CELEBRATING 10 YEARS OF WORLD CLASS HIV, AIDS AND TB RESEARCH

CAPRISA
CENTRE FOR THE AIDS PROGRAMME OF RESEARCH IN SOUTH AFRICA

UNAIDS
CAPRISA IS A UNAIDS COLLABORATING CENTRE FOR HIV PREVENTION RESEARCH AND POLICY
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CAPRISA is a multi-institution programme established in 2002 under the National Institutes for Health (NIH)-funded Comprehensive International Program of Research on AIDS (CIPRA) by five partner institutions:

University of KwaZulu-Natal
University of Cape Town
University of Western Cape
National Institute of Communicable Diseases
Columbia University in New York.

CAPRISA is a designated UNAIDS Collaborating Centre for HIV Prevention Research and Policy, and the secretariat for the UNAIDS Scientific Expert Panel.

The main goal of CAPRISA is to undertake globally relevant and locally responsive research that contributes to understanding HIV pathogenesis, prevention and epidemiology, as well as the links between tuberculosis and AIDS care.
To achieve this goal, CAPRISA conducts research in four main research programmes: HIV prevention and epidemiology; microbicides; HIV pathogenesis and vaccines; and HIV and TB treatment. A fifth area of research on the prevention of mother-to-child transmission is conducted mainly with partners.

Research activities at CAPRISA are assisted by eight support cores covering administration, biostatistics, data management, laboratory, community, pharmacy, bioethics and information systems. CAPRISA has diverse expertise including epidemiology, virology, immunology, infectious disease medicine, bioinformatics, statistics, ethics and health policy.

Fiduciary and policy oversight of CAPRISA is governed by the Board of Control which includes senior officials of the major partner institutions. The CAPRISA Scientific Advisory Board comprises senior researchers in the HIV/AIDS, TB and ethics fields, as well as senior officials from the Provincial and National Departments of Health. The Executive Committee, responsible for the management of all CAPRISA’s activities, is chaired by the Director and includes the Centre’s senior investigators and Heads of the Support Cores.
Message from Dr Aaron Motsoaledi

Congratulations to CAPRISA on their 10th anniversary.

Since 2002, CAPRISA has built a world-class organisation through its highly successful scientific contributions that have propelled HIV-prevention research forward and had far-reaching influence on public health strategies and programmes in South Africa as well as internationally.

The CAPRISA research on TB and HIV treatment has been ground-breaking.

The findings on integration of HIV and TB treatment were incorporated into the South African guidelines and the WHO international guidelines for the treatment of TB-HIV co-infected individuals. This research optimised treatment strategies through the early introduction of antiretrovirals during TB treatment, greatly improving the survival outcomes of co-infected patients.

The CAPRISA 004 tenofovir gel trial unveiled a promising and innovative female-controlled HIV-prevention technology that decreased transmission of HIV and HSV-2, with the potential to reduce the burden of these diseases in this vulnerable population.

By giving nevirapine to infants during breastfeeding, CAPRISA’s research showed that babies could be protected from acquiring HIV from their HIV-infected mothers. Incorporated into the WHO guidelines as the standard of care, this practical approach ensures that mother and baby benefit from breastfeeding without the risk of HIV passing from the mother to the child.

These laudable research achievements by CAPRISA are translated into improvements in survival rates, as well as the health and prospects of South Africans living with HIV/AIDS and TB. We wish CAPRISA many more years of success and look forward to celebrating their future scientific discoveries and their impact on global health.
Message from Mr Derek Hanekom

Over the past 10 years CAPRISA has set the bar extremely high with rigorous standards of scientific inquiry, innovative study design and effective international collaboration. The organisation is best known for the CAPRISA 004 tenofovir gel trial, which showed for the first time that an antiretroviral drug could be effective in preventing the spread of HIV when applied as a topical vaginal gel. The implications of these findings signal a revolution in women’s health.

The Department of Science and Technology has a responsibility to support research that helps to address the needs of our people and has played an important role in supporting and funding this extremely important trial, as well as the CAPRISA 002 acute infection study. These two projects led to the recent discovery of broadly cross-neutralising antibodies, and how they developed in certain women in KwaZulu-Natal. This exciting finding on antibodies and their ability to destroy most HIV strains may hold the key to the development of a future AIDS vaccine.

