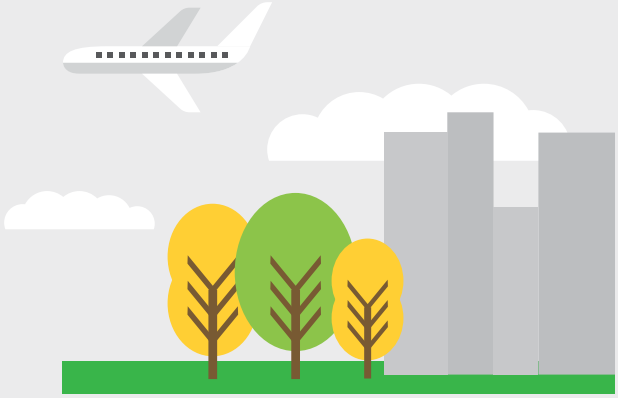
One of our strategic objectives (see pg. 18) is to empower our staff to be healthy, motivated and skilled through proactive identification of needs



and skills development initiatives to achieve uncompromised excellence. But we believe our responsibility for skills development extends beyond the needs and ambitions of our own staff. Our first strategic objective is the design and implementation of effective health programmes, and our second is engagement with stakeholders to build resilient health systems. Both these objectives require adequate skilled capacity within the population to provide the number and variety of health care workers needed to support a resilient health system. Therefore, our investment in skills development has prioritised management- and health-related learnerships and accredited programmes such as Child Youth Care, Health Promotion Officer, Counselling, and Management Assistant. This gives us the skills we need for the future and equips a wider cohort of young people with relevant competencies and abilities to support the health services industry.

OUR ENVIRONMENTAL IMPACT

Anova operates in multiple sites around the country. We do not have control over energy sources or usage in all properties, many of which are leased or belong to the local DoH. However, in our Parktown Head Office, which we purchased last year, we have installed solar photovoltaic panels for electricity generation and energy-saving LED light bulbs, to minimise our carbon footprint as much as possible. We also make use of virtual meetings wherever practical to reduce air and road travel.



CARBON FOOTPRINT

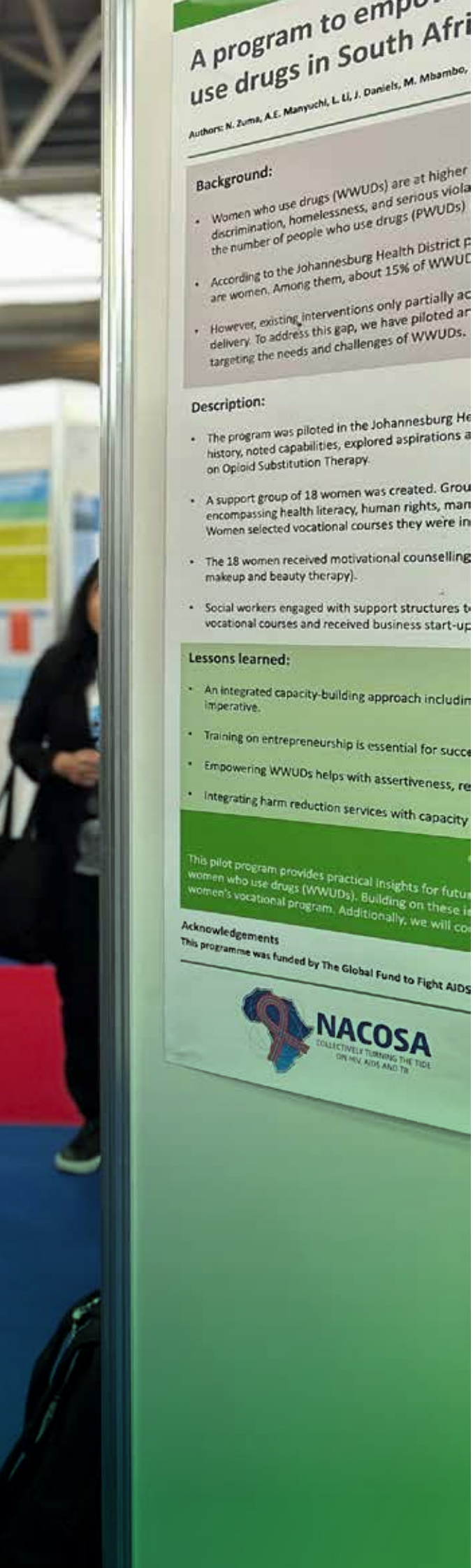
Our environmental impact in terms of kWH and air travel for the FY 2023–24 is shown below.

ELECTRICITY:
763,234 KG CO_2 EMISSIONS

DOMESTIC AND INTERNATIONAL FLIGHTS:
251,277 KG CO_2 EMISSIONS

TOTAL:
1,014,511 KG CO_2 EMISSIONS

IMPLEMENTATION SCIENCE AND KNOWLEDGE DISSEMINATION



Anova's work has always included operational research, which is defined as the application of systematic, data-driven analytical methods to improve the efficiency, effectiveness and quality of health care services. We are known for our strength in data science and strategic information and we support provincial and district departments of health in data capturing and data analytics.

We use programme science to evaluate interventions and then inform programmes with hard evidence, aiming to achieve sustainability and behaviour change. As part of our commitment to strengthening the health system, building partner capacity, and developing the skills of our own staff and others, we devote considerable resources to sharing best practices widely. Through effective knowledge dissemination we can catalyse positive change and contribute to the pool of insights that drive progress in public health.

CONFERENCES

October 2023–September 2024 was a notable year for conference participation. We hosted a very popular satellite session and had numerous poster presentations at the South African TB Conference in June 2024. We had a significant presence at the 25th international AIDS conference, AIDS 24, in Munich in July 2024, with both poster discussions and oral presentations. Dr Natasha Davies presented at the International Workshop on HIV and Women in Washington, DC in April 2024 and at the German HIV and Pregnancy Conference in June 2024, promoting Anova's work with breastfeeding women and postnatal clubs. We also presented at the International Conference on AIDS and STIs in Africa (ICASA) in Zimbabwe in December 2023. A full list of conference presentations is on pg. 63-65.

