

UCT Impact Case Studies submission

Faculty: Health Sciences: Cape Heart Institute, Department of Medicine

Title of the Impact Case Study/Project:

Peripartum Cardiomyopathy: Understanding pathophysiology, improving diagnosis and therapy in a cardiac disease common in African women.

Project leader/team

Prof. Karen Sliwa Director, Cape Heart Institute

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Summary of the impact:

New Medication for Peripartum Cardiomyopathy:

Based on her collaborative, basic science, translational research, Prof. Karen Sliwa discovered a novel pathomechanism, leading to peripartum cardiomyopathy (PPCM), a condition common in African women, with a mortality of 10-15%. Her clinical research on pathways of oxidative stress and cardiac signalling in animal and humans led to a new therapeutic option - namely the use of bromocriptine - and a reduction in morbidity and mortality.

She carried out the first clinical pilot trial on this new therapy (Sliwa et al. *Circulation* 2010) and her findings have, over the past 14 years, been confirmed by other groups. A position paper, led by Karen Sliwa as the senior author, included this new medication as a recommendation (Bauersachs et al. *Eur J Heart Fail.* 2019). It has also been listed in the European Society of Cardiology Guidelines in Cardiac Disease in Pregnancy 2018, as a therapeutic option which needs to be considered. Globally this affordable medication is now commonly used. A global study in Peripartum Cardiomyopathy with more than 700 patients from more than 40 countries, led by Prof. K. Sliwa demonstrated that patients diagnosed with PPCM and treated with bromocriptine had a significantly better survival (data currently submitted as Late Braking Trial at European Society Congress of Cardiology Congress, London, September 2024). Young women, diagnosed with PPCM can now be treated with an affordable a disease-specific therapy.

Underpinning academic work- research:

Prof. Sliwa has been named the most prolific cardiovascular researcher from Africa with more than 450 publications and her work is highly cited (H-index 108;>120 000 citations). She has trained more than 30 post graduate students- several did their research related to Peripartum Cardiomyopathy.

PPCM is considered as a distinct entity of unknown etiology, probably resulting from multiple pathomechanisms initiating and driving the disease. This also seems to be reflected by the variable cardiac presentation and risk factor profiles observed in PPCM patients and the different animal models that develop PPCM (Ref: Review by Sliwa K et al. *European Heart Jour* 2021).

Among these are inflammation and autoimmune reactions with elevated levels of various circulating cytokines as potential factors inducing and driving PPCM. Interleukin-6 (IL-6), tumor necrosis factor- α (TNF α), C-reactive protein (CRP) and interferon-gamma (IFN γ) were found to be elevated and correlated with severity of cardiac failure. The origin of enhanced inflammation in PPCM patients is unclear and may be pathogen-driven, or the result of autoimmune processes. However, based on our research there is accumulating evidence that several pathomechanisms in PPCM converge on a common pathway which involves unbalanced oxidative stress and the generation of the anti-angiogenic 16-kDa prolactin. Along this line, experimental and clinical observation suggests central roles for protection of the maternal heart from oxidative stress by specific activation of major signaling pathways, including the signal transducer and activator of transcription 3 (STAT 3), the peroxisome proliferator-activated receptor γ coactivator 1 α and Phosphoinositid-3-kinase (PI3) and Protein kinase B (AKT).

Deregulation of any of these pathways is associated with increased oxidative stress which promotes the cleavage of the nursing hormone prolactin, a hormone rising during pregnancy and, periodically, released from the pituitary gland during nursing, into shorter N-terminal 16-kDa prolactin fragment (16-KD prolactin). The 16-KD prolactin induces endothelial dysfunction and damage and subsequently leads to heart failure. Blocking prolactin with the dopamin D2 receptor agonist, Bromocriptine, has emerged as a potential disease-specific therapy for PPCM, and it has been added to the ESC Guidelines on Cardiac Disease in Pregnancy as a therapeutic option that should be considered.

