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
Zohra Ebrahim
Professor Robin Wood
Professor Linda-Gail Bekker
Thandeka Tutu-Gxashe
Peter Grant

Physical Address
Desmond Tutu HIV Foundation
Faculty of Health Sciences - University of Cape Town
Level 1 Wernher & Beit Building North
Anzio Road
Observatory, Cape Town 7725

Postal Address
Desmond Tutu HIV Foundation
P O Box 13801
Mowbray 7705

Telephone: (+27) 021 650 6966
Fax: (+27) 021 650 6963

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A message from the Director

I am greatly encouraged that at the DTHF we continue to make a substantial contribution to new knowledge on preventing HIV infection and in the management and treatment of both HIV and tuberculosis (TB). This report is a reflection on what has been achieved over the past two years and what goals still lie ahead. We are proud that our interventions are bringing us closer to achieving the World Health Organisation targets of zero HIV infections, zero HIV related deaths, and zero stigma.

The good news is that overall in southern Africa the rate of new HIV infections, while still climbing, is slowing down. The results of HIV research have influenced national policy and the improved delivery of HIV testing and treatment services are impacting on the epidemic. We are confident that if we continue our efforts we can reduce HIV to a manageable chronic disease in the foreseeable future.

However, alongside HIV infection, TB continues to decimate our communities, especially in the Western Cape. TB infection is the major cause of death in South Africa and yet it is a curable disease. The DTHF is putting great effort into finding the causes underlying this phenomenon. Can TB transmission be reduced, as was achieved in the developed world sixty or seventy years ago? We have to find a solution to TB transmission if we are to overcome the opportunistic effect the disease has upon those who have reduced immune systems through poor health or HIV infection.

At the DTHF we are using all the tools at our disposal, including such basics as improving our accounting and grant reporting systems. We have switched to the SAP Business 1 software. A learning curve for us all, but the advanced technology of this system has improved our financial management, reduced auditing costs substantially, and facilitated grant reporting.

Other new equipment that has been supplied by donors are a GeneXpert machine for more rapid TB diagnosis, Pima analysers for rapid CD4 count assessment, and four large vaccine refrigerators. This equipment is valued at many, many thousands of rand and would not have been possible for us to acquire ourselves. We are most grateful to our generous donors.

Last August we held a seminar focused on the work being done by the DTHF in Masiphumelele at the Desmond and Leah Tutu Research Centre and the DTHF Youth Centre. The event was held in the Wolfson Pavilion at the Faculty of Health Sciences UCT and was well attended by academics, partners, community members, and friends and supporters. We were pleased to share the findings of our research and explain the benefits of our outreach to the community.

The DTHF Youth Centre is now well established with more than 2,000 young people registered. The centre provides educational programmes, reproductive health services, sport and recreational activities with many fun events to mark special days such as a Youth Day and Heritage Day. A dedicated team assists the manager, Dante Robbertze, with these initiatives. All programmes are monitored and evaluated to ensure they are appropriate and of real value to our participants. The Youth Centre is reliant on financial contributions and we extend our heartfelt thanks to our donors and supporters who have enabled us to provide a superb facility and development programmes that are giving life and hope to vulnerable youth.

The Youth Centre is being recognised as a place of change and transformation for young people and has attracted some prominent visitors. Her Serene Highness Princess Charliène of Monaco visited the Centre in June 2011, and last year there were visits from Bill and Melinda Gates, and UN AIDS Ambassador Princess Stephanie of Monaco. Archbishop Emeritus Desmond Tutu has also given generously of his time to meet our visitors and attend some of our events. We thank him most warmly.

In September 2012 we celebrated ten years of partnership with the Western Province Department of Health at the Gugulethu Community Health Centre. Archbishop Desmond received a warm welcome from our Sizophila Counsellors who work tirelessly to support more than 4,000 patients who receive treatment at the Centre. The work of the DTHF at community level began here in 2002 at a time when treatment for HIV patients was only available through clinical trials. In 2004 the Hannan Crusaid Treatment Centre was built on the site with the help of Crusaid, a non-profit organisation in the UK. The number of patients now receiving treatment at this centre is indeed cause for celebration.

