

10/11

ANNUAL
REVIEW
DESMOND TUTU HIV FOUNDATION



DESMOND TUTU
HIV FOUNDATION

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**DESMOND TUTU
HIV FOUNDATION**

OUR PATRONS

Archbishop Emeritus Desmond Tutu
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

Professor Gilla Kaplan (Chair)
Ms Zohra Ebrahim (Vice-Chair)
Professor Robin Wood
Associate-Professor Linda-Gail Bekker

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Disclaimer

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LETTER FROM OUR **PATRON**

Archbishop Emeritus Desmond Tutu

Dear Friends

Great strides are being made by the medical experts to stem the HIV epidemic that has swept across Africa and especially southern Africa. I am proud that the DTHF has been at the centre of some of the new information and outcomes that have emerged from recent studies. I am thinking especially of the iPrEx Study in which the DTHF participated that had very encouraging results that came out last November.

It is disappointing to see that international donors are retreating, in spite of the progress being made. It is distressing that this should happen when there is good news - increased access to drugs, more people on treatment, and testing and circumcision becoming increasingly common practice. This is the time more resources should be made available rather than less. How else will we reach the goal of an HIV free world?

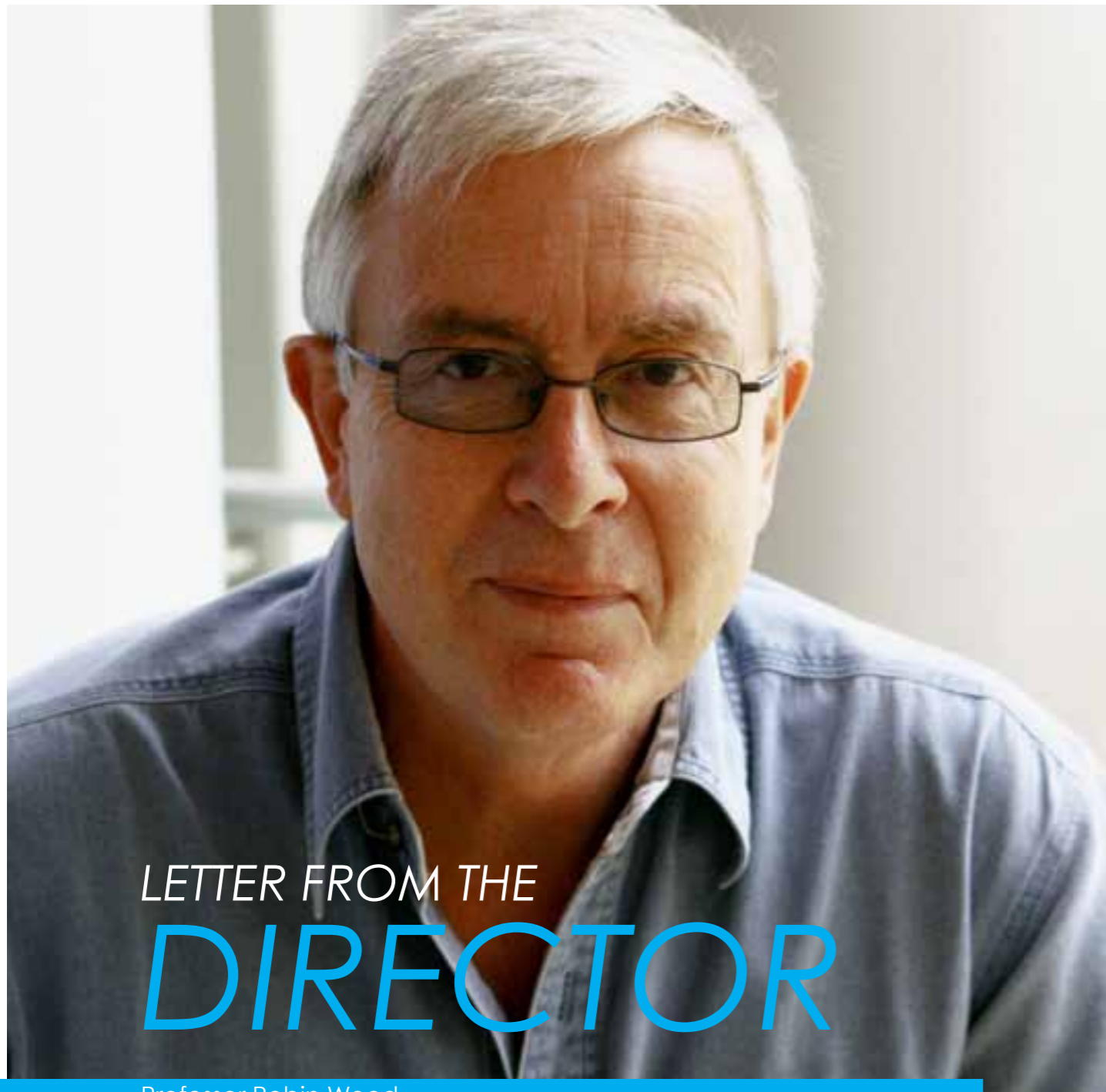
Fortunately South Africans are coming forward in increasing numbers to give their support. Our country has the widest economic gap in the world between the haves and have nots. This must be of increasing concern to us all. Those of us who have an education, comfortable homes, and access to medical care must make our brothers and sisters who have few of these advantages our priority.

