VISION

- To provide patients with high quality, comprehensive, integrated treatment, care and support to improve their quality of life, productivity and survival.
- To ensure that every individual has ready and affordable access to quality, evidence-based medical services.

MISSION

- To build capacity to deliver innovative treatment, care and support services.
- To facilitate access to this treatment, care and support.
- To address the public health emergencies of HIV, TB and associated conditions through innovation.
- To respond to public health needs by supporting and delivering innovative, quality healthcare solutions, based on the latest medical research and established best practices, for the prevention, treatment, and management of infectious and chronic diseases.

RIGHT TO CARE’S SERVICES

RTC’s services are underpinned by a commitment to innovation, responsiveness and quality care provision and are driven by an overarching goal to address pressing public healthcare needs. To provide these services, RTC works with a number of strategic partners and funders in South Africa and internationally.
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Non-profit Organisation 2001/001745/08
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<th>ACRONYMS</th>
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<tr>
<td>ACTS</td>
<td>AIDS Care Training and Support</td>
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<td>APACE</td>
<td>Accelerating Programme Achievements to Control the Epidemic in South Africa</td>
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<td>ART</td>
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<tr>
<td>CCMDD</td>
<td>Centralised Chronic Medicines Dispensing and Distribution</td>
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<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<td>DCS</td>
<td>The Department of Correctional Services</td>
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<td>DHIS</td>
<td>District Health Information System</td>
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<td>EMTCT</td>
<td>Elimination of Mother To Child Transmission</td>
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<td>FPD</td>
<td>Foundation for Professional Development</td>
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<td>FSW</td>
<td>Female Sex Worker</td>
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<td>GFATM</td>
<td>The Global Fund to fight AIDS, Tuberculosis and Malaria</td>
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<td>GNC</td>
<td>Gender Non-Conforming</td>
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<td>GP</td>
<td>General Practitioner</td>
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<tr>
<td>HCV</td>
<td>Hepatitis C Virus</td>
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<td>HIV</td>
<td>Immunodeficiency Virus</td>
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<tr>
<td>HTS</td>
<td>HIV Testing Services</td>
</tr>
<tr>
<td>HTS_TST</td>
<td>Number of individuals who received HIV Testing Services and received test results</td>
</tr>
<tr>
<td>HTS_POS</td>
<td>Number of individuals HIV positive from HIV Testing Services</td>
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<tr>
<td>LGBTI</td>
<td>Lesbian, Gay, Bisexual, Transgender and Intersex</td>
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<td>M&amp;E</td>
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<td>MSM</td>
<td>Men who have Sex with Men</td>
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<td>NDoH</td>
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<td>NHLS</td>
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<td>NIMART</td>
<td>Nurse-Initiated Management of Antiretroviral Therapy</td>
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<td>PASP</td>
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<td>PDoH</td>
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<td>PLHIV</td>
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<td>Quality Improvement</td>
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<td>RTC</td>
<td>Right to Care Non-Profit Company South Africa</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<tr>
<td>TX_NEW</td>
<td>Number of adults and children newly enrolled on antiretroviral therapy</td>
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<td>Tx_CURR</td>
<td>Number of adults and children currently receiving antiretroviral therapy</td>
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<tr>
<td>Tx_NET_NEW</td>
<td>A calculated indicator that is derived from the reportable TX_CURR indicator</td>
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<tr>
<td>UNAIDS</td>
<td>The Joint United Nations Programme on HIV/AIDS</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>VMMC</td>
<td>Voluntary Male Medical Circumcision</td>
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<td>VL_SUPP</td>
<td>Percentage of people living with HIV on ART with a suppressed viral load</td>
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Right to Care (RTC) is a South African-based non-profit organisation that supports and delivers prevention, care and treatment services for Human Immunodeficiency Virus (HIV) and tuberculosis (TB) as well as HIV-associated cancers in South Africa. Through technical assistance, RTC supports the South African National Department of Health (NDoH) and its provinces and districts along with the Department of Correctional Services (DCS). In addition, through direct service delivery, RTC screens, tests and treats patients for HIV, TB, cervical cancer and sexually transmitted infections (STI). Through Right to Care International, it also supports governments beyond South Africa’s borders.

HISTORY – HIGHLIGHTS

RTC was established in June 2000 to secure antiretrovirals and related medicines at low cost and to enable treatment programmes for patients in SA’s public health facilities. In 2001, it was registered as a non-profit (Section 21) organisation.

Only in November 2003 did the South African government approve a plan to make antiretroviral treatment (ART) publicly available. Before this, South Africans with HIV who used the public sector health system, could get treatment for opportunistic infections occurring as a result of HIV, but could not get ART.

By 2006, RTC was supporting 10,000 patients on ART. By 2008, RTC had provided HIV counselling and testing to more than 100,000 South Africans. A year later, it was providing HIV counselling and testing services to more than 200,000 South Africans and the number of patients in HIV clinical care broke the 100,000 mark.

In 2010, RTC was appointed by the Global Fund for AIDS, TB and Malaria (GFATM) as a principal recipient. In the same year, it launched its pharmacy supply chain management programme.

In 2011, services were launched to support the DCS’s HIV and TB programme.

In 2012, RTC was selected as the primary partner for South Africa’s United States Agency for International Development’s (USAID) Voluntary Medical Male Circumcision (VMMC) programme. Through this, USAID awarded RTC a contract to perform 125,000 medical male circumcisions in 18 months. In the same year, the number of published articles made possible through RTC reached 184.

In 2013, the GFATM awarded a grant to RTC to be a principal recipient of a programme to support South Africa’s National Strategic Plan for HIV and TB.

In 2015, the management contract for the TB Vaccine Network grant in South Africa was awarded to RTC and the roll out of Bedaquiline, the first new TB drug in 40 years, commenced. Right ePharmacy, a subsidiary of RTC providing pharmacy automation services, was also launched in 2015.

In 2016, RTC was made the prime recipient of the EQUIP grant overseeing HIV services in 18 countries located in Africa, the Caribbean, South East Asia and Eastern Europe. EQUIP is the first African-led global consortium to deliver rapid scale-up of innovative HIV treatment and prevention solutions across PEPFAR countries.

In 2017, Right to Care performed its one millionth medical male circumcision.

2018 saw the launch of Right ePharmacy’s Pharmacy Dispensing Units (PDUs) in the Gauteng and Free State provinces in partnership with the regional departments of health. Plans for expansion of this programme were also put in place. PDUs are ideally suited to meet the needs of patients on chronic medication, who are clinically stable, enabling them to easily and quickly access their medicines at convenient locations situated along busy public transport routes. The intention is to decongest overcrowded healthcare facilities, allowing healthcare workers to speed up services for other patients, particularly for those who are not clinically stable.

In April 2018, PEPFAR through the Center for Disease Control and Prevention (CDC), appointed RTC as one of three primary partners to implement a circumcision programme in the North West, Mpumalanga, Free State, and Eastern Cape provinces.

In 2018, through RTC’s company, Right Clinic, a new primary healthcare clinic was launched in Johannesburg’s Cosmo City. Right Clinic has been set up to support the re-engineering of primary healthcare in South Africa and to drive down the costs of private healthcare. This clinic provides affordable primary healthcare services to the large numbers of working people in the area.
Right to Care continues to break new ground through a solution-driven approach underpinned by strong technical and clinical experience and a steadfast commitment to innovation and human rights.

The organisation continued to deliver strong financial and operating performance despite the changing economic climate facing health NGOs in South Africa and globally.
Our enduring commitment: no end to caring

Right to Care completed its 19th year of operation with a sense of great achievement. We provided patients with treatment, care and support to help improve their quality of life; we facilitated access to healthcare; we helped build capacity in the public healthcare sector; and we introduced innovation to address the public health emergencies of HIV, TB and associated conditions.

Promoting access to healthcare services and medicine and driving HIV, TB and STI prevention programmes have driven this organisation since its inception.

Right to Care continues to break new ground through a solution-driven approach underpinned by strong technical and clinical experience and a steadfast commitment to innovation and human rights.

The significant impact of our donor-funded programmes is well documented in the rigorous monitoring and evaluation reports provided to our donors.

Right to Care’s work would not have been possible without the support of our key donors and partners - the President’s Emergency Plan for AIDS Relief through the United States Agency for International Development and the Centers for Disease Control and Prevention, the South African National Department of Health, the Global Fund to fight AIDS, Tuberculosis and Malaria and the Western Cape Department of Health.

Our subsidiaries are all entrepreneurial and solution-focused companies geared towards reaching the UNAIDS 90-90-90 targets. Right ePharmacy, Qode Health Solutions and Right Clinic all contributed to Right to Care’s success in expanding access to care, improving adherence and patient outcomes, and supporting the programmes and strategies of the National Department of Health in South Africa. I look forward to seeing them develop further and introduce new offerings that support public health in the coming year.

The organisation continued to deliver strong financial and operating performance despite the changing economic climate facing health NGOs in South Africa and globally.

Chairman of the Right to Care Board, Dr Ali Bacher, and Right to Care Chief Executive Officer, Professor Ian Sanne.
BoaD of DiRectoRs & eXecutiVe Team

Driving Innovation, Responsiveness and High-Quality Care

The Board of Directors

Dr Ali Bacher (Chairman) - MBBCh (Wits)

Dr Ali Bacher was the captain of the national cricket team in 1970 and has spent more than 30 years involved in the business and promotion of sport. He was the Chief Executive of the International Cricket Council’s World Cup, held in South Africa in 2003. Dr Bacher’s achievements have been recognised with cricket-related awards both for playing and for administration along with numerous other awards, including two honorary doctorates from Rhodes and Wits Universities respectively, and the Da Vinci Laureate Award for Social Architecture.

Zeenat Dasoo - LLB (Wits), B. Proc (Wits)

Zeenat Dasoo is employed at IBM South Africa as the legal counsel for trust and compliance and is a member of the company’s Social and Ethics board committee. She also served on the board of Afrika Tikkun Services and was a ministerial appointee on the Council of the South West Gauteng College, a technical and vocational education and training (TVET) college. She was an attorney at Cheadle Thompson and Haysom Inc from 1999 until 2004. Thereafter she joined Webber Wentzel as a partner, specialising in corporate law and corporate governance. In addition to her law degrees, she has completed a number of certificate law courses from the University of the Witwatersrand and the University of South Africa and has been an occasional guest presenter on business courses run by the Gordon Institute of Business Science.

Dr Mahomed Fareed Aboobaker Abdullah - MBChB (UKZN), FCPHM (SA), HIV Dip Man (SA)

Dr Abdullah is a medical doctor and a specialist in Public Health Medicine. From 2012 to 2017 he was the CEO of the South African National AIDS Council. He is currently Director of the Office of AIDS & TB Research at the South African Medical Research Council.
Dr Brian Brink - BSc (Med), MBBCh, DMed (Hon) (Wits)

Dr Brian Brink worked for the Anglo-American Group for 33 years and retired as Chief Medical Officer at the end of 2014. During his tenure he advised group companies on a broad range of health issues, including occupational health; employee health and wellbeing; disease management (particularly HIV and AIDS); employee and family health benefits; as well as health systems strengthening in disadvantaged communities. He has served on the boards of the Global Fund to Fight AIDS, Tuberculosis and Malaria and the South African National AIDS Council trust as a representative of the private sector, and is a director of Discovery Limited, Section 27, and the International Women’s Health Coalition based in New York. He is also on the Global Board of Grassroot Soccer. Dr Brink was awarded an honorary doctorate in Medicine by the University of the Witwatersrand in December 2014.

Mthandazo Peter Moyo - BCompt (Hons) (Unisa), HDip Tax Law (Wits), AMP (Harvard), CA (SA)

Peter Moyo is the CEO of Old Mutual Emerging Markets and founding director and shareholder of an investment firm NMT Capital. He is the former Chairman of Vodacom Group, Willis SA, CSC SA, Liberty Two Degrees and the Audit Committee of the office of the Auditor General. He is currently the Chairman of Business Against Crime SA and serves on the Advisory Board of the University of Stellenbosch Business School. He has served as non-executive director on the board of Transnet, the board of Trustees of the Transnet Second Defined Benefits Fund and served Transnet’s Risk Committee and Audit Committee, which he also chaired. He also previously served on the board of Telkom. He is a former Group CEO of Alexander Forbes and Deputy MD of Old Mutual. He was also a Partner and served on the National Executive of Ernst & Young.

Nosipho Simelane - BComm (Wits)

Nosipho Simelane is employed at Oracle South Africa as the Africa Sales Director for Oracle University. She began her career with Hewlett-Packard South Africa, where she fulfilled various roles in the Enterprise and Services businesses. She then joined Microsoft, where she served in the transactional volume division. Before joining Oracle she was the Technology Support Services Lead for IBM’s SA operations. She holds a Bachelor of Commerce degree from the University of the Witwatersrand and a Management Advancement Programme certificate from Wits Business School. She has completed various other management programmes.

Reginald Tafara Muzariri - CA (SA), Hons BCompt (Unisa)

Reginald Muzariri is an independent corporate finance and project finance professional working on projects in South and Southern Africa. Reginald has more than 25 years’ experience in the investment banking industry. He serves as a lead advisor on merger and acquisition transactions, as well as infrastructure and public private partnership projects. Reginald also serves as a non-executive director on the education trust, Thuto Trust and its affiliates.

Lerato Okeyo - BSc Mathematics and Computer Science, MBA

Lerato Okeyo has over 20 years’ experience in various leadership positions across a range of sectors, including private equity investments. She headed up the CIDA Empowerment Fund and then Nozala Investments. An entrepreneur in the construction industry, Ms Okeyo has a deep commitment to transformation and to uplifting less advantaged South Africans, and is also involved in social entrepreneurship initiatives in education and healthcare.

Former board member - Peter Goldhawk CA (SA)

Peter Goldhawk was a Non-Executive Director of Right to Care since August 2011 and brought a wealth of accounting experience, expertise and wisdom to Right to Care. He passed away recently. He was a chartered accountant and retired partner at PricewaterhouseCoopers Inc and director of Goldhawk Corporate Advisory. He specialised in various aspects of corporate finance and was also a member of the South African Institute of Chartered Accountants and the Issuer Regulatory Advisory Committee of the JSE. He is missed by all at Right to Care.
THE EXECUTIVE TEAM

Prof Ian Sanne - Chief Executive Officer

Prof Ian Sanne (MBBCh, FCP (SA), FRCP (Lon), DTM&H) is the founding director and Chief Executive Officer of Right to Care. He is an Associate Professor of Internal Medicine and Infectious Diseases at the University of the Witwatersrand, and Adjunct Professor at the Center for International Development at Boston University. He is also Division Head of the Clinical HIV Research Unit, the International Vice-Chair of the AIDS Clinical Trials Group (NIH), and a director of the Health Economics and Epidemiology Research Office. Prof Sanne sits on the board of the South African national prioritisation and guideline committee for HIV and tuberculosis. He is a member of the Executive Committee of the Department of Internal Medicine at the University of the Witwatersrand. He is also a member of numerous scientific committees.

Dr Thembisile Xulu - Executive Director

Dr Thembisile Xulu is an Executive Director of Right to Care and Managing Director of Right to Care International. She is also Chief of Party for EQUIP, the first wholly African-led consortium of African-based partners that delivers HIV treatment and prevention solutions to meet UNAIDS’s 90-90-90 targets in PEPFAR - supported countries. She joined Right to Care in 2004 as manager of the HIV Expert Treatment Programme. In 2007 she was appointed as Clinical Director and a Director of the USAID grant. In 2010, Dr Xulu participated in the prestigious Yale University World Fellows Leadership Development Programme. She holds an MBBCh from the University of KwaZulu-Natal, a Diploma in Obstetrics from the Colleges of Medicine of South Africa, a Diploma in HIV Management from the Colleges of Medicine of South Africa and a Masters of Public Health (Health Policy and Management) from the University of the Witwatersrand.

Dr Pappie Majuba – Executive Director

Dr Pappie Majuba (BSc Hons, MBChB, Dip HIV Man, DOH&M, Certificate in Advanced Management) joined Right to Care in 2004, and through his role has gained International Strategic Health Planning programme course experience. He has fulfilled various roles at Right to Care during his time here. He was promoted to Chief Medical Officer in 2011. He was appointed to the board in 2012.