There is, however, some cause for concern. The current loss of overseas funding to non-profit organisations has hit the DTHF in one particular area. The much loved and award-winning Tutu Tester mobile unit has been temporarily taken out of service until new partners can be found to contribute to running costs. This has been a set-back for our staff and many clients as the Tutu Tester has been providing a vital health service to individuals who would not usually visit a health facility. The Tutu Tester offers much more than HIV testing; the staff run diabetes, hypertension, STI and BMI checks, offer family planning and health advice, as well as TB screening to those at risk. We are hopeful that new partners will be found and look forward to the Tutu Tester taking to the road again.

We are proud that the DTHF is in the forefront of international HIV and TB research and congratulate Professor Linda-Gail Bekker on her appointment to the Board of the prestigious International AIDS Society. Among the many other portfolios and responsibilities she holds, But I wish to pay tribute to our staff – our community outreach workers, counsellors, lab technicians, nurses, pharmacists, admin and finance staff – you are the salt of the earth. It is through your commitment and compassion we are moving forward and pressing on to the goal of a world without HIV.

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The Emavundleni Research Centre in Crossroads, Nyanga has been designed specifically as a site where new biomedical technologies can be tested to international standard among healthy, well informed volunteers.

Emavundleni is internationally recognised as a site for HIV prevention trials including vaccines, microbicides, STI vaccines, and pre-exposure prophylaxis. We partner with a number of international networks and agencies in the search for an effective, accessible HIV prevention modality.

Emavundleni is one of seven national sites selected for the South African Studies on HIV in Adolescents (SASHA). This successful study involved more than 800 youth across South Africa providing valuable information on adolescent attitudes and behaviours. Community attitudes and those of parents or guardians were also measured; preparing the way for the initiation of an HIV vaccination programme should an HIV vaccine become available.

Voluntary counselling and testing services are also offered at the Centre, in addition to testing for STIs, Tuberculosis and blood sugar levels. It is our practice to refer patients to other health services should they require treatment outside the services we provide.

Current studies:
1. Started 1 phase I HIV vaccine trial in second quarter of 2011.
2. Started PrEP study: ADAPT in 3rd quarter of 2011. Emavundleni is one of 2 sites conducting this study; the second site is in Bangkok, Thailand.
3. Started the follow-on study of SASHA; following the SASHA participants for an additional 9 months.
Clinical Trials Unit

The DTHF Clinical Trials Unit (CTU) is the oldest, most established of the clinical research sites of the Desmond Tutu HIV Centre having begun in the 1990s as the HIV Research Unit directed by Robin Wood in the New Somerset Hospital. This was the site of the first dedicated HIV clinic in Cape Town, providing care for thousands of people living with HIV infection over more than 15 years.

It was also the first clinic to offer antiretrovirals to public sector patients through clinical drug trials when treatment was unaffordable in the global south. In this pioneering spirit, this site has also been the only site to take part in the SMART study, and is the regional coordinating site and best recruiter world-wide for the study START and was the only site in Africa to take part in the Global iPrEx study.

The CTU continues to conduct clinical trials in the field of HIV prevention and treatment. We have broadened our scope as an academic unit and we are increasingly becoming involved in investigator initiated trials. Studies include the NIH funded START study, the University of New South Wales SECOND-LINE and ENCORE1 studies as well as the iPrEx prevention study.

In 2012, our focus was on recruitment and we managed to exceed our enrolment targets in all studies and be the highest recruiting site globally for all START, Encore 1 and Second-line. In addition we recruited for another treatment-naïve study and one non-naïve study.