The staff at the DTHF are wonderful in their commitment. I have been tested on the Tutu Tester and can attest to their warmth and efficiency. Your hard work is bearing fruit. The DTHF continues to be a place of excellence and innovation with which Leah and I are honoured to be associated.

God bless you.

Archbishop Emeritus Desmond Tutu (Cape Town – South Africa)





LETTER FROM THE DIRECTOR

Professor Robin Wood

Another full, exciting, and incredibly rewarding year at the Desmond Tutu HIV Foundation has come to a close. Probably the most notable achievement in 2010 was the completion of the DTHF Youth Centre just outside Masiphumelele. It is a truly magnificent building of which the DTHF and the community of Masiphumelele and the wider Noordhoek Valley can feel immensely proud. The staff at the youth centre, together with our Youth Community Advisory Board the Future Fighters, and stakeholders in the community have worked furiously to design the activities programme, establish partnerships, and ensure that the doors are open to all youth of 12-22 years in the Fish Hoek/ South Peninsula valley. The centre has buzzed with activity since March 2011 and we expect its programmes and activities to positively impact the lives of hundreds of young people in the years to come.

The twelve operational divisions of the DTHF have continued to deliver cutting edge, innovative work that has contributed significantly to both local and international knowledge. Highlights have included the formulation of a model of TB and HIV service integration at primary health care, and the initiation of a model to rapidly introduce antiretrovirals in pregnant women living with HIV infection with the intention to more effectively reduce the risk of HIV transmission to their unborn babies. These are just two of the Health Services Research projects to which we have contributed in partnership with our colleagues in the provincial and city health departments.

Work on microbicides, pre exposure prophylaxis, vaccine and other population specific prevention strategies is ongoing, with the field hugely energised by a slew of positive results. The DTHF is delighted to be in the thick of the ground breaking clinical research that is contributing to offering highly successful treatment options for people infected with HIV and, in addition, a menu of proven prevention options for those not infected.

The mobile services have again led the way in exploring interventions where HIV can provide an introduction to broader community health issues. The team is raising community awareness not only in the prevention of HIV and other sexually transmitted infections, but also encouraging individuals to embrace the broader concept of general health and well being. The DTHF has a significant role to play in this - utilising the many lessons we have learned on our HIV journey to create a healthier South African community in general. We believe each individual can take responsibility for their health. Our interventions facilitate and encourage health seeking behavior that will contribute not only to a South Africa free of HIV, but also a South Africa free of preventable disease in general.

The DTHF continues to be interested in and to make a significant contribution to "key populations" in South Africa. This refers to the individuals in our communities who are particularly vulnerable to HIV and other communicable diseases. Youth is an important focus of our work but the Men's Division has also continued to make a commendable impact especially in regard to populations of men who have sex with men (MSM). This group often feels stigmatised, alone, and without support for health care and HIV prevention.

Our recent reports published in the South African Medical Journal documenting the devastating tuberculosis epidemic in our prisons and in Cape Town at large are a reminder that there is still much work to be done.

At the DTHF we pledge to redouble our efforts, our commitment, and our passion to make a difference in the fight against HIV, TB and other communicable diseases that continue to plague this great nation.





ABOUT THE FOUNDATION

The Desmond Tutu HIV Foundation (DTHF) developed from the HIV Research Unit at New Somerset Hospital in the early 1990's. The Unit was acclaimed as one of the first public clinics to offer antiretroviral therapy to those living with HIV. In January 2004 Professor Robin Wood and Associate Professor Linda-Gail Bekker registered the Desmond Tutu HIV Foundation as a non profit organisation and established the head office at the Faculty of Health Sciences, University of Cape Town.

Supported by Emeritus Archbishop Desmond and Mrs 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. 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 and Masiphumelele, Noordhoek.

The work of the Desmond Tutu HIV Foundation and the Desmond Tutu HIV Centre is integrated at the 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.

OUR FACILITIES



Head Office

The DTHF and the DTHC operate jointly from offices at the University of Cape Town Faculty of Health Sciences, Observatory. The DTHF Clinical Trials Unit is also located at DTHF head office. This unit sees clients enrolled in HIV prevention, and antiretroviral treatment studies.



Desmond and Leah Tutu Research Clinic, Masiphumelele

The DTHF has been working in Masiphumelele for more than a decade. The Research Clinic was built in 2003 as an annexe to the primary health care clinic. In addition to offering antiretroviral treatment and HIV testing, the clinic conducts research into TB, and innovative HIV prevention methods such as microbicides.