Nonhlanhla Nyewula - Group Finance Director CA (SA)

Nonhlanhla Nyewula is an Executive Director of Right to Care and Group Finance Director. She is responsible for the establishment of the group’s Financial Strategy and for driving financial performance to ensure long-term financial sustainability, as well as the group’s Risk Management strategy.

Nonhlanhla joined Right to Care in August 2017, and combines a wealth of financial experience with considerable business acumen and knowledge of diverse sectors, including start-ups and mature organisations.

She is a former CFO of Kalagadi Manganese (Pty) Ltd, a black, woman-owned manganese mining company, and Mhlathuze Water Board. She has also worked at IBM, Deloitte and Unilever. She is a qualified CA(SA), and also holds B Com (Hons) (UKZN), BSc (UKZN) and Mining Tax Certificate (UNISA).
Right to Care’s (RTC) commitment to sound corporate governance is fundamental to the sustainability of the organisation. Every employee is expected to act in accordance with RTC’s comprehensive corporate governance practices requiring them to:

- Sustain an ethical corporate culture;
- Identify and mitigate risks to the business;
- Ensure informed and sound decision making at all levels;
- Support effective and efficient decision making;
- Take responsibility and be accountable;
- Enhance stakeholder perception of the organisation;
- Build the organisation’s brands and reputation; and
- Ensure legal and regulatory compliance.

RTC’s approach to corporate governance is to apply the principles of King IV in a way that is appropriate for the organisation and the sector in which it operates.

Board of directors

The Board is responsible for considering strategic issues; the setting of risk parameters; the approval of financial results and budgets; and the monitoring of the implementation of delegated responsibilities.

The Board is chaired by a non-executive chairman and for the period under review, consisted of eight non-executive directors and four executive directors. The non-executive directors have considerable business experience and a range of skills, including skills in accounting, law and medicine. The Board is satisfied that the skills, knowledge and experience of the entire board of directors are appropriate for their responsibilities and the organisation’s activities.

The Board met five times during the period under review. In addition to these Board meetings, a strategy session was attended by Board and the Group Executive Committee (EXCO) members to review and approve the organisation’s strategy going forwards. EXCO members attended Board meetings by invitation only.

Declarations of interests are stated and recorded at each Board meeting and, where a conflict arises, directors are required to recuse themselves from discussions. Directors are also required to notify the group company secretary of any significant changes in their interests.

The Remuneration and Nominations Committee considers directors for appointment to the Board and motivates for candidates in a transparent process. A formal induction process is in place for new directors.

Directors are subject to retirement by rotation every three years and, if put forward for re-election, are considered for re-appointment.

Board committees

To achieve its objectives, the Board has delegated specific functions to board committees without abdicating its own responsibility for the performance of the organisation.

The Board has five committees namely the Audit and Risk Committee, the Remuneration and Nominations Committee, the Investment Committee, the Information Technology Governance Committee and the Social and Ethics Committee. These committees are directly responsible to the Board and have documented charters, which are approved by the Board and reviewed on a regular basis. There is full disclosure and reporting from these committees to the Board at each Board meeting. All Board committees are chaired by non-executive directors.
Company secretary
The Board has access to the services of the group company secretary, who is accountable to the Board for ensuring that the correct processes are followed regarding company meetings and that sound corporate governance principles are adhered to.

Group Executive Committee (EXCO)
EXCO responsibilities include developing and implementing the board approved strategic plan; preparing budgets; and monitoring performance against approved targets.

Internal controls
Controls are reviewed and monitored regularly by the internal audit service provider. Findings are reported to the Audit and Risk Committee and corrective action is taken on matters raised by the internal auditors.

Risk management
The Audit and Risk Committee is under delegated authority from the Board to ensure overall risk management in the Group. Executive Management regularly reviews the risks contained in the risk register to ensure that appropriate mitigation strategies are in place.

External audit
The Group’s external auditor is Deloitte. The Audit and Risk Committee meets with the external auditors to review the scope of the external audit and budget. The external auditors attend Audit and Risk Committee meetings and have access to the chairman of the committee.

Ethics
RTC subscribes to the highest ethical standards of business practice. The Board and employees adhere to the Code of Business Conduct and Ethics, which provides guidelines relating to professional conduct with all stakeholders. The Social and Ethics Committee is responsible for monitoring ethical practices.

RTC recognises that fraud and corruption conflict with the principles of ethical behaviour and applies a zero-tolerance approach to counter the threat of unlawful conduct. Quarterly reports are submitted to the Audit and Risk Committee on detected incidences of fraud and corruption. These reports also detail measures taken to prevent, detect, investigate and deal with such conduct.

Compliance with laws, regulations, codes and internal policies forms an integral part of RTC’s key business principles. The Risk and Compliance Manager facilitates the management of the compliance framework and any material deviations are reported to the relevant Board committees.

Whistle blowers
RTC subscribes to Whistle Blowers, a confidential whistleblowing service to report theft, corruption, dishonesty, fraud and any other inappropriate workplace behaviour. A Whistleblowing Policy is in place at RTC and the Board has delegated the overall responsibility for the service to the Social and Ethics Committee.

Stakeholders
The Board acknowledges that the organisation does not operate in a vacuum and recognises that stakeholder perceptions affect the organisation’s reputation. Communications with all stakeholders are conducted on a transparent basis and the group Chief Operations Officer has responsibility for the management and implementation of the stakeholder framework. The Social and Ethics Committee is responsible for assisting the Board with its review of stakeholder relationships.

Political party support
RTC does not provide support to any political party, financially or otherwise.
The corporate support services division at Right to Care (RTC) is central to the organisation. It enables RTC’s programmes, focused on addressing the public health emergencies of Human Immunodeficiency Virus (HIV), Tuberculosis (TB) and associated conditions, to fulfil their mandates in accordance with the requirements of funders, and in alignment with strategic partners.

This is achieved by teams that work across the following functions:

- Legal;
- Human resources;
- Finance;
- Risk and compliance;
- Strategic information encompassing technology, Information Technology and systems;
- Business development;
- Marketing and communications; and
- Property management.

Together these teams drive, support and oversee the running of the organisation to ensure that it is successful and sustainable, whilst also serving its staff and stakeholders. These teams also ensure that RTC is strategically positioned in South Africa and internationally, as a key role player in driving the attainment of the Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 targets in South Africa and in territories beyond South Africa’s borders.

Notable activities within the corporate support services division in the past year include the following:

- The process of risk reviews was strengthened to look at risks that exist across all grants and all areas of the business. For the first time, RTC was able to achieve a comprehensive oversight of risks across all operational areas of the organisation.
- RTC established its own legal department consisting of a company lawyer and legal executive, which greatly improved compliance within RTC.
- Establishment of the Strategic Information Unit saw information from all of the different grants within RTC successfully gathered together to form a comprehensive overview of the work underway across RTC. It also marked an important step forward in the drive towards real-time management and data collection.
- With the changing grant structures and the nature of the funding environment, RTC also moved towards an increased consolidation of corporate services at its headquarters in Centurion, bringing teams together to work in a more efficient and cohesive manner.
- Within the scientific and healthcare community internationally, RTC made its mark by participating in the 9th International AIDS Society Conference on HIV Science held in July 2017 in Paris, and the 22nd International AIDS Conference held in Amsterdam in July 2018.
- Within South Africa, RTC remained a strong voice in the public discourses around healthcare access, ending the HIV pandemic and human rights through its participation in a range of forums, events and campaigns held and hosted by public sector and civil society organisations.
Right to Care (RTC) is an equal opportunities employer that is guided by Section 27 of the South African Constitution, which entrenches the rights of workers and employers and ensures social justice by establishing the rights and duties of both the employer and employees.

The human resources (HR) department at RTC focuses on:
- Guiding employees on acceptable workplace conduct;
- Providing a framework for the consistent and fair treatment of employees;
- Setting out employee and employer expectations;
- Providing a legal framework to guide any disputes; and
- Ensuring a fair and equitable environment conducive to a productive working environment.

RTC is committed to complying with the Employment Equity Act 55 of 1998, in carrying out its duties to recruit, hire, train and develop employees.

Due to the nature of the grant funding cycle, the 189 process as provided for in the Labour Relations Act sometimes needs to be invoked but the company prides itself on the fact that this is always a last resort, as all alternatives are explored prior to embarking on retrenchments.

As part of our commitment to complying with Section 21 of the Employment Equity Act 55 of 1998, RTC provides employment equity reports to the Department of Labour on an annual basis.

RTC is pleased to report that it met its objectives as set out in the Employment Equity Plan for this period.

The workforce profile as per the 2018 employment equity report is outlined below:

### Total number of employees

| Occupational Levels | Male A | | C | | I | | W | | Female A | | C | | I | | W | | Foreign Nationals | Male | | Female |
|---------------------|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Top management      | 1     | 0 | 2 | 2 | 2 | 0 | 0 | 1 | 5 | 0 | | | | | | | | | | | | | | | 13 |
| Senior management   | 6     | 0 | 1 | 5 | 6 | 0 | 0 | 3 | 6 | 1 | | | | | | | | | | | | | | | 28 |
| Professionally qualified and experienced specialists and mid-management | 14 | 1 | 4 | 5 | 24 | 2 | 4 | 12 | 10 | 3 | | | | | | | | | | | | | | | 79 |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents | 101 | 3 | 0 | 6 | 175 | 6 | 3 | 7 | 4 | 7 | | | | | | | | | | | | | | | 308 |
| Semi-skilled and discretionary decision making | 143 | 7 | 1 | 1 | 383 | 51 | 3 | 11 | 2 | | | | | | | | | | | | | | | 593 |
| Unskilled and defined decision making | 21 | 8 | 0 | 0 | 93 | 16 | 1 | 0 | 0 | | | | | | | | | | | | | | | 284 |
| TOTAL PERMANENT     | 286   | 19 | 8 | 17 | 683 | 218 | 10 | 25 | 26 | 13 | | | | | | | | | | | | | | | 1,305 |
| Temporary employees | 7     | 2 | 0 | 0 | 16 | 13 | 0 | 2 | 1 | 0 | | | | | | | | | | | | | | | 41 |
| GRAND TOTAL         | 293   | 21 | 8 | 17 | 699 | 231 | 10 | 27 | 27 | 13 | | | | | | | | | | | | | | | 1,346 |

Note: A=Africans, C=Coloureds, I=Indians and W=Whites

### Total number of employees with disabilities

| Occupational Levels | Male A | | C | | I | | W | | Female A | | C | | I | | W | | Foreign Nationals | Male | | Female |
|---------------------|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Top management      | 0     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | 0 |
| Senior management   | 0     | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | 1 |
| Professionally qualified and experienced specialists and mid-management | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | 2 |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | | | | | | | | | | | | | | | 2 |
| Semi-skilled and discretionary decision making | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | 0 |
| Unskilled and defined decision making | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | 0 |
| TOTAL PERMANENT     | 2     | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | | | | | | | | | | | | | | | 5 |
| Temporary employees | 0     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | 0 |
| GRAND TOTAL         | 2     | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | | | | | | | | | | | | | | | 5 |

Note: A=Africans, C=Coloureds, I=Indians and W=Whites
ORGANISATIONAL STRUCTURE

RIGHT TO CARE INTERNATIONAL

RIGHT TO CARE HEALTH SERVICES (PTY) LTD

RIGHT TO CARE ZAMBIA LTD

OFFICES MAYANMAR

RTC PROPERTY (PTY) LTD

RIGHT TO CARE MALAWI LTD

OFFICES UKRAINE

QODE HEALTH CARE SOLUTIONS (PTY) LTD

RIGHT ePHARMACY (PTY) LTD

RIGHT TO CARE LESOTHO LTD

RIGHT ePHARMACY ZAMBIA LTD

AUDIT & RISK COMMITTEE

INVESTMENT COMMITTEE

SOCIAL & ETHICS COMMITTEE

REMUNERATION & NOMINATIONS COMMITTEE

IT GOVERNANCE COMMITTEE

RIGHT TO CARE INTERNATIONAL
KEY FUNDERS AND PARTNERS
WORKING WITH STRATEGIC PARTNERS AND INTERNATIONAL FUNDERS TO ACHIEVE UNAIDS 90-90-90 TARGETS

Our services are underpinned by a commitment to innovation, responsiveness and quality care provision and driven by an overarching goal to address pressing public healthcare needs. In carrying out these services, we work with a number of strategic partners and funders in South Africa and internationally. These include local and international agencies and teams, who are committed to preventing and treating Human Immunodeficiency Virus (HIV), Sexually-Transmitted Infections (STIs) and Tuberculosis (TB), and to reaching The Joint United Nations Programme on HIV/AIDS’ (UNAIDS) 90-90-90 targets.

In South Africa, our work is focused on supporting the National Department of Health’s strategic healthcare initiatives, notably, the National Strategic Plan 2017 – 2022, which is South Africa’s fourth master plan that outlines the country’s response to the prevention and treatment of HIV and AIDS, TB and STIs. We work with the regional, local and district teams across different programmes in the provinces of the Free State, Gauteng, Mpumalanga, Western Cape, Eastern Cape and North West.

Beyond South Africa’s borders, Right to Care International works in Lesotho, Malawi, Zambia, Myanmar and Ukraine with these Ministries of Health, as well as with local non-governmental organisations (NGOs) and partners.

Key funders and partners

National Department of Health (NDoH)
The NDoH strives to improve the health status of all South Africans through the prevention of illnesses and the promotion of healthy lifestyles. They further work to consistently improve the healthcare delivery system by focusing on issues of access, equity, efficiency, quality and sustainability.

PEPFAR
The President’s Emergency Plan for AIDS Relief, also called PEPFAR or the Emergency Plan, is a five-year bilateral commitment by the United States Government to support HIV/AIDS prevention, care and treatment programmes in developing countries.

United States Agency for International Development (USAID)
US foreign assistance has always had the twofold purpose of furthering America’s interests, while improving lives in the developing world. USAID carries out US foreign policy by promoting broad-scale human progress, whilst at the same time expanding stable, free societies; creating markets and trade partners for the United States; and fostering good-will abroad.

The Aurum Institute
The Aurum Institute is a leading healthcare organisation headquartered in Johannesburg, South Africa, and internationally recognised as a global authority on HIV and TB treatment and prevention. It is dedicated to researching, supporting and implementing innovative, integrated and high impact programmes to eradicate HIV and TB.

Centers for Disease Control and Prevention (CDC)
The Centers for Disease Control and Prevention is the leading national public health institute of the United States.

The Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM)
The Global Fund is an international financing organisation that aims to attract and disburse additional resources to prevent and treat HIV and AIDS, TB and malaria.

Department of Correctional Services (DCS)
Health Care Services in South Africa’s Correctional Services facilities seek to promote the health of inmates and detainees awaiting trial; and identify inmates with health problems, assess their needs and either deliver treatment or refer to them to relevant specialist services as appropriate. The Health Care Services also continue any care that may have started outside of the correctional centre.

Western Cape Department of Health
The core function and responsibility of the Western Cape Department of Health is to deliver a comprehensive package of health services to the people of the province. The Department’s mission is to provide equitable access to quality health services in partnership with relevant stakeholders, within a balanced and well-managed health system.

Mpumulanga Department of Health
The Mpumulanga Department of Health is focused on improving the quality of health and well-being of all people in the province providing a needs-based, people-centred, equitable health care delivery system through an integrated network of health care services provided by a cadre of dedicated and well-skilled Health Workers.

UNAIDS
RTC works with its funders and partners to support UNAIDS’s goal to end the HIV pandemic.

- By 2020, 90% of all people receiving ART will achieve viral suppression.
- 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 (ART).
- By 2020, 90% of all people receiving ART will achieve viral suppression.

ELMA Philanthropies
ELMA Philanthropies provides philanthropic advisory services to the ELMA Group of Foundations. The ELMA Foundation invests in organisations that improve the lives of children in Africa.

Brystol-Myers Squibb Secure the Future Foundation
Through the Bristol-Myers Squibb Foundation, Bristol-Myers Squibb promotes health equity and strives to improve health outcomes of populations disproportionately affected by serious diseases and conditions, giving new hope to some of the world’s most vulnerable people.
In September 2012, Right to Care and the United States Agency for International Development (USAID) endorsed a bilateral cooperative agreement, known as Performance for Health through Focused Outputs, Results, and Management (PERFORM). Also referred to as the Health Systems Strengthening (HSS) programme, it encompassed three overarching objectives:

• To improve HIV-related patient outcomes by strengthening health and patient management systems at facility, sub-district, and district levels through capacity building and support;
• To strengthen health systems in support of HIV-related services by working with provinces to build capacity of facility, sub-district, and district management; and
• To provide support for development and successful implementation of South African Government (SAG) policies for HIV-related interventions targeting governance, leadership and finance.

