



Dr Paul Davis
Chairman

Chairman's Letter

DEAR STAKEHOLDER

Is Aurum useful to society? The core of our vision statement is that the nature of our research and therapeutic initiatives should be designed to guide and hopefully, shape policy. We have created this expectation and I believe should be measured by it.

The Thibela TB study is beginning to show that there might be a faster, better and cheaper way to manage TB in communities. The research proposition conducted on this scale is itself revolutionary and the astonishing participation of between 60% and 70% by people in the study communities is remarkable.

That 70% of a community of healthy volunteers commit to take a tablet daily for nine months to test a proposition that might help prevent a disease in their community is nothing short of miraculous. Thibela TB has shown that

communities are prepared to participate in well planned, transparent and inclusive programmes that they feel are important and in which they can believe. The empowerment of a community to believe that they can themselves take charge of a health problem is unique. This alone portends inspiring potential for similar approaches to other interventional, community-driven inquiries and therapeutic options.

If this trend continues for the duration of the study and the study achieves all its scientific objectives, it heralds a far-reaching and positive advance as to how this infectious disease and other diseases might be managed by communities in the future.

The research mode, if the study criteria are maintained, predicts a 60% reduction in the incidence of TB in these communities lasting more than 10 years after the nine-month pill taking period. This resembles a 'vaccine' prevention outcome.

Our participation in the AIDS candidate vaccine trials also supports the concept of community empowerment but from a different perspective.

As detailed elsewhere in this volume, the early results of the first vaccine Aurum was involved in testing were disappointing. However, the particularly vigilant trial process detected the hitherto unpredicted and unfavourable outcomes very early on in the trial's implementation. The trial was quickly stopped and the whole underlying concept of using 'vaccine enhancers', which were a key feature of this vaccine, will have to be reviewed.

This signals a clear need for a policy shift in both the management and investigation of the disease to take into account this delay. 'Next generation' policy will:

– Recognise that a 'single bullet' option is unlikely to be successful at this stage and that the control of HIV/AIDS will only be achieved by a combination of interventions at several levels.

– Affirm that prevention and treatment programmes must be deepened and amplified.

– Promote and intensify research to understand our basic behaviour patterns and what may influence them.

– Recognise that the management of AIDS can be vastly improved just by the better management and implementation of existing prevention and treatment options.

The negative study represents a strong vote of confidence in the scientific and ethical processes and management vigilance inherent in our trials.

The desperate hope that an effective vaccine is 'just around the corner' is false. Much more time is needed in this avenue of research.

I can report that there is some promise emerging in other different candidate vaccines but in my mind a comprehensive safe effective vaccine is still some way off.

The far-sighted and very effective PEPFAR expansion initiative supported by the President and Congress of the USA is still in my opinion the most important contribution to the fight against HIV in our country. We have successfully applied for an expansion of our PEPFAR programmes as well as receiving additional support from the initiative for a small and medium enterprise programme. Our prisons initiative is now well under way at Johannesburg and Pretoria prisons and we have seen the establishment of an active collaboration with the Department of Correctional Services on several levels.

We are optimistic that our partnerships with funders and collaborators will lead to the rapid expansion of current programmes at our existing sites, and the introduction of new treatment and research initiatives at others.

Prof Gavin Churchyard continues to provide inspiring leadership to our organisation. His prodigious stature in the world of TB and HIV and his influential leadership activities on national and international forums contributes significantly to Aurum's standing in and the regard in which it is held by these scientific forums.

Prof. Churchyard and the gifted scientists and programme leaders he has gathered are the most important contributors to the confidence our benefactors have in engaging with us in seeking answers to combat the twin perils of HIV and TB.

Research organisations are often measured (not always accurately) by the quantity and quality of publications in peer reviewed journals. I direct your attention to our publication record for the past year for your consideration as worthy of more detailed study.

I join with other members of the Aurum Board of Directors and staff in thanking all of our funders, supporters, independent directors and advisors, collaborators, stakeholders, and especially the communities in which we work as we begin to fulfil Aurum's determination to be useful.