Hannan Crusaid Treatment Clinic, Gugulethu

The clinic is a joint venture of the DTHF and the Western Cape Department of Health. It was built in 2004, with funds from a British NGO, Crusaid. The DTHF Sizophila Counsellors have their headquarters here. This award winning team of HIV positive men and women give support to thousands of clients living with HIV.



Emavundleni Research Clinic, Crossroads

Designed to accommodate hundreds of trial participants, the centre was built in 2007 to house DTHF's first large scale vaccine trials. With a small laboratory and a well equipped pharmacy it is ideally situated to conduct a variety of HIV prevention studies, and psycho-social research on HIV issues.



Desmond Tutu HIV Foundation Youth Centre, Masiphumelele

Completed in January 2011. The building reflects the innovative approach of the DTHF towards intractable issues. There is a high prevalence of HIV in Masiphumelele, especially among young people. In response to requests from the community, the youth centre was built with specific components encompassing a reproductive health clinic, education centre, and recreational facilities.



Mobile Units

The DTHF introduced the Tutu Tester to the streets of greater Cape Town in 2008. The aim of the project is to make testing commonplace by encouraging people to take responsibility for their general health and test for diabetes, hypertension, body mass index, HIV, and sexually transmitted diseases. Those who test positive for HIV have their CD4



count taken and are screened for TB. A second mobile unit, the Tutu Treater has recently been built through generous donations from the Rotary Clubs of Claremont and Kirkcudbright, Scotland. At their request, it is deployed in a rural situation, and is currently in the Overberg area of the Western Cape.

PROJECTS

PREVENTION

EMAVUNDLENI VACCINE CENTRE

Dr Surifa Roux

HIV continues to decimate our people. Much more needs to be done to improve the treatment and care of those living with the virus. The DTHF are proud to be innovators and international partners in developing knowledge and new interventions. The Emavundleni Vaccine Centre in Cross Roads, 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.

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. 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.

The Centre also offers voluntary counseling and testing services to the community, in addition to testing for STDs, TB and blood sugar levels.

It is our practice always to refer patients to other health services available should they require treatment outside the services offered by the DTHF.

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.

Future studies:

1. Preparing for 2 more phase I HIV vaccine trials.
2. Preparing for phase III microbicide trial – expected to start 1st quarter of 2012.
3. Preparing for adolescent TB vaccine trial – expected to start first quarter of 2012.

MEN'S HEALTH

Dr Andrew Sheibe and Ben Brown



The men's health division, 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 ground breaking 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 innovative approaches to engaging with and supporting Cape Town's diverse MSM population. Included among these, are citywide netball tournaments, in which community-based teams of MSM take part.

In addition, to address the lack of MSM-friendly counseling and testing services, the division created an MSM sensitivity manual for health workers in Africa. The manual, which covers topics such as risk reduction counseling, identity, coming out, stigma, and mental health, was distributed to colleagues in Kenya and throughout the Western Cape. Plans are in place to incorporate the manual into training programmes for health workers from a variety of government and non-profit organisations.

The division also undertook a new research study to provide insight into the specific HIV subtype that affects Cape Town's MSM community. The team 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 core objective will continue to be seeking better support for the MSM community by initiating cutting edge research and advocacy on issues that affect this at-risk population.

BEHAVIOURAL SCIENCES

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 like depression and substance abuse, and social factors like gender inequality and intergenerational sex, have been shown to be the primary drivers of sexual behaviour in the HIV era. Therefore, psychosocial and behavioural factors are crucial to the success of prevention research.

HIV/AIDS has profound psychological and social impacts, affecting mood states, quality of life, substance use, relationships and community. Even purely biomedical interventions are behaviour-dependent, requiring patients to adhere to both 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 (e.g. predictors of adherence, retention to care), and implementation and assessment of psychosocial interventions at primary care level
- Impact policy and trial best practices, through publication

In 2010, the Psychosocial and Behavioural Division managed or consulted on eleven studies, seven of which were purely psychosocial, and four of which had both psychosocial and biomedical components.

TUTU TESTER MOBILE UNIT

Dr Nienke van Schaik and Anna van Esch



The Tutu Tester, our mobile testing unit, was launched in May 2008 through the generosity of the Metropolitan Health Group and Qualsa. Many South Africans still fear being stigmatised and are reticent to come forward to test, or would like to test but don't want to spend hours waiting in queues at health care facilities.

Clients are offered a prevention wellness package that includes screening for diabetes, hypertension and obesity as well as HIV. The unit also offers TB testing and CD4 counts to all those that test positive for HIV. The CD4 result can be plotted on our 'Road to HIV Health' card, to assist nurses and HIV positive clients in monitoring their health.

Our biometric system, introduced in partnership with the Broccoli Project, facilitates confidentiality by capturing clients' fingerprints electronically along with their medical history. The information is stored on a secure, confidential website. This comprehensive package is provided in a friendly, non-threatening environment in easily accessible venues such as shopping centres or in safe areas along the roadside. The mobile unit can be taken to community halls, sporting events, or any place where people gather.

