

Integrated Report

2017



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“As we launch this third National Strategic Plan, we must remember that in the end it is a plan that belongs to all of us as South Africans. It invites South African leaders from different walks of life to take action to end the epidemics of HIV, tuberculosis and sexually transmitted infections. Defeating the HIV and tuberculosis epidemics is going to rest on all of our shoulders.”

Cyril Ramaphosa, Deputy President South Africa

Anova used the
Global Reporting Initiative
G4 guidelines to prepare
this report

Introduction: Scope and boundary

The Anova Health Institute NPC is a non-profit company (Registration Number: 2009/014105/08), headquartered in Johannesburg and works in all nine provinces of South Africa, other African countries and more recently extended our reach to Haiti.

This Integrated Report presents our financial, programmatic, environmental, social and governance performance for the period 1 October 2016 to 30 September 2017 and describes our goals, performance, responsibilities, policies, risks and plans.

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

Anova's material issues remain:

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

Anova's organisational environmental impact is low, as our work is of a technical and service nature, with no product or manufacturing processes. Although we do not consider our environmental impact a material issue, it is briefly discussed in the report (p 74) and in the GRI compliance table (G4-EN1 – G4-EN34).

Anova used the Global Reporting Initiative (GRI) G4 guidelines to prepare this report "in accordance" with the core option and has also applied the GRI NGO sector supplement. The GRI compliance index is documented in the GRI compliance table on pages 88-95 and is also available from our website, anovahealth.co.za.

Anova utilises integrated reporting as a means to demonstrate our commitment to transparency, public accountability, recording excellence and sustainable programming. The last Integrated Report was released in September 2017.



Anova provides
quality HIV services
in over 600 facilities
nationally

Anova Health Institute

The Anova Health Institute aims to improve the lives of South Africans, with a particular emphasis on health, vulnerable communities and HIV. We at Anova understand public health needs and challenges, and pride ourselves on identifying opportunities and innovative solutions to empower people and change lives.

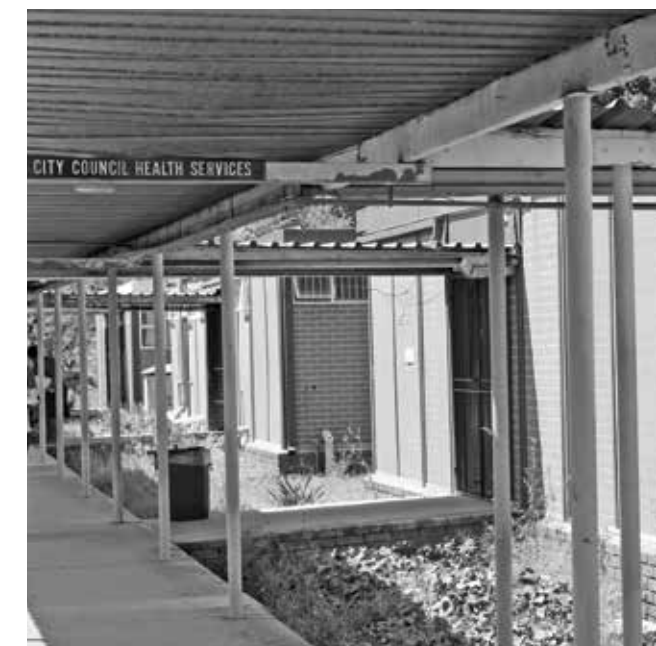
Anova supports many initiatives to ensure increased access to high-quality health services. Areas of expertise include HIV care and treatment, tuberculosis prevention and treatment, elimination of mother-to-child transmission, improving and strengthening health systems and men's health (with a major focus on men who have sex with men). Anova's research team works across all these areas.

Our expert technical assistance has greatly contributed to strengthening the public health system in over 600 facilities across South Africa.

Our extensive skills development activities have built public sector capacity, enabling a threefold increase in the number of people on HIV treatment over the last five years. This work has also enabled expanded community outreach to focus health sector efforts on reaching the **UNAIDS 90-90-90 targets** and achieving HIV epidemic control.

- 90% of all people living with HIV will know their HIV status
- 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy
- 90% of all people receiving antiretroviral therapy will have viral suppression

Our work reaches people outside South Africa through our collaboration in the EQUIP Consortium and with the International HIV/AIDS Alliance, specifically in Namibia, Mozambique, Lesotho and Haiti, where we are working to address the healthcare needs of Key Populations. Anova is one of the founding partners of the EQUIP Consortium.



Vision

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

Ideology

We believe that everyone has the right to excellent health



In the health facilities we support, over 750 000 people tested for HIV

2017 Key accomplishments

Our key successes from 1 October 2016 to 30 September 2017:

Many more people received quality HIV services

Anova supported 206 health facilities in three districts in Gauteng, Limpopo and Western Cape. In these facilities over 750 000 people tested for HIV, of whom 65 128 tested positive and 63 400 people were initiated onto antiretroviral treatment (ART). There were a total of 309 481 people on ART at the end of the reporting period.

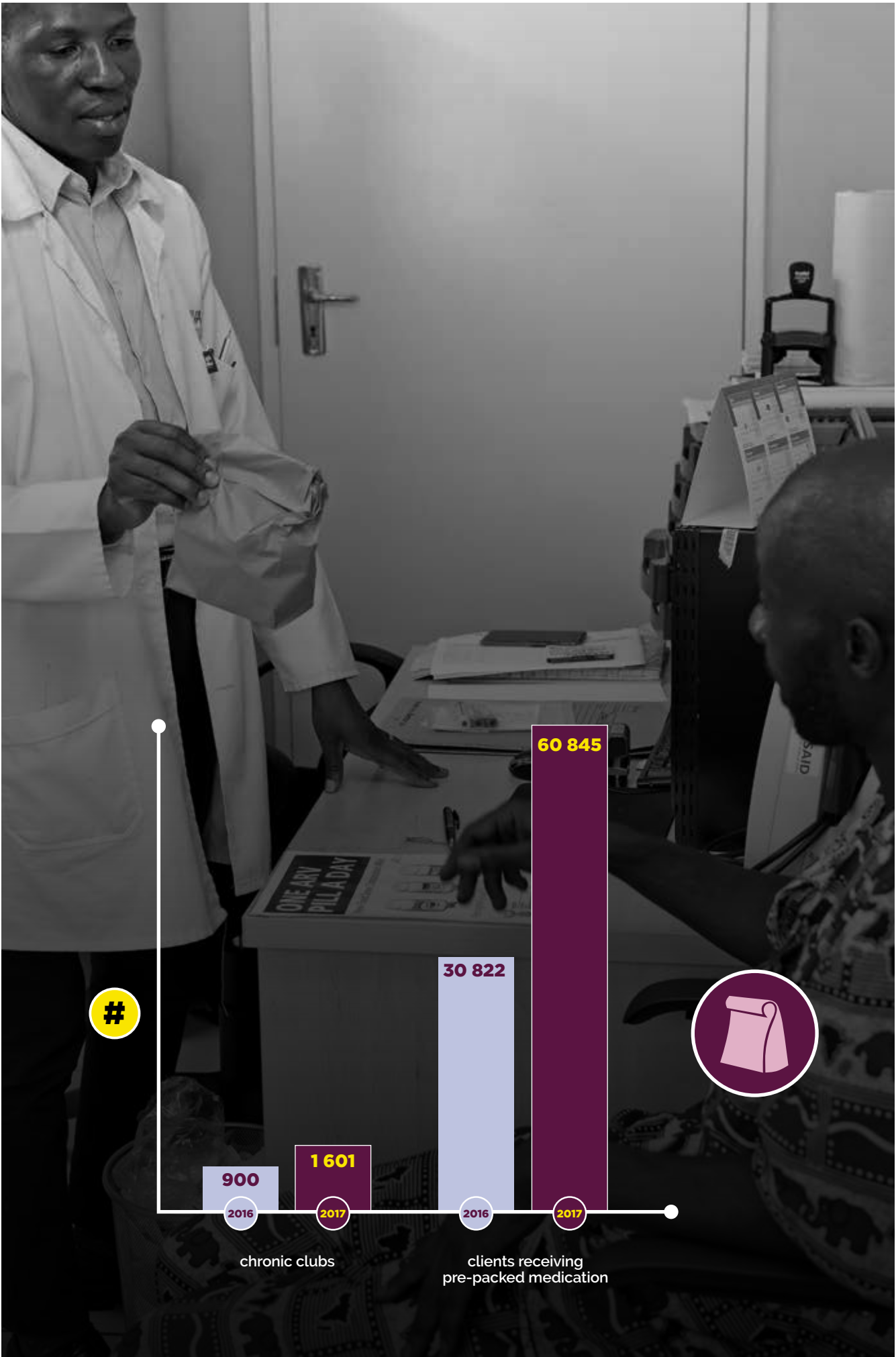
We trained and mentored 221 nurses in Nurse-Initiated Management of ART. This training helped patients access HIV treatment at more facilities and freed up doctors to attend to complicated and urgent cases.

Over 80 000 pregnant women came through the elimination of mother-to-child transmission (eMTCT) programme we supported, achieving below 2% perinatal transmission at six weeks.

Over 1 600 chronic clubs serviced 60 845 clients, providing pre-packed medication every two months (an increase from 30 822 the previous year), with 8 768 collecting their packs from private pharmacies such as Clicks, Dischem and MediRite.

A chronic club is a group of no more than 30 people, who are considered stable and doing well on long-term medication. They meet to support one another and to collect pre-packed medication at a convenient location. This reduces long queues, time spent in the clinics and absenteeism at work.

96% of clients on tuberculosis (TB) treatment know their HIV status, and 85% of co-infected HIV/TB clients are on ART.



Key Populations comprise people most vulnerable to HIV infection. These include men who have sex with men, people who inject drugs, transgender people and sex workers

Expanded Key Population activities

Services for Key Populations are a critical component of the HIV response for epidemic control. Key Populations comprise people most vulnerable to HIV infection. These include men who have sex with men (MSM), people who inject drugs, transgender people and sex workers.

Anova continued to lead in this area. Building clinical expertise and capacity, developing training manuals, actively engaging within the community through our dedicated outreach support and direct service delivery, we managed to reach more vulnerable people.

Our Health4Men Initiative for MSM expanded its national footprint and now supports 411 clinics nationally – up from 211 in 2016.

We also expanded our Yellow Dot Doctor campaign, which trains private doctors to better understand the needs of MSM, to include doctors in Pretoria, West Rand and Ekurhuleni.

Our Health4Trans programme worked with many transgender community groups based in various provinces, from rural and urban areas to develop a comprehensive health training manual for primary care health workers. This manual is the first of its kind in South Africa.


In partnership with the City of Johannesburg Health Department, Anova launched JabSmart - our cutting-edge new harm reduction project for people who inject drugs (PWID). Operational since June, the team has already tested 499 PWID for HIV, with 242 testing positive.

New platform for young men


With support from the Elton John AIDS Foundation and ViiV Healthcare, we extended our work to reach out to young gay, bisexual and other men who have sex with men (YMSM).


Our Young Heroes campaign provides information and resources that support young men who may be questioning their sexual and gender identity and helps them make informed decisions about their sexual health.

Young Heroes is a unique, innovative and multidimensional campaign with a psycho-social focus that incorporates social media, a series of videos, articles and content created by YMSM themselves.

youngheroes.co.za

[YoungHeroes](#)

[YoungHeroesSA](#)

[@YoungHeroesSA](#)

[YoungHeroesZA](#)

In reviewing our material issues, we considered Anova's values, strategies, goals and targets

Material issues

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

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

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

In reviewing our material issues, we considered:

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

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



Chairman's report

On behalf of the Board and Anova staff, it gives me great pleasure to share our achievements, which have been lauded by the funders, strategic partners and communities we serve.

During this reporting period, Anova strengthened services for priority populations, such as children and adolescents; expanded sensitised and clinically competent services for Key Populations; introduced innovative solutions to address challenges in HIV programmes; and shared our expertise beyond South Africa's border, thereby leveraging our experience and technical knowledge to support services in other countries.

As research underpins our programme implementation and innovative solutions, Anova pursued opportunities for funding for clinical research in HIV and TB, health systems research, and HIV surveillance in Key Populations. We also monitored funding opportunities and responded to calls for proposals that align with our strategy.

These achievements provide the basis for future support of Anova's programmes during the next funding phase.

The Board and Board Committees continue to provide the strategic direction to Anova thereby ensuring that good governance is enhanced and resources are effectively and efficiently allocated to achieve the key strategic objectives.

The Board is grateful for the dedication and commitment of the staff of Anova under the able leadership of the CEO and his management team. We are inspired by your love for our community which is aptly captured in the words of the Dalai Lama that "with a pure heart you can carry on any work and your profession becomes a real instrument to help the human community."



Message from the CEO

2017 marked a turning point in South Africa's response to the HIV epidemic, with over half of the 7 million people living with HIV now receiving antiretroviral treatment. While this is welcome progress, we are still a long way from reaching the global 90-90-90 targets.

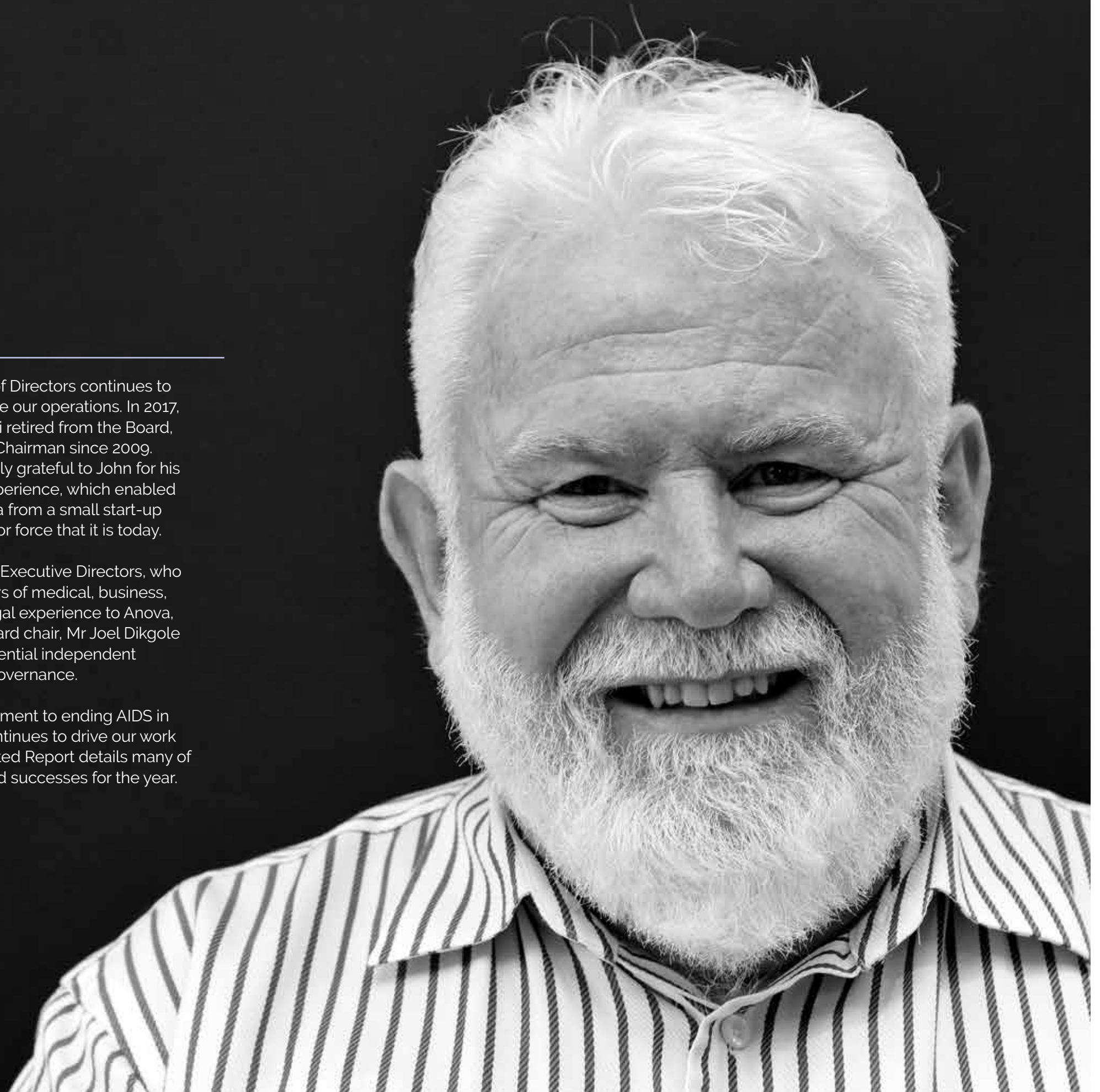
Anova continues to partner with government health services and communities to reach these targets – with over 750 000 people tested for HIV in supported facilities and over 60 000 people starting antiretroviral treatment in the last year. All of this is made possible by the continued support from our funders, and by the dedication and hard work of our teams across the country.

