ANOVA
HEALTH INSTITUTE



RESPONDING TO CHANGE SUSTAINING IMPACT

2024–2025 INTEGRATED REPORT

“

REBUILDING REQUIRES A SPECIFIC STRATEGIC INTENT. WHILE WE CHART A NEW COURSE, UNDER THE AEGIS OF THE FIVE STRATEGIC OBJECTIVES, WE ARE LASER-FOCUSED ON FINDING NEW FUNDING DIRECTIONS AND EXPANDING OUR FIELDS OF IMPACT.



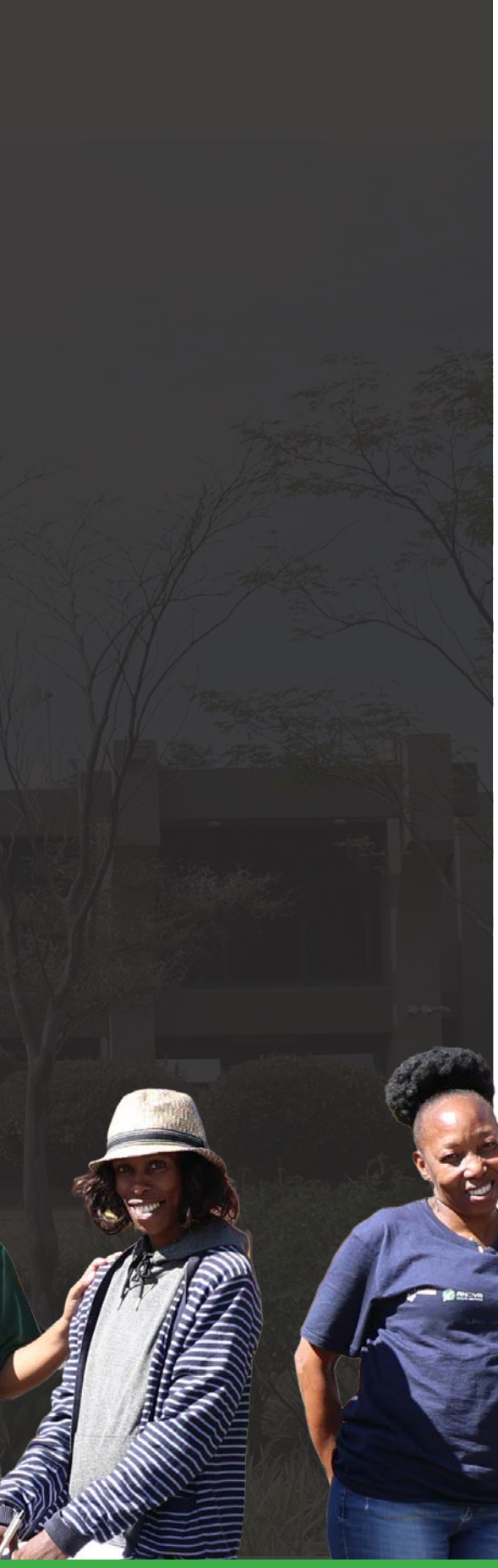


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ABOUT THIS REPORT

> THIS REPORT DESCRIBES THE SHOCK TO THE ORGANISATION, OUR RESPONSE, AND THE REPOSITIONING OF ANOVA FOR A NEW ERA.



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 2024 to 30 September 2025 and describes our goals, performance, responsibilities, policies, risks and plans.

FY 2025 – AN EXTRAORDINARY YEAR

As we reported in our October 2023–September 2024 integrated report (released July 2025), the Anova Health Institute, like many public health organisations, was impacted by US President Donald Trump's decision in January 2025 to dismantle USAID and terminate PEPFAR and other programmes. From quarter two (January 2025) of our financial year onwards, we were operating in a radically changed environment. Therefore, programme data and outcomes for FY2025 cannot be meaningfully compared to previous years.

We had to deal with abrupt programme dissolutions and the sudden contraction of the organisation, with the accompanying retrenchments of cherished staff. This report describes the shock to the organisation, our response, and the repositioning of Anova for a new era. Read more about the extraordinary year in the Context Statement on page 14.



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, an extraordinary year, report on activities, our people, sustainability, knowledge sharing, and financial section.

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 30 September, 2026. 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 pgs. 68-70.

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 2025, for the financial year October 2023–September 2024.

> **ANOVA UTILISES INTEGRATED REPORTING TO DEMONSTRATE OUR COMMITMENT TO TRANSPARENCY.**



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 with the tools they need to live healthy lives. 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.



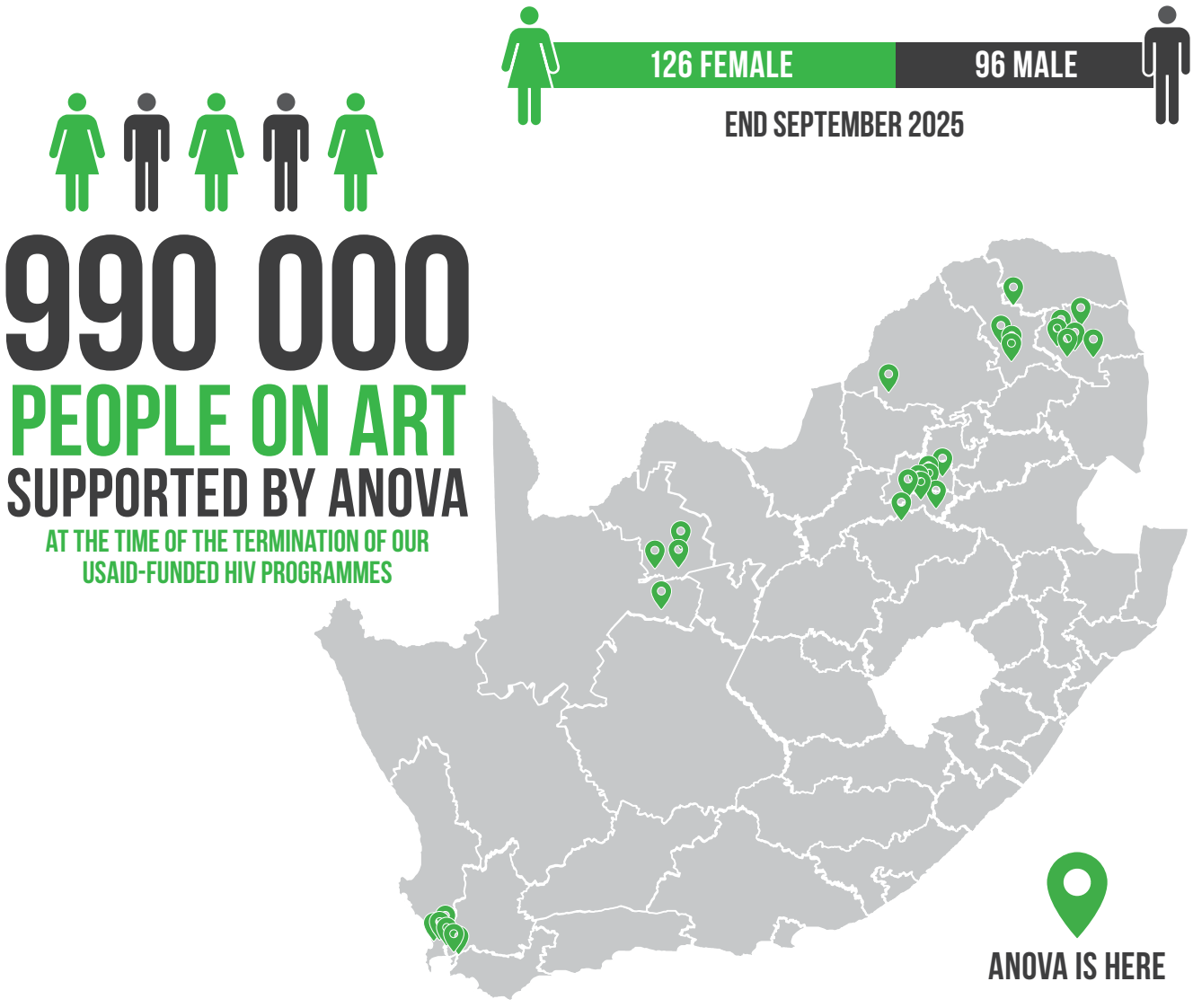
OUR LEGACY AND ENDURING CAPABILITIES

At the time of the termination of our USAID-funded HIV care and treatment programmes in Gauteng, Limpopo and Western Cape, Anova supported more than **990,000 people** on antiretroviral treatment (ART), and served thousands more through HIV prevention interventions, TB detection and treatment, community engagement, treatment literacy, and men's health services. We are a trusted partner of South African departments of health at all levels, helping to strengthen health systems, providing technical assistance, and building the capacity of healthcare workers to provide clinical and non-clinical services. We served communities across South Africa, including high-density metropolitan settlements, peri-urban neighbourhoods close to the metros, and deeply rural, remote areas.

Despite the termination of the USAID-funded programmes, Anova continued to operate and to implement other non-USAID-funded programmes in Gauteng, Limpopo, Mpumalanga and the Northern Cape. All programmes are underpinned by our team of technical experts. Our skilled workforce of clinical and operational experts who are responsible for ongoing programme delivery, particularly in the fields of mental health, HIV services for people who use drugs (PWUD), men who have sex with men (MSM), and adolescent health, continued to ensure delivery of services to communities served by these programmes.

OUR PEOPLE

At the end of FY 2025 (September 2025), Anova employed 222 people, 126 female and 96 male. Prior to the withdrawal of funding, Anova employed more than **3400 people.**



OUR LEADERSHIP



MOYAHABO MABITSI
CHIEF EXECUTIVE OFFICER

DIANA MOKOENA
SENIOR HEAD OF PROGRAMMES

YONELA MBANA
SENIOR LEGAL COUNSEL
Resigned 30 July, 2025

GLENN JOSEPH
CHIEF OPERATING OFFICER
Resigned 30 July, 2025

JAMES MCINTYRE
EXECUTIVE ADVISER

HELEN STRUTHERS
EXECUTIVE ADVISER

66% FEMALE | **34% MALE**

EXCO SPLIT

OUR BOARD



FAITH MAYIMELA-HASHATSE
BOARD CHAIR

HELEN STRUTHERS
JOINT CHIEF EXECUTIVE OFFICER
Retired 31 December, 2024

MOYAHABO MABITSI
CHIEF EXECUTIVE OFFICER
Became CEO 01 January, 2025

GLENN JOSEPH
CHIEF OPERATIONS OFFICER

DIANA MOKOENA
SENIOR HEAD OF PROGRAMMES
Appointed 27 February, 2025



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

60% FEMALE | **40% MALE**

BOARD SPLIT

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. 32); and we measure our performance against our vision of excellent health for all.