PUBLICATIONS

We published a booklet of summaries that provide insights from our HIV and TB programmes. The studies include understanding retention and engagement and looking at ways to improve; how to encourage re-engagement with ART; how to improve access to HIV testing and treatment for men; and many others. The publication was the result of collaboration with Gauteng, Limpopo and Western Cape Departments of Health and will help improve service delivery and expand public health knowledge.

We also published research findings in peer-reviewed journals, including a series on dolutegravir resistance, and an editorial on mental health. See pg. 63 for a full list of publications.

PODCASTS

Podcasts have become a popular means of information gathering and sharing. Anova embraced the medium initially with short recordings for our teams on topics such as re-engagement in care, our mental health project, traditional health practitioners, and the paediatric screening tool. In the coming year we plan to extend our podcast universe to an external audience via social media.

OUR PEOPLE

Our total staff complement at year-end was 3689. See our employee breakdown below. We hired 712 people, and staff turnover was 0.94%. 81 people were promoted into new positions during the year. We fill vacant positions internally wherever possible, as part of our strategy to empower our staff to be motivated and skilled and to provide them with skills development initiatives, leading to opportunities for career advancement.

Employee health and wellbeing is an ongoing priority at Anova. We continued to focus on the mental health of our employees, with annual wellness days at all facilities and employee sessions on mental health and financial literacy on dedicated days. Major changes were made to the South African pension landscape during the year, with the introduction of the "two-pot system" in the Pensions Act. Capacitating our employees on the specifics and the financial implications was a key focus area for employee personal development.

TRAINING AND CAPACITY BUILDING

Training is a priority at all employee levels. On average, each employee received 17 hours of training throughout the year. Examples of skills training include: Coaching and Developing Employees; Disability Awareness Training; Professional Report Writing; Critical Thinking Skills; and many more.

We continued to build skills in writing for publication and conference presentation through our writing mentorship programme. Through this initiative, we had eight employees with abstracts submitted for the first time for presentation at the SA TB conference and AIDS24.

OCCUPATIONAL HEALTH AND SAFETY (OHS)

There is a policy and standard operating procedure (SOP) in place detailing our organisational response to OHS requirements. Every office has a fire warden and health and safety officer who form part of a committee that meets quarterly to review any incidents and discuss OHS issues. Policies are in place to address any health and safety risks. Staff

working in DoH facilities are subject to DoH OHS measures. We have insurance cover in place to assist staff with any ill health as a result of work-related needle-stick injuries.

PERFORMANCE MANAGEMENT AND LEAVE PROVISION

Our employees receive regular performance reviews and career development opportunities. All employees, whether permanent or fixed term, are entitled to sick leave. Parental and family responsibility leave are also granted to all employees, subject to a qualifying period of employment. Other types of leave, such as study leave, professional development leave, sabbatical leave or special leave, may be granted at Anova's discretion.

Any changes to these or any other provisions are communicated via SOPs and disseminated to staff via our standard internal communication processes.

Employment Type		
Learnerships	156	4%
Fixed Term	863	24%
Permanent	2670	72%
Total	**3689**	**100%**

Employment by Gender		
Male	970	26%
Female	2719	74%
Total	**3689**	**100%**

Employment by race		
Indian	12	0.3%
White	33	0.9%
Coloured	226	6.1%
African	3418	92.7%
Total	**3689**	**100.0%**

Occupational Levels		
1 - Top Management	14	0.4%
2 - Senior Management	26	0.7%
3 - Professional	213	5.8%
4 - Skilled	514	13.9%
5 - Semi-Skilled	1135	30.8%
6 - Unskilled	1787	48.4%
Grand Total	**3689**	**100.0%**

81 ANOVA EMPLOYEES WERE PROMOTED INTO NEW POSITIONS THIS YEAR.


CELEBRATING PRIDE
STRONG
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GOVERNANCE AND COMPLIANCE

The Anova Health Institute complies with the requirements of the Companies Act No. 71 of 2008, as amended (the "Companies Act") and is governed in accordance with the principles set out in King IV, as applied to nongovernmental organisations. Our Board has oversight of regulatory obligations and it ensures responsible, ethical and sustainable corporate governance. It also provides and approves strategic direction and sees that the organisation fulfils its mission. The Chairperson provides overall leadership of the Board.

The CEO is responsible for the execution of the strategic direction, through the delegation of authority and in conjunction with the Management Executive Committee (Exco). The Exco oversees programme activities and monitors operating and financial performance. It meets monthly and shares responsibility with the CEO for strategic and operational plans, policies and procedures, budgets, and risk management.

There were no new members appointed to the Board this year.

René Kenosi (Board Chair) retired on 31 December 2023 and Advocate Faith Mayimela-Hashatse took over as Chair on 1 January 2024.

BOARD PRIORITIES

Key priorities addressed by the Board in 2023–24 included a continued focus on resource mobilisation; environment, social and governance (ESG) considerations; and risk management, in light of the need for cybersecurity vigilance in the face of the increased threat of cybercrime. The Board also continued to prioritise employee wellbeing, climate awareness, and transformation.

THE BOARD

MRS RENÉ KENOSI
CHAIRPERSON (UNTIL 31/12/2023)

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.

**Retired from Board 31 December 2023*

MS FAITH HASHATSE
CHAIRPERSON FROM 01/01/2024

Faith Hashatse (BJourn, LLB, LLM) is the Managing Director of the Nelson Mandela University Investment Company. She holds the designation of Chartered Director (CD: SA) from the Institute of Directors South Africa (IoDSA) in recognition of the depth and breadth of her governance knowledge and experience, having held leadership positions on boards of numerous companies and organisations over the last 23 years.

Faith has over 30 years' experience in management and executive positions in various sectors including telecommunications regulation, higher education management, local government executive leadership, and fundamental human rights and gender equity.

DR SIPHO KABANE
NON-EXECUTIVE DIRECTOR

Sipho Kabane (PhD, MBChB, MBA, MPhil) is the CEO and Registrar for the Council for Medical Schemes (CMS), the regulator of the medical scheme industry in South Africa. He has an outstanding record in managing health systems with a focus on governance, funding, regulation, policy and quality. Sipho is skilled in managing diverse and multi-disciplinary teams as well as the financial and operational aspects of health departments. He is an active and productive member of numerous committees contributing to the health and wellbeing of communities and individuals.

