OUR PATRONS
Archbishop Emeritus Desmond Tutu and Leah Nomalizo Tutu

OUR VISION
To lessen the impact of the HIV epidemic on individuals, families and communities through innovation and our passion for humanity.

OUR MISSION
The pursuit of excellence in research, treatment, training and prevention of HIV and related infections in Southern Africa.

OUR BOARD
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2013 has been a watershed year of amazing growth and national and international recognition of the work achieved at the DTHF and the DTHC. We have enjoyed the special interest of our patron, Archbishop Emeritus Desmond Tutu and his wife Leah and thank them most warmly for this and for their support. Together they are a shining light to our nation and the world and we feel very privileged to carry out our work in the Tutu name.

Nothing can be achieved without a dedicated team – our staff has grown to over two hundred employees. This is an indication of the expansion of our work and I thank each individual for their contribution to our success. The nominations received from line managers and peers for our Employee of the Quarter recognition are heart-warming to read.

After many months of negotiation the Clinical Trials Unit moved to renovated space in J52 in the Old Groote Schuur Hospital. The Unit had outgrown the space at our head office and this space was remodelled to accommodate our administration staff who had been off-site in Silvertown. The new arrangements are a vast improvement. The Clinical Trials Unit has received special recognition from the National Institutes of Health, USA for excellence and innovation in biomedical research.

The DTHF Youth Centre (YC) made the international headlines as the selected venue for US President Barack Obama to meet with beneficiaries from organisations funded by PEPFAR (President’s Emergency Plan for AIDS Relief). He was taken on a tour of the Centre and met some of the youth before taking his place at a round table discussion with Archbishop Emeritus Desmond Tutu, the Minister of Health Dr Aaron Motsoaledi, and other dignitaries. It was a great honour to receive the President of the United States.

Emavundleni Prevention Centre in New Crossroads received a high level delegation in November brought by the Deputy Minister of Science and Technology Mr Michael Masutho. The site visit was in conjunction with an earlier event on the University of Cape Town campus recognising the partnership between South Africa and the European Union in the fields of science and technology. The DTHF Youth Centre also played host to two UNAIDS Ambassadors Princess Stephanie of Monaco and later in the year, popular Scottish singer Annie Lennox.

We congratulate our indefatigable Chief of Operations, Professor Linda-Gail Bekker on her election as President-elect of the International AIDS Society. This is the most prestigious international body set up to find solutions to the HIV epidemic. She will officially take office as President for a two year term in 2016.

Closer to home, the National Research Foundation awarded Professor Robin Wood “A” status for “Researchers who are unequivocally recognised by their peers as leading international scholars in their field for the high quality and impact of their recent research outputs.” This was followed by the Medical Research Council award of funding for a ‘Flagship’ research project. This is a major research opportunity that will further Professor Wood’s research into the transmission of TB.

Other accolades awarded the DTHF were the Impumelelo Social Innovation Gold Award for the Tutu Tester project and the DTHF Youth Centre was runner up in the Mail & Guardian Drivers of Change Award.

Young people, especially girls, are at high risk of being infected with HIV. HIV prevention methods acceptable to adolescents must be available as a priority if we are to reduce new HIV infection rates to manageable numbers. ViiV Healthcare has a particular concern for adolescent health and they will be collaborating with the DTHF Youth Centre reproductive health clinic in identifying the HIV prevention preferences of young people. This study will further develop the incentive-based YC programmes that are proving so successful in assisting youth to make healthy choices.

Playwrite and satirist, Pieter-Dirk Uys generously gave a performance of his show, Adapt or Fly at the Theatre on the Bay as a fundraiser for the Foundation. This event was held in January and was a great start to 2014. We thank Pieter-Dirk most warmly, and also thank so many of our friends who joined us for a very happy and successful occasion that raised R40 000.

The DTHF works with a wide range of institutions and pharmaceutical companies. Their investment is helping to push back the boundaries of medical knowledge. DTHF researchers have published more than ?? peer reviewed papers In the year under review. The results of this work have impacted on government health policy and benefitted directly the communities most affected by HIV and related diseases. In addition our outreach projects such as the Youth Centre and the mobile units exemplify our specific concern for under serviced communities. We value the support of our corporate sponsors – Metropolitan Health, Discovery Health and Chevron among others, who partner with us in our endeavours to overcome HIV and TB. We also greatly appreciate the gifts we have received through the year from individuals and businesses in both money and in kind.

