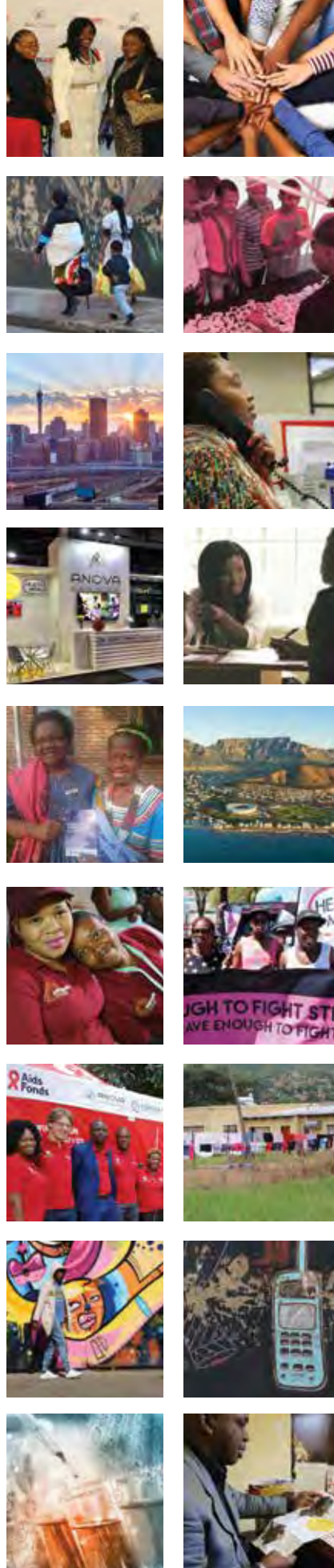


# Integrated Report 2016



**ANOVA**  
HEALTH INSTITUTE







**Excellence**

**Trust**

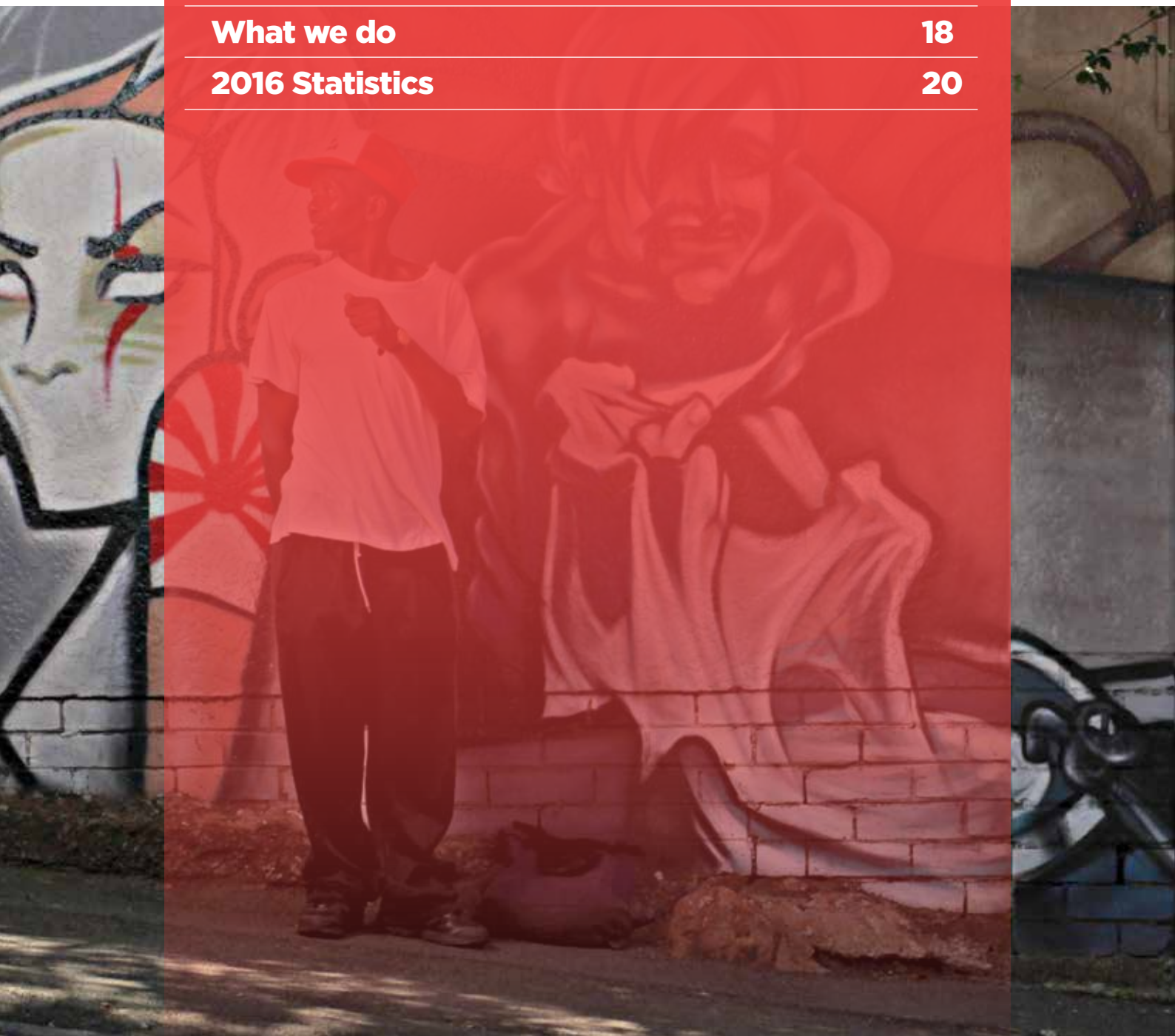
**People**

**Innovation**

**Expertise**

# Content

<b>Introduction: Scope and boundary</b>	<b>4</b>
<b>Anova Health Institute</b>	<b>7</b>
<b>2016 Key accomplishments</b>	<b>8</b>
<b>Material issues</b>	<b>12</b>
<b>Chairman's report</b>	<b>13</b>
<b>CEO's message</b>	<b>14</b>
<b>2016 Strategic areas</b>	<b>15</b>
<b>2016/2017 Strategy</b>	<b>16</b>
<b>What we do</b>	<b>18</b>
<b>2016 Statistics</b>	<b>20</b>





<b>Engagement with stakeholders</b>	<b>23</b>
<b>Marketing</b>	<b>26</b>
<b>Our governance</b>	<b>30</b>
<b>Impact</b>	<b>40</b>
<b>Environmental impact</b>	<b>59</b>
<b>Our people: HR report</b>	<b>60</b>
<b>Our economic performance</b>	<b>64</b>
<b>Funders and partners</b>	<b>70</b>
<b>GRI index</b>	<b>72</b>



# Introduction: Scope and boundary

The Anova Health Institute NPC is a non-profit company (Registration Number: 2009/014105/08), headquartered in Johannesburg with projects in all nine provinces of South Africa, and in some African countries.

This Integrated Report presents our financial, programmatic, environmental, social and governance performance for the period 1 October 2015 to 30 September 2016 and describes our goals, performance, responsibilities, policies, risks and plans.

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

Anova's material issues are:

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

Anova is essentially a technical and service organisation, with no product or manufacturing processes, and our organisational environmental impact is low. Although we have not considered our environmental impact as a material issue, environmental issues are briefly discussed in the financial and economics section of the report (p 64) and in the GRI compliance table (G4-EN1 – G4-EN34).



A woman with long dark hair in a ponytail, wearing a white short-sleeved shirt and white trousers, is walking away from the camera. A young child in a dark blue jacket and light blue trousers is walking alongside her, carrying a yellow plastic bag. They are walking past a large, colorful mural on a wall. The mural features a yellow line graph at the top and a large, abstract, colorful figure below it. The background is a solid blue color.

Anova used the Global Reporting Initiative (GRI) G4 guidelines to prepare this report 'in accordance' with the core option, and has also applied the GRI NGO sector supplement. The GRI compliance index is documented in the GRI compliance table on pages 72-83, and is also available from our website, [anovahealth.co.za](http://anovahealth.co.za), for further detail and to locate specific information.

Anova utilises integrated reporting as a means to demonstrate our commitment to transparency, public accountability, recording excellence and sustainable programming. The last Integrated Report was released in August 2016, and is available on our website.

*This Integrated Report presents our financial, programmatic, environmental, social and governance performance for the period 1 October 2015 to 30 September 2016*





**By identifying opportunities to enhance public health,  
we are making significant contributions to sustainable  
healthcare infrastructure**



# Anova Health Institute

The Anova Health Institute empowers people and changes lives. Good health and quality of life are what motivates us to provide healthcare solutions and support for those who need it most. Our work is founded on research evidence to provide cost effective and sustainable solutions.

Our work has been centred in South Africa, where Anova is a trusted partner of the Department of Health but is now expanding globally. We are committed to bolstering the public healthcare system through skills building, improved record-keeping and monitoring, management training and improved client flow. We are making significant contributions to sustainable healthcare infrastructure, through enhancing public health.

Our teams are also actively involved in educational campaigns, community outreach, support, engagement and awareness.

Our areas of medical expertise include elimination of mother-to-child transmission of HIV, TB and HIV care and treatment (including paediatric, adolescent and adult care), Key Populations (including men who have sex with men and transgender people), health systems strengthening (mHealth, supply chain management, quality improvement and management training), eye care and mental health.

Our research expertise includes clinical and social science research, and HIV surveillance in Key Populations.


We disseminate our research findings through publication in academic journals, conferences, seminars, workshops and training programmes.

## Vision

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

## Ideology

We believe that everyone has the right to excellent health

- 
- Key Populations are communities of people most vulnerable to HIV infection*
- Key Populations include:*
- *Men who have sex with men*
  - *Transgender people*
  - *People who inject drugs*
  - *Sex workers*

# 2016 Key accomplishments

Anova continues to reach milestones in our work in healthcare solutions. Our key successes from 1 October 2015 to 30 September 2016 are highlighted below.

## Strengthening health systems

Anova supports the South African government's comprehensive HIV programme, and the country's National Strategic Plan for HIV and TB. Our technical assistance and direct service support strengthens health systems and increases access to high quality services.

Anova supported 206 health facilities in certain districts in Gauteng, Limpopo and Western Cape. In these districts over 900 000 people tested for HIV during the year, of these only 77 802 tested positive.

Some 52 000 people were initiated on antiretroviral treatment (ART) in the facilities we support, with a total of 488 000 people on ART at the end of the period. 95% of clients on TB treatment know their HIV status. 75% of co-infected HIV/TB clients are on ART.

Anova has supported the establishment of over 900 chronic clubs with more than 28 000 clients who collect their medication from alternative pick-up points, reducing the burden of visits at clinics. Over 80 000 pregnant women come through the elimination of mother-to-child transmission of HIV programme annually and we consistently achieve below 2% perinatal transmission at 6 weeks.

In 2016 our team trained and mentored 164 nurses in Nurse-Initiated Management of ART, giving the nurses the skills to initiate and monitor ART.

We trained 48 clinic managers in Gauteng and Limpopo on our new management training, which was designed to develop managers to implement the government's Ideal Clinic Strategy.





more than **900 000** | people tested for HIV



**95%** | of clients on TB treatment know their HIV status



over **900** chronic clubs | support over **28 000** clients

## Anova supported clinics and hospitals in South Africa



Health systems strengthening supported clinics and hospitals



Health4Men competent clinics with men who have sex with men health services



**76** clinics and **4** hospitals



**68** clinics

**Gauteng**



**106** clinics and **8** hospitals



**29** clinics

**Limpopo**



**12** clinics



**41** clinics

**Western Cape**



**19** clinics

**Mpumalanga**



**13** clinics

**Free State**



**29** clinics

**Northern Cape**



**24** clinics

**KwaZulu-Natal**



**26** clinics

**Eastern Cape**



**11** clinics

**North West**



## Anova is a core partner of EQUIP

As one of the five partners that make up \*USAID's EQUIP Consortium, Anova is working to address the healthcare needs of Key Populations in relation to 90-90-90 targets in \*\*PEPFAR countries across Africa, South East Asia, Eastern Europe and the Caribbean.

Through EQUIP, Anova is providing technical assistance to countries to help make sure target groups are effectively identified and motivated to undertake HIV testing services, and that there are Key Population competent clinical services they can attend.

EQUIP delivers rapid-response treatment and prevention solutions to:

- Increase the number of people new on treatment through targeted testing and rapid scale-up of Test & Start
- Increase the number of people retained in care and virally suppressed applying differentiated models of care
- Evaluate the cost effectiveness of health interventions and outcomes

EQUIP has over 50 years of combined partner expertise and experience:

- Presence in 17 PEPFAR countries
- 5 consortium partners
- 4 supporting partners
- Over 300 technical experts on the ground

For more information on the consortium visit the EQUIP website [EQUIPhealth.org](http://EQUIPhealth.org)

\* USAID: United States Agency for International Development

\*\* PEPFAR: United States President's Emergency Plan for AIDS Relief



*EQUIP delivers novel strategies and tools to help countries rapidly reach their UNAIDS 90-90-90 targets*

# Material issues

The material issues for this report are those that have the greatest potential impact (positive or negative) on Anova's ability to deliver our programmes, our financial performance and our reputation as an organisation.

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

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

In reviewing our material issues we considered:

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

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



# Chairman's report

There has been significant global political and economic changes externally which have had an enormous bearing on funding NGOs in general. This has required the alignment of the Anova Health Institute's strategies and our outlook to future programmes. Anova is, however, ready to realign our strategies to continue focusing on key critical programmes and projects with optimal outputs and results.

We have continued to aggressively pursue new programmes and projects where we can collaborate with other service providers offering similar research services as ourselves. This means that we must strive to create strategic alliances with the view to sharing projects and programmes that will allow for collective execution in the research areas.

We have continued to be guided by our strategies and have sharpened our governance principles, striving to improve efficiencies in employee performance overall. Comprehensive performance management processes and systems are now in place and appropriate recognition and reward strategies have been implemented to enhance performance, retain critical talent as well as keep staff motivated. Staff have been continuously updated on external developments and the strategies and tactics that Anova has put in place to respond to various challenges.

The Board and Board Committees' performance was also assessed and the result was extremely positive and favourable. Risk management received constant and sharp attention and the Board is pleased on the effective management of resources by Executive management. In particular, the decision to acquire our own building asset, which will further enhance Anova's ability to create stability whilst managing our liquid resources more effectively.

Anova remains a stable organisation and we have continued to acquire good projects and partnerships as well as attract good quality talent, despite the obvious global and economic dynamics.



**John Moalusi**  
Chairman



*We have continued to aggressively pursue new programmes and projects where we can collaborate with other service providers offering similar research services as ourselves*

# CEO's message

2016 has been a busy year for Anova. We have continued to implement projects in line with our 2016/2017 strategy, but have seen some major changes in the way in which some projects are structured. This is partly in response to a renewed "Focus for Impact" in partnership with our major funder the US President's Emergency Plan for AIDS Relief (PEPFAR).

The renewed focus on dedicating the majority of resources to areas of highest need has included an increase in the amount of direct service support that Anova provided to our Department of Health partners, with some of our staff working in facilities, alongside their government counterparts, as well as continuing our training and mentoring work. To enable this, our human resource team has been hard at work recruiting over four hundred new staff in the year, and our total number of staff reached over 700.