The unit has also been working on numerous sub-studies which has allowed us to diversify our expertise. We have conducted studies involving dEXA scans, dried blood spots, pharmacokinetics and pulmonary lung function tests. We are soon to move to a new unit in the Groote Schuur Hospital building which will increase our contact with the Divisions of Clinical Pharmacology and Infectious Diseases.

Desmond and Leah Tutu Research Centre

Masiphumelele

This Centre has been managing HIV-positive patients in Masiphumelele since 2000 and began the Masi-ART (Masiphumelele antiretroviral) service in early 2004 as part of the site development for the CIPTRA-SA study. This was one of the first public sector ART programmes in South Africa. This site was one of two sites in the NIH-funded randomised controlled CIPTRA-SA project 1 study: comparing ART care delivered by nurses to that of doctors [Sanne et al]. Nurses proved to provide non-inferior care in this setting and this result has paved the way for nurse-led services across South Africa. The Masi-ART cohort is now largely nurse-driven and still actively recruiting.

Data from the CIPRA cohort also contributed to acceptance of a CD4 count of 350 cells/ul as the entry CD4 cell count into South Africa's National ART programme 2010 [Fox et al]. This site has 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 November 2012, 1,139 patients were in care with full clinical, immunological and virological data available.

Hannan Crusaid Treatment Centre

Gugulethu

The Hannan Crusaid Treatment Centre was built in 2004 in partnership with the Western Cape Provincial Health Department (WCPHD) and Crusaid, a non-profit organisation in the UK. The treatment centre is within the WCPHD Gugulethu Community Health Centre complex.

The Centre provided one of the first public sector antiretroviral programmes in South Africa and by July 2011 had screened over 10 000 patients of whom started antiretroviral treatment. More than 5 000 patients are still in care on site. The clinic provides extensive support for HIV affected families, including specialised treatment programmes for more than 200 children and adolescents living with HIV. In 2011 tuberculosis (TB) services were introduced to provide a more comprehensive service for HIV and TB co-infected patients. The integration of HIV and TB treatment continues smoothly.
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.

The DTHF was the only African site selected for the Global iPrEX study, a ground-breaking biomedical HIV prevention clinical trial for MSM. The men's division completed both iPrEX and its open-label extension in 2011-2012, thereby laying the groundwork for important new HIV prevention strategies for MSM.

Additionally, the division completed their 2nd HIV surveillance study, which reached 500 MSM at LGBT-identified venues in greater Cape Town. Working closely with township-based MSM the division completed multiple qualitative studies. These studies provided insight into how mobile technologies, health care facilities, and community-based programmes can better help support MSM and provide them with the HIV prevention services they deserve.

The division's MSM sensitivity training manual for health care workers has seen over 500 health care workers trained and a revised 2nd edition disseminated. The MSM training is being used not only in South Africa but in Ghana, Kenya, and Uganda and has been used as a template for multiple programmes. In 2012, the division expanded to include work with other vulnerable populations including sex workers and people who use drugs (PWUD). The team released two new trainings to better sensitise health care workers to work with this population. Over 388 health care workers were trained and over 3,000 manuals distributed to partners.

The community engagement programme has continued to grow with 10-14 community meetings or events taking place each month with township-based MSM. These meetings are designed to provide MSM opportunities to gain social support, build their self-esteem, reduce their social isolation, and gain important HIV prevention information. The division is reaching MSM in 6 township communities currently.

The DTHF developed a comprehensive needs analysis for Key populations (MSM, sex workers, PWUD, migrants, transgender, and prison) in 2010 that led to the greater inclusion of the needs of MSM in South Africa’s National Strategic Plan for HIV, STIs, and TB 2012-2016. In 2012, Linda-Gail Bekker and the members of the division led the South African Clinicians Society committee which developed National Guidelines for the use of PrEP with MSM in order to ensure that the research from iPrEX was translated into a meaningful HIV prevention tool for MSM.
Reducing HIV transmission from Mother to Child

Research is being undertaken at the Gugulethu Maternity and Obstetrics Unit 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 Stavros Niarchos Foundation. In 2009 HIV prevalence was 28% among pregnant women attending antenatal services in the Nyanga 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.

