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Vision

Tackling Africa’s health challenges through science and innovation.

Mission

As a renowned African institute in a world-class African university, Wits RHI addresses some of the greatest public health concerns affecting our region, including HIV and its related problems, sexual and reproductive health, and vaccine preventable diseases.

We do this through:

- Pioneering, multidisciplinary research
- Responsive technical support and innovation in health services
  - Good participatory practice
  - Teaching and capacity building
  - Developing African researchers
- Evidence-based policy development and advocacy with national, regional and global stakeholders.
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Messages

“…It is my pleasure to contribute a few sentences on the importance of the work done by Wits RHI. I have had the pleasure of working closely with Wits RHI during 2017 on a number of projects. I wish to compliment Wits RHI for their work on a number of initiatives with the National Department of Health. The projects conducted by Wits RHI Health include: rolling out of pre-exposure prophylaxis to prevent HIV infection; use of the HIV self-screening kit; preparing for the implementation of a dolutegravir based fixed dose combination; and the revision of the HIV treatment guidelines. These projects are central to designing some of the priority programmes for the Department to improve wellness and to reduce morbidity and mortality for all South Africans.”

“African countries are facing a myriad health challenges, including sub-optimal quality of services. Building capacity for research and delivering quality services are key priorities for WHO, whose responsibilities include moving research rapidly into practice. To this end, we need strong African partners to ensure that best practice models are widely disseminated and implemented. For the past 15 years, Wits RHI has been a WHO collaborating centre, working with us on reproductive health, HIV, immunisation and building research capacity. We appreciate the leadership of Prof Helen Rees in chairing the Regional Immunisation Technical Advisory Group, which has become a respected advocate for immunisation. This demonstrates that, by combining the capacities of African institutions, broader impact can be achieved. WHO looks forward to further strengthening its working relationship with Wits RHI.”

“…Since 2002, Wits RHI and WHO have worked in partnership to tackle challenges affecting health systems capacity to address reproductive health, including HIV, not only in South Africa, but also regionally. Moreover, staff at Wits RHI are frequently invited to participate in WHO Expert Working Groups, bringing their expertise to inform development of WHO’s normative guidelines across a range of reproductive health and HIV issues. As Director of the UN co-sponsored Special Programme on Human Reproduction (HRP), hosted by WHO’s Reproductive Health and Research Department, I’m delighted that this partnership between Wits RHI and WHO can also enhance research capacity-strengthening efforts in the region. I look forward to greater collaboration between this strong African institution and WHO-HRP.”
Wits Health Consortium is wholly owned by the University of Witwatersrand and operated for the benefit of its Faculty of Health Sciences. The Faculty uses it as an entity through which it is able to undertake third-stream activities related to its academic duties. The success and relevance of Wits RHI has seen it grow into the largest division within WHC. Additionally, Prof Helen Rees is a member of the WHC Board and through this role has contributed significantly to the strategic growth and development of WHC as a whole.

Congratulations to Prof Rees and her team for their commitment and the positive impact that they have achieved on improving health outcomes. I wish them continued success in the year ahead – may you continue to reach new and greater heights for the benefit of all.

While not directly a training institute, Wits RHI is a strong driver of interdisciplinary research and creative problem-solving, which translates into appropriate care at a preventative and therapeutic level. It is a shining example of what the Faculty wants to achieve: high-level knowledge-generation in a real-world setting with significant impact on quality of life.

Situated as it is at the nexus of inner city rejuvenation and academic excellence, Wits RHI demonstrates an understanding of real-life issues that few research and development organisations can emulate.

This has not gone unnoticed. Despite a sluggish global economy, Wits RHI has achieved remarkable success in securing over R1 billion in funding for the next five years. This is in large part due to the capabilities of the institute to progress solutions from the laboratory to patient, asking the difficult questions and finding novel answers.

Success breeds success and the success of Wits RHI is embedded in its sustainability and its ability to secure funding from non-traditional sources. There is no doubt, too, that the University’s recent rise in the Times Higher education (THE) global university rankings is driven by what happens in research institutes such as Wits RHI.

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Executive Director’s Report
Prof Helen Rees

2017 was a year of heartening achievements for us at Wits RHI. As a research institute of the University of Witwatersrand, we measure our success not only by the quality of our research outputs, but also by the impact of our technical support to national and global health.

In 2017, we continued to implement the Wits RHI-led ADVANCE Programme which is the world’s largest set of studies on antiretroviral (ARV) treatment optimisation. Results coming from this study facilitated the introduction of new ARVs that are cheaper and have fewer side effects than the drugs that are currently available in South Africa.

With regards to HIV/TB co-morbidity, we initiated the TB CHAMP study, which will assess the efficacy of preventative therapy in child contacts of multidrug-resistant tuberculosis (TB). We also started recruiting participants for the OptiRif study which will evaluate the pharmacokinetics and safety or increased doses of rifampicin in HIV-negative children with TB.