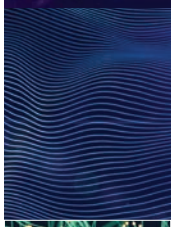


INPUTS

FINANCIAL

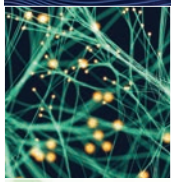
Total income

R579,492,625



MANUFACTURED

Outright ownership of head office



INTELLECTUAL

3 programmes



SOCIAL AND RELATIONSHIP

11 funders

32 partners (government and private)

108 040 social media followers



NATURAL

R2M investment in alternative and low-impact energy sources



HUMAN

222 employees

ACTIVITIES

- Fundraising
- Delivering technical support and capacity building to DoH partners
- Providing training to health care workers, community workers and communities
- Addressing mental health issues
- 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

2 031 244 people tested for HIV through Anova this year

12 100 people initiated on PrEP in Anova-supported sites this year

808 people initiated on OST

14 manuscripts published

27 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


ke
botlhokwa
My mental health matters
Taking
care of yo
mental h
starts no
www.anovahealth.co.za

AN EXTRAORDINARY YEAR: ORGANISATIONAL CONTEXT

AN UNPRECEDENTED DISRUPTION

In January 2025, Anova Health Institute experienced an abrupt and unprecedented disruption to our operating environment. On 24 January, following decisions taken by the United States Government, a stop-work order was issued to USAID-funded programmes, impacting three of Anova's HIV prevention, care and treatment programmes. For Anova, these USAID-funded programmes accounted for approximately 95% of funding and underpinned our role as the leading PEPFAR partner in South Africa.

DATE	20/01/25	24/01/25	27/01/25	01/02/25	02/02/25	03/02/25
EVENT	Trump inauguration and announcement of review of foreign aid	Stop-work order issued re USAID programmes with time difference		PEPFAR granted limited waiver to resume "urgent life-saving HIV treatment services". No clarity re implication for Anova	USAID website taken down	Marco Rubio appointed Acting USAID Administrator. USAID building in Washington closes
ANOVA ACTIVITY			CEO instructs staff to stop work			S189 process commenced – notice to all staff

JANUARY FEBRUARY

Anova took the decision to commence S189 consultations before a final announcement about USAID's future had been released by Washington. At that stage programmes were paused for review. Although there was a possibility that activities would resume, our confidence in that result, following detailed scenario planning, was low. Furthermore, we had not received USAID funding for February and were forced to pay salaries from our reserves. Therefore, we opted to begin the consultation process early, in anticipation of the worst-case outcome. We wanted to ensure all employees could receive the severance pay and benefits they were due. Subsequent events, sadly, vindicated our decision to begin the retrenchment process early.



The instruction to cease work took immediate effect. Within a matter of weeks, it became clear that our funding base had collapsed with no reliable indication of reinstatement. The speed, scale and uncertainty of the withdrawal rendered normal planning cycles, performance measurement and conventional impact reporting largely irrelevant. The year under review must therefore be understood not as a period of incremental change, but as one defined by exceptional decisions taken under extraordinary circumstances. This was also the year where our programmes for People Who Use Drugs (in Gauteng) and Men Having Sex with Men (in Mpumalanga and Limpopo), both funded by the Global Fund, were coming to an end in March.

04/02/25
Additional global health services (TB, malaria) granted limited waiver. No clarity for Anova

07/02/25
All USAID direct hire personnel placed on administrative leave globally

26/02/25
Anova USAID grant officially terminated

28/02/25
S189 process complete for most employees (involved in implementation)

Most employees leave

30/04/25
S189 process complete for employees involved in close-out

Close-out employees leave

01/07/25
USAID officially closed and few remaining activities absorbed into US Dept of State

31/07/25
S189 process complete for remaining employees involved in specialist functions for close-out

Final employees leave

EMPLOYEE CONSULTATIONS

APRIL | **JULY**

Photo by Luke Michael on Unsplash

LEADERSHIP CONTINUITY DURING DISRUPTION

The CEO of Anova, Dr Moyahabo Mabitsi, had been in the role for one month when this funding disruption happened, following an eight-month period as joint CEO with her predecessor before January 2025. Succession planning had been in place for several years, governance structures remained intact, and institutional decision-making processes were well established.

Therefore, the organisation benefited from continuity in leadership, with deep operational, technical and governance experience already embedded within the executive team and Board. Decision-making during this period was collective, disciplined and informed by long-standing relationships of trust.

AN ETHICAL FIRST PRINCIPLE: EMPLOYEE WELLBEING

In the immediate aftermath of the stop-work order, we identified employee wellbeing as our overriding consideration. Anova employed approximately 3,500 people at the time, many of whom worked in public health facilities alongside provincial and district Departments of Health.

Early decisions focused on three fundamental questions:

- What could staff be told with confidence?
- Could salaries be paid?
- How could harm to employees be minimised in an environment of profound uncertainty?

A clear commitment was made to paying February 2025 salaries in full, even under worst-case assumptions. At the same time, we concluded that continuing to employ staff without a credible funding stream would expose Anova and our employees to unacceptable risk. Delaying difficult decisions might have postponed the inevitable, but it could also have resulted in unpaid salaries, legal exposure and potentially organisational collapse. Acting quickly was painful but necessary; it was considered the most ethical course of action available.

EARLY RESTRUCTURING UNDER WORST-CASE ASSUMPTIONS

Within days, we began preparing for a worst-case scenario. In the absence of credible assurances from USAID, and against the backdrop of wider political signals emerging from Washington, we determined that waiting for clarity that might never arrive would be irresponsible.

A formal Section 189 restructuring process was therefore initiated early. While this approach attracted some criticism for "over-reacting", we preferred to be accused of moving too quickly than risk insolvency or expose our employees to unpaid obligations.

The restructuring process was conducted in phases, deliberately sequenced to ensure dignity, compliance and operational closure.

PHASED RESTRUCTURING AND ORDERLY EXIT

The organisation implemented a structured, phased approach to downsizing.

Employees directly involved in programme implementation exited first (end February 2025), while programme management, monitoring and evaluation, stakeholder engagement and operational staff required for close-out were retained temporarily until end April 2025 to:

- Finalise programme reports
- Engage provincial and district stakeholders and manage handovers to Departments of Health
- Manage supplier and lease terminations

A smaller group of employees remained to complete legal, financial, contractual and asset close-out processes before exiting later in the year.

This phasing was intentional and aimed at protecting regulatory compliance, institutional credibility and long-standing relationships.

MANAGING RISK AND PROTECTING THE INSTITUTION

We were acutely aware that mismanaging the programme close-out and organisational restructuring process could have resulted in significant legal, financial and personal risk. Potential consequences included large-scale litigation, financial insolvency, personal safety concerns for leadership, and long-term reputational damage.

Upholding our commitment to pay employee salaries, following lawful processes, honouring notice periods and documenting decisions were both ethical imperatives and critical risk-mitigation measures. These actions ultimately protected the organisation's financial position, leadership and legacy.

SUPPLIERS, ASSETS AND CONTRACTUAL OBLIGATIONS

Alongside staff restructuring, we undertook the orderly wind-down of a large supplier ecosystem. Office leases, IT services contracts, telecommunications and equipment rentals were reviewed and terminated in line with contractual notice periods.

OPERATIONAL CONTINUITY

Despite the scale of contraction, Anova continued to operate and make an impact in communities served by our non-USAID-funded programmes. A small, future-facing core team was retained to focus on business development and proposal writing. The rationale was clear: if funding were to return in any form, it would depend on retained expertise, existing relationships with Departments of Health, and the organisation's continued visibility and credibility.

STAKEHOLDERS AND SYSTEM RESPONSE

Throughout the period, we engaged extensively with provincial and district Departments of Health. While the loss of technical support placed additional pressure on an already stretched health system, transparent communication helped preserve trust.

WHAT CHANGED

- SCALE OF OPERATIONS
- FUNDING MODEL
- ORGANISATIONAL FOOTPRINT
- IMPLEMENTATION ROLE

WHAT REMAINED

- COMMITMENT TO ETHICAL LEADERSHIP
- STRONG GOVERNANCE AND FIDUCIARY DISCIPLINE
- DEEP PUBLIC HEALTH EXPERTISE
- ENDURING RELATIONSHIPS WITH PARTNERS AND STAFF
- OTHER PROGRAMMES









LOOKING AHEAD

The year under review fundamentally reshaped Anova Health Institute. But our success continues to be defined by what has always driven us: relevance, credibility and our contribution to South Africa's public health system. These principles matter regardless of organisational scale or funding environment. We remain commited as an oprganisation.









HIGHLIGHTS AND ACHIEVEMENTS

Despite the overwhelming events of 2025, the year was not without its highlights, both before and after the pivotal point.

INCREASE IN FACILITIES SERVED BY KE BOTHLOKWA, OUR MENTAL HEALTH PROGRAMME, FROM 15 TO 20 (7 IN NORTHERN CAPE, 13 IN LIMPOPO)



FULL-TIME PSYCHIATRIST

JOINED THE KE BOTHLOKWA TEAM, SERVING ALL SITES





PRESENTED KE BOTHLOKWA SUCCESS STORIES AT SA AIDS

987
clients linked to clinical and psychosocial services for mental health care and treatment

5545
clients screened for mental health conditions







PROVIDED ASSISTANCE TO LIMPOPO DOH WITH RECRUITMENT OF 421 PATIENT ADMIN STAFF

Photo by Terrillo Walls on Unsplash



CAPACITATED 35 FACILITIES IN PrEP INITIATION FOR YOUNG WOMEN IN LIMPOPO

148 health care providers trained in mental health services across

24 primary health care (PHC) facilities



my journey

Appointed as a **sub-recipient** of NACOSA under the Global Fund Cycle 7 to **implement the My Journey Programme** in **two sub-districts** in the **City of Cape Town**

Appointed as a **sub-recipient** of Aurum under the Global Fund Cycle 7 to **implement HIV prevention programmes for people who use drugs (PWUD)**, and for **men having sex with men (MSM)** and **transgender clients** in the **City of Johannesburg**

THE AURUM INSTITUTE



808

PEOPLE WHO USE DRUGS (PWUD) INITIATED ON OPIOID SUBSTITUTION THERAPY (OST)



15

PWUD COMPLETED SETA-ACCREDITED QUALIFICATIONS



OVER 5000

PWUD REACHED WITH HEALTH SERVICES





160

PWUD vaccinated against hepatitis B

MAINTAINED RELATIONSHIPS WITH DOH DESPITE UPHEAVAL



697

health talks held, reaching

20,389

people

CHAIR'S STATEMENT

The events of January 2025 tested Anova Health Institute in ways we could never have imagined. The abrupt withdrawal of USAID funding created an emergency that centred around governance under radical uncertainty, staff livelihoods and wellbeing, and financial sustainability.

As Chair of the Board, I am acutely aware that this report documents one of the most challenging years in Anova's history. Yet it also demonstrates what robust governance, ethical stewardship and institutional resilience can achieve in the face of an existential threat.

From the moment the stop-work order was issued by our main funder, the Board understood that our response would define not only whether Anova survived, but how we survived – and what kind of organisation would emerge from the storm we'd been thrust into.

GOVERNANCE PRIORITIES

In the wake of the shock, we identified three immediate governance priorities:

Support our management team
The CEO and her team faced an unprecedented, unanticipated crisis during her first year as CEO. The operational demands were relentless, the decisions profoundly difficult, and the emotional toll significant. The Board provided counsel and was available to act as a sounding board and offer support to executive management.

Ensure an orderly, compliant restructuring
Despite the chaos ensuing from the abrupt manner in which funding was terminated, we were resolute that Anova would meet all our legal, contractual and policy obligations. We were committed to maintaining the integrity and reputation of the organisation, preserving relationships with other funders and partners and demonstrating that, even under extreme pressure, Anova honours its commitments. We produced proper close-out reports and adhered to all governance frameworks, including audit processes on all activities and accounts.