Integrating family planning into HIV care and treatment services

In late 2012 the DTHF in partnership with the Western Province Health Department initiated a pilot project to train health care providers in the integration of family planning into HIV care and treatment services.

Despite increasing interventions to prevent the mother-to-child transmission (PMTCT) of HIV, a substantial number of new paediatric HIV infections continue. Family planning interventions to prevent unintended pregnancies among HIV-infected women and men are a critical but neglected component of PMTCT programmes. HIV care/treatment programmes are ideally situated to identify and address family planning needs. Family planning services and HIV care are usually offered at separate facilities causing a barrier to effectively address the needs of those wishing to access these services.

The pilot project seeks to develop and implement a simple intervention to integrate family planning into HIV care/treatment services at primary health care facilities in the Western Cape. The aim is to reduce the number of unintended pregnancies among HIV infected women in the Province.

Training sessions and workshops with health care professionals from these facilities in both urban and rural settings are in progress.

Tuberculosis Division

Epidemiological Studies of TB

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 and, despite the country’s large antiretroviral treatment (ART) program, 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 a well-described, geographically well-defined peri-urban community in Cape Town. Nearly 15 years of TB notification data have shown the deleterious impact of HIV on population TB rates, as well as the benefits of a high coverage ART program on the same. Cross-sectional prevalence studies have also reported the community benefits of ART on TB prevalence.

Ten years of molecular epidemiological data including fingerprinting of all TB sputum strains collected have provided insights into transmission patterns in the HIV infected and uninfected populations. In addition tuberculin skin test surveys in the community schools have provided understanding of high TB infection rates in the community. We are developing 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.
Socio-behaviour – Adolescent Clinic

Gugulethu

Children who are infected with HIV need particular support and encouragement if they are to manage their health. 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 teenagers attending the clinic monthly. The findings from our studies are intriguing, both with respect to adolescents having a higher rate of virological failure and yet better immunological outcomes than young adults, and for the differences between adolescents infected perinatally and those infected through sexual transmission.

The youngest perinatally infected adolescents were born in 2001, before the advent of prevention of mother to child transmission (PMTCT) programmes in South Africa. They tended to have better responses to antiretroviral treatment than adolescents who had been infected through sexual transmission and lower loss to follow-up, possibly because of stronger family and friend support systems. It was found they were more likely to attend the treatment facility with the support of parents.

The next step is to collect information on side effects to therapy, drug resistance, and adherence. We are particularly interested in what makes it easier and what makes it harder for adolescents who are embarking on lifelong treatment to take their medications regularly.

It is important that an attractive, child-friendly environment is created to encourage the youth to return for assessment and to receive their medication. A nearby container has been renovated and equipped as an activity room for their use.

The Sizophila Counsellors

Sizophila means ‘we shall survive’ in isiXhosa. Some members of this team were among the first patients living with HIV who came to the clinic to receive antiretroviral therapy. They experienced the transformation to health that antiretroviral therapy brings and volunteered their services so others could also benefit. They were taken on as employees and trained in every aspect of managing HIV treatment.

They provide treatment readiness assessments, treatment education and support, conduct group training sessions, and make home visits. They are living proof that the HIV and TB drugs being prescribed work and are able to empathise with the fears and concerns of their patients. In 2008 the Sizophila Counsellors were recognised for their outstanding work and received the Plantimum Impumelelo Award for their exceptional commitment and contribution to the community of Gugulethu.

In 2011 - 2012, 20 counsellors completed the ATICC 10 day HIV/AIDS, TB and STI Information course and the ATICC 18 day intensive adherence counselling course. In 2012 19 counsellors attended a one day workshop on Family Planning Integration into HIV care and Treatment Services, 23 counsellors received ACTS training and 6 counsellors went on an Infant Feeding Course.