With your help much has been achieved. I leave it to our project leaders to share the latest developments in their divisions in the pages that follow.

Professor Robin Wood
Director
The Desmond Tutu HIV Foundation

Desmond Tutu HIV Foundation (DTHF) is making a substantial contribution in the provision of public health services relating to HIV and tuberculosis in the Western Cape and beyond. The Foundation is a Section 21 non-profit company that operates in association with the Desmond Tutu HIV Centre, an accredited research centre within the Faculty of Health Sciences, University of Cape Town. The DTHF is focused on the community development and community support aspects of these research endeavours.

Our aim is to impact health policy through both clinical and operational research by way of accredited peer-reviewed publications, guidance to local and national government, and community education and feedback. Our health service and implementation research includes scale up of community HIV treatment, models of care for mother-to-child prevention interventions, community based disease screening, a new major project on TB transmission, diagnostics, treatment adherence, and a range of novel HIV preventative research in young women, adolescents, and men who have sex with men.

Specific community projects that require funding outside research grants are two mobile units, the Tutu Tester and the Tutu Treater, and the DTHF Youth Centre. Support is also needed for our Sizophila Project - this team of well-trained counsellors and community health workers give crucial support to clients on treatment.

Recognition

- Medical Research Council ‘Flagship’ funding award to Professor Robin Wood for a project entitled “Tuberculosis Transmission; Host, Bacterium and Environment”
- Gold Impumelelo Social Innovation award for the Tutu Tester Project
- Mail and Guardian Investing in Life Awards – Runner Up

Prevention

Desmond & Leah Tutu Research Clinic
Masiphumelele

CHAMPS SA
With the emergence of various HIV prevention options and their appropriateness for adolescents, the CHAMPS (Choices for HIV Adolescent Methods of Prevention in South Africa) project is taking a novel approach. Young women and men at risk of HIV infection may choose from an optimised ‘menu’ of prevention strategies to meet their particular needs.

The findings from three pilot studies we are currently undertaking will feed into a fourth, this will examine adolescents’ decision making, the efficacy of a ‘menu’ approach for HIV prevention options, and the impact of messaging about each option on the adolescents’ selection. This will have a large social marketing component: “iChoose”. A modelling and costing component of this project will determine the impact of implementation of these prevention methods in South Africa on the South African adolescent epidemic, as well as the cost implications.

An examination of the ethico-legal challenges surrounding research on and implementation of biomedical prevention strategies in adolescents also forms a part of this project and is being led by HAVEG (HIV AIDS Vaccine Ethics Group) in collaboration with DTHF.

HPV Genotyping
This observational study is being conducted in collaboration with the University of Rochester, NY, and aims to assess differences in HPV types and persistence in 50 HIV-positive and 50 HIV-negative adolescent girls. This study will monitor participants over a four year period.

Persistent infection with HPV is linked to cervical cancer and the outcomes have implications for managing care of HIV-positive young women.

Socio-Behavioural Division:
This division within the DTHC is exploring a number of issues such as adherence to prevention and treatment, decision making in prevention, community understanding of partially effective prevention, behavioural economics in HIV prevention behaviours and community engagement in general.

In addition, a study to elicit understanding of the concept of partially efficacious prevention strategies in adolescent, men who have sex with men (MSM) and adult heterosexual communities is underway. Formative qualitative research has taken place with 60 participants, which will be followed by a large survey and will culminate in focus groups with representatives from the marketing and advertising industry in order to better understand how new prevention products could be marketed to target user groups.
Emavundleni Research Centre
New Crossroads

In November the Centre was honoured to host the Deputy Minister of Science and Technology, Mr Michael Masutha, Ambassador Roeland de Greer, representing the European Union, the Mayor of Cape Town Ms Patricia de Lille, US Consul General Ms Erica Barks-Ruggles and special guests. They were received by Professor Linda-Gail Bekker and given a tour of the Centre before joining community members in a large tent in the grounds of Imbasa Primary School across the road. The visit followed an event held earlier in the day at the University of Cape Town that showcased projects funded through a science and technology partnership between South Africa and the European Union.

Our grateful thanks to SAVVI for a donation that enabled us to give the Centre a much needed re-paint for the occasion. The children’s corner in the clinic waiting room has also received a much appreciated face-lift.