In 2017, Anova employed 849 people: 56% were women and close to 90% were Black, contributing to skills development and Broad-Based Black Empowerment in South Africa.

Anova's Board of Directors continues to guide and advise our operations. In 2017, Mr John Moalusi retired from the Board, after being our Chairman since 2009. We are extremely grateful to John for his wisdom and experience, which enabled us to take Anova from a small start-up NGO to the major force that it is today.

Four other Non-Executive Directors, who bring many years of medical, business, financial and legal experience to Anova, join the new Board chair, Mr Joel Dikgole in providing essential independent oversight and governance.

Anova's commitment to ending AIDS in South Africa continues to drive our work and this Integrated Report details many of the activities and successes for the year.



Services for children
and adolescents
were strengthened

2017 Strategic areas

In 2017, Anova remained focused on six priority strategic areas:

Impacting on healthcare

Anova prioritises direct service delivery and technical support in public health facilities in order to increase the number of people who know their HIV status, access treatment and remain virally suppressed. Services for priority populations, such as children and adolescents, were strengthened in 2017. Sensitised and clinically competent services for Key Populations were significantly expanded.

Innovative programmes

Anova continues to design innovative solutions to address challenges in HIV programmes.

Beyond South Africa

We share our expertise beyond South Africa's borders, leveraging our experience and technical knowledge to support services in other countries.

Research and surveillance

Research underpins our programme implementation and innovative solutions. Anova pursues funding opportunities for clinical research in HIV and TB, health systems research, and HIV surveillance in Key Populations.

Knowledge dissemination

Anova disseminates knowledge through seminars, continuing education, publications and by supporting media in HIV-related reporting.

Sustainable funding

Anova monitors funding opportunities and responds to calls for proposals that align with our strategy.



Anova continues to design innovative solutions to address challenges in HIV programmes

2017/2018 Strategy

Anova's focus in 2017 and 2018 will be to continue to support the United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 goals for 2020, which provide an ambitious HIV treatment target to help end the AIDS epidemic.

The South African government has adopted the 90-90-90 goals and added similar aspirational goals for tuberculosis (TB) control: 90% of vulnerable groups screened, 90% diagnosed and started on treatment, and 90% treatment success.

Anova's strategy is in line with the "Focusing for Impact" goals of our major funder, PEPFAR. Focusing resources in high-burden areas is an effective and impactful strategy to reach most people living with or at risk of HIV infection. We work fastidiously towards an AIDS-free generation.

Our 2017/2018 strategic areas are:

Impacting on healthcare

Anova will expand our direct service delivery activities and technical support in public health facilities to increase the number of people who know their HIV status, access treatment and remain virally suppressed. Our Key Populations programming will continue

to provide services for men who have sex with men and people who use drugs.

Beyond South Africa

In 2017/2018, Anova will share expertise beyond South Africa's borders, leveraging our cultivated experience and technical knowledge to support services in other countries in need.

Research

High quality research underpins programme implementation. Anova will pursue research opportunities including clinical research in HIV and TB, health systems, and HIV surveillance in Key Populations.

Knowledge dissemination

Anova will disseminate its knowledge through symposia and continuing education, publications and supporting media in HIV-related reporting.

Sustainable funding

Anova will monitor funding opportunities and respond to calls for proposals that align with our strategy. As two of Anova's largest grants end in 2018, pursuing new funding opportunities will be a major focus for the year.



Anova provides specialist advice to Provincial Department of Health teams to strengthen leadership

What we do

Health systems strengthening

We provided health systems strengthening support in three districts: City of Johannesburg (sub-Districts C, D, E and G) (Gauteng), Mopani (Limpopo) and Cape Winelands (Western Cape).

Our teams in these areas work at all levels of the health system:

- **Provincial:** Anova provided specialist advice to Provincial Department of Health teams to strengthen leadership and management structures on policy implementation fitting in with the local context.
- **District and sub-District:** Anova district teams liaised and worked closely with District and sub-District Health Management teams to identify and address any systematic barriers to programme implementation across the six building blocks of a functional health system. Anova provided technical advice and secondment of staff (where required) to strengthen supply chain systems thereby ensuring the uninterrupted supply of essential medicines, and capacity building on data utilisation to inform programme planning and resource allocation. Anova was at the forefront of supporting the District Health Plans and

District Implementation Plans during all phases; planning, execution and review.

- **Health facility:** Anova's multidisciplinary teams (doctors, nurses, pharmacy professionals, etc.) provided training and mentorship to various cadres of health facility staff to implement national policies, facilitate HIV/TB treatment, and improve the quality of care provided to people living with HIV (PLHIV). Where human resource gaps were identified as a barrier to service provision, Anova provided additional human resources in some areas, including nurses, pharmacist assistants, data capturers and HIV testing counsellors.
- **Community:** Anova worked with community organisations and other structures to provide targeted HIV and related services in communities. This included community mobilisation for HIV testing and ART initiation, HIV testing, TB and STI screening, linkage to care for clients testing positive for HIV, adherence counselling, and support for PLHIV not yet on ART. Anova has also worked with District Health Management Teams to identify and accredit community sites in order to expand out of clinic collection of pre-packed medication for eligible clients.



Our WeTheBrave.co.za lifestyle communication campaign is now in its third year and having great impact in the community with over 12 414 fans engaging with us on Facebook

Key Populations

Our Health4Men Initiative addresses the sexual health needs of gay, bisexual and other men who have sex with men (MSM). Since 2008, Health4Men has been at the forefront of promoting health services in both public and private sectors, and providing information for MSM.

With funding from PEPFAR/USAID and the Global Fund to Fight AIDS, Tuberculosis and Malaria, we have trained thousands of health workers in the public sector nationally to provide prejudice-free competent sexual health services to MSM, including HIV-related services. We also ensure that MSM can find their nearest competent clinic via the website (health4men.co.za). Our skilled teams have enabled over 400 clinics across South Africa to have MSM competent sexual health services.

Our Yellow Dot Doctor campaign targeting private doctors is in its second year and growing. Doctors are trained on the needs

of MSM using a novel academic detailing approach. The campaign also encourages doctors to link PLHIV who can't afford to continue in private care to our supported public clinics to get treatment.

Our Academic Detailers have reached 100 private practices to direct their patients to 21 public clinics in regions C, D, E and G in Gauteng. We also expanded the programme reach to include doctors in Pretoria, West Rand and Ekurhuleni. Funding for this campaign was through MAC AIDS Fund.

Our WeTheBrave.co.za lifestyle communication campaign, funded by the Elton John AIDS Foundation, is now in its third year serving the community with over 12 414 fans engaging with us on Facebook. This equated to over 2 million impressions, 18 648 engagements and over 15 000 click-throughs to various pieces of content. The most popular piece of content our audience engaged in was "All you need to know about PrEP" – read 3 635 times.



Anova participated in many workshops, seminars and other knowledge dissemination meetings during the year, sharing knowledge and skills with relevant stakeholders

Research

Anova is proud of our thought-provoking and ground-breaking research, including clinical research in HIV and TB, health systems, laboratory, behavioural and public health research.

Surveillance

Anova, in collaboration with the University of California, San Francisco, conducted Key Populations bio-behavioural surveillance surveys. We actively participated in implementing the studies, data analysis and dissemination for the MSM surveillance work in Cape Town, Mahikeng, Polokwane, Bloemfontein, Johannesburg and Port Elizabeth. In 2017, the surveillance data were used in the creation of national treatment

and prevention cascades for MSM. A summary report of this accomplished work will be produced and disseminated to the stakeholders in 2018. The surveillance surveys will enable many stakeholders to understand the situation and extent of the HIV epidemic amongst MSM in South Africa.

Dissemination

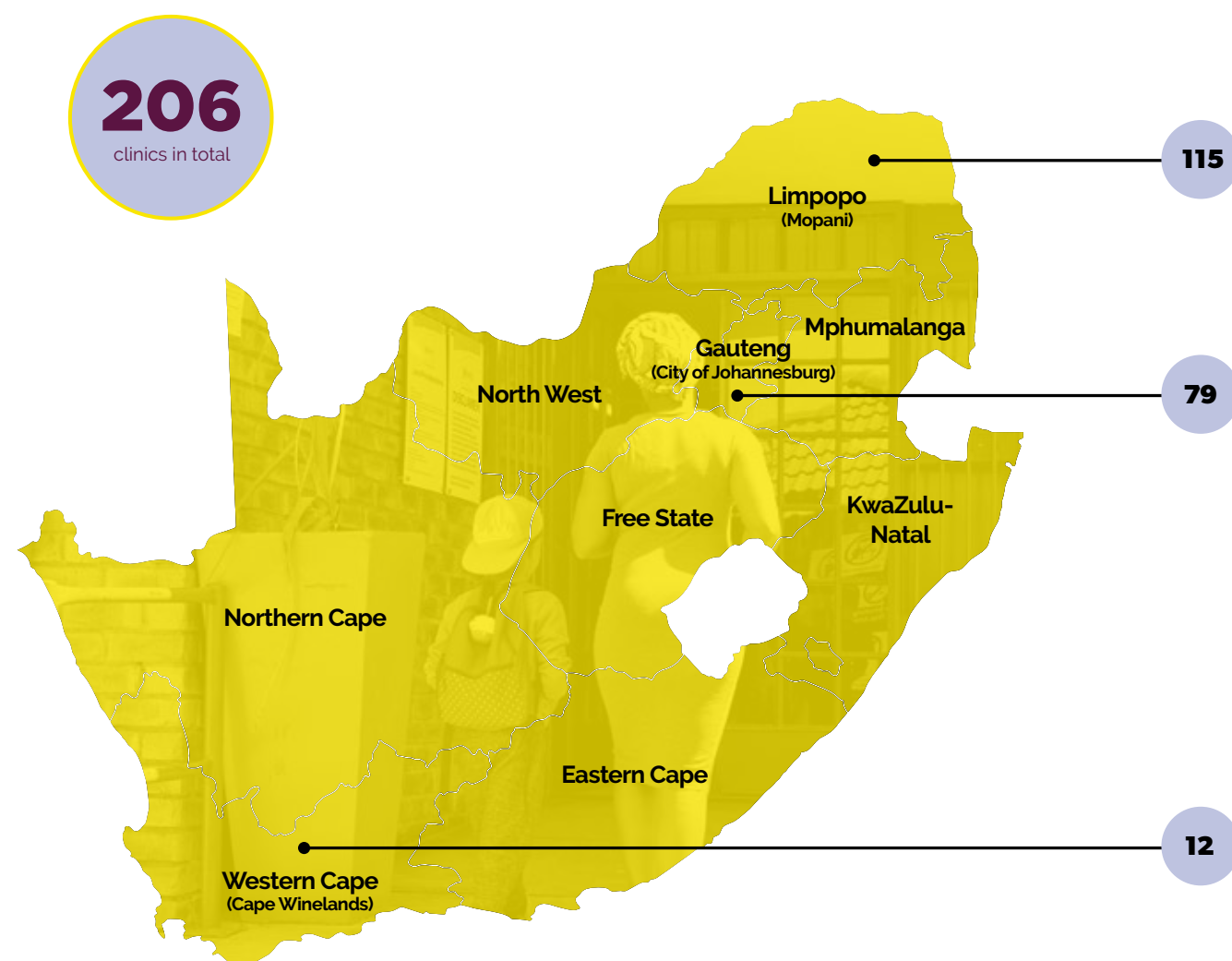
Our staff have presented research findings at high-level conferences and produced 17 accredited academic papers (for more details see page 72). Anova participated in many workshops, seminars and other knowledge dissemination meetings during the year, sharing knowledge and skills with relevant stakeholders. We also supported the Department of Health with several health-related seminars.



We tested over 750 000 people for HIV in the 3 provinces we support in health systems strengthening

2017 Statistics

Health systems strengthening



HIV testing

Total people tested

759 130

Total people tested HIV-positive

65 128



Limpopo (Mopani)

HIV tests
HIV-positive

325 942
13 395



Gauteng (City of Johannesburg)

HIV tests
HIV-positive

376 569
48 017



Western Cape (Cape Winelands)

HIV tests
HIV-positive

56 619
3 716

HIV treatment

Total people new on ART

63 400

Total people on treatment

309 481



Limpopo (Mopani)

New on treatment
Total on treatment

16 260
86 095



Gauteng (City of Johannesburg)