Anova has continued to lead the way in our innovative work with men who have sex with men (MSM) and other Key Populations. We have also started to extend this work beyond the borders of South Africa, working with several partners in the African region. As one of the five partners of the new USAID funded EQUIP consortium, we are extending our work in Key Populations to support other PEPFAR funded countries. EQUIP is a ground breaking model which aims to leverage the expertise of South African organisations to provide technical support to other countries to implement innovative and efficient HIV programming.

Anova is grateful for the continued support from our funders, without which we would not be able to design and deliver these exciting projects, and to all our staff for making them happen.

We would also like to acknowledge the tremendous support that we receive from our Board of Directors, whose wisdom, knowledge and experience are invaluable.



**Prof James McIntyre**  
CEO

*We have continued to implement projects in line with our 2016/2017 strategy, but have seen some major changes in the way in which some projects are structured*

# 2016 Strategic areas

## Impacting on healthcare

Anova recognises the imperative to increase the number of people who know their status and are on antiretroviral treatment. Anova emphasises direct service delivery and technical assistance in public health facilities to support this increase. In addition, priority populations such as paediatrics and adolescents/youth are included.

## Innovative programmes

Anova expanded its work beyond the public sector, in recognition of the fact that almost one in five South Africans have some form of Medical Aid, and many more consult private sector medical services. Here, men who have sex with men is a key focus area.

## Beyond South Africa

Anova is sharing its expertise beyond South Africa's borders for sustainability.

## Knowledge dissemination

Anova continues to disseminate its knowledge through symposia, continuing education and publications and by supporting media in HIV related reporting.

## Research

Research underpins our programme implementation. Anova continues to pursue research opportunities including HIV surveillance in Key Populations, clinical research in HIV and TB, HIV and ophthalmology, and health systems research.

## Sustainable funding

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



# 2016/2017 Strategy

## The 90-90-90 Goals

In 2016 and 2017, Anova will continue to focus most of our activities in support of the United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 goals for 2020.

The 90-90-90 goals provide an ambitious treatment target to help end the AIDS epidemic. By 2020, 90% of all people living with HIV will know their HIV status. By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy. By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression.

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

## Focusing for Impact

Anova has also refined our strategy in line with the “Focusing for Impact” goals of our major funder, PEPFAR.

The PEPFAR Focusing for Impact strategy works with the South African government, and other stakeholders, to strategically allocate PEPFAR resources geographically and programmatically to support HIV/TB and AIDS prevention, care, and treatment programmes in high-burden areas. A strategic focus of resources in high-burden areas provides the most effective and impactful manner where we can reach the most people living with and at risk for the disease towards an AIDS-free generation.



**90%**

**of all people living with HIV will know their HIV status**

---



**90%**

**of all people with diagnosed HIV infection will receive sustained antiretroviral therapy**

---



**90%**

**of all people receiving antiretroviral therapy will have viral suppression**

## **Our 2016/2017 strategic areas are:**

### **Impacting on healthcare**

Anova will emphasise direct service delivery and technical support in public health facilities to increase the number of people who know their HIV status, access treatment and remain virally suppressed. In addition, services for priority populations such as paediatrics and adolescents/youth will be strengthened. Sensitised and competent services will be expanded for Key Populations such as men who have sex with men.

### **Innovative programmes**

Anova will continue to expand work beyond the public sector, increasing interaction with the private medical service and community based services. Almost one in five South Africans have some form of Medical Aid, and many more consult private sector medical services, and services for Key Populations in the private sector are often deficient. In particular, men who have sex with men will remain a key focus area.

### **Beyond South Africa**

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

### **Research**

Research is core to underpinning programme implementation. Anova will continue to pursue research opportunities including clinical research in HIV and TB, HIV and ophthalmology, health systems, and HIV surveillance in Key Populations.

### **Knowledge dissemination**

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

### **Sustainable funding**

Anova will monitor funding opportunities and respond to calls for proposals that align with our strategy.

# What we do



Health Systems Strengthening



Health4Men



Surveillance



**Gauteng**



**Western Cape**



**KwaZulu-Natal**



**Mpumalanga**



**Free State**



**Limpopo**



**North West**



**Eastern Cape**



**Northern Cape**



## Health systems strengthening

Anova provides health systems strengthening support in three districts: City of Johannesburg (Gauteng) Region C, D, E and G, Mopani (Limpopo) and Cape Winelands (Western Cape).

The teams work at all levels of the health system:

- **Provincial and district level:** Anova district teams liaise closely with the Department of Health, providing coordination with other partners, and assistance with planning and the District Implementation Plan process.
- **District and sub-district level:** Anova provides technical support for supply chain management and pharmacy, facility and sub-district management training, and monitoring and evaluation support.
- **Facility level:** Teams consist of clinical specialists and mentors (doctors and nurses), and technical specialists within pharmacy and supply chain, as well as data. The teams support facility services with data systems implementation, training and data monitoring, facility manager training, and HIV testing services and support.
- **Community level:** Focus activities include adherence/treatment clubs to enable ongoing management of clients out of the clinics, community HIV testing and support to community health worker programmes.

## Health4Men

Our Health4Men Initiative aims to improve men who have sex with men (MSM) sexual health. Health4Men has expanded its portfolio over the past year. Initially the focus was on building MSM sexual health competency in the public sector, and as at 30 September 2016 we had trained 260 clinics in nine provinces.

We launched our Yellow Dot Doctor campaign as an innovative approach of reaching doctors in private practice. Yellow Dot Doctors receive training from Anova to provide healthcare services that accommodate the specific needs of MSM. So far the campaign has been very well received by the private doctors, with over 70% engaged willing to treat MSM patients.

Our WeTheBrave.co.za lifestyle communication campaign, that addresses prevention and treatment, is now in its second year and growing with over 10 000 fans engaging in our social media messaging.

## Surveillance

Anova, in partnership with the University of California, San Francisco, has continued with its surveillance on Key Populations, implementing surveillance in all provinces except in the Northern Cape in the past year. This crucial information is used to inform national policy and our programming, in particular for MSM, long distance truck drivers and female sex workers.




## Dissemination

Anova has conducted numerous successful workshops, seminars and other knowledge dissemination meetings during the year. Staff have presented at conferences and produced 20 academic papers. For more detail see sections on page 49 and 52.

# 2016 Statistics

## Health systems strengthening

Anova supports Government's initiatives through technical assistance to ensure access to efficient high quality health services, providing health systems strengthening support in three districts: Gauteng, Limpopo and Western Cape.

Provinces	Gauteng	Limpopo	Western Cape	Total
 <b>HIV testing</b>				
HIV tests	473 626	358 857	68 147	900 630
HIV test positive	54 841	19 772	2 931	77 544
 <b>HIV treatment</b>				
New on treatment	33 534	15 813	2 866	52 213
Total on treatment	316 372	139 763	32 587	488 722
 <b>Elimination of mother-to-child transmission of HIV</b>				
Number of pregnant women	55 701	24 815	4 178	84 694
HIV-positive pregnant women	14 655	5 106	785	20 546
Pregnant women on treatment	13 473	4 864	527	18 864
Exposed infants tested	8 951	4 880	594	14 425
Infants tested positive	77	62	11	150

**We tested over**



**900 000**



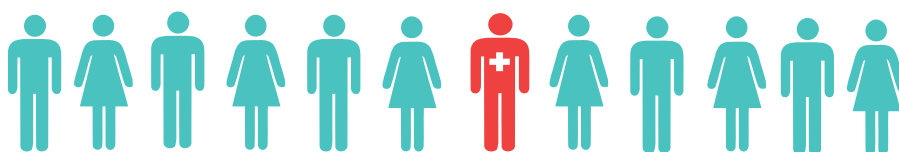
**people for HIV in clinics  
we support in**

**Gauteng**

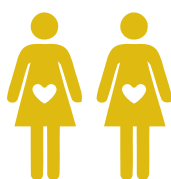
**Limpopo**

**Western Cape**

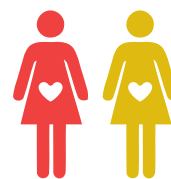
**1 in 12  
tested positive**



**We tested over 80 000  
pregnant women**



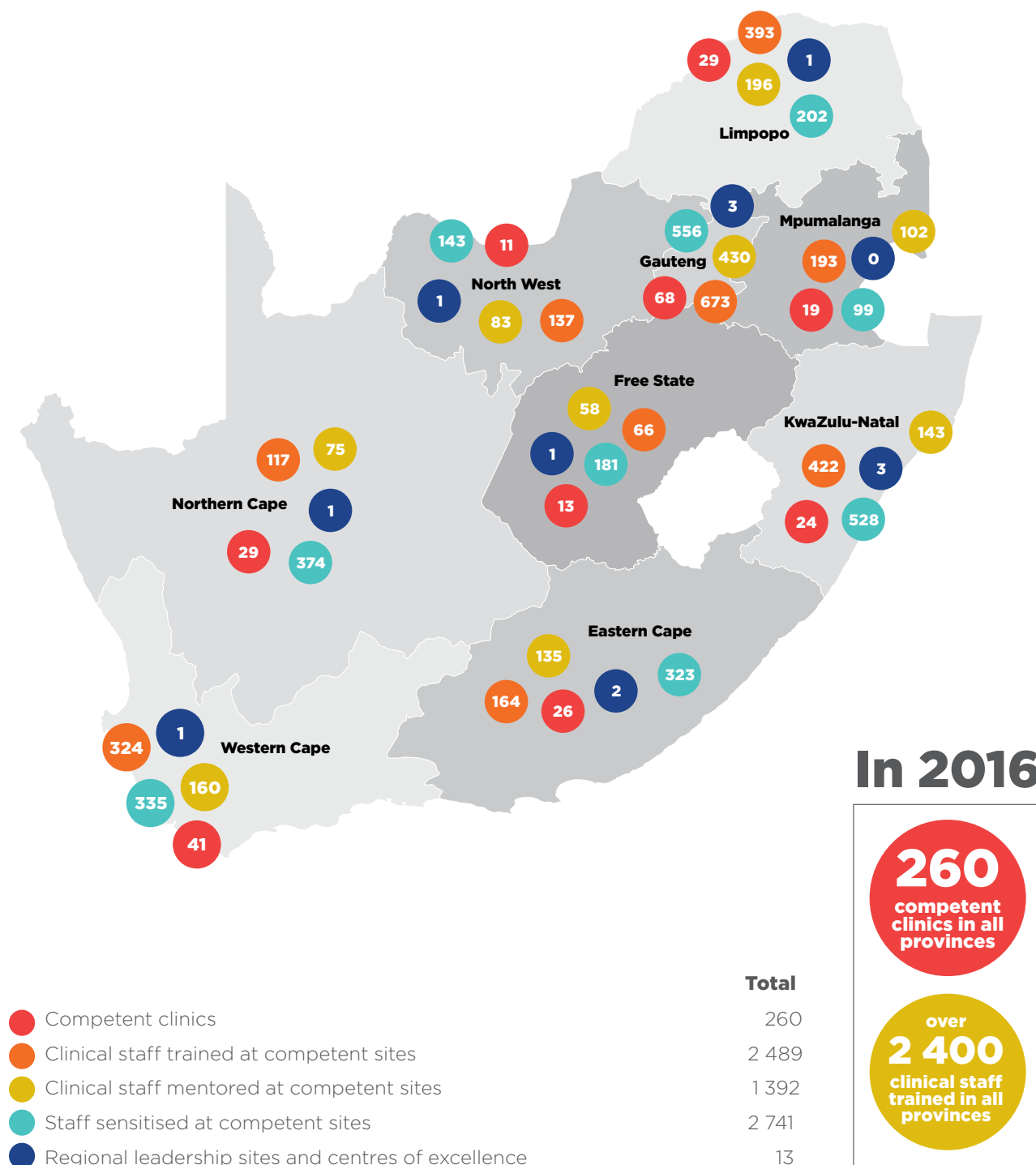
**1 in 4  
tested positive**





## Health4Men training

Anova's Health4Men Initiative provides training in 260 facilities to clinical and non-clinical staff in all nine provinces of South Africa, to ensure these clinics are competent in sexual health needs of men who have sex with men (MSM).



# Engagement with stakeholders

Anova engages with all our stakeholders throughout the year. Our beneficiaries are a wide range of clients who use facilities supported by Anova or use our own direct services. Our staff communicate with clients at facilities and events, and we also maintain active social media and digital communications channels, supporting engagement and sharing of information.

Anova's government partners are crucial to our work. In addition to regular and open communication with the appropriate district and provincial departments at a project level, Anova participates in ongoing joint district planning processes to align our work with government's needs. Our staff members are active in technical working groups at a national level participating in high-level policy and guideline development.

Anova also values joint work with other similar organisations, and has increasingly sought to partner with others to develop and implement effective and sustainable programme grants.



Our employees are central to the successful delivery of our work. Employees are engaged through regular project and staff meetings, newsletters and consultation at closeout of any project.

The Board is responsible for the strategic direction for Anova, and for ensuring responsible, ethical and sustainable corporate governance. Anova's Board meet formally four times a year and their wisdom, knowledge and experience are invaluable.

Our funders are key to our ability to deliver our strategy. Open and regular communication, by formal reporting mechanisms and on an individual level, is an important part of our partnerships. Funders are encouraged to visit our project sites and to experience our projects in action.

Anova supports the South African National AIDS Council (SANAC), as a member of the Programme Review Committee for the Lesbian, Gay, Bisexual, Transgender and Intersex Sector, and the Prevention Technical Task team.



*Anova also values collaborative work with other similar organisations, and has increasingly sought to partner with others to develop and implement effective and sustainable programme grants*

## Stakeholder



**Beneficiaries**



**Government Partners**



**NGO Partners**



**Employees**



**Anova Board**



**Funders**

## Stakeholder Priorities

## Engagement Process

Improved services  
Access to information

- Staff interactions at facilities and events
- Digital and social media communications

Service improvements  
Alignment with government plans

- Regular update meetings
- Joint district planning processes

Possible collaborative projects

- Discussion of opportunities

Job security  
Working conditions  
Development

- Quarterly newsletters
- Regular project staff meetings
- Full consultation with teams affected by project closeout
- Training opportunities

Strategy  
Performance  
Finance

- Comprehensive updates at Board and Board sub-committee meetings
- Discussions with senior management as necessary on ad hoc issues

Project relevance and delivery  
Exemplary financial compliance

- Regular face-to-face progress meetings
- Site visits to projects
- Comprehensive financial reporting






# Marketing

Our marketing team supports all Anova's projects, campaigns and initiatives with marketing and communications expertise, and execution in line with our communication strategy. We continue to focus on brand management, communicating our work positively and in line with our branding/design guidelines and our corporate identity through digital channels, marketing material, multimedia resources, campaigns and communication collateral.

Our dedicated team liaises with media and PR when needed to highlight the innovative work being done by our staff throughout South Africa and abroad.