The Sizophila Counsellors are important in providing support for ‘adherence clubs’, groups of people living with HIV whose condition is stable and who meet regularly with others living with HIV. The counsellors operate from Hannan Crusaid Treatment Centre and the Gugulethu Maternity and Obstetrics Unit where pregnant women are being fast-tracked onto treatment.
Mobile Units

Tutu Tester

The Tutu Tester mobile unit goes out daily providing a free comprehensive health service. This includes nutrition and healthy life-style education, HIV counselling and testing including point of care CD4 testing, screening for tuberculosis, plus a range of general health screening tests. The aim is to improve the health of individuals in under serviced communities and to normalise HIV testing.

The project is in line with the National Department of Health: Health Sector Strategic Framework which includes:

- Accelerated implementation of the HIV & AIDS and Sexually Transmitted Infections National Strategic Plan 2012 - 2016
- Mass mobilisation for better health for the population

Since the Tutu Tester’s inception in May 2008 almost 40 000 individuals have been seen by the unit’s dedicated team. The unit is staffed by a clinical nurse practitioner and registered counsellors and educators, 30 – 50 people are seen in a day.

A primary focus of the Tutu Tester project is to reduce the risk of HIV acquisition and transmission in all tested clients irrespective of positive or negative HIV status. The programme targets hard to reach communities with a high incidence of HIV, Tuberculosis and sexually transmitted diseases. Linkage to care is encouraged by referral to public health services and facilities including follow up cell phone calls from the Tutu Tester counsellors. The Tutu Tester has also accessed the working population by testing at farms, factories and transport hubs (train and bus stations, and taxi interchanges).

Innovative technology has been a feature of the project. A biometric registration system (Broccoli) ensures anonymity and confidentiality for clients. Medical information captured on the system can be accessed with an index finger print. The team uses a Pima analyser to measure the CD4 counts of clients who test positive. The great benefit of this machine is that results are available within 20 minutes so patients do not have to return on a later date to know their CD4 count.

The latest innovation has been the donation from Life Healthcare Foundation of a GeneXpert machine fitted into the Tutu Trailer towed by the Tutu Tester. This state of the art diagnostic machine gives a rapid, accurate diagnosis for tuberculosis, making the Tutu Tester a one-stop-shop for clients.

The Tutu Tester project was made possible through the generosity of the Metropolitan Health Group who funded the custom built vehicle. The President’s Emergency Plan for AIDS Relief and Agence Francaise have supported the running costs. Unfortunately these international agencies have withdrawn their funding and the Tutu Tester programme was suspended in September 2012. We are confident local partners will come forward to enable us to continue this vital and effective health service.

Tutu Treater

The success of the Tutu Tester piqued the interest of the Rotary Club of Claremont. Together with the Rotary Club of Kirkcudbright, Scotland they funded building the Tutu Treater with the purpose of reaching communities in the rural areas of the Western Cape. The DTHF does not have the infrastructure to run a distance project so we happily gave Right to Care, a non-profit organisation in the Hermanus area, the opportunity to operate the Tutu Treater in the Overberg. This project continues and has been favourably received by the farming community.
The DTHF Youth Centre opened in March 2011 and provides a safe, wholesome environment for young people between the ages of 12 and 22. Together with our partners the Centre offers programmes to advance the health, education, and development of young people.

Our goal is to equip the youth to make wise, informed decisions on issues of health, sexuality, career path and other challenges that face young people today. The Centre incorporates a reproductive health clinic, education centre with computer lab, an activities room, and a hall seating a hundred people. Dante Robbertze manages the Centre with the assistance of an education coordinator, sports and recreation coordinator, and a full time nurse.

The Broccoli Biometric (finger-print) system on which the details of each young person attending activities is recorded is proving invaluable in keeping track of youth who register, their interests, and the frequency of their visits. An incentive scheme based on accumulated points called 'Tutus' has been initiated. Young people earn Tutus for participating in a variety of projects and activities, they burn Tutus when they are redeemed for a list of possibilities from driving lessons to items from the tuck shop. The incentive system is building the concepts of investing time and effort, and saving for medium and long term reward. Partnerships have been established with Lalela Art Project, eMzantsi, Impact Africa, and the Isiqalo HIV Surfing Project.