New on treatment
Total on treatment

44 423
208 735



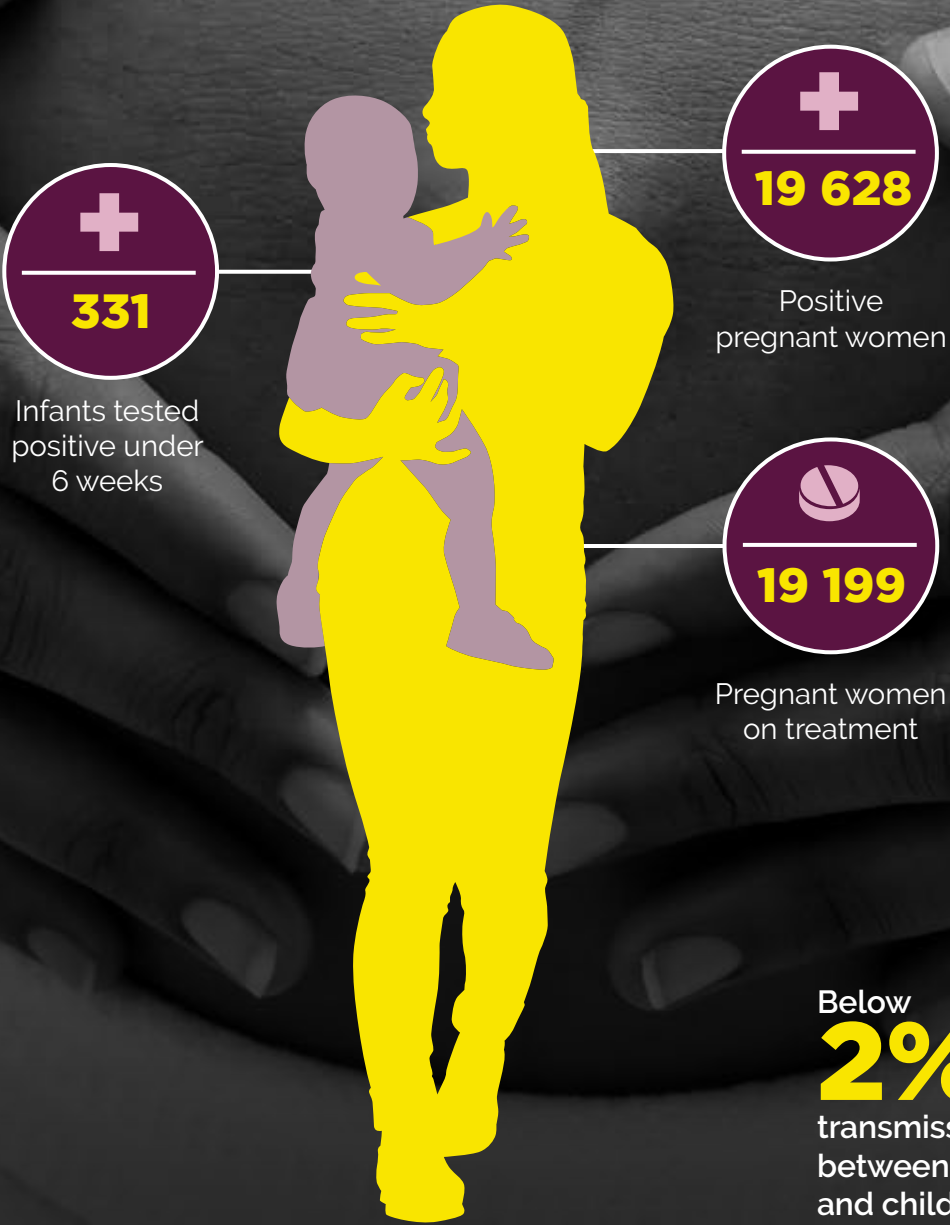
Western Cape (Cape Winelands)

New on treatment
Total on treatment

2 717
14 651

Elimination of
mother-to-child transmission
(eMTCT)

Over
83 000
pregnant women came
through the eMTCT
programme we support



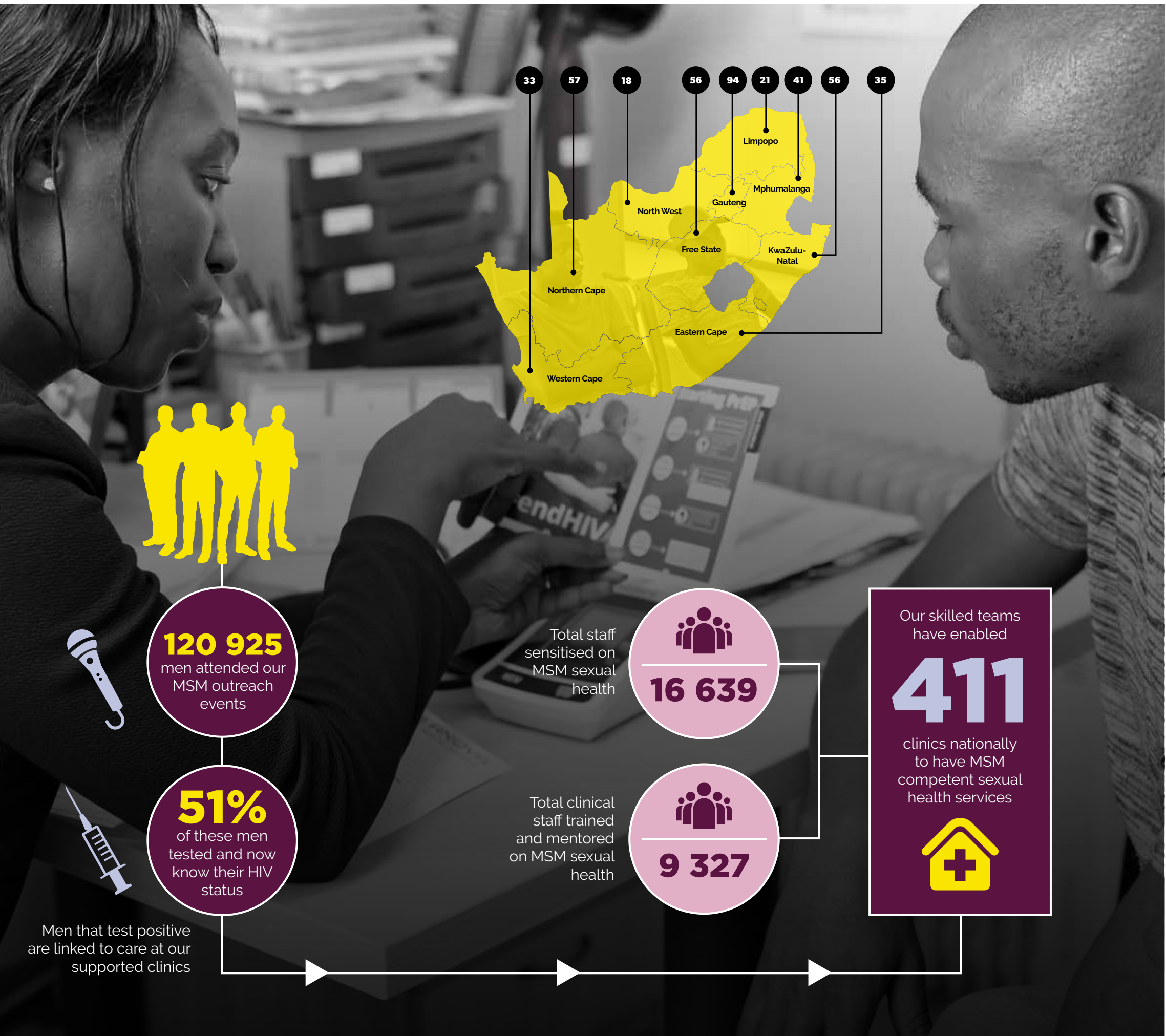
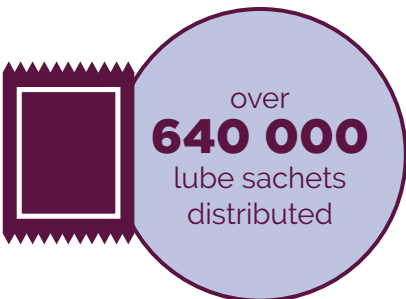
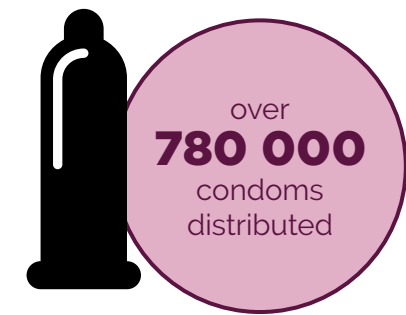
We are committed to eliminating
mother-to-child transmission of HIV
and helping mothers and babies stay
alive and well

*In the 206 health facilities
we support in Gauteng,
Limpopo and Western
Cape, over 83 000 pregnant
women came through the
eMTCT programme*

Health4Men

Health4Men links men who have sex with men (MSM) to sexual health and HIV services and information.

We provided training to staff in over 400 clinics nationally to ensure all these facilities offer competent MSM services.



Engaging with stakeholders improves our decision making and relationships

Engagement with stakeholders

Stakeholder engagement is a critical component of our work, enabling us to reach our targets and together finding sustainable solutions to public healthcare needs.

Stakeholder engagement is essential for the initiation and successful implementation of all our programmes, projects and campaigns. We acknowledge that improving quality of life is a collective action and recognise that

healthcare systems are complex, dynamic and operate in a multi-cultural environment.

The contributions of all stakeholders in the implementation of health programmes are crucial for effective implementation of the National Health priorities. Engaging with stakeholders improves our decision-making and relationships. It helps us to achieve our goals and to create transformational change.



Beneficiaries

Stakeholder priorities

- Improved access to quality and comprehensive health services
- Access to information

Engagement process

- Staff interactions at facilities and within the community events
- Information sharing via our social media platforms, pamphlets and brochures

Government partners (DoH)

Stakeholder priorities

- Enabling environment for policy implementation
- Skilled health workforce

Engagement process

- Technical assistance at facility level
- Supporting site visits
- Joint health planning on district level

NGO partners

Stakeholder priorities

- Alignment of activities to avoid duplication
- Scaling up of innovative projects

Engagement process

- Regular partner meetings
- Sharing best practice through seminars and workshops

Employees

Stakeholder priorities

- Job security
- Working conditions and environment
- Developing staff

Engagement process

- Regular communication with staff via digital media
- Quarterly newsletter
- Identifying and promoting training opportunities for staff

Anova Board

Stakeholder priorities

- Strategy
- Performance
- Finance

Engagement process

- Extensive updates at Board and sub-committee meetings
- Detailed discussions with senior management

Funders

Stakeholder priorities

- Project relevance and delivery
- Exemplary financial compliance

Engagement process

- Regular progress meetings
- Detailed site visits to projects and the areas we work in
- Comprehensive financial reporting

Anova's marketing team highlights the innovative work we do and creates awareness

Marketing

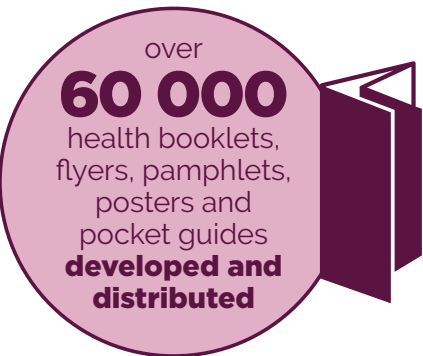
Anova has a dedicated and highly-skilled marketing team supporting our programmes, projects and campaigns. The team strategically manages the website, social media platforms and content, provides digital solutions and embraces new technologies to improve our existing channels of communication, both to meet the demands of our growing audiences and to keep up with ever-changing global trends.

Marketing and communications is an integral part of Anova, constantly evolving and innovating. Our work is communicated through digital channels, marketing material, multimedia resources, campaigns and communication collateral – in line with our corporate identity and branding.

Anova liaises with external media and public relations, to highlight our innovative work to improve healthcare.

All promotional equipment, training and IEC materials for our campaigns, programmes and projects, are developed by Marketing. The logistics department disseminates all our material nationally from our head office in Johannesburg. Our field teams are in constant communication to ensure the relevant material is available when needed.

Anova's prolific public-facing content promotes good sexual health and creates increasing awareness of various referral pathways that encourage behaviour conducive to positive sexual health.



Anova has a unitary Board structure with a majority of Non-Executive Directors

Our governance

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

Our structures have been reviewed to ensure that they comply with the Companies Act No. 71 of 2008, as amended (the "Companies Act").

Board governance structure

Governance structure

The Board is responsible for the strategic direction of Anova, and for ensuring responsible, ethical and sustainable corporate governance. The responsibilities of the Board and senior management

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

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

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

The Board

Anova has a unitary Board structure with a majority of Non-Executive Directors. The Board has an Independent Chairperson, three Independent Non-Executive Directors, one Non-Executive Director, and three Executive Directors. The Board activities are defined and governed by a Board Charter. The Charter regulates and details Board composition and procedures, the roles and responsibilities of the Board, the delegation of matters by the Board to its Committees, the separate responsibilities of the Board and management as well as the Board performance appraisal. The Charter is reviewed annually.

The Board

Mr Joel Dikgole – Chairperson

Joel Dikgole (MBA, BCompt, MAP) is the Managing Director at JTD Consulting PTY. Previously, Joel was at the helm of the Wholesale and Retail Sector Education and Training Authority (W&RSETA) as Chief Executive Officer and led SETA through challenges and remarkable successes during his 13-year tenure. Joel has great experience, intimate knowledge and a passion for skills development in the education and training sector. He is also a Council Member of the University of Johannesburg and currently serves on the Finance Board of the Diocese of Johannesburg (Anglican) as the Deputy Bursar – a position he has occupied for more than 15 years.



Prof James McIntyre – Chief Executive Officer

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



Dr Helen Struthers – Chief Operating Officer

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



Mrs Susan Kekana – Executive Director

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



Mr Nico Theron – Independent Non-Executive Director

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



Dr Moretlo Molefi – Independent Non-Executive Director

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



Mr Marthinus Venter – Non-Executive Director

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



Mrs René Kenosi – Independent Non-Executive Director

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



The Directors

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

Independent Non-Executive Directors

Mr John Moalusi (Chairperson) (resigned)
Mr Joel Dikgole (Chairperson)
Mr David Douglas (resigned)
Mr Nico Theron
Dr Moretlo Molefi
Mrs Rene Kenosi

Non-Executive Director

Mr Marthinus Venter

Executive Directors

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

Independent Non-Executive Directors are appointed for a term of three years and may avail themselves for re-election for one additional three-year term, in accordance with the Anova Board Charter. The Independent Non-Executive Directors bring a diverse range of skills and expertise to the Board. These include financial, human relations, legal, public service and health

service experience. Independent Non-Executive Directors receive fees for services on the Board and Board Committees, which are set via a Board Resolution annually, and are benchmarked with similar non-governmental 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.

The Chairperson and CEO ensure that an appropriate induction programme is in place for new Directors and ensure the on-going understanding of the existing Directors.

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



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

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

The Board reviews Board and Committee succession on an annual basis.

The Board has determined that formal Board and Committee evaluations will be carried out every two years; the next evaluations will be in 2018. In the

intervening years when a formal review is not carried out, each Committee reviews their activities against the approved Terms of Reference and reports back to the Board on these matters.

The formal evaluations of the Board include evaluations of Director and Chairperson's performance as well as the attendance at Board meetings.

Board Committees

As mandated by the Board Charter, three Board Committees assist the Board in fulfilling its objectives, although the Board remains ultimately responsible for any function it has delegated to a sub-Committee. The role and responsibilities of each Committee are set out in the Terms of Reference, which are reviewed on an annual basis and approved by the Board, ensuring that the Board is satisfied that they have carried out their 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 remains the responsibility of the Executive Directors, officers and other members of senior management. The Committee Terms of Reference allows the Committee to investigate any activity of the Company and permit seeking information or advice from any employee or external consultant. The membership of the Committee is comprised of three Independent Non-Executive Directors and one Non-Executive Director. In addition, the CEO, COO and Executive Finance Manager are also permanent invitees to the meetings of the Committee.

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

In addition, the Committee reviews the annual audit reports and recommends acceptance of these reports to the Board. Key risk metrics and measures have been developed with risk indicators clearly defined. 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 it relates to financial reporting; and IT risks as these relate to financial reporting.

Remuneration Committee

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

The Remuneration Policy aims to ensure that the Company employs and retains the best human capital possible relevant to its business needs and maximises the potential of its employees.

The composition of the Committee is in line with the King III recommendation whereby the majority of the members are Independent



Non-Executive Directors. The CEO, COO and the HR Executive Manager are invited to attend all meetings except when their own remuneration is under consideration.

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

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

Social and Ethics Committee

The purpose of the Social and Ethics Committee is to assist the Board in ensuring that Anova complies with the relevant statutory requirements

of the Companies Act, as well as best practice recommendations in respect of social and ethical management. The Committee monitors Anova's activities, having regard to any relevant legislation, other legal requirements or prevailing codes of best practice, relating to social and economic development, good corporate citizenship, the environment, sustainability, labour and employment and company ethics.