We are constantly sharing news on our website, [anovahealth.co.za](http://anovahealth.co.za), as well as our social media platforms:

-  AnovaHealthSA
-  @AnovaHealthSA
-  AnovaHealthSA



---

## Programmes and Projects





- [health4men.co.za](http://health4men.co.za)
- [Health4MenTop2Bottom](#)
- [@H4Mtop2btm](#)



- [afya4men.info](http://afya4men.info)



## Campaigns

Some of our campaigns include:



 [wethebrave.co.za](http://wethebrave.co.za)

 [WeTheBraveSA](https://www.facebook.com/WeTheBraveSA)

 [@WeTheBraveSA](https://twitter.com/WeTheBraveSA)

 [WeTheBraveSA](https://www.instagram.com/WeTheBraveSA)



 [yellowdotdoctor.co.za](http://yellowdotdoctor.co.za)



 [prep4life.co.za](http://prep4life.co.za)







 A poster for SCORE4LIFE featuring a smiling man in sunglasses and a white t-shirt with the logo. The text on the poster includes:
 

**SCORE4LIFE**

**GET TESTED TODAY!**  
It's FREE, SAFE & CONFIDENTIAL

When you know your HIV status you Score4Life

Shop 26 Alex Plaza  
Near to Russells

Open 7 Days A Week  
Mon - Fri: 07:00 AM - 08:00 PM  
Saturday: 09:00 AM - 05:00 PM  
Sunday: 10:00 AM - 04:00 PM

Men Only | No Under 21s Allowed | Proof of ID Required

Logos for USAID, ANOVA Health Institute, and others are at the bottom.

## Partnership



 [dreamspartnership.org](http://dreamspartnership.org)





# Our governance

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

The Board believes that acceptable processes are applied in order to support the spirit of the principle. Our structures have been reviewed to ensure that they comply with the Companies Act No. 71 of 2008, as amended (the “Companies Act”).

## Board governance structure

### Governance structure

**The Board** is responsible for the strategic direction for Anova, and for ensuring responsible, ethical and sustainable corporate governance. The responsibilities of the Board and senior management have been clearly defined by the Board and are separate. The Chairman of the Board is responsible for providing overall leadership of the Board and ensuring that the Board receives clear and accurate information to enable the Directors to perform effectively. The CEO is responsible for the execution of the strategic direction, which is approved by the Board, through the delegation of authority.

**The Management Executive Committee** is responsible for the operational activities of Anova and monitoring operating and financial performance. It meets monthly, with additional meetings held if required. The Committee works with the CEO and COO to share responsibility for the operational activities of Anova, contribute to strategy, operational plans, policies and procedures and budgets; and assess and control risk to the Company. The Committee members are the CEO, COO, Executive Director Government Liaison, Executive Human Resources Manager, Executive Finance Manager, and Executive Grants and Operations Manager.

## **The Board**

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

The performance of the Board is assessed by an external review every two years.



## **The Board**

### **Mr John Moalusi - Chairman**

John Moalusi (BProc, EDP) is the Chairman of Anova's board. He is also Executive Chair at Bridging the Gap. John has extensive knowledge in General and Human Resource management. John has over 20 years' executive management experience.

### **Prof James McIntyre - Chief Executive Officer**

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

### **Dr Helen Struthers - Chief Operating Officer**

Helen Struthers (MSc, MBA, PhD) is the COO of Anova and an Honorary Research Associate in the Division of Infectious Diseases & HIV Medicine, Department of Medicine at UCT. Previously she worked in the mining sector, but has worked and conducted research in the health sector since 2001 focusing on mitigating the impact of the HIV epidemic.

### **Mrs Susan Kekana - Executive director**

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

### **Mr Nico Theron - Non-executive director**

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

### **Mr David Douglas - Non-executive director**

David Douglas (CA(SA)) is a partner of Douglas & Velcich, Chartered Accountants (SA).



**From left to right:**

Mr Nico Theron, Dr Helen Struthers, Mr John Moalusi, Mr David Douglas, Mrs Susan Kekana, Prof James McIntyre



## **The Directors**

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

### **Independent non-executive directors**

Mr John Moalusi (Chairman)

Mr David Douglas

Mr Nico Theron

### **Executive directors**

Prof James McIntyre (CEO)

Dr Helen Struthers (COO)

Mrs Susan Kekana

Independent non-executive directors are appointed for a term of three years and may avail themselves for re-election for one additional three-year term, in accordance with the Anova Board Charter. The Independent non-executive directors bring a diverse range of skills and expertise to the Board. These include financial, human relations and legal experience. Independent non-executive directors receive fees for services on the Board and Board Committees, which are set via a Board Resolution annually, and are benchmarked with similar non-governmental organisations.

A full list of Directors' personal financial interests is reviewed at each Board meeting. Any potential conflict is addressed and Directors recuse themselves from any discussion and decision on matters in which they have a material interest. The Chairman and CEO ensure that an appropriate induction programme is in place for new Directors and ensure the ongoing understanding of the existing Directors. Upon appointment, new Directors are offered an induction programme tailored to meet their specific requirements. All Directors are provided with all of the necessary documentation in order to familiarise themselves with the Company and matters affecting the Board.

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

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

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

The Board has determined that formal Board and Committee evaluations will be carried out every two years; the next evaluations will be in 2016. In the intervening years when a formal review is not carried out, each Committee reviews their activities against the approved Terms of Reference, and reports back to the Board on these matters.

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

### **Board Committees**

As mandated by the Board Charter, three Board Committees assist the Board in fulfilling its objectives, although the Board remains ultimately responsible for any function it has delegated to a sub-Committee. The role and responsibilities of each Committee are set out in the Terms of Reference, which are reviewed on an annual basis and approved by the Board, ensuring that the Board is satisfied that they have carried out their responsibilities appropriately.



*The Independent Non-Executive Directors bring a diverse range of skills and expertise to the Board. These include financial, human relations and legal experience*

### **Audit and Risk Committee**

The Audit and Risk Committee has an independent role with accountability to both the Board and stakeholders. The Committee does not assume the functions of management, which remain the responsibility of the Executive Directors, officers and other members of senior management. The Committee terms of reference also allow the Committee to investigate any activity of the Company and permit seeking information or advice from any employee or external consultant. The membership of the Committee is comprised solely of independent non-executive directors. In addition, the CEO, COO, Executive Finance Manager and Executive Grants and Operations Manager are also permanent invitees to the meetings of the Committee.

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

In addition, the Committee reviews the annual audit reports and recommends acceptance of these reports to the Board. Key risk metrics and measures have been developed with risk indicators clearly defined. A key risk profile matrix has been developed with clearly defined risk indicators. The Audit and Risk Committee reviews this annually, to assess risk and makes recommendations to management on risk mitigation strategies. The Committee is an integral component of the risk management process. Specifically, the Committee oversees financial reporting risks; internal financial controls; fraud risks as it relates to financial reporting; and IT risks as these relate to financial reporting.

### **Remuneration Committee**

The Remuneration Committee oversees the setting and administering of remuneration at all levels in the Company; and the establishment of a Remuneration Policy that will promote the achievement of strategic objectives and encourage individual performance strategy. The Remuneration Policy ensures that the Company employs and retains the best human capital possible relevant to its business needs and maximises the potential of its employees. The members are independent non-executive directors. The CEO, COO and the HR Executive Manager are invited to attend all meetings except when their own remuneration is under consideration. Anova is committed to remunerating staff in a way that ensures the organisation's ability to attract, retain and motivate a highly skilled and talented group of individuals.


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

## **Social and Ethics Committee**

Anova has a Social and Ethics Committee to perform the functions prescribed in Section 72 (4) and Regulation 43 (5) of the Companies Act. The Committee assists the Board in ensuring that Anova complies with the relevant statutory requirements of the Companies Act, as well as best practice recommendations in respect of social and ethical management. The Committee monitors Anova's activities, with regard to any relevant legislation, other legal requirements or prevailing codes of best practice, relating to social and economic development, good corporate citizenship, the environment, sustainability, labour and employment and company ethics. The Committee comprises two independent non-executive directors, three executive directors, the executive HR manager and a senior clinician.

## **Code of ethics**

Anova is committed to promoting the highest standards of ethical behaviour among its Directors, management and employees. The Company has a Code of Ethics, which forms part of each employment contract. The Code outlines conflicts of interest, the prevention of disclosure of company information, policies on the acceptance of donations and gifts and protection of the intellectual property of Anova.



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



## Board Meetings attended in 2016 year

Members	Attendance			
	05 November	18 February	31 March	11 August
<b>Independent non-executive directors</b>				
John Moalusi (Chair)	√	√	√	√
David Douglas	√	*	√	√
Nico Theron	√	√	√	√
<b>Executive Directors</b>				
James McIntyre (CEO)	√	√	√	√
Helen Struthers (COO)	√	√	√	√
Susan Kekana	√	√	√	√

\*Absent with apologies

## Board Committee Membership

Directors	Audit & Risk Committee		Remuneration Committee	Social & Ethics Committee
	Audit	Risk		
Independent non-executive directors				
John Moalusi		Attendee	Member	Member
David Douglas	Chair	Chair		
Nico Theron	Member	Member	Chair	Acting Chair
Executive Directors				
James McIntyre	Attendee		Attendee	Member
Helen Struthers	Attendee	Member	Attendee	Member
Susan Kekana				Member
Prescribed officers				
HR Manager	Attendee	Attendee	Attendee	Member
Finance Manager	Attendee	Attendee		
Grants & Operations Manager	Attendee	Attendee		
Programme Manager				Member

## Directors attendance at Board sub-Committees

### Remuneration Committee

Directors	Meetings	
	15 March	25 August
Nico Theron (Chair)	√	√
John Moalusi	√	√
James McIntyre (attendee)	√	*
Helen Struthers (attendee)	√	√

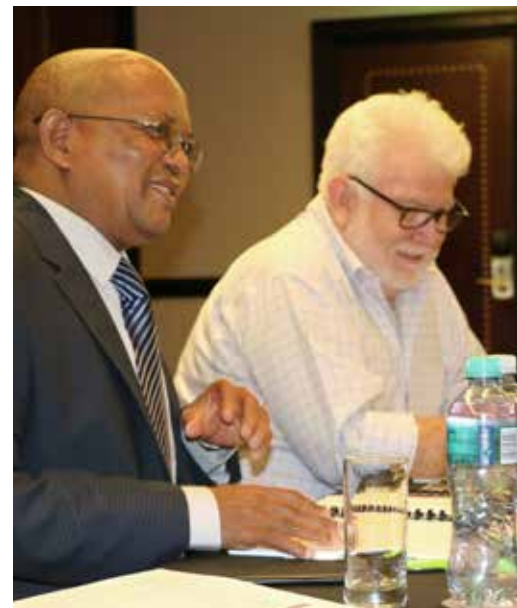
### Audit & Risk Committee

Directors	Meetings	
	15 March	29 September
David Douglas (Chair)	√	√
Nico Theron	√	√
John Moalusi (Risk only)	*	*
Helen Struthers (Risk only)	√	√
James McIntyre (attendee)	*	√

### Social & Ethics Committee

Directors	Meetings	
	24 November	11 August
Nico Theron (Acting Chair)	√	√
John Moalusi	√	√
Helen Struthers	√	√
James McIntyre	√	√
Susan Kekana	√	√

\*Absent with apologies



# Impact

## Programme impact

Anova's impact is achieved through our programmes as determined by our strategic areas. Our activities are described in the "What we do" section (page 18). Our programmes are in response to the needs of our government and community stakeholders, and informed by our principles and values.

## Programme highlights

### Impacting on healthcare

Anova recognises the imperative to increase the number of people who know their status and are on antiretroviral treatment. Anova emphasises direct service delivery and technical support in public health facilities to increase this. In addition, priority populations such as paediatrics and adolescents/youth are included.

### Anova receives recognition as an accredited training provider

Anova became an accredited training organisation through the South African Board of People Practice in May 2016. The accreditation was underpinned by the Management Performance Programme (MPP), designed to develop Clinic Facility Managers in Management Best Practice in a way that integrates and supports the Department of Health's (DoH) objective for the Ideal Clinic and UNAIDS 90-90-90 goals.

The MPP has 12 modules, that each address key topics essential to primary healthcare (PHC) management. Modules are credited against National Unit Standards that are extracted from the National Certificate in Generic Management at NQF level 4. A key component of the course is the practical experience where learners must apply theoretical concepts in the classroom into skills in their workplace. There are formative and summative assessments aligned to the unit standards for each module that are assessed.

Many of the managers who are in strategic positions in clinics or PHC facilities today are in that position because they have proved their competence as good Professional Nurses. In many cases, they do not have the necessary management skills to run a large facility or adapt to the changing primary care landscape. This programme equips managers with the necessary skills to assist them in improving all elements of facility management as well achieve the goals set by the DoH.

In September 2016 the first cycle of training came to an end, and 16 managers completed the course in Limpopo. The learners were made up of Anova's own

Quality Improvement officers, District Coordinators, Programme Managers and Facility Managers. An additional 140 Facility Managers from Limpopo and Gauteng have entered the programme.

In another exciting development for the Training Unit, it initiated a pilot project at Grace Mugodeni in Mopani and Itereleng in Soweto for an *integrated patient record system*. The objective was to improve patient waiting times, enable a full medical profile for each patient, enable test results to be easily recorded and filed, and create an organised patient record system that makes it easy to retrieve and refile patient records, prebook patients and reduce congestion and waiting times.





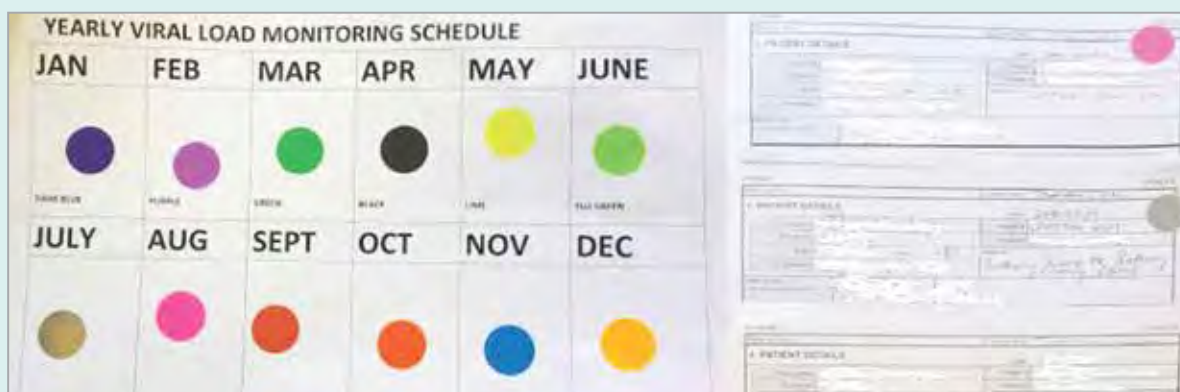
## Simple sticker project helps in viral load testing

South Africa and PEPFAR have adopted the Joint United Nations Programme on HIV/AIDS Fast-Track strategy and 90-90-90 targets for 2020. The objective is to work towards achieving the 90-90-90 target, including the third 90, which states that 90% of all people receiving ART should be virally suppressed. To support the 90-90-90 strategy, Anova conducted a pilot project using viral load (VL) stickers in two poor performing facilities in a sub-district in Limpopo to assess if it would be an effective way of improving VL testing.

Keeping track of the month in which the patient is due to have a VL test was one of the main problems. Twelve colours were identified and each allocated to a month in the calendar year to allow for easy identification. Each colour represented an ART-start month, which is also a blood-monitoring month. The sticker was placed on each file and a copy of the coded chart was placed in each consultation room. Patient education on the importance of VL testing was then conducted.