Balance fiduciary duty with compassion
Meeting our legal obligations was never allowed to conflict with treating people with dignity. Fairness, transparency and clear communication were essential for all affected, which included suppliers, partners and communities as well as our employees. The decisions we had to make were not popular, but they were necessary and founded in objective, rational criteria. We took great care to ensure that our actions and their motives were effectively communicated and understood in the midst of an astounding environment.

GUIDING PRINCIPLES

The most difficult governance decisions centred on retrenchments. We undertook a large-scale, unplanned reduction in the size of the workforce; yet, despite the scale and speed of this process, we faced minimal legal challenges. This outcome reflected years of investment in sound policies and procedures, along with management's skill in handling an extraordinarily sensitive process with professionalism, humanity, and sound advice.

Every decision was guided by established principles rather than expediency. We applied

rigorous logic to both retrenchment and retention decisions. These were not easy conversations, but they were honest ones.

Throughout, we were mindful of the wider impact. Our suppliers, including small businesses for whom Anova was a major client, were directly affected by the loss of our custom. Our partners in the Department of Health saw collaborative support abruptly withdrawn from facilities that had come to rely on it. Communities we operated in lost services without warning. We were powerless to prevent this impact, but we strove to communicate openly and honour the relationships we had built over many years.

RISK MANAGEMENT

Risk management was central to every Board discussion and decision during this period. The ultimate risk was existential: the potential collapse of Anova itself. One of our earliest and most important decisions was that Anova must continue to exist. The size and shape would change, the strategy would need to be re-examined, but the core identity and commitment to support the public health service would remain.

This was possible because of decisions made long before January 2025. The financial reserves we had built through prudent stewardship gave us breathing space to stabilise and chart a new course. The policies we had developed and refined over many years gave us a framework for managing complexity. The governance culture we had cultivated gave us the discipline to make hard choices well.



“THE DIGNITY AND PROFESSIONALISM WITH WHICH OUR EMPLOYEES LEFT HONOURS BOTH THEM AND THE ORGANISATION WE BUILT TOGETHER.

GOVERNANCE FOR A DIFFERENT FUTURE

As we weathered the crisis and began to look ahead, the Board asked itself a fundamental question: what kind of governance does Anova need now?

We recognised that while our core principles remain unchanged – accountability, transparency, financial stewardship, ethical conduct – the application of those principles must evolve. We are smaller and need to be more agile and more entrepreneurial. Our governance systems must reflect this new reality.

However, we will not sacrifice the requisite rigour. Financial controls remain robust regardless of the amount of funding under our stewardship. Our policies and procedures are sound. But we have removed unnecessary bureaucracy and created space for innovation, rapid response and creative problem-solving; and we have shifted our focus to business development as we rebuild.

The Board's role is to guide Anova through a process of strategic repositioning. We will ensure that the organisation retains the capacity to expand quickly should new opportunities arise. And we hold firm to the values that have always defined us, even as our work evolves.

CONFIDENCE IN THE FUTURE

The CEO and her team handled the crisis with extraordinary skill, integrity and grace. They managed a massive retrenchment process with minimal legal challenge. They maintained relationships with partners and stakeholders under conditions of profound uncertainty. They kept the organisation functioning while simultaneously reinventing its future. And they did all of this during what should have been a time of consolidation and growth under a new CEO, not one of survival..

The Board also drew strength from the institutional legacy passed to us by Anova's founders and previous leadership. Their decisions over many years – about financial reserves, governance frameworks, physical assets and institutional capability – endowed the organisation with the resilience to withstand this shock. For this we are profoundly grateful.

I am confident that Anova will continue to make meaningful contributions to public health in South Africa. We are smaller, but we remain well governed and capable. Our skills and institutional memory are preserved. Most importantly, we have not lost sight of why we exist. The need for the work Anova does has not gone away. We remain committed to meeting that need in whatever form the future demands. And as a Board we remain committed to Anova – to its mission, its people, and its future.

ACKNOWLEDGEMENTS

On behalf of the Board, I extend our deepest thanks to all our stakeholders. Our CEO, Moya Mabitsi, and the management team personified leadership, resilience and unwavering commitment during the most difficult year of Anova's existence. My fellow Board members showed up for Anova, brought their expertise and judgement to bear on complex decisions, and remained steadfast throughout. We also thank our founders and former Board members who handed us an organisation with the governance foundations and financial resilience to survive an event of this magnitude.

A heartfelt note of appreciation goes to all our employees who left us. Their contributions to public health and to Anova's story will not be erased. The dignity and professionalism with which you left honours both you and the organisation we built together.

Many of our long-standing suppliers and service providers faced their own hardships as a result of this crisis. Thank you for your partnership and patience as we negotiated an orderly downsizing.

We are grateful to our partners in the Department of Health and in communities across South Africa for your understanding and continued collaboration. Lastly, to all the funders and friends of Anova, who have stood by us, your continued trust means everything as we rebuild.

Tshidi Faith Hashatse
Board Chair



“

AS A BOARD WE REMAIN COMMITTED TO ANOVA – TO ITS MISSION, ITS PEOPLE, AND ITS FUTURE.

CHIEF EXECUTIVE OFFICER'S STATEMENT

The 2025 financial year will remain a defining moment in the history of Anova Health Institute. The abrupt termination of three of our USAID-funded HIV care and treatment programmes in January–February 2025, which constituted approximately 95% of our income, tested us in ways we could never have imagined. Within weeks, we were forced to confront not a routine financial challenge, but an existential threat to the organisation itself. As a clinician, I have spent much of my professional life guided by a simple ethical question taught at medical school: *what would a reasonable doctor do in this situation?* Although it wasn't a clinical case I was faced with, that lens certainly shaped every major decision taken during this period.

LEADING THROUGH CRISIS: ETHICS BEFORE OPTIMISM

Our first and overriding concern during this period of uncertainty was the wellbeing of our employees. Leadership made an early decision to pay February 2025 salaries in full, even under the most pessimistic assumptions, and concluded that it would be irresponsible to retain employees without a confirmed funding stream, exposing them to the risk of unpaid salaries later.

THE OPERATIONAL REALITY OF DOWNSIZING

Within days, we prepared for a worst-case scenario, initiating a formal Section 189 restructuring process early rather than waiting for clarity that was unlikely to arrive in time. This decision attracted some criticism, but was guided by a clear ethical stance: it is better to act decisively and protect people from deeper harm than to preserve hope without any evidence or promise of funding reinstatement. The scale of contraction was profound. Over the course of three months, we reduced our workforce from approximately 3,500 employees to around 220 by end September 2025.

SAFEGUARDING INTEGRITY, CREDIBILITY AND PEOPLE

Safeguarding the organisation's reputation and maintaining relationships with all stakeholders mattered deeply, including former employees, Department of Health partners and the wider public health community. Employees deserved to leave the organisation knowing they had been treated honestly and with dignity. Health system partners needed reassurance that Anova would not simply disappear without explanation or accountability. Even in the face of possible closure, leadership was committed to preserving a legacy of principled conduct.

LOOKING FORWARD: RELEVANCE OVER SCALE

Our future lies in targeted growth, diversified funding, and a renewed focus on our core strengths in public health delivery, system support and partnership. If Anova continues to contribute to improved health outcomes through to 2030 and beyond, we will have honoured our purpose. And we will have done so because of the values that

guided us through the most difficult year in our history: respect for people, ethical leadership, accountability, and a deep commitment to the communities we serve.

ACKNOWLEDGEMENTS AND THANKS

I would like to thank everyone who supported Anova – and me personally – through the past year. The Board and our founders worked alongside the leadership team and myself as we took difficult decisions, shouldering a shared burden. Our employees were gracious in the face of extremely challenging personal impacts and did all they could to facilitate close-out processes. Our suppliers and partners were understanding, even when our sudden withdrawal created difficulties for them. I extend my gratitude to our donors, who have continued to support us. And I offer a special thanks to the USAID staff we have worked with over the years, all of whom have been dedicated to improving the health of South Africans and putting an end to the HIV epidemic. They were not the architects of their own demise and were as much victims as we were. We wish them well.

2025 tested our organisation in ways few could have imagined. It also reaffirmed who we are.

Moyahabo Mabitsi
Chief Executive Officer



> **ANOVA IS REPOSITIONING ITSELF AS A PARTNER IN SYSTEM RESILIENCE, INTEGRATION AND TRANSITION.**

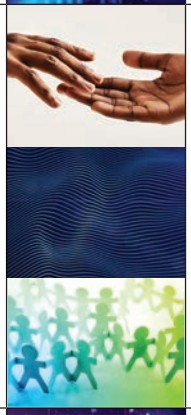
OUR STAKEHOLDERS AND HOW WE ENGAGE WITH THEM

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, including the South African Government, with whom we collaborate and cooperate, our employees who deliver quality health services, and the individuals and communities we serve.

Following the withdrawal of USAID funding and the termination of the APACE and Hanyani Bophelo programmes, stakeholder engagement became a central focus. Our first duty of care was to our employees, the majority of whom experienced an initial period of uncertainty, followed by the loss of their livelihoods. We communicated transparently and regularly with our partners in departments of health across the country, who had to contend with the sudden departure of Anova employees from clinics and the loss of technical and practical support they had come to rely on. We also engaged with other donors to provide assurance that their programmes would continue; in some cases, this engagement resulted in additional support. Throughout this period, the Board provided both practical guidance and moral support to the organisation's leadership and employees.

We continue to value and prioritise our relationships with all our stakeholders and appreciate the support and encouragement shown to us, not only during the challenging transition period but on an ongoing basis. This section explains how we engaged our stakeholders during the funding shock and how we continue to engage as we rebuild.