The Committee comprises three Independent Non-Executive Directors, three Executive Directors, the Executive Programme manager and the Executive HR manager.

Code of ethics

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

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

Board Meetings attended in 2016/2017

Members	Attendance			
	10 November	02 February	30 March	03 August
Independent Non-Executive Directors				
John Moalusi (Chair)	✓	✓	✓	
David Douglas	✓			
Nico Theron	✓	✓	✓	✓
Joel Dikgole	✓	✓	✓	✓
Moretlo Molefi	✓	✓	✓	✓
Non-Executive Director				
Marthinus Venter	✓	✓	✓	*
Executive Directors				
James McIntyre (CEO)	✓	✓	✓	✓
Helen Struthers (COO)	✓	✓	✓	✓
Susan Kekana	✓	✓	✓	✓

* Absent with apologies

Board Committee Membership

Directors	Audit & Risk Committee		Remuneration Committee	Social & Ethics Committee
	Audit	Risk		
Independent Non-Executive Directors				
John Moalusi *		Attendee	Member	Member
David Douglas *	Chair	Chair		
Nico Theron	Member	Member	Chair	Member
Joel Dikgole			Member	Member
Moretlo Molefi	Member	Member	Member	Chair
Rene Kenosi				
Non-Executive Director				
Marthinus Venter	Chair	Chair		
Executive Directors				
James McIntyre	Attendee		Attendee	Member
Helen Struthers	Attendee	Member	Attendee	Member
Susan Kekana				Member
Prescribed Officers				
HR Manager			Attendee	Member
Chief Financial Officer	Attendee	Attendee		
Grants & Operations Manager	Attendee	Attendee		
Programme Manager				Member

* Resigned

Directors attendance at Board Committees

Remuneration Committee

Directors	Meetings	
	16 March	24 August
Nico Theron (Chair)	✓	✓
John Moalusi	✓	
Moretlo Molefi	✓	✓
Joel Dikgole		✓
James McIntyre (attendee)	✓	✓
Helen Struthers (attendee)	✓	✓

Audit & Risk Committee

Directors	Meetings		
	16 March	30 March	24 August
Marthinus Venter (Chair)	✓	✓	✓
Nico Theron	✓	✓	✓
Joel Dikgole	✓	✓	
Moretlo Molefi			✓
John Moalusi (Risk only)	*	✓	
Helen Struthers (Risk only)	✓	✓	✓
James McIntyre (attendee)	✓	✓	✓

Social & Ethics Committee

Directors	Meeting
	10 August
Moretlo Molefi (Chair)	✓
Nico Theron	✓
Joel Dikgole	✓
Helen Struthers	✓
James McIntyre	✓
Susan Kekana	✓

* Absent with apologies

Our programmes are developed in response to the needs of our stakeholders

Impact

Our impact is achieved through our programmes as determined by our strategic areas. Our programmes are developed in response to the needs of our stakeholders and informed by our principles and values.

Impacting on healthcare

Anova prioritises direct service delivery and technical support in public health facilities in order to increase the number of people who know their HIV status, access treatment and remain virally suppressed. Services for priority populations, such as children and adolescents, were strengthened in 2017. Sensitised and clinically competent services for Key Populations were expanded.

Empowering health systems

Anova is a trusted Department of Health (DoH) partner, consistently strengthening health systems through direct service delivery (staff secondment), technical assistance (mentoring and skills transfer), improved record keeping and monitoring, management training and improved client flow for long term sustainability.

We continue to make progress towards achieving the 90-90-90 targets in our

supported districts Gauteng, Limpopo and the Western Cape. To focus for impact, our activities are data driven and concentrated in high disease-burden areas.

Of the 5.3 million people living in these districts, 750 000 tested for HIV during this reporting period. Of these, around 65 000 tested HIV-positive and over 63 000 people were started on ART. In total, more than 300 000 people are on ART.

In the City of Johannesburg (regions C, D, E and G) facilities, Anova allocated 46 HIV counsellors and linkage officers to provide HIV testing services and facilitate ART initiation for people living with HIV. These staff are a bridge within the system addressing the challenge that people find it difficult to navigate their way to treatment. Through this initiative, linkage from HIV testing to ART initiation improved from 61% to 92% during this reporting period.

Anova also allocated professional nurses to facilities to increase capacity of HIV care and treatment. Of the 48 017 clients initiated on ART in our supported clinics in Johannesburg, 37% were initiated by our nurses. This was 10 665 more initiations than last year.



Monitoring of individuals on ART is very important to ensure treatment efficacy and improved health outcomes. We employed 25 enrolled nurses to provide phlebotomy services in high volume sites in Johannesburg to improve viral load monitoring. Through this intervention, the viral load completion rate increased from 67% to 72% in this reporting period.

A viral load test measures the number of HIV viral particles per millilitre of blood. A low viral load indicates that treatment is effective. A high viral load in a person on treatment indicates either that the medication is not being taken properly or that the virus is becoming resistant to the medication. The goal of antiretroviral therapy is viral suppression - a viral load that is so low that it cannot be detected by viral load tests.

Data collection and quality were significantly improved by our 50 data capturers working across facilities. This direct support has been instrumental in increasing data availability and usage for planning.

Our work in Key Populations has also grown, specifically through our Health4Men Initiative in enabling clinics to provide competent sexual health services for men who have sex with men. From 260 clinics with competent services in 2016, 411 clinics are now fully trained.

Determined
Resilient
Empowered
AIDS-free
Mentored
Safe

Making DREAMS a reality

Adolescent girls and young women remain the most vulnerable group to new HIV infections, unplanned pregnancy and sexual violence. In sub-Saharan Africa, girls and young women account for 74% of new infections among adolescents. To address this challenge, the DREAMS programme was born - an inspiring and ground-breaking initiative created with support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the Bill & Melinda Gates Foundation, Girl Effect, Johnson & Johnson, Gilead Sciences and ViiV Healthcare. Anova is one of the implementing partners of the global DREAMS programme, assisting girls and young women to become Determined; Resilient; Empowered; AIDS-free; Mentored and Safe.

The programme focuses on preventing HIV infections and pregnancy, as well as post-violence care. Our activities centre around HIV testing services and safe spaces for young girls to have their sexual health needs addressed. Working solely in Gauteng, Anova's DREAMS mobile health unit team tested 16 755 young girls, of whom 1 841 tested positive.



Our teams provided HIV testing and sexual reproductive healthcare services to learners at Technical and Vocational Education and Training colleges in Soweto and Alexandra. Unlike Universities, these colleges do not have onsite Campus Health services. By visiting the colleges twice a month, we have addressed this gap, ensuring learners have convenient access to sexual and reproductive healthcare.

We trained professional and enrolled nurses in family and fertility planning including long-term contraception. As part of ensuring the facilities are adolescent- and youth-friendly staff are now able to deliver fast non-judgemental consultations.



*PrEP prevents HIV infection
up to 99% when used
consistently*

PrEP prevents infection

Pre-exposure prophylaxis (PrEP) is a key intervention in the HIV prevention toolkit for men who have sex with men (MSM).

PrEP is treatment that involves the daily use of a single tablet containing two antiretroviral medications to reduce the risk of HIV infection in people who are HIV-negative and may be exposed to the virus.

PrEP, which prevents HIV infection up to 99% when used consistently, has been licensed in multiple countries, with South Africa and Kenya leading the field in Africa.

Evidence from a range of international clinical trials shows that PrEP is safe and effective and does not predispose users to get other sexually transmitted infections.

With the support of the Elton John AIDS Foundation, Anova started a PrEP demonstration project at two of our sites in Cape Town and Johannesburg in September 2015.

Over 300 MSM were initiated on PrEP and retained in follow up. The project demonstrated the feasibility of trained nurses providing PrEP to MSM at a primary care site. Anova was selected as a prime partner of the National Department of Health to progressively scale-up PrEP roll-out for MSM.



The centre is a male-friendly space, and also offers sexual health services for youth to guide them on their reproductive and sexual health choices

Community Centre reaches more people

Funded by Orange Babies Netherlands, our Family Free project in collaboration with the Limpopo Department of Health, opened its first community centre in Tzaneen in August 2017. In the first two weeks of opening, 336 people made use of the facilities.

The centre is open from Monday to Saturday and after hours, offering HIV testing services, TB and STI screenings, health awareness and dialogues. Three lay counsellors and a site supervisor are on hand to assist clients with their health needs. All clients that test positive for HIV are linked to care. The centre is a male-friendly space, and also offers sexual health services for youth to guide them on their reproductive and sexual health choices.



Innovative programmes

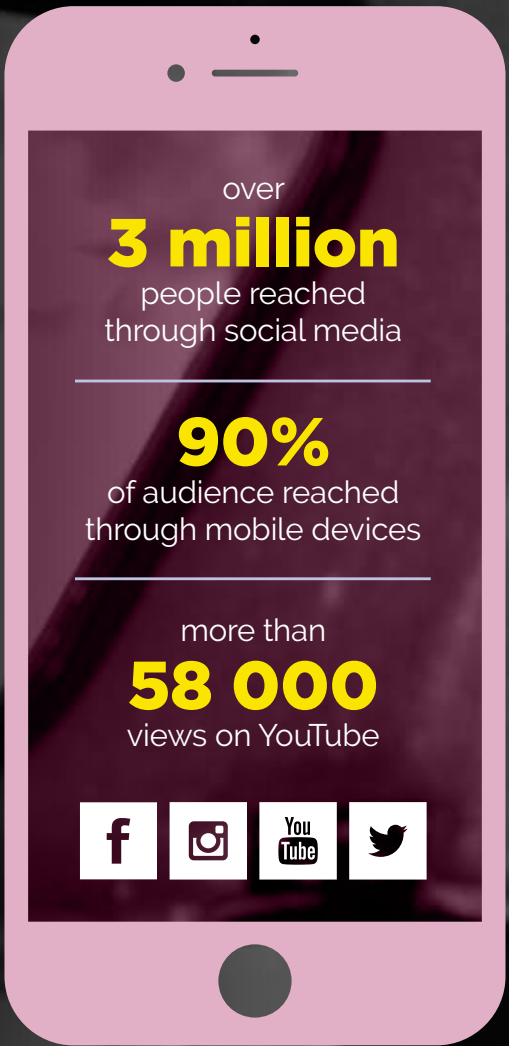
Anova continues to find innovative solutions to increase access to care.

Young Heroes are given a platform to be themselves

Following on the success of our WeTheBrave campaign, with support from the Elton John AIDS Foundation and ViiV Healthcare, we extended our work to reach out to young gay, bisexual and other men who have sex with men.

Offering easily accessible and understandable information about sexuality, gender, relationships and much more, Young Heroes provides a safe space for young men who may be struggling with their identity, to find out more and reach out for help if needed.

Young Heroes is a unique, innovative and multi-dimensional campaign with a strong psychosocial focus. The website (youngheroes.co.za) features a series of videos, articles and thought-provoking content, created by young men.



Incorporating popular social media, Young Heroes fills a much-needed gap for the curious, confused, or completely out-there community, with a following that grows daily.

Our social media impact was huge, reaching over 3 million people and over 87 000 engagements. 90% of the audience accessed our content through mobile devices, and 36 000 people clicked through to our social media pages. Our YouTube videos collected more than 58 000 views.

Successful intervention in identifying HIV-positive men

Our Score4Life project, supported by the Johannesburg Health District, has proven to be a successful intervention in identifying HIV-positive men. Using an agile series of pop-up clinics in busy urban spaces, this provided a convenient opportunity for men to quickly test for HIV.

During this reporting period, 18 051 men tested for HIV at three Score4Life pop-up clinics at malls in Alexandra, Roodepoort and Soweto, with 1 039 men testing positive for HIV.

The site provided services beyond traditional clinic operating hours - opening 07H00-18H00 on weekdays and until 14H00 on Saturdays and public holidays. Men accessing services at these sites have reported being attracted to the sites because of the short waiting period, male-focused services, and engagement with peer educators.



Anova allocated professional nurses to the Alexandra and Soweto sites to provide on-site same day ART initiation and follow-up care to clients, with a 50-60% linkage to care for men diagnosed at these sites. The Anova team engaged with clients not immediately linked to care, providing additional counselling and support to encourage early ART initiation.

Score4Life is funded by the US President's Emergency Fund for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID) and the DREAMS Programme.



New harm reduction project makes an impact

Our cutting-edge new harm reduction project, Jab Smart, helps people who inject drugs (PWID) and their partners. JabSmart is a partnership with the City of Johannesburg Health Department. It is a comprehensive HIV prevention, care and treatment programme for PWID and their partners who experience many barriers to accessing care.

Launched in June 2017, the project includes a mobile health unit and peer outreach team that visits drug hotspots in sub-District F in the City of Johannesburg, offering drug harm reduction packs (clean needles, sterile water), HIV testing, TB and STI screenings and counselling, and general health checks. The mobile team consists of a professional nurse, an HIV testing services counsellor and a driver who work closely with a peer outreach team.

PWID who test positive are transported to the clinic with a peer educator. The team tested 499 PWID, with 242 testing positive for HIV during the year.



Taking HIV testing to Church

HIV testing and antiretroviral treatment is significantly lower among men than in women in South Africa. Reasons include lack of time due to work commitments and fear of stigma.

An insightful new project 'Faith' is taking HIV testing services to another level. The project, funded by Aids Fonds, is a partnership with INERELA+. Religious leaders encourage men in their congregations to test for HIV and

then link them to care in Mopani district in Limpopo. Anova manages the testing and linkage to care, while INERELA+ manages mobilisation and training of the religious leaders.

Since the start of the project, 26 religious leaders have been trained on HIV transmission and prevention, addressing stigma, and the advantages to early HIV testing and treatment. In the initial phase this community-inspired project has encouraged 287 men to test.

Since the start of the project, 26 religious leaders have been trained on HIV transmission and prevention, addressing stigma, and the advantages to early HIV testing and treatment

Beyond South Africa

Anova shares its expertise beyond South Africa's borders, leveraging our experience and technical knowledge to support services in other countries.

PrEP programme launched in Namibia

Anova is one of the five core partners of the EQUIP Consortium funded by USAID and is working to address the healthcare needs of Key Populations and promote pre-exposure prophylaxis (PrEP).

Anova supported the Society of Family Health to launch Namibia's first decentralised PrEP programme for Key Populations. Community members and service beneficiaries are at the centre of

the projects' design and engagement. We provided technical support to integrate nurse-driven PrEP services in five clinics that are already providing HIV services and support to sex workers, men who have sex with men, transgender people and truck drivers.

The US Ambassador for Namibia referred to SFH's PrEP programme as a huge success and a model that the country should use for future decentralised PrEP services. Much of the programme's achievements are linked to the commitment from the Namibian Ministry of Health and Social Services and to the healthcare workers who are championing PrEP.

Nearly 200 individuals from populations who are at high risk, who are marginalised and, in some cases, criminalised now have access to this life-changing prevention commodity.

*This year Anova
further expanded our
work in STIs through
our various projects*

Research and surveillance

Research underpins our programme implementation and innovative solutions. Anova pursues opportunities for funding for clinical research in HIV and TB, health systems research, and HIV surveillance in Key Populations.

Sexually Transmitted Infections

This year Anova further expanded our research on sexually transmitted infections (STIs). This included an evaluation of GeneXpert for the detection of *Chlamydia trachomatis*, *Neisseria gonorrhoeae* and *Trichomonas vaginalis* infection in HIV-infected pregnant women. The study showed a high prevalence of STIs in this population and demonstrated that GeneXpert testing can be reliably performed by nurses at a primary healthcare facility.