From this pilot project, the VL completion improved from 0% to 59% in the ART cohort in one facility. A decision was made to cascade the project to all the facilities in June 2015 because it proved that the strategy was working. During the 12-month period prior to intervention, the viral load completion improved by only 2% compared to 16% improvement within the first 9 months of the intervention. An analysis 15 months after implementation showed an overall improvement of 27%, with the VL completion in Mopani of 82.% overall.

The sticker project is a simple, low cost, easy to implement intervention which has proved to be effective in the VL completion rate in Mopani. It is not specific to VL monitoring only, but it can be applied in chronic disease management and requires no extra personnel to implement.



## **Innovative programmes**

Anova expanded its work beyond the public sector, in recognition of the fact that almost one in five South Africans has some form of Medical Aid, and many more consult private sector medical services. In particular, men who have sex with men are a key focus area.

### **Yellow Dot Doctors are unfreakoutable**

Anova launched the Yellow Dot Doctor campaign in response to the needs of gay men and other men who have sex with men (MSM) who consult private health practitioners in South Africa. The Yellow Dot Doctor campaign, which started in March 2016, is an innovative and fresh approach to reaching doctors in private practice with specific health information for MSM. Anova-trained educators (academic detailers) visit doctors at their rooms to sensitise them on MSM sexual health and provide information in a 15-minute pitch.

Participating doctors display Yellow Dot communication materials in their rooms - including posters and pamphlets - that inform MSM in the waiting room that they can expect to receive an MSM-friendly consultation. The materials, in the form of yellow circles with white text, mark the journey through the clinic and include light-hearted messaging on using health services. Follow-up visits from the detailer include information and materials on pre-exposure prophylaxis (PrEP), sexually transmitted infections and HIV. Participating doctors are encouraged to keep in touch with the specialised information on the Health4Men website ([health4men.co.za](http://health4men.co.za)). The campaign's website ([yellowdotdoctor.co.za](http://yellowdotdoctor.co.za)) allows MSM to find a gay-friendly doctor.

Between March and September 2016, 350 GPs in Gauteng province have enrolled; two detailers have been trained and made 680 visits to doctors; more than 40% of GPs engaged could identify, treat and counsel MSM patients and valued our education material.



### **When you know your status you Score4Life**

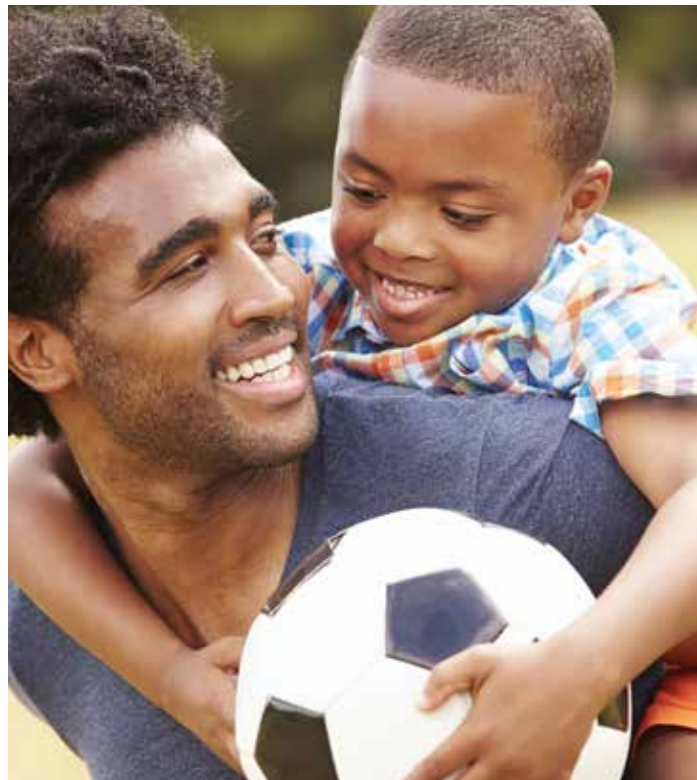
In July 2016 Anova launched our Score4Life campaign aimed at attracting more men to test for HIV. Score4Life offers free, safe and confidential HIV testing and counselling in semi-permanent pop-up facilities in Alex Plaza shopping centre and in Roodepoort, Johannesburg.

From July to September 2016, over 5 700 men tested with 533 testing positive. The pop-up store opened seven days a week 7am to 7pm, allowing men who are working to test after hours. The added bonus of offering services over the weekend was a major drawing card, adding to the success of the campaign.

Testing is, however, just the first step in the HIV prevention and treatment process. To keep the channels of communication open and to provide linkages to localised services and care, participants are issued with airtime to give them the means to access these services.









## **WeTheBrave increases its reach**

Anova's lifestyle communication campaign WeTheBrave.co.za, that addresses both prevention and treatment of HIV, was successfully activated in four provinces: Gauteng, Western Cape, KwaZulu-Natal and Mpumalanga. Launched in 2015, the campaign's main objective is to address positive behaviour change in ways which responsible sex can be enhanced to reduce transmission of HIV and to promote health-seeking behaviour amongst men who have sex with men (MSM).

With a very strong digital focus, the Facebook page achieved over three million impressions with more than 10 000 fans in the reported year. In just a few months the website (wethebrave.co.za) reached over 130 000 page views.

Our first campaign activation was at 2015's Joburg Pride, which was attended by over 5 000 people. We had an overwhelming response and engagement from the MSM community and media – even making it onto primetime news. We were asked to support other Pride events around the country due to the impact at Joburg Pride.

The campaign launched in Cape Town in February 2016 during the biggest Pride event in South Africa namely, Cape Town Pride. The campaign was successfully 'activated' at 8 pre-pride events that took place at various popular MSM venues around Cape Town. Each event was tailor-made to reach a specific MSM target audience. Average attendance at each event was between 80-100 MSM, which included media and influencers. We led the parade around the streets of Cape Town CBD with a stylised 'penis float' which sprayed branded confetti out into the crowd's every time someone tweeted with #BraveEnough.

Attendance at Pride reached a high of over 6 000 people. We had three testing stations at the Pride venue with over 120 men testing on the day (four times the previous Pride event testing numbers).

The campaign was launched in KwaZulu-Natal at Durban Pride, the week of the International AIDS Conference in 2016. We attended the 'after Pride party' with our #kiss4equality photo booth, and handed out our 'Pleasure pouches' (condoms & lube) as well as other campaign collateral promoting sexual health.



WeTheBrave.co.za activation at Cape Town Pride 2016

## Beyond South Africa

Anova is sharing its expertise beyond South Africa's borders.

### Anova goes global

As one of the five core partners that make up USAID's EQUIP Consortium, Anova is working to address the healthcare needs of Key Populations in relation to 90-90-90 targets and in relation to Pre-Exposure Prophylaxis (PrEP).

Through EQUIP, Anova is providing technical assistance to countries to help make sure target groups are effectively identified and motivated to undertake HIV Testing Services and that there are Key Population competent clinical services they can access. This includes evaluating existing outreach programmes and putting in place measures to increase the number of Key Populations who are reached with information and the number who test for HIV. It also includes dedicated healthcare worker training to make sure that clinic staff can offer competent services to different Key Population groups. This work is currently underway in Mozambique with further activities planned for Lesotho, Zambia and Haiti.

Anova also provides technical support on PrEP guideline development and PrEP demonstration projects. Currently Anova is supporting PrEP demonstration projects in Namibia, and is exploring the possibility of such projects in a range of other EQUIP countries in the near future.

Anova is also collaborating with other partners such as FHI360 in Malawi and Médecins Sans Frontières in Mozambique where we are addressing outreach and engagement strategies and providing detailed training packages for clinical staff.



## **Knowledge dissemination**

Anova continues to disseminate knowledge through symposia and continuing education, publications and supporting media in HIV related reporting.

### **Seminars**

#### **Innovation Matters**

We presented our fourth annual health systems strengthening seminar in October 2015, where the core objective was to expand knowledge and understanding on the role of innovation in strengthening health systems. Titled, “INNOVATION MATTERS: Breakthrough innovations in a dynamic health system,” the seminar was diverse, covering a variety of topics. The seminar discussed the implementation of the UNAIDS 90-90-90 targets for HIV and TB and the use of technology to improve health service delivery.

#### **Data Quality & Data Usage**

Anova hosted a Data Quality & Data Usage seminar for data capturers and programme coordinators in October 2015. The symposium brought together experts in the field of data to share their knowledge. The seminar focused on quality of data captured in the clinics and how to improve on its management and capturing efforts. It also looked at data interventions and best practice.

#### **Towards Zero Infections**

Our Mopani team hosted a clinical seminar in Tzaneen in June 2016 - “Towards Zero Infections: A myth or a reality for clinicians.” The symposium reflected on the current state and challenges facing the clinics, and what still needs to be done to achieve the 90-90-90 strategy.

#### **Evidence to Action**

A Satellite Session “Evidence to Action” was held in July 2016, at the 2016 International AIDS Conference in Durban, hosted by Anova; the Centre for Infectious Disease Epidemiology and Research (CIDER) at the University of Cape Town; the International Epidemiologic Databases to Evaluate AIDS network – Southern Africa; ICAP at Columbia University; and the Southern African HIV Clinicians Society. The session also highlighted the essential role that collaborative research plays in improving public sector policies and services for HIV treatment and prevention. Across southern Africa, HIV programmes are evolving rapidly with new scientific insights, leading to major policy developments. There is growing interest in understanding the optimal implementation of new interventions and services, and ultimately how research evidence can be translated into action.



### **International AIDS Conference 2016**

Anova was part of the International AIDS Conference held in Durban in July. We had a number of oral and poster presentations as well as collaborations at the conference. We were part of a 'Trans pre-conference' for advocates, researchers, policy makers, multilateral organisations, and donors to discuss and develop shared strategies to address the most pressing issues for transgender people at risk for or living with HIV.

We were also part of a men who have sex with men (MSM) pre-conference which focused on the rights and demands of MSM in the global HIV response. The conference spoke to advocates, programme implementers, government officials, and researchers interested in course-correcting the global HIV response toward greater alignment with the sexual health needs of MSM. Anova co-organised several satellite sessions on clinical competency for Key Populations and the HIV prevention needs of African gay men. We also had a stand at the exhibition hall where we engaged with delegates on Anova's role in HIV prevention and treatment and our areas of expertise.

### **Community action towards reaching 90-90-90**

Anova hosted a stakeholder engagement seminar titled, "Community action towards reaching 90-90-90," aimed at traditional leaders and traditional health practitioners in September 2016 in Tzaneen. The objectives were to create community awareness on the 90-90-90 strategy; to introduce the National Adherence strategy; to reinforce the role of ward based outreach teams in the communities within Mopani District as well as to create the environment for the stakeholders to come up with the community strategies for reaching 90-90-90.





## Publications

In this year, Anova staff co-authored 20 academic publications, detailed below. Anova authors are listed in bold.



Authors	Title	Journal/Publisher
Omar SV, <b>Peters RP</b> , Ismail NA, Dreyer AW, Said HM, Gwala T, Ismail N, Fourie PB.	Laboratory evaluation of a specimen transport medium for downstream molecular processing of sputum samples to detect Mycobacterium tuberculosis	J Microbiol Methods 2015; 117: 57-63.
<b>Dubbink JH</b> , de Waaij DJ, Bos M, <b>van der Eem L</b> , Bébéar C, <b>Mbambazela N</b> , Ouburg S, <b>Peters RP</b> , Morre SA.	Microbiological characteristics of Chlamydia trachomatis and Neisseria gonorrhoeae infections in South African women	J Clin Microbiol 2016; 54: 200 – 3. (Epub: 28 Oct 2015).
De Waaij DJ, <b>Dubbink JH</b> , <b>Peters RP</b> , Ouburg S, Morre SA.	Comparison of GMT presto assay and Roche cobas® 4800 CT/NG assay for detection of Chlamydia trachomatis and Neisseria gonorrhoeae in dry swabs	J Microbiol Methods 2015; 118: 70-6
Norder WA, <b>Peters RP</b> , Kok MO, van Elsland SL, <b>Struthers HE</b> , Tutu MA, van Furth AM	The church and paediatric HIV care in rural South Africa: a qualitative study	AIDS Care. 2015 Nov;27(11):1404-9
<b>Schaftenaar EE</b> , Meenken C, Baarsma GS, <b>McIntyre JA</b> , Verjans GM, <b>Peters RP</b>	Early- and late-stage ocular complications of herpes zoster ophthalmicus in rural South Africa	Tropical Medicine & International Health 2016 21(3) 334-339
<b>Peters RP</b> , Verweij SP, <b>McIntyre JA</b> , <b>Schaftenaar EE</b>	Gonococcal Conjunctivitis Despite Successful Treatment of Male Urethritis Syndrome	Sexually Transmitted Diseases 2016 43(2) 120-121
Omar SV, <b>Peters RP</b> , Ismail NA, Jonkman K, Dreyer AW, Said HM, Gwala T, Ismail N, Fourie PB	Field evaluation of a novel preservation medium to transport sputum specimens for molecular detection of Mycobacterium tuberculosis in a rural African setting	Tropical Medicine & International Health 2016 21(6) 776 - 782
<b>Schaftenaar EE</b> , <b>Peters RP</b> , Baarsma GS, Meenken C, <b>Khosa NS</b> , Getu S, <b>McIntyre JA</b> , Osterhaus AD, Verjans GM	Clinical and corneal microbial profile of infectious keratitis in a high HIV prevalence setting in rural South Africa	European Journal of Clinical Microbiology & Infectious Diseases 201635(9) 1403 - 1409