With USAID as the key funder, the key strategic partner was the National Department of Health (NDoH) and its regional and district departments were the main implementing partners.

The HSS programme was concluded in September 2018.

HSS programme focus areas

Key focus areas of this programme were:

• Adult and paediatric HIV care, treatment and support;
• Maternal child health, prevention of mother to child transmission (PMTCT) and nutrition, as well as sexual and reproductive health;
• TB screening, care and treatment;
• Comprehensive prevention;
• Monitoring and evaluation (M&E);
• Pharmacy supply chain management;
• Laboratory systems support;
• Training and mentorship; and
• Health Management Improvement Programme.

"Through USAID funding during Right to Care’s PERFORM years, feasibility of epidemic control has become a reality. Right to Care was at the forefront to ensure USAID and NDoH priorities were attained." – Dr Pippie Majuba, Managing Director at Right to Care and HSS Programme Head.

Maternal Child Health, prevention of mother to child transmission, and nutrition

The PMTCT was a priority prevention intervention, and identifying women at risk formed an important part of this programme. Nutrition is vital for women who are HIV positive, and our efforts assisted women in maintaining their health and ensuring the health of their infants. Preventing and treating cervical cancer also comprised a key part of this programme, which more broadly encompassed all aspects of sexual and reproductive health services.

Tuberculosis screening, care and treatment

All patients screened or treated for HIV were also screened for TB. The focus was on ensuring every patient answered the five key screening questions: are you experiencing cough, fever, weight loss, chest pains or night sweats? Patients that subsequently tested positive for TB commenced treatment immediately.

Monitoring and evaluation

Throughout implementation, Right to Care had a rigorous monitoring and evaluation (M&E) system that guaranteed a steady flow of information from the facilities, sub-district, district and national level programme teams. This meant that quality data that met the reporting requirements of the DoH and the USAID reporting systems could be produced. The M&E system was aligned to other data sources which informed implementation. The M&E system relied on DoH DHIS and TIER.net roll out.

Pharmacy supply chain management

Pharmacy supply chain management encompassed all aspects of pharmacy systems, supply and support to ensure an active and appropriate drug supply including use, availability and pharmacovigilance.

Training and mentorship

Training and mentorship took place throughout the programme to ensure Right to Care’s technical assistance and support remained optimal.

DREAMS - adolescent girls and young women

The HSS programme also included a PEPFAR-led Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) project that focused on reducing HIV infections among adolescent girls and young women, which ran from September 2016 to October 2017.
Geographical reach and beneficiaries
The HSS programme was implemented in Thabo Mofutsanyana district in the Free State province, Ehlanzeni in Mpumalanga and in Gauteng in Johannesburg’s Region A & B and Tshwane’s sub-districts 3, 4 and 6.

The beneficiaries of the HSS programme included people with HIV, TB and related infections; their families and communities; as well as HIV negative individuals where the emphasis was on prevention.

Supporting NDoH and SANAC
Right to Care supported both the NDoH - with a focus on guidelines, working groups and committees - as well as the South African National Aids Council - with a focus on enhancing its efforts around civil society and promoting healthcare in communities.

The HSS programme staff worked with the NDoH and its provincial, district and subdistrict teams as well as with the healthcare staff at the facilities. Right to Care’s active participation in joint district and provincial implementation and planning efforts to achieve targets, was achieved through regular planning and review meetings with the health department partners and other stakeholders.

Right to Care’s HSS programme was also aligned to the HIV treatment cascade model focussing on the steps of care that people living with HIV go through, from initial diagnosis to achieving viral suppression. It aimed to reduce the existing differences between the number of people who have HIV, those who are aware of their infection, those who are attending medical services, and those who are receiving effective treatment.

Right to Care teams
Right to Care’s HSS teams were comprised of specialists operating at the national level. At the provincial and district levels, provincial managers, operations managers, medical advisors, district pharmacists and Health Management Improvement Programme managers were employed. At facility and sub-district levels, the following professional staff were deployed:

- Nurse Initiated Management of Anti-Retroviral Treatment (NIMART) nurses designated as clinical technical officers;
- Social workers;
- Clinical technical officers;
- Data quality mentors; and
- Pharmacy assistants.

These staff formed core teams who were responsible for as many as eight facilities at one time, depending on the health burden and the healthcare and treatment needs at each facility.
HSS PERFORM OPERATIONAL STRUCTURE

Specialist Teams
PMTCT, Adult HIV, Paediatric and adolescent HIV, TB, Prevention, Pharmacy, M&E, Training, HMIP, Cervical cancer, Research

NATIONAL TEAM

Provincial Manager

Medical advisor/s
HMIP manager
M&E officer
District pharmacist
TB coordinator
Operational manager

NDOH
PDOH
DMT, sub-district offices

MODIFIED TA TEAMS
- Nurse
- Community linkage officer
- Data capturer
- Pharmacy assistant
- Lay counsellor

CORE TEAMS
- Clinical technical officers
- Community systems technical officer (CSTO)
- Data quality mentor (DQM)
- Pharmacy assistant

Facility
Facility
Facility
Facility
Facility
Facility
Facility

WHO alignment

Results of the HSS programme demonstrated Right to Care’s commitment to the World Health Organization’s Health Systems Framework that focuses on promoting, restoring and maintaining health via six key building blocks: service delivery, health workforce, health information systems, access to essential medicines, financing, and leadership and governance. Targets were significantly exceeded for key interventions.

Right to Care staffing and administration was organised to ensure total coverage of all six WHO Systems’ Strengthening pillars. Core activities were all aligned with the work plan which in turn was objective and target-driven, as set annually by USAID. The main interface of RTC activities was the district and facility, with strategic support from national teams based at Helen Joseph Hospital targeted to NDoH and various think tank forums.
RTC Overall: FY18, Q4 Key Indicator Dashboard

<table>
<thead>
<tr>
<th>Indicator</th>
<th>City of Johannesburg</th>
<th>City of Tshwane</th>
<th>Ehlanzeni</th>
<th>Thabo Mofutsanyana</th>
<th>Right to Care All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
<td>Annual Target</td>
<td>YTD %</td>
<td>Annual Target</td>
<td>YTD %</td>
<td>Annual Target</td>
</tr>
<tr>
<td>90: Knowing Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HTS_TST: HIV tested and received results</td>
<td>56,735</td>
<td>217%</td>
<td>200,092</td>
<td>147,762</td>
<td>459,892</td>
</tr>
<tr>
<td>HTS_POS: HIV Test Positive</td>
<td>9,549</td>
<td>178%</td>
<td>21,011</td>
<td>16,089</td>
<td>35,014</td>
</tr>
<tr>
<td>HTS Positivity rate (%)</td>
<td>14%</td>
<td></td>
<td>11%</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>TX_New: Newly enrolled on ART</td>
<td>14,924</td>
<td>98%</td>
<td>37,303</td>
<td>40%</td>
<td>40,946</td>
</tr>
<tr>
<td>Proxy Linkage</td>
<td>86%</td>
<td></td>
<td>93%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TX_Curr: Remaining ART</td>
<td>138,925</td>
<td>47%</td>
<td>138,801</td>
<td>57%</td>
<td>242,777</td>
</tr>
</tbody>
</table>

Key programme achievements
- Rapid increase of individuals tested for HIV and TB in facilities and communities – over 4,409,517 clients tested, and results received;
- Enrolment and retention of 440,305 clients into ART care by September 2018;
- Viral load suppression above 90% in all districts apart from Thabo Mofutsanyana;
- Attainment of eMTCT targets as set by DoH across all districts;
- Associated decrease in HIV new infections across all RTC districts;
- Significant closure of gap to attainment of UNAIDS 90-90-90 targets in all districts;
- Expansion of life-saving services in a cost-efficient way with guaranteed transfer of skills (through mentoring and training) to ensure sustainability of on-going care by DoH staff;
- 100% digitalisation of data reporting via TIER.net implementation in all facilities;
- Innovations for efficient drug delivery platforms (PDU) in key facilities and communities;
- HIV and TB research which changed approach to HIV/TB management in South Africa;
- Advocacy at various stakeholders’ forums / think tank groups to influence pro-PEPFAR HIV/TB strategies; and
- Support at National DoH level in pharmaceutical and supply chain management.

“Through this PEPFAR funding, HIV-related mortality and morbidity has markedly reduced amongst South Africans, supporting the NDoH’s National Strategic Plan for 2017 - 2022 to help strengthen South Africa’s response to preventing and treating HIV and AIDS, TB and STIs.” – Dr Pappie Majuba.

SUMMARY OF PERFORMANCE TOWARDS 90-90-90 TARGETS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4,409,517</td>
<td>415,659</td>
<td>440,305</td>
<td>88%</td>
</tr>
</tbody>
</table>

“The UNAIDS target for 3rd 90-90-90 was attained in Ehlanzeni district, JHB district and Tshwane districts – a success story which closely correlates with improved mortality and morbidity and well as a rapid drop in new infections across all age groups.” – Dr Pappie Majuba.

“Through this PEPFAR funding, HIV-related mortality and morbidity has markedly reduced amongst South Africans, supporting the NDoH’s National Strategic Plan for 2017 - 2022 to help strengthen South Africa’s response to preventing and treating HIV and AIDS, TB and STIs.” – Dr Pappie Majuba.
THE VIRAL LOAD/CD4 DASHBOARD

Through its collaborative partnership with the National Health Laboratory Service (NHLS) and Boston University, RTC has made significant progress in developing a dashboard for effective monitoring of the CCMT programme at national and provincial level, through to district and facility levels. The dashboard tracks and visualises CD4 count and viral load results of patients. This information is considered extremely useful to support the 90-90-90 fast track especially at facility level. The VL/CD4/CrAG Dashboard was launched nationally on 22nd November 2016, followed by a cascaded wild fire roll out. RTC provided master training to 18 USAID and CDC DSPs on the use of the dashboard and the processes involved in setting up Report for Action (RfA) registration. Currently, 100% of RTC-supported facilities have at least one person with the required knowledge of how to access the dashboard, and facility managers receive weekly RfA reports.
PROGRAMME: THE IDEAL HOSPITAL FRAMEWORK

RIGHT TO CARE SUPPORTS QUALITY BENCHMARKING AT ALL PUBLIC HOSPITALS

Report on the Ideal Hospital Framework programme for the period 1 October 2017 – 30 September 2018

In 2013, the concept of an Ideal Clinic was developed by the National Department of Health (NDoH) as part of the preparation that would be needed for the National Health Insurance (NHI). The concept was developed to serve as an example of a well-functioning clinic, which acts as a model for community health centres and primary health care clinics.

The concept later expanded to accommodate higher care level. The Ideal Hospital Framework was thus developed in response to the identified deficiencies in the quality of primary health care services at government hospitals in South Africa. The framework was considered necessary to support the implementation of the policy for the Transformation of Health Systems and is intended to serve as a framework for all government hospitals in South Africa. Similar to the Ideal Clinic concept, the goal of the Ideal Hospital Framework is to create a national parameter that can be used as a quality benchmark to standardise service levels at all government hospitals.

Project funders

The project was funded by United States Agency for International Development (USAID) as part of the President’s Emergency Plan for AIDS Relief’s (PEPFAR) support to the South African Government under the Health System Strengthening (HSS) project. With quality assurance as one of Right to Care’s (RTC) core values, RTC provided the funding mechanism, as well as project management expertise, involving the coordination of various role players to ensure timeous and cost-effective implementation of the project.

Beneficiaries of the project

The ultimate beneficiary remains the patient at an impact level. However, there are an array of output/process level stakeholders, who stand to benefit immensely from the project. These include Hospital Quality Assurance Teams; Quality Assurance Officers; National, Provincial, and District Health Management services; parastatals such as the Office of Health Standards Compliance; and other technical support organisations e.g. PEPFAR District Support Partners.

The process of developing a framework for all South African hospitals

The initial process in the development of the Ideal Hospital Framework started with assembling a national technical team of experts, some of whom had experience of the process following the Ideal Clinic development and implementation. Based on tight terms of reference, the team developed a metric-based dashboard that uses a step-by-step, checklist format, to assess service compliance for all service areas in a typical hospital set-up. The process involved periodic consultation with health management committees and funders.

Besides the development of the Ideal Hospital Framework manual, the technical team also instituted the development and implementation of a web-based system for easy collection and consolidation of Quality Assurance related assessments at hospitals.

The Ideal Hospital Framework package was presented to hospital Chief Executive Officers and Quality Assurance managers across the nine provinces of South Africa, who provided various inputs into the project before its finalisation and roll out.

The Ideal Hospital Framework and Implementation Guideline Project is a national project. Upon completion, the guidelines will apply to virtually all government hospitals. Experts in the field have compared and aligned the guideline with the existing Office of Health Standards Compliance (OHSC) measures for hospitals, making it a valuable resource for improving services at hospitals across South Africa.

Project deliverables

• Developed an Ideal Hospital Framework Manual, with elemental components and subcomponents for various hospital healthcare services;
• Developed step-by-step guidelines for the implementation of the Ideal Hospital Framework across all public hospitals;
• Developed an online platform for easy operationalisation of the Ideal Hospital Framework for effective use by hospital quality assurance teams, Quality Assurance managers, Operations Managers and Chief Executive Officers; and
• Developed a user guide for the Ideal Hospital web-based system.
**PROGRAMME: RIGHT TO CARE INTERNATIONAL / EQUIP**

**RAPID RESPONSE TO PREVENTION AND TREATMENT BEYOND SA’S BORDERS**

EQUIP was the first African-led global consortium supported by the President’s Emergency Plan for AIDS Relief (PEPFAR), through the United States Agency for International Development (USAID), to deliver technical assistance to twelve countries across sub-Saharan Africa (Burundi, Democratic Republic of the Congo, Ghana, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Tanzania, Uganda, Zambia, Zimbabwe), Eastern Europe (Ukraine), the Caribbean (Dominican Republic and Haiti) and East Asia (Indonesia and Myanmar). The mechanism works with USAID country missions, implementing partners, ministries of health, and relevant stakeholders in providing innovative tailor-made solutions to achieve the 90-90-90 targets in supported countries.

The consortium is a powerful collaboration of leading African organisations with RTC as prime, and includes the Anova Health Institute, Maternal Adolescent and Child Health (MatCH), Kheth’impilo and Partners in Hope. Additional support has been provided by the Health Economics and Epidemiology Research Office (HE²RO) of the Wits Health Consortium at Witwatersrand University, the National Health Laboratory Service (NHLS) in South Africa, Boston University (BU) and the University of California Los Angeles (UCLA).

RTC International, working through this consortium, is supporting Lesotho, Malawi, Uganda and Zambia in their efforts to reach the UNAIDS 90-90-90 targets. It also has offices in Myanmar and Ukraine, where demonstration projects in addressing HCV are being implemented. In the year under review, RTC International provided technical assistance ranging from policy review, strategy development and implementation capacity assessments to laboratory assessments, viral load technology provision, support and skills training.

The key areas of intervention were:

- **Rapid ‘test and start’ roll out support;**
- **Differentiated models of antiretroviral therapy (ART) delivery with focus on Multi-Month Scripting and Dispensing (MMSD) at both facility and community levels;**
- **Centralised Chronic Medicines Dispensing and Distribution (CCMDD);**
- **Strategies to increase HIV testing yield, initiation onto ART, retention on ART and viral suppression;**
- **Treatment approaches that respond to the needs of key populations;**
- **Innovative approaches to support the rapid scale-up of viral load monitoring; and**
- **Health economics activities.**

“Our focus has been on providing innovative and tailor-made solutions to achieve HIV epidemic control and in turn, to reach the 90-90-90 targets in RTC International’s supported countries.” – Dr Thembi Xulu.

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**Malawi**

**Districts Supported to 31 May 2018**

- On 1 June 2018, Mangochi, Lilongwe (5 sites) Balaika and Salima transitioned to the TSP mechanism.