Furthermore, our recent research on proteomic profiling in PPCM confirmed the importance of inflammatory, fibrotic and coagulation pathways in the pathogenesis of PPCM (REF: Kodogo/Sliwa 2024)

Key References:

1. Sliwa K. Peripartum cardiopathy: from genetics to management (Review). *Eur Heart J.* 2021;42:3094-3102 (Impact Factor 39.9. Citatons 30)
2. Sliwa K, Blauwet L, Tibazarwa K, Libhaber E, ... Hilfiker-Kleiner D. Evaluation of bromocriptine in the treatment of acute severe peripartum cardiomyopathy: a proof-of-concept pilot study. *Circulation.* 2010; 121: 1465-1473. (Impact factor: 39.9; Citations: 556)
3. Sliwa K, Petrie MC, van der Meer P, Mebazaa A, et al. Clinical presentation, management, and 6-month outcomes in women with peripartum cardiomyopathy: an ESC EORP registry. *European Heart Journal.* 2020 (Impact Factor 39.9; Citations 72)
4. Kodogo V, Viljoen C, Hoevelmann J, ... Sliwa K. Proteomic Profiling in Patients With Peripartum Cardiomyopathy: A Biomarker Study of the ESC EORP PPCM Registry. *JACC Heart Fail.* 2023

Narrative description of the impact:

(A detailed narrative explaining the nature of the impact in terms of difference made, the sector of society which stood to benefit from the impact, the reach and significance of the impact, over what period the impact occurred, and how the impact arose as a result of academic work at the submitting university.)

Peripartum Cardiomyopathy is a heart condition that affects 1: 1000 Black South African women. The reported mortality prior to use of new therapeutic options was > 15% with only 50% of the women recovering their heart function. This condition is leading to substantial morbidity such as heart failure and death. Death of a young mother affects the entire family profoundly and has long-term implications for her children. I am a clinician-scientist working as professor for cardiovascular research since March 2010. Research led by me in collaboration with colleagues from South Africa, Africa and beyond led to understanding what leads to this serious condition, created global awareness and a new disease-specific therapy reducing death and rate of heart failure. My research on PPCM is highly cited and I have been invited to > 50 keynote lectures on that condition over the past years. Carte Blanche had invited me to speak on that disease. The knowledge is applied not only a dedicated cardiac -obstetric clinic at Groote Schuur Hospital but also in many multi-disciplinary cardiac -obstetric clinics in South Africa, Africa and internationally.

Evidence and sources to corroborate the impact:

(For examples of evidence see Section 5 of the Guidance Note. For quantitative evidence please use publicly available figures as far as possible, with references. For testimonials by sources external to the submitting university (which may be appended to the impact case study) please provide details on how the sources can be contacted for audit purposes.)

Key References:

- Sliwa K. Peripartum cardiopathy: from genetics to management (Review). *Eur Heart J*. 2021;42:3094-3102 (Impact Factor 39.9)
- Sliwa K, Blauwet L, Tibazarwa K, Libhaber E, ... Hilfiker-Kleiner D. Evaluation of bromocriptine in the treatment of acute severe peripartum cardiomyopathy: a proof-of-concept pilot study. *Circulation*. 2010; 121: 1465-1473. (Impact factor: 39.9; Citations: 556)
- Sliwa K, Petrie MC, van der Meer P, Mebazaa A, et al. Clinical presentation, management, and 6-month outcomes in women with peripartum cardiomyopathy: an ESC EORP registry. *European Heart Journal*. 2020 Oct 14;41(39):3787-3797. doi: 10.1093/eurheartj/ehaa455. (Impact Factor 39.9; Citations 72)
- Kodogo V, Viljoen C, Hoevelmann J, ... Sliwa K. Proteomic Profiling in Patients With Peripartum Cardiomyopathy: A Biomarker Study of the ESC EORP PPCM Registry. *JACC Heart Fail*. . 2023;12:1708-1725.
- Sliwa K. Heart failure can affect everyone: The ESC Geoffrey Rose Lecture. *Eur Heart J*. 2020;41:1298-1306(Impact Factor 39.9)
- Sliwa K, Anthony J. Late maternal deaths: a neglected responsibility. *Lancet*. 2016; 387(10033): 2072-3. (Impact Factor 168.5)

Any other information considered relevant:

slides with pathways and graphical abstracts can be provided on request.

Faculty: Engineering and the Built Environment

Department/Unit: Centre for Transport Studies

Title of the Impact Case Study/Project: Road Fatality Interventions

Project leader/team: Prof Marianne Vanderschuren

Summary of the impact:

Road fatalities were labelled a pandemic as early as 1973 (British Medical Journal, 1973). Over the past two decades, South Africa has been quoted as the country with the most road fatalities per 100 000 population, globally. Road crashes cost the South African economy over R188 billion in 2021 (RTMC, 2022). This value is adjusted by the annual Consumer Price Index (CPI) with relevant annual crash and fatality rates, from the estimated R142.9 billion in 2015 (Labuschagne et al., 2017). The differences per province are substantial.

