OUR PATRONS
Archbishop Emeritus Desmond Tutu
Leah Nomalizo Tutu

OUR MISSION
The Desmond Tutu HIV Foundation pursues excellence in research, treatment, training and prevention of HIV and related infections in Southern Africa

OUR PURPOSE
To lessen the impact of the HIV epidemic on individuals, families and communities through our commitment to excellence, innovation and passion for humanity

OUR BOARD
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Dear Friends

For so many years the news around HIV has been nothing short of a national disaster, an unfolding tragedy of immense proportions. The disease has taken hold of our communities with terrifying speed, with infection rates leaping higher and higher each year. Younger children have lost their parents and older parents have lost their children.

Child-headed households are creating social challenges for which our support structures are unprepared, and communities spend their weekends at gravesides. Unfortunately, in our national response there have also been many missed opportunities and precious lives lost as a consequence.

But change has happened and I was so proud to learn that it was a Desmond Tutu HIV Foundation clinic that was one of the first to roll out life saving antiretrovirals to those most needy in our communities. The untiring work of those trying to stem the pandemic is beginning to bear fruit. Infection rates in some sectors are leveling off and we have seen an unprecedented reduction in the number of people dying and we are beginning to see an early impact in other important diseases, such as tuberculosis, as a result.

It is not a time to rest on our laurels, but I want to pay tribute to those who are working with such dedication to contain the disease. You are quite wonderful! I encourage you to redouble your efforts as there is still so much to be done. Thank you to everyone who has rallied to help and given their support so generously. To our donors and volunteers; thank you for your compassion, thank you for your caring. It is deeply, deeply appreciated.

And now to work, as we enthusiastically take on another year of challenges and progress. We are counting on you being with us.

God bless you
GIVE HIV THE RED CARD

2009 ANNUAL REVIEW

DESMOND TUTU HIV FOUNDATION

Dr Linda-Gail Bekker

AN OVERVIEW OF HIV/AIDS IN SOUTH AFRICA

The number of people living with HIV worldwide continued to grow in 2008, reaching an estimated 33.4 million. The total number of people living with the virus in 2008 was more than 20% higher than the number in 2000, and the prevalence was roughly threefold higher than in 1990. The continuing rise in the population of people living with HIV reflects the combined effects of continued high rates of new HIV infections and the beneficial impact of antiretroviral therapy. As of December 2008, approximately four million people in low- and middle-income countries were receiving antiretroviral therapy—a tenfold increase over five years (World Health Organisation, United Nations Children’s Fund, UNAIDS, 2009). This is a triumph of global funding and health systems mobilisation in areas where more often than not, very little health resource exists. As a result, many many lives have been saved, families remain constituted and breadwinners continue to feed their dependents.

The UNAIDS estimates that in 2008 there were 5.3 million South Africans infected with the virus, of which three million were women above 15 years old and 220 000 were children. South Africa has almost two decades (1990–2008) of good sentinel surveillance data that assists in monitoring the HIV epidemic trends in the 15–49 years old female population. At the end of 2007, the estimated prevalence of HIV in the general adult population was 17.5 %. South Africa is home to one-sixth of the world’s population living with HIV and has the largest antiretroviral therapy (ART) programme in the world. ART roll out began nationally in late 2003 and by the middle of 2008, 568 000 adults and children were receiving ART. This translated into around 40% of eligible adults receiving ART in 2008, although the latest recent guidelines recommend earlier initiation for certain patients, thus increasing the numbers eligible for ART and widening the treatment gap.

However, despite the impact of antiviral therapy, access and implementation is such that still many babies are born infected and many young people continue to be infected. It is estimated that for every two individuals started on treatment, another five become infected. It is for this reason that attention and resources must also be given to strengthening HIV prevention interventions to curb incidence whilst providing universal access to treatment for all those affected, in order to reduce morbidity and premature deaths due to AIDS.

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South Africa, with so many millions of people infected, faces both institutional and human resource capacity challenges to provide treatment, care and support. This is compounded by the simultaneous resurgence of the TB epidemic and drug resistant pathogens. The findings from the South African 2008 antenatal survey supports observations that the HIV prevalence may be stabilising in the general adult population but South African women remain at highest risk of contracting HIV. The overall national HIV prevalence among antenatal women aged 15–49 years in the 2008 ANC survey, measured using the parallel test algorithm, was 29.3% (95% CI: 28.5%–30.1%). The occurrence of the HIV infection nationally has stabilised at around 29.0% from 2006. In 2007, the HIV prevalence estimate among first visit antenatal attendees was 29.4% (95% CI: 28.5–30.1).