**Districts Supported to 30 September 2018**

- On 1 October 2018, Machinga, Mulanje and Phalombe transitioned to the TSP mechanism; Zomba district transitioned to EGPAF Zomba Central Hospital transitioned to Lighthouse.
**JOURNEY TO ACHIEVING 90-90-90 TARGETS IN MALAWI**

1st 90

- **151%** of annual target for HIV testing was achieved in Financial Year 2018, compared to 117% in Financial Year 2017. This translates to the testing of over 2,060,714 clients in Financial Year 2018.

- **81%** of annual target for HIV positive case finding was achieved, which is significantly higher than the 64% attained in Financial Year 2017.

Most districts showed an upward trend in the number of people living with HIV (PLHIV) identified and this was most noticeable in the four acceleration districts – Chikwawa, Machinga, Mangochi and Zomba - with a total of 8,300 clients being identified.

High yields from index case testing were obtained (50% yield).

2nd 90

- **61%** of all HIV positive clients identified were started on treatment.

- **97%** of all new HIV positive clients were started on treatment within 7 days.

- **106%** linkage to care was achieved in Financial Year 2018.

Viral load suppression rates were kept in line with national achievements.

Improvement was made in the number of viral load tests done.

3rd 90

MALAWI - OVERALL PERFORMANCE IN FINANCIAL YEAR 2018

<table>
<thead>
<tr>
<th>Indicator</th>
<th>FY18 Target</th>
<th>FY18 Actual</th>
<th>% Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Tests done (HTS_TST)</td>
<td>1,365,235</td>
<td>2,060,714</td>
<td>151%</td>
</tr>
<tr>
<td>HIV Positive Tests (HTS_TST_POS)</td>
<td>81,087</td>
<td>65,353</td>
<td>81%</td>
</tr>
<tr>
<td>HIV Testing Yield</td>
<td>5,9%</td>
<td>3,2%</td>
<td>-</td>
</tr>
<tr>
<td>New ART Initiations (TX_NEW)</td>
<td>80,461</td>
<td>58,966</td>
<td>73%</td>
</tr>
<tr>
<td>Proxy Linkage</td>
<td>99,2%</td>
<td>90,2%</td>
<td>-</td>
</tr>
<tr>
<td>Current on Treatment (TX_CURR)</td>
<td>300,338</td>
<td>287,363</td>
<td>96%</td>
</tr>
<tr>
<td>Viral Load Suppression (TX_PVLS)</td>
<td>193,003</td>
<td>141,619</td>
<td>73%</td>
</tr>
</tbody>
</table>

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Zambia

Programme performance for all provinces

251% of annual target for HIV testing was achieved in Financial Year 2018.

82% of target was achieved for new ART initiations.

83% linkage to treatment was achieved in Financial Year 2018.

107% of target was achieved for those currently on treatment.

79% viral load suppression was achieved.

Multi-Month Scripting and Dispensing (Demonstration Project):
EQUIP Zambia is part of a multi-country project to evaluate the effectiveness of two strategies for multi-month scripting/dispensing of ART on retention and virologic suppression compared to standard care.

Centralised Chronic Medicines Dispensing and Distribution, now known as the Centralised Dispensing Unit (CDU) Programme:
The Central Dispensing Unit programme, is a medicine access programme for chronic and stable public-sector patients, offering multi-month dispensing of ART and other chronic medications through community-based pick-up points. The programme aims to decongest high-volume treatment sites by approximately 40,000 (i.e. 80% of those currently on treatment would use the programme services) in Ndola and ensure that the enrolled clients on ART are retained in care and virally suppressed. Prior to implementation, the Central Dispensing Unit programme was introduced as a pilot in two treatment sites. The pilot phase was conducted from 22 November 2017 to 30 June 2018 using manual processes and systems.

HIV Self-Testing (HST) Demonstration Project: Using a two-arm parallel, stratified, cluster-randomised design, the HST project aims to assess uptake of HIV testing and positivity yield using HIV Self-Testing strategy and linkage to treatment among adolescents and young adults aged 16 to 24 years in 15 selected intervention clusters, as compared to 15 control clusters in two districts (i.e. Ndola in the Copperbelt province and Kabwe in the Central province). The project was launched in Quartile 2 of Financial Year 2018, and to date 6,552, and 5,427 participants respectively have been screened and enrolled (target of 5,280 was achieved). From those enrolled, 68 (1.3%) were positive, 43 (63%) of whom were linked to treatment. End-line surveys have been completed and data analyses are ongoing.

eLABS roll-out and results: eLABS is an innovative custom-made mobile application that was designed and implemented to enhance the interfaces between the patient, ART clinic and the HIV viral load testing laboratory. eLABS tracks the HIV viral load testing value chain processes; records and quantifies data; allows for an audit trail; and gives near real-time analysis and reporting. This enables bottlenecks in the system to be highlighted in a timely fashion so that they can be quickly resolved. This contributes to creating reduced turnaround times for laboratory results and a consequent improvement in patient care.

The roll out of eLABS commenced in the third quarter of the 2018 Financial Year for the Direct Service Delivery provinces, namely

Clinical Cascade for Financial Year 2018: All EQUIP provinces

Testing strategy and linkage to treatment among adolescents and young adults aged 16 to 24 years in 15 selected intervention clusters, as compared to 15 control clusters in two districts (i.e. Ndola in the Copperbelt province and Kabwe in the Central province). The project was launched in Quartile 2 of Financial Year 2018, and to date 6,552, and 5,427 participants respectively have been screened and enrolled (target of 5,280 was achieved). From those enrolled, 68 (1.3%) were positive, 43 (63%) of whom were linked to treatment. End-line surveys have been completed and data analyses are ongoing.

eLABS roll-out and results: eLABS is an innovative custom-made mobile application that was designed and implemented to enhance the interfaces between the patient, ART clinic and the HIV viral load testing laboratory. eLABS tracks the HIV viral load testing value chain processes; records and quantifies data; allows for an audit trail; and gives near real-time analysis and reporting. This enables bottlenecks in the system to be highlighted in a timely fashion so that they can be quickly resolved. This contributes to creating reduced turnaround times for laboratory results and a consequent improvement in patient care.

The roll out of eLABS commenced in the third quarter of the 2018 Financial Year for the Direct Service Delivery provinces, namely
Lesotho

EQUIP Lesotho provided technical assistance for service delivery strengthening, primarily focused on two projects:

- Multi-Month Scripting and Dispensing (MMSD) Demonstration Project;
- HIV Self-Testing (HIVST) implementation and monitoring project.

Implementation of the MMSD Demonstration Project is based on support of the test and treat guidelines, while implementation of the HIVST project is based on the Lesotho Population-based HIV Impact Assessment (LePHIA) preliminary results, which showed Lesotho’s performance against the 1st UNAIDS 90 to be at 77.2%, indicating a 12.8% performance gap.

Multi-Month Scripting and Dispensing (MMSD) Demonstration Project

This is an ongoing project implemented in three USAID supported districts, in 30 sites, which have been randomised into three arms. The project is designed to assess the treatment outcomes (retention on treatment and viral load suppression) and the cost-effectiveness of the project among stable HIV-infected patients enrolled in the MMSD Demonstration Project in health facilities and the community. Implementation of the MMSD Demonstration Project will provide answers on the processes and resources required to implement a successful national MMSD programme and the possible challenges that can impede the progress of MMSD in Lesotho. The MMSD Demonstration Project will also provide the local mission with data relating to MMSD, viral load suppression and retention in care in Lesotho.

ENROLMENT

Patient screening and enrolment for the MMSD Demonstration Project commenced in August 2017 and ended on 30 April 2018 before the target was met, due to the tight project timeline.

A total number of

11,222 patients were screened of which
5,484 (48.9%) were eligible for MMSD.
5,462 patients (99.6% of eligible) were enrolled in the MMSD Demonstration Project showing a very high acceptance rate of MMSD by patients on ART.

ONLY 22 PATIENTS DECLINED TO BE ENROLLED.
HIV Self Testing implementation and monitoring project

The HIVST project was rolled out on March 14, 2018, originally in three health facilities across the three districts of Maseru, Mafeteng and Mohale’s Hoek and ultimately closed on 30 September 2018. In May 2018, the project was expanded to 19 other facilities following an aggressive implementation plan in order to meet the targets within the designated project timeline. The project targeted partners of antenatal care clients, partners of clients on ART, key populations (men who have sex with men (MSM) and female sex workers (FSW)), adolescents, men, migrants and decliners of conventional HIV testing services. The project objective was to increase HIV testing uptake and yield in the target groups, while exploring strategies to create effective linkage to care. It was designed to assess the feasibility and acceptability of HIVST in the target groups; to measure the yield of HIVST in the target groups; and to explore strategies of linkage to care and treatment of confirmed positives in the target groups. Over the course of the project, a total of 5,571 HIVST kits were distributed (70% of the 8,000 target); 2,248 kits were returned with results (42% return rate); 80 kits were returned unused; 101 positives were identified (4% yield); and 61 of the identified positives were linked to care (60% linkage rate).

### HIVST DISTRIBUTION

<table>
<thead>
<tr>
<th>Entry Point</th>
<th>Distribution</th>
<th>Positive</th>
<th>Linked to Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Migrants</td>
<td>311</td>
<td>354</td>
<td>10</td>
</tr>
<tr>
<td>Men’s clinics</td>
<td>193</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>FSW</td>
<td>0</td>
<td>382</td>
<td>12</td>
</tr>
<tr>
<td>MSM</td>
<td>260</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>ANC &amp; PNC indexing</td>
<td>98</td>
<td>413</td>
<td>12</td>
</tr>
<tr>
<td>ART indexing</td>
<td>364</td>
<td>506</td>
<td>13</td>
</tr>
<tr>
<td>Adolescents</td>
<td>215</td>
<td>385</td>
<td>15</td>
</tr>
<tr>
<td>Partners of FP Clients</td>
<td>66</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HCWs</td>
<td>160</td>
<td>389</td>
<td>6</td>
</tr>
<tr>
<td>Decliners of HTS</td>
<td>515</td>
<td>960</td>
<td>29</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,182</td>
<td>3,389</td>
<td>101</td>
</tr>
</tbody>
</table>

### HIVST ACCELERATION PROGRESS

HIVST Acceleration inception

- # distributed
- # returned
- # not used
- # not returned

---

HIVST

ACCELERATION

PROGRESS

- April
- May
- June
- July
- Aug
Eastern Europe - Hepatitis C ‘test and treat’ demonstration project in Ukraine

Eastern Europe bears one of the greatest population burdens for the Hepatitis C Virus (HCV). In Ukraine, the World Health Organization (WHO) estimates that over 5% of the population – or 2 million people – are infected with Hepatitis C. Hepatitis B and C are responsible for the majority of all Hepatitis mortality globally and are serious public health threats. RTC International, through the EQUIP Consortium, and with USAID support, is working with Ukraine’s Ministry of Health (MoH), the Ukrainian Centre for Public Health, the All-Ukrainian Network of People Living with HIV/AIDS, and the Alliance for Public Health on a Hepatitis C ‘test and treat’ demonstration project. The project was launched in July 2017.

The programme aims to fight the scourge of the disease through new technologies in Hepatitis C testing; highly effective Hepatitis C treatment; evidence-based international clinical practice; and health economics. The project has committed to testing and treating up to 4,000 patients throughout the country.

- In the Ukraine, we evaluated cost and treatment outcomes of a simplified HCV testing, treatment and care model which was integrated with HIV testing and treatment. A total of 868 HCV viral load positive patients were initiated on treatment. Of these, 865 completed treatment with a 99% success rate.
- HCV antibody testing of key populations was introduced in community-based organisations and rehabilitation centres. It was integrated with HIV testing. There were 1,446 HCV rapid tests performed. 735 (51%) people were found to be HCV positive, 289 people were linked to the treatment site and 254 people initiated on Hepatitis C treatment.
- 180 patients were tested for Hepatitis C Viral Load using three different methods (Advanced Biological Laboratories (ABL), GeneXpert and the standard - amplicence): Preliminary comparative analysis was performed. GeneXpert Hepatitis C Viral Load assay was found to be both valid and reliable, as a method of point-of-care testing for accurate virological assessment of chronic Hepatitis C infection.
- A costing for HCV case investment was developed and shared with the Ministry of Health.

South East Asia - Myanmar

More than 2% of the population in Myanmar, Southeast Asia, is infected with HCV. The majority of this burden is concentrated in key populations such as MSM, PWID and sex workers. PWID here have a 70-90% infection risk. Around 20% of Hepatitis C patients are also infected with HIV. Most individuals who present for Hepatitis C and HIV treatment are already well advanced in their illness. This is the background for the SCHEMA project funded by USAID through PEPFAR, in partnership with the Ministry of Health and Sports in Myanmar.

RTC International is working with local implementing partners on a simplified Hepatitis C testing and treatment care model, which integrates HIV testing and treatment initiation. The aim is to improve access to care among at-risk populations in order to ensure Hepatitis C treatment and ART initiation in HIV/Hepatitis C co-infected persons. Affected populations were screened for Hepatitis C and HIV and treated with ART and direct acting anti-Hepatitis C agents as required. The project also assessed implementation of low-cost laboratory monitoring in the management of Hepatitis C-infected people. We screened 1007 patients and enrolled those eligible at the three study sites between 18 December 2017 and 17 December 2018. A total of 814 (80.8%) patients were eligible for treatment under the project, of whom 803 initiated treatment and 763 completed 24 weeks of follow up.

“Through working with local implementation partners, we are committed to reducing stigma through compassionate care tailored to client needs. The aim is to demonstrate that eliminating Hepatitis C can be cost-effective, replicated and scaled.” – Dr Thembi Xulu.
Myanmar - Collaboration for management of HIV/Hepatitis C co-infection

1) Stakeholders’ consultation meeting on HIV/Hepatitis C co-infection management

Participants: The meeting was attended by officials from the National AIDS Programme (NAP), National Hepatitis Control Programme (NHCP), as well as national hepatologists, physicians from government hospitals and collaborating partners. At the meeting the attendees discussed and reviewed the current Hepatitis C and HIV guidelines and provided recommendations for the project.

Outcome and impact: Better collaboration between the national programme, hepatologists, physicians and EQUIP partners was achieved. HIV drugs were secured from the National AIDS Programme for HIV/Hepatitis C co-infected patients. The meeting strengthened cooperation for future collaborations on similar activities for HIV/Hepatitis C co-infection.

2) Amendment of the national Hepatitis C and HIV guidelines for HIV/Hepatitis C co-infected patients

Participants: The meeting was attended by officials from the National AIDS Programme, national HIV specialists, physicians from government hospitals and representatives from non-governmental organisations working in HIV. The attendees reviewed the current HIV guidelines and agreed to update current HIV guidelines to be aligned with the World Health Organization (WHO) guidelines for HIV/Hepatitis C co-infection management.

Outcome and impact: The meeting built better collaboration between the National AIDS Programme staff, HIV specialists and HIV responding partners. The result was that the National HIV guidelines were successfully updated.

3) Collaboration with the Specialist Hospital Waibagi (Yangon), Sanpya General Hospitals (Yangon), Myitkyina General Hospital (Kachin), the National AIDS Programme Mandalay, the National AIDS Programme Myitkyina, Myanmar Anti-Narcotics Association (MANA), and Population Service International for the inclusion of key populations.

Impact: The collaboration identified pathways for referral of HIV/Hepatitis C co-infected people between the national programmes and EQUIP partners.

Right to Care International’s work leads to important outputs

Publications

Several papers on the work of the Right to Care International/ EQUIP programme were published in key journals during the year including the Journal of the International Aids Society, the Journal of Infectious Diseases, the Journal of Acquired Immune Deficiency Syndrome and PLOS One.

HIV self-testing guidelines

The feasibility and cost-effectiveness of HIV self-testing for patients in waiting areas of outpatient departments and STI clinics study informed the development of HIV self-testing guidelines for Malawi.

Findings from this study were also presented at the 12th INTEREST Conference (known as the “African CROI”) in Rwanda, where it won the Joep Lange Award and was also presented at the IAS Conference 2018 in Amsterdam.

Policy briefs

Policy briefs to Ministries of Health were submitted including:

- Cost-effective strategies to scale-up viral load testing capacity in Zambia;
- Strategies for the promotion and integration of pre-exposure prophylaxis into existing Key Population facilities in Zambia; and
- Implementation Capacity Assessment Report Test and Treat Programme in Lesotho.