STAKEHOLDER GROUP	OVERVIEW	CAPITAL IMPACTED	IMPACT OF THE FUNDING WITHDRAWAL ON STAKEHOLDER	CONCERNS	HOW WE RESPONDED
BENEFICIARIES	All people served by Anova's health programmes		Department of Health facilities supported by Anova employees continued to provide health services post the funding withdrawal, but many specialised services, such as men's health, Youth Care Clubs and community-based mobile clinic services, were terminated as DoH relied on Anova's support for provision of these services.	· Continuity of services	· Programmes funded by other donors continued · We engaged with DoH to consider these services in their plans to cover the gap left by USAID funding terminations
GOVERNMENT PARTNERS (DOH)	National, provincial, district and sub-district departments of health		Technical support and capacity building to DoH staff were withdrawn. Increase in workload for DoH facility-based employees as the additional human resource capacity provided by USAID-funded programmes was withdrawn.	· Continuity of capacity building and skills transfer · Ability to maintain specialised services without Anova support	· Communication from Anova to DoH was constant and transparent · We kept lines of communication open and worked to maintain and rebuild relationships with DoH at various levels
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		Technical support and capacity building to DoH staff and community-based organisations was withdrawn. Provision of specialised services such advanced HIV/TB clinical care for clients at Helen Joseph Hospital and use of eLockers as out-of-facility medication pick-up-points were withdrawn. Partners collaborate to deliver optimal outcomes and meet donor needs.	· Continuity of capacity building and skills transfer to CBOs · Ability to maintain specialised services without Anova support · Scaling up of innovative projects · Building local capacity	· Communication from Anova to NGO partners was constant and transparent · Partnership opportunities are being explored with some partners for future funding opportunities
ANOVA BOARD	Executive and non-executive directors of the organisation		The Board played a supportive role that was felt and appreciated by all managers and employees. It helped leadership strategise the way forward.	· Compliance with all legal requirements · Strategy development · Performance management · Financial accountability	· Regular updates · Extraordinary Board meetings · Detailed discussions with leadership
EMPLOYEES	All individuals who deliver Anova's programmes and provide central services		All Anova employees were impacted, with over 90% affected by the S189 retrenchment. The few employees retained faced the difficult task of supporting affected colleagues and then working to sustain and rebuild the organisation.	· A fair S189 process · Receipt of severance pay and other benefits due to them · Honesty and transparency · Good communication · Empathy and support	· Employees and line managers were updated continuously · In-person consultations were conducted with employees, despite the scale and speed of the S189 process · Employee Assistance Programme access was extended for a period beyond termination (until end June 2025) to provide support
FUNDERS	Bilateral and multilateral donors, foundations, private donors		While other funders were not directly impacted by the USAID funding termination, all were understandably concerned about the consequences for Anova and the impact on the non-USAID-funded programmes.	· Good communication · Reassurance that non-USAID programmes would continue · Continuity of programme support · Reorganisation of support services at organisational level	· Communication from Anova to other funders was constant and transparent · Uninterrupted delivery of non-USAID programmes · Continued financial oversight and governance

OUR STRATEGY

In 2023, Anova leadership coordinated a Strategic Review and considered our future direction. The strategic objectives that had driven the organisation were deemed to remain relevant, with some modifications to reflect evolving priorities and a changing society. The strategy we put in place for 2024–2030 continues to guide our purpose and our actions, even though we could not have foreseen the dramatic shift in size, shape and form we have undergone. Our strategic objectives, which are aligned to the six capitals, are:

IDENTIFY, design and implement innovative and impactful health programmes.

FOSTER effective engagement with stakeholders and strategic partners to build resilient health systems.

MOBILISE, deploy and manage resources and systems effectively and efficiently, to ensure and support good governance.

EMPOWER our staff to be healthy, motivated and skilled through proactive identification of needs and skills development initiatives to achieve uncompromised excellence.

DEVELOP and implement organisation-wide strategies and policies to embed transformation.



OUR STRATEGIC ENABLERS:

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

SHOCK RESPONSE STRATEGY

Our long-term strategy was designed to be broad in scope, resilient, and responsive to changing circumstances; hence it continues to be relevant today. However, to weather the storm we had to rapidly devise a shock response strategy, which centred on preserving our mission, retaining expertise, protecting our core capabilities, and ensuring good governance and financial stewardship. Holding these priorities in our sights enabled us to take the decisions and actions necessary, however difficult.

REBUILD STRATEGY

Rebuilding requires a specific strategic intent. While we chart a new course, under the aegis of the five strategic objectives, we are laser-focused on finding new funding directions and expanding our fields of impact. Our portfolio now includes mental health and people who use drugs, and we are alive to opportunities to bring our experience to bear on other public health issues and needs.

We rebuild in an environment of increased risk: we have entered an era of geopolitical unpredictability and contraction of the public health funder pool, particularly with regards to large bilateral and multilateral funders. Funding diversification and talent retention are the key enablers to our recalibration and path forward.



REPORT ON PROGRAMME ACTIVITIES

The FY 2024–2025 can be divided into Q1, when programme activities continued uninterrupted from the previous year, and the rest of the year, from 24 January 2025 onwards. Because all USAID-funded activities were halted without warning, measuring the performance and impact of our largest programmes for the year is impossible. Nevertheless, programmes funded by other donors continued unabated, and we are proud of our teams who worked hard to maintain services, even while colleagues and infrastructure support were impacted.

USAID-FUNDED PROGRAMMES

USAID-funded APACE (Accelerating Program Achievements to Control the Epidemic), part of the global PEPFAR programme, was our largest programme prior to 2025. We supported provincial and district departments of health in Gauteng and the Western Cape to meet the United Nations 95-95-95 targets for HIV epidemic control: 95% of people living with HIV know their status, 95% of those diagnosed receive antiretroviral therapy (ART), and 95% of those on treatment achieve viral suppression by 2030. We did this through interventions targeting HIV testing and screening, linkage to care and retention in care. We worked in facilities alongside the Department of Health (DoH) providing technical assistance, training and capacity building, and direct service delivery. We also worked in communities with partner organisations, community leaders and traditional health practitioners.

In Limpopo, APACE was replaced in 2023 by a provincial programme, also part of PEPFAR and funded by USAID, called Hanyani Bophelo. It was a further development of the APACE programme, intended to signal the future direction of PEPFAR in South Africa: a province-by-province approach.



In addition to the 95-95-95 targets, Hanyani Bophelo also carried the mandate of preparing to hand the programme over to the provincial DoH, a clear plan for training and development, and improved service delivery through leverage of civil society and private sector partnerships.

In Cape Town, the Ivan Toms Centre for Men's Health provided pre-exposure prophylaxis (PrEP) and ART to men who have sex with men (MSM) through facility services and mobile outreach. The programme was a sub-recipient of a USAID grant to FHI360 and therefore was also affected by the funding cut.

By the end of December 2024, Anova supported 990,000 people on HIV treatment, accounting for 20% of 6.2 million people on HIV treatment in South Africa at that time.

HIV PREVENTION - PrEP SCALE-UP

HIV pre-exposure prophylaxis (PrEP) is a key prevention intervention for adolescent girls and young women, who often find it difficult to negotiate condom use with their partners. Last year marked the first year the Limpopo DoH granted approval for PrEP to be dispensed to young women in provincial health facilities. Anova teams worked very hard to provide PrEP and to capacitate DoH employees in the rollout. This year, with only two nurses funded by Hosken Consolidated Investments (HCI), a new funder for Anova, we upskilled 35 facilities that had reported no PrEP initiations. Within three months, all 35 sites were initiating clients on PrEP and local managers were trained to sustain progress. We achieved this using a quality improvement model and by ensuring strong provincial ownership of the programme, demonstrating that skills transfer and accountability matter more than headcount.

RECRUITMENT OF PATIENT ADMIN STAFF

While this project came to fruition in the next financial year (October 25–March 26), during the year our Limpopo office was asked by the provincial DoH to manage the recruitment and payroll administration of more than 400 patient admin staff. The trust placed in Anova by the DoH signalled our continued credibility and operational competence.

MEN'S HEALTH SERVICES

We continued to provide comprehensive HIV prevention services to men having sex with men (MSM) in Mpumalanga until March 2025.



KEY POPULATIONS – JABSMART

The JabSmart programme for people who use drugs (PWUD) continued to operate throughout 2025, but the year was marked by significant uncertainty and indirect impacts from the broader funding crisis that affected Anova. However, despite the institutional instability, JabSmart delivered exceptional performance.

JabSmart is funded through the Global Fund and therefore was not directly affected by the USAID funding withdrawal. However, midway through the year, Aurum replaced NACOSA as the principal recipient of the Global Fund award for the harm reduction programme. As a sub-recipient, Anova had to reapply and was successfully reappointed to continue the programme under this new arrangement.

CHALLENGES

The loss of USAID funding also had an indirect effect on JabSmart's operations. Many of our clients access HIV treatment and other health services at facilities where Anova had previously provided extensive support through APACE, including data capturers, psychosocial support staff, and facility-based health care workers. The removal of this support network created gaps that affected the ability of clients to access comprehensive care. The reduction in Anova's central functions also created challenges. Whereas previously JabSmart had enjoyed the support of USAID-funded administrative personnel, now programme staff had to take on additional responsibilities while continuing to deliver frontline services.

RECORD PERFORMANCE

In the face of upheaval, the team remained focused on maintaining quality service delivery to PWUD. Our mobile clinics remained operational, providing harm reduction, HIV testing and ART, among other services. We initiated over 800 clients on opioid substitution therapy (OST) in a six-month period, the highest number achieved to date. We reached over 9,000 PWUD with harm reduction services and tested ~5,000 individuals for HIV. We provided hepatitis C care to more than 200 clients and vaccinated ~160 clients against hepatitis B. Uptake of HIV PrEP persisted, with 200 clients initiated in a three-month period. Our human rights ambassadors and paralegals continued to advocate for clients facing discrimination and to help undocumented migrants access identity documents and health services.

VOCATIONAL TRAINING

The skills development programme for PWUD was extended, providing SETA-accredited vocational training to 15 participants, many of them female. On completion they received small business startup toolkits aligned to the skills they acquired, contributing to livelihood opportunities and stigma reduction. Family reunification and psychosocial support are central to our approach, recognising that sustainable recovery must address the complex social and emotional factors that underpin substance use. Thirty-four homeless clients were reunited with their families, who subsequently became active treatment supporters, improving adherence and stability.

RESEARCH

Over the last few years we have established partnerships with research organisations and conducted studies into hepatitis B and C and PrEP. This year we commenced research into long-acting injectable methods of OST and family-centred treatment support. We look forward to the results of both research studies.

PRIORITIES

By year-end, JabSmart had secured continuation as a sub-recipient under Aurum, providing the stability that enabled us to determine priorities for the year ahead. We will continue reaching new clients to enable early detection and referral, particularly for HIV, with the aim of initiating treatment early and helping to curb transmission. We will put individuals diagnosed with HIV, hepatitis C and hepatitis B on treatment immediately and monitor adherence to achieve viral load suppression. As we have fewer peer educators than previously we will modify our service delivery models to ensure viral load suppression among clients. We intend to increase hepatitis B vaccination and revaccination. Lastly, we plan to scale up OST, aiming to place 1,000 clients on OST within six months.

OUR ENDURING COMMITMENT

The events of this year highlighted the vulnerability of services for key populations when broader funding ecosystems are disrupted. PWUD need consistent, long-term support delivered by health care workers who understand harm reduction principles and structural barriers to care. Furthermore, there must be a relationship of trust between a programme such as JabSmart and the communities it serves. Both were sorely tested this year; but we have emerged resilient, with our dedication to serving this population undimmed.



The skills development programme for PWUD



Client in Mobile Clinic

9000 PWUD
REACHED BY JABSMART

808
CLIENTS INITIATED ON OST

5000
CLIENTS TESTED FOR HIV



MENTAL HEALTH – KE BOTHLOKWA

Ke Bothlokwa is a programme supported by the Sishen Iron Ore Company Community Development Trust (SIOC–CDT) that brings mental health services to communities where SIOC has a presence. Currently we work in Waterberg district in Limpopo, and John Taolo Gaetsewe and ZF Mgcwawu districts in the Northern Cape. Although Ke Bothlokwa is not funded by USAID, it leverages Anova resources that historically were supported by USAID funding. Therefore, the programme was not entirely insulated from the events going on around it. However, despite the organisational upheaval, Ke Bothlokwa enjoyed a year of notable success.

EXPANSION

The programme increased its footprint across both provinces, growing from an original 15 facilities to 20 – seven in Limpopo and 13 in the Northern Cape – in response to demonstrated demand from provincial Departments of Health. Our clinical partners have confidence in the quality and relevance of the service and recognise the value of integrating mental health care into HIV and primary health care platforms.