We have continued to partner with other organisations such as the Men at the side of the Road, SWEAT, TSIBA, Medical Knowledge Institute in Khayelitsha, and Community Media

Trust. A cross-sectional community based HIV and CD4 count survey was undertaken in Masiphumelele and over 1,100 individuals were screened and tested.

Operational costs are covered by funding through the ANOVA Health Institute from the United States Agency for International Development (USAID) and PEPFAR as well as the Agence Française de Développement.

Since its inception, a small team of dedicated staff have provided comprehensive and efficient care to more than 24,500 people in many underserved communities in the greater Cape Town area.

The Tutu Treater is now complemented by the TUTU TRAILER. This can be towed behind the Tutu Tester and is equipped to provide both cervical screening and TB testing.

Special Mention:

The Desmond Tutu HIV Foundation was the winner of the Mail and Guardian Investing in Life Awards in 2010, with the Tutu Tester forming a large component of this proposal.

NIH Funding was granted for the Tutu Tester team to do a linkage to care and cost-effectiveness study with Ken Freedberg at Harvard Medical School.

The proceeds (€ 10000) of the premiere of the film "Life, above all" (directed by Oliver Schmitz) screened in France on World AIDS day 2010 were donated to the Tutu Tester by the film distributor, ARP selection. Pictures of the Tutu Tester thus appeared in the subways and bus stops in Paris. Prof Linda-Gail Bekker was present at the World AIDS Day event in Paris.



THE YOUTH SERVICES PROGRAMME

Lisa Aquino



Young people are key to containing the spread of HIV. 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 HIV prevention and treatment programmes for young people, as well as interventions to support young people living with HIV.

The Desmond Tutu HIV Foundation Youth Centre

The multi-dimensional DTHF Youth Centre has been a dream of the DTHF and the people of Masiphumelele for a long time. Thanks to our supporters and benefactors, the DTHF succeeded in pulling together the more than R6 million necessary to build this special place for adolescents.

The DTHF has worked in Masi for more than a decade and has heeded the ongoing complaint that youth have no place to go after school. In addition, we are aware that because of perceived lack of privacy and confidentiality, young people are not using the regular clinic services in the community. The Centre provides recreation services, education services and a reproductive health clinic together under one roof. The programmes are specifically for young people between the ages of 12 and 22. Our goal is to provide a safe, non-judgemental environment where

young people can develop skills, learn and have fun, and enjoy a supportive environment where they are equipped to make the healthy choice in all aspects of their lives, including those issues related to HIV.

Adolescent ARV Clinic

The Adolescent ARV Clinic at the Community Health Centre in Gugulethu serves more than 200 youth between the ages of 10 to 19 years who are infected with HIV. The aim of the programme is to improve retention in care. This special 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 been converted into an attractive activity room.



Future Fighters

The Future Fighters are an important component in DTHF research and HIV prevention strategy. Thirty youth between the ages of 14 and 22 years, have been nominated by teachers or community organisations to form the Adolescent Community Advisory Board (CAB). They receive regular training in research and HIV, and in general life skills. The Future Fighters provide useful information to the DTHF on youth opinion and attitudes towards research involving youth. They also educate their peers and community on the value of research studies, and advocate on HIV-related issues important to youth 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.

THE S.A.S.H.A. PROJECT

Dr Melissa Wallace

South African Studies on HIV in Adolescents Project

The HIV epidemic in sub-Saharan Africa is being driven largely by new infections in adolescents. As a result, there is concern that any effective HIV vaccine would need to be administered to youth. Would youth sign up for a study? Are adolescents ready to talk about sex? Will South African youth take action to protect their health? The Desmond Tutu HIV Centre, along with six other sites throughout South Africa, sought to answer some of these questions with a project called the South African Studies on HIV in Adolescents, or SASHA.

The SASHA project was developed with the aim of identifying clinical, community, ethical, legal and socio-behavioural obstacles to conducting HIV vaccine trials with adolescents. While creating a vaccine involves science, any efficient implementation would also require a firm grasp of the broader social and cultural issues relating to participation. SASHA explored social attitudes, confidentiality, and other factors impacting on adolescents participating in medical research.

More than 800 youth across South Africa enrolled in SASHA, providing valuable information on adolescent attitudes and behaviours. All participants underwent HIV and pregnancy testing, received risk reduction counseling, and completed questionnaires to help researchers gain insight into some of the factors playing a role in adolescent participation. Similarly, community attitudes and those of parents or guardians were also measured to shed light on issues like parental willingness to consent for their child to participate in medical research.

By the end of this project all seven sites will be prepared to conduct adolescent HIV vaccine trials. The sites were equipped to provide adolescent-friendly health care services and were prepared for adolescent recruitment and retention. All in all SASHA was a huge success, allowing researchers to gain an understanding of adolescent, parent, and community attitudes, motivations and concerns.



