

| HELEN REES |



TOP THREE AWARDS

- Order of the Baobab for contribution to medicine and medical research, 2016
- Oppenheimer Fellowship, 2015
- ASSAf's Science-for-Society Gold Medal, 2011

DEFINING MOMENT

Meeting my husband (I remember the moment) who in so many extraordinary ways changed the trajectory of my life.

WHAT PEOPLE DO NOT KNOW

A little known fact about Prof Helen Rees is that the first grant she raised was from the German government to provide first-aid training and services for township communities during the apartheid years.

ACTIVIST DOCTOR TURNED HEALTH POLICYMAKER

The offices of the University of the Witwatersrand's (Wits) biggest entity, the Reproductive Health and HIV Institute (Wits RHI), sit on a noisy corner of Hillbrow in Johannesburg. Unbeknown to themselves, many of the passengers passing by in hooting taxis have benefited from the insights of the Institute's more than 600 staff members: be it through the research done on HIV and sex workers, or through how findings about abortions, contraception or immunisation have informed government policy and guidelines.

Wits RHI's forerunner, the Reproductive Health Research Unit (RHRU) was set up in 1994. In 2010 it merged with another Wits entity, Enhancing Children's HIV Outcomes (ECHO), which specialised in the study of HIV among children.

Since its inception, the institute has been led in an exemplary way by its Executive Director, Prof Helen Rees. She has a self-proclaimed interest in matters relating to public health and prevention, be it through vaccines or contraceptives, or through helping to write guidelines and policy to prevent HIV infections the untimely deaths of young women and men.

"Vaccines and immunisation, along with contraceptives, are among the most powerful public health tools we have," elaborates this Professor in the Wits Department of Obstetrics and Gynaecology and the Co-Director of a newly established Wits Flagship programme in Vaccinology. "Both technologies have a massive impact on the well-being of populations."

HYBRID LEADER

So too has Rees, who describes herself as "a hybrid between a researcher and a public health policymaker."

This former activist doctor has evolved into a superb public health strategist with incredible reach. She is widely recognised for her contribution to researching HIV prevention, reproductive health, contraception and vac-

cines, and her particular ability to translate research into policy and practice.

Admired for her thoroughness and calm demeanour, Rees has chaired many national endeavours focusing on among others AIDS, TB and sexually transmitted infections. She is the current Chair of the South African Medicines Control Council.

Her expert opinion has been called on by many global institutions, including the World Health Organisation (WHO), UNAIDS and the US National Institutes of Health. Most notably, Rees chaired the WHO's overarching expert committee on immunisation (SAGE) and now leads the WHO's African regional expert committee on immunisation.

Rees is currently rapporteur for a WHO committee evaluating the global response to Ebola under the International Health Regulations and is serving on a WHO Emergency Committee responding to the Yellow Fever outbreak in southern Africa.

EARLY YEARS

A deep-set desire to address society's wrongs lies at the heart of these endeavours.

From a Welsh background, Rees was brought up in Hertfordshire, England, and was head girl of her school where she also excelled academically. In 1969, during one of her last years' of school, she was for instance a representative to the International Youth Science Fortnight held in London.

Her mother was a Welsh methodist and her father a Welsh socialist and both influenced her greatly. She obtained both a medical degree and a Masters in social and political sciences from Cambridge University. Free time as a student was often spent on human rights activities, ranging from running a Medicine in Society group in Cambridge to protesting against the 1970s Springbok rugby tour and in the 1980s, the installation of cruise missiles in the UK.

While still in England she made a South African contact – her would-be husband and fellow physician, Dr Fazel Randera, who was studying in London. The couple first worked together at Harare Central Hospital after Zimbabwe became independent. In 1984, they returned together to South Africa. As a mixed-race couple they faced harassment under apartheid legislation such as the Immorality Act and the Group Areas Act.

The couple joined the National Medical and Dental Association (NAMDA) that supported the liberation struggle in the health sector, and provided medical care to victims of political violence. Rees cared for many political detainees who had been victims of torture, and jointly authored a report to Amnesty International on the human rights abuses that occurred.

“The first grant I raised was from the German government for first-aid training and services for townships communities that at that time were under siege,” she remembers.

Rees spent most of her time at the Alexandra Health Centre, a clinic and teaching facility of the Wits Faculty of Health Sciences. It provided much-needed health services to about 500 000 township residents. She also coordinated the rural block training for Wits community medicine.

At the time, motherhood, the political struggle, township warfare and working as the Head of Paediatrics in Alex Clinic took centre stage. She had her second and third child during this period.