A full time nurse and counsellor are available in the HealthZone and there has been a steady increase in HIV testing. Information on family planning is also keenly sought after. An agreement has been signed with the Medical Knowledge Institute to place a health care trainer in the HealthZone. His role is to educate the youth in hygiene, nutrition, and good health practices.

Sports and recreation are key activities at the Centre, there is an enthusiastic gum boot dancing group and drama and poetry are popular. Young people are eager to express themselves.

In 2012 six young people from the Masiphumelele and Ocean View communities were selected to be interns at the Centre. They received a small stipend and in return have supported the youth centre staff while gaining experience in office practice, computer literacy, leadership and life skills. The programme has proved highly successful and of great benefit to the youth, one of whom has been awarded a scholarship for further study at False Bay College. The second group of interns were selected early in 2013.

The youth centre has attracted a number of high-profile visitors including Princess Charlene of Monaco, UN AIDS Ambassador Princess Stephanie of Monaco, and Bill and Melinda Gates.

The Youth Centre is dependent on the generosity of the public for funding. Our grateful thanks to the Medical Knowledge Institute, Chevron, Truworths, Table of Peace and Unity (Fiera Milano), Close the Gap, AusAid, the National Lottery Board, Trees for Schools, and many others for their interest and support.
Many of our studies are financed through research grants and we value and appreciate these partnerships. However as a not for profit company we are reliant on the general public to fund many of our outreach programmes such as the Sizaphila Counsellors, the mobile units, and the DTHF Youth Centre, in addition to smaller projects that enable us to provide additional training, education or assistance to encourage individuals to take responsibility for their health. This valuable work would not be possible without the help of our friends.

We extend our deep appreciation and warm thanks to the following individuals, agencies, organisations and corporate businesses for their willingness to give generously of their resources.

Our Partners

The Director and staff of the DTHF extend their very warm thanks to our patrons Archbishop Emeritus Desmond Tutu and his wife, Leah. They have been wonderfully supportive of our work, attending our events and, on occasion, the Archbishop has made himself available to receive our special guests. We greatly value their association with us.

Our sincere thanks are also extended to our directors whose enthusiasm, wisdom and support have been a great source of strength and encouragement.

We are proud to be at the cutting edge of HIV research, but this would not be possible without the commitment of national and international donor agencies and strategic partners. We acknowledge their indispensable role and thank them for their assistance.

And to our corporate friends, NGO partners, and the wonderful individuals who have joined us on our journey to lessen the burden of HIV, you enable and sustain our outreach work on the ground. Our clients depend on you, it is your concern and compassion that have helped them through.

We particularly mention:

- Agence Française de Développement
- Anesa & Babosa Architects
- Attwell, Simon
- AusAid
- Benatar, Evelyn
- Bill & Melinda Gates Foundation
- Bill Thompson
- Cape Town Attorneys Association
- CARE (Centre for Actuarial Research)
- Cell-Life, incorporating the iDART pharmacy system
- Chevron South Africa
- City of Cape Town Department of Health
- Close the Gap
- Community Advisory Boards of Nyanga, Masiphumelele and DTHC
- DAIDS (Division of AIDS of NIH National Institutes of Health, USA)
- Desmond and Leah Tutu Legacy Foundation
- Desmond Tutu HIV Centre
- Douglas Murray Trust
- Ebrahim, Zohra
- European Developing Countries Trials partnerships
- Elizabeth Claser Paediatric Foundation
- European Clinical Trials Platform
- Faculty of Health Sciences, University of Cape Town
- Feinstein, Mia
- Fondation Princess Charlène
- Freshlyground
- Fuchs Foundation
- Future Fighters
- George Wood Memorial Trust
- Global Fund for TB, HIV and Malaria, UNAID
- Good Food and Wine Show (Fiero Milano)
- Gordon Wright Memorial
- Grant, Peter
- Hannan Crusaid Treatment Centre
- HCI Holdings
- HIV/AIDS Vaccine Ethics Group
- Heiser Programme of New York Community Trust
- Hendrikse, Dr. John
- HIV Vaccine Trials Network
- Hugin Family Foundation
- Industrial Analytical
- International AIDS Vaccine Initiative
- Infectious Disease Epidemiology Unit, UCT
- International Epidemiological Databases to Evaluate AIDS
- Institute of Infectious Disease and Molecular Medicine, UCT
- International Maternal Pediatric Adolescent AIDS clinical Trials
- International Partnership in Microbicides
- J David Gladstone Institute of Virology and Immunology
# Financial Statements