The Department of Science and Technology is working closely with local and international partners to provide funding for the follow-on studies on tenofovir gel at CAPRISA, one of which aims to assess the response to combination antiretrovirals in women with past prophylactic exposure to tenofovir gel. The Department has also supported the funding of the CAPRISA 008 tenofovir gel implementation trial, and is fully committed to finding scientific solutions for the HIV epidemic in South Africa and beyond.

CAPRISA has a strong history of scientific accomplishment and is a model organisation for collaboration, both within South Africa and globally. CAPRISA’s many accomplishments have demonstrated both the remarkable ability of our scientific community and the power of developing in-country research. I look forward to watching CAPRISA grow from strength to strength.
Message from Dr Catherine Hankins

The Centre for the AIDS Programme of Research in South Africa (CAPRISA) is conducting research directed to solving one of the greatest global health challenges of our time – the HIV epidemic.

Having served on the CAPRISA Scientific Advisory Board since 2006, I have had the privilege of witnessing CAPRISA’s growing contribution to locally and globally relevant scientific knowledge. CAPRISA has made several important scientific advances in the fields of microbicides, treatment of TB-HIV co-infection, HIV pathogenesis, and HIV vaccines.

One of CAPRISA’s most noteworthy achievements is the landmark microbicide trial (CAPRISA 004) that demonstrated that an antiretroviral drug, tenofovir, in a vaginal gel, prevents women from getting both HIV and Herpes Simplex Virus Type 2 (HSV-2) infection. This finding has been heralded as one of the most significant scientific breakthroughs in the fight against AIDS and was ranked in the Top Ten Scientific Breakthroughs of 2010 by the journal, Science. CAPRISA’s many achievements in HIV pathogenesis, HIV-TB treatment, and HIV prevention have had far-reaching impact on policy and practice both in South Africa and internationally.

An important facet of CAPRISA’s research is the degree to which it generates its own ideas and leads its research. It has a significant training and capacity building programme for young and early career researchers. About two-thirds of its scientific publications are led by CAPRISA researchers and this rises even higher to three-quarters when high impact journal papers are considered. To see this degree of research leadership emanating from the ‘south’ is tremendously heartening and highlights South Africa’s global standing in AIDS research.

CAPRISA’s striking scientific productivity and exemplary scientific contributions towards finding new solutions to HIV prevention and treatment challenges make it a world-class AIDS research organisation.
Message from Professor Ahmed C Bawa

It has been my privilege to serve firstly as a member of the CAPRISA Board of Control since 2006 and now as the Chairperson for the last two years. My connection with it goes back to early discussions about its establishment in 2002. Through this time CAPRISA has grown from small origins to one of South Africa’s leading research institutions.

From the very beginning, CAPRISA established good governance and effective operational structures to support its core activities; the performance of outstanding research to help with the fight against one of the most devastating pandemics the world has known. To keep pace with this, the Board has evolved from comprising of one representative from each of the five partner institutions, to include prominent national figures and members that have a strong financial, legal and ethical experience.

The Board has continuous oversight over the development and implementation of comprehensive financial, human resource, and administration policies that have contributed to the smooth running and stability of the organisation. Most important in all of this was the solid, imaginative, innovative leadership of Professors Salim Abdool Karim and Quarraisha Abdool Karim. Together with other senior members of the staff they have demonstrated that they are adept at managing multi-faceted agreements, huge international and local grants and multi-institutional partnerships. CAPRISA has consistently received unqualified audits from its auditors, testament to its highly effective financial management systems.

CAPRISA is considered by many to be a model research organisation and it has often been invited to share with other institutions its expertise in approaching funding applications and dealing with complex donor agreements. It advises the United Nations and the South African government. Its research output is prodigious.

On behalf of the Board, I wish to congratulate CAPRISA on its many achievements over the last 10 years. I look forward to continuing our role of providing guidance and counsel to CAPRISA as it pursues the goal of ending HIV/AIDS and TB.
Introduction

CAPRISA’s 10-year history has been a tremendously dynamic period in the fight against HIV/AIDS and TB. Improvements in treatment methods, innovative use of ARVs for prevention, a successful vaginal microbicide trial and vaccine study have shifted the focus of global dialogue to the point where the ‘End of AIDS’ is now being discussed. For individuals living with HIV/AIDS, not only is the prospect of a cure stronger than ever, but there is real hope that it may be found within our lifetime.