MS ANNABELL LEBETHE
NON-EXECUTIVE DIRECTOR

Annabell Lebethe (MPM) has extensive experience in arts and culture management in the public sector. She is currently CEO at SAMRO and was formerly the CEO of Ditsong Museums of South Africa, CEO of the Market Theatre Foundation and CEO of the National Arts Council (NAC). Annabell holds a Master's in Public Management and has served on numerous boards nationally and internationally.

DR HELEN STRUTHERS
JOINT CHIEF EXECUTIVE OFFICER

Helen Struthers (MSc, MBA, PhD) is the CEO 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.

DR MOYAHABO MABITSI
JOINT CHIEF EXECUTIVE OFFICER

Moyahabo Mabitsi (MBChB, Dip HIV Management, Dip Trop Medicine) is Anova's Chief Medical Director and Joint CEO. She provides strategic direction for and oversees implementation of Anova's HIV- and TB-related public health programmes. Moya has substantial experience of HIV/TB/PMTCT clinical management and mentorship, performance monitoring and evaluation. She is a key liaison with the Department of Health and with funders.

Appointed as Joint CEO on 1 April 2024

MR GLENN JOSEPH
CHIEF OPERATING OFFICER

Glenn Joseph (BCom) is a seasoned Chief Operating Officer with extensive experience in the corporate sector. Glenn has expertise in policy development, operational and procedural management, and compliance with legal and statutory requirements. He is skilled in strategic planning, budgeting, performance management, and relationship management with stakeholders at all levels.

MR JULIAN DU PLESSIS
NON-EXECUTIVE DIRECTOR

Julian du Plessis (MPhil, BCompt Honours) is a governance, risk and audit specialist with over 20 years of professional experience, including 10 years of internal audit and three years of risk management. He was Head of Internal Audit at Pick 'n Pay and AVBOB and Head of Risk Management at FirstRand Bank. Julian holds a Master's in Business Management and is a qualified Chartered Accountant.

MS LIESL LINTVELT
NON-EXECUTIVE DIRECTOR

Liesl Lintvelt is an admitted attorney of the South African High Court. During her legal career she practised as a trial attorney specialising in personal injury and medical negligence litigation. She furthered her studies and has passed all the necessary examinations to be admitted as a solicitor in England and Wales. She has recently moved to the Netherlands with her family, expanding her horizons and pursuing new challenges.

MR CYPRIAN TEFFO
NON-EXECUTIVE DIRECTOR

Cyprian Teffo, CA (SA) is a specialist in leadership, governance, finance, and risk management with substantial experience in the health care, retail, and non-profit sectors including five years at Discovery. He currently serves as the Finance Executive at the Allan Gray Orbis Foundation. Additionally, he is a non-executive director at the Soul City Institute, where he chairs the Finance, Audit, and Risk Committee, and a board member of its investment holding subsidiary. In 2023, Cyprian was recognised by SAICA as one of the Top 35 Chartered Accountants under the age of 35.

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

René Kenosi (retired 31 December 2023)
Liesl Lintvelt
Annabell Lebethe
Julian du Plessis
Sipho Kabane
Faith Hashatse
Cyprian Teffo

EXECUTIVE DIRECTORS

Helen Struthers (CEO)
Moyahabo Mabitsi
Glenn Joseph

PRESCRIBED OFFICERS

Diana Mokoena – member of Social and Ethics committee. Diana is the Chief of Party for the APACE grant.

Independent Non-Executive Directors are appointed for a term of three years and may be re-elected 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, including 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 to familiarise themselves with the Company and matters affecting the Board.

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 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 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 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 it to investigate any activity of the Company and permit seeking information or advice from any employee or external consultant.

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. A key risk profile matrix has been developed with clearly defined risk indicators. The Audit and Risk Committee reviews this 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 organisation, and the establishment of a Remuneration Policy that promotes the achievement of strategic objectives and encourages individual performance strategy.

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.

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 Social and Ethics Committee assists the Board in ensuring compliance 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.

BOARD COMMITTEE MEMBERSHIP

Directors	Audit and Risk Committee		Remuneration Committee	Social and Ethics Committee
	Audit	Risk		
Non-Executive Directors				
René Kenosi			Member	Member
Liesl Lintvelt	Member	Member		Member
Annabell Lebethe			Chair	Member
Julian du Plessis	Member	Member	Member	
Sipho Kabane			Member	Chair
Cyprian Teffo	Chair	Chair		Member
Executive Directors				
Helen Struthers	Attendee	Attendee	Attendee	Attendee
Moyahabo Mabitsi	Attendee	Attendee	Attendee	Member
Linda McConnell	Attendee	Member	Attendee	Attendee
Glenn Joseph	Attendee	Member	Attendee	Attendee
Prescribed Officers				
HR Manager			Attendee	
Head of Finance	Attendee	Attendee		
CoP				Attendee
Senior Legal Counsel	Attendee	Attendee		

MEETING ATTENDANCE

The full Board met four times in 2023-24. Board and committee meeting attendance was as follows:

Director	Board	Independent Non-Executive	ARC	REM	SEC
René Kenosi (Chair)	1/4*	1/2*	N/A	1/3*	1/3*
Liesl Lintvelt	4/4	2/2	3/3	1/3	2/3
Annabell Lebethe	4/4	2/2	1/3	3/3	2/3
Julian du Plessis	4/4	2/2	3/3	2/3	1/3
Cyprian Teffo	4/4	2/2	2/3	1/3	3/3
Sipho Kabane	3/4	2/2	N/A	3/3	3/3
Helen Struthers	4/4	N/A	3/3	3/3	3/3
Moyahabo Mabitsi	4/4	N/A	3/3	3/3	3/3
Glenn Joseph	4/4	N/A	3/3 (risk only)	3/3	3/3

**Retired 31 December 2023*

CODE OF ETHICS

Anova is committed to promoting the highest standards of ethical behaviour among its Directors, management and employees. The organisation has a Code of Ethics, which forms part of each employment contract. The Code outlines conflicts of interest, the prevention of disclosure of organisational information, policies on the acceptance of donations and gifts and protection of the intellectual property of Anova.

FINANCIAL REPORT

FINANCIAL STATEMENTS

Grants income increased by 9% over the previous year , mainly due to increased funding secured from Western Cape Department of Health, Global Fund/NACOSA, and USAID for the Limpopo Hanyani Bophelo Programme.