Myanmar RESULTS

We screened 1,007 patients and enrolled those eligible. A total of 814 (80.8%) patients were eligible for treatment under the project, of whom 803 initiated treatment and 763 (93.7% of those eligible) completed 24 weeks of follow up.
Right to Care (RTC) was a civil society Principal Recipient of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) in the New Funding Model (NFM). The grant was governed by the four broad objectives of the Global Fund, namely to:

- Maximise impact against Human Immunodeficiency Virus (HIV), Tuberculosis (TB) and malaria;
- Build resilient and sustainable systems for health;
- Promote and protect human rights and gender equality; and
- Mobilise increased resources.

Under the NFM, the focus areas for RTC’s implementation programmes were:

- Prevention programmes for men who have sex with men and transgender people (MSM and TG);
- Prevention programmes for people who inject drugs (PWID); and
- Treatment, care and support for people living with HIV (PLHIV).

Stakeholders - needs and expectations

The programme was implemented to meet the needs and expectations of all stakeholders as described in the table below:

<table>
<thead>
<tr>
<th>STAKEHOLDER</th>
<th>NEEDS &amp; EXPECTATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Fund</td>
<td>Quarterly reports, as per requirements, and ad-hoc data for accountability purposes and to assist informed decision-making by the donor. Feedback and input on reporting requirements and procedures (at workshops/meetings and ad-hoc), to assist in improving Monitoring &amp; Evaluation (M&amp;E) practices.</td>
</tr>
<tr>
<td>RTC Directors</td>
<td>Quarterly reports (both summary and comprehensive) and ad-hoc statistics about the programme’s achievements and progress towards targets to assist informed decision-making and target-setting by directors.</td>
</tr>
<tr>
<td>RTC Global Fund (GF) programme manage-</td>
<td>At least quarterly aggregated reports (including a statistics overview) and ad-hoc statistics about overall Global Fund programme achievements and progress towards targets, to assist informed decision-making by programme management. At least quarterly sub-recipient (SR) specific reports (with continual access to monthly reports), for SR-specific oversight and programme strengthening. These quarterly reports are accompanied by e-mails with ‘alerts’, which serve to point out possible gaps in service delivery, as reflected by the M&amp;E data. Trend analysis reports about sites’ achievements and programme impact over time. Training on understanding targets and reporting requirements. Technical assistance and guidance on reporting requirements.</td>
</tr>
<tr>
<td>ment</td>
<td></td>
</tr>
<tr>
<td>RTC staff</td>
<td>Annual summary statistics about the organisation’s achievements and progress towards targets (presented at the annual gathering and in the Annual Report), to keep staff informed and involved.</td>
</tr>
<tr>
<td>Sub-Recipients (SR)</td>
<td>Copy of verified monthly site-specific reports and quarterly reports for transparency and to assist informed decision-making by SR management. These reports are accompanied by e-mails with ‘alerts’, i.e. pointing out possible gaps in data quality and/or in-service delivery, as reflected by the M&amp;E data. Technical assistance, guidance and training on reporting requirements and M&amp;E practices. Tools to make record keeping user-friendly with record keeping and reporting to be kept at a minimum for healthcare workers.</td>
</tr>
</tbody>
</table>
### STAKEHOLDER | NEEDS & EXPECTATIONS
--- | ---
Department of Health (DoH) | - Quarterly summary statistics on the programme’s achievements (the format varies per province) for transparency purposes.
Monitoring & Evaluation units at peer organisations | - Technical assistance, guidance and training on reporting requirements and M&E practices (on request).
- Collaboration on M&E where programme activities interlink.
Patients and community | - Annual summary statistics about the organisation’s achievements to be presented in the Annual Report and/or in articles in the press (as produced by the Communications Officer).
- Strict respect for patient confidentiality in record keeping and data use.
Research partners | - Ad-hoc statistics (on request) to inform possible research questions or selection of research sites.
- Strict respect for patient confidentiality in record keeping and data use.

Needs and expectations were met using the following key interventions, grouped under the detailed modules:

### MODULES | KEY STRATEGIC INTERVENTIONS
--- | ---
Prevention programmes for MSM and TG | - Targeted community-based outreach and hotspot outreach
- Clinical care (HIV, TB and STI screening)
- Targeted information, education and communication material and condom and lubricant distribution
- Establishment of MSM and TG competent health care facilities
- Clinical and psychosocial training (for both health and non-health care workers)

Prevention programmes for PWID and their partners | - Harm reduction intervention
- Needle and syringe exchange
- Medical assistance therapy (primarily opioid substitution therapy)
- Clinical care (HIV, TB and STI screening)
- Community interventions and linkage to care

Prevention, care and support programmes for PLHIV | - Facility and community-based treatment adherence support (for both HIV and non-communicable diseases)
- Advanced patient management and care provision for patients failing on treatment
- Mobile-health strategies to improve treatment adherence and retention in care
- Use of automated pharmacy dispensing units (PDUs)
- Linkages with Centralised Chronic Medicines Dispensing and Distribution interventions including Right ePharmacy
The Programme Management Unit (PMU) team

The Programme Management Unit team, which is responsible for overseeing the project, is comprised of three divisions:

- Programme management – This consists of the programme manager and deputy programme manager together with the programme coordinators responsible for overseeing and providing support to the implementing SRs;
- Finance and compliance – This division is headed by the finance manager and compliance manager. The team is supported by compliance officers, accountants and book-keepers; and
- Monitoring and evaluation (M&E) – This is headed by the M&E manager. The M&E officers support the sub-recipients in their strategic information needs.

Programme implementation

Implementation of the programme around the three key modules was undertaken by sub-recipients across South Africa as shown in the table below:

Prevention programmes for MSM and TG
Prevention programmes for PWID and their partners

City of Cape Town
TB HIV Care Association

City of Johannesburg
ANOVA

eThekwini
TB HIV Care Association

Nelson Mandela Bay
TB HIV Care Association
Prevention, care and support programmes for PLHIV

**FREE STATE**

- Mangaung (Bloemfontein, Botshabelo, Thabanchu) - Mosamaria
- Thabo Mofutsanyane (Maluti a Phofung, Setsoto, Dihlabeng) - RTC
- Xhariep (Mohokare, Kapanong, Letsemeng) - AgriAIDS
- Fezile Dabi (Moqhaka, Metshimaholo, Mafube, Ngwate) - FPD

**GAUTENG**

- City of Johannesburg (Region E, Region F) - CARE
- City of Johannesburg (Region G) - SACBC
- City of Tshwane (Tshwane 1, Tshwane 2, Tshwane 7) - FPD
- Sedibeng (Emfuleni) - Starfish, FPD
- Ekurhuleni (East 2) - SACBC
- Ekurhuleni (East, North, South) - CARE
- Westrand (Westonaria, Magalle, Randfontein) - Right to Care

**MPUMALANGA**

- Ehlanzeni (Bushbuckridge, Mbombela, Umjindi) - CARE
- Ehlanzeni (Mbombela, Bushbuckridge, Umjindi, Thaba Chweu, Nkomazi) - Right to Care
- Ehlanzeni (Bushbuckridge, Mbombela, Nkomazi) - SACBC
- Ehlanzeni (Nkomazi) - AgriWellness
- Ehlanzeni (Mbombela, Nkomazi, ThabaChweu) - AgriAIDS

**FREE STATE**

- Thabo Mofutsanyane (Dipaleseng, Msukaligwa, Mkhondo, Albert Luthuli, Lekwa, Govan Mbeki, Piwley Ka Seme) - FPD
- Thabo Mofutsanyane (Albert Luthuli, Msukaligwa, Govan Mbeki) - Starfish
- Thabo Mofutsanyane (Albert Luthuli, Msukaligwa, Govan Mbeki) - AgriAIDS
- Nkangala (Emahleni, Thembisile, Hani, Steve Tshwete, Victor Khanye, Dr JS Moroka) - FPD
- Nkangala (Emakhzeni, Emalahleni, Dr JS Moroka, Steve Tshwete) - AgriAIDS
# Programme Performance

In the cycle running from October 2016 to September 2017, RTC submitted two semi-annual progress update reports to the Global Fund. The first progress update report received a B2 rating and the second received a B1 rating.

## Programme Performance 1 Oct 2017 – 30 Sept 2018

## Prevention Programmes for MSM and TG

<table>
<thead>
<tr>
<th>Metric</th>
<th>Target</th>
<th>Actual</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of MSM reached with HIV prevention combination package</td>
<td>50,808</td>
<td>51,325</td>
<td>101%</td>
</tr>
<tr>
<td>Percentage of TG reached with HIV prevention combination package</td>
<td>1,704</td>
<td>2,341</td>
<td>137%</td>
</tr>
<tr>
<td>Percentage of MSM that received an HIV test and know their results</td>
<td>25,404</td>
<td>30,941</td>
<td>122%</td>
</tr>
<tr>
<td>Percentage of TG that received an HIV test and know their results</td>
<td>852</td>
<td>1,289</td>
<td>151%</td>
</tr>
</tbody>
</table>

## Prevention Programmes for PWID

<table>
<thead>
<tr>
<th>Metric</th>
<th>Target</th>
<th>Actual</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of PWID reached with the HIV prevention programme’s defined package of services</td>
<td>1,080</td>
<td>1,865</td>
<td>173%</td>
</tr>
<tr>
<td>Percentage of individuals receiving opioid substitution therapy who received treatment for at least 6 months</td>
<td>100</td>
<td>38</td>
<td>38%</td>
</tr>
<tr>
<td>Number of needles and syringes distributed per PWID per year by needle and syringe programme</td>
<td>393,120</td>
<td>508,724</td>
<td>129%</td>
</tr>
</tbody>
</table>
Key highlights and successes of the programme

1. The programme successfully implemented the NDoH support intervention for pre-exposure prophylaxis (PrEP) for MSM from 1 April 2017

   i. The GFATM support the roll out of PrEP through RTC. The current roll-out targets MSM. RTC has been working with the DoH and Clinton Health Foundation in rolling out the PrEP programme.

   ii. Three facilities that are currently addressing men’s health needs were assessed and certified to initiate clients on PrEP. A tool developed by Clinton Health Foundation was used to assess the identified facilities. With Global Fund support, the three sites that have rolled-out pre-exposure prophylaxis services to MSM are:
      a. Health 4 Men Clinic in Yeoville, Johannesburg under Anova
      b. Ivan Toms Health 4 Men Clinic in Cape Town under Anova
      c. OUT Wellness Clinic in Hatfield, Pretoria under OUT LGBTI Wellness

   iii. The roll out of the pre-exposure prophylaxis programme has involved:
       - The development of information, education and communication material;
       - The training of practitioners to enable them to get up to speed with the programme;
       - The hosting of a programme launch in each of the three sites on the 3 April 2017; and
       - PrEP initiation. The programme has set conservative targets for initiation, drawing from the lessons learnt from the sex worker programme. A target to initiate 20 clients per month was therefore set for each of the three sites.

2. The programme developed a Health4Trans manual

   i. A consultative approach was adopted, involving discussion with TG and gender non-conforming (GNC) people. Exploration of how the project should be shaped was further explored in several interviews with TG activists.

   ii. In a series of meetings and engagements a model was developed that focused on wellness and developing the resilience of the TG community, rather than a model which focused on testing.

   iii. Development of the manual was done in consultation with the TG organisations.

   iv. The manual content was agreed upon with the TG organisations and their recommendations were implemented.

   v. A TG Healthcare Training workshop was performed in the week of the 7 September 2017. This workshop focused on extending access to competent sexual health services for TG and GNC populations who have generally been overlooked within the public health sector.

   vi. All seven Global Fund provinces were included in a ‘train the trainers’ programme using nurse mentors/trainers to do TG appropriate training in all competent sites.

3. RTC acted as a funding conduit in the following surveys, which were based on the programme:

   - They supported the national household survey conducted by the Human Sciences Research Council.
   - They supported the development of the National LGBTI (Lesbian, Gay, Bisexual, Transgender and Intersex) HIV plan. The plan was launched at the South African AIDS conference in June 2017.
   - They supported the development of the National Drug Master Plan (NDMP) 2017 – 2022. The National Drug Master Plan is still in development.
By September 2018, as a result of Right to Care’s (RTC) Voluntary Medical Male Circumcision (VMMC) programme, which first began in April 2012, over one million medical male circumcisions had been performed. This is arguably one of the most successful demand creation, social mobilisation and implementation strategies in South Africa’s public healthcare sector in recent years.

It was made possible through a USAID-funded consortium led by RTC, working in conjunction with South Africa’s National Department of Health (NDoH) as well as with regional and district health departments. RTC was the Prime Recipient of the United States Agency for International Development (USAID) grant until September 2016 and continued its VMMC implementation as a Prime Recipient of a Center for Disease Control (CDC) grant in September 2017.

The USAID circumcision programme took place across the provinces of the Free State, Gauteng, KwaZulu-Natal, Limpopo, Mpumalanga and the North West and covered a total of 14 health districts, while the CDC VMMC programme is implemented in the Eastern Cape, the North West, the Free State and Mpumalanga and covers seven health districts.

Medical male circumcision (MMC) - central to SA’s HIV prevention policy

The effectiveness of MMC in reducing sexual transmission of HIV is widely accepted. Trials show that circumcision decreases the risk of Human Immunodeficiency Virus (HIV) acquisition by approximately 60%. Evidence also shows that it reduces the incidence of some Sexually Transmitted Infections (STIs) and of the Human Papilloma Virus (HPV), which is associated with cervical cancer in women. It is central to South Africa’s HIV prevention policy.

Graph showing the VMMC performance of the Right to Care consortium under USAID/PEPFAR funding.

“Working together with our partner organisations over one million circumcisions had been performed by September 2017. Peak performance took place in 2017.” – Dr Khumbulani Moyo, MMC Project Director at Right to Care.
An integrated model of MMC service delivery

RTC centralised each aspect of the MMC lifecycle. This included a behaviour-centric approach to demand creation; operational support; training and mentoring of staff; medical procurement and supply chain management; geospatial mapping of target areas; and setting up a 24-hour MMC call centre. A holistic approach was employed to deal with adverse event management; Monitoring & Evaluation (M&E); data management; and the creation of integrated quality assurance/improvement systems.

RTC’s VMMC lifecycle

"Quality care provision is a non-negotiable for RTC. Adverse events that were recorded during the programme amounted to 0.82%. This is well below the internationally acceptable norm of 2%.” – Dr Khumbulani Moyo, RTC MMC Programme Director.
Other successes

- **Minimal adverse events** – Adverse events that were recorded during the programme amounted to just 0.82%. This is well below the internationally acceptable norm of 2%.

- **General Practitioners and Right to Care-supported traditional circumcisions** - A General Practitioner (GP) network was established to support the programme, while traditional initiations supported by RTC's clinical teams also took place.

- **Comprehensive grant and programme management** – In implementing this crucial healthcare programme, RTC was responsible for the following activities:
  - Programme planning using Geo-Information System mapping and demographic analysis of target populations;
  - Planning and implementation of the Models for Optimizing Volume and Efficiency (MOVE model);
  - Drafting and implementation of service level agreements with sub-recipients, GPs and community based organisations;
  - Management of stakeholders;
  - Responsive management to create prompt turn-around strategies in underperforming districts;
  - Supply chain management, including the procurement and distribution of medical circumcision kits;
  - Performance of quality assurance at all service sites; and
  - The holistic management of adverse events, including creation and connection of a network of referral urologists; set-up of a 24-hour call centre for the reporting of adverse events; and performance of routine follow-up of all clients.

**Insights and learnings – the RTC experience**

- Implementation of a programme of this scale and nature requires strong relationships with all three spheres of government in the ministries of Health, Higher Education and Training, Social Development, and Cooperative Governance and Traditional Affairs.

- The role of parents and female sexual partners in the decision-making process of many men is vital.

- Dispelling myths which present barriers is a crucial step in the process. Some of these include myths that the healing process is too long and may impact on income; that circumcision interferes with a man’s ability to enjoy sex; that circumcision totally prevents female-to-male HIV transmission; and that circumcised men don’t need to use condoms.