Authors	Title	Journal/Publisher
de Waaij DJ, Dubbink JH, Ouburg S, <b>Peters RP</b> , Morre SA	Evaluation of Presto(plus) assay and LightMix kit Trichomonas vaginalis assay for detection of Trichomonas vaginalis in dry vaginal swabs	J Microbiol Methods 2016 127:102-104
<b>Schaftenaar EE</b> , Meenken C, Baarsma GS, <b>Khosa NS</b> , Luijendijk AD, <b>McIntyre JA</b> , Osterhaus AD, Verjans GM, <b>Peters RP</b>	Uveitis is predominantly of infectious origin in a high HIV and TB prevalence setting in rural South Africa	British Journal of Ophthalmology 2016 100 (10):1312 - 1316
<b>Dubbink JH</b> , van der Eem L, <b>McIntyre JA</b> , Mbambazela N, <b>Jobson GA</b> , Ouburg S, Morre SA, <b>Struthers HE</b> , <b>Peters RP</b>	Sexual behaviour of women in rural South Africa: a descriptive study	BMC Public Health. 2016 16: 557
Sturke R, Siberry G, Mofenson L, Watts H, <b>McIntyre JA</b> , Brouwers P, Guay L on behalf of the NIH-PEPFAR PMTCT Implementation Science Alliance	Creating sustainable collaborations for implementation science: The case of the NIH-PEPFAR PMTCT Implementation science alliance	J Acquir Immune Defic Syndr, Vol 72, Supplement 2, August 1, 2016 2016 72: S102-S107
Myer L, Phillips T, Zerbe A, Ronan A, Hsiao N, Mellins C, Remien R, Le Roux S, Brittain K, Ciaranello A, Petro G, <b>McIntyre JA</b> , Abrams E	Optimizing Antiretroviral Therapy (ART) for Maternal and Child Health (MCH): Rationale and Design of the MCH-ART Study	J Acquir Immune Defic Syndr, Vol 72, Supplement 2, August 1, 2016 S189-S196
Daum LT, Fourie PB, <b>Peters RP</b> , Rodriguez JD, Worthy SA, Khubbar M, Bhattacharyya S, Gradus MS, Mboneni T, Marubini EE, Helm C, Chambers JP, Fischer GW	Xpert(®) MTB/RIF detection of Mycobacterium tuberculosis from sputum collected in molecular transport medium	International Journal of Tuberculosis and Lung Disease 2016 20 (8) 1118-1124
Bernstein M, Phillips T, Zerbe A, <b>McIntyre JA</b> , Brittain K, Petro G, Abrams E, Myer L	Intimate partner violence experienced by HIV-infected pregnant women in South Africa: a cross-sectional study	BMJ Open 2016;6:e011999. doi: 10.1136/bmjopen-2016-011999 f
<b>Hugo JM</b> , Stall R D, <b>Rebe K</b> , Egan J E, <b>Jobson G</b> , de <b>Swardt G</b> , <b>Struthers HE</b> , <b>McIntyre JA</b>	Knowledge, attitudes and beliefs regarding Post Exposure Prophylaxis among South African Men who have Sex with Men	Aids and Behavior 2016 (Suppl 3) 350-356 August 2016 DOI: 10.1007/s10461-016-1520-9
Muller E E, <b>Rebe K</b> , Chirwa T, <b>Struthers HE</b> , <b>McIntyre JA</b> , Lewis D A	The prevalence of human papillomavirus infections and associated risk factors in men-who-have-sex-with-men in Cape Town, South Africa	BMC Infectious Diseases (2016) 16:440
<b>van der Eem L</b> , <b>Dubbink JH</b> , <b>Struthers HE</b> , <b>McIntyre JA</b> , Ouburg S, Morre SA, Kock MM, <b>Peters RP</b>	Evaluation of syndromic management guidelines for treatment of sexually transmitted infections in South African women	Tropical Medicine & International Health 2016 21(9): 1138 - 1146
<b>Hugo JM</b> , Stall R D, <b>Rebe K</b> , Egan J E, de <b>Swardt G</b> , <b>Struthers HE</b> , <b>McIntyre JA</b>	Anti-retroviral therapy based HIV prevention among a sample of Men who have Sex with Men in Cape Town, South Africa: Use of Post-exposure Prophylaxis and knowledge on Pre-exposure Prophylaxis	Aids and Behaviour Sept 2016 DOI: 10.1007/s10461-016-1536-1
<b>Lilian RR</b> , <b>Mutasa B</b> , <b>Railton J</b> , Mongwe W, <b>McIntyre JA</b> , <b>Struthers HE</b> , <b>Peters RP</b>	A 10-year cohort analysis of routine paediatric ART data in a rural South African setting	Epidemiology & Infection, 2016, Epub 9 September. DOI:10.1017/S0950268816001916



## Research

Research is core to underpinning programme implementation. Anova continues to implement research opportunities, including HIV surveillance in Key Populations, clinical research in HIV and TB, HIV and ophthalmology, health systems research and STIs research.

**Our research in men who have sex with men (MSM) covered a variety of topics, including: Pre-exposure prophylaxis, Hepatitis and self-testing kits.**

### **The South African PrEP Demonstration Project for MSM**

HIV Pre-exposure prophylaxis (PrEP) is an HIV prevention strategy that involves taking a single fixed dose combination of tenofovir and emtricitabine to reduce HIV risk. PrEP is extremely effective (>90%) and this efficacy has been demonstrated in numerous high quality studies. Men who have sex with men (MSM) in South Africa, among other groups, could benefit significantly from PrEP.

Although efficacy of PrEP has been robustly investigated, questions remain about its implementation and scale up. One such question for South Africa is the feasibility of nurses at state sector clinics offering PrEP to MSM who traditionally have low levels of engagement with the health sector.

In response, Anova launched the South Africa HIV PrEP Demonstration Project for MSM in September 2015. This project is funded by the Elton John Aids Foundation. The aim of the project is to demonstrate that nurses are indeed able to provide PrEP to MSM at the primary healthcare level. Three hundred MSM are being recruited into the project. Those that screen HIV-negative and are interested in PrEP are being offered the medication for 12 months. Project outcomes include PrEP efficacy and side effect rates. Participants are monitored for safety and adherence, inclusive of tenofovir blood levels. Data addressing patterns of PrEP use and sexual behavior changes are also being assessed. Project completion is projected for the first quarter of 2018.

Lessons learned from this project have informed the South African National Department of Health's policy on PrEP for MSM.

### **The BMSF Viral Hepatitis Screening Study**

Viral hepatitis C (HCV) is uncommon in South Africa in the general heterosexual community who do not engage in high risk activities such as injection drug use. There is however an emerging epidemic of HCV among Key Populations, specifically people who inject drugs, sex workers and men who have sex with men. No data exists in South Africa to describe the burden of HCV among these Key Populations. To address this data deficit, a consortium of partners has implemented a national viral hepatitis screening study. The study is funded by the Bristol Myers Squibb Foundation.

The consortium consists of the Anova Health Institute, TB HIV Care Association, The Groote Schuur Liver Clinic, OUT LGBT Wellbeing and the National Institute of Health. 3 500 people from Key Populations, across five provinces, and including 750 MSM, are being recruited and screened for viral hepatitis B and C and HIV. Those who screen positive for any of these viruses are being linked to care at specialist treatment centres. Those who screen negative for hepatitis B (HBV) are vaccinated to prevent future infection. Completion of study recruitment is planned for late 2017, with data collection and analysis to follow. The outcomes of this study should provide data to describe the burden of viral hepatitis among Key Populations in South Africa and inform the Department of Health's response. In addition, the study will result in a network for referral of patients with HCV to specialist centres for assessment and treatment. This is especially important as new agents have revolutionised the treatment of HCV and are curative in approximately 90% of cases.



### **HIV surveillance in Key Populations**

Anova continued its collaboration with UCSF on HIV surveillance of Key Populations in South Africa through Integrated Behavioural and Biomedical surveys. During this period, The South African Men's Health Monitoring project, focusing on surveillance of MSM was implemented in five sites namely Mafikeng, Polokwane, Bloemfontein, Johannesburg and Cape Town. Together with UCSF, Anova also provided technical support to HSRC for implementation of MSM surveillance in Port Elizabeth. This collaboration is ongoing with the preliminary report of the five sites and two more sites anticipated in 2017. This surveillance work will provide the much needed national information on MSM in South Africa, and influence future programmes and policies for this target population.

### **Self-testing study**

Anova also implemented an NIH funded HIV self-testing study in Ehlanzeni District in Mpumalanga. The objective of the study was to assess the acceptability and use of HIV self-testing kits among MSM in the district. This study may influence the self-testing guidelines targeting MSM in South Africa. This study is ongoing and the results will be available in 2017.



OraQuick and Atomo Diagnostics self testing kits

**In the districts we support with health systems strengthening, Anova's research areas ranged from STIs in women, HIV and eye care, 90-90-90 targets and antiretroviral treatment.**

#### **STIs among women in Mopani**

Sexually transmitted infections (STIs) continued to be a research priority area for Anova. The results of several studies on the epidemiology and microbiological characteristics of STIs among women in Mopani District were published, demonstrating a high burden of infection and disease, illustrating the limitations of the syndromic approach to STI clinical management, and providing insight in sexual behaviour by women to inform prevention strategies. We published a case report showing the clinical challenges of treating conjunctivitis caused by *Neisseria gonorrhoeae*. Another study demonstrated a high prevalence of asymptomatic *Chlamydia trachomatis*, *Neisseria gonorrhoeae* and human papillomavirus infection among men who have sex with men (MSM) in Cape Town. A prospective study on repeat bacterial STIs among MSM in Johannesburg was concluded and preliminary findings presented at an international conference.

#### **HIV and eye care**

The Mopani Eye project, focusing on improving ophthalmic care in HIV-infected patients, concluded several research papers this year including a study demonstrating the importance of viruses in the aetiology of keratitis. Another study showed that the aetiology of uveitis is diverse in HIV-infected individuals and that tuberculosis, syphilis and human herpesvirus infections are important aetiological agents. Further results of this project are expected in the coming year including an evaluation of impact of HIV virus and antiretroviral therapy (ART) on the eye.



### **Reaching 90-90-90**

Several evaluations of Anova's programme activities were completed and were presented at conferences, including one that demonstrated the impact of roving team support on achieving the HIV 90-90-90 targets. A relevant paper on the dynamics of working in partnership to improve HIV care was published, showing the importance of the long-term relationship between Anova and the Department of Health to achieve impact. Another project illustrated once again the importance of using routinely available data for programme analysis, in this case when analysing the paediatric HIV epidemic for identification of treatment gaps. We showed the potential of using an innovative method for collection and transport of sputum samples for diagnostic testing for *Mycobacterium tuberculosis* in routine rural settings. A qualitative project was completed, showing the potential of involving religious congregations (the church) in HIV care in rural South Africa.

### **PopART and Cape Winelands**

Anova supports DoH in seven "hotspot" clinics in the Cape Winelands and is an implementation partner for the HPTN 071 'PopART' study in five clinics. The primary objective of the PopART study is to evaluate the impact of a community-level combination prevention package, which includes universal HIV testing, active linkage into care and intensified provision of HIV antiretroviral therapy (ART) on population level HIV incidence.






# Environmental impact

Anova is environmentally aware and does everything possible to ensure our carbon footprint is kept at a minimal level. With most of our work centred around building on our areas of expertise and technical support, the bulk of our energy consumption comes from staff travel and operating our offices. In an effort to save energy we use energy efficient lighting in all our offices and we use electronic communication channels to limit travel.

 **475**  
**flights**  
international  
and domestic

 **434 179**  
**kWH**

	Consumption	Kg CO 2 Emissions
Electricity	434 179 kWH	227 075
Flights Domestic	431 flights	156 631
Flights International	44 flights	153 468
		<b>537 174</b>

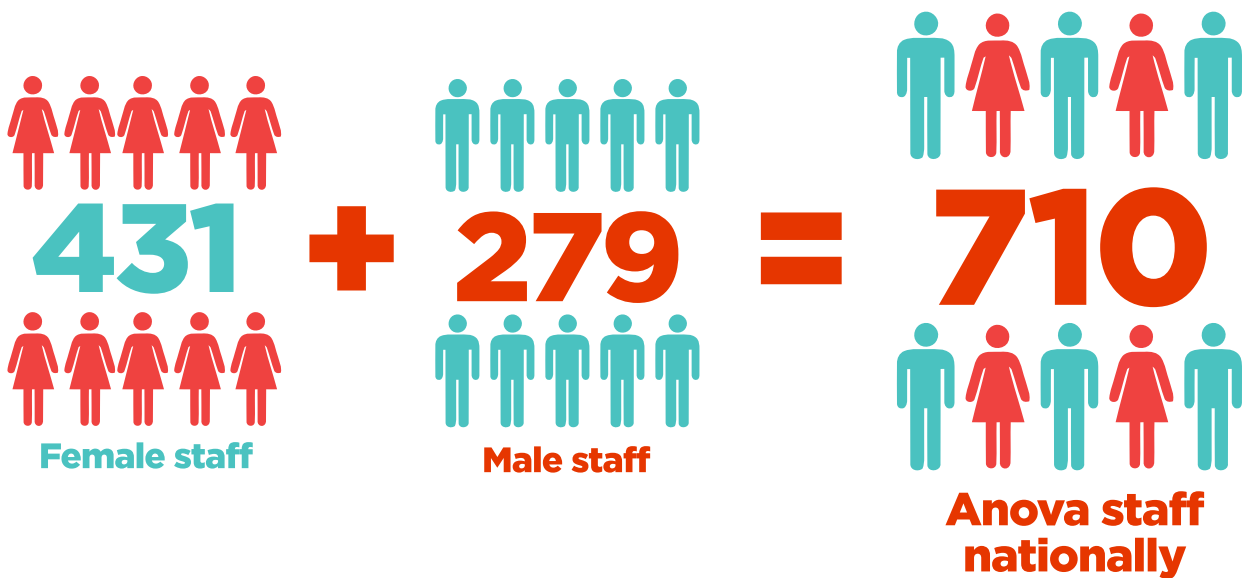
# Our people: HR report

Anova’s Human Resources (HR) Department plays an instrumental role in contributing to the achievement of Anova’s business objectives. The function is guided by Anova’s strategic priorities where the employees are enabled through sound HR practices to deliver excellent performance.

HR targets its operations to align with business priorities and prioritises:

- applying HR expertise effectively to support operational changes
- building the capabilities of managers and staff
- staffing the business accordingly through periods of high volumes of staffing needs

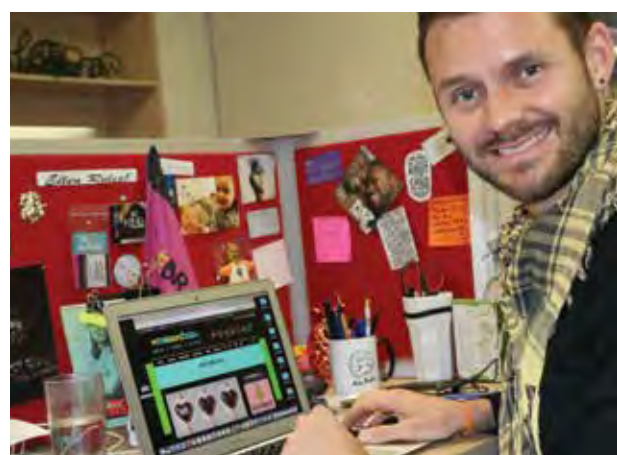
The HR Department recruited and placed 403 employees during this period, in various contracts (temporary and permanent) across all projects with more than 90% fitting the Employment Equity requirements. There was a net effect of employee growth of 286 by the end of this period.