One of our proudest highlights of 2017 was receiving funding to implement the HIV STAR II project which is the world’s largest programme of its kind to fight the HIV epidemic in South Africa. The HIV STAR II initiative will be distributing more than two million HIV self-testing kits across South Africa in support of the government’s goal to close the HIV testing gap by creating easier access to testing for hard-to-reach populations, with the ultimate aim of increasing the uptake of HIV prevention and treatment services.

We continued to grow our footprint in the development of new technologies for HIV prevention, including pre-exposure prophylaxis (PrEP). In an effort to stem the growing tide of high infection rates, we secured a large grant to roll-out PrEP for HIV prevention to 6,640 young women in partnership with the National Department of Health (NDoH). This project will help fill a gap in the global evidence base for how real-life PrEP delivery can be carried out in the context of comprehensive health services for adolescent girls and young women.

We began implementing the HPTN 084 study, which will evaluate the safety and efficacy of the injectable agent, cabotegravir (CAB LA) compared to daily oral tenofovir disoproxil fumarate/emtricitabine (TDF/FTC), for PrEP in HIV-uninfected women.
Our research contributed to the application for licensure of the world’s first ARV vaginal ring for prevention. The monthly dapivirine ring has the potential to be a powerful tool in the fight against HIV. As the first long-acting HIV prevention product designed specifically for women, it will enable more women to protect themselves against HIV transmission without requiring action from a partner. It is also the first in a line of new ring products under development that will greatly increase the options available for women seeking HIV prevention, contraception, and products that offer dual protection.

Within the field of SRH, Wits RHI continues to contribute significantly at national and global levels. In its third year of implementation, the ECHO study reached its recruitment target of 7800 women. Aimed at comparing the risk of HIV acquisition in women randomized to either the Depo-Provera injection, Jadelle implant or the copper IUD, this study will provide important and potentially definitive data to address this question.

In 2017, we expanded several projects aimed at preventing violence against women and girls, including EMPOWER a study aimed at evaluating the inclusion of gender-based violence reduction activities within HIV prevention programmes. We started work on the Bavikele project to raise awareness of child sexual abuse in communities and strengthen the management of child sexual abuse cases and the linkage to care. The Institute provided support, technical assistance and capacity building to ensure evidence-based policy change for the improvement of health outcomes. Our staff through the AVIWE project engaged with national policy makers on the National STI Strategy and Guidelines 2017 to 2022, the Comprehensive STI Clinical Management Guidelines and the Sexual Assault Policy and guidelines.

We were actively involved in developing a trial to evaluate a new antibiotic for treatment of gonorrhoea in response to the emerging threat of antimicrobial resistance.

Our work on SRH and the interface with VPDs saw the start of a phase 3 study to determine the immunogenicity and safety of a Respiratory Syncytial Virus (RSV) F Nanoparticle vaccine with aluminium in healthy third-trimester pregnant women (RSV-M-301). The African Local Initiative on Vaccinology (ALIVE) secured new funding and will support capacity development for vaccine expertise in the region.

In 2017, we had 62 grants totalling over R452m under management, of which 40 are for research and 40% of our grants are investigator driven.

We at Wits RHI, continue in our commitment to developing and conducting relevant research, providing technical assistance and capacity building that is geared to informing policy development and evidence-based programmes.
Introduction

About this report

Wits RHI was established in 1994 to support the democratic South African government in formulating and implementing national policies around HIV and, sexual and reproductive health (SRH). Today we are the largest research institute of the University of the Witwatersrand, and form part of the Faculty of Health Sciences. We are also one of the leading multidisciplinary research institutes in Africa, with 62 grants under management of which 40 are for research projects.

Our areas of expertise encompass HIV, SRH and vaccine preventable diseases (VPDs), with an increasing focus on non-communicable diseases, as well as the intersections between these areas. We use a multipronged approach to improve health outcomes at a national and global level, through research, technical assistance, advocacy, policy development, and health systems strengthening.

Wits RHI is a UNAIDS and South African Medical Research Council (MRC) collaborating centre as well as a United Nations Population Fund (UNFPA) strategic partner.

About Wits RHI

Wits RHI is one of over 50 research entities managed by the Wits Health Consortium (WHC), a wholly-owned company of the University of the Witwatersrand. It is the legal entity through which the University, and specifically the Faculty of Health Sciences, conducts research operations.

The main function of WHC is to provide governance, a legal framework, human resource management, and financial as well as grant management for each of the university’s research entities. Wits RHI therefore does not provide detailed annual financial statements. We do, however, share information on how and where our funding is allocated.

For a list of 2017 Wits RHI partners and donors, please visit www.wrhi.ac.za.