The Centre for Transport Studies has collaborated with the Western Cape Government to combat the unacceptable high road fatality burden on the provincial roads. The collaboration with the Western Cape started in 2008, under the Safely Home banner, launched by the then Minister, Robin Carlisle. The Western Cape has been tracking its road fatalities since. As addressing road fatalities is an ongoing activity, the collaboration with the Western Cape Government (WCG) has continued. The Centre of Transport Studies, for example, developed the Road Safety Strategy for the Western Cape during the period between 2016 and 2018.

In 2018, an MOU was signed with the Road Traffic Management Corporation (RTMC) to research road fatalities, nationally. Various co-produced academic papers have been published with the WCG and the RTMC. Furthermore, in South Africa, fatalities over the past decade have decreased by approx. 8%, while this number is much higher (up to 28%) in the Western Cape.

The Centre for Transport Studies is currently developing a novel ‘road safety desert’ approach that can assist in identifying high risk areas. Proof of Concept has been finalised and published (Vanderschuren and Newlands, 2024; see: https://www.scielo.org.za/scielo.php?pid=S1021-20192024000100003&script=sci_arttext).

Underpinning academic work:

The Centre for Transport Studies is always looking to improve the way road safety assessments are conducted. In the Road Safety Strategy for the Western Cape, a comparison of road fatalities and mode use was conducted for the first time ever. This assists in tailoring road safety interventions.

Currently, the Centre is investigating the use of the desert theory in road safety. Over the past three decades, the equitable distribution of goods and services has been assessed via the ‘desert’ concept. In the academic literature, ‘desert’ is based on a comparison of supply and demand, while correcting for the area size (Clarke *et al* 2002; Whelan *et al* 2002; Wrigley *et al* 2002; Ver Ploeg *et al* 2011). In the field of transport, the desert theory was first applied by David Hulchanski of the University of Toronto, who investigated ‘transit deserts’ in his Three Cities Report (2010). Jiao *et al* (Jiao & Dillivan 2013; Jiao 2017) refined the transit desert theory and defined “areas that lack adequate public transit service, given its contained population that is deemed transit dependent”. Vanderschuren et al. (2021) transferred and applied the transit desert theory to the South African context, proving that the methodology can be adapted and applied in different contexts, including cities in the global south.

Based on two decades of road safety research and practical experience, as well as the above-described desert experience, the notion emerged that a novel theory may assist in reducing the carnage on South Africa’s roads further.

The 'road safety desert' methodology is useful in assessing the state of road safety in an area through the lens of justice, as it compares areas within the same region to each other, enabling the determination of the risk level of an area compared to the region's average (see: https://www.scielo.org.za/scielo.php?pid=S1021-20192024000100003&script=sci_arttext). The 'road safety desert' theory development is ongoing.

Narrative description of the impact:

The first road safety related conference paper by the Centre of Transport Studies stems from 2002 (<https://repository.up.ac.za/bitstream/handle/2263/7823/041.pdf?sequence=1>). Since then, the Centre has produced a multitude of publications, including journal articles, and book chapters, as well as technical reports (see: https://scholar.google.com/citations?hl=en&user=Ok99FL4AAAAJ&view_op=list_works). The work in road safety is recognised globally. At this moment in time, the Centre is a core member of an EU consortium called TransSafe ([Trans-Safe: Transforming Road Safety in Africa | Horizon2020 project](#)).

While the impact of the work is global, the most tangible impact can be measured in the Western Cape, where almost 7 500 fatalities have been avoided, due to the work conducted by the Centre in collaboration with the WCG (responsible for the implementation of identified interventions).

Evidence and sources to corroborate the impact:

"While 1 739 people died on our roads in 2008, that figure dropped to 1 567 in 2009, 1 487 in 2010 and 1 321 in 2011. This means that through the efforts of our Safely Home Team **and our road safety partners**, including many motorists, we have saved the lives of 839 people" indicated the Minister of Transport and Public Works, Robin Carlisle in 2012 ([Minister Carlisle Announces Safely Home Progress Report and Three-Year Fatality Stats | Western Cape Government](#)).

As mentioned, almost 7 500 fatalities have been avoided in the provincial roads in the Western Cape. Table 1 provides an overview of the way in which this number is established. The values have been sourced from the RTMC annual reports ([Calendar Year Reports \(rtmc.co.za\)](#)).