Operating expenses increased by 9% compared to the previous year. This was mainly driven by the onboarding of new sub-recipients for the Limpopo Hanyani Bophelo programme (FPD, HIVSA, Grassroots Soccer, Hoedspruit Training Trust), additional spend on HIV self-testing kits procured for the APACE programme to align to increased targets, and increased training and conference costs resulting from attendance of the International AIDS Conference, the SA TB Conference and the Pharmacy conference by Anova staff.

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Independent Auditor's Report

To the Directors of

Anova Health Institute NPC

Opinion

We have audited the financial statements of Anova Health Institute NPC (the company) set out on pages 8 to 33, which comprise the statement of financial position as at 30 September 2024, and the statement of surplus or deficit and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including material accounting policy information.

In our opinion, the financial statements present fairly, in all material respects, the financial position of Anova Health Institute NPC as at 30 September 2024, and its financial performance and cash flows for the year then ended in accordance with IFRS Accounting Standards as issued by the International Accounting Standards Board and the requirements of the Companies Act of South Africa.

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 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 corresponding sections of the *International Ethics Standards Board for Accountants' International Code of Ethics for Professional Accountants (including International Independence Standards)*. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

The directors are responsible for the other information. The other information comprises the information included in the document titled "Anova Health Institute NPC Annual Financial Statements for the year ended 30 September 2024", which includes the Directors' Report as required by the Companies Act of South Africa. The 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 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 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 regard.

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 IFRS Accounting Standards as issued by the International Accounting Standards Board 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.

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.

BDO South Africa Incorporated
BDO South Africa Incorporated (Mar 31, 2025 15:00 GMT+2)

BDO South Africa Incorporated
Registered Auditors

Karlien Groenewald
Director
Registered Auditor

Date: 31 March 2025

119-123 Hertzog Boulevard
Foreshore
Cape Town, 8001

Anova Health Institute NPC

(Registration Number 2009/014103/08)
Financial Statements for the year ended 30 September 2024

Statement of Financial Position

Figures in R	Notes	2024	2023
Assets			
Non-current assets			
Property, plant and equipment	3	61 898 555	63 693 046
Right-of-use assets	10	19 118 041	30 523 391
Total non-current assets		**81 016 596**	**94 216 437**
Current assets			
Trade and other receivables	4	20 048 254	36 627 701
Cash and cash equivalents	5	532 308 330	448 905 750
Total current assets		**552 356 584**	**485 533 451**
Total assets		**633 373 180**	**579 749 888**
Equity and liabilities			
Equity			
Retained income		93 717 288	69 770 040
Liabilities			
Non-current liabilities			
Lease liabilities	10	2 753 366	16 878 001
Deferred income	11	48 557 548	46 247 248
Total non-current liabilities		**51 310 914**	**63 125 249**
Current liabilities			
Trade and other payables	6	279 797 003	238 690 688
Grants received in advance	9	177 316 271	178 156 379
Lease liabilities	10	17 890 696	12 561 734
Deferred income	11	13 341 008	17 445 798
Total current liabilities		**488 344 978**	**446 854 599**
Total liabilities		**539 655 892**	**509 979 848**
Total equity and liabilities		**633 373 180**	**579 749 888**

Anova Health Institute NPC

(Registration Number 2009/014103/08)

Financial Statements for the year ended 30 September 2024

Statement of Surplus or Deficit and Other Comprehensive Income

Figures in R	Notes	2024	2023
Revenue	12	1 096 623 352	1 040 526 246
Operating expenses		(1 101 546 848)	(1 040 391 147)
(Deficit)/Surplus from operations	13	**(4 923 496)**	**135 099**
Finance income	14	31 815 286	24 376 005
Finance costs	15	(2 944 542)	(1 047 644)
Total comprehensive surplus for the year		**23 947 248**	**23 463 460**

Anova Health Institute NPC

(Registration Number 2009/014103/08)
Financial Statements for the year ended 30 September 2024

Statement of Changes in Equity

Figures in R	Retained income	Total
Balance at 1 October 2022	46 306 580	46 306 580
Changes in equity		
Total comprehensive income for the year	23 463 460	23 463 460
Balance at 30 September 2023	**69 770 040**	**69 770 040**
Balance at 1 October 2023	69 770 040	69 770 040
Changes in equity		
Total comprehensive income for the year	23 947 248	23 947 248
Balance at 30 September 2024	**93 717 288**	**93 717 288**

Anova Health Institute NPC

(Registration Number 2009/014103/08)
Financial Statements for the year ended 30 September 2024

Statement of Cash Flows

Figures in R	Notes	2024	2023
Net cash flows from / (used in) operations	18	**83 494 068**	**(5 902 219)**
Interest paid		(1 780 720)	(1 047 644)
Interest received		31 815 286	24 376 005
Net cash flows from operating activities		**113 528 634**	**17 426 142**
Cash flows used in investing activities			
Proceeds from sales of property, plant and equipment		621 250	29 612
Purchase of property, plant and equipment		(14 719 800)	(45 970 456)
Cash flows used in investing activities		**(14 098 550)**	**(45 940 844)**
Cash flows used in financing activities			
Lease liability repayments		(16 027 504)	(17 268 384)
Cash flows used in financing activities		**(16 027 504)**	**(17 268 384)**
Net increase / (decrease) in cash and cash equivalents		**83 402 575**	**(45 783 086)**
Cash and cash equivalents at beginning of the year		448 905 750	494 688 836
Cash and cash equivalents at end of the year	**5**	**532 308 330**	**448 905 750**