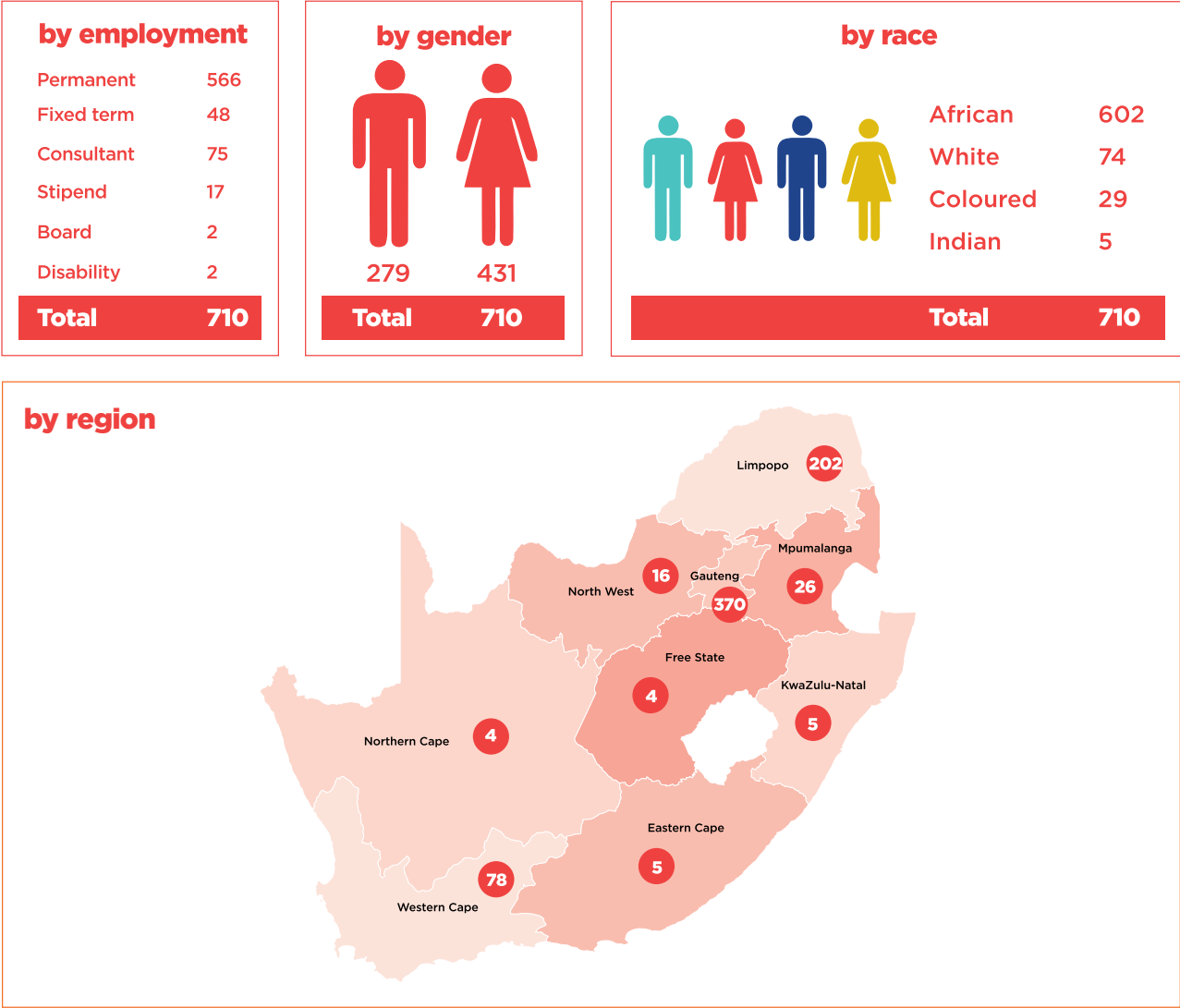
The changes and growth in Anova necessitated a review of job titles and descriptions and subsequently all 142 were evaluated and the critical ones benchmarked against the market, and salaries reviewed.

The performance management process was embedded with extensive training conducted to ensure consistent application and alignment of the performance rating scores. A further step of validating performance ratings was introduced to reduce subjectivity and was welcomed by the business.

We continuously review our employment practices and strive to remain an employer of choice.



# Number of staff



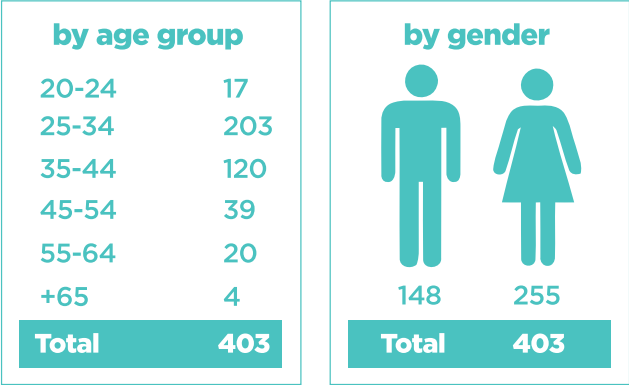
**by region**



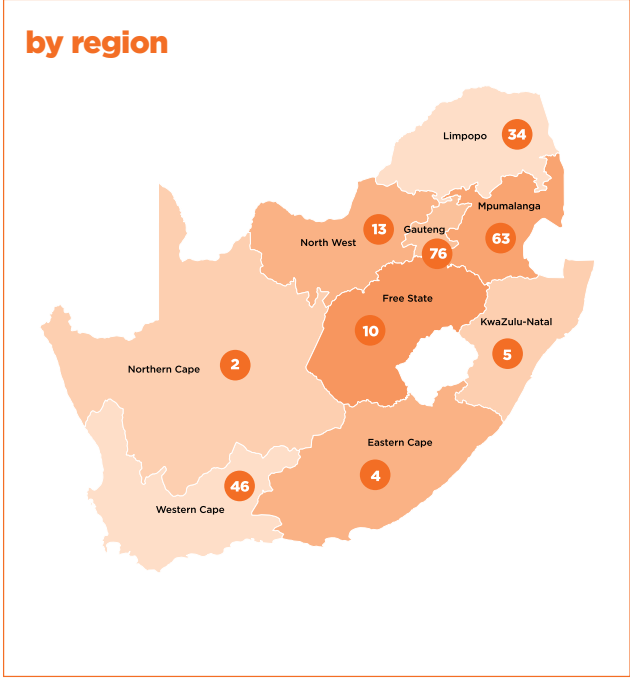
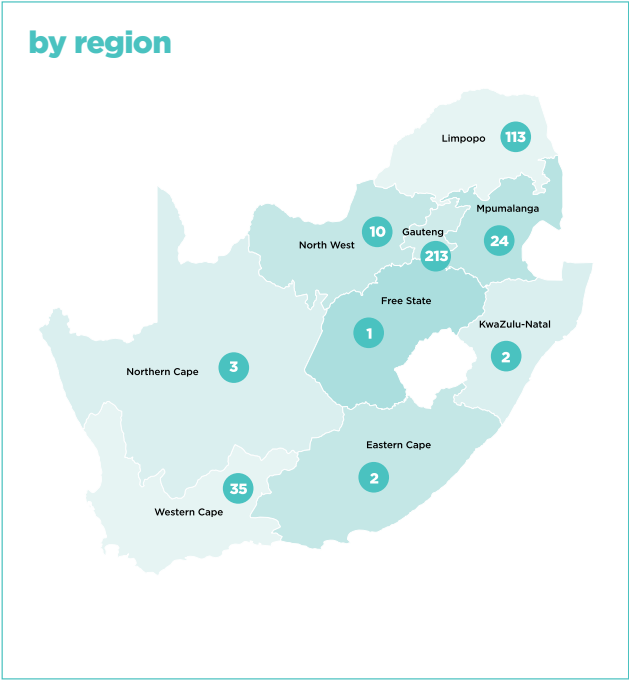
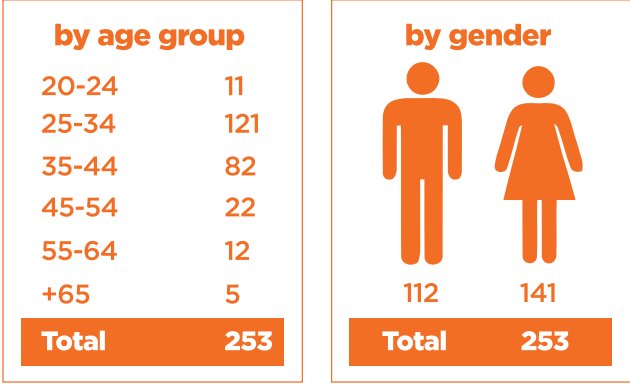


# Staff turnover

## New hires



## Terminations



# Our economic performance

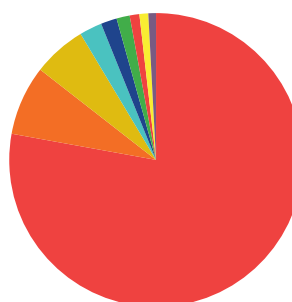
## Financial Report

Grants received increased by 27% compared to previous year. The main contributions to this increase were the new awards from The Elma Foundation, Elton John Aids Foundation, USAID EQUIP and the expansion of the USAID HSS & MSM awards.

Operational expenses are up 27% from the prior year. Part of the increase relates to the annual cost of living increase of staff salaries effective from March 2016. Furthermore operating expenses increase in line with the additional activities across existing and new projects. The increase in the net interest received for the year is the direct result of increased investment balances on Human Capital Provisions and other Core Investment accounts.

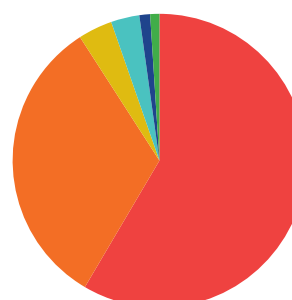
Source of income by funder for 2016

	R millions
USAID	198,3
EJAF	19,6
Global Fund	15,0
CDC	6,3
Sundry	4,5
ELMA	3,7
MAC AIDS Foundation	2,7
NIH	2,5
Orange Babies	2,1



Resource allocation by cost category for 2016

	R millions
Personnel costs	149,6
Operational costs	83,0
Travel costs	9,6
Capital costs	8,0
Training costs	3,0
Conference and meetings	2,6



## **Independent auditor's report**

We (Deloitte and Touche) have audited the annual financial statements of Anova Health Institute NPC which comprises, the statement of financial position as at 30 September 2016, the statement of comprehensive income, the statement of changes in equity and statement of cash flows for the year then ended, and the notes, comprising a summary of significant accounting policies and other explanatory information.

### **Directors' responsibility**

The company's directors are responsible for the preparation and fair presentation of these financial statements in accordance with International Financial Reporting Standards and the requirements of the Companies Act of South Africa and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.

An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant estimates made by the directors, as well as evaluating the overall financial statement presentation and disclosures.

We believe that the audit evidence that we have obtained is sufficient and appropriate to provide a reasonable basis for our opinion.

## Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Anova Health Institute NPC as at 30 September 2016, and its financial performance and its cash flows for the year then ended in accordance with International Financial Reporting Standards and the requirements of the Companies Act of South Africa.

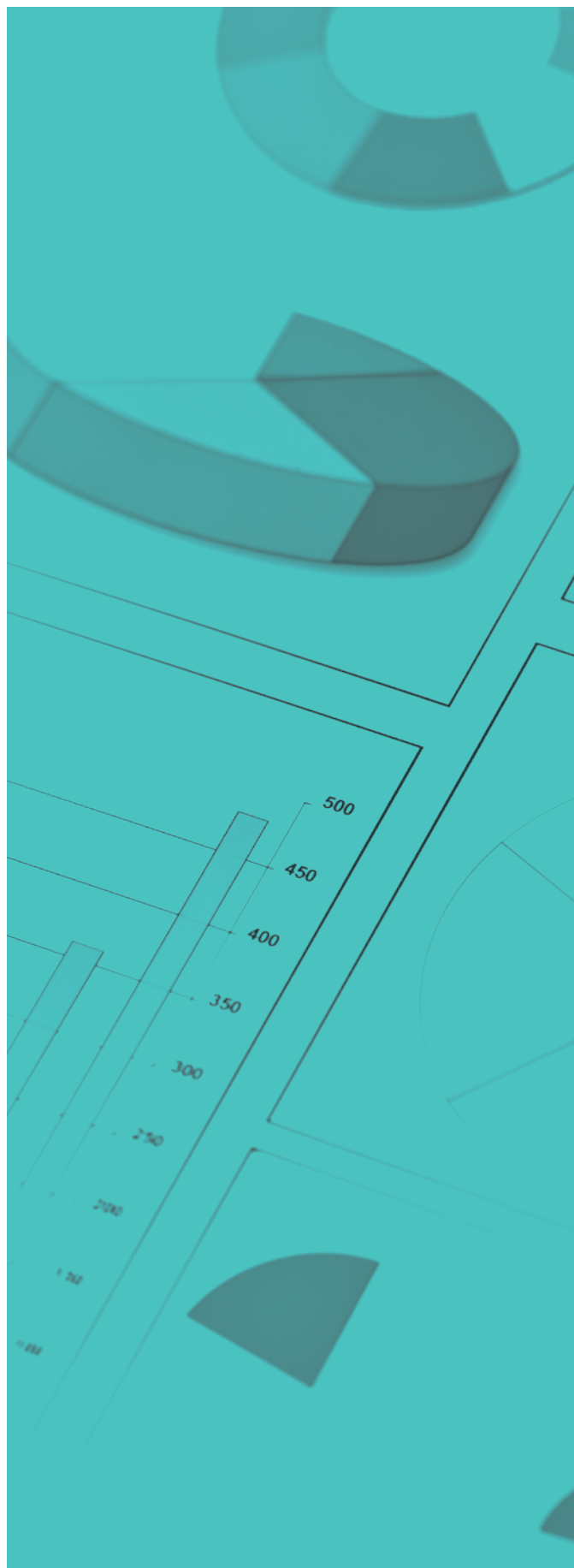
## Other reports required by the Companies Act

As part of our audit of the financial statements for the year ended 30 September 2016, we have read the Report of the Directors, for the purpose of identifying whether there are material inconsistencies between this report and the audited financial statements. This report is the responsibility of the Directors. Based on reading this report we have not identified material inconsistencies between this report and the audited financial statements. However, we have not audited this report and accordingly do not express an opinion on this report.

## Deloitte and Touche



Registered Auditor





## Statement of financial position

	Audited results as at 30 September 2016	Audited results as at 30 September 2015
<b>ASSETS</b>		
<b>Non-current assets</b>		
Plant and equipment	8 524 361	6 200 437
Total non-current assets	8 524 361	6 200 437
<b>Current assets</b>		
Trade and other receivables	9 369 956	5 323 984
Cash and cash equivalents	96 150 308	72 345 307
Total current assets	105 520 264	77 669 291
<b>Total assets</b>	114 044 625	83 869 728

## Statement of financial position

	Audited results as at 30 September 2016	Audited results as at 30 September 2015
<b>CAPITAL AND LIABILITIES</b>		
Capital and reserves		
Capital donation	2 608 041	2 608 041
Revaluation reserve	1 026 407	1 026 407
Accumulated surplus	24 271 787	20 640 980
<b>Total equity</b>	<hr/> 27 906 235	<hr/> 24 275 428
<b>Current liabilities</b>		
Trade and other payables	39 314 415	35 042 140
Grants received in advance	38 726 560	19 240 360
Deferred income	8 097 415	5 311 800
<b>Total current liabilities</b>	<hr/> 86 138 390	<hr/> 59 594 300
<b>Total equity and liabilities</b>	<hr/> 114 044 625	<hr/> 83 869 728

## Statement of comprehensive income

	Audited results for the year ended 30 September 2016	Audited results for the year ended 30 September 2015
Revenue	254 672 178	200 632 486
Other income	1 463 756	6 092 850
Operating expenses	(255 859 845)	(201 552 609)
<b>Surplus from operations</b>	276 089	5 172 727
Interest received	3 354 718	2 492 880
<b>Surplus for the year</b>	3 630 807	7 665 607

# Funders and partners

We acknowledge and thank our funders and partners for their valuable contributions.