TREATMENT CLINICAL TRIALS UNIT

Project Leaders: Dr Catherine Orrell/Christie Heiberg



The Clinical Trials Unit at the DTHC headquarters at the University of Cape Town, has conducted a wide diversity of trials since its establishment in 1993. The majority of the patients attending the unit are on treatment pharmaceutical trials with all drug monitoring and clinical expenses covered by the companies concerned. Some patients who are post trial receive support for their continued treatment from the Pefar funded Compassionate Use Programme. Innovative trials and studies are in progress concerning investigational products and/or strategies for the treatment and/or prevention of HIV. Partnership with local and provincial HIV and ARV clinics has contributed substantially to their success.

We have included three investigator driven studies to our portfolio which has strengthened our academic interests. The trials unit currently has 280 patients on studies and in the compassionate programme.

- 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: START (Strategic Timing of Antiretroviral Treatment). The study has commenced and our site is the highest recruiting site in the world.
- The unit is also participating in two international investigator driven studies sponsored by the University of New South Wales. These studies will answer important questions about HIV treatment and we have exceeded our enrolment targets.
- The PrEP Study has proved 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 has revolutionised the recruitment and retention strategies of the clinical trials unit.

HANNAN CRUSAID TREATMENT CENTRE, GUGULETHU

Dr Richard Kaplan



This clinic was established in 2002 by the Desmond Tutu HIV Foundation in partnership with the Western Cape Provincial Health authorities. It was relocated to a purpose-built facility within the grounds of the Gugulethu Community Health Centre in March 2004. The clinic provided one of the first public sector antiretroviral programmes in South Africa and by July 2011 had screened over 8000 patients for treatment, 6519 of whom started antiretroviral treatment.

At the Hannan Crusaid Treatment Centre, 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 that includes specialised treatment programmes for children and adolescents.

In 2011, TB services were introduced into the clinic to provide a more comprehensive service for HIV and TB co-infected patients.

The Sizophila Counsellors

An award winning team of twenty eight lay community workers living with HIV have been trained to educate and support their peers receiving antiretroviral treatment, Sizophila means 'we will survive'. Their commitment and example has resulted in excellent adherence and retention on treatment among clients.

Adolescent and Paediatric Programmes

Children who are infected with HIV need particular support and encouragement if they are to manage their health. The clinic runs a dedicated adolescent programme for older children and youth on Tuesdays and a paediatric service for younger children on Wednesdays. 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. More than 350 children and adolescents are currently enrolled in these programmes.

MASIPHUMELELE ART AND WELLNESS SERVICE

Dr Catherine Orrell



The Desmond Tutu HIV Foundation (DTHF) began a partnership with Masiphumelele clinic in 2000 in supporting their HIV care. From 2004 the DTHF provided clinicians and staff to introduce antiretroviral therapy (ART) and manage patients in need of therapy. The CIPRA-SA study comparing nurse management of people on ART with that of doctors was completed at Masiphumelele clinic and 1 other site from 2005 to 2009 [Sanne et al, 2010]. Clinical care of people on ART was gradually handed over to a City of Cape Town team during 2009. The DTHF retains critical staff at Masiphumelele including a medical officer, data staff and counseling staff to maintain the monitoring and evaluation of the ART service and to initiate new HIV care services.

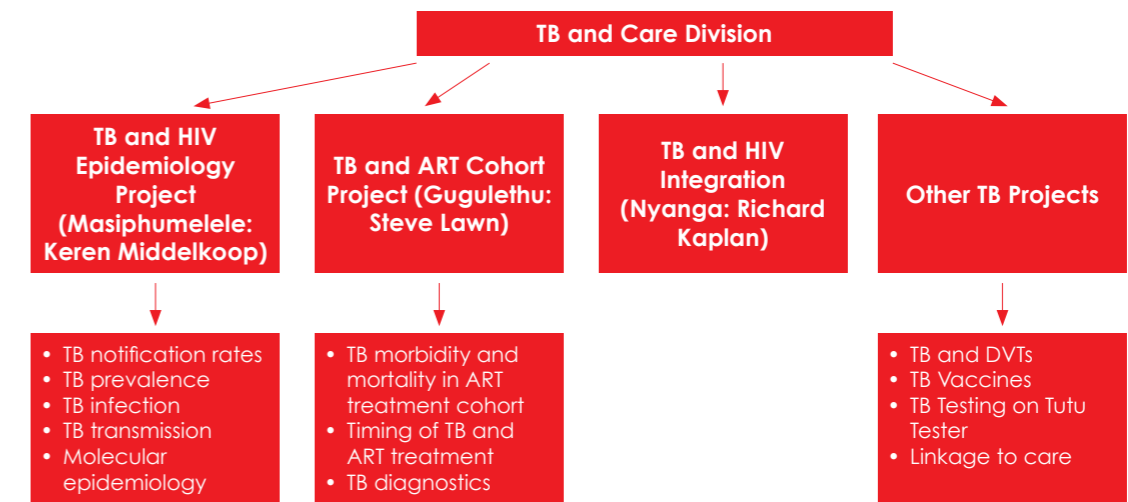
Since late 2009, the DTHF has been working with City of Cape Town staff toward a sustainable nurse-driven, doctor-supported integrated HIV-Wellness, ART and tuberculosis (TB) service. The project followed from the results of the CIPRA-SA study which showed that nurses were not inferior to doctors in managing

patients that had initiated ART. This study is ground-breaking in that it allows a safe expansion of the ART service in settings where there is a shortage of doctors and a high burden of HIV.