CAPRISA was established during an unfortunate period of AIDS denialism in South Africa – a situation which setback the AIDS response by several years and had a devastating effect on people living with HIV/AIDS. Since that time, there has been an encouraging demonstration of a new political will, not only in tackling South Africa’s HIV-infected population with expanded and comprehensive treatment services, but also in addressing the social, economic and behavioural factors as some of the root causes of high HIV prevalence. Whilst South Africa remains at the epicentre of the epidemic, HIV/AIDS is a global priority. CAPRISA was born out of this profound challenge.

CAPRISA has grown into a world-class research organisation which has gained a reputation for its high-impact scientific response to the HIV/AIDS and TB epidemics. With only a handful of staff in 2002 during its initial few months of existence, the organisation has flourished with a staff complement today of over 200 remarkable people based in Durban, Johannesburg, Cape Town and rural Vulindlela in South Africa.

CAPRISA’s achievements have led to contributions to the World Health Organisation guidelines on the treatment of TB and HIV co-infection, and on the prevention of mother to child transmission of HIV. The initial breakthrough research on tenofovir gel and the ensuing gel implementation trial have shown how research cuts across the spectrum from proof of concept to post-trial access and evidence to bridge the efficacy-effectiveness gap.

Looking ahead, CAPRISA remains determined to find HIV-prevention solutions and options for women. To this end, the organisation has created a fully equipped mucosal laboratory with a team of young research talent to investigate the possible explanations for inflammation in the female genital tract and its link with HIV-acquisition. Other exciting developments include the roll out of expanded sexual and reproductive health services in rural Vulindlela, focusing on reducing HIV and HSV-2 in adolescent girls.

I wish to acknowledge the invaluable support of our funders, sponsors, partners, collaborators, staff, participants, scientific advisory board members and board of control members over the years with whom we have had extremely gratifying relationships. In particular, we pay tribute to Professors Mervyn Susser and Zena Stein for their seminal work on HIV/AIDS, and which shaped CAPRISA’s early research work.

Our undertaking is not over, we will unwaveringly continue our pursuit of scientific excellence.
Setting the research agenda

CAPRISA was founded in 2002 with a five-year research programme with about 40 people in a collaborative venture to conduct studies on HIV prevention and treatment. The initial R110 million CIPRA grant from National Institute of Health (NIH) provided the start-up funding that established CAPRISA and initiated its first studies on acute HIV infection and HIV-TB treatment. Right at the beginning, three goals were identified that are still relevant today:

- To undertake globally relevant and locally responsive research that contributes to understanding HIV pathogenesis, evolving epidemiology and developing strategies for AIDS care provision in resource-constrained settings;

- To build local research infrastructure and capacity in virology, immunology, clinical infectious disease, bioinformatics, epidemiology and biostatistics; and

- To enhance and strengthen the critical mass of skilled researchers in South Africa, particularly young scientists from historically disadvantaged communities, through well-established training links with Columbia University in New York.

CAPRISA’s research programme has evolved from the initial CAPRISA 001 - START (Starting TB and ART) and CAPRISA 002 - Acute Infection studies launched in 2003 to several studies across the four main research areas of prevention and epidemiology, microbicides, HIV and TB care and pathogenesis and vaccines. The CAPRISA 002 study is CAPRISA’s longest running study exploring the progression of HIV disease in patients from the point of seroconversion.

Current CAPRISA-led Studies

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<thead>
<tr>
<th>CAPRISA 001</th>
<th>START trial</th>
<th>Starting Tuberculosis and Anti-Retroviral Therapy</th>
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<td>CAPRISA 002</td>
<td>Acute Infection study</td>
<td>Viral set point and clinical progression in HIV-1 subtype C infection: The role of immunological and viral factors during acute and early infection</td>
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<td>CAPRISA 003</td>
<td>SAPIT trial</td>
<td>A pilot study to compare three existing starting points of ART initiation in HIV/TB co-infected patients</td>
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<td>CAPRISA 004</td>
<td>Tenofovir gel trial</td>
<td>Phase IIb trial to assess the safety and effectiveness of the vaginal microbicide 1% tenofovir gel for the prevention of HIV infection in women in South Africa</td>
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<td>CAPRISA 005</td>
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<td>TRAPS</td>
<td>Ancillary study to CAPRISA 002 to assess women who have seroconverted after using tenofovir gel</td>
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<td>CAPRISA 007</td>
<td>RHIVA</td>
<td>Reducing HIV in adolescents: Evaluating the impact of cash transfer in schools receiving the essential package to reduce HIV infection in young women in KwaZulu-Natal, South Africa</td>
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<td>CAPRISA 008</td>
<td>Tenofovir gel implementation trial</td>
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<td>CAPRISA 009</td>
<td>TOAST</td>
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<td>CAPRISA 010</td>
<td>VIP</td>
<td>Vulindlela Intensive Prevention Trial: Assessing the effectiveness of an intensive combination school-based HIV prevention intervention</td>
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Our accomplishments