PUBLICATIONS AND CONFERENCE PRESENTATIONS

PUBLICATIONS

* Anova authors in **bold**

Authors	Title	Journal / Publisher
Dunlop JL, Zibengwa E, Manyuchi AE, Chinyandura C, Mutsago T, Magongoa KS, Khoele G, **Mabitsi M, Rees K**	Strengthening primary care mental health services – lessons from the South African HIV programme	S Afr Med J 2024;114(9):2330. https://doi.org/10.7196/SAMJ.2024.v114i9.2330
Chinyandura C, Davies N, Buthelezi F, Jiyane A, Rees K	Using fatherhood to engage men in HIV services via maternal, neonatal and child health entry points in South Africa	PLoS ONE 19(6): e0296955. https://doi.org/10.1371/journal.pone.0296955
Fourie N, Rees K, Mali D, Mugisa B, **O'Connor C, Davies N**	Dolutegravir resistance in three pregnant and breastfeeding women in South Africa	S Afr J HIV Med. 2023;24(1), a1531. https://doi.org/10.4102/sajhivmed.v24i1.1531
Makina-Zimalirana N, Bisnauth M, Shangase N, Davies N, Jiyane A, Butherlezi F, Rees K	Workplace wellbeing among health care workers providing HIV services in primary care in Johannesburg: a mixed methods study	Front. Public Health 11:1220301. doi: 10.3389/fpubh.2023.1220301
Njuguna C, Long L, Mistri P, Chetty-Makkan C, Maughan-Brown B, Buttenheim A, Schmucker L, Pascoe S, Thirumurthy H**, O'Connor C, Mutyambizi C, Mutasa B, Rees K**	A randomised trial of "Fresh Start" text messaging to improve return to care in people living with HIV who missed appointments in South Africa	AIDS, Publish Ahead of Print DOI: 10.1097/QAD.0000000000003939

CONFERENCE PRESENTATIONS AND POSTERS

* Anova presenters in **bold**

Presenter	Title	Presentation/Poster	Conference
Zuma N, Manyuchi AE, Li L, Daniels J, Mbambo M, Mabitsi M, McIntyre JA, Struthers H	A program to empower women who use drugs in South Africa	Poster	AIDS 2024 22-26 July 2024 Munich, Germany
O'Connor C, Rees K, Dhliwayo P	South Africa's 2023 updated clinical guidelines for HIV and TB expand TB diagnostic testing eligibility among people with HIV by more than 600%, requiring additional investment in service delivery	Poster	AIDS 2024 22-26 July 2024 Munich, Germany
Tshabalala N, Kahari A, Seotsanyana L, Manyuchi A, Khanyile M, Dhliwayo P	Combining HIV Testing Services with TUTT strategy in a community setting leads to increased TB case finding: lessons from Johannesburg	Poster	AIDS 2024 22-26 July 2024 Munich, Germany
Zuma N, Manyuchi AE, Li L, Daniels J, Mbambo M, Mabitsi M, McIntyre JA, Struthers H	Investigating human rights violations against people who use drugs in Johannesburg Health District amidst and post the COVID-19 Pandemic	Poster	AIDS 2024 22-26 July 2024 Munich, Germany

Presenter	Title	Presentation/Poster	Conference
Mfecane N, Risinamhodzi R, Mabasa T, Motholo T	Re-orientation and induction workshop for AIDS Council stakeholders on multisectoral HIV, TB & STIs response: Case study of Gauteng Province	Poster	SA TB Conference 4-7 June 2024 Durban, South Africa
O'Connor C, Sebolecwe C, Dhilwayo P	Updates to existing data systems are required to effectively monitor implementation of new guidelines for TB preventive therapy and universal TB test-and-treat	Poster	SA TB Conference 4-7 June 2024 Durban, South Africa
Kekana M, Maluleke C, Tshiswaise G, Ngwenya M, Dhilwayo P	Monitoring medicine stock to improve TPT initiation in Mopani District, South Africa	Poster	SA TB Conference 4-7 June 2024 Durban, South Africa
Motumi M, Mutyambizi C, Dhliwayo P, Rees K	Evaluation of Targeted Universal TB Testing (TUTT) implementation in three Johannesburg facilities: Results from a Quality Improvement baseline assessment	Poster	SA TB Conference 4-7 June 2024 Durban, South Africa
Tshabalala N, Kahari A, Seotsanyana L, Manyuchi A, Khanyile M, Dhliwayo P	Combining HIV Testing Services with TUTT in a community setting leads to increased TB case finding: lessons from Johannesburg	Poster	SA TB Conference 4-7 June 2024 Durban, South Africa
Molete R, Hlabane P, Jas M, Dhliwayo P	Exploring strategies for TB screening and case detection among PLHIV in Kopanong District Hospital	Poster	SA TB Conference 4-7 June 2024 Durban, South Africa
Makina N, Bisnauth M, Dunlop J, Rees K, Ancharsk A, Dhakal C	Optimising HIV Testing in Children (5-14 Years) in South Africa: A Cost-Effectiveness and Feasibility Analysis	Poster	4th International Conference on Public Health in Africa (CPHIA 2024) 26-29 November 2024
Njuguna C, Long L, Mistri P, Chetty-Makkan C, Maughan-Brown B, Buttenheim A, Schmucker L, Pascoe S, Thirumurthy H, **O'Connor C, Mutasa B, Rees K**	Compared to a single text message, two-way text messages did not improve ART re-engagement, but did elicit reasons for disengagement	Poster	International Conference on AIDS and STIs in Africa (ICASA) 4-9 December 2023 Harare, Zimbabwe
Maluleke, C, Njuguna, C, Davies, N, Mongwe WM, Rees, K	Viral suppression on Efavirenz-based and Dolutegravir-based first-line antiretroviral regimens in adults in Mopani District, South Africa	Poster	Conference of the Southern African HIV Clinicians Society (SAHCS), Cape Town, November 2023
Vlug M, Moche J, Mageza T	Hillbrow Community Health Centre: the largest care and treatment site in South Africa, providing ART to more than 30,000 PLHIV	Poster	Amsterdam Fast Track Cities 2023