Table 1 Fatalities in the Western Cape

Year	Fatalities	Saving	Cumulative
2008	1739	0	0
2009	1567	172	172
2010	1487	252	424
2011	1321	418	842
2012	1173	566	1408
2013	1065	674	2082
2014	1186	553	2635
2015	998	741	3376
2016	1071	668	4044
2017	1063	676	4720
2018	885	854	5574
2019	1013	726	6300
2021	1088	651	6951
2022	1269	470	7421
2020 excluded for Covid-19 reasons			

Source: RTMC Annual Reports

In the Western Cape province, the fatalities per 100 000 inhabitants are the lowest in the country (together with the Gauteng province), as can be seen in Figure 1.



Figure 1 Fatalities per 100 000 Population (RTMC, 2015-2017)

Verification of the contribution made to the Western Cape can be sourced from Mr Melvin Arendse (melvin.arendse@westerncape.gov.za). Validation of road fatality statistics and national collaboration is available from contacting Mr Deon Roux (deon.roux@rtmc.co.za). The TransSafe project leader is Prof Oliver Lah (oliver.lah@wupperinst.org).

Any other information considered relevant:

In July 2022, Prof Vanderschuren, the research leader on road safety at the Centre for Transport Studies, received the National Science and Technology Forum (NSTF) Special Annual Theme Award: Basic Science for Sustainable Development, for her work in this field.

Faculty: **Humanities**

Department/Unit: Adolescent Accelerators Research Hub, Centre for Social Science Research

Title of the Impact Case Study/Project: Supporting adolescents living with HIV in Eastern and Southern Africa survive and thrive

Project leader/team: A/Prof Elona Toska, Prof Lucie Cluver (UCT/ Oxford), Dr-to-be Siyanai Zhou (UCT), Dr William Rudgard (Oxford/ UCT), A/Prof Rebecca Hodes (now at UP), Dr Beth Vale, Dr Roxanna Haghighat (Oxford, Harvard), Dr-to-be Nontokozi Langwenya (Oxford/ UCT), Dr Jane Kelly (UCT), Asst Prof Lesley Gittings (Western U. UCT).

Summary of the impact: (Including who or what has benefited, been influenced, or acted upon.)

Eastern and Southern African countries are home to nearly 1.5 million adolescents and young people living with HIV. As this cohort of adolescents and young people transitioned from childhood to young adulthood, our research – spearheaded by the Mzantsi Wakho cohort study – contributed to several key areas: (i) understanding of the unique needs of adolescents and young people living with HIV, (ii) social and economic support to improve multi-domain well-being for adolescents living with HIV, contributing to WHO and UNICEF technical briefs, (iii) adolescent mothers living with HIV, and (iv) adolescent and youth friendly services. The evidence from this research has directly contributed to international and regional guidance by the World Health Organization and UNICEF, training and skill-building for over 2,000 peer and clinic-based healthcare providers via the network of Paediatric Adolescent Treatment for Africa in 12 countries, and programming supported by the Elizabeth Glaser Pediatric AIDS Foundation in Lesotho and Kenya. The Mzantsi Wakho study – and the lead researchers (Prof Lucie Cluver, A/Prof Rebecca Hodes, A/Prof Elona Toska) was awarded UCT’s Social Responsiveness Award in 2019. Underpinning academic work: (Either research or teaching. Conducted by which Department or Unit?) Nearly 50 peer-reviewed publications by the research team have contributed to each thematic area. The publications report on findings from longitudinal analyses of over 5,000 interviews between 2013-2018 among adolescents and young people living with HIV in the Eastern Cape of South Africa. Qualitative participatory research with teen advisory groups in the Eastern and Western Cape informed the study design, but also highlighted how adolescents and young people navigated the COVID-19 pandemic. • Understanding unique needs of adolescents and young people living with HIV, shed light on their reproductive aspirations (Toska et al 2019), mental health needs (Cluver et al 2023), disclosure of HIV status (Toska et al. 2015), schooling (Toska et al 2017), and ART outcomes (Cluver et al 2016, Zhou et al 2022 & 2023). • Adolescent mothers living with HIV. As adolescents in the Mzantsi Wakho cohort were transitioning to young adulthood, a growing proportion became parents. The rich data from the multiple wave study provided first-time insights on the lives of young mothers living with HIV (Toska et al 2020, Toska et al 2022, Laurenzi et al 2023, etc), contributing to an advocacy movement, including work by the Coalition for Children Affected by HIV/AIDS and UNICEF Eastern and Southern Africa Region).