As a research organisation, CAPRISA’s core function is to articulate innovative scientific questions, collect data to address the question and generate new knowledge with the answer, thereby contributing towards global efforts to prevent and treat HIV/AIDS and TB.

In striving to undertake globally relevant and locally responsive research on HIV prevention and treatment, CAPRISA has made several important scientific contributions in four key areas.

Microbicides

The ground-breaking results of the CAPRISA 004 tenofovir gel study provided the evidence that antiretroviral drugs can prevent sexual transmission of HIV. Tenofovir gel, which reduced the risk of HIV infection by 39 per cent in women who used it before and after sex, is currently being assessed in confirmatory studies for registration as a medicine. The finding that genital inflammation, through raised pro-inflammatory cytokines, and increased CD38+ T cells, is a potent predictor of HIV acquisition is central to the design of next generation microbicides.

Epidemiology and Prevention

New information has been generated on the epidemiology of HIV in the world’s most affected communities in KwaZulu-Natal, South Africa. Gender inequity in HIV risk was a key finding - including one of the earliest descriptions of the centrality of young women’s high HIV risk when partnering with substantially older men, a key driver of the southern African HIV epidemic. The data generated by this team on the evolving epidemiology of HIV in South Africa, are widely used for national and local policy formulation and programme development in South Africa.

HIV pathogenesis and vaccines

The CAPRISA 002 study on acute HIV infection has contributed to unraveling the way in which HIV escapes the body’s immune
response and how this impacts on when patients will progress to AIDS disease. This research has led to CAPRISA identifying two women who naturally developed rare broadly neutralising antibodies, which are able to kill up to 88 per cent of the HIV types found across the world. The CAPRISA team made the discovery that these special antibodies were elicited by the movement of a sugar, known as a glycan, on the outer covering of the virus. This discovery has been hailed for its contribution to the development of a new class of HIV vaccines.

Treatment of TB-HIV co-infection

The CAPRISA 003 TB-HIV treatment study showed that deaths in HIV-tuberculosis (TB) co-infected patients could be substantially reduced with integrated antiretroviral therapy and TB treatment. The findings have resulted in the revision of the WHO, US-Department of Health and Human Sciences and South African guidelines on the treatment of patients with TB-HIV co-infection. Indeed, the results of this CAPRISA study have shaped the global approach to treatment of TB-HIV co-infected patients. The findings have already been implemented in several countries, including the USA and South Africa. It is estimated that the implementation of this approach to TB-HIV treatment in South Africa could prevent about 10 000 deaths each year.

Since 2002, the CAPRISA research team has published over 300 research papers in peer-reviewed journals, including articles in the New England Journal of Medicine (5), Science (5), Nature (7), Journal of Infectious Diseases (13), AIDS (22) and The Lancet (23). Overall, 62 per cent of CAPRISA’s publications were first authored by CAPRISA scientists and 41 per cent were in journals with an impact factor greater than 5. CAPRISA researchers have also produced the book “HIV / AIDS in South Africa” and contributed to chapters to numerous other books.

CAPRISA’s articles have garnered thousands of citations with 30 articles receiving more than 50 citations: The top three most cited papers are “Effectiveness and Safety of Tenofovir Gel, an Antiretroviral Microbicide, for the Prevention of HIV Infection in Women” in Science with 841 citations; “Timing of Initiation of Antiretroviral Drugs during Tuberculosis Therapy” in the New England Journal of Medicine with 247 citations; and “Genetic and Neutralization Properties of Subtype C Human Immunodeficiency Virus Type 1 Molecular env Clones from Acute and Early Heterosexually Acquired Infections in Southern Africa” in the Journal of Virology with 170 citations – Scopus.