EMPLOYEE STABILITY

This growth occurred alongside improved employee stability, with all posts filled during the year and improved retention in remote locations that are traditionally hard to staff. We are particularly pleased to have appointed a psychiatrist, who provides services to all three districts. However, stock-outs of critical psychiatric medications are an ever-present challenge.

We are proud of the resilience shown by our teams. They support partners and clients affected by major trauma yet they manage to maintain their own morale. We provide debriefing sessions and other wellness initiatives but we are acutely aware of the need to do more to support them.

CHALLENGES

While demand for services and SIOC–CDT's support were ongoing, we operated within a context of significant disruption. The sudden withdrawal of USAID funding had a pronounced impact on our broader operating environment, including the loss of colleagues, the closure of satellite offices, and heightened uncertainty among employees and partners. Our teams were affected by the organisational shock and experienced anxiety, survivor's guilt, and concern about Anova's future. Externally, our funders and partners sought reassurance about programme continuity amid perceptions of instability within the organisation.

Operationally, we relied on shared organisational systems that had been supported through USAID-funded platforms, including human resources, finance and administrative support, with some programme personnel working on both USAID and SIOC–CDT programmes. SIOC–CDT made targeted adjustments to help stabilise the programme, protect service delivery, and retain personnel previously partially funded by USAID.

VISIBILITY

Beyond service delivery expansion, the year was noteworthy for the increased visibility we achieved. We strengthened the programme's profile through conference participation and knowledge dissemination, contributing to the national SA AIDS conference, where we shared evidence from work conducted in remote and underresourced settings.

PRIORITIES

As Anova transitions to a new funding environment and new business model, Ke Bothlokwa's priorities for the coming year include maintaining programme stability, strengthening evidence and evaluation to support sustainability, and contributing to broader organisational fundraising and strategic renewal.







543
CLIENTS RECEIVED STRUCTURED PSYCHOSOCIAL COUNSELLING

17
MENTAL HEALTH DIALOGUES HELD, REACHING
1592
PEOPLE



302
CLIENTS IDENTIFIED WITH SUBSTANCE USE DISORDER (SUD) AND SUPPORTED THROUGH INTEGRATED CARE

SUSTAINABILITY REPORT

Our sustainability strategy was pressure-tested this year, but we have emerged, albeit in a different guise, with a renewed mission (see Strategy, pg. 32) to improve the health of all South Africans, and to do so with regard for our environmental impact and respect for our communities. We are also firmly of the belief that health and social wellbeing are intertwined. Our public health interventions have always included a psychosocial dimension; and our current work in mental health (see pg. 38) vividly demonstrates how social context impacts mental health and how physical health can suffer in turn… and vice versa.

As we enter the next phase of our growth, Anova will continue to advance transformation, develop the skills of the next generation, and support suppliers to grow their enterprises – all while minimising our impact on the environment.

SOCIAL CAPITAL

In this year of disruption, preserving our social capital was central to organisational sustainability. It would shape not only our prospects for survival, but also how Anova would be perceived by the communities, partners and institutions with whom we work.

As we parted company with the majority of our employees, our first priority was their wellbeing. We sought to conduct each process lawfully, transparently and with dignity. This approach not only reflected our values, it recognised that the way an organisation treats its people, particularly in moments of difficulty, becomes part of its enduring reputation. Former employees remain part of the communities and professional networks in which we operate, and their experience of the organisation will inevitably influence how we are understood by others.

We also reinforced our social capital through our continued commitment to transformation, enterprise and supplier development, and skills development.

TRANSFORMATION

Anova is committed to societal transformation, both within the organisation and in the wider community. Following the B-BBEE assessment for FY 2024, which took place in September 2025, Anova retained Level 2 B-BBEE status.

ENTERPRISE AND SUPPLIER DEVELOPMENT

We spent R325,332 on enterprise and supplier development, supporting five black-owned enterprises (four women-owned) from Johannesburg and Limpopo with business enablers to run and grow their businesses. We provided laptops and barcode scanners to Bophelo Mpilo, a private sector health care service provider enrolled in the Department of Health's Centralised Chronic Medicine Delivery and Distribution (CCMDD) programme to support seamless collection of chronic medication by clients, promoting retention in care and client wellbeing. Two of these service providers were in receipt of support from Anova for a second consecutive year, in line with our strategy to encourage sustainable growth.

We also supported four community-based organisations in Johannesburg with donations of office equipment to strengthen their

governance, administration and capacity to deliver comprehensive HIV/TB prevention, care and treatment services to men in their communities.

SKILLS DEVELOPMENT

We invested in skills development for youth, including persons with disabilities, through the YES4Youth initiative. The knowledge and skills acquired by the learners will also prepare them for future job opportunities and personal business opportunities.

OUR ENVIRONMENTAL IMPACT

Our Parktown Head Office uses 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 air travel for the FY 2024–25 is shown below.

DOMESTIC AND INTERNATIONAL FLIGHTS:

26 350, 85 KG CO_2 EMISSIONS

R325,332

SPENT ON ENTERPRISE AND SUPPLIER DEVELOPMENT



OUR PEOPLE

Our total staff complement at year-end was 222. At the end of February, prior to the S189 process, we employed 3448 people. This represents a 93.5% reduction in our workforce.

Employee health and wellbeing has always been a priority at Anova. In the face of such a dramatic – and traumatic – impact on our human capital, we did not abandon our commitment to our employees. The downsizing was conducted with extraordinary speed but no corners were cut. All employees were offered a face-to-face consultation and we did our best to ensure an ethical and compassionate retrenchment process. By taking the necessary steps early and decisively, we were able to pay all February salaries and severance benefits. As a result, we experienced minimal legal challenges. We also extended access to our Employee Assistance Programme for three months after termination dates at no cost to employees.

Senior managers with the expertise needed to take Anova forward were encouraged to remain. While a few opted to pursue career opportunities elsewhere, we have retained a nucleus of critical skills with which to rebuild the organisation.



OCCUPATIONAL HEALTH AND SAFETY (OHS)

Our OHS policy and standard operating procedure (SOP) provide details of 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.

PERFORMANCE MANAGEMENT AND LEAVE PROVISION

All permanent employees receive regular performance reviews and career development opportunities, including relevant training. All employees 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. The amount of notice given will depend on the criticality of the information.



> **WE HAVE RETAINED A NUCLEUS OF CRITICAL SKILLS WITH WHICH TO REBUILD THE ORGANISATION.**

EMPLOYMENT TYPE

END FEB 2025

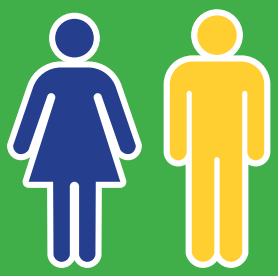
188	597	2663	3448
LEARNERSHIPS	FIXED TERM	PERMANENT	TOTAL

END SEPT 2025

20	71	131	222
LEARNERSHIPS	FIXED TERM	PERMANENT	TOTAL



EMPLOYMENT BY GENDER



	END FEB 2025	END SEPT 2025
Female	2546	126
Male	902	96
TOTAL	3448	222

EMPLOYMENT BY RACE

	INDIAN	WHITE	COLOURED	AFRICAN	TOTAL
END FEB 2025	12	25	227	3184	3448
END SEPT 2025	2	12	7	201	222



OCCUPATIONAL LEVELS	END FEB 2025	END SEPT 2025
1 - Top Management	6	4
2 - Senior Management	26	6
3 - Professional	197	15
4 - Skilled	493	46
5 - Semi-Skilled	1003	59
6 - Unskilled	1723	92
GRAND TOTAL	3448	222

IMPLEMENTATION SCIENCE AND KNOWLEDGE DISSEMINATION

In the midst of organisational change and upheaval, Anova continued to share knowledge and technical expertise with the public health community.
We were active participants at key national and international conferences, including the SA AIDS Conference in Johannesburg in September, where Dr Kate Rees was Co-Chair of the conference. Dr Johan Hugo participated as a speaker at the plenary session titled "Re-imagining HIV prevention: PrEP implementation lessons for MSM," and Dr Carol Tait was a co-host at a satellite session titled "Delivering comprehensive care for children and adolescents living with HIV: The importance of a facility-community collaboration approach." Anova was also well represented with both oral (four) and poster (six) presentations.



PUBLICATIONS

AUTHORS	TITLE	JOURNAL / PUBLISHER
Engelbrecht J, Tajeer C, O'Connor C, Rees K.	Differentiated antiretroviral distribution: Implementation in five South African districts.	African Journal of Primary Health Care and Family Medicine. 2025; 17: a4974 https://doi.org/10.4102/phcfm.v17i1.4974
Njuguna C, Maluleke C, Davies N, Hans L, **Mutasa B, Rees K**.	Viral suppression in adults on efavirenz and dolutegravir in Mopani District, South Africa.	Southern African Journal of HIV Medicine. 2025; 26: a1718 https://doi.org/10.4102/sajhivmed.v26i1.1718
Shaku P, Rees K, Mutasa B, Maluleke C, Mashele C, **Njuguna C.**	Programmatic outcomes of adolescents in differentiated service delivery models in South Africa.	Southern African Journal of Infectious Diseases. 2025;40(1):733. http://doi.org/10.4102/sajid.v40i1.733
Njuguna, C., Mistri, P., Long, L, Chetty-Makkan C, Maughan-Brown B, Buttenheim A, Schmuker L, Pascoe S, Thirumurthy H, **O'Connor C, Mutasa B, Rees K**.	Behaviourally Informed Two-Way Text Messaging to Improve Return to HIV Care in South Africa: Evidence from a Randomised Controlled Trial.	AIDS and Behavior. 2025 https://doi.org/10.1007/s10461-025-04808-6
Shangase N, Jiyane A, Buthelezi F, O'Connor, Brown B, Rees K.	Pre-Exposure Prophylaxis (PrEP) Persistence at Two Sites in an Integrated Primary Health Care Programme in South Africa.	Frontiers in Public Health. 2025 13:1460180 https://doi.org/10.3389/fpubh.2025.1460180
Davies N, Bisnauth M, Rees K.	Enhancing Antiretroviral Therapy Initiation for Hospitalized and Recently Discharged People Living With HIV in Johannesburg, South Africa.	Global Health Science and Practice. 2025; 13(1):e2400017 https://doi.org/10.9745/GHSP-D-24-00017
Moholola M, Rees K, Motsoane N, Kgopong N, Mutyambizi C.	Effect of case management on viral load in adult clients enrolled due to non-suppression in Capricorn District, South Africa: A case control study.	PLoS ONE. 2025 20(1): e0317015. https://doi.org/10.1371/journal.pone.0317015
Mutyambizi C, Rees K, Grimsrud A, **Ndou R**, Wilkinson L.	The heterogeneity among people re-engaging in antiretroviral therapy highlights the need for a differentiated approach: results from a cross-sectional study in Johannesburg, South Africa.	Journal of the International AIDS Society. 2024; 27:e26395 https://doi.org/10.1002/jia2.26395
Makina-Zimalirana N, Wilkinson L, Grimsrud A, **Davies N, Mutyambizi C, Jiyane A, Buthelezi F, Rees K.**	Factors influencing the implementation of a guideline for re-engagement in HIV care in primary care settings in Johannesburg, South Africa: A qualitative study.	PLoS Global Health; 2024; 4(10): e0003765. https://doi.org/10.1371/journal.pgph.0003765
Grimsrud A, Wilkinson L, Raphael Y, Tshabalala S, Moses AK, Hassan F, Buthelezi K, **Rees K**, Bekker L-G.	Securing our HIV response: The PEPFAR crisis in South Africa.	South African Journal of Medicine 2025;115(3):e3216 https://doi.org/10.7196/SAMJ.2025.v115i3.3216
Zamparini J, Hassan S, **Davies N**, Herbst W, Bhoora S, Nyakoe R, Chauke L.	Adherence to HIV vertical transmission prevention (VTP) policies in a tertiary obstetric unit in South Africa.	Obstetric Medicine 2025 https://doi.org/10.1177/1753495X251317263
Giovenco D, Mabuto T, **Manyuchi A,** Savva H, McIntyre A, Puren A, Kubeka G, Pienaar J, Dietrich C, **Struthers H**, Operario D, Sanders E.	The treatment gap and the HIV care continuum for cisgender men who have sex with men in three South African cities: Findings from a biobehavioural survey, 2019.	PLOS Glob Public Health 2025 5(9): e0004874. https://doi.org/10.1371/journal.pgph.0004874
Barry MP, Peters RPH, Portle S, Bongo C, Nel D, **Struthers HE**, Daniels J.	Healthcare worker perspectives on HIV status sharing intervention components for partnered, Black sexual minority men in South Africa.	HIV Res Clin Pract. 2024 Dec;25(1):2424040. http://doi.org/10.1080/25787489.2024.2424040
Scheibe A, Andrews Y, **Brown B**, Cassim N, Chidarikire T, **Hugo J,** Maithufi R, Mjindi S, Nel D, Shelly S, Sibeko J, Slabbert M, Xulu L. Mozaleviskis A.	South African harm reduction guideline for chemsex.	S Afr J HIV Med. 2025;26(1):a1763. https://doi.org/10.4102/sajhivmed.v26i1.1763