Presenter	Title	Presentation/Poster	Conference
Dunlop J, Tait C, Njuguna C, Ndou R, Rees K	A single question on maternal HIV status is the best performing screening tool to identify children living with HIV in South Africa	Poster	Conference of the Southern African HIV Clinicians Society (SAHCS), Cape Town, November 2023
Witbooi L	An effective multisectoral response achieving viral load suppression in a person living with HIV & homelessness: a case study	Poster	Amsterdam Fast Track Cities 2023
Mogale S	Demand planning and forecasting to improve medicine availability in Limpopo Province, South Africa-operational research project	Poster	82nd FIP World Congress of Pharmacy and Pharmaceutical Sciences, Cape Town, South Africa, 1 to 4 September 2024.
Davies N	South Africa's HIV burden and Common Clinical and Programmatic Challenges for Pregnant and Breastfeeding Women	Presentation	Wits-Imperial Obstetric Medicine Workshop, University of Witwatersrand, Johannesburg, South Africa, 5 to 8 March 2024
Davies N	Infant Feeding Choices for Parents Living with HIV: Updates from the INFORM+ Forum Group	Presentation	International Workshop on HIV & Women 2024, Washington, DC, 12 to 13 April 2024
Davies N	Infant Feeding Choices for People Living With HIV and INFORM+	Presentation	The German HIV and Pregnancy Conference, Oberursel, Germany, 8 to 9 June 2024
Davies N	An Adapted Post-Natal Club Model in South Africa: Outcomes and Lessons Learnt	Presentation	Paediatric Pre Conference Symposium Presentation, AIDS 2024 22-26 July 2024 Munich, Germany
Davies N	Latching on to Freedom: A Global Dialogue on Reproductive Justice for Women Living With HIV	Symposium Discussion Panellist	AIDS 2024 22-26 July 2024 Munich, Germany
Davies N	IAS Special Workshop: Paediatric Clinical Olympics: Will you take home a medal? – interactive clinical session	Panellist	AIDS 2024 22-26 July 2024 Munich, Germany

FUNDERS AND PARTNERS

Without the generous support of our funders and partners, our work would not be possible. We would like to thank you all for your dedication to our mission of improving people's lives through good health.

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www.theglobalfund.org

www.orangebabies.org.za

www.impaactnetwork.org

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www.elmaphilanthropies.org

www.nacosa.org.za

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- South African Departments of Health & Social Development (National & Provincial)
- South African Medical Research Council
- 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 the Witwatersrand School of Public Health
- Wits Reproductive Health & HIV Institute
- Witkoppen Clinic

INTERNATIONAL

- Arizona State University
- Boston University School of Public Health
- FHI-360
- Global Forum on MSM & HIV
- Indlela
- International AIDS Society
- National Institute for Communicable Diseases
- PACT
- Unitaid
- University College London
- University of North Carolina

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
APACE	Accelerating Program Achievements to Control the Epidemic
ART	Antiretroviral Therapy
ARV	Antiretroviral
CBO	Community-Based Organisation
CoJ	City of Johannesburg
CoCT	City of Cape Town
DoH	Department of Health
DTG	Dolutegravir
GRI	Global Reporting Initiative
HIV	Human Immunodeficiency Virus
MSM	Men Who Have Sex With Men
NACOSA	Networking HIV & Aids Community of Southern Africa
NDoH	National Department of Health
NGO	Non-Governmental Organisation
OST	Opium Substitute Therapy
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PrEP	Pre-Exposure Prophylaxis
PWUD	People Who Use Drugs
TB	Tuberculosis
TPT	TB Preventative Therapy
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
VTP	Vertical Transmission Prevention
YCC	Youth Care Club

GRI CONTENT INDEX

STATEMENT OF USE

ANOVA HEALTH INSTITUTE NPC has reported the information cited in this GRI content index for the period **1 October 2023 to 30 September 2024** with reference to the GRI Standards.

GRI 1 used
GRI 1: Foundation 2021

Profile Disclosure	Description	Reference	Explanation
GRI 2: General Disclosures 2021	2-1 Organisational details		The name of the organisation is mentioned throughout the report. The back cover lists the organisation's locations and contact details.
	2-2 Entities included in the organization's sustainability reporting	pg. 5	Anova Health Institute NPC is a unitary organisation.
	2-3 Reporting period, frequency and contact point	pg. 5	Covered in About This Report
	2-4 Restatements of information		Nil
	2-5 External assurance		No external assurance has been sought for indicators in this report.
	2-6 Activities, value chain and other business relationships	pg. 9	Covered in Organisational Overview
	2-7 Employees	pg. 44	Covered in Our People
	2-8 Workers who are not employees		Not Applicable to Anova
	2-9 Governance structure and composition	pg. 47	Covered in Governance report
	2-10 Nomination and selection of the highest governance body	pg. 47	Covered in Governance report
	2-11 Chair of the highest governance body	pg. 47	Covered in Governance report
	2-12 Role of the highest governance body in overseeing the management of impacts	pg. 47	Covered in Governance report
	2-13 Delegation of responsibility for managing impacts	pg. 47	Covered in Governance report
	2-14 Role of the highest governance body in sustainability reporting	pg. 52	Covered in Governance report
	2-15 Conflicts of interest	pg. 50	Covered in Governance report
	2-16 Communication of critical concerns	pg. 50	Covered in Governance report
	2-17 Collective knowledge of the highest governance body	pp. 48-49	Covered in Governance report
	2-18 Evaluation of the performance of the highest governance body	pg. 50	Covered in Governance report
	2-19 Remuneration policies	pg. 51	Covered in Governance report
	2-20 Process to determine remuneration	pg. 51	Covered in Governance report
	2-21 Annual total compensation ratio		The ratio of the annual remuneration paid to the highest-paid employee to the median annual remuneration of all employees (excluding the highest-paid employee) was 24.5
	2-22 Statement on sustainable development strategy	pg. 14 and pg. 36	Covered in Chair's Statement and Sustainability report
	2-23 Policy commitments	pg. 14 and pg. 42	Covered in Chair's Statement and Our People
	2-24 Embedding policy commitments	pg. 14 and pg. 36	Covered in Chair's Statement and Sustainability report
	2-25 Processes to remediate negative impacts	pg. 50	Covered in Governance report, Audit and Risk Committee description
	2-26 Mechanisms for seeking advice and raising concerns	pg. 50	Covered in Governance report
	2-27 Compliance with laws and regulations	pg. 47	Covered in Governance report
	2-28 Membership associations	pg. 47	Covered in Governance report
	2-29 Approach to stakeholder engagement	pg. 13	Covered in Organisational Overview
	2-30 Collective bargaining agreements		Anova does not have any collective bargaining agreements
GRI 3: Material Topics 2021	3-1 Process to determine material topics	pg. 5	Covered in About This Report
	3-2 List of material topics	pg. 6	Covered in About This Report
	3-3 Management of material topics	pg. 5	Covered in About This Report