As a result of CAPRISA’s substantial scientific contributions over the years, the organisation’s researchers have been invited to serve as advisors to several policy-making organisations, including the WHO, UNAIDS, PEPfAR and the South African Government.
Timeline

2002
- CAPRISA founded

2003
- First South African AIDS Conference in Durban
- New home for CAPRISA: Phase 1 of DDMRI building unveiled
- Tree planting ceremony at new Vulindlela Clinical Research Site
- CAPRISA’s first publication: “HIV Vaccines and Immunity”; Current Opinion in Allergy & Clinical Immunology

2004
- CAPRISA AIDS Treatment (CAT) programme gets underway
- Government announcement of AIDS treatment roll-out in 27 pilot sites in four of nine provinces
- Publication: “HIV treatment in South Africa: overcoming impediments to get started”, The Lancet, Quarraisha Abdool Karim
- Helpline Women of the Year, Dr May Mashego-Mkhize
- Publication: “Standards of care in the antiretroviral rollout world”, The Lancet, Jerome A Singh
- Publication: “Incidence of HIV-1 Dual Infection and Its Association with Increased Viral Load Set Point in a Cohort of HIV-1 Subtype C–Infected Female Sex Workers”, Journal of Infectious Diseases, Jandre Grobler, et al

2005
- Ambassador Randall Tobias, US Global AIDS Coordinator, visit to Vulindlela
- Quarraisha Abdool Karim elected as a Fellow, Academy of Science of South Africa (ASSAF)
- Publication: “Patients’ readiness to start highly active antiretroviral treatment for HIV”, British Medical Journal, Hirut T Gebrekristos, et al
- eThekwini Clinic unveiled
- Salim Abdool Karim receives Best Man Award in the Science & Technology category from the Men’s Health Magazine
• Actor Brad Pitt visits Vulindlela
• Publication: “Viral Dynamics and CD4 T Cell Counts in Subtype C Human Immunodeficiency Virus Type 1-Infected Individuals from Southern Africa”, AIDS Research and Human Retroviruses, Clive Gray, et al
• “HIV AIDS in South Africa” book launch, Salim and Quarraisha Abdool Karim
• CAPRISA becomes a UNAIDS collaborating centre

2006


2007

• Publication: “Prevention of HIV by Male Circumcision”, British Medical Journal, Quarraisha Abdool Karim
• Publication: “The C3-V4 Region Is a Major Target of Autologous Neutralizing Antibodies in Human Immunodeficiency Virus Type 1”, Journal of Virology, Penny L Moore, et al

2008

• Sydney Kark Award to Sengeziwe Sibeko
• CAPRISA celebrates 5th anniversary
• Salim Abdool Karim receives Hero in Medicine Award from the International Association of Physicians for AIDS Care (IAPAC)

2009

• Minister Barbara Hogan, Department of Health, opens CAPRISA Scientific Advisory Board meeting
• CAPRISA Academic Day in Durban
• Bill Gates visits UKZN
• Salim Abdool Karim receives TWAS Prize in Medical Sciences from The World Academy of Sciences (TWAS)
2010

- Publication: Effectiveness and Safety of Tenofovir Gel, an Antiretroviral Microbicide, for the Prevention of HIV Infection in Women”, Science, Quarraisha Abdool Karim, et al
- International AIDS Conference, Vienna, CAPRISA 004 tenofovir gel announcement
- Quarraisha Abdool Karim receives TAC award in recognition of contribution to responding to the HIV epidemic