Strategy 2017

Identifying priority research and innovation questions designed to improve public health in Africa in the fields of HIV, SRH and VPDs, and identifying partnerships and funding to support these agendas.
Annual Review 2017

HIV Treatment and Prevention

Our work encompasses most aspects of HIV related work and it addresses most issues along the HIV continuum. Our focus ranges from HIV prevention technologies to improving approaches on HIV care and treatment, to optimising antiretroviral treatment, and developing models of care for key populations. Our care and treatment implementation is divided into two categories: treatment optimisation and health systems interventions.

Sexual and Reproductive Health (SRH)

We have established SRH portfolios relating to women’s health and STIs. We are committed to providing integrated SRH care that is informed by scientific research. Our strategy includes providing SRH information and services that encompasses family planning, prevention treatment and care of STIs including HIV.

Vaccine Preventable Diseases (VPDs)

VPDs are a relatively new but increasingly important focus area for Wits RHI. We have been involved in vaccine clinical trials and implementation science on sexually transmitted human papillomavirus (HPV), respiratory syncytial virus (RSV) and tuberculosis (TB) vaccines.

Our Strategic Enablers

Population in Need – We focus on target populations where the greatest impact of health interventions can be made.

Location Focus – We maintain a strong body of work in South Africa and leverage it to support improvements in the region and globally.

Innovation and Technology Applications – We use innovative approaches and leverage technological solutions to improve health outcomes.

Collaboration for Change – We leverage collaborations and partnerships to ensure broader impact.

Who we serve

Much of our work is with populations that are most in need, marginalised, or hard-to-reach and these include:

- Women
- Pregnant women and mother-infant pairs
- Adolescents
- Adults and children living with HIV/TB
- Key Populations

Where we work

Wits RHI works across all of South Africa’s nine provinces. Our head office is located within the Hillbrow Health Precinct (HHP).

The vision of HHP is to tackle health challenges and support urban renewal in Johannesburg’s inner city by providing the community with quality health care services.

90-90-90: UNAIDS’ ambitious target is that by 2020 ...

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
2017: The Year in Review

Significant publications, visitors, grants and awards

January
Prof Helen Rees conducted roadshows at all the Wits RHI sites presenting the Institute’s strategy to the teams, engaging with staff and increasing their understanding of how they fit into the bigger picture.

The Sex Worker Programme team led by Prof Francois Venter, Deputy Executive Director, hosted Tim Mah (USAID), Janet Saul (CDC), Jennifer Hegle (CDC), and Eboni Galloway. The purpose of their visit was to get a better understanding of the DREAMS implementation particularly the sex worker programme highlighting PrEP.

March
Following the release of The World Health Organization’s (WHO) new guidance, the independent Data Safety and Monitoring Board (DSMB) that oversees the ECHO study, reviewed study progress focusing on safety and data quality, as well as considering the implications of the WHO guidance for the study. The DSMB recommended the continuation of the ECHO study.

April
The Safer Conception Study phase 1 concluded recruitment after meeting its enrolment target of 676 individuals. The safer conception service includes a toolbox of interventions for couples affected and infected by HIV to achieve pregnancy safety.

The Global Fund and UNITAID panel approved the Orasure oral-based HIV self-testing product. The Wits RHI HIV Self-Testing team was instrumental in generating data for self-testing kit manufacturers to be able to submit their products for these reviews.

May
The AVIWE project provided support to the National Department of Health (NDoH), Human Sciences Research (HSRC) and National Institute for Communicable Diseases (NICD) for the development of the Comprehensive Clinical Management of Sexually Transmitted Infections Guideline as well as the National Strategy for Sexually Transmitted Infections (2017- 2022). This process culminated in the recent successful launch of the strategy across all 9 provinces with key stakeholders.

The Implementation Science team secured $209,488 from the Centers for Diseases Control and Prevention(CDC) for the BAVIKELE project. The project works to raise awareness of child sexual abuse in communities and strengthen the management of child sexual abuse cases and the linkage to care.

June
The Safer Conception Project received additional funding in the amount of $370,000 from USAID to continue assessing the feasibility, acceptability and effectiveness of integrating Safer Conception Service delivery models into Primary Healthcare Facilities.

The African Local Initiative on Vaccinology secured new funding and will be establishing the vaccine research agenda in 2018.
July
With funding from UNFPA, we provided Technical Assistance to the National Department of Health (NDoH) with the updating of the Contraception and Fertility Planning Counselling Tool, and the orientation of selected Health Care Workers in Uthukela, OR Tambo and Alfred Nzo Districts on the contraception and fertility planning counselling.

Prevention Options for Women Evaluation Research (POWER) Study held pre-launch training facilitated by sponsors from the University of Washington. POWER is a PrEP implementation project assessing PrEP uptake, adherence, and HIV protection when offered as part of standard of care services.