Strong linkages between this work and the research team’s HIV prevention research have foregrounded the need for HIV-naïve services for adolescents and young people who do not want to be defined by their HIV status. • Provisions improving multi-domain well-being for adolescents and young people living with HIV. In addition to highlight the unique needs, the research also investigated which provisions may support adolescents and young people experience better outcomes in terms of physical (Cluver et al. 2016, 2017), mental health (Cluver et al. 2023, Steventon-Roberts et al 2022, 2023), education (Toska et al. 2017, Jochim et al 2020), sexual and reproductive health (Toska et al 2017, etc.).

Adolescent and youth friendly services. The research has contributed to a growing body of qualitative (lead: Dr Jane Kelly, Dr Rebecca Hodes, Dr Beth Vale) and quantitative research (leads: Toska, Zhou, Cluver) on which dimensions of services need to be responsive to adolescents (and how) to improve HIV-related outcomes among adolescents living with HIV, including adolescent mothers (Toska, Zhou, et al. 2024).

Navigating pandemics. Although the COVID-19 pandemic directly increased morbidity among older people, the service and social disruptions the pandemic and our response caused in terms of mental health, support structures (Gittings et al 2021) and access to services (Gittings et al 2022).

Narrative description of the impact: (A detailed narrative explaining the nature of the impact in terms of difference made, the sector of society which stood to benefit from the impact, the reach and significance of the impact, over what period the impact occurred, and how the impact arose as a result of academic work at the submitting university.)

The multi-method research with adolescents and young people living with HIV led by the Centre for Social Science Research has contributed to the improved health and wellbeing of adolescents and young people in South Africa, Eastern and Southern Africa, and globally. In recognition of this body of evidence, A/Prof Toska was invited as an early career guest editor for a special issue of the Journal of the International AIDS Society in 2020 on Shifting paradigms: holistic and empowering approaches for adolescent HIV.

In **South Africa**, the research team co-led the drafting of the 2017 South African National Adolescent and Youth Policy (Hodes, Cluver, Toska), with A/Prof Toska lecturing and training at the annual Adolescent and Youth Health Policy Course hosted by the Desmond Tutu Health (HIV) Foundation annually. The research team collaborated with the Human Science Research Council to write the report “Being ALHIV: What do we know about adolescents living with HIV in South Africa” launched at the 2020 International AIDS Conference. Presentations and workshops with local government stakeholders and working groups in the Eastern Cape have ensured that findings remain relevant, contextual and future research is responsive to emerging gaps.

Regionally, the research team collaborated with UNICEF Eastern and Southern Africa to develop a series of briefs on the above research findings to inform programming for adolescents and young people living with HIV, especially adolescent mothers, in multiple countries, specifically South Africa, Zimbabwe, and Botswana. The research also contributed to regional guidance documents from the UN Population Fund (UNFPA) on improving adolescent and youth-friendly services (2019), a UNFPA technical brief on comprehensive sexuality education for adolescents and young people living with HIV, and arts-based cartoons for education and peer support for adolescents and young people living with HIV to advocate on Undetectable=Untransmittable, an advocacy movement for stigma reduction for people living with HIV (see links to materials below). In partnership with the Paediatric Adolescent Treatment for Africa, an NGO which supports clinic-community teams from more than 250 facilities in 23 African countries, the CSSR team has shared research findings through presentations, skill-building sessions and satellites in Maseru (Lesotho) and East London (South Africa) since 2013.

Internationally, the Mzantsi Wakho team is included in several high-level panels, for example the recent UNAIDS target setting for people living with HIV (see support materials) and has contributed to reports on HIV-sensitive social protection for adolescents and young people (via the Interagency Task Team on HIV and social protection), and increased advocacy for adolescent mothers affected by and living with HIV (see WHO/ UNICEF briefs below). In recognition of these collaborations, Dr Winnie Byanyima, the Executive Director of UNAIDS and an Under-Secretary-General of the United Nations, Mrs Anne Githuku-Shongwe, Director, UNAIDS Regional Support Team for Eastern and Southern Africa, and Ms Eva Kiwango, the UNAIDS Country Director the visited the CSSR Adolescent Accelerators Research Hub to discuss future collaboration. Toska’s and Zhou’s most recent publication was spotlighted in the HIV/AIDS information hub AIDSmap <https://www.aidsmap.com/news/apr2024/adolescent-mothers-hiv-south-africa-have-poorer-hiv-outcomes-non-mothers-studyfinds>. In 2023, Toska, Zhou and Cluver gave nearly a dozen invited talks to funders, academic groups (in addition to conferences) including the US Centres for Disease Control and Prevention, USAID’s Global Health Prevention Team, Columbia University’s Grand Rounds, the Adolescent HIV Implementation Science Initiative (AHI[SA]2) to name a few.

