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Global health prize winner Helen Rees: from activist to policy pioneer

By [Michelle Langrand](#)



Helen Rees with the skyline of Johannesburg inner city. (Wits RHI)

This Friday, the World Health Assembly will award the British-born doctor with the Dr. Lee Jong-wook prize, honouring a life spent shaping public health – from the defiant clinics of apartheid-era Johannesburg to the influential policy halls of Geneva. As the world's health architecture falters, Rees draws from an unscripted career forged in crisis and an unwavering conviction in human rights.

Although a career in hairdressing or acting briefly crossed her mind, Helen Rees always saw herself becoming a doctor. She grew up in Harpenden, north of London, but vacationing with her grandparents in Wales – along with her “very Welsh parents” – are what shaped her. Her father, a coalminer and trade unionist, and her mother, a Welsh methodist who would’ve loved to become a doctor if she had the chance, both instilled in her a strong sense of social responsibility. “It was about caring for other people, and so that fitted in well with medicine, because medicine is, ultimately, about caring for individuals and for community,” she says.

Rees, now 71, didn’t just care quietly. Even as a child, she was outspoken. Her weekly school assembly talks always turned political. “I would get into trouble because it’s meant to be a religious assembly and I would talk about the

injustices I was seeing,” she recalls. As a teenager in the 1970s, she joined the Stop the Box demonstrations against apartheid in the UK – one of the many social struggles that would eventually draw her far south.

From medical resistance to policy shaper

At Cambridge University, Rees studied medicine and political and social sciences before marrying South African Fazel Randera, who had left his country to study medicine. They moved to newly independent Zimbabwe, then Johannesburg in the early 1980s, where they lived as a mixed-race couple under apartheid. Rees headed the paediatric section and Randera obstetrics at the Alexandra Township Clinic, one of the few centres that provided health services to black patients.

She had no plans then to enter academia. “We were doing all sorts of things as activists,” she says. But a measles outbreak nudged her into that path. She conducted a study in Alexandra township’s impoverished community about why children were not being immunised. “That was the first time that I paired observation of a problem around poverty and equity – outbreaks of disease – with research, and that was the first paper I wrote.”

In 1994, three years after the repeal of apartheid laws and as democracy was ushered in, Rees helped draft South Africa’s new health policy, authoring the women’s health section. That same year, she founded the Wits Reproductive Health and HIV Institute (Wits RHI) – one of South Africa’s leading research institutions, renowned for developing and testing game-changing prevention tools like PrEP (pre-exposure prophylaxis) while also offering frontline services to underserved communities, and which now works with the World Health Organization (WHO) and UNAids.

“We realised that there was a dearth of research and interventions for the health needs of a new South Africa where the focus had shifted to the whole population instead of just on a minority population,” she explains.

At the time, HIV was quickly taking root in South Africa before the number of infections exploded in the early 2000s. Wits RHI’s first national study was a survey looking at HIV rates and sexual behaviour among young people – framing the epidemic as an issue of inequality. “The study was scientifically first class, peer review, etc. The question was one embedded in equity and fairness, and in how you address health problems.”

By her own account, Rees stumbled into public health policy through circumstance. “In my dreams, my ambition was never to become the head of a drug regulatory authority,” she says of her appointment a few years later to South Africa’s Medicines Control Council. “I didn’t know a lot about it. I know much more now.”

“The thing about exceptional points in history is that exceptional opportunities occur,” she reflects. Those exceptional experiences propelled her into global health governance. She has chaired key WHO advisory groups on immunisation and served on the board of Gavi, the Vaccine Alliance, becoming involved with vaccine policy in low-income countries for infectious diseases, like Covid-19, the human papillomavirus and HIV.

This is just a sample of a long and acclaimed resumé that has earned her the Dr Lee Jung-wook prize created in memory of the late WHO director general, also renowned for his work for the underprivileged. But the recognition, which is also accompanied by a \$100,000 reward, comes at a turbulent time for global health.

Global health reckoning

With the retreat of US foreign aid, and donors following suit, health systems across Africa are reeling. Some governments relied on the US for more than half of their health budgets. While less dependent on US aid, South Africa is still home to the largest HIV epidemic, and Pepfar, the US’s programme for HIV, was crucial to provide testing and treatment to high risk populations, like LGBTQI, Rees points out.

Rees’s own Wits RHI, too, faces uncertainty as its US grants remain up in the air. “For global health at large, it is a major setback,” she says. “We’re seeing huge reductions in staffing, and therefore in the ability of the WHO to fulfil its mandate.”

As she prepares to address the World Health Assembly in Geneva, Rees is calling for a rethink of the global health infrastructure. “Much of it was developed for a completely different era in terms of financing and challenges,” she points out. “Do we want such a global concentration, or do we want to have more regional concentrations in the field of global health? The problems we’re facing here in the African region are very different to those in the Pacific or in the Americas.”

But Rees isn’t daunted by what could be another exceptional moment in history. “Under apartheid, you had to be inventive, creative and think about new policies and you had to do it in the face of difficulty,” she says. “Just take that experience and let’s do this again as a bigger global health community.”