Our special publication titled Urban Health at the Edge: A Series on Reproductive Health and HIV in Inner-City Johannesburg was published by BMC Public Health.

August
The PAVING project in collaboration with the Gugu Dlamini Foundation, facilitated SASA! training to Community Care Givers (CCGs) in Amaoti, eThekwini North. PAVING is a DREAMS initiative that aims to address the social and structural drivers that directly and indirectly increase adolescent girls and young women risk for HIV infection.

September
The Sex Worker Programme team received the Asijiki Award of Service and Humanity to a Service Provider, at an event held in Cape Town.

We collaborated with the Southern African HIV Clinicians Society to facilitate the 2017 Doctor’s Training Course.

October
Prof Helen Rees was appointed by Health Minister, Dr Aaron Motsoaledi to chair the Board of the newly established South African Health Products Regulatory Authority (SAHPRA).

Wits RHI hosted a workshop on Clinical Trials with Prof Thomas Fleming from the University of Washington.

November
Profs Helen Rees and Shabir Madhi, Director of the Wits Respiratory and Meningeal Pathogens Research Unit, delivered the 16th

December

We received a large grant from UNITAID to provide PrEP to over 6,600 adolescent girls and young women aged 15 to 24 in priority areas in South Africa.
Technical Review

Wits RHI has been tackling Africa’s health challenges through science and innovation for over two decades, with an unparalleled track record of implementing sustainable programmes and contributing to health policy.

This technical review highlights the breadth and scope of our work and presents a brief overview of projects and studies that begun implementation and closed out in 2017.

While the projects have been grouped into three areas – HIV, SRH and VPDs the projects cannot be compartmentalised as single-issue solutions. Intervention in one area, such as SRH, inevitably has a positive impact on another, such as HIV prevention.

More details on our work can be found at www.wrhi.ac.za.
HIV

Wits RHI’s comprehensive approach to fighting HIV is informed by innovative research ranging from testing multi-purpose prevention technologies, exploring structural drivers, to improving approaches to care and treatment through health systems strengthening, optimising treatment, and developing appropriate models of care for key populations and marginalised groups.

HIV STAR II
As a result of our successful work on the HIV Self-Testing Assessments and Research (HSTAR) Programme, we were selected as one of the key implementing partners on the HIV STAR II project. This is the world’s largest programme of its kind to fight the HIV epidemic in South Africa. HIV STAR II will support the government’s goal to close the HIV testing gap by creating easier access to testing for hard-to-reach populations, with the ultimate aim of increasing the uptake of HIV prevention and treatment services.

HPTN 084
We began implementing the HPTN 084 study which will evaluate the safety and efficacy of the injectable agent, cabotegravir (CAB LA) compared to daily oral tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) for PrEP in HIV-uninfected women.

IMPAACT P1093
There is an unmet medical need for new and potent ARV therapy for HIV-infected infants, children and adolescents who are experiencing drug resistance or toxicity, or who are failing their current ARV regimen. These subjects are often heavily pre-treated and have very limited therapeutic options. We conducted IMPAACT P1093 to evaluate the pharmacokinetic parameters, safety, tolerability and efficacy of the ARV drug GSK1349572 in HIV-1 infected infants, children and adolescents.

IMPAACT P1066
We completed the implementation of IMPAACT P1066, which assessed the appropriate dose for the paediatric raltegravir formulations and acquired short and long term safety data, intensive and population pharmacokinetic data, and drug interaction and efficacy experience with raltegravir in HIV-1 infected children with which to guide potential use in children ages 4 weeks through adolescence.
February

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May

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OPTIRIF

We began enrolment on this dose escalation study to evaluate the pharmacokinetics and safety of increased doses of Rifampicin in HIV negative children with TB. The dosages of anti-TB agents recommended for the treatment of childhood TB often reflect those for adult patients with similar mg/kg body weight dosages and ranges advised. For equivalent rifampicin dosages, children established on rifampicin however, typically require approximately twice the mg/kg body weight dosage of rifampicin to reach serum concentrations equivalent to those of adults.

ELMA PASP

This Wits RHI-led project was conducted in collaboration with Anova Health Institute, Right to Care, HIVSA and Community AIDS Response. The aim of the project was to increase HIV testing, increase TB screening, increase linkage to HIV care, increase retention in care and increase viral suppression in children and adolescents living with HIV.

TB CHAMP

Children less than five years are at the highest risk of progressing to TB disease following infection. Concordance of drug susceptibility is high between adults with multi drug resistant TB (MDR-TB) and young child household contacts. This group is therefore most likely to benefit from MDR-TB preventive therapy. We began implementing TB CHAMP to access the efficacy of preventive therapy in child contacts of MDR-TB.
Sexual and Reproductive Health

Within the field of SRH, we help develop approaches to family planning and conception in the context of a generalised HIV epidemic. We have established sexual and reproductive health portfolios relating to women’s health and STIs.