Profile Disclosure	Description	Reference	Explanation
GRI 201: Economic Performance 2016	201-1 Direct economic value generated and distributed	pp. 18-19 and pp. 54-61	Covered in Financial Overview and Financial Report
	201-2 Financial implications and other risks and opportunities due to climate change	pg. 36	Covered in Sustainability report
	201-3 Defined benefit plan obligations and other retirement plans		Permanent Anova employees are members of a Provident Fund.
	201-4 Financial assistance received from government	pp. 18-19 and pp. 54-61	Covered in Financial Overview and Financial Report
GRI 202: Market Presence 2016	202-1 Ratios of standard entry level wage by gender compared to local minimum wage	pg. 42	Covered in Our People
	202-2 Proportion of senior management hired from the local community	pg. 42	Covered in Our People
GRI 203: Indirect Economic Impacts 2016	203-1 Infrastructure investments and services supported	pg. 14 and pg. 36	Covered in Chair's Statement and Sustainability report
	203-2 Significant indirect economic impacts	pg. 36	Covered in Sustainability report
GRI 204: Procurement Practices 2016	204-1 Proportion of spending on local suppliers	pg. 36	Covered in Sustainability report
GRI 205: Anti-corruption 2016	205-1 Operations assessed for risks related to corruption	pg. 50	Covered in Governance report
	205-2 Communication and training about anti-corruption policies and procedures	pg. 43	Covered in Our People
	205-3 Confirmed incidents of corruption and actions taken		No incidents of corruption in this year.
GRI 206: Anti-competitive Behavior 2016	206-1 Legal actions for anti-competitive behavior, anti-trust, and monopoly practices		Not Applicable to Anova
GRI 207: Tax 2019	207-1 Approach to tax	pg. 54	Covered in Financial Report
	207-2 Tax governance, control, and risk management	pg. 54	Covered in Financial Report
	207-3 Stakeholder engagement and management of concerns related to tax		Not Applicable to Anova
	207-4 Country-by-country reporting		Not Applicable to Anova
GRI 301: Materials 2016	301-1 Materials used by weight or volume		Not Applicable to Anova
	301-2 Recycled input materials used		Not Applicable to Anova
	301-3 Reclaimed products and their packaging materials		Not Applicable to Anova
GRI 302: Energy 2016	302-1 Energy consumption within the organisation	pg. 36	Covered in Sustainability report
	302-2 Energy consumption outside of the organisation		Not Applicable to Anova
	302-3 Energy intensity		Not Applicable to Anova
	302-4 Reduction of energy consumption	pg. 36	Covered in Sustainability report
	302-5 Reductions in energy requirements of products and services		Not Applicable to Anova
GRI 303: Water and Effluents 2018	303-1 Interactions with water as a shared resource		Not Applicable to Anova
	303-2 Management of water discharge-related impacts		Not Applicable to Anova
	303-3 Water withdrawal		Not Applicable to Anova
	303-4 Water discharge		Not Applicable to Anova
	303-5 Water consumption		Not available
GRI 304: Biodiversity 2016	304-1 Operational sites owned, leased, managed in, or adjacent to, protected areas and areas of high biodiversity value outside protected areas		Not Applicable to Anova
	304-2 Significant impacts of activities, products and services on biodiversity		Not Applicable to Anova
	304-3 Habitats protected or restored		Not Applicable to Anova
	304-4 IUCN Red List species and national conservation list species with habitats in areas affected by operations		Not Applicable to Anova
GRI 305: Emissions 2016	305-1 Direct (Scope 1) GHG emissions	pg. 36	Covered in Sustainability report
	305-2 Energy indirect (Scope 2) GHG emissions		Not Applicable to Anova
	305-3 Other indirect (Scope 3) GHG emissions		Not Applicable to Anova
	305-4 GHG emissions intensity		Not Applicable to Anova
	305-5 Reduction of GHG emissions		Not Applicable to Anova
	305-6 Emissions of ozone-depleting substances (ODS)		Not Applicable to Anova
	305-7 Nitrogen oxides (NOx), sulfur oxides (SOx), and other significant air emissions		Not Applicable to Anova
GRI 306: Waste 2020	306-1 Waste generation and significant waste-related impacts	pg. 36	Covered in Sustainability report
	306-2 Management of significant waste-related impacts		Not Applicable to Anova
	306-3 Waste generated		Not available
	306-4 Waste diverted from disposal		Not available
	306-5 Waste directed to disposal		Not available