Nationally, women in the age group 30–34 years still have the highest prevalence, with a prevalence of 40.4% in 2008 compared to 39.6% in 2007. The HIV prevalence among the 15–24 years old (which is the Millennium Development Goal 6, Target 7 indicator 18) was 21.7% in 2008 compared to 22.1 % in 2007 a decline of 0.4%. There is a slight increase in HIV prevalence among young women in the age group 15–19 years from 13.1% in 2007 to 14.1% in 2008. The HIV prevalence has remained stable among women aged 25 years and above.

Furthermore, the results show that there is wide variation in HIV prevalence rates between provinces, in the age groups over 19 years, from 16.1 % in the Western Cape to 38.7% in KwaZulu-Natal. For the first time HIV prevalence trends have been reported down to the district level in South Africa. District HIV prevalence results show heterogeneity with respect to the spread of the epidemic, with prevalence ranges ranging from 2.2% in Namakwa (NC) to 45.7% in uMgungundlovu (KZN).

In 2009/2010 South Africa continues to be the epicentre of the generalised epidemic in the Southern region of Africa. Within the country there is enormous heterogeneity in terms of disease load, with the main disease burden still in women. Progress towards treatment access has been made throughout the country in the last few years, but still enormous efforts need to be made in prevention of mother to child transmission programme coverage and increased HIV testing and timely linkage of individuals needing antivirals into comprehensive and sustainable care. With the global economic recession of 2009, and an ever increasing pool of patients requiring life long treatment, enhanced efforts to find effective prevention strategies has become even more urgent and imperative in 2010.

It is estimated that for every two individuals started on treatment, another five become infected. It is for this reason that attention and resources must also be given to strengthening HIV prevention interventions to curb incidence whilst providing universal access to treatment for all those affected, in order to reduce morbidity and premature deaths due to AIDS.
The Desmond Tutu HIV Foundation (DTHF) is a registered non-profit organisation. Established under the directorship of Professor Robin Wood and Associate Professor Linda-Gail Bekker, in January 2004, the Foundation began as the HIV Research Unit based at New Somerset Hospital in the early 1990s. It was acclaimed as one of the first public clinics to offer antiretroviral therapy to those living with HIV.

More recently, the Foundation moved to its present headquarters at the Faculty of Health Sciences, at the University of Cape Town (UCT). Supported by Archbishop Emeritus Desmond and Leah Tutu, the Foundation has extended its activities to include HIV treatment, prevention and training, as well as tuberculosis management and monitoring, in some of the most vulnerable communities of the Western Cape.

All of these activities are underpinned by evaluative and innovative academic research undertaken by the Desmond Tutu HIV Centre (DTHC). The Centre, based at the University of Cape Town’s Institute of Infectious Disease and Molecular Medicine, operates symbiotically with the Foundation’s local field sites in the Nyanga area of Cape Town, Masiphumelele and other areas in the peninsula.

The work of the Desmond Tutu HIV Foundation and the Desmond Tutu HIV Centre is integrated at operational level, but they remain separate entities with separate governance structures and funding streams. DTHC projects are not governed by or accountable to the DTHF’s board of directors.

Pairing community-driven development and internationally acclaimed research, the DTHF envisions a brighter future where HIV is manageable and its presence in South Africa’s communities diminished.

About the Foundation

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About the Foundation

Our Facilities

Head Office
The DTHF and the DTHC operate jointly from the head office at the University of Cape Town Faculty of Health Sciences, in Observatory. This location also houses the Clinical Trials Unit, a clinic that sees clients enrolled in antiretroviral treatment and prevention studies.

Hannan Crusaid Treatment Clinic, Gugulethu
The clinic opened in March 2004, becoming the first dedicated HIV treatment centre in the Western Cape. The clinic is a joint venture between the DTHF and the Western Cape Department of Health and was initially funded by Crusaid, a United Kingdom based NGO. Thousands of people receive life-enhancing antiretroviral treatment and support at this site.

Emavundleni, Crossroads
This state of the art prevention centre opened its doors in April 2007 to house DTHF’s first large scale vaccine trials. Designed to accommodate hundreds of trial participants, the centre has a small laboratory and a well-equipped pharmacy. The building also houses prevention activities such as voluntary counselling and testing, in addition to ongoing prevention (vaccine, microbicides, PrEP) trials and psychosocial research.
It is exciting to reflect on the activities in the last year of the Desmond Tutu HIV Foundation and gratifying to see that key areas identified at our last strategic planning meeting in 2007 were tackled in 2009. This year has seen the prevention work in important vulnerable groups develop, including men who have sex with men (MSM), women’s health and the extension of our youth work. We are particularly proud to be the only site in Africa taking part in the global iPrex pre-exposure study in MSM and this study has ensured that we have developed a better understanding of this population and its associated networks in Cape Town.