2011

- National Institutes of Health Director: Francis Collins, Ambassador Eric Goosby, US Global AIDS Co-Ordinator visit CAPRISA
- Pravin Gordhan, Minister of Finance, and Naledi Pandor, Minister of Science & Technology, attend the CAPRISA Scientific Advisory Board meeting
- The CAPRISA 004 Leadership Team receive President’s Award for Outstanding Achievement in World Health from the Drug Information Association
- CAPRISA 004 Leadership Team receive the Research Leading to Innovation Award from the South African National Science & Technology Forum (NSTF)
- Salim and Quarraisha Abdool Karim receive Allan Rosenfield Alumni Award for Excellence from Columbia University’s Alumni Association
- David Stanton, USAID Chief: Division of Technical Leadership and Research visits CAPRISA
- Salim Abdool Karim receives Medicine Award - Fellowship in Art & Science of Medicine (Gold) from the South African Medical Association
- Salim Abdool Karim receives Science-for-Society Gold Medal Award from the Academy of Science in South Africa (ASSAf)
- Salim Abdool Karim receives Outstanding Senior African Scientist Award from the European and Developing Countries Clinical Trials Partnership (EDCTP)
- Parliamentary Portfolio Committees for Health as well as for Science and Technology visit CAPRISA
• Salim and Quarraisha Abdool Karim receive Olusegun Obasanjo Prize for Scientific Discovery and Technological Innovation from the African Academy of Sciences
• Michel Sidibé, UNAIDS Executive Director, visits CAPRISA
• Quarraisha Abdool Karim receives the South African government Department of Science and Technology’s (DST) Distinguished Woman in Science Award in the Life, Natural and Engineering Sciences for 2011
• Quarraisha Abdool Karim receives the Calabash Award for Outstanding Educator, University of South Africa Alumni Award
• Deputy Minister Derek Hanekom, Department of Science and Technology, lights candle for World AIDS Day at CAPRISA
• Publication: “Integration of Antiretroviral Therapy with Tuberculosis Treatment”, New England Journal of Medicine, Salim S Abdool Karim, et al

2012

• Salim and Quarraisha Abdool Karim receive the N’Galy-Mann Award for global contributions in HIV clinical research and epidemiology of AIDS
• Senators Harkin, Udall and Wicks visit eThekwini and Vulindlela clinics
• Salim and Quarraisha Abdool Karim receive Minara recognition award for Academic Excellence
• Quarraisha Abdool Karim receives the TWAS Prize for Medical Science in recognition for exceptional and distinguished contributions to HIV prevention and women’s health
• Penny Moore, Lynn Morris and Salim Abdool Karim host a media conference with the Minister of Health, Aaron Motsoaledi and Minister of Science & Technology, Derek Hanekom on their findings on broadly neutralising antibodies in Nature Medicine
• Publication: “Evolution of an HIV glycan–dependent broadly neutralizing antibody epitope through immune escape”, Nature Medicine, Penny Moore, et al
Our partnership philosophy

The spirit of partnership at CAPRISA was initially underpinned by the multi-institutional participation of its five founding partners. Collaborations with different stakeholders, from funders, collaborators, government departments, health providers and the scientific community have enabled CAPRISA to draw on cross-disciplinary skills needed to add to the HIV/AIDS armamentarium. Over the years, CAPRISA’s researchers have participated in a range of advisory committees, conferences and working groups to continue the dialogue and unite with the global effort to fight the epidemic.

One of the most important collaborations has been with the communities, from which CAPRISA’s study participants are drawn for its research. CAPRISA has an active community engagement programme and a dedicated core focusing on community involvement. In 2002, CAPRISA was invited to assist the Vulindlela community at the request of the traditional leadership to address the alarming rates of HIV infection in the community. Similarly, as early as 2003, the Prince Cyril Zulu Communicable Diseases Centre in Durban was emerging as one of the most significant HIV/AIDS research sites in the country.

The members of the Community Research Support Groups have played a major role in the implementation of all CAPRISA studies, by providing input into study design, reviewing informed consents, assisting with translations of study materials, dissemination of information during and at the end of studies.

Understanding community sensitivities, developing effective communications channels through the Community Research Support Groups, and building mutual trust are important to a global research facility.

CAPRISA’s decade-long association with Vulindlela and the Durban Metro area, with whom it has a shared mission to stop the spread of HIV, are as strong as ever and it remains proud of its partnership with these communities.
Building capacity

CAPRISA’s achievements would not have been possible without the dedication of its staff members, who are constantly encouraged to reach for the organisation’s core values of excellence, dedication, teamwork, perseverance and lifelong learning. These essential qualities guide every aspect of CAPRISA’s work.

Training has been part of the CAPRISA ethos since its formation a decade ago. The CAPRISA Training Programme was set up with the overall aim of strengthening the organisation’s scientific capabilities and, more broadly, to contribute to developing the next generation of scientific leadership. The CAPRISA Training Programme is co-funded by the Columbia University-Southern African Fogarty AIDS Training Program.