Community engagement
Emavundleni staff use the international health days as opportunities to educate and promote healthy practices within the Crossroads community. There were visits to four schools on international condom day, 15th February. Activities were coordinated with the rollout of HPV vaccine in schools in conjunction with the Department of Health national programme.

World AIDS Vaccine day was celebrated in May in partnership with the Emavundleni Community Advisory Board. Interactive sessions raised awareness of HIV vaccine research through clinical trials and informed the community leaders of the advantages of becoming involved.

A shack fire left a local resident, Mr Mgcina, and his family homeless. Staff collected clothes, household goods and building materials as their contribution to the Nelson Mandela 67 minute campaign on 18th July to help the family get back on their feet. The hand-over was a very happy occasion.

World AIDS Day, 1st December, is an important opportunity for community engagement. The Emavundleni outreach team visited local clinics, churches and community based organisations to inform people on ways in which they can improve their health and that of their families. Much of the activity focused on breaking down the stigma associated with HIV and teaching people how they can protect themselves from HIV infection.

Studies
The MTN 020 Retention study is of particular note this past year as participants must commit to being involved for a minimum of twelve months. 150 participants enrolled and were rewarded with monthly events, such as film shows. Retaining participants can be a serious potential difficulty in such a long and intense study.

During one of these sessions a participant wrote: “I participate in HIV Research because I need to be an example to the world and to my family and I am doing it for the new generation.”

Contraception Action Team
A memorandum of understanding has been entered into with the Western Cape Department of Health permitting Emavundleni to become a private family planning provider this is integral to the Department’s plan to expand access to services.

Contraception has been given to 1,224 participants during the past year. There have been 18 refresher contraceptive training sessions for the entire staff to ensure up to date knowledge and implementation of new methods of contraception. Relationships with local clinics have been strengthened to facilitate referrals and site specific pamphlets on IUCD’s and implants have been developed in both English and Xhosa.
Mobile Units

The Tutu Tester and Tutu Treater mobile units provide community based point of care testing and screening for HIV, tuberculosis, STIs, pregnancy, diabetes and hypertension. A recent innovation has been the inclusion of family planning services. This holistic, wellness approach aims to encourage individuals to take more responsibility for their health and in doing so, promote healthier communities. Since 2008 more than 35,000 individuals have come to the mobile units to be tested.

Tutu Tester

In 2013 funding was secured from Metropolitan Health and Discovery Health to cover the operating costs of the Tutu Tester for the immediate future. After months off the road through lack of funds the Tutu Tester was re-launched on World AIDS Day 2013. The team in the field consists of a clinical nurse practitioner, three counsellors and a driver supported by the project leader and a grant administrator. The team are working closely with the Western Cape Provincial Health Department to locate communities that have limited access to healthcare services, particularly in the Klipfontein/Mitchell’s Plain areas. The reconstituted team have hosted PEPFAR and RAMP (HVTN) scholars.

Tutu Treater

This unit, built through the generosity of Rotarians, has been made available to Right to Care to be deployed in the Overberg region of the Western Cape among under-serviced farming communities.

Treatment

Hannan Crusaid Treatment Centre
Gugulethu

The DTHF was one of the pioneers of community-based antiretroviral therapy (ART) in South Africa. A treatment centre was established in 2002 in partnership with the Western Cape Provincial Health authorities. In 2004 this was relocated to a purpose-built facility within the grounds of the Gugulethu Community Health Centre and named Hannan Crusaid in honour of the donor, Ms S Hannan, and Crusaid, a UK organisation that facilitated the donation.

By December 2013, this clinic had started over 10,600 patients on antiretroviral treatment. More than 5,800 are still in care at the site while 1,200 patients have been referred to other ART sites to access treatment.

The focus of our programme has been on support for the rapid scale-up of antiretroviral therapy which includes a community-based counselling service that continues to explore ways of improving adherence and retaining patients in care. The clinic provides extensive support for HIV affected families.

The DTHF has introduced a rapid ART initiation programme for pregnant women and specialised treatment programmes for children and adolescents. In 2011 the DTHF assisted with the introduction of TB services and continues to provide clinical support including a training programme and assistance with innovative patient and programme management.