Our partner in our women related work is the International Partnership in Microbicides. Two study sites have been established, at Emavundleni and Masiphumelele. The sites will introduce the first of experimental antiretroviral microbicides utilising an innovative community intervention to enhance adherence.
Finally, 2009 was important in that sufficient funds were raised to start construction of the Kethuphila Youth Centre in Masiphumelele. I am delighted to say that a construction company has been identified and that building will commence in January 2010 on the land purchased for this purpose. We plan a celebration on 2 July 2010, when a number of our benefactors will be in town as a result of the Soccer World Cup.

This past year has seen a consolidation of our work in TB/HIV with a number of important insights and research papers being published. With South Africa’s unprecedented burden of TB, the DTHF remains committed to helping find solutions to this public health disaster that will be practical and sustainable. Of particular focus was the recognition of the remarkable annual risk of tuberculosis infection among the youth in our communities. This will spur further research and some possible opportunities for intervention in 2010.

Treatment of HIV remains an important activity and our collaborative clinic, the Hannan-Crusaid clinic in Gugulethu, reached the incredible number of 6 000 individuals screened for antiviral therapy in 2009. Another remarkable statistic was the 10 000th person tested by the mobile Tutu Tester on the streets of Cape Town in the past year.

Despite many worldwide woes on the financial front, 2009 saw the DTHF continue to expand, produce and undoubtedly fulfil its mission and purpose. We take this opportunity to thank and congratulate our magnificent staff without whose commitment and dedication this would not be possible. We also acknowledge the many sponsors and donors who generously continue to contribute through the work of the DTHF to the upliftment and better health of the people of South Africa.

We look forward to an exciting year of consolidation and growth in 2010!
The HI virus continues to decimate our people. Much more needs to be done to improve the treatment and care of those living with HIV. The DTHF are proud to be innovators and international partners in developing knowledge and new interventions. The Emavundleni Centre in Crossroads, Nyanga has been designed specifically as a place where new biomedical technologies can be tested to international standard among well informed and educated healthy volunteers.

Emavundleni is one of seven national sites selected for the SASHA study, mentioned elsewhere in this Review.

The centre is an internationally recognised site for HIV prevention trials including vaccines, microbicides, STI vaccines and pre-exposure prophylaxis. Several such trials have been carried out and follow up on these is in progress. Currently two studies have been initiated involving the use of microbicides; similar studies are also being carried out in Masiphumelele. Partnerships are a strength of the DTHF and we are pleased to 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 SASHA study, mentioned elsewhere in this Review.

There is a particular interest in how women might better protect themselves from infection through the use of microbicides in the fight against HIV. Two studies are being conducted on behalf of the International Partnership in Microbicides (IPM) in the communities of Nyanga and Masiphumelele.

The IPM team is developing materials to educate women on the possible benefits of microbicides and to encourage participation in the trials. Women’s discussion groups in the community have been formed. They address a variety of issues related to women’s health and are the scene of much lively debate.

If these early phase trials show that ARV based microbicides are safe and acceptable, the sites will move on to efficacy trials in larger numbers of women.

The clinical trials also provide the opportunity to explore a number of health issues specific to women in our communities, including optimal contraception, STI and cervical cancer screening.

The Masiphumelele team is currently expanding the reach of special concern for women’s health into the community of Ocean View. They will be assessing the extent of the HIV epidemic in this community, as well as the health priorities of women.
Our men’s health division, formed in 2006, is involved in a variety of projects and research focused on HIV prevention among men who have sex with men (MSM). This year, they have directed most of their efforts towards enrolling for the Chemoprophylaxis for HIV Prevention in Men Study. This groundbreaking clinical trial is trying to determine if taking Truvada, an approved and safe ARV once a day, can prevent HIV among negative men. The PrEP Study, as it is more commonly known, is unique in that unlike other research focused on using medication as a vaccine or treatment for HIV, PrEP’s aim is to use medication to prevent the initial infection of HIV. As the only African site of this global trial, the Desmond Tutu HIV Foundation plays a key role in securing South Africa’s contribution to global HIV prevention research.

The PrEP study has also afforded the division the opportunity to invest in new and innovative approaches to engaging with and supporting Cape Town’s diverse MSM population. Included among these are citywide netball tournaments, which allow for community-based teams of MSM to actively take part in sport and compete with each other in a variety of locations around the city. In 2009, the Men’s Division also enlisted the aid of Odidiva, Cape Town’s premier drag cabaret artist, who performs weekly for sold-out shows of Cape Town’s LGBT community. With her talent, great voice and side-splitting wit, Odidiva easily incorporates messaging into her show that promotes not only the research of the Men’s division but also its messages of prevention and safe sex.