Evidence and sources to corroborate the impact: (For examples of evidence see Section 5 of the Guidance Note. For quantitative evidence please use publicly available figures as far as possible, with references. For testimonials by sources external to the submitting university (which may be appended to the impact case study) please provide details on how the sources can be contacted for audit purposes.)

- UNICEF Evidence into Practice series of evidence briefs and synthesis report: Translating evidence into practice | UNICEF Eastern and Southern Africa. See additional letter of support.
- United Nations Population Fund (UNFPA) ESARO. (2023). Comprehensive Sexuality Education for Young People Living with HIV: Evidence-based Technical and Programmatic Guidance • World Health Organization and the United Nations Children's Fund (UNICEF). (2021). Safeguarding the future: giving priority to the needs of adolescent and young mothers living with HIV. Geneva. <https://www.unicef.org/esa/media/10111/file/AYM-TechnicalBrief-WHO-UNICEF-Dec-2021.pdf>
- UNICEF ESARO. (2020). Addressing the needs of adolescent and young mothers affected by HIV in Eastern and Southern Africa. <https://www.childrenandaids.org/sites/default/files/2020-10/UNICEF-ESA-YoungMothers-HIV-Report-2020.pdf>
- UNICEF Innocenti. Beyond Masks: Societal impacts of COVID-19 and accelerated solutions for children and adolescents. (2020). Innocenti Research Report. <https://www.unicef-irc.org/publications/1149-beyond-masks-societal-impacts-of-covid-19-and-accelerated-solutions-for-children-and-adolescents.html>
- UNICEF & WHO. (2020). Prioritizing the Continuity of Services for Adolescents Living with HIV During the COVID-19 Pandemic. <http://childrenandaids.org/sites/default/files/2020-06/Prioritizing%20the%20continuity%20of%20services%20for%20adolescents%20living%20with%20HIV%20during%20the%20COVID-19%20pandemic.pdf>
- Paediatric Adolescent Treatment for Africa. (2020). Evidence Brief: Caring during COVID-19: Supporting mental health among vulnerable adolescents and young people. PATA: Cape Town, South Africa. <http://teampata.org/portfolio/evidence-brief-caring-during-covid-19-supporting-mental-health-among-vulnerable-adolescents-and-young-people/>
- Elizabeth Glaser Paediatric AIDS Foundation. (2020). Adolescent and Youth Transition of Care Toolkit. Supported by the New Horizons Collaborative. <https://www.pedaids.org/wp-content/uploads/2020/06/new-horizons-adolescent-toolkitv3.pdf>
- UNFPA. (2019). Regional Guidance: Strengthening Competency-Based Education on Adolescent Health in Pre- and In-Service Training for Health-Care Providers. UNFPA Eastern and Southern African Regional Officers: Johannesburg, South Africa.
- National Department of Health. 2017. National Adolescent and Youth Healthy Polic. (Contribution: co-author, evidence review lead)
- Gittings, L., Toska E, Hodes R, Cluver L, Zungu N, Govender K, Chademana KE, Gutiérrez VE. (2016). Research report: Resourcing Resilience - The case for social protection for adherence and HIV-related outcomes in children and adolescents in Eastern and Southern Africa. Regional inter-agency task team on children affected by AIDS in Eastern and Southern Africa (RIATT-ESA). Johannesburg, South Africa. Any other information considered relevant: See Publication list attached. Several researchers have completed postgraduate studies as part of the Mzantsi Wakho cohort, including Beth Vale (PhD, Oxford), Lesley Gittings (PhD, UCT), Roxanna Haghghat (PhD, Oxford), Quintin Van Staden (MSocSci, UCT), Sasheenie Moodley (PhD, Oxford), Chuma Busakhwe (MSocSci, UCT), Siyanai Zhou (PhD, UCT),