The lessons learned at Hannan Crusaid have influenced the treatment programmes and policies, not only in South Africa, but in many treatment programmes throughout Africa and further afield.
Sizophila Counselling Project
Gugulethu

The Sizophila counsellors care for patients who come to the Hannan Crusaid Treatment Centre and the Midwife and Obstetric Unit in Gugulethu where pregnant women are being fast-tracked onto ART.

The Sizophila Counselling Project (‘we will survive’ in Xhosa) was initiated when ART was first being introduced. The twenty-five Sizophila counsellors and adherence community care workers provide education and support for patients receiving TB therapy and ART. These lay workers are undergoing treatment themselves and are therefore able to empathize with the concerns of their patients. They are also living proof that the HIV and TB drugs being prescribed do work.

The counsellors also have oversight of an off-site adherence club programme for stable patients. By the end of 2013 1,862 patients had been enrolled in 74 off-site ‘adherence clubs’.

The Sizophila model has formed the basis of the adherence support system for the TB/ART integration project. In 2011, this model was incorporated into the Western Cape policy document on Integrated TB/HIV Community Adherence Support. The DTHF collaborated with the Department of Health to develop a 10 day training course for Adherence Community Care Workers and assisted in providing this training for the city-wide roll-out of this programme.

Some of the Sizophila Counsellors have formed a choir and in February 2014 this group were invited to pose for world renowned photographer, Annie Leibovitz in a photo shoot for Vogue magazine.

The Clinical Trials Unit

The Clinical Trials Unit (CTU) was the first clinic to offer antiretrovirals to public sector patients through clinical drug trials when treatment was unaffordable in the global south. We still have some of these patients accessing care at our unit through our compassionate programme. The Unit has provided care for thousands of people living with HIV infection over more than 15 years.

In November the CTU moved to JS2, Old Main Building, Groote Schuur Hospital to be one of the anchor tenants of the University of Cape Town Clinical Trials Unit. This is a clinical research facility developed by the University of Cape Town Faculty of Health Sciences. The DTHF provides an essential resource to advance the research agenda of the Faculty. The scientific research programme focuses on the most significant health problems of South Africa and Africa, including communicable and non-communicable diseases. The anchor tenants provide infrastructure and support to those accessing the facility.

Enrolment to the START study was completed with a final total of 288 participants, the highest recruiter in the world. CTU Staff continue to provide support to the sites based in Johannesburg and Durban. CTU patients now have access to a psychologist and in collaboration with the Department of Human Nutrition, nutrition group counselling sessions are provided on a weekly basis.
Masiphumelele ART Programme

The Desmond Tutu HIV Centre has been managing HIV-positive patients in Masiphumelele since 2000 and began the MasiART (antiretroviral) service in early 2004 as part of the site development for the CIPRA-SA study. This was one of the first public sector ART programmes in South Africa and one of two sites comparing ART care delivered by nurses to that of doctors. It was found that nurses proved to provide non-inferior care and this result has paved the way for nurse-led services across South Africa.

This site has also contributed to the understanding of patient’s adherence behaviour and retention in care as well as of the interaction between tuberculosis therapy and ART.

As of April 2014, 1 204 patients were in care on ART. The DTHF monitors this cohort for the City of Cape Town and, in addition, directly supports more than 30% of these individuals in chronic adherence clubs. Adherence clubs bring together stable patients living with HIV who meet regularly to give each other support.

Adolescent and Socio-Behavioural Division

An adolescent antiretroviral treatment clinic was introduced in the Gugulethu Community Health Clinic in 2008 in response to the increasing numbers of perinatally HIV infected children reaching adolescence.

There are approximately 200 children and adolescents attending the clinic monthly. This year they were given the treat to become ‘cowboys’ for a day.

One of the challenges facing HIV-positive adolescents is the risk of defaulting on treatment and care as they transition from adolescent- to adult-care during late adolescence. There is little research on this and no clear guidance on how or when this process should occur. During the past year, the behavioural science and adolescent division has conducted formative research with 90 HIV-positive adolescents and young adults, as well as 40 HIV healthcare providers in order to identify key challenges to successful transition. Work is now underway to design, implement and evaluate a model of transition for this group, funded by ViiV Healthcare.

An attractive, child-friendly ‘chill room’ for adolescents is currently being secured and it is hoped that this will encourage attendance.

Tuberculosis Division

Fuelled by HIV, Tuberculosis (TB) notification rates in areas around Cape Town are among the highest in the world. TB is the most common opportunistic infection among HIV-infected patients and, despite the country’s large antiretroviral treatment (ART) programme, remains a major cause of death among individuals with AIDS.