Our men’s research team has also undertaken a number of new initiatives in their continued efforts to better serve MSM in Cape Town. To address the lack of MSM-friendly counselling and testing services found in Cape Town, the division created an MSM sensitivity manual for health workers in Africa. The manual - which covers topics such as risk reduction counselling with MSM, identity, coming out, stigma, and mental health - was distributed to colleagues in Kenya and throughout the Western Cape in South Africa.

The division also undertook a new research study that will provide us with insight into the specific HIV subtype that affects Cape Town’s MSM community. The team also plans to implement a yearly surveillance study to gather critical information including HIV prevalence data and human rights abuses in MSM in Cape Town.

The Men’s division seeks a number of outcomes from its diverse scope of projects but its core objective will continue to be seeking better support for the MSM community by initiating cutting edge research and by bringing awareness to the many issues which affect this at-risk population. Under the new leadership of Dr. Andrew Scheibe and Mr. Ben Brown, the men’s division seeks in the coming year to create a solid foundation for its continued research and presence in the MSM community.

BEHAVIOURAL SCIENCES

Project Leader: Daniella Mark

Psychological, social and behavioural factors play a paramount role in the HIV/AIDS epidemic. Transmission is behaviour-driven, occurring in South Africa almost entirely through sexual activity.

Psychological factors such as depression and substance abuse, and social factors such as gender inequality and intergenerational sex, have been shown to be the primary drivers of sexual behaviour in the HIV era. Psychosocial and behavioural factors are crucial to the success of prevention research. Such research relies on participants’ willingness to take part in studies, successful recruitment (participant uptake of the trial) and retention (participants’ adherence to it), providing appropriate and effective risk reduction support, monitoring risk behaviour and minimising social harms. These are all psychosocial and behavioural factors.
Finally, HIV/AIDS has profound psychological and social impacts, affecting mood states, quality of life, substance use, relationships and community. Many people living with AIDS interventions are necessarily psychosocial, attempting to impact levels of disclosure and social support for example. Even purely biomedical interventions such as HAART are behaviour-dependent, requiring patients to adhere to medication regimens and care, both of which are dependent on psychosocial factors.

The Psychosocial and Behavioural Division sets out to:
- Understand the psychosocial and behavioural determinants of HIV transmission in South Africa, and test suitable psychosocial and behavioural interventions to control the country’s epidemic;
- Support effective prevention research in South Africa through best practices, investigations into psychosocial and behavioural aspects of research/trial participation;
- Improve the quality of care for patients through assessing psychosocial and behavioural support needs (for example, predictors of adherence, retention to care), and implementation and assessment of psychosocial interventions at primary care level; and
- Impact policy and trial best practices through publication.

In 2009, the Psychosocial and Behavioural Division undertook or consulted on 16 studies, 11 of which were purely psychosocial, and five that had psychosocial and biomedical components. The studies are taking place at three sites: Emavundeni (nine studies), Masiphumelele (four studies), and CTU (three studies). Three studies also have a national component that is managed by DTHC. In total, we have 4,839 participants across all 16 studies.

TUTU TESTER MOBILE UNIT

Project Leader: Dr Nienke van Shaik

The first step to controlling the spread of HIV infection is to test. People need to know their status to be enabled to take responsibility for their health. Many fear stigmatisation and are understandably reticent about coming forward. The Tutu Tester mobile unit provides a friendly, non-threatening environment and can be taken to sporting events, night clubs, or any place where people gather.

The mobile unit was launched in May 2008 through the generosity of the Metropolitan Health Group. Since then a small team of dedicated staff have provided comprehensive and efficient care to more than 10,800 people in many underserviced communities in the greater Cape Town area.

The Tutu Tester offers a prevention wellness package that includes screening for diabetes, hypertension and obesity as well as HIV. The unit also offers TB testing and checks the CD4 count of clients who test positive for HIV.

There have been several innovations over the past year:
- A Biometric system has been introduced in partnership with the Broccoli Project, an IT organisation. The system facilitates anonymity by capturing clients’ fingerprints electronically along with their medical history and stores the information on a secure, confidential website.
- TB testing has now been incorporated into the screening programme in keeping with the strategy of providing more comprehensive services to those testing HIV positive.
- A ‘Road to HIV Health’ card has been designed to assist nurses and HIV infected clients with the monitoring of this disease by plotting viral loads together with the client’s CD4 counts on a card. Clients can now take responsibility for keeping track of their health.
- Between October 2008 and April 2009 the Tutu Tester partnered with TB/HIV Care, an NGO operating in Cape Town, to provide both HIV and TB testing to the TB and antiretroviral adherence supporters in their employ.