Results from two other studies: the 'Mopani STI project', looking at methods to address the burden of STIs in rural South Africa; and the 'Repeat STI in MSM project' were presented at national and international conferences. These highlighted the urgent need to build clinical capacity in STI management and to raise awareness of this topic in the global public health agenda.



We pride ourselves on our thought provoking and ground-breaking research and continue to pursue research opportunities

In a high-level publication, *Emerging Infectious Diseases*, we reported on the potential emergence of a specific, more virulent, strain of chlamydia trachomatis circulating among women that warrants further attention.

HIV risk and MSM in rural Limpopo

An Anova publication in the African Journal of AIDS Research highlighted the impact of the social and cultural environment on HIV risk in men who have sex with men (MSM), in Limpopo Province.

Homophobic cultural norms prevented participants from being open about their sexuality, and HIV knowledge was generally limited to heterosexual risk. For example some participants did not know whether HIV could be transmitted through anal sex. Other important risk factors identified included: varied use of condoms and water-based lubricants; uneven power dynamics between partners in sexual relationships; transactional sex; and multiple sexual partnerships. This research clearly demonstrated the need for HIV treatment, care, and prevention interventions that address the specific risks faced by rural MSM, taking into account their social and cultural experiences.

Community health workers' role in healthcare

The Department of Health ward-based outreach team (WBOT) programme promotes HIV and TB prevention, links patients to care, supports adherence, and identifies individuals whose antiretroviral treatment is failing. Anova supported the programme implementation in the Mopani District and the City of Johannesburg, including a multi-faceted evaluation that determined the impact of the WBOT programme on HIV services.

Anova conducted a survey of 534 households to determine the reach of community health workers in the rural Greater Giyani and Greater Letaba sub-districts of Mopani district in Limpopo.

The preliminary results show that community health workers provided services to many households, but a substantial number of household members may not be at home when they visit. The community was happy with the services provided with regards to HIV, although geographic reach and some operational aspects could be improved.

Changes in TB diagnosis with GeneXpert implementation

GeneXpert as the first line test for pulmonary tuberculosis (TB), was implemented in Mopani District, Limpopo Province, in 2012. GeneXpert testing was later incorporated into the revised national TB diagnostic algorithm. We conducted a retrospective analysis of ETR.Net data to investigate changes over time in patients treated for pulmonary TB in one sub-district (Greater Tzaneen) in Mopani between 2008 and 2015, and assess trends in diagnostic method, outcome and HIV coinfection.

We found that 9 062 patients were treated for pulmonary TB over the study period, of whom 68.5% were HIV-infected. The proportion of males decreased from 52.6% in 2008 to 46.5% in 2015, while median age increased from 36 years in 2008 to 38 years in 2015. The total number of patients treated for TB did not increase after the implementation of GeneXpert, but the proportion of patients receiving microbiological testing increased: from 73.8% in 2008 to 94.6% in 2015. There remained a substantial number of patients (18.8%) with a negative



GeneXpert test who were treated empirically for TB, the majority without a recorded culture. These patients experienced particularly high mortality and made up 44.7% of patients that died in 2015. The excess mortality does not appear to be due to differences in HIV status or CD4 count.

Implementation of GeneXpert resulted in improved bacteriological coverage, but did not increase in the number of cases found. The proportion of female TB patients increased over time. The presence of the group of patients treated empirically with negative GeneXpert tests and high mortality is of great concern and warrants further attention

HIV self-testing in men who have sex with men

Anova, in partnership with the University of California, San Francisco, implemented the final phase of the NIH-funded self-testing study for MSM in Mpumalanga. The study aimed to determine: whether HIV self-testing can improve early detection and linkage to care and facilitate safer sexual behaviours.

Knowledge dissemination

Anova generously disseminates knowledge through seminars, continuing education, publications and supporting the media in HIV-related reporting.

Research Day in Limpopo

The annual Provincial Research Day organised by the Limpopo Department of Health, was held in October 2016 in Polokwane. Research conducted by academic institutions, hospitals and non-governmental organisations in Limpopo, was presented. Anova's presentations, emphasised the importance of conducting research in rural settings and highlighted the capacity that Anova has built through its project in the Mopani District.

Annual Amsterdam Chlamydia Meeting

The Annual Amsterdam Chlamydia Meeting held in the Netherlands, February 2017, focused on international cutting-edge research in all aspects of chlamydia trachomatis infections. Prof Remco Peters, head of Anova's research programme, was one of the keynote speakers presenting on: Chlamydia trachomatis control in South Africa: fighting a losing battle? Peters demonstrated that South Africa is disproportionately affected by this sexually transmitted infection and many obstacles prevent the burden of infection.



Afya Academy

The first of its kind on the African continent, the Afya Academy (Afya meaning health in Swahili), is an aspirational partnership between the International HIV/AIDS Alliance and Anova. The academy trains clinicians and community activists.

The Afya Academy presented its first three-day training event in December 2016, in Johannesburg. Attended by participants from five African countries, it included sessions on the roll-out of pre-exposure prophylaxis among Key Populations in Africa. The training curriculum was designed to develop participants' knowledge and skills working with African gay men and other men who have sex with men, often in exceptionally hostile and highly prejudiced social and legal environments. The course placed emphasis on how to reach and engage MSM in all aspects of healthcare - from ensuring their safety to combination prevention and HIV treatment adherence.

The 2017 Southern African AIDS Conference was held in June, in Durban, South Africa. Anova presented some highlights of their work achieved in partnership with the Department of Health and various organisations across the country

Sustainable Rural Health Research

Anova and the Ukwanda Centre for Rural Health successfully held their 7th Annual Sustainable Rural Health Research Day in May 2017, in Worcester, Cape Winelands. Titled Building Healthy Communities, the seminar brought together researchers, Department of Health staff and other partner organisations to deliberate on how to work in synergy to build healthy caring communities. The event provided a platform for valuable feedback on health research conducted in the rural areas of the Western Cape. It also afforded the attendees a workshop opportunity to develop new health system concepts, thereby furthering the research agenda.

The Southern African AIDS Conference

The 2017 Southern African AIDS Conference was held in June, in Durban. Anova presented highlights of their work achieved in partnership with the Department of Health and other organisations. These included innovative ways of attracting men to HIV counselling and testing services, an integrated approach that improves viral load uptake, the paediatric programme that aims to ensure that all HIV-positive children receive

quality care, their work with ward-based outreach teams in Limpopo, as well as the ongoing work in TB.

Stakeholder Engagement Seminar

The Anova team in the Mopani District, hosted the “Impacting on Community Health” seminar focused on stakeholder engagement, in June 2017, providing an environment for stakeholders to brainstorm community strategies to reach district performance targets.

Sessions included feedback on District performance on the 90-90-90 targets; a report on visits to Traditional Councils; involvement of stakeholders in preventing malnutrition in the District; and ways to lobby for support of ward-based outreach teams involved in primary healthcare re-engineering.

A pledge of commitment from traditional leaders to implement the specific targets was also handed over.

HIV Paediatric Workshop

Anova co-endorsed the 9th HIV Paediatric Workshop in Paris, France, in July 2017. The highly interactive workshop featured

prominent and distinguished speakers, who discussed current and trending issues in the field. This annual event is the only HIV conference devoted to research in prevention and treatment for infants, children and

adolescents. It focuses on HIV paediatrics on an international level, and includes invited lectures, abstract-driven presentations, panel debates and roundtable discussions.



Publications

In this year, Anova staff co-authored 17 academic publications, detailed below. Anova authors are listed in bold.

Authors	Title	Journal/Publisher
Phillips T, Cois A, Remien R, Mellins C, McIntyre JA , Petro G, Abrams E, Myer L	Self-reported side effects and adherence to antiretroviral therapy in HIV-infected pregnant women under Option B+: A prospective Study	Plos One, DOI: 10.1371/journal.pone.0163079 October 19, 2016
Beyrer C, Makofane K , Orazulike I, Diouf D, Baral SD	Towards Equity in Service Provision for Gay Men and Other Men Who Have Sex with Men in Repressive Contexts	Plos Medicine DOI:10.1371/journal.pmed.1002154 October 25, 2016
Fowler M, Qin M, Fiscus S, Currier J, Flynn P, Chipato T, McIntyre JA , Gnanashanmugam D, Siberry G, Coletti A, Taha T, Klingman K, Martinson F, Owor M, Violari A, Moodely D, Theron G, Bhosale R, Bobat R, Chi B, Strehlau R, Mlay P, Loftis A, Browning R, Fenton T, Purdue L, Basar M, Shaprio D, Mofenson L for the IMPAACT 1077BF/1077FF PROMISE Study Team	Benefits and Risks of Antiretroviral Therapy for Perinatal IV Prevention	NEJM, Nov 3 2016, Vol. 375, No. 18, 1726-1737
Kekana MM, Cole-Hamilton S , Mongwe MW, Railton J, Peters RPH	Quality improvement of the viral load programme in Mopani District, Limpopo Province	HIV Nursing Matters, Vol 7 No 3, December 2016, pgs 35-39
Tucker A , Liht J, Swardt G, Arendse C, McIntyre JA , and Struthers HE	Efficacy of tailored clinic training to improve knowledge of men who have sex with men health needs and reduce homoprejudicial attitudes in South Africa	LGBT Health 3(6), pgs 443-450
Myer L, Dunning L, Lesosky M, Hsiao N, Phillips T, Petro G, Zerbe A, McIntyre JA , Abrams E	Frequency of viremic episodes in HIV-infected women initiating antiretroviral therapy during pregnancy: a cohort study	Clinical Infectious Diseases Advance Access
Myer L, Phillips T, McIntyre JA , Hsiao N-Y, Petro G, Zerbe A, Ramjith J, Bekker L-G, Abrams EJ	HIV viraemia and mother-to-child transmission risk after antiretroviral therapy initiation in pregnancy in Cape Town, South Africa	HIV Medicine, February 2017, Vol 18, Issue 2, pgs 69-134
Sawe F, Hughes MD, Bao Y, Hogg E, Shaffer D, Phulusa J, Kakhu T, Conradie F, Kasaro M, Mngqbisla R, Siika A, Atwiine D, Chipato T, McIntyre JA , Currier J, Lockmand S	Excellent retention, virologic and clinical outcomes after transitioning from an antiretroviral treatment clinical trial to locally-provided care and treatment in Africa	International Journal of Clinical Trials 2017 Feb;4(1):pgs 39-44

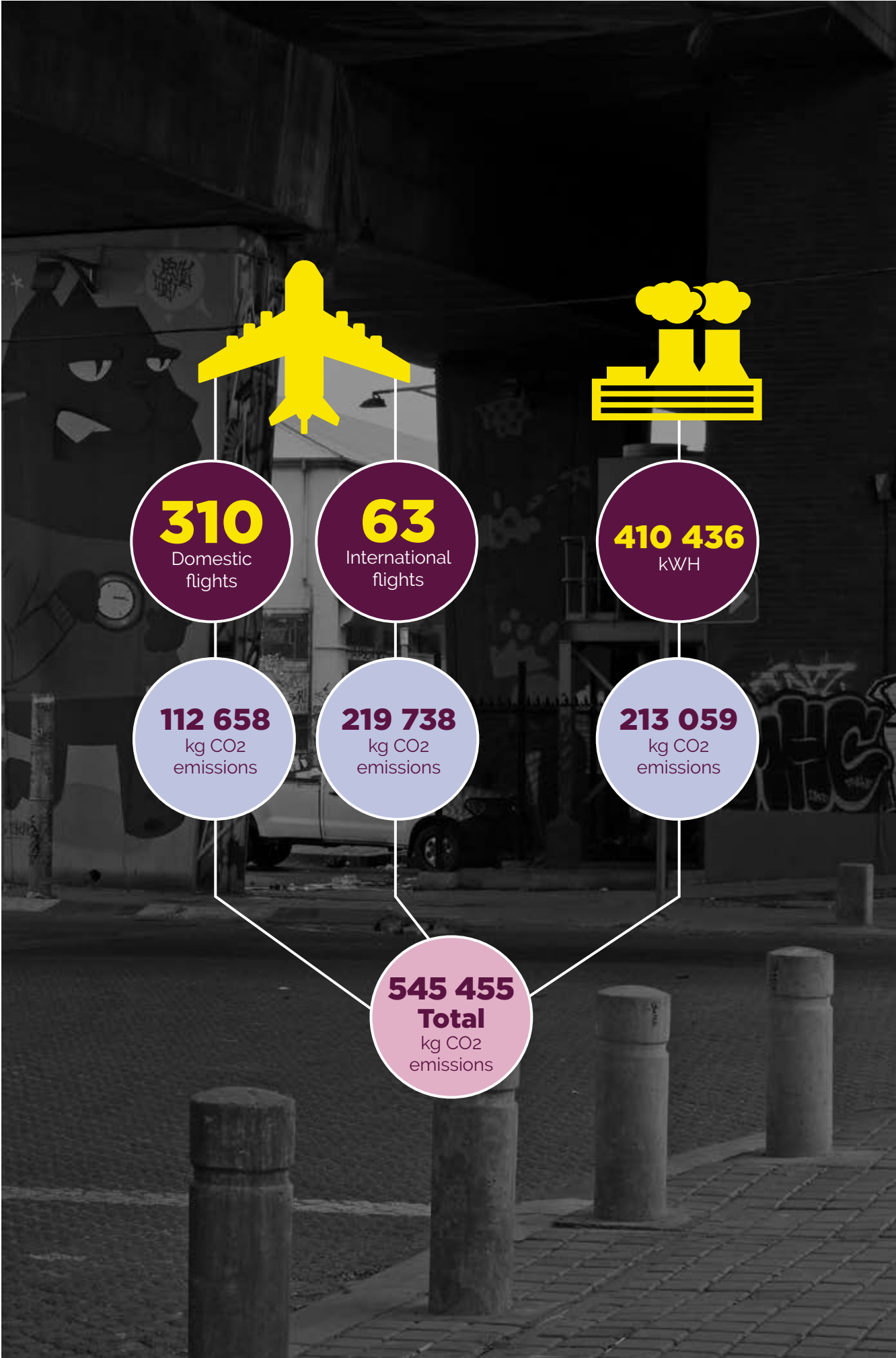
Authors	Title	Journal/Publisher
Jobson GA, Grobbelaar CJ, Mabitsi M, Railton J, Peters RPH, McIntyre JA, Struthers HE	Delivering HIV services in partnership: factors affecting collaborative working in a South African HIV programme	Globalization and Health (2017) 13:3
Daniels J, Maleke K, Lane T, Struthers HE, McIntyre JA , Kegeles S, Moore A, Coates T	Learning to live with HIV in the rural townships: A photovoice study of men who have sex with men living with HIV in Mpumalanga, South Africa	JANAC, May-June 2017, Volume 28, Issue 3, pgs 408-421
Maleke K, Makhakhe N, Peters RPH , Jobson G, de Swardt G , Daniels J, Lane T, McIntyre JA , Imrie J, Struthers HE	HIV risk and prevention among men who have sex with men in rural South Africa	AJAR Vol 16, 2017, Issue 1, pgs 31-38
Mnyani CN, Tait CL, Armstrong J, Blaauw D, Chersich MF, Buchmann EJ, Peters RPH, McIntyre JA	Infant feeding knowledge, perceptions and practices among women with and without HIV in Johannesburg, South Africa: a survey in healthcare facilities	Internation breastfeeding Journal, April, 2017
Schaftenaar EE , Khosa NS, Baarsma GS, Meenken C, McIntyre JA , Osterhaus ADME, Verjans GMGM, Peters RPH	HIV-infected individuals on long-term antiretroviral therapy are at higher risk for ocular disease	Epidemiol Infect. (2017), 145, 2520-2529
Kufa T, Lane T, Manyuchi A, Singh B, Isdahl Z, Osmand T, Grasso M, Struthers H, McIntyre JA , Chipeta Z, Puren A	The accuracy of HIV rapid testing in integrated bio-behavioral surveys of men who have sex with men across 5 provinces in South Africa	Medicine (2017) 96:28
Hoogendoorn JC, Ranoto L, Muditambi N, Railton J , Maswanganyi M, Struthers HE, McIntyre JA, Peters RPH	Reduction in extrapulmonary tuberculosis in context of antiretroviral therapy scale-up in rural South Africa	Epidemiol Infect. 2017 Sep;145(12):2500-2509
Mudau M, Peters RPH , De Vos L, Olivier DH, Davey DJ, Mkwanzazi ES, McIntyre JA , Klausner JD, Medina-Marino A	High prevalence of asymptomatic sexually transmitted infections among human immunodeficiency virus-infected pregnant women in a low-income South African community	International Journal of STD & AIDS
Makhakhe N, Lane T, McIntyre JA, Struthers HE	Sexual transactions between long distance truck drivers and female sex workers in South Africa	Global Heath Action

We use energy efficient lighting in our offices and electronic communication to reduce paper waste

Environmental impact

As an environmentally-aware organisation, Anova endeavours to keep its carbon footprint as small as possible. We use energy efficient lighting in our offices and electronic communication to reduce paper

waste. As the majority of our work is focused on service delivery and technical support, most of our energy consumption derives from staff travel and office operations.