“As a collective of progressive doctors, the focus of our work in Alex was about righting injustices and providing services to a community with enormous health needs,” she provides context.

A serious measles outbreak in Alexandra triggered her very first scientific paper in 1988. “We had recurrent measles outbreaks, which in these communities equated to high mortality,” she sets the scene. “I wanted to understand why these babies were not being immunised.”

“Prior to that I had frankly not given research much thought as a career possibility,” she admits.

NEW DIRECTION

With the political changes of the early 1990s came the opportunity for Rees and many fellow health activists to move from the fringes of the health sector into more pronounced roles.

Rees has had a longstanding interest in reproductive health. In the early 1990s, she was part of a team of female researchers whose stark data showed how unsafe abortions were annually a matter of life and death for thousands of mostly black women. Their persuasive evidence helped Parliament frame the 1994 Choice of Termination of Pregnancy (ToP) legislation as one of the first major changes of the new democratic health system.

The RHRU was born out of a meeting with the then newly appointed Minister of Health, Dr Nkosazana Dlamini-Zuma. At the time, Rees was coordinating and writing the African National Congress’ (ANC) new policy on women’s health.

The idea of a unit focusing on issues of women’s health and reproductive issues had global traction, as 1994 was the year of the United Nations International Conference on Population and Development. The event, which is only held once per decade, recognised that reproductive health and rights, as well as women’s empowerment and gender equality, are cornerstones of population and development programmes.

“It was clear that there was going to be a need to support government to develop and implement new policies, and to undertake research while also supporting training, implementation and evaluation,” she summarises the thinking behind the endeavour.

A core group of five people started up the RHRU at Wits. Rees and Dr James McIntyre were the ‘ideas people’ whose vision was shared by people like Dr Mags Beksinska who could make it work on a practical level.

Rees acknowledges how she has always had the good fortune of working with motivated people whose skills and personality complement her own.

"Working with extraordinary people who are totally committed is what has made Wits RHI grow," she notes. "The leadership that RHI now has is outstanding and has expanded our work into new priority areas".

In a 2011 profile interview in *The Lancet*, she describes working at Wits RHI as such: "It is an extraordinary place with exceptional young African and global talents who are now holding their own in the health arena nationally and are a source of great pride for me. The country's history of activism has bred a generation of clinicians and researchers who have confronted all the new health challenges with fire in their bellies."

This hard worker really dislikes taking things on if she "cannot do it properly". "If I go onto a committee I don't want to do a half job; I really do get very frustrated if that's the case," says Rees.

Admittedly, her arm is sometimes twisted to take on tasks that she perhaps should not, but never something she doesn't believe in. "No, no, I certainly will not do it, it comes emphatically."

RESPONSIBILITIES AS CHAIR

Rees recognises that her appointment in 1998 as Chair of the Medicines Control Council changed the trajectory of her life. It catapulted her onto the world health stage, not only because of her regulatory oversight, but because it opened new doors. She was asked to chair global WHO meetings and to join organisations, such as the International AIDS Vaccine Initiative.

One such responsibility led to another. She has since developed into something of an expert chair – and a professional traveller too whose commitments take her around the globe.

In 2015, Rees was again asked to lead the Medicine Control Council. It's an opportunity she relishes, as the second time round she feels she has much more experience in drug regulation and in the health sector to fall back on.

Rees believes that self-doubt often hinders women's success in science and in leadership positions. "Many women, myself included, often quietly think it is a mistake when others ask them to take on a task," explains Rees. "Our first inclination is to say 'Really, me?'"

She shares two lessons she has learnt over the years. "If someone asks you to do something, they obviously believe you can do it. While you might be stretching yourself you should also believe that you are worthy of that request."

Rees also believes that women can work and successfully bring up children." Fazel and I both worked hard, but we made sure that we always had quality time with our children as they grew up. Our greatest pride now is the three fantastic young people that they have become."

Her successes in academia are not bad for a researcher who does not hold a PhD.

She reflects upon it as something that is not terribly amiss, but rather as the result of a different career focus during the struggle years. Had she pursued an academic path from the outset "then I would have had a totally different life. I would not have changed what I did even if it meant I would have had a PhD".

Notwithstanding, this lifelong scholar believes in actively developing her skills when and where necessary. In 2002, she completed the Harvard Business School Senior Executive Programme for Southern Africa.

"You need to keep learning; it's absolutely critical," is her advice to others working in academia, health, medicine or science. "Keep on wanting to push the boundaries of your knowledge, wanting to talk to your colleagues, wanting to have new ideas."