- Social support plays an important role when it comes to influencing men. 48% of men that were circumcised indicated that they made their final decision based on an interaction with a social mobiliser. Social mobilisers included local actors and traditional leaders, as well as individuals from community based organisations. Kagiso Modupe, who is a well-known local actor, participated in the programme, playing a pivotal role in calling on men to be circumcised, promoting the benefits and dispelling the myths.

- Social media and mobile phones were used to provide accurate information and encourage men to be circumcised.

- Rural and urban areas present different challenges, which require different strategies. Context-specific strategies are required across VMMC programmes.

- Technology is central to programmes of this kind and enables accurate forecasting, procurement, quality assurance, and the distribution and storage of surgical kits, medical supplies, and hygienic packs for patients to take home. Furthermore, real-time reporting identifies both saturated and untapped target populations.

“As well as averting new infections, what is powerful about this programme is that it also creates an entry point into healthcare services for men and links them to services and care, including HIV testing and treatment.” – Dr Khumbulani Moyo, MMC Programme Director at RTC.
A culturally-led approach to MMC and traditional male initiation (TMI)

Traditional male initiation (TMI) is practiced as a significant part of the rite of passage from boy-to manhood in a number of South African populations. In most instances, it is common for initiation as a rite of passage to be viewed too simplistically and superficially by those outside the ritual. In keeping with this, many people equate TMI solely with the process of circumcision, yet initiation is a complex series of cultural practices allowing senior, respected figures in the community to communicate values and ways of living through psychological, social and symbolic interactions and teachings.

RTC pioneered the provision of medically assisted TMI by integrating safe, medically assisted circumcision practices in the AmaNdebele community in the Nkangala District in Mpumalanga. Under this project, initiates are circumcised as well as receiving follow-up care by RTC-led clinical teams. Central to the success of the approach in this area, was high-level advocacy and support from the AmaNdebele King and local traditional leaders, as well as the contracting of GPs and Professional Nurses who belong to the same ethnic group as the initiates and thus have undergone the same ritual of male initiation.

This novel approach reduced the morbidity and mortality associated with traditional circumcision. Since 2016, when RTC’s integrated safe initiation practices were first implemented in Nkangala, no deaths have been reported in sites supported by RTC, with over 40,000 young men having undergone safe circumcisions as part of their traditional rite of passage.

Under the CDC MMC contract, RTC then started working in three districts in the Eastern Cape in July 2018 and has implemented a culturally-led Partner Assisted Customary Male Initiation model. Traditional or Customary Male Initiation (CMI) in the Eastern Cape is coordinated by the Eastern Cape House of Traditional Leaders (ECHoTL) under the Department of Cooperative Governance and Traditional Affairs (CoGTA). The CMI process is guided by the Eastern Cape Customary Male Initiation Practice Act (5/2016). For the first time since the inception of the MMC programme in South Africa, the ECHoTL formalised a partnership for the implementation of the Partner Assisted CMI services. This was achieved through the signing of a memorandum of understanding with RTC and CDC partner, Society for Family Health. This milestone has allowed RTC to roll out advocacy and behavioural change communication campaigns; conduct pre-screening of prospective initiates; perform safe medical circumcision; conduct follow-up for circumcised initiates; and create systems of adverse events identification, management and reporting. RTC is also now an official member of the Eastern Cape Provincial Initiation Task team; a platform where all matters related to Eastern Cape CMI are discussed.

RTC created an implementation approach for this part of the programme that was rooted in social and behavioural change communication. Social and behavioural change communication uses biomedical science, social norms, community, cultural and policy contexts, data science as well as creative ideas to create programmes. RTC’s implementation approach to safe initiation was termed Let’s Talk Safe Initiation or Masithetha Ngolwaluko Olukhuselekileyo. The programme focuses on:

- Changing or positively influencing social and traditional norms in support of long-term, sustainable behaviour change at the local population level;
- Fostering long-term, normative shifts in behaviour in support of increasing the practice of healthy behaviours;
- Strengthening community responses to issues by influencing decision-makers, cultural leaders and peer networks;
- Increasing advocacy for safe culturally-led health services;
- Influencing policy; and
- Creating increased capacity for local planning and implementation of health improvement efforts.

Through RTC’s medically assisted TMI model, we safely circumcised 23,944 young men during their traditional rite of passage in the summer initiation season of 2018. RTC-supported initiation schools reported no adverse events during this time.

CONCLUSION

Mathematical modelling suggests that approximately 3,4 MILLION new HIV infections may be prevented in South Africa in the next 15 YEARS if 8 out of 10 adult men are circumcised within the next five years. The impact of this could translate into an estimated saving of $16,5 BILLION in HIV care and treatment costs.

“Our VMMC programme is rolled out according to stringent World Health Organisation (WHO) standards, South African Government (SAG) standards and NDoH Guidelines.” – Dr Khumbulani Moyo.
Right to Care (RTC) was a sub-recipient of the Aurum President’s Emergency Plan For AIDS Relief (PEPFAR), and Center for Disease Control and Prevention (CDC) grant for technical assistance in 80 facilities, and a sub-Sub recipient of the National Department of Health (NDoH) Global Fund grant for direct service delivery in 40 facilities. RTC thus supported the Department of Correctional Services (DCS) with Tuberculosis (TB) and Human Immunodeficiency Virus (HIV) health services and provided direct service delivery and technical assistance on activities supporting HIV, AIDS, STI and TB (HAST) health programmes within the DCS.

Support was provided in two DCS regions, namely, KwaZulu-Natal (KZN) and Free State/Northern Cape (FS/NC), covering a total of 80 DCS facilities.

Our work during the reporting period focused on:

- Increased TB/HIV case finding;
- Clinical training and mentoring;
- Quality improvement;
- Pharmacy support;
- Management, development and mentoring; and
- Data management.

Major highlights of Right to Care’s Department of Correctional Services’ Programme

The UNAIDS 90-90-90 strategy was implemented during the reporting period, and we achieved the first two 90s for HIV and exceeded targets for TB. On-site treatment initiation, and reduced waiting times for patient testing, diagnosis and treatment were also achieved.

Key results

<table>
<thead>
<tr>
<th>In the 40 DCS facilities supported for direct service delivery through the NDoH Global Fund grant, the following results were reported:</th>
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<tbody>
<tr>
<td><strong>Total number of inmates</strong></td>
</tr>
<tr>
<td>counselling for HIV</td>
</tr>
<tr>
<td>tested for HIV</td>
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<tr>
<td>screened for TB</td>
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<tr>
<td>initiated on antiretroviral therapy (ART)</td>
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<tr>
<td>diagnosed with TB</td>
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<tr>
<td>initiated on TB treatment</td>
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RTC offered support in the following areas:

- Clinical training and mentoring;
- Nurse Initiated Management of Antiretroviral Therapy (NIMART);
- Quality Improvement services and practices;
- Pharmacy services; and
- Data management.

Clinical training and mentoring – improving programme performance

A total of 1,730 DCS officials were trained in the following:

- TB/HIV prevention, diagnosis, treatment and clinical management;
- Adult Primary Care (APC) 101, which is an algorithmic patient management training tool and resource for diseases;
- Quality Improvement methodology which helps monitor and improve patient care services; and
- TB/HIV management.

Nurse Initiated Management of Antiretroviral Therapy (NIMART)

Important strides were made in rolling out NIMART in RTC’s supported DCS facilities:

- All 80 facilities are now NIMART;
- Training of 107 DCS nurses brought the total percentage of nurses trained in NIMART up to 98% of the total; and
- NIMART Portfolios of Evidence, which determine competency, were completed in 80% of the facilities in 2017 and the target to submit 20 Portfolios of Evidence in 2018 was exceeded.

Quality Improvement - Using Quality Improvement methodology to improve services

Successful Quality Improvement interventions achieved during the reporting period:

- On-site clinical mentoring visits were conducted by RTC Clinical Quality Improvement Mentors;
- A total of 940 Quality Improvement support visits were performed;
- Infection Prevention Control assessments were completed in all facilities;
- 100% of our DCS facilities established Infection Prevention Control committees and held their first meeting, while regional sub-committees were also established in both regions; and
- Assessments in the Stepwise Process for Improving the Quality of HIV Rapid Testing (SPI-RT) were completed. The Stepwise Process is a NDoH/National Institute for Communicable Diseases (NICD) assessment tool that determines compliance and competency of HIV testing services.
Pharmacy support – playing a crucial role in care and treatment in the DCS facilities

RTC’s pharmacy support programme in the DCS facilities involved:

- 132 pharmaceutical service assessments to determine the status of pharmacy practice;
- 133 mentoring visits by RTC Pharmacy Technical Advisors, who identified and addressed gaps in order to promote good pharmacy practice and improve patient outcomes;
- Pharmacy Technical Advisors were used as master trainers on the NDoH Pharmacovigilance programme, enabling them to train healthcare workers in monitoring the effects of drugs and identifying adverse reactions - an intervention which saw a marked increase in adverse reaction reporting in KwaZulu-Natal;
- Training of 15 DCS nurses, in the Free State/Northern Cape, to become NDoH authorised dispensers;
- Establishment of Pharmacy Therapeutics Committees in both regions to monitor both pharmacy and medicine matters;
- Development by RTC’s technical advisors of Standard Operating Procedures policies for the National DCS and a draft Medicines Formulary for the KwaZulu-Natal DCS; and
- An inspection by the South African Pharmacy Council, which resulted in an A-grade pharmacy rating in the Free State.

Data management - increased data use for improved decision-making

The key accomplishments in data management involved the training of staff on TIER.net, which is the NDoH’s health information system for HIV and TB. All 80 facilities are now implementing TIER.net and 76 facilities have been signed-off by the NDoH in the districts on Phase 6 of TIER.Net and activated TB modules in the TB/HIV Integrated Information System (THIS). The target for this activity was achieved and exceeded in the reporting period. The inclusion of the DCS in provincial and district implementation team meetings has strengthened the relationship between the DCS and the DoH. RTC is slowly transitioning the training and mentoring support to the DoH, for long term sustainability. DCS managers have been identified as TIER.net Key Implementers in the regions and have taken ownership of the system, enabling them to account for their facilities in the DoH provincial and district implementation meetings. Both the TB and the HIV Testing Services (HTS) modules are being used in almost all RTC-supported facilities in both regions. Training on clinical stationery and TB/HIV Integrated Information System (THIS) also took place and a total of 814 DCS officials were trained.

 Dispatches from THIS are used by the DCS for reporting into their Annual Performance Plan and they are also shared with the funder for regular reporting on PEPFAR’s Data for Transparency and Impact Monitoring (DATIM) database. This consistent use of data has in turn improved the quality of the data that is reported to various stakeholders, as well as the monitoring of programme performance for better service delivery and improved patient outcomes.

Key achievements – the Department of Correctional Services programme

- Gene Xpert labs were set up in high volume facilities to improve turnaround times for sputum testing and results. Printers were installed to allow results to be quickly accessed and patients speedily initiated on treatment;
- Improved implementation of and alignment with the NDoH TB/HIV guidelines and Infection Prevention Control practices were achieved;
- A Comprehensive Prevention Package and reporting tool was introduced;
- CDC/PEPFAR Site Improvement through Monitoring System (SIMS) audit scores of greater than 85% were achieved; and
- A clean Auditor General audit with zero findings was obtained.

“The implementation and use of TIER.net in the DCS is an important success during this reporting period, with 76 out of our 80 facilities now implementing TIER.net and using the TB and HTS (HIV Testing Services) modules.” – Sharlene Govender, Department of Correctional Services Programme Manager.

“In the DCS context, security can easily be prioritised over health. Furthermore, the high mobility of remand detainees awaiting trial affects treatment follow-up and therefore, treatment outcomes. However, this is being addressed by the Global Fund for AIDS, TB and Malaria’s (GFATM) linkages to care programmes and through collaboration with the the NDoH tracer teams.” – Sharlene Govender, DCS Programme Manager.
Supporting the Western Cape Department of Health in high burden areas

With funding from the Department of Health (DoH), Right to Care’s (RTC) programme in the Western Cape covers a large rural geographical area with operations divided across three districts and 18 separate projects covering:

- Facility-based counsellors;
- Home community-based care;
- Wellness projects;
- High transmission area projects;
- Provincial employee assistance projects;
- Substance abuse screening;
- Palliative care; and
- Tuberculosis (TB) adherence fieldworkers.

This programme is implemented in the rural districts of the Central Karoo, the Cape Winelands and Eden and Overberg in the Western Cape. It supports several facilities and communities in these areas, including several high-burden areas, which have been created by an influx of migrant workers into the areas, an increase in gang violence and ongoing socio-economic issues in these rural communities. The Cape Winelands is the second largest rural district in the province.

During the reporting period, RTC consistently participated in the DoH’s district and sub-district meetings including the Multi Sectorial Action Team meetings and those in support of implementing the National Strategic Plan in the region.

Results

For all 18 projects in this programme, the targets across key healthcare services for screening, referrals and primary healthcare facilities, were achieved, and in some instances, exceeded. This included achievements in the following areas:

- Antenatal care;
- Neonatal care;
- Child health, including immunisation;
- Women’s health, including pap smears and breast examinations;
- Male screenings and medical male circumcisions; and
- TB

“A clean audit and extension of funding service level agreement was achieved. Best practice in recruitment and budget management was also noted. Funding for all of our projects was extended.” – Malinda Karsten, Western Cape Senior Operations Manager.

Programme highlights

Substance abuse screenings were increased in Drakenstein sub-district

The Teachable Moments pilot study took place through a partnership with the University of Cape Town and the DoH and focused on substance abuse screenings at an emergency care unit in Paarl Hospital. The significant impact, which the data from this project made in the field of substance abuse in the Drakenstein sub-district, was acknowledged by the regional Minister of Health.

RTC community health workers built relationships with the youth to improve antenatal screenings in Theewaterskloof

Non-disclosure of teenage pregnancies was seeing low antenatal screening levels in the Theewaterskloof area. Our community health workers intervened by casually engaging teenagers during home visits when they were away from their family members and asking them about possible pregnancies. This initiative not only increased the number of antenatal screenings conducted but also improved collaboration between nursing coordinators and facilities. This intervention consequently provided motivation for the DoH in establishing a youth clinic in Grabouw.

LGBTI (Lesbian, Gay, Bisexual, Transgender and Intersex) friendly environment created in Overstrand

RTC’s high transmission area team created a LGBTI-friendly environment at the Stanford primary healthcare facility in the Overstrand sub-district. This also led to the establishment of weekly meetings for the LGBTI community, attended by peer educators and including prevention education. Consequently, improvements in health screenings and HIV testing numbers were reported. This initiative saw:

- LGBTI-friendly counsellors introduced into facilities not geared towards the LGBTI community;
- The establishment of gay social clubs in rural community areas;
- A study conducted into barriers preventing men who have sex with men (MSM) from accessing health services; and
- The improved integration of LGBTI individuals into the Overstrand community.

Wellness Project created improvements in linkage to care

With a marked increase in HIV positivity in the area during 2017, linkage to care from community facilities to primary healthcare facilities was prioritised and supported by targeted follow-up conducted by wellness counsellors. Consequently, an increased number of men between the ages of 15 and 49 were linked to care.

Provincial employee assistance projects implemented

Implementation of this project is similar to that of a wellness project. The screening data for hypertension and diabetes incidentally revealed a possible mental health burden within sectors of the Department of Education. A mental health screening tool was thus developed and evidence indicated a high depression and anxiety rate amongst government employees, especially those within the Department of Education.

Programme expansion

Growth of the programme saw RTC relocate to larger and more strategically located premises in Hermanus, which are within walking distance of the major healthcare facilities. A growth in staff numbers increased the number of employees in the province to 312.

A new Home Community Based Care project was launched in the Cape Winelands, Stellenbosch, in April 2018 focusing on the following areas: Kylemore, Pniel, Lanquedoc, Cloetesville, Kayamandi, Idas Valley and Jamestown. Over 50 community health workers, three nursing coordinators and one project manager were allocated to these areas. Comprehensive preventative health services are being offered as part of this project, with a focus on screening men, women and children and ensuring they are linked to care and treatment if required.
Linkage to care – best practice in integration to support communities

- **Integration**: This refers to the inclusion of one, two or more health-related issues and interventions and a recognition that these issues are interrelated and have a combined impact on the client’s health. It includes the combination of numerous project focus communities under one governance structure to decrease duplication of data collection and service delivery.