Until recently there was no specific service for HIV-positive individuals who do not need ART or TB treatment at Masiphumelele. The Wellness service is exploring and encouraging linkage of VCT testing to HIV-care, an area neglected in many communities to date. Key components of this integrated HIV-wellness system include: a clinical nurse practitioner-led, doctor-supported ART and TB service at the clinic level with a focus on linkage from VCT to the Wellness service. CD4 point of care testing is completed on HIV-positive diagnosis and clinical assessment, staging and a plan for future care are completed the same day. Retention in care programmes have been put in place for all HIV-positive patients – from diagnosis to ART initiation and beyond. A database has been developed that allows early notification of missed visits for people in the service, patients missing visits are traced in the community.

The DTHF partners with community-based NGO's (TB HIV Care and Living Hope) to create multi-disciplinary community health workers (CHWs) who both assist in home visits and in patient education (HIV/ART/TB) in order to ensure that patients are retained in care and to enhance clinic access and service delivery.

TB AND CARE



TB AND HIV EPIDEMIOLOGY PROJECT

Dr Keren Middelkoop

In the informal settlements of Cape Town 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. TB is the most frequent cause of death in patients with AIDS, including those on antiretroviral treatment. The DTHF is studying the interaction between the TB and HIV epidemics in a community with high TB and HIV rates, and in which the national TB control programme is well administered. Understanding the dynamics between these two epidemics will assist in the informed development of adjunctive strategies for TB control.

The surveillance of TB case notification rates in Masiphumelele has been ongoing since 1996. While the notification rates increased steadily from that time until 2005, 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 ART programme.

To improve our understanding of TB transmission, we performed tuberculin skin test surveys on more than 800 primary school and 900 high school students. This study has highlighted the increasing risk of TB infection associated with increasing age. This data together with that from a social mixing survey performed in the community, suggests that the changing social interaction patterns of adolescents place them at an increased risk of TB infection.

The collection and analysis by IS6110 fingerprinting of sputum specimens from TB patients in this community has been ongoing since 2001. This data, 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.

In addition to numerous publications arising from this work over the past few years, Dr Keren Middelkoop also submitted her PhD thesis, based on these projects, in early 2011.

TB AND ART COHORT PROJECT

Dr Steve 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.

Previous work has demonstrated an extraordinarily high prevalence of TB in patients enrolling for ART in this clinic and the very limited utility of existing TB screening and diagnosis strategies. However, Dr Lawn has recently evaluated a new molecular diagnostic assay (the Xpert MTB/RIF assay) which increased case detection by 45% compared to the traditional microscopy test. The new assay was also able to diagnose multidrug resistant TB within 2 days, shortening the time to diagnosis by many weeks. National implementation and scale up of the Xpert assay heralds a new era in tackling the TB problem in South Africa and offers new hope to patients with HIV in whom the diagnosis has to date been so difficult.

TB AND HIV INTEGRATION PROJECT

Dr Richard Kaplan

In October 2008, City Health, Metro District Health Service (MDHS) and the Desmond Tutu HIV Foundation (DTHF) partnered to pilot the integration of HIV and TB services at the Nyanga Community Healthcare Centre. The purpose of this project was to establish a nurse-driven, integrated TB and antiretroviral treatment (ART) service that could serve as a model for the roll-out of integrated services throughout the province.

Despite very high HIV and TB co-infection rates, HIV and TB services have traditionally been run independently in public healthcare facilities. There is now a drive by the Department of Health to expedite the integration of these services at primary level facilities to streamline healthcare delivery. This project was one of the first of its kind to pilot the integration of these services in the Western Cape.

A major component of the integrated service was the provision of counseling services and adherence support for co-infected patients which included Community Care Workers who provided dual adherence support and home visits for TB patients and patients on ART.

In 2010, the MDHS and City Health agreed that the Community Care Worker protocol developed for integrated TB and ARV support at this clinic would be accepted as standard of care for the Western Cape and would be rolled out at other sites. The DTHF and City Health project managers have developed a 10 day course for the Community Care Workers and have started training staff for clinics that are preparing to roll out integrated services.

OTHER TB PROJECTS

The DTHF is currently performing a study to assess the use of Doppler Ultrasound for the early detection of Deep Vein Thrombosis (DVT) in in-patients on TB treatment. More recently we have become involved in the planning stages of TB vaccine studies, which will be run at the DTHF trial sites.

The Tutu Tester, the DTHF's mobile testing unit, has included TB testing among the screening tests that it provides to the general public. One important component of this work is assessing and improving the linkage to care of clients who test positive for TB, HIV or other medical conditions.