The DTHF is actively engaged in research at laboratory, clinical and public health levels to increase our understanding of this epidemic and to seek solutions to this overwhelming health problem facing South Africa. In addition, the TB Division has worked on projects that cross cut with a number of other divisions within the Foundation.

Epidemiological studies of TB/HIV interaction at community level

Studies have been ongoing since 2005. Much of this work has been completed in Masiphumelele, a geographically well-defined peri-urban community in Cape Town. Nearly 15 years of TB notification data have shown the deleterious impact of the escalating HIV epidemic on population TB rates, as well as the benefits of a high coverage ART program on the same.

TB Transmission:

Over the past few years, our focus has been directed largely at understanding TB transmission in high burdened settings. We have approached this problem from a number of directions.

Social mixing surveys in the community have enabled us to identify locations of greatest indoor contact between community residents. Analysis of these potential transmission hotspots has shown age-specific risk locations. Over the past year, in collaboration with the UCT Department of Engineering we have developed an innovative approach to the study of TB transmission, using measurements of individual-based environmental CO2 monitoring to determine rebreathed litres of air as a surrogate measure of risk of TB infection. Studies with this device are ongoing to obtain objective data of potential transmission risk among different age groups in different locations.
MRC Flagship Award
Professor Robin Wood was awarded funding for a high profile, Medical Research Council ‘Flagship’ project. The project entitled, “Tuberculosis Transmission; Host, Bacterium and Environment” aims to systematically address bacterial, host and environmental factors contributing to TB transmission in a high-burdened target community using an array of innovative new tools. Professor Wood heads up the team who bring a strikingly diverse range of skill sets together to tackle a problem that has challenged scientists for a hundred years.

Tuberculosis and antiretroviral therapy cohort studies
Hannan Crusaid Treatment Centre, Gugulethu

Studies have been underway addressing key issues related to the extremely high burden of TB within ART clinics in Cape Town. This work has included identifying risk factors for TB in patients receiving ART; the impact of ART on TB incidence, and the impact of TB within the programme on mortality and outcomes of ART. These studies have explored the underlying mechanisms for the high rate of TB during ART, including immune reconstitution disease during early ART and incomplete immune recovery during long-term ART.

Tuberculosis diagnostics
Work in the Hannan Crusaid ART cohort in Gugulethu has also focused on the diagnosis of TB, as well as operational research of new diagnostic tools, including the GeneXpert machine and LAM.

Over the past year Dr Steve Lawn in collaboration with Dr Meintjes of UCT has performed a systematic screening study for HIV-associated tuberculosis in patients admitted to a local District Hospital, utilising different TB diagnostics.

A study to assess the use of Doppler Ultrasound for the early detection of Deep Vein Thrombosis (DVT) among TB hospital in-patients on TB treatment has been completed in the past year.

Integration of TB and HIV services
Work done in partnership with the HIV Treatment division includes support for an integrated antiretroviral and TB clinic with the Cape Town City Health Department and the development of an integrated TB and HIV adherence framework for patients on TB treatment and ART. We are also involved in an operation research project evaluating the impact of an integrated TB and HIV/ART program on TB treatment outcomes (See Treatment Division).

During this past year, over 930 individuals from low-income settings have been given the opportunity to participate in and benefit from research projects in this Division. Members of the local community have been employed and trained to assist with these projects.

Training

Online TB and HIV Training
Given the overwhelming burden of these two diseases, TB and HIV need to be treated predominantly at primary health level and significant task shifting to junior doctors and especially nurses must continue if we are to reduce morbidity and mortality associated with these diseases. Healthcare worker competency and adequacy largely determine programme quality and efficiency, particularly in the TB programme and ART clinics. The TB Division is collaborating with International Center for AIDS Care and Treatment Programs – South Africa (ICAP-SA) on a CDC funded grant to develop on-line TB and HIV management courses that are aimed at primary care and community-level clinicians, to assist in the up-skilling of these critical health care providers.

One Day Course: Clinical Management of TB and HIV co-infection for Primary Health Care Clinicians
This course was held in June and organised by Drs Keren Middelkoop and Richard Kaplan. The aim was to give clinicians the opportunity to keep up to date with the latest information and methodology in TB and HIV co-infection management. The course was held on the UCT medical campus and was attended by more than 80 nurses, doctors and health clinicians. Lecturers included Dr James Nuttal, from Red Cross Children’s Hospital, Dr Muhammad Osman, Senior Medical Officer from Cape Town City Health Department and Dr Karen Cohen and Professor Graeme Meintjes from the Faculty of Health Sciences, UCT.