- **Linkage**: This refers to the linking of community members testing positive for communicable diseases, or being screened as being at risk of illness, to the appropriate health interventions at clinic, primary healthcare clinic or hospital level. It includes investigative laboratory services and specialist referrals and ensures that clients experience the full spectrum of uninterrupted care.

- **CBS (Community Based Services)**: These are used to create bridges between formal health services, community services, social agencies and vulnerable populations within the community.

- **FBS (Facility Based Services)**: These services form part of the broader comprehensive care and treatment counselling initiatives of the National, Provincial, Regional and District HAST (HIV/AIDS, STIs and TB) plan.

**Patient Listing Form**: This form was designed by the DoH. It provides a summary of all patients that are being referred from CBS to the clinics.

**Community Oriented Primary Care**

A Community Oriented Primary Care model was developed and implemented, whereby the DoH shifted the health care service focus to prevention of illness and the fostering of wellness in communities. A Standard Operating Procedure was designed and written into the Healthcare 2030 document to create a competing values framework and leadership development strategy. RTC was included in this process through their community projects, enabling RTC to align its leadership development and succession planning to the strategy of the NDoH.

**Supporting the DoH**

RTC is working closely with the public sector to bring about a shift from a focus on illness to wellness and to keep healthy patients out of the clinic by ensuring that they have sufficient access to immunisation, family planning and screening services.

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**Healthcare 2030: The Road to Wellness**


The 2030 objective is to:
- A quality experience in a world-class, public health service.
- Motivate the population to take responsibility for their health
- Shift focus from illness to wellness
- Achieve amongst the best health outcomes in the world

**Four pillars of service transformation:**

### Person-centered approach
- Care from a patient, not an organisational perspective.
- Patients managed holistically, treated with dignity & respect.
- Listening to patients.
- Empowering patients to make informed choices.
- Increased compliance, improved quality of care and better health outcomes.

### Integrated provision of care
- Multi-disciplinary teams develop care pathways.
- Include existing guidelines and protocols.
- All stakeholders work with a single assessment & care planning process.

### Continuity of care
- Deliver patients’ desired outcomes through seamless, consistent care throughout the care pathway.
- Effective discharge planning & empowering patients for self-care to reduce re-admissions & ALOS.
- Transfer of comprehensive medical records to ensure continuum of care.

### Life course perspective
- A relationship with the patient that considers past history as well as future service.
- Meeting life-long patient needs from antenatal, neonatal, childhood, adolescence, adulthood and to elderly stages of life.

"We have aligned our work to the DoH’s transformational strategy – Healthcare 2030 – and designed our programmes to address the challenges the Department has identified, namely, that new HIV infections are not contained, that there is an increasing chronic disease burden with poor control, that there has been unsatisfactory immunisation coverage, that there is increasing substance abuse and interpersonal violence, and worryingly, that there is an increasing mental illness burden.” – Malinda Karsten.
Improving awareness, screening and pre-cancerous treatment services

Cervical cancer is the leading cause of cancer death among South African women. Only half of the women in South Africa are screened for cervical cancer at the recommended intervals. Screening coverage rates are even lower among women of colour, the ultra-poor, and women living with HIV.

In 2017, the Bristol-Myers Squibb Foundation committed just over R15 million over two and a half years to improve awareness, screening and pre-cancerous treatment services. Right to Care (RTC), together with two sub-recipients in KwaZulu-Natal, namely Mplonhle Sanctuary Organisation and Bhekuzulu Self Sufficient Project, has started the Chronic Care Initiative. This initiative plays a key role in helping Bristol-Myers achieve their goals through capacity building, improvement in the quality of health services and implementation of resources to help prevent a variety of cancers.

Together with the sub-recipients, RTC works with regional and district Departments of Health (DoH) as well as communities, women’s groups and faith-based organisations in KwaZulu-Natal to reach affected and vulnerable individuals. The Chronic Care Initiative educates men and women on Human Immunodeficiency Virus (HIV), Tuberculosis (TB), common cancers and non-curable diseases. It also screens men and women for common cancers and non-curable diseases and provides education services to people in the area.

Training and mobile clinics

During 2017 and 2018, RTC trained 26 nurses on cervical cancer screening procedures as well as six doctors on colposcopy and Large Loop Excision of the Transformation Zone (LLETZ) services, which is a procedure that removes cervical tissue for examination and treatment of precancerous cells.

The additional colposcopy and LLETZ services available in the district means that there are no longer any waiting lists for patients who need these treatments. Thanks to the Chronic Care Initiative, two mobile clinics now also service hard to reach areas in KwaZulu-Natal.

Uthukela district had one site that offered colposcopy and LLETTZ services. The project added three further sites so there are now four sites in total. A project doctor rotates and services these sites on a weekly basis.

Smart communication and mobile services

Data is collected via REDCap, a secure web application for building and managing online surveys and databases, making it easier to follow-up with patients regarding results. Patients are called to schedule their next appointment and text message reminders are sent to them before their appointment.

“Women living with HIV are 4-6 times more at risk of developing cervical cancer. HIV-infected women are also more likely to be diagnosed with cervical pre-cancer (cervical intra-epithelial neoplasia grade 2 or 3 [CIN 2/3]) and invasive cancer than their uninfected counterparts. As increasing numbers of HIV-infected women initiate antiretroviral therapy (ART), longer life expectancies will lead to a rising burden of chronic diseases, including cervical cancer.” – Sibongile Ramotshela, cervical cancer project manager at RTC.
Co-funded by ELMA Philanthropies and USAID, the Paediatric and Adolescent HIV Scale-up Project (PASP) at Right to Care was implemented as a multi-partner initiative by Right to Care, Anova Health Institute and the Wits Reproductive Health and HIV Institute (WRHI) in sub-districts A and B in the City of Johannesburg.

The two key objectives of this programme were:
- To improve rates of earlier HIV diagnosis in children and adolescents by increased case finding and linkage to treatment/support; and
- To increase access to quality HIV treatment and care for children and adolescents.

The focus of the programme extended from initially supporting eight high-volume sites with a large paediatric gap, to ultimately supporting every facility across the sub-districts. The focus of the interventions was designed according to the need in each geographic area:
- In sub-district A, where a higher burden of HIV-infected children and adolescents exists, PASP staff were present at every facility at least once a week for case finding and the provision of treatment and psychosocial support.
- In sub-district B, where testing activities had yielded fewer positive patients, testing was offered at high-volume sites weekly, and at other sites in the sub-district every month.

Key results

**Clinical and psychosocial support**

Both clinical and psychosocial support were provided by the PASP team. Children and adolescents with high viral loads were identified for additional support.

Through the psychosocial support programme disclosure issues for pediatric patients, who are unaware that they are HIV-positive despite being on antiretroviral therapy (ART), were addressed. The paediatric healthcare workers working at the clinics were trained and mentored on how to use the KidzAlive tools and the Disclosure Mini-Flipster tool. These tools help healthcare workers to explain and provide treatment adherence support to an HIV-infected child in a child-friendly manner, whilst taking into consideration the level of HIV status disclosure of the individual child.

**Introduction of a high viral load checklist**

A high viral load checklist was designed and implemented to aid healthcare workers in intervening appropriately and to help them in identifying, comprehending and managing the multitude of reasons for non-adherence with treatment in these age groups.

**Improved facilitation of support groups**

Support groups were set up using the Flipster support group tool. The Flipster tool provides access to various topics relevant to HIV-infected and non-infected adolescents. The tool was designed by the RTC psychosocial team who then trained healthcare workers in clinics on how to use the tool in facilitating adolescent support groups. This led to the establishment of 27 support groups in RTC PASP-supported clinics. The tool provides skills for healthcare workers who act as support group facilitators and the content found within the tool helps adolescent participants to tackle common issues relevant to treatment adherence.
Sharing best practices

Best practices from this programme were shared at:

- The Paediatric-Adolescent Treatment Africa Summit 2017 - Using National Health Laboratory Services’ (NHLS) results for action reports: a data-driven strategy to improve linkage to care; and
- USAID Best Practices in Paediatric HIV: Screening tools to identify children - the next level of case finding.

**Highlights**

- Improved detection in paediatric patients;
- Improved linkage of infants to care and treatment initiation; and
- More linkage to care and support teams for paediatric patients.

The RTC screening tool was designed and implemented to identify children and families at risk of living with HIV across the Johannesburg district from April to December 2017. This risk assessment tool has led to improved detection of children and adolescents with HIV, by ensuring that the testing guidelines are better implemented. In the target group of children aged 5–14, the positivity yield was 5.2%, which exceeded the expected population prevalence in that age group of 2.7%.

A coordinator was recruited by RTC PASP to assist with ensuring follow up for all HIV-Polymerase Chain Reaction positive infants in the Johannesburg district. The purpose of this coordinator is to organise facilities to ensure infants are linked to care and treatment initiation, and to give feedback to the health district teams.

During the reporting period, it became clear that child and adolescent-focused healthcare workers are vital in improving the care offered at facilities. This realisation saw the team of linkage to care and support facilitators increase and resulted in a switch from a purely technical assistance model to a model including service delivery as well.
Comprehensive HIV/AIDS and TB services provided in Mpumalanga’s Ehlanzeni District

The AIDS Care Training and Support (ACTS) Clinic started as a community project in two villages in the City of Mbombela, in the Ehlanzeni District of the Mpumalanga province. In the early years of the antiretroviral therapy (ART) programme in South Africa, the clinic provided Human Immunodeficiency Virus (HIV) and Tuberculosis (TB) services, with clients coming from as far as the North West province and Mozambique.

Comprehensive HIV/AIDS and TB services were provided at the clinic covering prevention, screening and early detection and promoting both early treatment initiation and adherence. These services included:

- The provision of information and communication materials;
- HIV Counselling and Testing (HCT);
- Prevention of Mother to Child Transmission (PMTCT);
- Integrated care, management, and treatment (of TB/HIV/STIs and related conditions);
- Accurate data capturing and Monitoring & Evaluation (M&E) to ensure accurate reporting; and
- Laboratory testing and x-ray services.

A range of other healthcare interventions were also offered, namely:

- TB services for drug-sensitive and drug-resistant TB;
- Voluntary Medical Male Circumcision (VMMC);
- Adherence clubs;
- Cervical cancer and colposcopy services;
- Radiological services; and
- Centralised Chronic Medicines Dispensing and Distribution (CCMDD) services.

The project ended in March 2018.

Corporate sector involvement in the ACTS clinic

Through the Tshikululu grant, First National Bank supported the clinic with outreach services targeting Multi-Drug Resistant (MDR) TB patients. The outreach team followed-up all patients in the Masoyi area as well as in Kabokweni, Matafeni and Mkhuhlu. They also traced MDR treatment defaulters and put them back on treatment. These patients included orphans and vulnerable children. A Corporate Social Investment (CSI) project of the company, H.L Halls & Sons (Pty) Ltd, saw the clinic provide HIV testing services to its staff and the surrounding community, while current and former employees of the Londolozi Game Lodge received HIV/TB and primary health services from the clinic.

Notable interventions

Other ACTS Clinic interventions included:

- Outreach, mentorship and capacity building to surrounding healthcare facilities;
- The assigning of the clinic as a referral centre for HIV/TB clients in the area;
- The provision of radiology services to nearby facilities including the Jerusalema Clinic, Phola Ntsikazi Community Health Centre and the Legaguge Clinic;
- Deployment of Therapy Edge, the paperless cloud-based patients’ medical record management system that integrates the National Health Laboratory Service’s (NHLS) results and pharmacy records with the clinical history of patients; and
- Training of pharmacy assistants by the ACTS Clinic’s resident pharmacist.

Highlights – best performing district facility, top Ideal Clinic score and new colposcopy machine

The clinic improved on its Site Improvement through Monitoring Systems (SIMS) score to become the best performing district facility. SIMS is a unique PEPFAR (USAID/CDC (Centre for Disease Control)) mechanism to assess the existence, functionality and quality of systems that support the provision of HIV/TB/STI services at health facilities.

“We maintained our Ideal Clinic score of 95% and achieved a 100% score for vital elements. The Ideal Clinic assessment evaluates a Primary Health Care clinic on infrastructure, staff, medicine and supplies, administrative processes and bulk supplies. An overall score of 95% with a 100% score for vital elements demonstrates the quality of the ACTS clinic.”

- Dr. Chuka Onaga, Programme Manager, Mpumalanga Province.

A colposcopy machine was installed at the clinic in December 2016, enabling patients with abnormal pap smears to be referred for treatment, thereby helping to prevent cervical cancer.
Right Health - Right Clinic

Right Health is a division of RTC, and Right Clinic is one of its recent programmes. Right Clinic aims to re-engineer primary healthcare in South Africa and drive down the costs of private healthcare. It fills the gap for patients not covered by medical aid but able to pay towards healthcare services. It will demonstrate a sustainable and socially responsible model for the private sector delivery of primary healthcare services and will support the need for an expanded teaching platform to increase the number of health profession graduates. Its first clinic has opened in Cosmo City, called Esizayo Clinic. Patients pay R350 which includes a consultation with a doctor or nurse, screening, testing and medication. The clinic currently offers:

- Chronic care – care and services for people living with chronic conditions;
- Acute care – emergency healthcare services;
- Minor ailment treatment;
- Wound care services;
- Family planning services;
- Pregnancy testing;
- Antenatal and postnatal care services;
- Mother and childcare services;
- Health screening, wellness and treatment;
- Screening for Human Immunodeficiency Virus (HIV), Tuberculosis (TB), pap smear tests, urine tests, prostate tests and more; and
- Testing for glucose, blood pressure, anemia and more.

Right Property

Right Property assumes responsibility for all the properties, buildings and facilities that Right to Care programmes use to carry out their duties and fulfil the mandates of our funders. Right Property oversees these properties in order to preserve their value and integrity by ensuring regular cleaning, as well as consistent maintenance and safety checks.
Qode Health Solutions
A partnership-driven approach delivering world class healthcare solutions

Qode Health Solutions (Qode) is a proudly South African digital information technology company focusing its efforts in Africa and other emerging countries. Qode was established towards the end of 2017 as a partnership between the Foundation for Professional Development and Right to Care. Software developed by both partners has been combined with international best practice software from Advanced Biological Laboratories and enhanced through a partnership with Microsoft®.

Qode seeks to empower healthcare organisations by developing data capturing software, data analytical software, big data services, visualisation expertise and infectious disease saturation modelling to create solutions for healthcare challenges.

Its innovative data solutions lead to improvement in care, reduced costs, and delivering higher value to patients and organisations.

Qode’s range of mobile and web technologies strengthen the chain of treatment, promote continuity of care and the longitudinal patient journey which enhances resource planning and helps access new funding opportunities.

Qode is also a certified Microsoft® partner, which subscribes to international best practises. This partnership supports Qode hosting data within Azure Africa to ensure that their solutions promote global security standards.

Evaluation of 12 electronic health information management systems
In 2017, USAID and CDC and other international funders commissioned Accenture Development Partnership to evaluate the 12 electronic health information management systems used by PEPFAR partners in key programme activities. These range from data collection to consolidation, monitoring and reporting on expected results. The exercise involved assessing existing partner management information systems in South Africa, a high-level market analysis of global systems, and recommending systems to engage further for possible adoption by partners.

Qode ranked as one of the top two health information management system providers
The final report released in September 2018 ranked Qode Health Solutions as one of the top two Health Information Management Systems (HIMS) providers in Southern Africa, thus approving it for implementation.

Qode scored highest out of all solutions in security and compliance; deployment speed; as well as training and up skilling; while scoring only marginally less than the highest score on infrastructure; and integration and interoperability.

Qode Health Solutions provides a combination of customisable data capturing software, analytical software, visualisation expertise and infectious disease saturation modelling to transform data into information and lastly into knowledge.