SRH ACCESS PROJECT
We received Unitaid funding to implement an SRH access project that would provide PrEP to 6,640 adolescent girls and young women aged 15 to 24 in priority areas of South Africa. The three-year project will be integrated into the National Department of Health’s She Conquers campaign, which works with adolescent women and young girls to reduce HIV incidence, gender-based violence, teenage pregnancy, school drop-out rates and youth unemployment, with a focus on prioritised districts.

ECHO STUDY
The ECHO Study celebrated its two-year anniversary. The first participants were enrolled in the study at two South African sites, MatCH Commercial City and Wits RHI, in December 2015. In 2017, the study reached its ambitious enrolment target and officially closed enrolment with a total of 7,830 participants at its 12 sites across South Africa, Kenya, Swaziland and Zambia. Aimed at comparing the risk of HIV acquisition in women randomized to either the depo-provera injection, jadelle implant or the copper IUD, this study will provide important and potentially definitive data to address this question. Results are expected in 2019.

BAVIKELE
We launched the Bavikele project in order to strengthen the management of child sexual abuse cases and the linkage to care. The project aims to increase the awareness of child sexual abuse in communities, through the distribution of communication materials, organising community dialogues, facilitating clinical and non-clinical trainings and hosting dramas. It was built on the foundations that have been laid down by Wits RHI’s PAVING and GAP Year projects in Khayelitsha, Soweto, Tembisa, UMgungundlovu, eThekwini and Ekurhuleni.
Vaccine Preventable Diseases

In 2017, we continued to extend our work on SRH and the interface with vaccine preventable diseases by initiating several studies on the vaccination of pregnant women and/or infants. Our work contributed to significant policy guidance on existing vaccines including yellow fever, rubella, polio, measles, and HPV. Our staff also sat on several committees evaluating the use of these vaccines in pregnancy, or advised on the development of new vaccines for infections including Ebola, HSV, RSV, and other priority vaccine preventable pathogens.

Key staff participated in global consultations on the development of new vaccines including a vaccine for herpes simplex virus, a virus that affects an estimated 470 million sexually active adults globally, one third of them in Africa, and is associated with increased HIV transmission and poor pregnancy outcomes.

**RSV-M-301**
We initiated RSV-M-301 to establish efficacy of the aluminum-absorbed Respiratory Syncytial Virus (RSV) - RSV F vaccine in providing protection against RSV disease in infants during the first three to six months of life via active immunisation of pregnant women in the third trimester of pregnancy.

**ALIVE**
The African Local Initiative on Vaccinology (ALIVE) has secured new funding from Bill and Melinda Gates Foundation and will support capacity development for vaccine expertise in the region.

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**RSV-M-301**
Donor: Novovax via Triclinium
Value: R12,969,194

**ALIVE**
Donor: BMGF
Value: $515,552
Research Review

We contribute significantly to the University of the Witwatersrand’s aim of creating the next generation of academics for Africa. Our comprehensive research capacity building programme to strengthen publication outputs and increase the throughput of postgraduate and research active staff is a fundamental component of what we do.

More details on our work can be found at www.wrhi.ac.za.
Publications

In 2017, we published 103 manuscripts in ISI-indexed journals including five in non-ISI journals. Of these, 43 had a Wits RHI staff member as the first or the last author, and 43 manuscripts were published in journals with an impact factor greater than three. Our staff collaborated on a special series published by BMC Public Health, titled Urban Health at the Edge: A Series on Reproductive Health and HIV in Inner-City Johannesburg, which resulted in several new authors being supported to publish for the first time.

Post-graduate Students

There are 16 PhD students and 23 Masters level students who are post-graduate students registered through Wits RHI or affiliated with the Institute. There are also 14 staff studying for undergraduate degrees and 13 undertaking post-graduate certificate courses. We provide capacity building support for supervisors as we are trying to build up our supervisory capacity, and in turn produce more qualified researchers.

Policy and Technical Advice

Wits RHI makes a significant contribution to the development of national, regional and global health policies and guidelines. We provide support, technical assistance and capacity building to ensure evidence-based policy change for the improvement of health outcomes.
Public Engagement

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October

Annual Review 2017

Donor: BMGF
Value: /uni00A0$515,552

Public Engagement

Wits RHI was well represented at the SA AIDS Conference 2017, with a variety of activities ranging from exhibition stands, to oral and poster presentations, to skills building workshops.

Prof Francois Venter interviewed by Katherine Child from the Times South Africa on the introduction of the new safer, more effective and cheaper HIV drug.

Prof Helen Rees was interviewed by Nikiwe Bikitsha and Charlotte Kilbane on Radio 702’s Face to Face with Success.

Prosper Ndlovu, our IAS Youth Champion for Differentiated Care presenting at IAS 2017, Paris.