CAPRISA’s Fellowship Programme also encompasses long term traineeships for international and local pre-doctoral and post-doctoral candidates as well as medical students from the University of KwaZulu-Natal’s Nelson R Mandela Medical School. Since 2003 a total of 361 trainees have been admitted into the CAPRISA Medical Student or the CAPRISA Fellowship Programmes.

Over the years, CAPRISA staff members have taken the lead with numerous outreach activities into communities in support of Mandela Day or the Christmas campaign. Some of the organisations benefiting from these efforts included Take a Girl Child to Work, St Thomas’s Home for Children, Aunts and Uncles Project and the Welbedacht Home.
Leadership

Board of Control
Ahmed C Bawa  Chair
Salim S Abdool Karim
Ramesh Bharuthram
Dave Clark
Linda Fried
Nelson Ijumba
Shabir Madhi
Suresh Naidoo
Danie Visser

Scientific Advisory Board
Catherine Hankins  Chair
Sibongiseni Dhlomo
Henry Gabelnick
Robert Hoff
Yiming Shao
Gray Handley
Ying-Ru Lo

Executive Committee
Salim S Abdool Karim  Director
Quarraisha Abdool Karim  Associate Scientific Director
Hoosen (Jerry) Coovadia  Associate Scientific Director
Nesri Padayatchi  Deputy Director
Marian Swart  Chief Operating Officer
Gavin Churchyard
Halima Dawood
Janet Fröhlich
Nigel Garrett
Clive Gray
Ayesha Kharsany
Carl Montague
Daya Moodley
Lynn Morris
Kogieleum Naidoo
Gonasagrie Nair
Jo-Ann Passmore
Carolyn Williamson
CAPRISA’s structure

**CAPRISA Management**

- **Prof Salim S Abdool Karim**
  CAPRISA Director
- **Dr Nesri Padayatchi**
  Deputy Director
- **Prof Hoosen (Jerry) Coovadia**
  Associate Scientific Director
- **Prof Quarraisha Abdool Karim**
  Associate Scientific Director
- **Ms Marian Swart**
  Chief Operations Officer

**Heads of Support Cores**

- **Dr Janet Fröhlich**
  Head: Community Programme
- **Ms Tanuja Gengiah**
  Head: Pharmacy
- **Mrs Anneke Grobler**
  Head: Statistics & Data Management
- **Prof Jerome Singh**
  Head: Bioethics
- **Ms Natasha Samsunder**
  Head: Laboratory
- **Mr Eugene van der Lingen**
  Head: Information Systems
CAPRISA Research Programmes

Prof Salim S Abdool Karim  
Head: Microbicide Research

Prof Quarraisha Abdool Karim  
Head: Epidemiology & Prevention

Dr Kogieleum Naidoo  
Head: Treatment Research

Dr Nigel Garrett  
Head: HIV Pathogenesis & Vaccine Research

Acute Infection & Vaccine Partners

Prof Lynn Morris  
National Institute for Communicable Diseases

Prof Carolyn Williamson  
University of Cape Town

Dr Clive Gray  
University of Cape Town

pMTCT Partner

Prof Daya Moodley  
UKZN Women’s Health

Pathogenesis Program (HPP) Partners

Prof Marcus Altfeld  
HPP

Prof Bruce Walker  
HPP

Prof Thumbi Ndung’u  
HPP
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US Agency for International Development (USAID) via FHI360 and CONRAD
US Centers of Disease Control and Prevention
South African Department of Science and Technology
Fogarty International Center, NIH
Howard Hughes Medical Institute
Gilead Sciences
Royal Netherlands Embassy and MiET
MAC AIDS Fund (via Tides Foundation)
Technology Innovation Agency

Past Funders:

President’s Emergency Fund for AIDS Relief
National Research Foundation, South Africa
CHAVI
SAAVI
European Commission
Doris Duke Charitable Foundation
Global Fund Against AIDS, TB & Malaria
Johap - OXFAM

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Registration number: 2002/024027/08
CELEBRATING
10 YEARS
OF WORLD CLASS HIV, AIDS AND TB RESEARCH

CAPRISA
CENTRE FOR THE AIDS PROGRAMME OF RESEARCH IN SOUTH AFRICA

CAPRISA IS A UNAIDS COLLABORATING CENTRE FOR HIV PREVENTION RESEARCH AND POLICY