TRAINING HIV EDUCATION PROGRAMME (HEP)

Sr Felicity Cope



The HEP training programme equips health care professionals with the knowledge to administer and manage the provision of antiretroviral therapy. The programme is one of many innovative projects undertaken by the Desmond Tutu HIV Foundation in our mission to lessen the impact of the HIV epidemic on individuals, families and communities.

Many health care professionals cannot access classroom training because of distance, time, or financial constraints. The HEP training manual was developed in 2006 as a self-managed distance learning programme based on the principles of co-operative learning and peer tuition. It is updated frequently giving the latest medical protocols and practices in the management of patients living with HIV and TB HIV. Participants can study in groups or individually and can be examined for certification if they wish. The manual has been extensively reviewed and validated by experts in the field. To date the programme has successfully trained more than 2,000 nurses, counsellors, doctors, and other healthcare professionals.

COMMUNITY ENGAGEMENT

Dion Benetatos



A Community Advisory Board (CAB) is a body of representatives that serve as the communication link between researchers and the community.

DTHF's research and interventions rest upon the important principles of community involvement and ownership. We value community insight, and need community participation for our studies to succeed. Our CABs are comprised of between 12 and 25 community members, each of whom represents various community-based organisations including religious institutions, non-profits, and street committees.

Each CAB, including the adolescent CAB - the Future Fighters - meets regularly to ensure that members are up-to-date on research studies. DTHF conducts training workshops for CAB members and provides all the tools necessary to ensure that representatives are knowledgeable advocates of our work.

CAB members are a vital step in the medical research process and are called on to:

- Inform the community about the research DTHF is conducting.
- Develop and maintain good communication between DTHF researchers and the community.
- Promote and maintain a general understanding of HIV/AIDS research, treatment, and prevention with confidentiality and respect.
- Serve as a source of information by advising researchers on community matters such as recruitment.
- Create and maintain a supportive system for individuals participating in research studies.
- To make known the benefits of research and why it is appropriate to the needs of the community.
- Represent the interests of the community.
- Continuously evaluate research progress and to ensure that the community has a voice.

THANKS TO OUR PATRONS, DONORS AND 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 board 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, your concern and compassion have helped them through.

Moving forward together, we can overcome HIV. Thank you.

We would particularly like to mention:

- Agence Française de Développement
- Anesa & Babosa Architects
- Bertha Foundation
- 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

- 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
- Doris Duke Charitable Foundation
- Department of Health, South Africa
- Ebrahim, Zohra
- European Developing Countries Trials partnerships
- Elizabeth Glaser Paediatric Foundation
- European Clinical Trials Platform
- Faculty of Health Sciences, University of Cape Town
- Feinstein, Mia
- Freshlyground
- Fuchs Foundation
- Future Fighters
- George Wood Memorial Trust
- Gilla Kaplan, Professor
- Global Fund for TB, HIV and Malaria, UNAID
- Good Food and Wine Show
- Gordon Wright Memorial
- Grant, Peter
- Hannan Crusaid Treatment 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
- J David Gladstone Institute of Virology and Immunology
- John Hendrikse, Dr.
- Julius Oosthuizen of Edward Nathan Sonnenbergs
- Ken Freedberg, Massachusetts General Hospital, Harvard University
- Living Hope Trust
- Masiphumelele Youth Project (International Fundraising Steering Committee, chaired by Prof M Hayden)
- Masiphumelele High School
- Medecins San Frontiers
- Meridian Accountants
- Metrofile
- Metropolitan Life
- Metropolitan Health Group, including Qualsa
- Mills Litho
- Mpilo Ministries Trust
- Nomzamo Clinic – Masiphumelele
- Open Society Initiative of Southern Africa
- Provincial Administration of the Western Cape
- PEPFAR (US President's Emergency Plan for AIDS Relief)
- Pharmacology, UCT
- Public Health Research Institute, New Jersey, USA
- Perinatal HIV Research Unit
- South African AIDS Vaccine Initiative of Medical Research Council
- South African Centre for Epidemiological Modelling and Analysis
- Sexual Health and Rights Project
- Tibotec
- The Giving Organisation
- Treatment Action Campaign
- Triangle Project
- Truworths
- Toga Laboratories
- Tutu-Gxashe, Thandeke
- University of Cape Town
- Ukanyo Primary School
- Uys, Pieter-Dirk
- Wellcome Trust, UK
- Western Cape Department of Health

FRIENDS OF THE FOUNDATION

In addition to the wide support we enjoy from our sponsors and supporters, we wish to acknowledge friends who have had a special interest in our projects. Their generosity has done much to contribute towards the continuing success of the Foundation.

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.