In October 2009 the Tutu Tester visited the office of our Patron, Archbishop Emeritus Desmond Tutu in Milnerton. The Archbishop was tested for HIV. He paid a warm tribute to the DTHF staff for their commitment and service to the communities of Cape Town.
THE YOUTH PROGRAMME

Project Leader: Lisa Aquino

Young people are key to containing the spread of the HI virus. It is their willingness to take responsibility for their health that will determine whether HIV remains a disease of pandemic proportions. The DTHF has recognised the importance of educating youth regarding their health and has developed programmes aimed at preventing HIV infection among young people and supporting those living with HIV.

Adolescent ARV Clinic
The Adolescent ARV Clinic at the Community Health Centre in Gugulethu serves 100 young people between the ages of 14 and 22 years old who are infected with HIV. The aim of the programme is to improve retention in care, which is often poor, in this age group. The adolescent clinic provides a place where young people can grow into adulthood in terms of their clinical care, in a safe and supportive space. Trained staff are available, including a physician, and a nearby container has recently been converted into an attractive activity room. In the past year the number of young people attending the clinic has almost doubled.

Future Fighters
The Future Fighters are an important component in DTHF research and HIV prevention strategy. Thirty young people, between the ages of 14 and 22, have been nominated by teachers or organisations and form the Adolescent Community Advisory Board (CAB). They have been trained in research and HIV, peer education, and general life skills. The Future Fighters provide useful information to the DTHF on youth opinion and attitudes towards research affecting this age group. They also educate their community on the value of research studies, and advocate on HIV-related issues important to young people in South Africa.
Hlanganani Youth Groups

Young people are carrying the burden of the HIV epidemic in South Africa. The Hlanganani ('come together') project is focused on the feasibility and effectiveness of a series of three learning sessions offered to newly-diagnosed young people. The programme is adapted from a programme for HIV infected pregnant mothers. It is hoped that the translation of this model to a South African youth setting will offer key information to newly diagnosed young people, and increase the number of youth with HIV who return to clinics for care.

Kethuphila Youth Centre

A youth health centre has long been a dream of the Foundation and the people of Masiphumelele. Over the past two years the Foundation successfully raised sufficient funds to build a centre for the use of the youth in the Masiphumelele area. It is said that youth shun conventional health facilities for fear of stigma and prejudice. We intend to provide a safe, non-judgemental environment at the Kethuphila ('choose life') Centre where young people can receive advice, counselling and health services. In addition, we will provide recreation facilities and skills education. Building will commence in January 2010.

THE SASHA PROJECT

Project Leader: Dr Melissa Wallace

Since the prevalence of HIV/AIDS was formally acknowledged with the establishment of World AIDS Day on 1 December 21 years ago, there have been changing patterns among those infected with the HIV. Today the HIV epidemic in sub-Saharan Africa is mainly driven by new infections in adolescents. Should a vaccine become available, adolescents should be among the first to benefit. But without vaccine trials among youth such a drug would not be licensed for use in this age group. The SASHA project aims to identify clinical, community, ethical, legal and socio-behavioural obstacles to the conduct of adolescent HIV vaccine trials and prevention interventions in seven sites in South Africa: Cape Town, Soweto, Durban, Mthatha, Klerksdorp, Pretoria, and Bushbuck Ridge in Limpopo Province.

The project includes two studies:

- The first study is exploring the attitudes of communities, parents and adolescents, towards adolescent participation in HIV vaccine trials. This is well underway;
- The second study will use the licensed HPV vaccine, an alternative sexually transmitted infection vaccine, as a proxy for an HIV vaccine and thereby identify potential challenges to the inclusion of adolescents in HIV prevention trials. This study will continue throughout 2010.

In preparation for this project, the selected sites have benefitted from capacity development in a number of areas. These include the incorporation of adolescent community advisory boards, and the mapping of adolescent community services at each site; the development of an adolescent-friendly sexual health service, and training of staff to provide such a service; and training on the ethico-legal impact of research with adolescents.

This year has seen the launch of the Consortium for Adolescent Trials in Southern Africa (CATSA). CATSA has developed out of the SASHA project and aims to sustain and further build the network of the seven adolescent sites for additional future adolescent prevention research. Funding is currently being sought to support this initiative.
The Clinical Trials Unit has conducted a wide variety of trials since its establishment in 1993. The majority of these patients are on treatment pharmaceutical trials with all drug monitoring and clinical expenses covered by the companies concerned. Some patients who are post trial received support for their continued treatment from the Pepfar-funded Compassionate Use Programme. The unit is based at DTHC headquarters at the University of Cape Town. Innovative trials and studies are in progress concerning investigational products and/or strategies for the treatment and/or prevention of HIV. Our partnership with local and provincial HIV and ARV clinics has contributed substantially to their success.