*Anova authors in **bold**

CONFERENCE PRESENTATIONS

PRESENTER	TITLE	PRESENTATION/POSTER	CONFERENCE
Mabjala Rosemary Letsoalo	The benefits of secondary HIV self-testing in early detection of advanced HIV Disease in the City of Johannesburg, South Africa: Retrospective data analysis	Oral presentation	Fast Track Cities 2024 13–15 October, 2024 Paris, France
Joyce Lethoba	Grandparents' understanding and beliefs regarding exclusive breastfeeding in the context of HIV	Poster	Fast Track Cities 2024 13–15 October, 2024 Paris, France
Sinah Vlug	Implementation of Advanced Clinical Care in clinics in Johannesburg, South Africa	Oral presentation	Fast Track Cities 2024 13–15 October, 2024 Paris, France
Chipo Mutyambizi	What does the case management programme need to provide patient-centered care? ***(Won 2nd place)***	Oral presentation	Sedibeng Research Conference 2024 1 November, 2024 Sedibeng, South Africa
Chipo Mutyambizi	Retention and viral load outcomes in a cohort of patients initiated on antiretroviral viral therapy via an HIV index testing model in Sedibeng	Oral presentation	Sedibeng Research Conference 2024 1 November, 2024 Sedibeng, South Africa
Cath Chinyandura	Exploring experiences of collaborating with traditional healer practitioners (THPs) in South Africa	Oral presentation	Sedibeng Research Conference 2024 1 November, 2024 Sedibeng, South Africa
Christine Njuguna	ECHO training and mentorship for HIV viral non-suppression: a survey of health care workers in five districts of South Africa	Oral presentation	Sedibeng Research Conference 2024 1 November, 2024 Sedibeng, South Africa
Elizabeth Minaar, supported by Lydia Phiri	High HIV seroconversion among returning index contacts who previously tested HIV negative in Sedibeng District, South Africa: strengthening the role of status neutral testing	Oral presentation	Sedibeng Research Conference 2024 1 November, 2024 Sedibeng, South Africa
Kate Rees	Workplace Wellbeing among Health Care Workers in a Johannesburg Non-Governmental Organisation	Oral presentation	Gauteng Nursing Research Conference 27–28 November, 2024 Johannesburg, South Africa
Carol Tait	District-level implementation of a Family Care Day policy for children and adolescents living with HIV in South Africa: an evaluation using the NASSS Framework	Poster	INTEREST 13–16 May, 2025 Windhoek, Namibia
Kate Rees	Viral load suppression at first viral load after shifting from six to three months post-ART initiation: A retrospective analysis of early outcomes in the South African public sector HIV programme	Oral presentation	IAS Science 2025 13–17 July, 2025 Kigali, Rwanda
Kate Rees	Earlier first viral load accelerates differentiated service delivery enrolment for people newly initiated on antiretroviral therapy	Poster	IAS Science 2025 13–17 July, 2025 Kigali, Rwanda
Khensani Chauke	Termination of the USAID APACE award in Johannesburg, South Africa: Impact on the number of people living with HIV tested, diagnosed and initiated on anti-retroviral therapy (ART)	Poster	IAS Science 2025 13–17 July, 2025 Kigali, Rwanda
Nyeleti Chauke	Barriers and Enablers of Index Contact Testing in Johannesburg Sub-District G: A Qualitative Study Guided by the CFIR Framework	Oral presentation	Annual SAPRIN Conference 2025 21–23 July, 2025 Cape Town, South Africa

PRESENTER	TITLE	PRESENTATION/POSTER	CONFERENCE
Louise Gilbert	Poor Guideline Implementation during Identification and Management of Clients with HIV Drug Resistance	Oral presentation	International Workshop on HIV Drug Resistance and Treatment Strategies 1–4 September, 2025 Virtual
Enock Zibengwa	Breaking down mental health care barriers to promote sexual and reproductive health service utilisation amongst adolescent girls and young women in rural communities of South Africa	Oral presentation	SA AIDS 2025 8–11 September, 2025 Johannesburg, South Africa
Carol Tait	Using co-creation to develop a paediatric case management toolkit: description of an intersectoral process	Oral presentation	SA AIDS 2025 8–11 September, 2025 Johannesburg, South Africa
Cristal Solomons	Programmatic description of PrEP service linkage to HIV uninfected pregnant women in the health facilities of the Cape Town Metropole in South Africa	Oral presentation	SA AIDS 2025 8–11 September, 2025 Johannesburg, South Africa
Chipo Mutyambizi	Higher viral suppression rates in a cohort of patients initiated on ART via index testing in Sedibeng district	Oral presentation	SA AIDS 2025 8–11 September, 2025 Johannesburg, South Africa
Ndinda Makina	Implementing HIV Testing Services (HTS) modalities in Johannesburg, South Africa: Using the Normalisation Process Model to assess integration into routine practice	Poster	SA AIDS 2025 8–11 September, 2025 Johannesburg, South Africa
Anele Jiyane	Leveraging the Project ECHO Model to Address Viral Non-Suppression in five Districts: Lessons Learned	Poster	SA AIDS 2025 8–11 September, 2025 Johannesburg, South Africa
Christine Njuguna	Project ECHO training and mentorship for HIV viral non-suppression: an evaluation from the perspective of health care workers in five districts of South Africa	Poster	SA AIDS 2025 8–11 September, 2025 Johannesburg, South Africa
Enock Zibengwa	Leveraging capacity building to increase uptake of mental health services in rural communities of Limpopo and Northern Cape Provinces	Poster	SA AIDS 2025 8–11 September, 2025 Johannesburg, South Africa
Cara O'Connor	Universal Tuberculosis (TB) testing among persons living with HIV in South Africa: a descriptive program analysis of a novel policy that increased TB testing by 263%	Poster	SA AIDS 2025 8–11 September, 2025 Johannesburg, South Africa
Louise Gilbert	The clinical management of clients newly initiated on antiretroviral therapy (ART) in five South African districts	Poster	SA AIDS 2025 8–11 September, 2025 Johannesburg, South Africa
Johan Hugo	Re-imagining HIV prevention: PrEP implementation lessons for MSM	Plenary speaker	SA AIDS 2025 8–11 September, 2025 Johannesburg, South Africa
Carol Tait	Delivering comprehensive care for children and adolescents living with HIV: The importance of a facility-community collaboration approach	Satellite session	SA AIDS 2025 8–11 September, 2025 Johannesburg, South Africa

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.

GOVERNANCE IN AN EXTRAORDINARY YEAR

Anova has always prided itself on good governance. The Board maintains an appropriate balance between oversight and support, providing strategic guidance while respecting management's operational mandate. But when more engagement was needed, the Board stepped up. From the announcement of the funding withdrawal to the final employee departure, Board members attended extraordinary meetings; made themselves available for consultation, even at unsocial hours; and fully supported the management team in the difficult decisions that had to be made. See the Chair's statement on pg. 24 for insight into the Board's approach.

Issues the Board had to consider included the retrenchment process and its timing; and the Board also advised and supported management in the use of reserve funds – never a decision taken lightly. In these and other matters the Board helped the executive team rapidly devise the short-term strategy for dealing with the crisis and the longer-term plan for recovery and renewal.
The Board's duty and capacity to ensure Anova is always governed responsibly and ethically were in evidence throughout the funding crisis and beyond, sending a clear signal to all stakeholders that Anova is in safe hands.

> **"THE BOARD HELPED THE EXECUTIVE TEAM RAPIDLY DEVISE THE SHORT-TERM STRATEGY FOR DEALING WITH THE CRISIS.**

THE BOARD



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.

Retired 31 December, 2024



DR MOYAHABO MABITSI
CHIEF EXECUTIVE OFFICER

Moyahabo Mabitsi (MBChB, Dip HIV Management, Dip Trop Medicine) is Anova's Chief Executive Officer. She oversees the implementation of the organisation's strategy and overall operations and is responsible for ensuring long-term sustainability and growth. Her role includes providing leadership to the executive team, engaging key stakeholders, and upholding governance standards while driving performance, innovation, and organisational impact.

Became CEO 01 January, 2025



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.

Resigned 31 July, 2025



DR DIANA MOKOENA
SENIOR HEAD OF PROGRAMMES

Dr Diana Mokoena (MBChB, Dip HIV Management) has over 10 years' experience in the design, implementation and strategic oversight of large-scale, donor-funded health programmes in South Africa. She is skilled in stakeholder engagement, with expertise in working closely with government departments, implementing partners, funders, and community-based organisations to align strategy, optimise resources, and deliver integrated health services.

Appointed to the Board 27 February, 2025



MS LIESL LINTVELT
INDEPENDENT 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 lives in the Netherlands with her family.



MS ANNABELL LEBETHE
INDEPENDENT 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.



MR JULIAN DU PLESSIS
INDEPENDENT NON-EXECUTIVE DIRECTOR

Julian du Plessis (MPhil, BCompt Honours) is a governance, risk and audit specialist with nearly 25 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.



DR SIPHO KABANE
INDEPENDENT NON-EXECUTIVE DIRECTOR

Sipho Kabane (PhD, MBChB, MBA, MPhil) was previously (until retirement in 2024) 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 FAITH HASHATSE
INDEPENDENT NON-EXECUTIVE DIRECTOR (CHAIR)

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 24 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.