**DESMOND TUTU HIV FOUNDATION**  
(association incorporated under section 21)  
**ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 28 FEBRUARY 2011**  

### STATEMENT OF FINANCIAL POSITION

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<tr>
<td>Trade and other payables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deferred income</td>
<td>6</td>
<td>450,131</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Accumulated Funds and Liabilities</strong></td>
<td></td>
<td>25,225,273</td>
</tr>
</tbody>
</table>
### Statement of Comprehensive Income

<table>
<thead>
<tr>
<th>Note(s)</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>37 836 558</td>
<td>37 943 908</td>
</tr>
<tr>
<td>Direct project costs</td>
<td>(35 349 388)</td>
<td>(31 407 156)</td>
</tr>
<tr>
<td>Gross surplus</td>
<td>2 487 170</td>
<td>6 536 752</td>
</tr>
<tr>
<td>Other income</td>
<td>10 975</td>
<td></td>
</tr>
<tr>
<td>Administrative expenses</td>
<td>(1 910 524)</td>
<td>(2 339 945)</td>
</tr>
<tr>
<td>Operating surplus</td>
<td>576 646</td>
<td>4 207 782</td>
</tr>
<tr>
<td>Investment revenue</td>
<td>638 994</td>
<td>719 664</td>
</tr>
<tr>
<td>Finance costs</td>
<td>(831)</td>
<td>(25 216)</td>
</tr>
<tr>
<td>Surplus for the year</td>
<td>1 214 809</td>
<td>4 902 230</td>
</tr>
</tbody>
</table>

### Statement of Financial Position

<table>
<thead>
<tr>
<th>Note(s)</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property and equipment</td>
<td>11 862 451</td>
<td>9 361 417</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>13 503 993</td>
<td>6 907 752</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>6 805 626</td>
<td>8 956 104</td>
</tr>
<tr>
<td>Surplus for the year</td>
<td>1 214 809</td>
<td>4 902 230</td>
</tr>
<tr>
<td>Total Assets</td>
<td>32 172 070</td>
<td>25 225 273</td>
</tr>
</tbody>
</table>
## STATEMENT OF COMPREHENSIVE INCOME

<table>
<thead>
<tr>
<th>Note(s)</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>7</td>
<td>51 126 280</td>
</tr>
<tr>
<td>Direct project costs</td>
<td>8</td>
<td>(43 509 885)</td>
</tr>
<tr>
<td>Gross surplus</td>
<td></td>
<td>7 616 395</td>
</tr>
<tr>
<td>Other income</td>
<td></td>
<td>158 586</td>
</tr>
<tr>
<td>Administrative expenses</td>
<td></td>
<td>(1 917 778)</td>
</tr>
<tr>
<td>Operating surplus</td>
<td>9</td>
<td>5 857 203</td>
</tr>
<tr>
<td>Investment revenue</td>
<td>10</td>
<td>339 176</td>
</tr>
<tr>
<td>Finance costs</td>
<td>11</td>
<td>(9 005)</td>
</tr>
<tr>
<td>Surplus for the year</td>
<td></td>
<td>1 214 809</td>
</tr>
</tbody>
</table>