## Funders



ORANGE BABIES





## Partners

### South African

South African Departments of Health & Social Development (National & Provincial)

City of Johannesburg

City of Cape Town

University of Cape Town - School of Public Health and Family Medicine

University of Cape Town – International Centre for Genetic Engineering and Biotechnology (ICGEB)

University of Cape Town - Division of Infectious Diseases & HIV Medicine, Department of Medicine

University of Pretoria

Human Sciences Research Council (HSRC)

Right to Care

The Aurum Institute

HIVSA

MatCH

INERELA+

Singizi Consulting

Wits Reproductive Health & HIV Institute

Foundation for Professional Development (FPD)

CHoiCe Trust

Hoedspruit Training Trust

TB/HIV Care Association (THCA)

Kheth'Impilo

### International

University of California, San Francisco – Centre for AIDS Prevention Studies

University of California, Los Angeles

Boston University School of Public Health

University of Pittsburgh

Emory University

Johns Hopkins University

Maastricht University Medical Centre

Erasmus University Rotterdam

VU Medical Centre - Amsterdam

University College London

World Health Organization (WHO)

Global Forum on MSM & HIV

Partners in Hope

PACT

Society for Family Health Namibia (SFH)

**Global Reporting Initiative (GRI) G4 Content Index  
Anova Health Institute: 2016**

**GENERAL STANDARD DISCLOSURES**

**Strategy and Analysis**

<b>Profile Disclosure</b>	<b>Description</b>	<b>Reference</b>	<b>Explanation</b>
<b>G4-1</b>	Statement from the most senior decision-maker of the organisation	pp 13, 14	The Chairman's report can be found on page 13. The Chief Executive Officer's report can be found on page 14
<b>G4-2</b>	Description of key impacts, risks, and opportunities	pp 16, 17	Risks and opportunities are discussed under "strategic goals"
		p 40	Impact is discussed throughout the report but particularly under "impacting on healthcare"

**Organisational Profile**

<b>Profile Disclosure</b>	<b>Description</b>	<b>Reference</b>	<b>Explanation</b>
<b>G4-3</b>	Name of the organisation	cover	The name of the organisation is mentioned throughout the report. The back cover lists the organisations location and contact details
<b>G4-4</b>	Primary activities	p 8 pp 40-51	Anova's primary activities are described on page 8. Our programme activities are described in pages 40-51
<b>G4-5</b>	Location of organisation's headquarters	Inside back cover	Anova's headquarters location is listed inside the back cover
<b>G4-6</b>	Number of countries where the organisation operates, and names of countries with either major operations or that are specifically relevant to the sustainability issues covered in the report	GRI table	Anova operated in South Africa, Namibia and Mozambique in this reporting period
<b>G4-7</b>	Nature of ownership and legal form	p 4	The Anova Health Institute NPC is a non-profit company (Registration Number: 2009/014105/08)
<b>G4-8</b>	Markets served (including geographic breakdown, sectors served, and types of customers and beneficiaries)	pp 10, 18, 20, 23	The description on page 10 and the list of stakeholders (page 23) illustrate the geographic breakdown and beneficiaries served
<b>G4-9</b>	Scale of the organisation	pp 20-22 p 60 pp 64-69	The scale of the organisation has been depicted by the number of beneficiaries served (page 20-22), total staff (page 60) and financial statements (page 64-69)
<b>G4-10</b>	Employees – employment contract, gender, region	pp 60-63	Discussed under "HR report"
<b>G4-11</b>	Percentage of total employees covered by collective bargaining agreements	GRI Table	None of Anova's employees belong to a trade union
<b>G4-12</b>	The organisation's supply chain	GRI table	The number and location of suppliers is not reported on. Anova has procurement policies which are designed to ensure best value for money, and generally uses local suppliers
<b>G4-13</b>	Any significant changes during the reporting period regarding size, structure, ownership or supply chain	GRI table	No significant changes in this year

<b>G4-14</b>	The precautionary approach	pp 15 - 17	Anova's strategies and activities are aligned with the precautionary principle, to consider benefits and risks of any project, both human and environmental
<b>G4-15</b>	Externally developed economic, environmental and social charters the organisation subscribes to or endorses	GRI table	Anova's activities are undertaken in line with all regulatory frameworks of the government departments with which we partner
<b>G4-16</b>	Memberships of associations and national or international advocacy organisations	p 71	The list of partners

#### Identified Material Aspects and Boundaries

Profile Disclosure	Description	Reference	Explanation
<b>G4-17</b>	Entities included in the organisation's consolidated financial statements	GRI table	Anova is a single entity with activities and offices in nine provinces. The financial statements are for the whole organisation
<b>G4-18</b>	Process for defining the content of the report and how the organisation has implemented the reporting principles for defining report content	p 12	Material aspects are informed by stakeholders' views and identified by management and the Board. Significance is determined only through discussions, as the organisation does not yet apply qualitative and quantitative tools
<b>G4-19</b>	List of the material Aspects identified in the process of defining report content	pp 4, 12, 23	The process for defining the report content is described in the "scope and boundary" section, "our strategy" and "stakeholder engagement"
<b>G4-20</b>	Specific limitations regarding the Aspect Boundary within the organisation	GRI table	This report attempts to cover all the material aspects of Anova's operations. Notes have been made throughout the report if data from specific projects has been excluded
<b>G4-21</b>	Specific limitations regarding the Aspect Boundary outside the organisation	GRI table	The report does not cover aspects outside the organisation
<b>G4-22</b>	The effect of any restatements of information provided in previous reports	GRI table	There are no restatements in this report
<b>G4-23</b>	Significant changes from previous reporting periods in the Scope and Aspect Boundaries	GRI table	There were no significant changes in this report

#### Stakeholder Engagement

Profile Disclosure	Description	Reference	Explanation
<b>G4-24</b>	List of stakeholder groups	p 23	The stakeholders are listed under "stakeholder engagement"
<b>G4-25</b>	The basis for identification and selection of stakeholders with whom to engage	p 23	Anova attempts to engage with all its relevant stakeholders
<b>G4-26</b>	The organisation's approach to stakeholder engagement, including frequency of engagement by type and by stakeholder group	pp 23-25	Engagement with key stakeholders, such as donors, staff and government partners, is an ongoing process
<b>G4-27</b>	Key topics and concerns that have been raised through stakeholder engagement, and how the organisation has responded to those key topics and concerns	pp 23-25	Discussed under "stakeholder engagement"
<b>G4-28</b>	Reporting period for information provided	p 4	Our reports are annual, and reflect our financial year, October 1 2015 to September 30, 2016

<b>G4-29</b>	Date of most recent previous report (if any)	GRI table	A report is produced annually. The last report was published in August 2015
<b>G4-30</b>	Reporting cycle (such as annual, biennial)	p 4	Annual
<b>G4-31</b>	Contact point for questions regarding the report or its contents	p 5	Anova CEO, James McIntyre, can be contacted for any questions relating to this report. The email address is mcintyre@anovahealth.co.za
<b>G4-32</b>	GRI content index for 'in accordance' - Core	GRI Index	This GRI index is also available on the Anova website <a href="http://www.anovahealth.co.za">www.anovahealth.co.za</a>
<b>G4-33</b>	The organisation's policy and current practice with regard to seeking external assurance for the report	GRI table	No external assurance has been sought for indicators in this report. External assurance will be considered for further reports
<b>Governance</b>			
<b>Profile Disclosure</b>	<b>Description</b>	<b>Reference</b>	<b>Explanation</b>
<b>G4-34</b>	Governance structure of the organisation, including committees of the highest governance body. Identify any committees responsible for decision-making on economic, environmental and social impact	pp 32, 36	The names and biographies of the board members are listed on page 32, The mandate of the Anova Board the list, responsibilities and performance of sub-committees are listed under the "governance" section on page 36
<b>G4-35</b>	The process for delegating authority for economic, environmental and social topics from the highest governance body to senior executives and other employees	GRI table	The Board decides on delegation of authority to the CEO and Senior Management as required
<b>G4-36</b>	The organisation has appointed an executive-level position or positions with responsibility for economic, environmental and social topics, reporting directly to the highest governance body	GRI table	The CEO and COO are responsible for economic, environmental and social topics. The Board Social and Ethics Committee has specific oversight of these issues
<b>G4-37</b>	Processes for consultation between stakeholders and the highest governance body on economic, environmental and social topics	GRI table	Anova does not have formal processes to engage with stakeholders on economic and environmental topics. However, the Social and Ethics Sub-Committee of the Board has the authority to consult and engage with external stakeholders if required
<b>G4-38</b>	Report the composition of the highest governance body and its committees by: executive, independence, tenure, significant positions, gender, equity, and stakeholder representation	pp 32, 38	The Board composition and sub-committees are reported in the "governance" section
<b>G4-39</b>	Indicate whether the chair of the highest governance body is also an executive officer	p 32	The Anova Board Chairman is a non-executive director
<b>G4-40</b>	Report the nomination and selection processes for the highest governance body and its committees, and the criteria used for nominating and selecting highest governance body members	p 36	The criteria for board members are discussed under "governance"
<b>G4-41</b>	Processes in place for the highest governance body to ensure conflicts of interest are avoided	p 34	Described in the "governance" section

<b>G4-42</b>	Report the highest governance body's and senior executives' roles in the development, approval, and updating of the organisation's purpose, value or mission statements, strategies, policies, and goals related to economic, environmental and social impacts	p 34	The role of the Board and sub-committees is discussed briefly under "our governance". The Board considers strategic plans annually
<b>G4-43</b>	Report the measures taken to develop and enhance the highest governance body's collective knowledge of economic, environmental and social topics	p 34	Board induction and ongoing education is discussed in the governance section. The organisation also utilises the expertise of Board members to contribute relevant information at meetings
<b>G4-44</b>	The processes for evaluation of the highest governance body's performance with respect to governance of economic, environmental and social topics	p 35	External evaluations of Board performance are conducted every two years
<b>G4-45</b>	The highest governance body's role in the identification and management of economic, environmental and social impacts, risks, and opportunities. Include the highest governance body's role in the implementation of due diligence processes	p 35	The report briefly describes the duties of each sub-committee with regards to economic, environmental and social impacts. Due diligence tasks are usually delegated to the senior management team
<b>G4-46</b>	The highest governance body's role in reviewing the effectiveness of the organisation's risk management processes for economic, environmental and social topics	p 36	The Audit and Risk Committee of the Board is responsible for reviewing all the risk management processes. The relevant senior manager compiles and submits a report to the Board for review
<b>G4-47</b>	The frequency of the highest governance body's review of economic, environmental and social impacts, risks, and opportunities	p 34	The impact, risks and opportunities are reviewed by the management team and Board members each year during the organisation's strategic review and planning session. The Board receives reports on the activities relating to the impacts, risks and opportunities throughout the year
<b>G4-48</b>	The highest committee or position that formally reviews and approves the organisation's sustainability report and ensures that all material aspects are covered	GRI table	The CEO, COO, and Audit and Risk Committee review the report and ensure that all the material aspects have been covered
<b>G4-49</b>	The process for communicating critical concerns to the highest governance body	p 34	Communication with the Board is discussed under the "governance" section. A whistle-blower policy and reporting contacts are in place
<b>G4-50</b>	The nature and total number of critical concerns that were communicated to the highest governance body and the mechanism(s) used to address and resolve them	GRI table	There were no critical concerns in this reporting period
<b>G4-51</b>	The remuneration policies for the highest governance body and senior executives	p 36	Non-executive directors receive a nominal amount for Board services, which is determined by an annual Board resolution. Senior executives are remunerated in line with the company Remuneration Policy. The Remuneration Committee of the Board has oversight of remuneration issues
<b>G4-52</b>	The process for determining remuneration	p 36	Anova has a remuneration policy under the oversight of the Board's Remuneration Committee. Anova benchmarks salaries annually with similar organisations for the Remuneration Committee review



<b>G4-53</b>	How the stakeholders' views sought and taken into account regarding remuneration, including the results of votes on remuneration policies and proposals, if applicable	GRI table	The only stakeholders that are engaged are the executive and remuneration committee members
<b>G4-54</b>	The ratio of the annual total compensation for the organisation's highest-paid individual in each country of significant operations to the median annual total compensation for all employees (excluding the highest-paid individual) in the same country	GRI table	Ratio = 13.75
<b>G4-55</b>	The ratio of percentage increase in annual total compensation for the organisation's highest-paid individual in each country of significant operations to the median percentage increase in annual total compensation for all employees (excluding the highest-paid individual) in the same country	GRI table	All employees receive the same percentage annual cost of living increase as determined by the Remuneration Committee, following management recommendations. When needed, specific job categories are identified for a salary review through the year to remain competitive, within budget constraints
<b>Ethics and Integrity</b>			
<b>Profile Disclosure</b>	<b>Description</b>	<b>Reference</b>	<b>Explanation</b>
<b>G4-56</b>	The organisation's values, principles, standards and norms of behaviour such as codes of conduct and codes of ethics	Inside front cover p 7	Values are listed on inside front cover and on page 7
<b>G4-57</b>	The internal and external mechanisms for seeking advice on ethical and lawful behaviour, and matters related to organisational integrity, such as helplines or advice lines	GRI table	Anova has a legal advisor who is available to consult on specific legal issues. A whistle-blower process is in place, which includes the ability to consult directly with independent Board members. The Social And Ethics Committee of the Board considers ethical aspects of the business, and has the ability to bring in outside expertise if needed
<b>G4-58</b>	The internal and external mechanisms for reporting concerns about unethical or unlawful behaviour, and matters related to organisational integrity, such as escalation through line management, whistle blowing mechanisms or hotlines	GRI table	Reporting and whistle blowing mechanisms are available but no reports of unethical or unlawful behaviour were received in the past year
<b>SPECIFIC STANDARD DISCLOSURES</b>			
<b>Programme Effectiveness</b>			
<b>Performance Indicator</b>	<b>Description</b>	<b>Reference</b>	<b>Explanation</b>
<b>NGO1</b>	Processes for involvement of affected stakeholder groups in the design, implementation, monitoring and evaluation of policies and programmes	pp 23-25	All of Anova's work is in collaboration with government and community stakeholders. Anova is part of the District Implementation Plan process in the health districts in which we work and responds to requests from the services for assistance
<b>NGO2</b>	Mechanisms for feedback and complaints in relation to programmes and policies and for determining actions to take in response to breaches of policies	GRI table	Feedback on district level work is provided in regular partner meetings with the health departments. Direct client feedback or complaints can be addressed to the whistle-blower "whistleblower@anovahealth.co.za" or the "info@anovahealth.co.za" emails