CYPRIAN MALESELA PHILLIP TEFFO
INDEPENDENT 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 Head of Operations – Shared Services Centre at Multichoice. He also serves as 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

Faith Hashatse (Chair)
Liesl Lintvelt
Annabell Lebethe
Julian du Plessis
Sipho Kabane
Cyprian Teffo

EXECUTIVE DIRECTORS

Helen Struthers (Joint CEO)
(Retired 31 December, 2024)

Moyahabo Mabitsi (CEO)

Glenn Joseph
(Resigned 31 July, 2025)

Diana Mokoena
(Appointed 27 February, 2025)

Reshoketswe Mphelo-Mdluli
(Resigned 15 November, 2024)

PRESCRIBED OFFICERS

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.

> **THE FULL BOARD MET FOR THREE ORDINARY MEETINGS AND FOUR EXTRAORDINARY MEETINGS IN 2024–25.**



Image by Jo_Johnston from Pixabay

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.

MEETING ATTENDANCE

The full Board met for four ordinary meetings and three extraordinary meetings in 2024–25. Board and committee meeting attendance was as follows:

DIRECTOR	BOARD	INDEPENDENT NON-EXECUTIVE	ARC	REM	SEC
Faith Hashatse	7/7	3/3	N/A	N/A	N/A
Liesl Lintvelt	7/7	3/3	3/3	N/A	3/3
Annabell Lebethe	7/7	3/3	N/A	3/3	3/3
Julian du Plessis	7/7	3/3	3/3	3/3	N/A
Cyprian Teffo	7/7	3/3	3/3	N/A	3/3
Sipho Kabane	7/7	3/3	N/A	3/3	3/3
Helen Struthers	1/7	N/A	1/3	1/3	1/3
Moyahabo Mabitsi	7/7	N/A	3/3	3/3	3/3
Glenn Joseph	6/7	N/A	3/3	3/3	3/3
Reshoketswe Mphelo-Mdluli	N/A	N/A	1/3	0/3	N/A
Diana Mokoena	7/7	N/A	1/3	1/3	3/3



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 decreased by >40% as a result of the closure of USAID and the termination of USAID funded programmes. Despite that, Anova continued to operate and has secured new funding for FY26 and beyond.

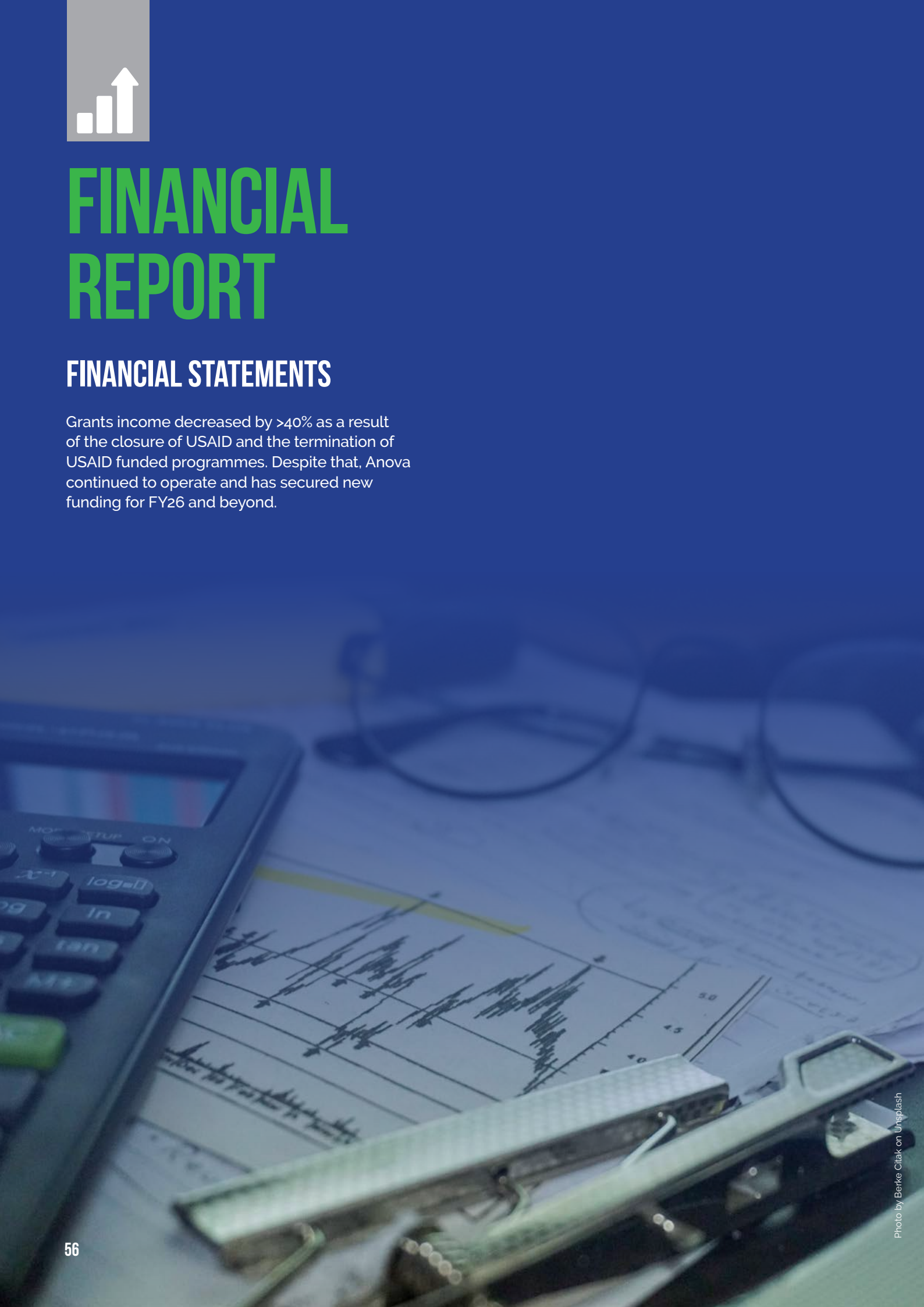


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Independent Auditor's Report

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 35, which comprise the statement of financial position as at 30 September 2025, and the statement of profit or loss 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 2025, 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 2025", 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

BDO South Africa Incorporated
Registration number: 1995/002310/21
Practice number: 905526
VAT number: 4910148685

Chief Executive Officer: LD Mokoena

A full list of all company directors is available on www.bdo.co.za

The company's principal place of business is at The Wanderers Office Park, 52 Corlett Drive, Illovo, Johannesburg where a list of directors' names is available for inspection. BDO South Africa Incorporated, a South African personal liability company, is a member of BDO Inter national Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

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
Registered Auditors

BDO South Africa Incorporated
BDO South Africa Incorporated (Sep 30, 2026 12:21:35 GMT+2)

Karlien Groenewald
Director
Registered Auditor

Date: 30 September 2026

119-123 Hertzog Boulevard
Foreshore
Cape Town, 8001

Anova Health Institute NPC

(Registration Number 2009/014103/08)

Annual Financial Statements for the year ended 30 September 2025

Directors' Report

The directors have the pleasure in submitting their report on the annual financial statements of Anova Health Institute NPC for the year ended 30 September 2025.

Incorporation

Anova Health Institute was incorporated in South Africa as a Non-Profit Company (NPC) on 22 July 2009 and commenced trading on 1 October 2009.

Main business and operations

The main object of the company is the provision of health services and all activities ancillary thereto. The Anova Health Institute is an NPC that empowers people and changes lives with a specific focus on HIV. The operations are built on a foundation of research to ensure that funds are focused where the company can make the most difference.

Review of financial results and activities

The annual financial statements have been prepared in accordance with IFRS Accounting Standards and the requirements of the Companies Act. The accounting policies have been applied consistently compared to the prior year. The operating results and state of affairs of the company are fully set out in the attached annual financial statements and do not in our opinion require any further comment.

1. **Going concern**

The annual financial statements have been prepared on the basis of the accounting policies applicable to a going concern. This basis presumes that reserves will be available to finance minimal future operations and that the realisation of the assets and settlements of liabilities, contingent obligations will occur in the ordinary course of business. The going concern assumption is evaluated based on information available up to the date on which the annual financial statements are approved for issuance by the Board.

Despite the events described in Note 19, management has no reason to believe that Anova Health Institute will not be a going concern in the foreseeable future based on available cash resources, forecasts and the measures put in place to reduce operations as a result of the termination of the USAID grant. Anova Health Institute has adequate financial resources to continue in operation into the next 12 months. Management is not aware of any other material changes that may adversely impact the organisation other than the termination of the USAID grants.

2. **Independent Auditor**

BDO South Africa Incorporated was the independent auditor for the year under review in accordance with section 90 of the Companies Act No. 71 of 2008 of South Africa.

Anova Health Institute NPC

(Registration Number 2009/014103/08)

Financial Statements for the year ended 30 September 2025

Statement of Financial Position

Figures in R	Notes	2025	2024
Assets			
Non-current assets			
Property, plant and equipment	3	19 851 586	61 898 555
Right-of-use assets	10	208 166	19 118 041
Total non-current assets		**20 059 752**	**81 016 596**
Current assets			
Trade and other receivables	4	53 470 916	20 048 254
Cash and cash equivalents	5	296 196 836	532 308 330
Total current assets		**349 667 752**	**552 356 584**
Total assets		**369 727 504**	**633 373 180**
Equity and liabilities			
Equity			
Retained income		153 014 837	93 717 288
Liabilities			
Non-current liabilities			
Lease liabilities	10	-	2 753 366
Deferred income	11	17 882 302	48 557 548
Total non-current liabilities		**17 882 302**	**51 310 914**
Current liabilities			
Trade and other payables	6	122 960 405	279 797 003
Grants received in advance	9	73 690 060	177 316 271
Lease liabilities	10	210 616	17 890 696
Deferred income	11	1 969 284	13 341 008
Total current liabilities		**198 830 365**	**488 344 978**
Total liabilities		**216 712 667**	**539 655 892**
Total equity and liabilities		**369 727 504**	**633 373 180**

Anova Health Institute NPC

(Registration Number 2009/014103/08)

Financial Statements for the year ended 30 September 2025

Statement of Surplus or Deficit and Other Comprehensive Income

Figures in R	Notes	2025	2024
Revenue	12	579 492 625	1 096 623 352
Operating expenses		(527 401 609)	(1 101 546 848)
Loss on sales of fixed assets		(19 108 797)	-
(Deficit)/Surplus from operations	13	**32 982 219**	**(4 923 496)**
Finance income	14	27 314 224	31 815 286
Finance costs	15	(998 894)	(2 944 542)
Total comprehensive surplus for the year		**59 297 549**	**23 947 248**

Statement of Changes in Equity

Figures in R	Retained income	Total
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**
Balance at 1 October 2024	93 717 288	93 717 288
Changes in equity		
Total comprehensive income for the year	59 297 549	59 297 549
Balance at 30 September 2025	**153 014 837**	**153 014 837**

Anova Health Institute NPC

(Registration Number 2009/014103/08)

Financial Statements for the year ended 30 September 2025

Statement of Cash Flows

Figures in R	Notes	2025	2024
Net cash flows (used in) / from operations	17	**(258 961 112)**	**83 494 068**
Interest paid		(11 713)	(1 780 720)
Interest received		27 314 224	31 815 286
Net cash flows (used in) / from operating activities		**(231 658 601)**	**113 528 634**
Cash flows from / (used in) investing activities			
Proceeds from sales of property, plant and equipment		13 472 730	621 250
Purchase of property, plant and equipment		(3 353 802)	(14 719 800)
Cash flows from / (used in) investing activities		**10 118 928**	**(14 098 550)**
Cash flows used in financing activities			
Lease liability repayments		(14 571 821)	(16 027 504)
Cash flows used in financing activities		**(14 571 821)**	**(16 027 504)**
Net (decrease) / increase in cash and cash equivalents		**(236 111 499)**	**83 402 580**
Cash and cash equivalents at beginning of the year		532 308 330	448 905 750
Cash and cash equivalents at end of the year	**5**	**296 196 836**	**532 308 330**

FOUNDERS' REFLECTIONS

Anova was founded in 2009 by Professor James McIntyre and Dr Helen Struthers, formerly of the Perinatal HIV Research Unit (PHRU) at the University of the Witwatersrand. Anova emerged from an academic environment to focus on large public health HIV implementation programmes, supported by USAID and working in partnership with the South African Department of Health at all levels. Anova started life with 289 employees, which grew over the years as funding increased and programmes expanded, until in January 2025 over 3,500 employees represented Anova in five of South Africa's nine provinces. Professor McIntyre retired at the end of 2021, Dr Struthers at the end of 2024. Both remain involved with the organisation as advisers. They reflect on the crisis, Anova's response to it, and why Anova's mission remains vital.