Comments from those who attended indicated that the course was much appreciated and highly valued.

Accomplishments in 2013 include:
• Dr Middelkoop awarded Hasso Plattner Foundation Mid-Career Award, from the Institute of Infectious Disease and Molecular Medicine, University of Cape Town
• Dr Middelkoop awarded Columbia University-Southern Africa Fogarty AITRP Post-Doctoral Traineeship
Maternal & Child Health

Promoting maternal health & reducing mother-to-child HIV transmission
Research is being undertaken at the Gugulethu Midwife Obstetric Unit and associated facilities that will help drive innovative new strategies to deliver antiretroviral medicines to HIV-positive pregnant women in the Western Cape. Ultimately, this will reduce the risk of transmission of HIV from mother to child more effectively, while promoting the health of both.

The research is made possible by a generous grant through the Elizabeth Glaser Pediatric AIDS Foundation. In 2009 HIV prevalence was 28% among pregnant women attending antenatal services in the Gugulethu area. Major barriers to initiating highly active antiretroviral therapy (HAART) for HIV-positive women in need of treatment are being identified and a model is being developed to test different strategies for overcoming these barriers.

Improving family planning services for people living with HIV in the Western Cape Province

The Family Planning Integration into HIV Care and Treatment Services (FPI) project aims to increase the uptake of effective family planning (FP) services and improve contraceptive coverage to reduce unmet FP needs, and the number of unintended pregnancies among people living with HIV in the Western Cape.

Through intensive workshops, onsite mentoring and support, and distribution of educational materials, the FPI project is enabling doctors, nurses and NGO counsellors at HIV treatment and wellness clinics to address clients' FP needs during routine HIV consultations, thereby ensuring integration of the two services for the benefit of the client.

The FPI project is a partnership between the Desmond Tutu HIV Foundation, the Western Cape Department of Health and the University of Cape Town’s School of Public Health and Family Medicine. The initiative is funded by the Department of International Development’s Global Poverty Action Fund in the UK.

A successful pilot
The FPI project is a three-year project which launched in September 2012. It was successfully pilot tested at HIV care and treatment clinics in urban Klipfontein and Mitchell’s Plain, and in the rural Overberg.

As a result of its overwhelmingly positive preliminary results, Provincial Department of Health officials approved the initiative in May 2013, to roll out to other HIV care and treatment clinics in the Western Cape.

The FPI project model also became an integral component of the Women’s Health Directorate’s, Contraception and Fertility Planning Programme to further contribute towards strengthening contraceptive services.

A comment from a clinician who attended the workshops, “The workshop empowered us with so much information that we counsel our patients with confidence”. (Durbanville Community Health Centre)
Men’s Health Division

The men’s research unit was established in 2008 to support one of Cape Town’s most vulnerable populations, men who have sex with men (MSM). MSM in South Africa face a staggeringly high HIV prevalence and are challenged by discrimination, stigma, and violence. The DTHF works to support MSM by conducting innovative and world-class biomedical HIV prevention research as well as community-based support programmes, health care worker training, and advocacy projects.

In 2013, following on the footsteps of completing the first open-label study for pre-exposure prophylaxis (PrEP) in Africa, the Men’s Division continued to lead the cutting edge of biomedical HIV prevention research as they prepared for two new groundbreaking studies.

Earlier this year, the site completed activation requirements for the MTN 017 study, Africa’s first rectal microbicide clinical trial. This study will explore the acceptability and safety of rectal microbicides as a new way to prevent HIV amongst MSM in South Africa.

The site has also completed preparatory activities for the Sibanye Health Project in partnership with Emory University in the United States and the Human Science Research Council in Port Elizabeth. This study will explore combination HIV prevention strategies for MSM including the use of PrEP.

The Men’s Division has produced multiple health care worker training programmes that have been used nationally and internationally to improve service delivery for MSM, sex workers, and people who use drugs. Following these successful programmes, the Men’s Division have partnered with multiple local organisations and the Department of Health to develop an integrated key population sensitization-training programme for health care workers in Africa. In 2014 the Men’s Division will pilot this programme at sites in Bloemfontein and Mafikeng with the aim for roll out to the Department of Health regional training centres.