This has been a productive year with a number of studies being successfully carried out. By mid-2009, there were 246 patients receiving antiretroviral therapy on 16 therapeutic trials. These include:

- Investigating the safety and efficacy of a therapeutic vaccine for HIV participants. It is hoped that the vaccine will enhance existing, or generate new, anti-HIV immune responses in those already infected with HIV. In addition, the Clinical Trials Unit is the only site in South Africa where the PK sub-study is being undertaken.

- The unit has been selected to participate in a leading multi-centred treatment strategy funded by the NIH called START (Strategic Timing of Antiretroviral Treatment). Preparations for this study are now underway.

The PrEP study is researching the efficacy and safety of pre-exposure prophylaxis in a high risk HIV negative male patient population of men who have sex with men (MSM). The study is revolutionising the recruitment and retention strategies of the clinical trials unit.

HANNAN CRUSAID TREATMENT CENTRE

Project Leader: Dr Richard Kaplan/Dr Catherine Orrell

The clinic, situated in a purpose-built building within the grounds of the Gugulethu Community Health Centre, was established in March 2004 and is run through a partnership between the Desmond Tutu HIV Foundation and the Western Cape Provincial Health authorities. It provided one of the first public sector antiretroviral programmes in South Africa.

Gugulethu is an area where one in three adult pregnant women are HIV positive. At the Hannan Crusaid Clinic, the focus of our programme has been on the requirements for the rapid scale-up of antiretroviral therapy (ART) with on-site laboratory support and a comprehensive, community-based counselling service that continues to explore ways of improving adherence and retaining patients in care.

By October 2009, 5,872 patients had been screened for ART and 4,697 had started treatment. The programme depends heavily on community counselor support and family treatment, which includes treatment programmes for children and adolescents.
The Sizophila Counsellors
An award-winning team of 30 lay community workers living with HIV have been trained to educate and support their peers who are receiving antiretroviral treatment. Sizophila means ‘we will survive’. Their commitment and the example they set has resulted in excellent adherence and retention on treatment among patients.

Adolescent Programme
Children who are infected with the HI virus need particular support and encouragement if they are to manage their health. A small building on site is utilised as a clinic for children and youth on Tuesday afternoons. It is important that an attractive, child-friendly environment be created to encourage young people to return for assessment and to receive their medication. A nearby container has been renovated and equipped as an activity room for their use and three youth counsellors are employed by the DTHF to manage and support the young people and enhance the programme adherence of the youth aged 9 – 19 years.

THE NYANGA COMMUNITY HEALTH CLINIC TB/HIV INTEGRATION PROJECT

Project Leader: Dr Richard Kaplan

The spread of TB in conjunction with the HI virus has severely challenged the City Health and Metro District Health services in the Western Cape. They have welcomed the opportunity to work in partnership with DTHF to provide an integrated TB and HIV service at the Nyanga Community Health Clinic on the outskirts of Cape Town. Nurses, who are the backbone of our health services, run the clinic with the support of a medical officer.

The clinic provides TB treatment to almost 1 000 patients annually with 40-50 patients initiating antiretroviral therapy each month. An integrated adherence support system has required the streamlining of these services with TB Care as the preferred provider for community field support staff, and the DTHF taking joint responsibility with City Health for the implementation of the project and the training and evaluation of the counsellors. The goal is to develop a service delivery model that can be adopted provincially.

TB AND CARE
CIPRA PROJECT 3

Project Leader: Dr Keren Middelkoop

Cape Town’s informal settlements, beset by overcrowding and unhygienic conditions, have created an environment where TB has become endemic. The HI virus inhibits the immune system of individuals and they become easily susceptible to opportunistic infections, the most common being TB. It is the most frequent cause of death in patients with AIDS.

The WHO-recommended DOTS (Directly Observed Treatment short-course) strategy is failing to contain TB epidemics in areas of high HIV prevalence, such as South Africa and the Western Cape in particular. The CIPRA Project 3 is studying the impact of the introduction of antiretroviral therapy on the prevalence and disease patterns of tuberculosis in a community with high TB and HIV rates, and in which the national TB control programme is well administered.

A baseline survey of TB and HIV prevalence was conducted by the DTHC in 2005 and repeated in 2008/9 and since then, the study of TB case notification rates in Masiphumelele has been ongoing. It is gratifying to note that there has been a decline in the incidence of TB in this community since the scale-up of the ARV programme. The data collected in our studies, together with information garnered from interviews with TB patients, will assist in the understanding of risk factors and transmission patterns in this and similar communities in South Africa.
To improve the management of childhood tuberculosis, in 2009 we performed a tuberculin skin test survey on more than 900 high school students to gauge the rate of TB infection among children. This was linked with an anonymous HIV prevalence survey. The results of this study will inform the development of the youth-friendly programmes which will be implemented at the Youth Centre to be opened in Masiphumelele in 2010.