Dr Helen Struthers

Professor James McIntyre

PURPOSE IN A TIME OF UNRAVELLING

When Anova Health Institute was founded, it was created to do something both simple and profoundly difficult: to extend access to evidence-based health services to people who would otherwise be excluded, and to do so at scale, with integrity, and in partnership with the public health system. From the outset, Anova was conceived as a vehicle to meet urgent public health needs that governments could not yet meet alone – and, in time, to help make itself less necessary.

Over more than a decade, that mission took shape in ways that exceeded our expectations. Anova grew into a trusted implementation partner to government, districts and communities, delivering services, building systems, training health workers, and strengthening the public health response across multiple domains. Our work was grounded in science, in human rights, and in a belief that public health outcomes are inseparable from dignity, trust and social justice. Anova demonstrated that it was possible to combine scale with care, and rigour with humanity.

That history makes the events of the past year especially painful. The need for our mission has not diminished. If anything, it has become more urgent.

A FUNDING SHOCK WITHOUT PRECEDENT

The sudden withdrawal of USAID funding was, in practical terms, a loss of income. But it symbolised something with more far-reaching consequences: the collapse of an entire operating environment. While Anova had long recognised the risks of donor dependency – and had planned for adverse scenarios – nothing in our experience prepared us for the speed, scale and disarray of what unfolded.

This was not an orderly transition or a phased exit that allowed organisations, teams or health systems to adapt. Funding was halted almost overnight, with little regard for the downstream implications for patients, communities or national programmes. Decades of investment in health systems, institutional memory and human capital were unravelled in months.

The issue was not simply a change in funding priorities, but the manner in which those changes were effected. Development partnerships are built on trust, reliability and shared responsibility. When funding decisions are taken unilaterally, abruptly and without regard for contractual, ethical or human ramifications, they do real harm, not only to organisations like Anova but to the credibility of the global health enterprise itself.

This is not a critique of individuals, nor a denial of the political realities donor governments face. It is a recognition that the behaviour of powerful funders shapes entire ecosystems. In this case, the shockwaves extended far beyond any single organisation, leaving health systems weaker, employees displaced, and communities underserved – with no clear pathway to recovery.

LEADERSHIP, GOVERNANCE, AND THE ETHICS OF RESPONSE

In this context, the decisions taken by Anova's leadership were among the most difficult in the organisation's history. Early retrenchment, while deeply painful, was guided by the principles of clarity and dignity. Rather than leaving employees in a state of prolonged uncertainty, the organisation acted decisively, ensuring severance, communication and support wherever possible. These decisions were made possible by years of disciplined governance and financial stewardship. Reserves were accumulated to ensure resilience… to allow the organisation to meet our obligations to people should circumstances ever turn against us. In this respect, the crisis tested not only Anova's systems, but its values.

As founders, we wish to acknowledge, unequivocally, the leadership shown by the executive team during this period. Under extraordinary pressure, they demonstrated steadiness, ethical judgement and compassion, both for those who remained and those who had to leave. Leadership in such moments is rarely visible to the outside world, but it is deeply felt by those within. It is part of Anova's legacy that this crisis was met with honesty rather than denial, and with responsibility rather than deflection.

REPUTATION: STRENGTH AND EXPOSURE

Anova's reputation, carefully nurtured over many years, proved to be both asset and vulnerability. On the positive side, it sustained trust with government, communities and other partners, who understood the organisation's intent and believed our account of events. However, our size and visibility made us a focal point for misinformation, hostility and even personal attack.

We took the decision to limit public commentary in the early months. In a volatile environment, speaking prematurely risked sending out misinformed messaging. The priority was internal: to stabilise the organisation, communicate with staff, and manage obligations responsibly. Leadership acted with restraint in the understanding that silence is sometimes as important as speech.

WHY THE MISSION STILL MATTERS

Despite the devastation of the past year, we are convinced that Anova's mission is still relevant… indeed, it is essential. The needs that gave rise to the organisation – unequal access to care, fragile health systems, marginalised populations, and the gap between policy and lived reality – have not disappeared. In many cases, they have intensified.

What has changed is the environment in which that mission must now be pursued. The era of large-scale, multi-year global health funding appears to be ending. Funding is more fragmented, more transactional, and less willing to support the "invisible" infrastructure that makes impact possible – governance, systems, people. At the same time, public trust in science and evidence-based health initiatives is under sustained attack.

In this context, defending Anova's mission means upholding the principles that underpin effective public health: evidence, equity, partnership and accountability. The lives and wellbeing of vulnerable people cannot be treated as collateral damage in geopolitical shifts.

LOOKING AHEAD: A DIFFERENT KIND OF FUTURE

The next decade will not resemble the last. Anova will not rebuild by returning to scale, nor by chasing funding that compromises its purpose. If it succeeds, it will do so as a smaller, more entrepreneurial organisation, focused on targeted impact, niche expertise and deep partnership.

This will require different skills, different risk appetites, and different measures of success. It will not be for everyone. But it creates the possibility of a more agile, more responsive organisation – one that listens first to partners and communities, and then seeks resources accordingly, rather than allowing funding to dictate purpose.

We take confidence from the calibre of the current leadership and the values that remain embedded in the organisation. Anova's future will be shaped not by nostalgia for what was lost, but by clarity about what still matters.

As founders, we carry both pride and grief. We are immensely proud of what was built, the lives touched, and the integrity shown under pressure. We grieve for what has been dismantled – with unparalleled speed and scale. Both can be held at once.

The work of rebuilding now belongs to a new generation of leaders. Our hope is that they have inherited an organisation with a set of principles strong enough to withstand uncertainty and flexible enough to adapt to a changed world.



THE WORK OF REBUILDING NOW BELONGS TO A NEW GENERATION OF LEADERS.

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.

FUNDERS

www.usaid.gov

www.theglobalfund.org

www.orangebabies.org.za

www.impaactnetwork.org

www.nih.gov

www.nacosa.org.za

www.beyondzero.org.za

www.fhi360.org

www.sioc-cdt.co.za

www.ezintsha.org

unitaid.org

PARTNERS

South African

- CHoiCe Trust
- City of Cape Town
- City of Johannesburg
- Foundation for Professional Development
- Education Development Centre (EDC)
- Empilisweni Services and Research Unit (ESRU)
- Ezintsha
- HeRO
- HIVSA
- Hoedspruit Training Trust
- NACOSA
- PSI
- Right to Care
- Sishen Iron Ore Company Community Development Trust (SIOC-CDT)
- 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

GRI INDEX

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 organisation'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. 12	Covered in Change to Our Business Model
	2-7 Employees	pg. 42	Covered in Our People
	2-8 Workers who are not employees		Not Applicable to Anova
	2-9 Governance structure and composition	pg. 50	Covered in Governance report
	2-10 Nomination and selection of the highest governance body	pg. 50	Covered in Governance report
	2-11 Chair of the highest governance body	pg. 50	Covered in Governance report
	2-12 Role of the highest governance body in overseeing the management of impacts	pg. 50	Covered in Governance report
	2-13 Delegation of responsibility for managing impacts	pg. 50	Covered in Governance report
	2-14 Role of the highest governance body in sustainability reporting	pg. 54	Covered in Governance report
	2-15 Conflicts of interest	pg. 52	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. 51	Covered in Governance report
	2-18 Evaluation of the performance of the highest governance body	pg. 52	Covered in Governance report
	2-19 Remuneration policies	pg. 53	Covered in Governance report
	2-20 Process to determine remuneration	pg. 53	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 32
	2-22 Statement on sustainable development strategy	pg. 40	Covered in Sustainability report
	2-23 Policy commitments	pg. 24 and pg. 42	Covered in Chair's Statement and Our People
	2-24 Embedding policy commitments	pg. 40 and pg. 52	Covered in Chair's Statement and Sustainability report
	2-25 Processes to remediate negative impacts	pg. 52	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. 50	Covered in Governance report
	2-28 Membership associations	pg. 51	Covered in Governance report
	2-29 Approach to stakeholder engagement	pg. 30	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
GRI 201: Economic Performance 2016	201-1 Direct economic value generated and distributed	pp. 56	Covered in Financial Overview and Financial Report
	201-2 Financial implications and other risks and opportunities due to climate change	pg. 41	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. 56	Covered in Financial Overview and Financial Report
GRI 203: Indirect Economic Impacts 2016	203-1 Infrastructure investments and services supported	pg. 24 and pg. 40	Covered in Chair's Statement and Sustainability report
	203-2 Significant indirect economic impacts	pg. 40	Covered in Sustainability report

PROFILE DISCLOSURE	DESCRIPTION	REFERENCE	EXPLANATION
GRI 204: Procurement Practices 2016	204-1 Proportion of spending on local suppliers	pg. 40	Covered in Sustainability report
GRI 205: Anti-corruption 2016	205-1 Operations assessed for risks related to corruption	pg. 53	Covered in Governance report
	205-2 Communication and training about anti-corruption policies and procedures	pg. 55	Covered in Code of Ethics
	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. 56	Covered in Financial Report
	207-2 Tax governance, control, and risk management	pg. 56	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. 41	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. 41	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. 41	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		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
GRI 308: Supplier Environmental Assessment 2016	308-1 New suppliers that were screened using environmental criteria		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

PROFILE DISCLOSURE	DESCRIPTION	REFERENCE	EXPLANATION
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		Not Applicable this year
	404-2 Programs for upgrading employee skills and transition assistance programs		Not Applicable this year
	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. 10 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		There were no incidents of discrimination
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. 34	Covered in Report on Programme Activities
	413-2 Operations with significant actual and potential negative impacts on local communities	pg. 34	Covered in Report on Programme Activities
GRI 414: Supplier Social Assessment 2016	414-1 New suppliers that were screened using social criteria		Not Applicable this year
	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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