<b>NGO3</b>	System for programme monitoring, evaluation and learning, (including measuring programme effectiveness and impact), resulting changes to programmes, and how they are communicated	GRI table	All Anova projects have extensive monitoring and evaluation systems in place. Results are used to report to funders, and also to determine programme effectiveness and guide any required changes in operations
<b>NGO4</b>	Measures to integrate gender and diversity into programme design, implementation, and the monitoring, evaluation and learning cycle	GRI table	Anova is a leading organisation in training on sexual diversity and promoting and providing services for vulnerable groups. A large part of Anova's work is focused on women and children, as priority populations for HIV prevention and care. Internal policies and practices are supportive of gender and diversity equality measures
<b>NGO5</b>	Processes to formulate, communicate, implement and change advocacy positions and public awareness campaigns	GRI table	Whilst Anova is not primarily an advocacy organisation, we do have a major role in public awareness of health issues, especially for vulnerable groups such as men who have sex with men. External communications, including digital and social media channels are utilised to promote responsible health issues, and advocate for equal access to services. Public awareness campaigns around HIV prevention and treatment are a part of our work
<b>NGO6</b>	Process to take into account and coordinate with the activities of stakeholders	pp 23-25	Anova partners with the Department of Health in districts and coordinates with other partners through regular meetings and joint planning processes
<b>Economic</b>			
<b>Performance Indicator</b>	<b>Description</b>	<b>Reference</b>	<b>Explanation</b>
<b>NGO7</b>	Resource allocation	p 64	The resource allocation as a percentage is listed under "our economic performance"
<b>NGO8</b>	Ethical funding - sources of income by category and five largest donors and monetary value of their contribution	p 64	Sources of income are included in the financial reports
<b>G4-EC1</b>	Direct economic value generated and distributed	pp 64-69	The report discusses sources of income received, and the audited financial statements provide information on income and expenditure
<b>G4-EC2</b>	Financial implications and other risks and opportunities for the organisation's activities due to climate change	GRI table	Financial risks identified in this report are not as a result of climate change, which does not pose any immediate risk to Anova
<b>G4-EC3</b>	Coverage of the organisation's defined benefit plan obligations	GRI table	Anova does not have a defined benefits schemes but has a mandatory provident fund for all permanent staff members
<b>G4-EC4</b>	Financial assistance received from government	GRI table	None received
<b>G4-EC5</b>	Ratios of standard entry level wage by gender compared to local minimum wage at significant locations of operation	GRI table	Anova's entry level wage exceeds local minimum wage. Salaries scales are determined by grade and not by gender
<b>G4-EC6</b>	Proportion of senior management hired from the local community at significant locations of operation	GRI table	All senior managers are local to their place of employment
<b>G4-EC7</b>	Development and impact of infrastructure investments and services supported	GRI table	All Anova's activities are for public benefit. Anova has no direct infrastructure investments

<b>G4-EC8</b>	Significant indirect economic impacts, including the extent of impacts	GRI table	There were no significant indirect economic impacts
<b>G4-EC9</b>	Proportion of spending on local suppliers at significant locations of operations	GRI table	Almost all supplies are purchased from local suppliers unless the item is not available locally, in which case it will be procured by head office in Johannesburg
<b>Environmental</b>			
<b>Performance Indicator</b>	<b>Description</b>	<b>Reference</b>	<b>Explanation</b>
<b>G4-EN1</b>	Materials used by weight or volume	GRI table	Not discussed in this report as it is not applicable to Anova
<b>G4-EN2</b>	Percentage of materials used that are recycled input materials	GRI table	Not applicable
<b>G4-EN3</b>	Energy consumption within the organisation	p 59	Electricity consumption figures of major offices have been included in this report
<b>G4-EN4</b>	Energy consumption outside the organisation	GRI table	Not material
<b>G4-EN5</b>	Energy intensity	GRI table	Not material
<b>G4-EN6</b>	Reduction of energy consumption	p 59	Basic discussion offered
<b>G4-EN7</b>	Reductions in energy requirements of products and services	GRI table	There were no significant reductions in requirements
<b>G4-EN8</b>	Total water withdrawal by source	GRI table	Not material
<b>G4-EN9</b>	Water sources significantly affected by withdrawal of water	GRI table	Anova does not require significant amounts of water for any of our operations
<b>G4-EN10</b>	Percentage and total volume of water recycled and reused	GRI table	No water is recycled or reused
<b>G4-EN11</b>	Operational sites owned, leased, managed in, or adjacent to, protected areas and areas of high biodiversity value outside protected areas	GRI table	None of the land leased by Anova is in or adjacent to protected areas
<b>G4-EN12</b>	Description of significant impacts of activities, products, and services on biodiversity in protected areas and areas of high biodiversity value outside protected areas	GRI table	None of our activities impact significantly on biodiversity
<b>G4-EN13</b>	Habitats protected or restored	GRI table	No habitats were required to be protected or restored
<b>G4-EN14</b>	Total number of IUCN Red List species and national conservation list species with habitats in areas affected by operations, by level of extinction risk	GRI table	No species are affected by any of Anova's operations
<b>G4-EN15</b>	Direct greenhouse gas (GHG) emissions (Scope 1)	p 59	GHG emissions recorded under "environment"
<b>G4-EN16</b>	Energy indirect greenhouse gas (GHG) emissions (Scope 2)	p 59	GHG emissions recorded under "environment"
<b>G4-EN17</b>	Other indirect greenhouse gas (GHG) emissions (Scope 3)	GRI table	Not recorded
<b>G4-EN18</b>	Greenhouse gas (GHG) emissions intensity	GRI table	Not material

<b>G4-EN19</b>	Reduction of greenhouse gas (GHG) emissions	GRI table	Anova's emission is low, and predominantly based on travel necessary for operations, with little opportunity for further substantial reductions
<b>G4-EN20</b>	Emissions of ozone-depleting substances (ODS)	GRI table	The amount of ozone-depleting substances produced by Anova is negligible
<b>G4-EN21</b>	NOx, SOx, and other significant air emissions	GRI table	There are no significant air emissions from any of our operations
<b>G4-EN22</b>	Total water discharge by quality and destination	GRI table	There was no discharge of water
<b>G4-EN23</b>	Total weight of waste by type and disposal method	GRI table	Anova does not have the systems in place to record this as the quantity of waste generated from offices is negligible. All medical waste generated by out of facility work, such as HIV testing, is disposed of by appropriate methods
<b>G4-EN24</b>	Total number and volume of significant spills	GRI table	There were no significant spills
<b>G4-EN25</b>	Weight of transported, imported, exported, or treated waste deemed hazardous under the terms of the Basel Convention Annex I, II, III, and VIII, and percentage of transported waste shipped internationally	GRI table	The only waste generated by Anova that is deemed hazardous is medical waste. This is a very small quantity as Anova offers very few direct medical services. The medical waste that is generated is disposed of according to prescribed guidelines and procedures
<b>G4-EN26</b>	Identity, size, protected status, and biodiversity value of water bodies and related habitats significantly affected by the organisation's discharges of water and runoff	GRI table	None of our operations discharge water
<b>G4-EN27</b>	Extent of impact mitigation of environmental impacts of products and services	GRI table	The impact of our services remains low
<b>G4-EN28</b>	Percentage of products sold and their packaging materials that are reclaimed by category	GRI table	No products produced or sold
<b>G4-EN29</b>	Monetary value of significant fines and total number of non-monetary sanctions for non-compliance with environmental laws and regulations	GRI table	No fines received for non-compliance with environmental laws and regulations
<b>G4-EN30</b>	Significant environmental impacts of transporting products and other goods and materials used for the organisation's operations, and transporting members of the workforce	GRI table	Anova's fuel usage is predominantly incurred in the transport of project staff. Usage is not excessive given the project requirements, some of which are in disperse rural communities, and is monitored throughout the year
<b>G4-EN31</b>	Total environmental protection expenditures and investments by type	GRI table	Anova has not invested any money into environmental protection
<b>G4-EN32</b>	Percentage of new suppliers that were screened using environmental criteria	GRI table	No new suppliers were screened
<b>G4-EN33</b>	Significant actual and potential negative environmental impacts in the supply chain and actions taken	GRI table	Anova is not aware of any potential negative environmental impacts
<b>G4-EN34</b>	Number of grievances about environmental impacts filed, addressed, resolved through formal grievance mechanisms	GRI table	No grievances were recorded

<b>Social</b> <b>Social: Labour Practices and Decent Work</b>			
<b>Performance Indicator</b>	<b>Description</b>	<b>Reference</b>	<b>Explanation</b>
<b>NGO9</b>	Mechanisms for workforce feedback and complaints, and their resolution	GRI Table	Anova has internal HR policies for grievances and their resolution
<b>G4-LA1</b>	Total number and rates of new employee hires and employee turnover by age group, gender and region	p 62	Table provided
<b>G4-LA2</b>	Benefits provided to full-time employees that are not provided to temporary or part-time employees, by significant locations of operations	GRI table	The only additional benefit provided to full-time employees is the provident fund
<b>G4-LA3</b>	Return to work and retention rates after parental leave, by gender	GRI table	Eight employees in total went on maternity leave in this period. Two did not return: one was retrenched and one was transferred with her project to a partner organisation
<b>G4-LA4</b>	Minimum notice periods regarding significant operational changes, including whether these are specified in collective agreements	GRI table	The organisation has no collective agreements. Staff are given a minimum of the recommended 60 days' notice of the organisation's intent to restructure, or longer where possible
<b>G4-LA5</b>	Percentage of total workforce represented in formal joint management-worker health and safety committees that help monitor and advise on occupational health and safety programmes	GRI table	Health and safety committees have representatives from each department, who meet regularly. The average percentage across the regions is around 5%
<b>G4-LA6</b>	Types of injury and rates of injury, occupational diseases, lost days, and absenteeism, and total number of work-related fatalities by region and gender	GRI table	Sick leave days taken in this period were 1977.73. No incidents of injury on duty occurred
<b>G4-LA7</b>	Workers with high incidence or high risk of diseases related to their occupation	GRI table	None
<b>G4-LA8</b>	Health and safety topics covered in formal agreements with trade unions	GRI table	No employees belong to trade unions
<b>G4-LA9</b>	Average hours of training per year per employee by employee category	GRI table	The training hours are not recorded, but records are kept of the types of training each staff member has attended
<b>G4-LA10</b>	Programmes for skills management and lifelong learning that support the continued employability of employees and assist them in managing career endings	GRI table	Skills development is mainly on current skills required for the job, staff get trained as per development gaps identified for their jobs, e.g. attendance at conferences and technical training
<b>G4-LA11</b>	Percentage of employees receiving regular performance and career development reviews by gender and employment category	GRI table	All employees receive regular performance reviews
<b>G4-LA12</b>	Composition of governance bodies and breakdown of employees per category according to gender, age group, minority group membership, and other indicators of diversity	pp 32, 62, 63	Board composition only lists members' names, photographs and biographies. Employees broken down per gender and racial category, but not by age



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

<b>G4-HR9</b>	Total number and percentage of operations that have been subject to human rights reviews or impact assessments	GRI table	No operations were reviewed or assessed
<b>G4-HR10</b>	Percentage of new suppliers that were screened using human rights criteria	GRI table	No suppliers were screened
<b>G4-HR11</b>	Significant actual and potential negative human rights impacts in the supply chain and actions taken	GRI table	Anova is not aware of any potential negative impacts
<b>G4-HR12</b>	Number of grievances about human rights impacts filed, addressed, and resolved through formal grievance mechanisms	GRI table	No grievances were recorded
<b>Social: Society</b>			
<b>Performance Indicator</b>	<b>Description</b>	<b>Reference</b>	<b>Explanation</b>
<b>G4-SO1</b>	Percentage of operations with implemented local community engagement, impact assessments, and development programmes	p 40	The impact of our programmes is discussed under programme impact
<b>G4-SO2</b>	Operations with significant actual and potential negative impacts on local communities	GRI table	No Anova operations have potential negative impacts on communities
<b>G4-SO3</b>	Total number and percentage of operations assessed for risks related to corruption and the significant risks identified	GRI table	No incidence of corruption was identified
<b>G4-SO4</b>	Communication and training on anti-corruption policies and procedures	GRI table	No employees were trained on anti-corruption, but all employees are required to be familiar with, and uphold the Anova code of conduct and ethics, which is included in their employment contracts
<b>G4-SO5</b>	Confirmed incidents of corruption and actions taken	GRI table	There were no incidents of corruption
<b>G4-SO6</b>	Total value of political contributions by country and recipient/beneficiary	GRI table	No contributions or support are offered to any political parties
<b>G4-SO7</b>	Total number of legal actions for anti-competitive behaviour, anti-trust, and monopoly practices and their outcomes	GRI table	Nil
<b>G4-SO8</b>	Monetary value of significant fines and total number of non-monetary sanctions for non-compliance with laws and regulations	GRI table	Anova did not receive any fines for non-compliance
<b>G4-SO9</b>	Percentage of new suppliers that were screened using criteria for impacts on society	GRI table	No suppliers were screened
<b>G4-SO10</b>	Significant actual and potential negative impacts on society in the supply chain and actions taken	GRI table	Anova is not aware of any potential negative impacts
<b>G4-SO11</b>	Number of grievances about impacts on society filed, addressed, and resolved through formal grievance mechanisms	GRI table	No grievances were recorded

Social: Product Responsibility			
Performance Indicator	Description	Reference	Explanation
<b>G4-PR1</b>	Percentage of significant product and service categories for which health and safety impacts are assessed for improvement	GRI table	Anova offices have Health & Safety officers and assessments
<b>G4-PR2</b>	Total number of incidents of non-compliance with regulations and voluntary codes concerning the health and safety impacts of products and services during their life cycle, by type of outcomes	GRI table	No incidents of non-compliance
<b>G4-PR3</b>	Type of product and service information required by the organisation's procedures for product and service information labelling, and percentage of significant product and service categories subject to such information requirements	GRI table	No products or services are subject to information requirements
<b>G4-PR4</b>	Total number of incidents of non-compliance with regulations and voluntary codes concerning product and service information and labelling, by type of outcomes	GRI table	No incidents of non-compliance to report
<b>G4-PR5</b>	Results of surveys measuring customer satisfaction	GRI table	No formal surveys were undertaken in the past year
<b>G4-PR6</b>	Sale of banned or disputed products	GRI table	No products are sold
<b>G4-PR7</b>	Total number of incidents of non-compliance with regulations and voluntary codes concerning marketing communications, including advertising, promotion, and sponsorship by type of outcomes	GRI table	No incidents of non-compliance to report
<b>G4-PR8</b>	Total number of substantiated complaints regarding breaches of customer privacy and losses of customer data	GRI table	Anova did not receive any complaints regarding breaches of privacy
<b>G4-PR9</b>	Monetary value of significant fines for non-compliance with laws and regulations concerning the provision and use of products and services	GRI table	Anova did not receive any fines for non-compliance

# Contact us

## Anova head office

12 Sherborne Rd  
Parktown  
Johannesburg  
South Africa  
2193

+27 (0) 11 581 5000 (tel)  
+27 (0) 11 482 1115 (fax)  
info@anovahealth.co.za (email)

[www.anovahealth.co.za](http://www.anovahealth.co.za)

 [@AnovaHealthSA](https://twitter.com/AnovaHealthSA)

 [AnovaHealthSA](https://www.facebook.com/AnovaHealthSA)

## Omnipark office

47 Sailor Malan Ave  
Johannesburg South  
2013

+27 (0) 11 033 5000 (tel)  
+27 (0) 86 2368 204 (fax)

## Green Point office

1st Floor Anatoli Building  
24 Napier Street  
Green Point  
Cape Town  
8001

+27 (0) 21 421 6127 (tel)  
+27 (0) 21 421 7658 (fax)

## Mopani office

No 21 Peace Street  
Tzaneen  
0850

+27 (0) 15 307 4893 (tel)  
+27 (0) 86 610 0494 (fax)

## Cape Winelands office

Gate 4  
Kohler Street  
Paarl  
7646

+27 (0) 21 001 9080 (tel)  
+27 (0) 86 618 3067 (fax)



**USAID**  
FROM THE AMERICAN PEOPLE