Underpinning all of this research and training work, is the Men’s Division extensive community engagement programme through which HIV prevention supplies, prevention education, and community building activities are delivered to MSM in greater Cape Town. In 2013, the Men’s Division has worked to expand its programme from 6 communities to 8 thanks in part to support from Johns Hopkins University and International AIDS Vaccine Initiative.

DTHF Youth Centre

The Youth Centre was opened in 2011 to serve young people between the ages of 12 – 22 years. The Centre offers services and programmes in the areas of reproductive and sexual health, education and computer skills, and sport and recreation. In 2013 the number of young people registered at the Centre rose to 2,500 with an average of 170 young people attending daily after-school activities.

VIP Visitors

The highlight of the year was a visit from United States President Barack Obama during his brief visit to Cape Town in June. The US Embassy recommended the YC as a venue where the President could meet with beneficiaries of non-profit organisations who have received funds from PEPFAR (President’s Emergency Programme for AIDS Relief).

Archbishop Emeritus Desmond Tutu was present to greet the President and take him on a tour of the facilities where he met some of the young people involved in the YC programmes. Eight local organisations sent community members who had benefitted from their services who sat in discussion with the President and the Archbishop, the Minister of Health Dr Aaron Motsoaledi, Dr Eric Goosby Global AIDS Ambassador and other dignitaries. The President engaged with them for more than an hour. The visit caused great excitement and a never-to-be-forgotten moment for some of the youth who had the privilege of a personal encounter with the President of the United States.

Another high level visitor was Princess Stephanie of Monaco, a UNAIDS Ambassador who has established her own AIDS relief organisation in Monaco. Popular singer, Annie Lennox from Scotland, is another UN AIDS Ambassador who came to visit. She has a particular interest in teen pregnancy and young mums. The music team was anxious to show off their talents and showed her the music studio and played the lead song from the CD they are making in honour of the late Nelson Mandela.
HealthZone

The HealthZone offers youth-friendly sexual and reproductive health services provided by two nurses and a health educator. There is a constant stream of young people to the clinic. In the past year 272 youth have tested for HIV and 365 young women are now receiving contraceptives.

Early in 2014 an agreement was signed with ViiV Healthcare to support a study on the HIV prevention methods acceptable to and preferred by young women. This is an important psycho-social study that aims to reduce new HIV infections by giving young women prevention options over which they have control. Establishing the optimal prevention tool will go a long way towards the control of the HIV epidemic. ViiV Healthcare are taking a great step forward in supporting this study.

EduZone

Education support, work-readiness training, and a life-skills programme are offered in the EduZone. The computer lab is an invaluable resource to learners as Masiphumelele High School does not provide computer training. Activities are structured to include building critical thinking skills, expanding ‘citizen of the world’ awareness, and encouraging reading and life-long learning.

ZoneActive

Soccer is the most popular sport in ZoneActive with 60 participants in the programme. Games, drama, gum boot dancing, table tennis, debates and intercultural events are among other varied activities offered. Thanks to a donation from AusAID, and training from volunteers from Germany, a small recording studio has been set up and youth in the music programme are working on recording a CD. There is a wealth of young talent in the community.

Eyethu Café

The Eyethu Café was opened during the year. It is an on-site kiosk offering healthy snacks such as wraps and popcorn. Youth can trade the Tutus (points) they have earned at Eyethu, it is a popular venue.

The Internship Programme

The length of the intern programme has been increased from one year to eighteen months. Six young people exhibiting exceptional potential are selected from the local community to be Zone Captains, serving six months in each of the three zones. They receive a small stipend and are responsible for assisting staff formulate activities and help in running the YC programmes. After eighteen months the interns are equipped for the workplace or tertiary education if bursaries are available.

The youth produce an online newsletter, the Tutu Times and run the YC Facebook page.
Our Thanks to our Patrons, Partners and Donors

None of these activities would be possible without the support and financial contributions of our partners.

We thank Archbishop Emeritus Desmond Tutu and Mrs Leah Tutu for their patronage, interest, and financial contributions to the work of the Foundation. We are also grateful to our Board who continue to be a source of support and inspiration. We thank them for their willingness to give of their time, expertise and wisdom.