Community Advisory Board Annual General Meeting panel discussion with Mohammed Rasool (ACTG), Dr Lee Fairlee and Prof Sinead Delany-Morelli.

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The Wits RHI Team at the SA AIDS Conference 2017.
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Operational Review
In 2017 the Institution grew exponentially and we subsequently strengthened our range of support functions to ensure a responsive, effective and efficient organisational infrastructure that underpins our strategy.
Leadership

Prof Helen Rees
Executive Director
GCOb OBE MBBChir MA (CANTAB) MRCP GP DRCOG DCH

Prof Francois Venter
Deputy Executive Director
MBCH, MME, FCP (SA) DTM & H, Dip HIV Man

Prof Sinead Delany-Morelwe
Director: Research
MBBCh, MSc, DTM&H PhD

Dr Thesla Palanee Philips
Director: Network Trials
PhD (Physiology/Biochemistry)

Jabulani Dhlamini
Chief Operating Officer
Chartered Certified Accountant (FCCA, MBA)

Dr Saiqa Mullick
Director: Implementation Science
MBBCh, MSc, MPH, PhD

Dr Gloria Maimela
Director: Health Systems
Strengthening
MBBCh (Wits); MBA (GIBS)

Dr Lee Fairlie
Director: Child & Adolescent Health
MBChB, DCH (UK), FC Paeds (SA), MMED (Wits)

Governance and oversight
Wits RHI is an institute of the University of the Witwatersrand, within the Faculty of Health Sciences. It is also a division of the Wits Health Consortium (Pty) Ltd, (WHC), which is a wholly owned subsidiary of the University of the Witwatersrand. WHC is a legal entity and provides shared services for legal, regulatory, accounting, payroll and human resource services to research endeavours within the Faculty. WHC’s Board of Directors holds accountability for overall governance, overseeing systems of internal control, risk management, finance and human resources. The WHC Board is chaired by the Dean of the Faculty of Health Sciences, Prof Martin Veller.
Governance and oversight

Technical oversight of the Institute’s work is provided by a Scientific Advisory Board that is convened by Professor Veller, and comprises of faculty members of the University as well as external advisors. Research output is governed through the University, with a faculty-level annual review, and oversight by the Faculty of Health Sciences Research Committee, the University Research Committee and the Wits Council. In addition, an internal Research Review Committee provides internal oversight of all research conducted at the Institute.

Wits RHI Oversight

Wits RHI Management Structures
Within the organisation, Wits RHI is overseen by an Executive Committee (ExCo), which is supported by a Management Committee (Manco), made up of senior members of Wits RHI and WHC; and a Steering Committee (SteerCo), whose members consist of the ExCo and Wits RHI directors.

Participation on University Committees
Wits RHI is committed to being an active member of the University community. As a result, senior management contributes to various University structures.
**Operational Strategic Objectives**

We aim to continue building our research capacity and strengthening our operating model to deliver the desired or targeted social impact through the various programmes and projects we would have commissioned.

Some of the operating model focus areas are:

- Keeping our staff motivated and increasing our research capacity
- Streamlining our business processes to ensure effective delivery of services and enhancing our technology enablement
- Strengthening our monitoring and evaluation function
- Continuously improving our workspace to ensure greater staff productivity
- Increasing the visibility of our impact in the communities we work in

**Wits RHI Value Chain**

![Diagram of the Wits RHI Value Chain]

**Strategy**
- Programme / Project Management
- Grant Management / Administration
- Facilities Management
- Branding and Communications
- Information Technology

**Funding**

**People**

**Process**

**Technology**

**Infrastructure**

**Programme/ Project Delivery Models**
- HIV
- Sexual and Reproductive Health
- Vaccine Preventable Diseases
- Emerging Health Issues (NCDs)
- Policy Support
- Technical Support and Health Systems Strengthening

**Social Impact**

**Monitoring & Evaluation**
Our Staff: Equality, Diversity and Inclusion

Awards
Wits RHI staff received several accolades including Prof Helen Rees who received University of the Witwatersrand’s Faculty of Health Sciences Award in Recognition of Dedication and Achievement in Research. Dr Candice Fick was awarded the Dhiroo Mohanlal Prize in Paediatrics and the Emerging Public Health Practitioner’s Award.

Drs Nomathemba Chandiwana and Nonthuthuko Mvundla were nominated to represent South Africa at the 7th Inter-academy Partnership for Health Young Physician Leaders Programme in Berlin.