Agence Française
Développement



Good Food and Wine Show



Rotary Club of Claremont



Chevron



Investec



The Giving Organisation



Class of '75 – Canada



Metrofile



Tibotec



Metropolitan Health



Truworths

Freshlyground

PEER REVIEWED PAPERS

Published in 2010/2011

1. Lawn SD, Edwards DJ, Wood R. Reducing the burden of tuberculosis presenting during the initial months of antiretroviral therapy in resource-limited settings. *Clin Infect Dis*. 2010 Jan 1; 50(1):124-5
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FINANCIAL REPORT

2009/2010

INCOME STATEMENT
FOR THE YEAR ENDED FEBRUARY 28, 2009

| | Note | 2009 R | 2008 R |
|----------------------------------|------|---------------------|---------------------|
| REVENUE | | 26 825 500 | 29 847 132 |
| Donations | | 1 142 559 | 2 212 833 |
| Fundraising revenue | | 503 654 | 33 821 |
| Grant monies | | 15 385 031 | 24 290 712 |
| Recovery of expenses | | 9 794 256 | 3 309 766 |
| DIRECT PROJECT COSTS | | (22 184 596) | (25 052 615) |
| OPERATING SURPLUS | | 4 640 904 | 4 794 517 |
| OTHER INCOME | | 754 118 | 362 950 |
| Foreign exchange gain | | 100 480 | - |
| Interest received | 8 | 653 638 | 362 950 |
| ADMINISTRATIVE EXPENSES | | (1 969 654) | (1 301 478) |
| FUND SURPLUS FOR THE YEAR | | 3 425 368 | 3 855 989 |

BALANCE SHEET AT FEBRUARY 28, 2009

| | Note | 2009 R | RESTATED 2008 R |
|--------------------------------|------|-------------------|-----------------------|
| ASSETS | | | |
| Non-current Assets | | | |
| Property, plant and equipment | 2 | 3 118 612 | 3 620 925 |
| Current Assets | | | |
| Bank | 3 | 10 311 947 | 7 021 674 |
| Petty cash | 3 | 44 398 | 12 300 |
| Accounts receivable | 4 | 4 288 760 | 4 394 259 |
| TOTAL ASSETS | | 17 763 717 | 15 049 158 |
| EQUITY AND LIABILITIES | | | |
| Accumulated funds | | | |
| General reserve | 5 | 1 122 890 | 1 122 890 |
| Retained earnings | 5 | 11 450 299 | 8 024 931 |
| Current Liabilities | | | |
| Accounts payable | 6 | 2 346 426 | 4 770 105 |
| Deferred income | 6 | 2 844 102 | 1 131 232 |
| CAPITAL AND LIABILITIES | | 17 763 717 | 15 049 158 |

STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED FEBRUARY 28, 2010

| | Note | 2010 R | 2009 R |
|--------------------------------|------|---------------------|---------------------|
| REVENUE | | 37 943 908 | 26 825 500 |
| Donations | | 2 352 953 | 1 142 559 |
| Fundraising revenue | | - | 503 654 |
| Grant monies | | 21 850 406 | 15 385 031 |
| Contract revenue | | 13 740 549 | 9 794 256 |
| DIRECT PROJECT COSTS | | (31 407 156) | (22 184 596) |
| OPERATING SURPLUS | | 6 536 752 | 4 640 904 |
| OTHER INCOME | | 730 639 | 754 118 |
| Foreign exchange gain | | 10 975 | 100 480 |
| Interest received | 7 | 719 664 | 653 638 |
| ADMINISTRATIVE EXPENSES | | (2 365 161) | (1 969 654) |
| SURPLUS FOR THE YEAR | 8 | 4 902 230 | 3 425 368 |
| Other comprehensive income | | - | - |
| COMPREHENSIVE INCOME | | 4 902 230 | 3 425 368 |

STATEMENT OF FINANCIAL POSITION AT FEBRUARY 28, 2010

| | Note | 2010 R | RESTATED 2009 R |
|--|------|-------------------|-----------------------|
| ASSETS | | | |
| Non-current Assets | | | |
| Property, plant and equipment | 2 | 4 279 826 | 3 118 612 |
| Current Assets | | 20 943 249 | 15 782 637 |
| Cash and cash equivalents | 3 | 15 143 823 | 10 356 345 |
| Trade and other receivables | 4 | 5 799 426 | 5 426 292 |
| TOTAL ASSETS | | 25 223 075 | 18 901 249 |
| ACCUMULATED FUNDS AND LIABILITIES | | | |
| Accumulated funds | | 17 475 419 | 12 573 189 |
| General reserve | | 1 122 890 | 1 122 890 |
| Retained earnings | | 16 352 529 | 11 450 299 |
| Current Liabilities | | 7 747 656 | 6 328 060 |
| Accounts payable | | 6 654 590 | 5 643 082 |
| Trade and other payables | 5 | 4 627 007 | 2 798 980 |
| Deferred income | 5 | 2 027 583 | 2 844 102 |
| Provision for leave pay | 13 | 1 093 066 | 684 978 |
| ACCUMULATED FUNDS AND LIABILITIES | | 25 223 075 | 18 901 249 |



DESMOND TUTU HIV FOUNDATION

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