Our staff complement grew to over 800 with more than 400 new hires

Our people: HR report

The focus of the Human Resource (HR) department has been to achieve sustainable organisational performance and manage organisational change prompted by funder requirements.

This period saw a large number of staff appointments and movements as the staff complement and organisational structures were reviewed to align with changing business requirements. The staff complement grew to over 800 with more than 400 new hires. In addition, a process of job evaluations and job titles rationalisation was undertaken to also align with the industry.

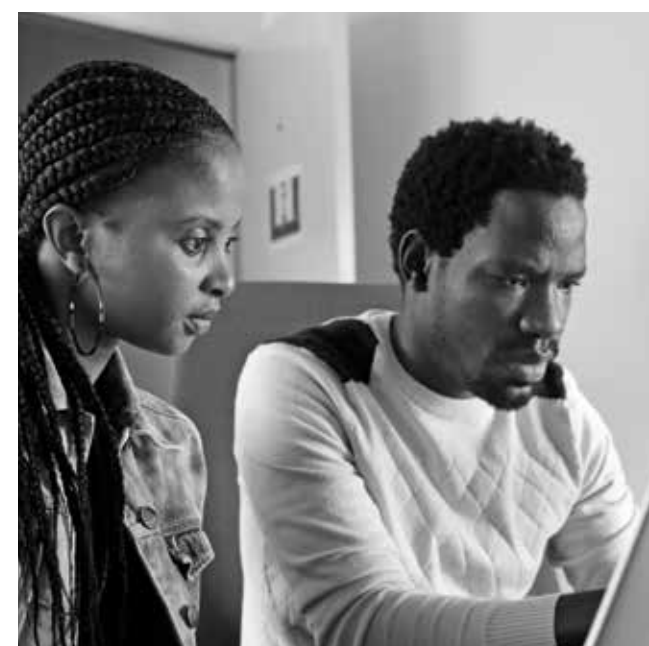
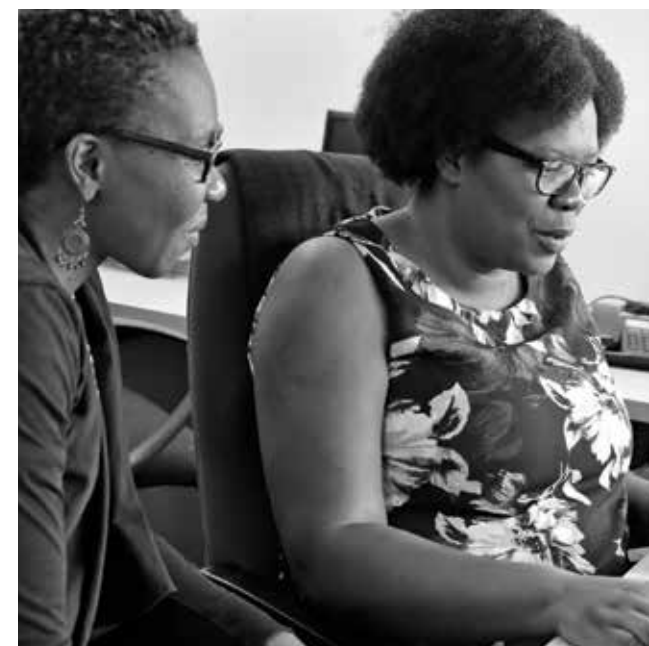
Some HR areas including performance management, discipline, employment equity and skills development were improved.

The performance process was enhanced with the introduction of a moderation process.

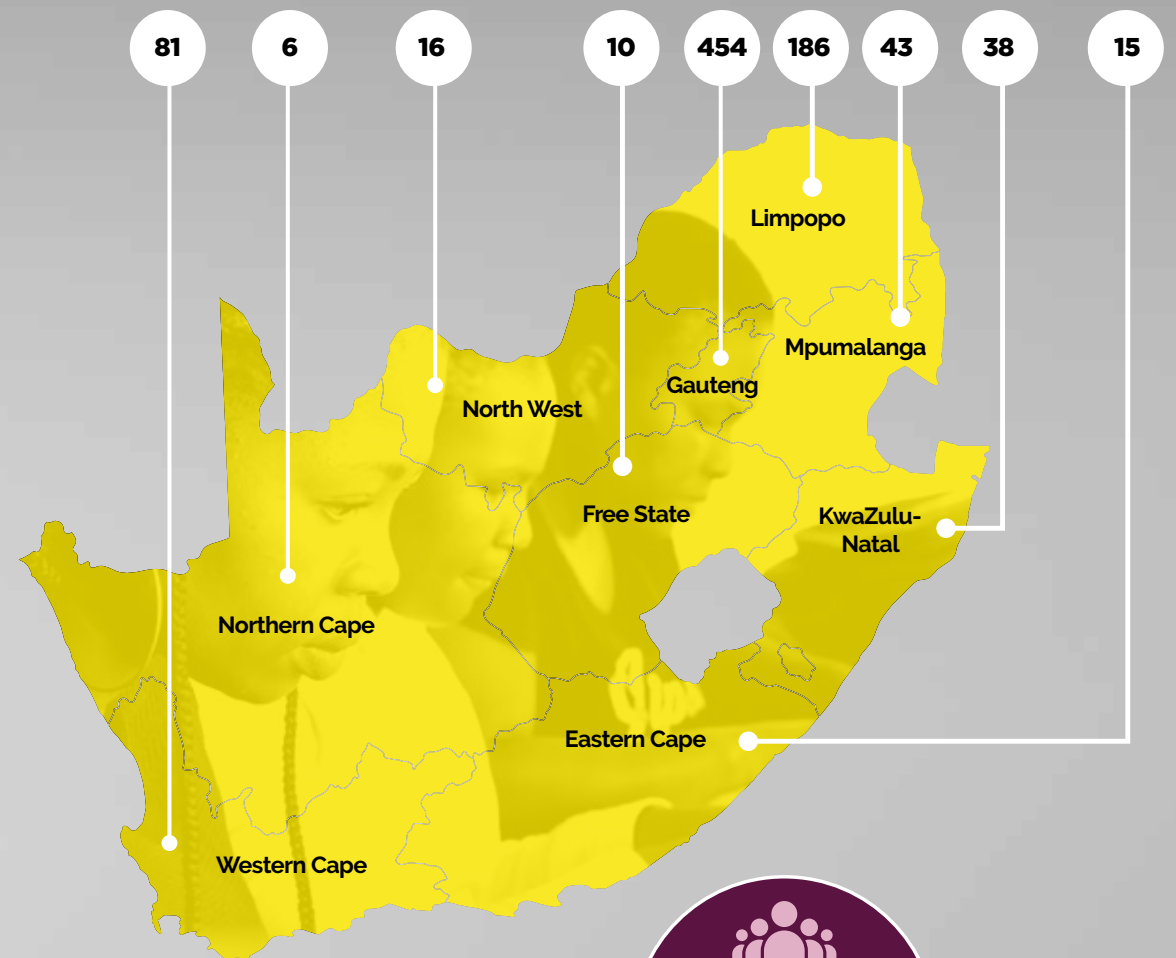
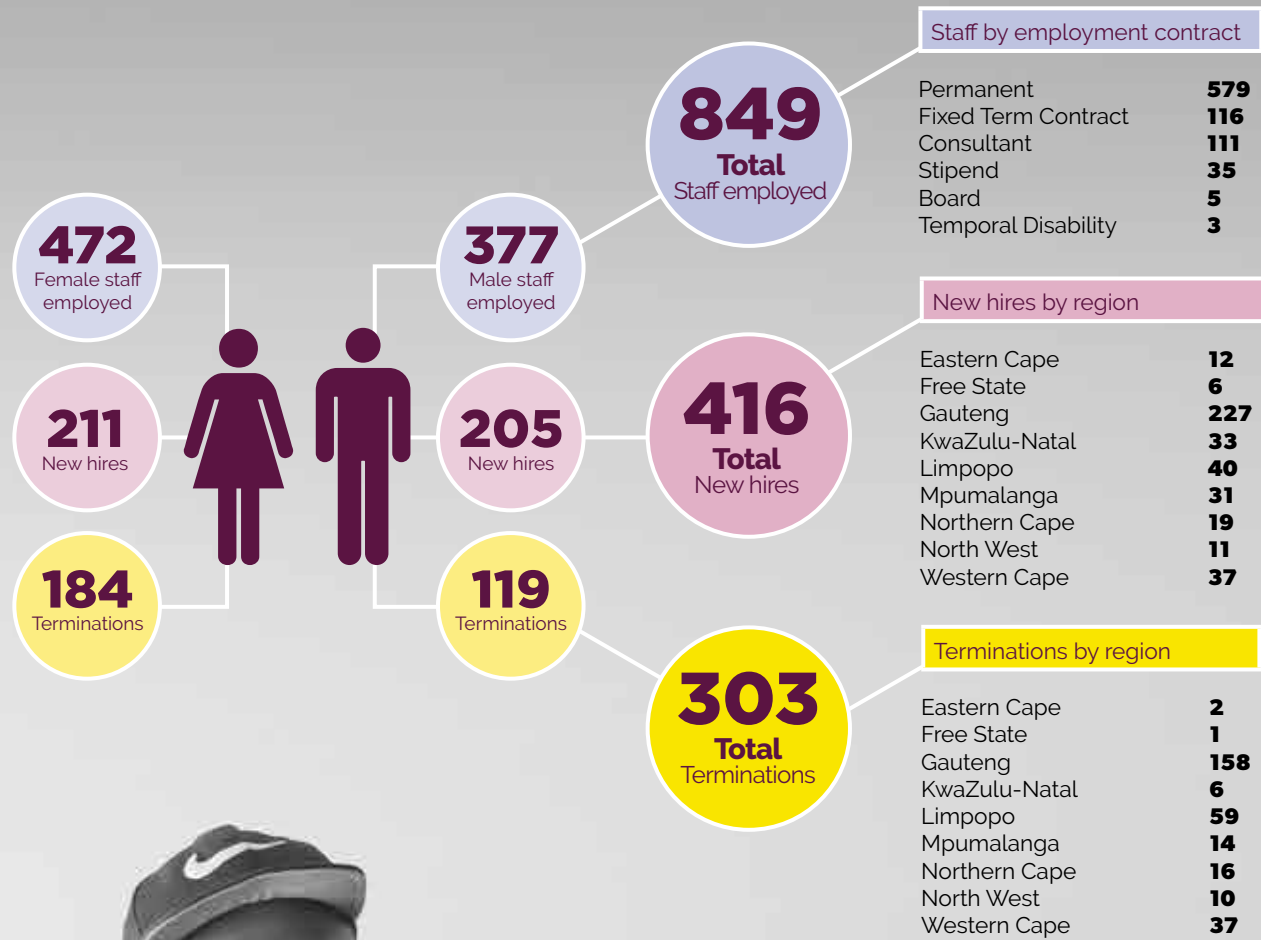
The employment equity process has become more structured and compliant with the revival of the Employment Equity Committee. A lot of effort has gone into ensuring compliance with the skills development requirements and we await confirmation of our transfer to Health and Welfare Sector Education and Training Authority.

HR roadshows were conducted across the business to revive Anova's values and to educate on relevant HR policies, conditions of employment and discipline matters. We appreciate the contribution and cooperation of our dedicated employees.

HR roadshows were conducted across the business to revive Anova's values and to educate on relevant HR policies, conditions of employment and discipline matters



Our employees by region



Our employees by race



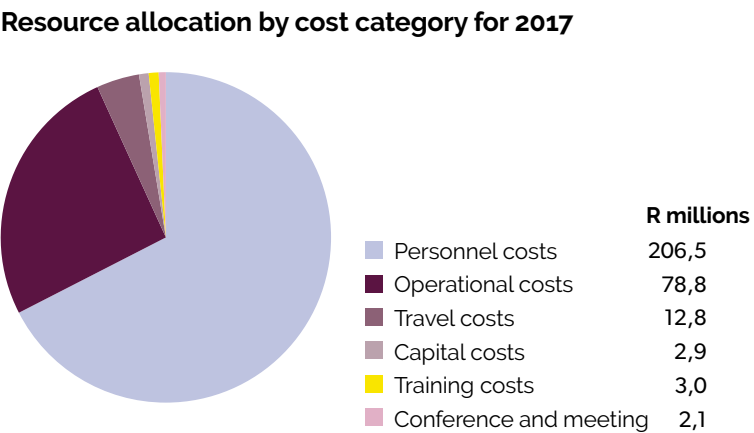
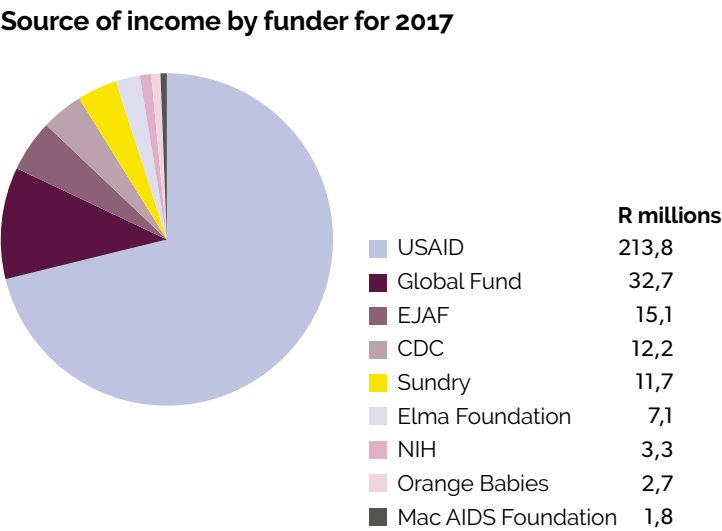
The directors are responsible for the preparation and fair presentation of the financial statements

Our economic performance

Financial Report

Grants received increased by 18% compared to the previous year. The main contributions to this increase were new awards from the Centres for Disease Control and Prevention, through the Aurum Institute, and the Global Fund to Fight AIDS, Tuberculosis and Malaria. This increase was also due to three existing grants being extended, namely the USAID health systems strengthening, the Global Fund to Fight AIDS, Tuberculosis and Malaria capacity building and Elma Foundation awards.