8
Members of SteerCo
2  Blacks, 1 Indian and 5 Whites
6 Females and 2 Males

877
Staff members
756 Blacks, 31 Coloureds
40 Indians and 50 Whites
73% Female and 23% Male
February
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Financial Review
The success of Wits RHI is embedded in its sustainability and its ability to secure funding from non-traditional sources.
**Income and sustainability**

Wits RHI is a donor-funded organisation and has 62 grants under management, totalling over R532 million per annum. Funding is sourced both internationally and locally and includes substantive grants from the Department of Health, Department of Science and Technology, Medical Research Council, National Research Foundation, Wellcome Trust, Medical Research Council UK, National Institutes of Health, Bill & Melinda Gates Foundation, European Union, World Health Organization (WHO), United States Agency for International Development (USAID), President’s Emergency Plan For AIDS Relief (PEPFAR), Vodacom Foundation and various corporate entities in South Africa. These projects reflect the research objectives of the organisation over the next three years.

Wits RHI income 2012 to 2017 in South African Rands

![Graph showing income from 2012 to 2017](image)

**Analysis of Current Grants**

40% of the grants under management are investigator initiated.

Wits RHI total grants under management in 2017

![Pie chart showing total grants](image)

- 24 total investigator initiated grants (39%)
- 25 total co-leading grants (40%)
- 13 total implementing partner grants (21%)

Wits RHI research grants under management in 2017

![Pie chart showing research grants](image)

- 16 total investigator-initiated research grants (40%)
- 13 total co-leading research grants (33%)
- 11 total implementing partner research grants (28%)
Projected income secured to date from 2016 to 2020

Wits RHI has already secured some funding for the next five-year period and is working on extending this pipeline.

Wits RHI projected income 2016 to 2020

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<tr>
<th>Year</th>
<th>Income</th>
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<td>2016</td>
<td>400000000</td>
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<tr>
<td>2017</td>
<td>500000000</td>
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<tr>
<td>2018</td>
<td>550000000</td>
</tr>
<tr>
<td>2019</td>
<td>600000000</td>
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<tr>
<td>2020</td>
<td>600000000</td>
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October
Annual Review 2017

Donors and Partners
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Wits RHI would like to thank all our donors and partners for their ongoing support.

AbbVie
Aeras
AIDS Fonds
AIDS Vaccine Advocacy Coalition (AVAC)
Amsterdam Institute for Global Health and Development
Anova Health Institute
Aurum Institute
AVAC
Bill and Melinda Gates Foundation
CANSAP
Centers for Disease Control (CDC)
Clinical HIV Research Unit (CHRU)
Clinton Health Access Initiative (CHAI)
Community AIDS Response (CARE)
Department for International Development (DFID), UK
Desmond Tutu TB Centre
Division of Aids (US National Institutes of Health) DAIDS
Drugs for Neglected Diseases Initiative (DNDI)
Dutch Ministry of Foreign Affairs
Elma Foundation
Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)
European & Developing Countries Clinical Trials Partnership (EDCTP)
FHI360
Ford Foundation
Foundation for Professional Development (FPD)
Frontier Science and Technology Research, Foundation, Inc.
Gilead Sciences
Global Fund
Harvard School of Public Health, Center for Biostatistics in AIDS Research
Henry Oppenheimer Trust
HIV Research Trust
HIVSA
Integration of TB in Education and Care for HIV/AIDS (ITEACH)
International Epidemiological Databases to Evaluate AIDS (IDEEA)
Janssen Pharmaceutica (PTY)
John Snow Inc
Johns Hopkins Bloomberg School of Public Health
London School of Hygiene and Tropical Medicine (LSHTM)
Magee Women’s Research Institute
Mott MacDonald
Medical Research Council (MRC), UK
Mylan
NACOSA – Global Fund
National Health Laboratory Service (NHLS)
National Institute of Allergy and Infectious Diseases (NIAID)
National Institute of Communicable Diseases Sexually Transmitted Infection (NICD)
National Institute of Health (NIH)
North Star Alliance
Novovax via Triclinium
Oppenheimer Memorial Trust
PATH
Perinatal HIV Research Unit (PHRU)
Praekelt Foundation
President’s Emergency Plan for AIDS Relief (PEPFAR)
Respiratory and Meningeal Pathogens Research Unit (RMPRU)
Right to Care
Sex Workers Education, Advocacy and Training (SWEAT)
Sisonke
South African Medical Research Centre
Stellenbosch University
TB Alliance
UNAIDS
United Nations Population Fund (UNFPA)
United Nations Programme on HIV/AIDS (UNAIDS)
United States Agency for International Development (USAID)
University of California, San Francisco (UCSF)
University of Colorado Denver
University of KwaZulu Natal
University of Michigan
University of North Carolina – Chapel Hill
University of Stellenbosch
University of the Witwatersrand
University of Washington
ViiV Healthcare
Vodacom Foundation
Wellcome Trust
World Bank
World Health Organization (WHO)

South African Government Partnerships

City of Johannesburg
City of Tshwane
National Department of Basic Education
National Department of Health
National Department of Science and Technology
National Department of Social Development