Profile Disclosure	Description	Reference	Explanation
GRI 308: Supplier Environmental Assessment 2016	308-1 New suppliers that were screened using environmental criteria	pg. 14	Covered in Chair's Statement
	308-2 Negative environmental impacts in the supply chain and actions taken		Not Applicable to Anova
GRI 401: Employment 2016	401-1 New employee hires and employee turnover	pg. 42	Covered in Our People
	401-2 Benefits provided to full-time employees that are not provided to temporary or part-time employees	pg. 42	Covered in Our People
	401-3 Parental leave	pg. 42	Covered in Our People
GRI 402: Labor/ Management Relations 2016	402-1 Minimum notice periods regarding operational changes	pg. 42	Covered in Our People
GRI 403: Occupational Health and Safety 2018	403-1 Occupational health and safety management system	pg. 42	Covered in Our People
	403-2 Hazard identification, risk assessment, and incident investigation	pg. 42	Covered in Our People
	403-3 Occupational health services	pg. 42	Covered in Our People
	403-4 Worker participation, consultation, and communication on occupational health and safety	pg. 42	Covered in Our People
	403-5 Worker training on occupational health and safety	pg. 42	Covered in Our People
	403-6 Promotion of worker health	pg. 42	Covered in Our People
	403-7 Prevention and mitigation of occupational health and safety impacts directly linked by business relationships	pg. 42	Covered in Our People
	403-8 Workers covered by an occupational health and safety management system	pg. 42	Covered in Our People
	403-9 Work-related injuries	pg. 42	Covered in Our People
	403-10 Work-related ill health	pg. 42	Covered in Our People
GRI 404: Training and Education 2016	404-1 Average hours of training per year per employee	pg. 42	Covered in Our People
	404-2 Programs for upgrading employee skills and transition assistance programs	pg. 42	Covered in Our People
	404-3 Percentage of employees receiving regular performance and career development reviews	pg. 42	Covered in Our People
GRI 405: Diversity and Equal Opportunity 2016	405-1 Diversity of governance bodies and employees	pg. 8 and pg. 42	Covered in Organisational Overview and Our People
	405-2 Ratio of basic salary and remuneration of women to men		Anova remuneration policy is to pay the same salary for a position regardless of gender.
GRI 406: Non-discrimination 2016	406-1 Incidents of discrimination and corrective actions taken	pg. 42	Covered in Our People
GRI 407: Freedom of Association and Collective Bargaining 2016	407-1 Operations and suppliers in which the right to freedom of association and collective bargaining may be at risk		Nil
GRI 408: Child Labor 2016	408-1 Operations and suppliers at significant risk for incidents of child labor		Nil
GRI 409: Forced or Compulsory Labor 2016	409-1 Operations and suppliers at significant risk for incidents of forced or compulsory labor		Nil
GRI 410: Security Practices 2016	410-1 Security personnel trained in human rights policies or procedures		Not Applicable to Anova
GRI 411: Rights of Indigenous Peoples 2016	411-1 Incidents of violations involving rights of indigenous peoples		Not Applicable to Anova
GRI 413: Local Communities 2016	413-1 Operations with local community engagement, impact assessments, and development programs	pg. 24	Covered in Impact Assessment
	413-2 Operations with significant actual and potential negative impacts on local communities	pg. 24	Covered in Impact Assessment
GRI 414: Supplier Social Assessment 2016	414-1 New suppliers that were screened using social criteria		Covered in Chair's Statement
	414-2 Negative social impacts in the supply chain and actions taken		Nil
GRI 415: Public Policy 2016	415-1 Political contributions		Nil
GRI 416: Customer Health and Safety 2016	416-1 Assessment of the health and safety impacts of product and service categories		Not Applicable to Anova
	416-2 Incidents of non-compliance concerning the health and safety impacts of products and services		Not Applicable to Anova
GRI 417: Marketing and Labeling 2016	417-1 Requirements for product and service information and labeling		Not Applicable to Anova
	417-2 Incidents of non-compliance concerning product and service information and labeling		Not Applicable to Anova
	417-3 Incidents of non-compliance concerning marketing communications		Not Applicable to Anova
GRI 418: Customer Privacy 2016	418-1 Substantiated complaints concerning breaches of customer privacy and losses of customer data		Nil

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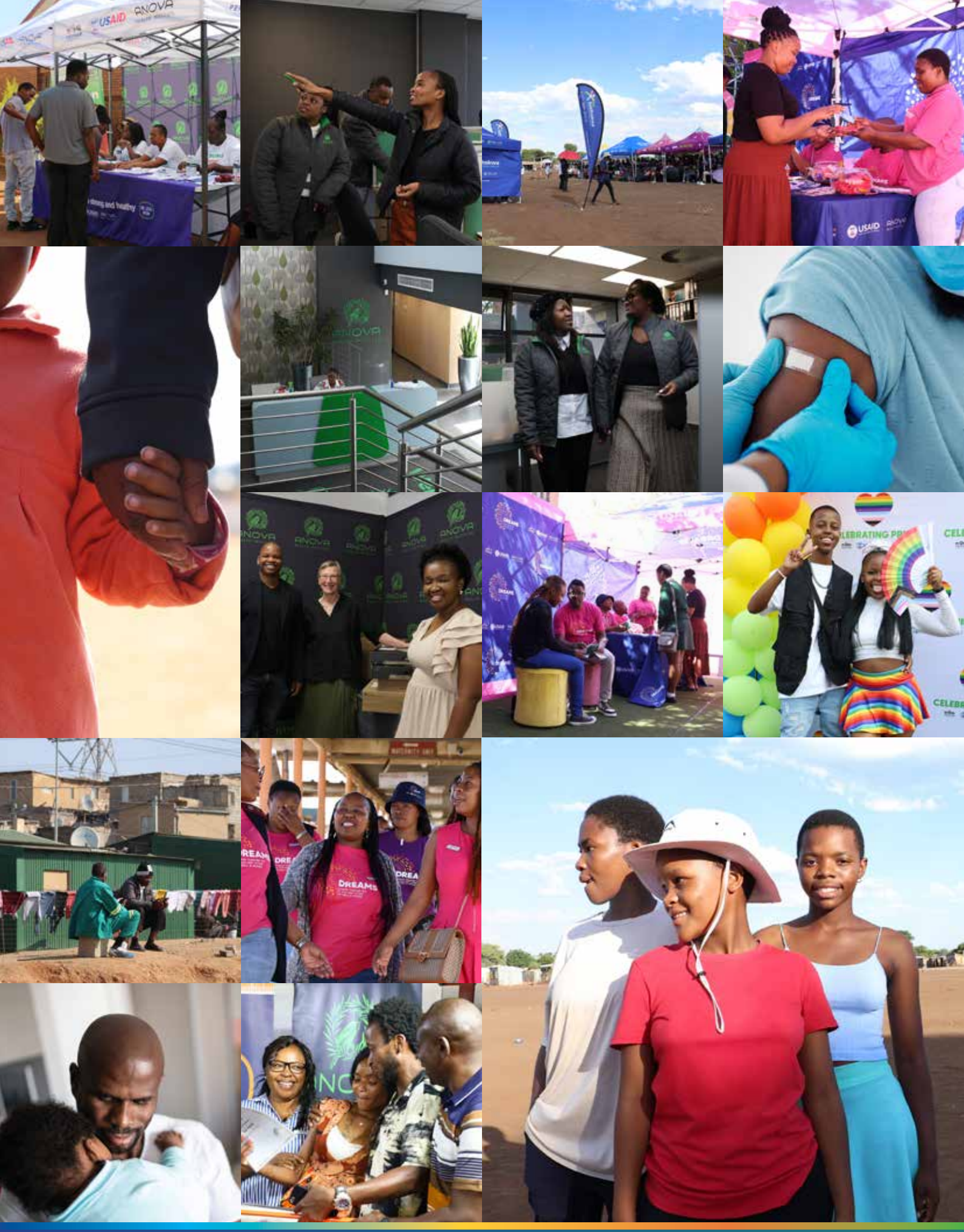

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