Operational expenses were up 20% from the prior year. Part of the increase relates to the annual cost of living increase of staff salaries effective from March 2017. Furthermore, operating expenses increased in line with the additional activities across existing projects. The increase in the net interest received for the year is the direct result of increased investment balances on Human Capital Provisions and other Core Investment accounts.



Independent auditor's report

Opinion

We (Deloitte and Touche) have audited the financial statements of Anova Health Institute NPC which comprise the statement of financial position as at 30 September 2017, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and the notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the financial statements present fairly, in all material respects, the financial position of Anova Health Institute NPC as at 30 September 2017, and its financial performance and cash flows for the year then ended in accordance with International Financial Reporting Standards (IFRSs) 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 International Ethics Standards Board for Accountants Code of Ethics for Professional Accountants (Parts A and B). 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 Statement of Directors' Responsibility and Approval and 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 International Financial Reporting Standards and the requirements of the Companies Act of South Africa, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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



We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt

on the company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the company to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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.

Deloitte & Touche
Registered Auditor
Per: Marlise Hedder
Associate Director
29 March 2018

Statement of financial position

	Audited results as at 30 September 2017	Audited results as at 30 September 2016
ASSETS		
Non-current assets		
Equipment	5 932 706	8 524 361
Total non-current assets	5 932 706	8 524 361
Current assets		
Trade and other receivables	11 014 781	6 866 012
Cash and cash equivalents	74 756 157	96 150 308
Total current assets	85 770 938	103 016 320
Total assets	91 703 644	111 540 681

	Audited results as at 30 September 2017	Audited results as at 30 September 2016
CAPITAL AND LIABILITIES		
Capital reserves		
Capital donation	2 608 041	2 608 041
Revaluation reserve	-	1 026 407
Accumulated reserve	25 429 176	24 271 787
Total capital and reserves	28 037 217	27 906 235
Current liabilities		
Trade and other payables	49 525 997	36 810 471
Grants received in advance	14 140 430	38 726 560
Deferred income	-	8 097 415
Total current liabilities	63 666 427	83 634 446
Total capital and liabilities	91 703 644	111 540 681

Statement of comprehensive income

	Audited results for the year ended 30 September 2017	Audited results for the year ended 30 September 2016
Revenue	300 478 871	254 672 178
Other income	1 524 645	1 463 756
Operating expenses	(306 054 617)	(255 859 845)
Loss/surplus from operations	(4 051 101)	276 089
Interest received	4 182 083	3 354 718
Surplus for the year	130 982	3 630 807

Thank you for
your unwavering
commitment

Funders and partners

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

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

Funders



www.pepfar.gov



www.cdc.gov



www.usaid.gov



www.elmaphilanthropies.org



www.theglobalfund.org



www.impaactnetwork.org



www.orangebabies.org.za



www.nih.gov



www.macaidsfund.org



www.aidsfonds.org

Partners

South African

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

International

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

GRI index

Global Reporting Initiative (GRI) G4 Content Index Anova Health Institute: 2017			
GENERAL STANDARD DISCLOSURES			
Strategy and Analysis			
Profile Disclosure	Description	Reference	Explanation
G4-1	Statement from the most senior decision-maker of the organisation	pp 14, 16	The Chairman's report can be found on page 14. The Chief Executive Officer's report can be found on page 16
G4-2	Description of key impacts, risks, and opportunities	p 20	Risks and opportunities are discussed under "strategic goals"
		p 48	Impact is discussed throughout the report but particularly under "impacting on healthcare"
Organisational Profile			
Profile Disclosure	Description	Reference	Explanation
G4-3	Name of the organisation	cover	The name of the organisation is mentioned throughout the report. The back cover lists the organisation's locations and contact details
G4-4	Primary activities	p 7 pp 48-73	Anova's primary activities are described on page 7. Our programme activities are described in pages 48-73
G4-5	Location of organisation's headquarters	Inside back cover	The location of Anova's headquarters is listed inside the back cover
G4-6	Number of countries where the organisation operates, and names of countries with either major operations or that are specifically relevant to the sustainability issues covered in the report	p 4	Anova operated in South Africa, Namibia, Mozambique and Haiti in this reporting period
G4-7	Nature of ownership and legal form	p 4	The Anova Health Institute NPC is a non-profit company (Registration Number: 2009/014105/08)
G4-8	Markets served (including geographic breakdown, sectors served, and types of customers and beneficiaries)	pp 28, 33-34	The description and map on page 28, 33 and the list of stakeholders illustrate the geographic breakdown and beneficiaries served
G4-9	Scale of the organisation	pp 28-33 p 79 pp 80-85	The scale of the organisation has been depicted by the number of beneficiaries served (page 28-33, total staff (page 79) and financial statements (page 80-85)
G4-10	Employees – employment contract, gender, region	pp 78-79	Discussed under "HR report"
G4-11	Percentage of total employees covered by collective bargaining agreements	GRI Table	None of Anova's employees belong to a trade union
G4-12	The organisation's supply chain	GRI table	The number and location of suppliers is not reported on. Anova has procurement policies which are designed to ensure best value for money, and promote-BEEE, and generally uses local suppliers
G4-13	Any significant changes during the reporting period regarding size, structure, ownership or supply chain	GRI table	No significant changes in this year
GRI	The precautionary approach	p 18	Anova's strategies and activities are aligned with the precautionary principle, to consider benefits and risks of any project, both human and environmental
G4-15	Externally developed economic, environmental and social charters the organisation subscribes to or endorses	GRI table	Anova's activities are undertaken in line with all regulatory frameworks of the government departments with which we partner
G4-16	Memberships of associations and national or international advocacy organisations	pp 35, 86, 87	The organisations with which Anova partners, including local advocacy organisations are listed in our "stakeholders" (p 35) and under the section "partners" (p 86, 87)

Identified Material Aspects and Boundaries			
Profile Disclosure	Description	Reference	Explanation
G4-17	Entities included in the organisation's consolidated financial statements	GRI table	Anova is a single entity with activities and offices in nine provinces. The financial statements are for the whole organisation
G4-18	Process for defining the content of the report and how the organisation has implemented the reporting principles for defining report content	p 12	Material aspects are informed by stakeholders' views and identified by management and the Board. Significance is determined only through discussions, as the organisation does not yet apply qualitative and quantitative tools
G4-19	List of the material Aspects identified in the process of defining report content	pp 4, 20, 35	The process for defining the report content is described in the "scope and boundary" section, "our strategy" and "stakeholder engagement"
G4-20	Specific limitations regarding the Aspect Boundary within the organisation	GRI table	This report attempts to cover all the material aspects of Anova's operations. Notes have been made throughout the report if data from specific projects has been excluded
G4-21	Specific limitations regarding the Aspect Boundary outside the organisation	GRI table	The report does not cover aspects outside the organisation
G4-22	The effect of any restatements of information provided in previous reports	GRI table	There are no restatements in this report
G4-23	Significant changes from previous reporting periods in the Scope and Aspect Boundaries	GRI table	There were no significant changes in this report
Stakeholder Engagement			
Profile Disclosure	Description	Reference	Explanation
G4-24	List of stakeholder groups	p 35	The stakeholders are listed under "stakeholder engagement"
G4-25	The basis for identification and selection of stakeholders with whom to engage	p 34	Anova attempts to engage with all its relevant stakeholders, as identified by management and provincial program leaders
G4-26	The organisation's approach to stakeholder engagement, including frequency of engagement by type and by stakeholder group	pp 34-35	Engagement with key stakeholders, such as donors, staff and government partners, is an ongoing process. Anova engages with our government stakeholders at provincial level at least monthly, and with our major donor weekly.
G4-27	Key topics and concerns that have been raised through stakeholder engagement, and how the organisation has responded to those key topics and concerns	p 35	Discussed under "stakeholder engagement"
G4-28	Reporting period for information provided	p 4	Our reports are annual, and reflect our financial year, October 1, 2016 to September 30, 2017
G4-29	Date of most recent previous report (if any)	GRI table	A report is produced annually. The last report was published in September 2017
G4-30	Reporting cycle (such as annual, biennial)	p 4	Annual
G4-31	Contact point for questions regarding the report or its contents	p 4	Anova CEO, James McIntyre, can be contacted for any questions relating to this report. The email address is mcintyre@anovahealth.co.za
G4-32	GRI content index for 'in accordance' - Core	GRI Index	This GRI index is also available on the Anova website www.anovahealth.co.za
G4-33	The organisation's policy and current practice with regard to seeking external assurance for the report	GRI table	No external assurance has been sought for indicators in this report. External assurance may be considered for further reports

Governance			
Profile Disclosure	Description	Reference	Explanation
G4-34	Governance structure of the organisation, including committees of the highest governance body. Identify any committees responsible for decision-making on economic, environmental and social impact	pp 40-41	The names and biographies of the board members are listed on page 40-41. The mandate of the Anova Board and the list, responsibilities and performance of Board Committees are listed under the "governance" section on page 43
G4-35	The process for delegating authority for economic, environmental and social topics from the highest governance body to senior executives and other employees	GRI table	The Board decides on delegation of authority to the CEO and Senior Management as required
G4-36	The organisation has appointed an executive-level position or positions with responsibility for economic, environmental and social topics, reporting directly to the highest governance body	GRI table	The CEO and COO are responsible for economic, environmental and social topics. The Board Social and Ethics Committee has specific oversight of these issues
G4-37	Processes for consultation between stakeholders and the highest governance body on economic, environmental and social topics	GRI table	Anova does not have formal processes to engage with stakeholders on economic and environmental topics. However, the Social and Ethics Committee of the Board has the authority to consult and engage with external stakeholders if required
G4-38	Report the composition of the highest governance body and its committees by: executive, independence, tenure, significant positions, gender, equity, and stakeholder representation	pp 42, 43	The Board composition and Board Committees are reported in the "governance" section
G4-39	Indicate whether the chair of the highest governance body is also an executive officer	pp 38-42	The Anova Board Chairman is an independent Non-Executive Director
G4-40	Report the nomination and selection processes for the highest governance body and its committees, and the criteria used for nominating and selecting highest governance body members	p 44	The criteria for board members are discussed under "governance". The Board Remuneration Committee has also been mandated as a Nominations Committee. New Board members are identified and selected dependent on skills required to maintain broad expertise on the Board, and are interviewed and selected by the Board.
G4-41	Processes in place for the highest governance body to ensure conflicts of interest are avoided	p 42	Described in the "governance" section
G4-42	Report the highest governance body's and senior executives' roles in the development, approval, and updating of the organisation's purpose, value or mission statements, strategies, policies, and goals related to economic, environmental and social impacts	p 42	The role of the Board and Board Committees is discussed briefly under "our governance". The Board considers strategic plans annually
G4-43	Report the measures taken to develop and enhance the highest governance body's collective knowledge of economic, environmental and social topics	p 42	Board induction and ongoing education is discussed in the governance section. The organisation also utilises the expertise of Board members to contribute relevant information at meetings
G4-44	The processes for evaluation of the highest governance body's performance with respect to governance of economic, environmental and social topics	p 43	External evaluations of Board performance are conducted every two years
G4-45	The highest governance body's role in the identification and management of economic, environmental and social impacts, risks, and opportunities. Include the highest governance body's role in the implementation of due diligence processes	p 43	The report briefly describes the duties of each Board Committee with regards to economic, environmental and social impacts. Due diligence tasks are usually delegated to the senior management team. The Audit & Risk Committee has oversight of the Risk review processes.
G4-46	The highest governance body's role in reviewing the effectiveness of the organisation's risk management processes for economic, environmental and social topics	p 43	The Audit and Risk Committee of the Board is responsible for reviewing all the risk management processes. The relevant senior manager compiles and submits a report to the Board for review

G4-47	The frequency of the highest governance body's review of economic, environmental and social impacts, risks, and opportunities	p 42	The impact, risks and opportunities are reviewed by the management team and Board members each year during the organisation's strategic review and planning session. The Board receives reports on the activities relating to the impacts, risks and opportunities throughout the year
G4-48	The highest committee or position that formally reviews and approves the organisation's sustainability report and ensures that all material aspects are covered	GRI table	The CEO, COO, and Audit and Risk Committee review the report and ensure that all the material aspects have been covered
G4-49	The process for communicating critical concerns to the highest governance body	p 42	Communication with the Board is discussed under the "governance" section. A whistle-blower policy and reporting contacts are in place
G4-50	The nature and total number of critical concerns that were communicated to the highest governance body and the mechanism(s) used to address and resolve them	GRI table	There were no critical concerns in this reporting period
G4-51	The remuneration policies for the highest governance body and senior executives	p 44	Non-executive directors receive a nominal amount for Board services, which is determined by an annual Board resolution. Senior executives are remunerated in line with the company Remuneration Policy. The Remuneration Committee of the Board has oversight of remuneration issues
G4-52	The process for determining remuneration	p 44	Anova has a remuneration policy under the oversight of the Board's Remuneration Committee. Anova benchmarks salaries annually with similar organisations for the Remuneration Committee review
G4-53	How the stakeholders' views sought and taken into account regarding remuneration, including the results of votes on remuneration policies and proposals, if applicable	GRI table	The only stakeholders that are engaged are the executive and remuneration committee members
G4-54	The ratio of the annual total compensation for the organisation's highest-paid individual in each country of significant operations to the median annual total compensation for all employees (excluding the highest-paid individual) in the same country	GRI table	Not discussed in the report
G4-55	The ratio of percentage increase in annual total compensation for the organisation's highest-paid individual in each country of significant operations to the median percentage increase in annual total compensation for all employees (excluding the highest-paid individual) in the same country	GRI table	All employees receive the same percentage annual cost of living increase as determined by the Remuneration Committee, following management recommendations. When needed, specific job categories are identified for a salary review through the year to remain competitive, within budget constraints
Ethics and Integrity			
Profile Disclosure	Description	Reference	Explanation
G4-56	The organisation's values, principles, standards and norms of behaviour such as codes of conduct and codes of ethics	pp 1, 7	Values are listed on page 1 and the vision and ideology are on page 7
G4-57	The internal and external mechanisms for seeking advice on ethical and lawful behaviour, and matters related to organisational integrity, such as helplines or advice lines	GRI table	Anova has a legal advisor who is available to consult on specific legal issues. A whistle-blower process is in place, which includes the ability to consult directly with independent Board members. The Social and Ethics Committee of the Board considers ethical aspects of the business, and has the ability to bring in outside expertise if needed
G4-58	The internal and external mechanisms for reporting concerns about unethical or unlawful behaviour, and matters related to organisational integrity, such as escalation through line management, whistle blowing mechanisms or hotlines	GRI table	Reporting and whistle blowing mechanisms are available but no reports of unethical or unlawful behaviour were received in the past year