WELLCOME TB PROGRAMME

Project Leader: Dr Stephen Lawn

Dr Steve Lawn’s group has continued to work on the key issue of tuberculosis (TB) in the context of antiretroviral treatment (ART), with work being based on the Hannan Crusaid treatment cohort in Gugulethu.

The diagnosis of TB is sometimes missed in routine practice and indicates the likely need for routine microbiological screening of patients. Various diagnostic options are being investigated by this group at the Gugulethu ART clinic.

OPPORTUNISTIC INFECTIONS

Project Leader: Dr Nienke van Shaik

The Nyanga Community Health Clinic is also the site of an integrated monitoring and evaluation project that will cover voluntary counselling and testing, HIV, TB and antiretroviral clinics with a patient tracking system that will alert the project managers to defaulting patients.

In July 2009 the TB unit hosted the WHO STOP TB/HIV scientific meeting at the UCT Medical School. This event attracted nearly 250 people, many of whom are key leaders in the TB/HIV scientific community. Members of the DTHC are regularly involved in the STOP TB/HIV meetings each year, providing an important perspective from the epicentre of TB and HIV here in South Africa.

TRAINING

HIV EDUCATION PROGRAMME (HEP)

Project Leader: Felicity Cope

Primary health care clinics in South Africa are frequently understaffed and in outlying areas. These obstacles make access to additional training or new information difficult for health care workers in the field. The DTHF offers a self-managed distance learning programme for doctors and nurses. The programme’s manual gives basic training in counselling, assessment and management of antiretroviral therapy. It includes case studies and has a self-assessment component. It is a practical guide that is intended to provide health care workers, either individually or studying together in groups, with the knowledge they need to manage patients infected with HIV efficiently and effectively. Participants can be examined for certification if they wish. The programme has been developed by doctors and nurses who are active in the treatment and care of patients infected with HIV, in consultation with universities and health services.

The Foundation is eager to publicise this programme more widely so that more health care workers can benefit from the course. The programme has been endorsed by the Clinicians Society and is now web-accessible.

The programme is part of a growing library of similar self-learning books developed by and in conjunction with Professor Dave Woods.

MSM SENSITIVITY TRAINING

In order to address, stigma and discrimination against Men who have sex with Men (MSM) in the health sector, the Men’s Health Unit have developed and produced a sensitivity training manual for health workers in Africa. Plans are in place to use this manual in early 2010 to train health care staff such as health workers, nurses, and VCT counsellors from both government and non-profit organisations.
DONORS, STRATEGIC ALLIANCES AND PARTNERS

Without our partners none of this work would be possible.

The Desmond Tutu HIV Foundation extends very warm thanks to our patrons Archbishop Emeritus Desmond Tutu and his wife, Leah Tutu. They have always been wonderfully generous with themselves on behalf of the Foundation and we value their commitment and enthusiasm enormously.

Our deep and sincere thanks are also extended to all those who have supported the Foundation this past year. We value the interest and commitment of the international and national donor agencies; individual and corporate donors; and all those countless others, too numerous to mention, who have so generously given of their time and resources.

We especially thank the members of our Board, volunteers, staff, and the patients themselves who have courageously come forward for testing and treatment and who are unseen advocates for our work.

We would particularly like to mention:

• African Renaissance Film
• Agence Française de Développement
• Anesa & Babosa Architects
• Archbishop of York’s Youth Trust
• Bill & Melinda Gates Foundation
• Bill Thompson
• Cape Grace Hotel
• CARE (Centre for Actuarial Research)
• Catholic Relief Services
• Cell-Life, incorporating the iDART pharmacy system
• Chevron South Africa
• City of Cape Town Health Department
• Claremont Rotary
• Coca-Cola South Africa
• Community Advisory Boards of Nyanga, Masiphumelele and DTHC
• DAIDS (Division of AIDS of NIH National Institutes of Health, USA)
• David Wood, Professor
• Desmond Tutu HIV Centre
• Desmond Martins, Professor
• Doris Duke Charitable Foundation
• Department of Health, South Africa
• European Developing Countries Trials partnerships
• Elisabeth Glaser Paediatric Foundation
• European Clinical Trials Platform
• Faculty of Health Sciences, University of Cape Town
• Freshlyground
• Fuchs Foundation
• Future Fighters
• George Wood Memorial Trust
• Gilla Kaplan, Professor
• Global Fund for TB, HIV and Malaria, UNAID
• Gordon Wright Memorial
• Hannan Cruaid Treatmet Centre
• HCl Holdings
• HIV/AIDS Vaccine Ethics Group
• Heiser Programme of New York Community Trust
• HIV Vaccine Trials Network
• Hugin Family Foundation
• 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
• Network of the National Institute of Allergy and Infectious Diseases
• Investec Asset Management
• International Partnership in Microbicides
• IRISHAID, SA
• J David Gladstone Institute of Virology and Immunology
• John Hendriks, Dr.
• Julius Oosthuizen of Edward Nathan Sonnenbergs
• Ken Freedberg, Massachusetts General Hospital, Harvard University
• Living Hope Trust
• Masiphumelele Youth Project
• Perinatal HIV Research Unit
• Pieter-Dirk Uys
• Qatar 2022 Bid Committee
• Skoll Foundation
• South African AIDS Vaccine Initiative of Medical Research Council
• South African Centre for Epidemiological Modelling and Analysis
• Sexual Health and Rights Project
• Strategic Management Solutions – Anna van Esch
• Taswell Papier, Adv.
• Thandeka Tutu-Gxashe
• Tibotec
• Treatment Action Campaign
• Triangle Project
• Trident Press
• Truworths
• Toga Laboratories
• University of Cape Town
• Ukunyo Primary School
• Volkswagen
• Vusi Mathibela
• Wellcome Trust, UK
• Western Cape Department of Health
• Zohra Ebrahim
FRIENDS OF THE FOUNDATION

We invite you to become a Friend of the Desmond Tutu HIV Foundation. Friends receive regular newsletters about our work and are given funding opportunities for special needs or projects. Email your name, organisation, and contact details to lavinia.browne@hiv-research.org.za

This Annual Review can only give a brief description of the work being done by the staff of the DTHF. Visit our website, www.desmondtutuhivfoundation.org.za for a more detailed account of our various investigations and projects.

The Foundation’s success is built upon diverse friendships as suggested in the list of donors, strategic alliances, and partners. While we value all of these we wish to acknowledge the following companies and organisations that have made major donations to the Foundation in 2009. Their help has given the DTHF the capacity to make strategic leaps in our interventions.

On behalf of our patients and clients, we thank the following more than we can say, and trust that they will continue to walk the road with us towards the goal of an HIV free society.
## INCOME STATEMENT FOR THE YEAR ENDED FEBRUARY 29, 2008

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2007</th>
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</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
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<tr>
<td>Donations</td>
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<td>2,273,639</td>
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<tr>
<td>Fund Raising revenue</td>
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<td>330,656</td>
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<tr>
<td>Grant Monies</td>
<td>24,290,712</td>
<td>12,344,502</td>
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<td>Recovery of expenses</td>
<td>3,309,766</td>
<td>3,175,751</td>
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<tr>
<td><strong>Direct Cost</strong></td>
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<tr>
<td><strong>Operating Surplus/(Deficit)</strong></td>
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</tr>
<tr>
<td><strong>Other Income</strong></td>
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<tr>
<td>Other revenue</td>
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<tr>
<td>Interest received</td>
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<td>113,636</td>
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<tr>
<td><strong>Administrative Expenses</strong></td>
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<tr>
<td><strong>Fund Surplus Before Taxation</strong></td>
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<tr>
<td>Taxation for the year</td>
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<tr>
<td><strong>Fund Surplus For the Year</strong></td>
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## BALANCE SHEET AS AT FEBRUARY 29, 2008

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
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<tr>
<td>Non-current Assets</td>
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<tr>
<td>Property</td>
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<td>Office equipment</td>
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<td>Medical Equipment</td>
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<td>Motor vehicles</td>
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<tr>
<td><strong>Current Assets</strong></td>
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<tr>
<td>Bank</td>
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<tr>
<td>Petty Cash</td>
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<tr>
<td>Accounts receivable</td>
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<tr>
<td>Pre-paid Expenses</td>
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<tr>
<td>Vat Control account</td>
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<tr>
<td><strong>Total Assets</strong></td>
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<tr>
<td><strong>Equity and Liabilities</strong></td>
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</tr>
<tr>
<td>Accumulated Capital</td>
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<tr>
<td>Capital Fund</td>
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<tr>
<td>Retained Earnings</td>
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<tr>
<td><strong>Current Liabilities</strong></td>
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<tr>
<td>Accounts Payable</td>
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<tr>
<td>Accrued Audit Fees</td>
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<td>Provision for Leave Pay</td>
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<td>Accrued expenses</td>
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<td>Accrued UIF</td>
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<tr>
<td>Deferred Income</td>
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<td>Vat Control account</td>
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<tr>
<td><strong>Fund Capital and Liabilities</strong></td>
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</tr>
</tbody>
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**Note:**
- All figures are in Rands (R).