Right ePharmacy
Right ePharmacy is a pharmaceutical business established in 2015 through an investment from Right to Care. It is an innovative, strategic solutions provider for the dispensing, distribution and collection of medicine. Since its inception, Right ePharmacy has introduced innovation into the healthcare sector to provide alternatives to conventional medicine dispensing. Its solutions are aligned with the National Department of Health’s Central Chronic Medication Dispensing and Distribution (CCMDD) programme and national adherence strategy and they promote access to medication and adherence to treatment.
In-pharmacy Automation

3 Public Health Sites A First In Africa
- Thembalethu Clinic (Jhb) In-pharmacy Automation
- Steve Biko Academic Hospital (Pta) In-pharmacy Automation
- Helen Joseph Hospital (Jhb) In-pharmacy Automation

Outcomes:
Scripts Dispensed / Automated Facility
Total: 1,074,273 Rx’s

- Thembalethu Clinic: 191,003 Prescriptions
- Steve Biko Academic Hospital: 389,305 Prescriptions
- Helen Joseph Hospital: 493,965 Prescriptions

*Dispensing Metrics*

<table>
<thead>
<tr>
<th>Metric</th>
<th>Thembalethu Clinic</th>
<th>Steve Biko Academic Hospital</th>
<th>Helen Joseph Hospital</th>
<th>All Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Patients</td>
<td>23,392</td>
<td>71,212</td>
<td>98,076</td>
<td>192,680</td>
</tr>
<tr>
<td>Total Scripts</td>
<td>191,003</td>
<td>389,305</td>
<td>493,965</td>
<td>1,074,273</td>
</tr>
<tr>
<td>Avg. Scripts/Week</td>
<td>1,224</td>
<td>2,704</td>
<td>3,952</td>
<td>7,880</td>
</tr>
<tr>
<td>Avg. Scripts/Month</td>
<td>5,306</td>
<td>11,450</td>
<td>17,033</td>
<td>33,789</td>
</tr>
<tr>
<td>Total Items</td>
<td>587,592</td>
<td>2 mill</td>
<td>2.5 mill</td>
<td>5 mill</td>
</tr>
<tr>
<td>Avg. Items/Script</td>
<td>3.1</td>
<td>5.2</td>
<td>4.9</td>
<td>13.2</td>
</tr>
<tr>
<td>Avg. Scripts/User/Day</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>24</td>
</tr>
</tbody>
</table>

Data from Jan 2016 - Dec 2018 *

Independent Research: Steve Biko Patient Burden Increase

Patient numbers **steadily increased** since the implementation of automation while staffing stayed the same.

Automation enabled current staff to deal with a **50% increase in patient burden**, without increasing human resources.
Pharmacy Dispensing Unit (PDU™)

Operational in 2 Provinces

68% 32%
Gender Distribution

87.3% South African
10.4% Zimbabwean
1.1% Botswana
1.1% Mozambican
0.2% Swazi
Nationality

Outcomes: Dispensing Trends (All Sites)

- Patient Collections: 71,595
- Repeats Dispensed: 143,190
- Unique Patients: 26,037

Collection Compliance: 91.8% over a 24 month period
Adherence: 96% over a 24 month period

Average Items/Script: 1.67 over a 24 month period

Total Items Dispensed: 223,282

Therapeutic Categories Dispensed

1% First Line ART OTHER
2% Second Line ART
22% NCD
69% First Line ART FDC

Tele-pharmacy

430km Reach
110 Official Languages

Calls Answered Via
Tele-pharmacy

Jan 18
Feb 18
Mar 18
Apr 18
May 18
Jun 18
Jul 18
Aug 18
Sep 18
Oct 18
Nov 18
Dec 18

4821
2408
5776
4463
7191
8240
9362
9269
11042
11702
13475
11836

2000 5000 7500 10000 12500

Technical Maturity & Testing Phase

% First Line ART OTHER
% Second Line ART
% NCD
First Line ART FDC

97% 97% 97% 97% 97% 97% 97% 97% 97% 97% 97% 97%

78% 81% 72% 73% 73% 73% 72% 79% 79% 79% 79% 79%
Central Dispensing Unit (CDU™)

**South Africa**

- The Central Dispensing Unit (CDU™) in Bloemfontein is a unique, 3 in 1 operation, which incorporates a CDU™ which packs and delivers fast lane medicine parcels to Parcel Collection Units (PCU™) where patients can access their medicine parcels conveniently. Alternatively, patients can collect their medication from the 2 Pharmacy Dispensing Units (PDU™), which are also on-site.
- The three solutions: CDU™, PDU™ and PCU™ are integrated through software and mobile technology to ensure an accurate dispensing record for patients.
- Patients receive SMS communications through the system that prompts and reminds them to collect their medication. This sustained communication promotes adherence and ultimately retention of patients.

**Mangaung**

**Zambia**

- **Gender Distribution**
  - 71% Female
  - 29% Male

**Ndola**

- **Active Patients**
  - 3,537
- **Prescriptions**
  - 3,735
- **Parcels Delivered**
  - 14,148
- **Patient Retention**
  - 96%
- **Average Age ALL**
  - 42
- **Female**
  - 41
- **Male**
  - 44

**Viral Load Results**

- **Vira! Suppressed**
  - 37%
- **Average Viral Load**
  - 22 copies/ml
- **Viral Load Range**
  - 0-996 copies/ml

**Total 58,768**

**Script Scan™**

- eRx Script Scan™ is stand-alone software that facilitates primary healthcare clinics and other institutions to scan patient scripts. PDF images are then securely transmitted to a central online repository, that can then be digitised by a pharmacist script capture team. The software has workflow support and links into eRx Cloud™ script images with script data. This facilitates script capturing as an economic centralised data service without the challenges of physical document management.

**Mobile™**

- eRx Mobile™ enables ordinary electronic lockers, the functionality of monitoring parcel loading and collection, without the use of locker Internet connectivity. This enables the deployment of Prescription Collection Units (PCU™) in remote areas while monitoring patient parcel collection behaviour. Using this technology third-party lockers can also be converted into Smart Lockers.

**CDU™**

- eRx CDU™ is an extension of the eRx software, that in addition to its PDU™ & Call Centre “Just In Time” dispensing model, now also supports pre-dispensing and distribution of medicine parcels. Currently eRx CDU™ software is being used in CDU™ N’dola (Zambia) and CDU™ Bloemfontein (South Africa). This software enables the company to compete for CCMDD service levels.

**Automated Medicine Pre-packer**

- Right ePharmacy signed an exclusive distribution license agreement (global) shared with the manufacturer in SA for a “bulk-pill/capsule-in-ta-sachets” packing robot, trademarked.
- The robot fills a gap in the small-to-medium enterprise market segment, where currently there is no competition for pill pre-packing automation. Right ePharmacy have already sold the first of these robots.
- The robot can pack up to 230,000 sachets per month, hence its brand name AMP3™ printing product expiry- and batch data inline of the process (Up to 1,800 sachets / hr)
- The Robot is manufactured in the Western Cape by StripForm.

**Autobot Vehicle for Automation**

- Right ePharmacy “hand-built” a working prototype sachet dispensing robot (AVA™) for in-pharmacy automation and PDU™ site automation, trademark and copy right protected.
- The robot is a first in the world, and differentiates itself as the fastest dispensing robot that can apply dispensing labels while dispensing (550 sachets / hr)
- The range can hold approximately 1,800 sachets. The production version (AVA4™) will hold approximately 12,600 sachets for up to 84 different line items.
- The R&D cost approximately R6.8m and the proto-type project is complete. Through 4IR principles, tools and techniques. The design is now being digitised.
- Having completed digitisation, we will be able to outsource manufacturing for industrial-ready dispensing robots.
- Right ePharmacy’s R&D partner is CSIR.

**Prescription/Parcel Collection Unit**

- Right ePharmacy has customised and utilised electronic locker system technology to improve patient access to pre-dispensed medication parcels, promoting patient retention and treatment and assisting in the early identification of patient non-adherence to allow for intervention. The PCU™ (Prescription/Parcel Collection Unit) locker program addresses concerns regarding commodity tracking, management and patient convenience as well as ensuring successful delivery. The solution promotes patient retention and assists the early identification of patients at risk of non-adherence, allowing for rapid intervention through our pharmacy call centre during the parcel collection process, and by the service providers otherwise.
FINANCIAL PERFORMANCE

Achieving financial stability in a tough environment

Right to Care’s (RTC) financial performance overview for the year ended 30 September 2018

RTC continues to make progress on its strategic objectives and continues to deliver strong financial and operating performances. During the 2018 Financial Year, RTC made considerable enhancements to the quality of its grants’ portfolio in order to diversify its sources of funding and continued to demonstrate its financial sustainability despite the current difficult economic climate facing non-governmental organisations.

An upward revenue growth trend has been reported over the years, marked by a significant jump in 2017. This was as a result of the successful roll out of the two major grants, namely EQUIP and Global Fund in 2017.

Financial performance - 2018

The RTC group remains financially sustainable and delivered a strong financial performance. The group reported total revenue of R1.4 billion (2017: R1.5 billion). The slight reduction in revenue from 2017 was primarily due to the USAID – Voluntary Medical Male Circumcision (VMMC) contract that ended in September 2017.

Operating costs were R1.4 billion (2017: R1.5 billion), in line with the reported revenue, as these two items are directly proportional in a grant-funded business.

The RTC Non-Profit Company (NPC) group recorded a surplus before taxation of R16.5 million which is higher than that recorded in the prior year of R5.6 million.

Statement of financial position

The consolidated net debt (cash and cash equivalents, less overdrafts, less long-term borrowings and unutilised funds) as at 30 September 2018 amounts to R107 million, representing 49% of total equity, and is higher in comparison to the net debt position of R42 million at 30 September 2017 (21% of total equity). The increase in net debt is primarily due to higher levels of unutilised donor funding (deferred income), due to early receipt of advances for the new financial year.

Overall the group has healthy key financial performance indicators i.e. current ratio 1.41 (2017: 1.22) and debt to equity ratio of 0.77 (2017: 1.25) which are reasonable for a grant-funded organisation.

Statement of cash flows

The net cash inflow from operations was R95.7 million (FY 2017: R30.9 million).

Net cash outflow from investing activities reduced to R19.9 million (FY 2017: R44 million), mainly because of reduced additions to property, plant and equipment since most projects were past the set-up stage of development.

The cash and cash equivalents holding at 30 September 2018, was R162.7 million (FY 2017: R90.5 million).
ABRIDGED ANNUAL FINANCIAL STATEMENTS - 2018

### SUMMARY - GROUP STATEMENT OF PROFIT OR LOSS
FOR THE YEAR ENDED 30 SEPT 2018

<table>
<thead>
<tr>
<th></th>
<th>Group FY 2018 R'000</th>
<th>Group FY 2017 R'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Revenue</td>
<td>1,373,228</td>
<td>1,183,384</td>
</tr>
<tr>
<td>Other Revenue (non-cash: received assets)**</td>
<td>7,025</td>
<td>-</td>
</tr>
<tr>
<td>Contract Revenue - MMC</td>
<td>52,676</td>
<td>346,615</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>1,432,929</strong></td>
<td><strong>1,529,999</strong></td>
</tr>
<tr>
<td>Cost of sales</td>
<td>-</td>
<td>(13,477)</td>
</tr>
<tr>
<td><strong>Gross profit</strong></td>
<td><strong>1,432,929</strong></td>
<td><strong>1,516,522</strong></td>
</tr>
<tr>
<td>Other income</td>
<td>3,627</td>
<td>9,524</td>
</tr>
<tr>
<td>Other gains/(losses)</td>
<td>1,129</td>
<td>(2,216)</td>
</tr>
<tr>
<td>Operating costs</td>
<td>(1,422,436)</td>
<td>(1,319,386)</td>
</tr>
<tr>
<td><strong>Operating surplus</strong></td>
<td><strong>15,249</strong></td>
<td><strong>4,444</strong></td>
</tr>
<tr>
<td>Finance income</td>
<td>3,960</td>
<td>2,258</td>
</tr>
<tr>
<td>Finance costs</td>
<td>(2,261)</td>
<td>(1,576)</td>
</tr>
<tr>
<td>Share of (loss)/profit from associate</td>
<td>(429)</td>
<td>429</td>
</tr>
<tr>
<td><strong>Profit before taxation</strong></td>
<td><strong>16,519</strong></td>
<td><strong>5,555</strong></td>
</tr>
<tr>
<td>Taxation</td>
<td>5,682</td>
<td>460</td>
</tr>
<tr>
<td><strong>Surplus for the year</strong></td>
<td><strong>22,201</strong></td>
<td><strong>6,015</strong></td>
</tr>
<tr>
<td><strong>Total comprehensive income</strong></td>
<td><strong>22,201</strong></td>
<td><strong>6,015</strong></td>
</tr>
</tbody>
</table>

### STATEMENT OF FINANCIAL POSITION - 30 SEPTEMBER 2018

<table>
<thead>
<tr>
<th></th>
<th>FY 2018 R'000</th>
<th>FY 2017 R'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPE &amp; Intangible assets</td>
<td>150,234</td>
<td>133,039</td>
</tr>
<tr>
<td>Total Receivables</td>
<td>73,099</td>
<td>177,998</td>
</tr>
<tr>
<td>Assets held for sale</td>
<td>-</td>
<td>10,613</td>
</tr>
<tr>
<td>Cash &amp; Cash Equivalents</td>
<td>162,687</td>
<td>121,949</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>386,420</strong></td>
<td><strong>443,599</strong></td>
</tr>
<tr>
<td>Equity</td>
<td>218,297</td>
<td>197,293</td>
</tr>
<tr>
<td>Non-current liabilities - (Deferred Tax)</td>
<td>259</td>
<td>1,367</td>
</tr>
<tr>
<td>Current liabilities - excl. unutilised donor funding</td>
<td>111,737</td>
<td>196,686</td>
</tr>
<tr>
<td>Unutilised donor funding</td>
<td>56,127</td>
<td>48,253</td>
</tr>
<tr>
<td><strong>Total equity and liabilities</strong></td>
<td><strong>386,420</strong></td>
<td><strong>443,599</strong></td>
</tr>
</tbody>
</table>

### KEY RATIOS

- Current ratio (Norm 1.2 - 2): 1.41, 1.22
- Cash ratio (Norm 1:1): 1.0, 0.5
- Unutilised donor funding as a percentage of revenue: 4%, 4%
- Debt to Equity Ratio (Norm: less than 1): 0.77, 1.25

### STATEMENTS OF CASH FLOWS FOR THE YEAR ENDED 30 SEPT 2018

<table>
<thead>
<tr>
<th></th>
<th>FY 2018 R'000</th>
<th>FY 2017 R'000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash flows from operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash from (used in) operations</td>
<td>93,953</td>
<td>30,776</td>
</tr>
<tr>
<td>Interest received</td>
<td>3,960</td>
<td>2,257</td>
</tr>
<tr>
<td>Interest paid</td>
<td>(2,261)</td>
<td>(1,576)</td>
</tr>
<tr>
<td>Taxation paid</td>
<td>89</td>
<td>(492)</td>
</tr>
<tr>
<td><strong>Operating activities</strong></td>
<td><strong>95,741</strong></td>
<td><strong>30,966</strong></td>
</tr>
<tr>
<td><strong>Cash flows from investing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additions to property, plant and equipment</td>
<td>(33,868)</td>
<td>(51,465)</td>
</tr>
<tr>
<td>Additions to intangible assets</td>
<td>(39)</td>
<td>(881)</td>
</tr>
<tr>
<td>Disposals of property, plant and equipment</td>
<td>18,650</td>
<td>8,147</td>
</tr>
<tr>
<td>Loans to related parties - associates</td>
<td>(4,453)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Investing activities</strong></td>
<td><strong>(19,910)</strong></td>
<td><strong>(44,199)</strong></td>
</tr>
<tr>
<td><strong>Cash flows from financing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease in borrowings</td>
<td>(3,666)</td>
<td>(1,347)</td>
</tr>
<tr>
<td><strong>Financing activities</strong></td>
<td><strong>(3,666)</strong></td>
<td><strong>(1,347)</strong></td>
</tr>
<tr>
<td><strong>Net decrease in cash and cash equivalents</strong></td>
<td><strong>72,165</strong></td>
<td><strong>(14,580)</strong></td>
</tr>
<tr>
<td>Cash and cash equivalents at beginning of the year</td>
<td>90,522</td>
<td>105,102</td>
</tr>
<tr>
<td><strong>Cash at year-end</strong></td>
<td><strong>162,687</strong></td>
<td><strong>90,522</strong></td>
</tr>
</tbody>
</table>
• Addressing social and structural drivers of HIV, STI and TB prevention, care and impact
• Preventing new HIV, STI and TB infections
• Sustaining health and wellness
• Ensuring protection of human rights and improving access to justice