Specific Standard Disclosures			
Programme Effectiveness			
Performance Indicator	Description	Reference	Explanation
NGO1	Processes for involvement of affected stakeholder groups in the design, implementation, monitoring and evaluation of policies and programmes	pp 34-35	All of Anova's work is in collaboration with government and community stakeholders. Anova is part of the District Implementation Plan process in the health districts in which we work and responds to requests from the services for assistance
NGO2	Mechanisms for feedback and complaints in relation to programmes and policies and for determining actions to take in response to breaches of policies	GRI table	Feedback on district level work is provided in regular partner meetings with the health departments. Direct client feedback or complaints can be addressed to the whistle- blower line or the "info@anovahealth.co.za" email
NGO3	System for programme monitoring, evaluation and learning, (including measuring programme effectiveness and impact), resulting changes to programmes, and how they are communicated	GRI table	All Anova projects have extensive monitoring and evaluation systems in place. Results are used to report to funders, and also to determine programme effectiveness and guide any required changes in operations
NGO4	Measures to integrate gender and diversity into programme design, implementation, and the monitoring, evaluation and learning cycle	GRI table	Anova is a leading organisation in training on sexual diversity and promoting and providing services for vulnerable groups. A large part of Anova's work is focused on women and children,as priority populations for HIV prevention and care. Internal policies and practices are supportive of gender and diversity equality measures
NGO5	Processes to formulate, communicate, implement and change advocacy positions and public awareness campaigns	GRI table	Whilst Anova is not primarily an advocacy organisation, we do have a major role in public awareness of health issues, especially for vulnerable groups such as men who have sex with men. External communications, including digital and social media channels are utilised to promote responsible health issues, and advocate for equal access to services. Public awareness campaigns around HIV prevention and treatment are a part of our work
NGO6	Process to take into account and coordinate with the activities of stakeholders	pp 34-35	Anova partners with the Department of Health in districts and coordinates with other partners through regular meetings and joint planning processes
Economic			
Performance Indicator	Description	Reference	Explanation
NGO7	Resource allocation	p 80	The resource allocation as a percentage is listed under "our economic performance"
NGO8	Ethical funding - sources of income by category and five largest donors and monetary value of their contribution	p 80	Sources of income are included in the financial reports
G4-EC1	Direct economic value generated and distributed	pp 80-85	The report discusses sources of income received, and the audited financial statements provide information on income and expenditure
G4-EC2	Financial implications and other risks and opportunities for the organisation's activities due to climate change	GRI table	Financial risks identified in this report are not as a result of climate change, which does not pose any immediate risk to Anova
G4-EC3	Coverage of the organisation's defined benefit plan obligations	GRI table	Anova does not have a defined benefits schemes but has a mandatory provident fund for all permanent staff members
G4-EC4	Financial assistance received from government	GRI table	None received
G4-EC5	Ratios of standard entry level wage by gender compared to local minimum wage at significant locations of operation	GRI table	Anova's entry-level wage exceeds local minimum wage. Salaries scales are determined by grade and not by gender
G4-EC6	Proportion of senior management hired from the local community at significant locations of operation	GRI table	All senior managers are local to their place of employment
G4-EC7	Development and impact of infrastructure investments and services supported	GRI table	All Anova's activities are for public benefit. Anova has no direct infrastructure investments
G4-EC8	Significant indirect economic impacts, including the extent of impacts	GRI table	There were no significant indirect economic impacts
G4-EC9	Proportion of spending on local suppliers at significant locations of operations	GRI table	Almost all supplies are purchased from local suppliers unless the item is not available locally, in which case it will be procured by head office in Johannesburg

Environmental			
Performance Indicator	Description	Reference	Explanation
G4-EN1	Materials used by weight or volume	GRI table	Not discussed in this report as it is not applicable to Anova
G4-EN2	Percentage of materials used that are recycled input materials	GRI table	Not applicable
G4-EN3	Energy consumption within the organisation	pp 74-75	Electricity consumption figures of major offices have been included in this report
G4-EN4	Energy consumption outside the organisation	GRI table	Not material
G4-EN5	Energy intensity	GRI table	Not material
G4-EN6	Reduction of energy consumption	pp 74-75	Basic discussion offered
G4-EN7	Reductions in energy requirements of products and services	GRI table	There were no significant reductions in requirements
G4-EN8	Total water withdrawal by source	GRI table	Not material
G4-EN9	Water sources significantly affected by withdrawal of water	GRI table	Anova does not require significant amounts of water for any of our operations
G4-EN10	Percentage and total volume of water recycled and reused	GRI table	No water is recycled or reused
G4-EN11	Operational sites owned, leased, managed in, or adjacent to, protected areas and areas of high biodiversity value outside protected areas	GRI table	None of the land leased by Anova is in or adjacent to protected areas
G4-EN12	Description of significant impacts of activities, products, and services on biodiversity in protected areas and areas of high biodiversity value outside protected areas	GRI table	None of our activities impact significantly on biodiversity
G4-EN13	Habitats protected or restored	GRI table	No habitats were required to be protected or restored
G4-EN14	Total number of IUCN Red List species and national conservation list species with habitats in areas affected by operations, by level of extinction risk	GRI table	No species are affected by any of Anova's operations
G4-EN15	Direct greenhouse gas (GHG) emissions (Scope 1)	p 75	GHG emissions recorded under "environment"
G4-EN16	Energy indirect greenhouse gas (GHG) emissions (Scope 2)	p 75	GHG emissions recorded under "environment"
G4-EN17	Other indirect greenhouse gas GHG) emissions (Scope 3)	GRI table	Not recorded
G4-EN18	Greenhouse gas (GHG) emissions intensity	GRI table	Not material
G4-EN19	Reduction of greenhouse gas (GHG) emissions	GRI table	Anova's emission is low, and predominantly based on travel necessary for operations, with little opportunity for further substantial reductions
G4-EN20	Emissions of ozone-depleting substances (ODS)	GRI table	The amount of ozone-depleting substances produced by Anova is negligible
G4-EN21	NOx, SOx, and other significant air emissions	GRI table	There are no significant air emissions from any of our operations
G4-EN22	Total water discharge by quality and destination	GRI table	There was no discharge of water
G4-EN23	Total weight of waste by type and disposal method	GRI table	Anova does not have the systems in place to record this as the quantity of waste generated from offices is negligible. All medical waste generated by out of facility work, such as HIV testing, is disposed of by appropriate methods
G4-EN24	Total number and volume of significant spills	GRI table	There were no significant spills
G4-EN25	Weight of transported, imported, exported, or treated waste deemed hazardous under the terms of the Basel Convention Annex I, II, III, and VIII, and percentage of transported waste shipped internationally	GRI table	The only waste generated by Anova that is deemed hazardous is medical waste. This is a very small quantity as Anova offers very few direct medical services. The medical waste that is generated is disposed of according to prescribed guidelines and procedures
G4-EN26	Identity, size, protected status, and biodiversity value of water bodies and related habitats significantly affected by the organisation's discharges of water and runoff	GRI table	None of our operations discharge water

G4-EN27	Extent of impact mitigation of environmental impacts of products and services	GRI table	The impact of our services remains low
G4-EN28	Percentage of products sold and their packaging materials that are reclaimed by category	GRI table	No products produced or sold
G4-EN29	Monetary value of significant fines and total number of non-monetary sanctions for non-compliance with environmental laws and regulations	GRI table	No fines received for non-compliance with environmental laws and regulations
G4-EN30	Significant environmental impacts of transporting products and other goods and materials used for the organisation's operations, and transporting members of the workforce	GRI table	Anova's fuel usage is predominantly incurred in the transport of project staff. Usage is not excessive given the project requirements, some of which are in disperse rural communities, and is monitored throughout the year
G4-EN31	Total environmental protection expenditures and investments by type	GRI table	Anova has not invested any money into environmental protection
G4-EN32	Percentage of new suppliers that were screened using environmental criteria	GRI table	No new suppliers were screened
G4-EN33	Significant actual and potential negative environmental impacts in the supply chain and actions taken	GRI table	Anova is not aware of any potential negative environmental impacts
G4-EN34	Number of grievances about environmental impacts filed, addressed, resolved through formal grievance mechanisms	GRI table	No grievances were recorded
Social: Labour Practices and Decent Work			
Performance Indicator	Description	Reference	Explanation
NGO9	Mechanisms for workforce feedback and complaints, and their resolution	GRI Table	Anova has internal HR policies for grievances and their resolution
G4-LA1	Total number and rates of new employee hires and employee turnover by age group, gender and region	pp 78-79	Table provided on pages 78-79
G4-LA2	Benefits provided to full-time employees that are not provided to temporary or part-time employees, by significant locations of operations	GRI table	The only additional benefit provided to full-time employees is the provident fund
G4-LA3	Return to work and retention rates after parental leave, by gender	GRI table	100% return to work after maternity leave; two employees in total in this period
G4-LA4	Minimum notice periods regarding significant operational changes, including whether these are specified in collective agreements	GRI table	The organisation has no collective agreements. Staff are given a minimum of the recommended 60 days' notice of the organisation's intent to restructure, or longer where possible
G4-LA5	Percentage of total workforce represented in formal joint management-worker health and safety committees that help monitor and advise on occupational health and safety programmes	GRI table	Health and safety committees have representatives from each department, who meet regularly. The average percentage across the regions is around 5%
G4-LA6	Types of injury and rates of injury, occupational diseases, lost days, and absenteeism, and total number of work-related fatalities by region and gender	GRI table	Sick leave days taken in this period were 3478. Twelve incidents of injuries on duty were reported, six were needle prick incidences and six varied from sprained hand to threatened miscarriage after falling
G4-LA7	Workers with high incidence or high risk of diseases related to their occupation	GRI table	None
G4-LA8	Health and safety topics covered in formal agreements with trade unions	GRI table	No employees belong to trade unions
G4-LA9	Average hours of training per year per employee by employee category	GRI table	The training hours are not recorded, but records are kept of the types of training each staff member has attended
G4-LA10	Programmes for skills management and lifelong learning that support the continued employability of employees and assist them in managing career endings	GRI table	Skills development is mainly on current skills required for the job, staff receive training as per development gaps identified for their jobs, e.g. attendance at conferences & technical training
G4-LA11	Percentage of employees receiving regular performance and career development reviews by gender and employment category	GRI table	All employees receive regular six monthly performance reviews
G4-LA12	Composition of governance bodies and breakdown of employees per category according to gender, age group, minority group membership, and other indicators of diversity	pp 78-79	Board composition only lists members' names, photographs and biographies. Employees broken down per gender and racial category, but not by age

G4-LA13	Ratio of basic salary and remuneration of women to men by employee category, by significant locations of operation	GRI table	Salary scales are set by employment grade, not gender
G4-LA14	Percentage of suppliers that were screened using labour practice criteria	GRI table	No suppliers were screened, although BEE status of suppliers is taken into account
G4-LA15	Significant actual and potential negative impacts for labour practices in the supply chain and actions taken	GRI table	Anova is not aware of any potential negative impacts
G4-LA16	Number of grievances about labour practices filed, addressed, and resolved through formal grievance mechanisms	GRI table	There were 5 CCMA cases in this period related to dismissals and retrenchment
Social: Human Rights			
Performance Indicator	Description	Reference	Explanation
G4-HR1	Total number of significant investment agreements and contracts that include human rights clauses or that underwent human rights screening	GRI table	Anova does not have any significant investments
G4-HR2	Total hours of employee training on policies or procedures concerning aspects of human rights that are relevant to operations, including the percentage of employees trained	GRI table	As promoting human rights is our core business, we have not recorded which training incorporates human rights issues
G4-HR3	Total number of incidents of discrimination and actions taken	GRI table	No incidents of discrimination have been reported during the year under review
G4-HR4	Operations and suppliers identified in which the right to exercise freedom of association and collective bargaining may be violated or at significant risk, and measures taken to support these rights	GRI table	No operations are at risk
G4-HR5	Operations and suppliers identified as having significant risk for incidents of child labour, and measures taken to contribute to the effective abolition of child labour	GRI table	No incidents of child labour recorded
G4-HR6	Operations and suppliers identified as having significant risk for incidents of forced or compulsory labour, and measures to contribute to the elimination of all forms of forced or compulsory labour	GRI table	No operations identified at risk
G4-HR7	Percentage of security personnel trained in the organisation's human rights policies or procedures that are relevant to operations.	GRI table	Anova does not employ security personnel
G4-HR8	Total number of incidents of violations involving rights of indigenous peoples and actions taken	GRI table	No incidents of violations involving rights of indigenous people
G4-HR9	Total number and percentage of operations that have been subject to human rights reviews or impact assessments	GRI table	No operations were reviewed or assessed
G4-HR10	Percentage of new suppliers that were screened using human rights criteria	GRI table	No suppliers were screened
G4-HR11	Significant actual and potential negative human rights impact in the supply chain and actions taken	GRI table	Anova is not aware of any potential negative impacts
G4-HR12	Number of grievances about human rights impacts filed, addressed, and resolved through formal grievance mechanisms	GRI table	No grievances were recorded

Social: Society			
Performance Indicator	Description	Reference	Explanation
G4-SO1	Percentage of operations with implemented local community engagement, impact assessments, and development programmes	p 48	The impact of our programmes is discussed under programme impact
G4-SO2	Operations with significant actual and potential negative impacts on local communities	GRI table	No Anova operations have potential negative impacts on communities
G4-SO3	Total number and percentage of operations assessed for risks related to corruption and the significant risks identified	GRI table	No incidence of corruption was identified
G4-SO4	Communication and training on anti-corruption policies and procedures	GRI table	No employees were trained on anti-corruption, but all employees are required to be familiar with, and uphold the Anova code of conduct and ethics, which is included in their employment contracts. Reminders are communicated in newsletters and HR inductions
G4-SO5	Confirmed incidents of corruption and actions taken	GRI table	There were no incidents of corruption
G4-SO6	Total value of political contributions by country and recipient/ beneficiary	GRI table	No contributions or support are offered to any political parties
G4-SO7	Total number of legal actions for anti-competitive behaviour, anti- trust, and monopoly practices and their outcomes	GRI table	Nil
G4-SO8	Monetary value of significant fines and total number of non-monetary sanctions for non-compliance with laws and regulations	GRI table	Anova did not receive any fines for non-compliance
G4-SO9	Percentage of new suppliers that were screened using criteria for impacts on society	GRI table	No suppliers were screened
G4-SO10	Significant actual and potential negative impacts on society in the supply chain and actions taken	GRI table	Anova is not aware of any potential negative impacts
G4-SO11	Number of grievances about impacts on society filed, addressed, and resolved through formal grievance mechanisms	GRI table	No grievances were recorded
Social: Product Responsibility			
Performance Indicator	Description	Reference	Explanation
G4-PR1	Percentage of significant product and service categories for which health and safety impacts are assessed for improvement	GRI table	Anova offices have Health & Safety Officers and assessments
G4-PR2	Total number of incidents of non-compliance with regulations and voluntary codes concerning the health and safety impacts of products and services during their life cycle, by type of outcomes	GRI table	No incidents of non-compliance
G4-PR3	Type of product and service information required by the organisation's procedures for product and service information labelling, and percentage of significant product and service categories subject to such information requirements	GRI table	No products or services are subject to information requirements
G4-PR4	Total number of incidents of non-compliance with regulations and voluntary codes concerning product and service information and labelling, by type of outcomes	GRI table	No incidents of non-compliance to report
G4-PR5	Results of surveys measuring customer satisfaction	GRI table	No formal surveys were undertaken in the past year
G4-PR6	Sale of banned or disputed products	GRI table	No products are sold
G4-PR7	Total number of incidents of non-compliance with regulations and voluntary codes concerning marketing communications, including advertising, promotion, and sponsorship by type of outcomes	GRI table	No incidents of non-compliance to report
G4-PR8	Total number of substantiated complaints regarding breaches of customer privacy and losses of customer data	GRI table	Anova did not receive any complaints regarding breaches of privacy
G4-PR9	Monetary value of significant fines for non-compliance with laws and regulations concerning the provision and use of products and services	GRI table	Anova did not receive any fines for non-compliance





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