We appreciate the commitment of the members of our Community Advisory Boards (CABs). The CABs ensure our interventions are culturally sensitive and appropriate and give direction and encouragement both to our staff and to those who access our services. They are well informed collaborators with us in helping to build healthy communities.

The DTHF Youth Centre enjoys partnerships with a number of non-profit organisations; the relationships are reciprocal and enable the YC to offer a wider range of learning opportunities to the youth.

Partners

Relationships with our corporate partners are especially valued. The following companies and organisations have given generously to the Foundation in the past year. Our sincere thanks to them all:

- Chevron South Africa
- City of Cape Town Health Department
- Columbus Cleaning Solutions
- D G Murray Trust
- Fiera Milano – Table of Peace and Unity
- Fred Meinijes
- Freshlyground
- G Ewing
- Gillie
- Grove Primary School
- International AIDS Vaccine Initiative
- J P Skinner
- Julius Oosthuizen, Edward Nathan Sonnenberg
- Karl and Emily Fuchs Foundation
- Linda Lifson
- Lisa Aquino
- Living Hope Trust
- Medikidz
- Megan Barnes
- Merck (Pty) Ltd.
- Metofile
- Metropolitan Health Group
- National Department of Health
- Peter Hosken
- Pieter Dirk Uys
- President’s Emergency Plan for AIDS Relief
- Professor Clive Gray
- Ricoh (Pty) Ltd
- Rogz (Pty) Ltd
- Sarah Townsend
- South African AIDS Vaccine Initiative
- St Margaret’s Church Fish Hoek
- Telkom
- Theatre on the Bay
- Truworths
- White House Media Team

Interns and Volunteers

And our fantastic interns and volunteers who made a remarkable contribution to our work:

- Elzette Rousseau – PEPFAR Fellow – Tutu Tester
- Lisa Burks – Intern – Tutu Tester
- Tiffany Kung – Intern – Socio-Behaviour Division
- Rangoli Bhattacharjee – Volunteer – Clinical Trials Unit
- Martin Wille – Volunteer – DTHF Youth Centre
- Kerim Bekker – Volunteer – DTHF Youth Centre

Through the year we have received benefits in kind and money from generous donors. We are grateful to each and every one for their interest and support:

- American School of London
- Archbishop Emeritus Desmond Tutu
- AusAID
- Bayer (Pty) Ltd
- Canadian HIV Vaccine Initiative
- Catherine Bean and family - Umuzi Wethemba Kwajesu
DESMOND TUTU HIV FOUNDATION NPC
ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 28 FEBRUARY 2013

STATEMENT OF COMPREHENSIVE INCOME

<table>
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<tr>
<th>Notes</th>
<th>2013</th>
<th>2012</th>
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</thead>
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<tr>
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<td>R</td>
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<tr>
<td>Revenue</td>
<td>58 530 693</td>
<td>51 126 280</td>
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<tr>
<td>Direct project costs</td>
<td>50 072 960</td>
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<td>Gross Surplus</td>
<td>7 557 733</td>
<td>7 616 395</td>
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<td>Other income</td>
<td>340 443</td>
<td>158 586</td>
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<td>Administrative expenses</td>
<td>1 651 906</td>
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<td>Operating surplus</td>
<td>6 246 270</td>
<td>5 857 203</td>
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<tr>
<td>Investment revenue</td>
<td>419 268</td>
<td>339 176</td>
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<tr>
<td>Finance costs</td>
<td>30 249</td>
<td>9 005</td>
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<tr>
<td>Surplus for the year</td>
<td>6 635 289</td>
<td>6 187 374</td>
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STATEMENT OF FINANCIAL POSITION

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<tr>
<td>ASSETS</td>
<td>Non-Current Assets</td>
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<td>Property and equipment</td>
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<td>Current Assets</td>
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<td>Trade and other receivables</td>
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<td>Cash and cash equivalents</td>
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<td>Total Assets</td>
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<td>ACCUMULATED FUNDS AND LIABILITIES</td>
<td>General reserve</td>
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<td>Accumulated surplus</td>
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<td>Total Accumulated Funds and Liabilities</td>
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<td>LIABILITIES</td>
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<td>Trade and other payables</td>
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<td>Deferred income</td>
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<td>2 653 127</td>
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<td>Total Accumulated Funds and Liabilities</td>
<td>13 893 289</td>
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<td>45 406 180</td>
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