Donors and Partners
### Acronyms and abbreviations

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<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ABBVIE</td>
<td>AbbVie</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>ALIVE</td>
<td>African Local Initiative for Vaccinology Expertise</td>
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<tr>
<td>ART</td>
<td>Antiretroviral Therapy</td>
</tr>
<tr>
<td>ARV</td>
<td>Antiretroviral Drug</td>
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<td>ASPIRE</td>
<td>A Study to Prevent Infection with a Ring for Extended use</td>
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<td>AVAC</td>
<td>AIDS Vaccine Advocacy Coalition</td>
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<td>BMC</td>
<td>BioMed Central</td>
</tr>
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<td>BMGF</td>
<td>Bill and Melinda Gates Foundation</td>
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<tr>
<td>CAB LA</td>
<td>Cabotegravir</td>
</tr>
<tr>
<td>CCG</td>
<td>Community Care Givers</td>
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<td>CANSA</td>
<td>Cancer Association of South Africa</td>
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<td>CANSPR</td>
<td>Coalition to Accelerate and Support Prevention Research</td>
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<tr>
<td>CDC</td>
<td>Centre for Disease Control</td>
</tr>
<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>CROI</td>
<td>Conference on Retroviruses and Opportunistic Infections</td>
</tr>
<tr>
<td>DoH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>DREAMS</td>
<td>Determined, Resilient, Empowered, Aids-free, Mentored and Safe women</td>
</tr>
<tr>
<td>ECHO</td>
<td>Evidence for Contraceptive options and HIV Outcomes</td>
</tr>
<tr>
<td>EMPOWER</td>
<td>Enhancing Methods of Prevention and Options for Women Exposed to Risk</td>
</tr>
<tr>
<td>ExCo</td>
<td>Executive Committee</td>
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<tr>
<td>FHI360</td>
<td>Family Health International</td>
</tr>
<tr>
<td>FTC</td>
<td>Emtricitabine</td>
</tr>
<tr>
<td>GAP</td>
<td>Girls Achieve Power Year</td>
</tr>
<tr>
<td>GPP</td>
<td>Good Participatory Practices</td>
</tr>
<tr>
<td>HHP</td>
<td>Hillbrow Health Precinct</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HPTN</td>
<td>HIV Prevention Trials Network</td>
</tr>
<tr>
<td>HRP</td>
<td>Human Reproduction</td>
</tr>
<tr>
<td>HSRC</td>
<td>Human Sciences Research</td>
</tr>
<tr>
<td>HSTAR</td>
<td>HIV Self-Testing Assessments and Research</td>
</tr>
<tr>
<td>IMPAACT</td>
<td>International Maternal Pediatric Adolescent AIDS Clinical Trials Network</td>
</tr>
<tr>
<td>IMPT</td>
<td>Multi-purpose Prevention technologies Council</td>
</tr>
<tr>
<td>ISI</td>
<td>Institute for Scientific Information</td>
</tr>
<tr>
<td>MDR-TB</td>
<td>Multi-drug resistant TB</td>
</tr>
<tr>
<td>MRC</td>
<td>Medical Research Council</td>
</tr>
<tr>
<td>NCD</td>
<td>Non-Communicable Diseases</td>
</tr>
<tr>
<td>NIH</td>
<td>National Institutes of Health</td>
</tr>
<tr>
<td>NRF</td>
<td>South African National Research Foundation</td>
</tr>
<tr>
<td>NDoH</td>
<td>National Department of Health</td>
</tr>
<tr>
<td>OPTIONS</td>
<td>Optimizing Prevention Technology Introduction on Schedule</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>President’s Emergency Plan for Aids Relief</td>
</tr>
<tr>
<td>POWER</td>
<td>Postnatal Mother-To-Child Transmission</td>
</tr>
<tr>
<td>RSV</td>
<td>Respiratory Syncytial Virus</td>
</tr>
<tr>
<td>SAB</td>
<td>Scientific Advisory Board</td>
</tr>
<tr>
<td>SAHPRA</td>
<td>South African Health Products Regulatory Authority</td>
</tr>
<tr>
<td>SMS</td>
<td>Short Message Service</td>
</tr>
<tr>
<td>SRH</td>
<td>Sexual and reproductive Health</td>
</tr>
<tr>
<td>SteerCo</td>
<td>Steering Committee</td>
</tr>
<tr>
<td>TAPS</td>
<td>Treatment And Prevention for female sex workers</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>TDF</td>
<td>Tenofovir disoproxil fumarate</td>
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<tr>
<td>UNAIDS</td>
<td>United Nations Programme on HIV/AIDS</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>VPD</td>
<td>Vaccine Preventable Diseases</td>
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<td>WHC</td>
<td>Wits Health Consortium (Pty) Ltd</td>
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<td>WHO</td>
<td>World Health Organization</td>
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