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"The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy."
Martin Luther King Jr., Strength to Love, 196. US black civil rights leader and clergyman (1929 – 1968).

Dr Martin Luther King captures the essence of what separates heroes from ordinary people. The same can be said for public benefic and non-governmental organisations, such as Aurum. It is not what we do in moments of comfort and convenience that define us, but rather what we do at times of challenge and controversy. Dealing with TB and HIV in South Africa certainly contains many challenges and controversies. Whereas many companies are defined by the size of their workforce, annual income or profits, Aurum is defined by its research which informs national and international TB/HIV policy and by its implementation of TB/HIV activities, through its health systems management services. The focus of my

Chief Executive's Review

review is the impact Aurum has had over the past year in these two important areas.

TUBERCULOSIS AND HIV

The prevalence of HIV in South Africa remains high, with women bearing the brunt of HIV infection and disease. The past year saw the establishment of an ambitious national HIV strategic plan to respond to the HIV epidemic. Similarly, South Africa has one of the highest burdens of TB in the world. The high rate of TB is largely attributable to HIV. Despite the intensification of the National TB Control Programme (NTCP), treatment outcomes remain sub-optimal. In response, a national TB strategic plan was developed that set specific targets for the NTCP. Both the TB and HIV programmes consulted widely with stakeholders in developing their strategic plans. Aurum is honoured to have had the opportunity to provide input into the development of both plans and is committed to working in partnership with government and other stakeholders to achieve the ambitious targets for improving the control of TB and HIV.

During 2007, Aurum also played a role at an international level by contributing to policy recommendation committees at the World Health Organization (WHO), particularly in the new three 'I' TB strategy which advocates for 'Intense Case Finding, Isoniazid Preventive Therapy (IPT) and Infection Control'.

As a result of successes achieved in our various programmes, we have been invited to submit several major new project proposals to PEPFAR as well as the Global Fund. If these projects are approved, they will further cement Aurum's place in global initiatives to fight HIV and TB.

PROGRAMMES

Over the past year Aurum's programmes have made great progress. The details of each programme are set out later in this volume. I will however highlight areas where

each programme has made a significant contribution to formulating policy or improving the health of individuals or communities.

Tuberculosis

Thibela TB

The Thibela TB study aims to rapidly and dramatically reduce TB rates among gold miners using community-wide isoniazid preventive therapy in addition to standard TB control. The study has made good progress and has enrolled four intervention and three control clusters. In all, nearly 18,000 participants have so far consented to the study and more than 16,000 have started on isoniazid preventive therapy, making this the largest group of people on IPT under trial conditions in the world. The study received an inaugural award from the Good Clinical Practice Journal for the most innovative patient recruitment strategy in London in September 2007. In order to promote the uptake of CREATE's 'Find, Treat, Prevent TB' strategy, and the WHO's three 'I' strategy, a deputy director of policy and advocacy for CREATE, based with Aurum, and a Thibela study policy and advocacy manager have been appointed.

Aurum is pleased to announce that it has received two new funding awards (from the National Institutes for Health and the Colt Foundation) for a study to research multi- and extensive-drug resistant TB in miners participating in Thibela TB. This study aims to establish a surveillance mechanism for drug-resistant TB in the mining industry and evaluate new rapid tests for the diagnosis of drug-resistant TB, thereby contributing to important knowledge that will inform policy within the industry, as well as nationally and internationally. Thibela TB has had a productive year, with numerous publications and presentations at international and local conferences, and has contributed to international and regional TB/HIV guidelines.

New TB drugs

Aurum started a trial of the first new TB drug in 40 years during the course of 2007 (Thibotec: TMC207). This trial is a further step to finding new drugs and regimens for TB that aim to reduce TB treatment from 6-8 months to no more than 2 months. During 2008, Aurum will start three other TB drug trials that will further contribute to these aims.

TB diagnostics

Aurum participated in a large demonstration project comparing liquid culture to standard solid culture medium for TB, funded by the Foundation for Innovative New Diagnostics (FIND). The results of this project, along with results from other participating sites, were presented by FIND to the World Health Organization to formulate new policy supporting the use of liquid culture.

TB vaccines

New TB vaccines are desperately needed, particularly for infants and adolescents. Aurum is in advanced negotiations with the Aeras Global TB Vaccine Foundation to collaborate in TB vaccine trials. I had the privilege to visit the Aeras Foundation in Washington in September and deliver the Annual Thaler Lecture.

HIV prevention: The good, the bad and the ugly

The good

We celebrated completing our first HIV vaccine trial (HVTN204: multiclade DNA prime/Ad5 boost), in which we met our target enrollment of 80 participants. I, as the international co-chair and national principal investigator for this trial, presented the trial's promising interim results at the HIV vaccine congress, the HIV Vaccine Trials Network full group meeting, and to the Minister of Health and the media.

Aurum also made excellent progress in recruiting participants into the Center for

HIV/AIDS Immunology (CHAVI) study of acute HIV infection, and we have begun HIV vaccine preparedness activities in the Rustenburg municipal area. Aurum is exploring the possibility of expanding its HIV prevention activities to include microbicides and oral prophylaxis trials.

The bad

The Merck clade B trivalent Ad5 HIV vaccine trial (HVTN503/Phambili) is the first HIV vaccine efficacy trial to be done in South Africa. A sister trial (STEP study), using the same vaccine, was being conducted in the United States and Caribbean. Enrolment into the Phambili trial was terminated based on interim results from the STEP study, which showed no benefit and possibly an increased risk of acquiring HIV if exposed. Aurum had enrolled 221 participants at the time the Phambili trial was stopped. Although the trial was stopped early, the trial was considered best research practice as it identified early that the vaccine was ineffective. Aurum participated in local and international discussions on the implications of these results for future HIV vaccine trials. I had the opportunity to meet with the Minister of Health and her senior advisors, along with other principle investigators in South Africa, on three occasions to discuss the results and the way forward for HIV vaccine trials in South Africa.

The results of the STEP and Phambili trials have had a profound effect in the HIV vaccine field, with some authorities questioning whether it is possible to find an effective HIV vaccine. However, there is reason to remain optimistic. There are other HIV vaccine candidates that show promise, including a South African developed vaccine. Furthermore, CHAVI is working tirelessly to unblock the immunological barriers to finding an effective vaccine.

The ugly

Aurum, as a TB/HIV research and health systems management organisation, is not

immune to the conflict and controversy that surrounds these diseases. I was deeply saddened to learn over the past year that stigma and discrimination against people with TB and HIV is as much of a problem within Aurum as it is in the communities we are trying to assist. Although Aurum has an HIV policy that prohibits discrimination, provides free HIV testing, and facilitates access to TB and HIV treatment, the implementation of the programme has occurred in an ad hoc manner. In response, an HIV committee was established to ensure that the TB/HIV programme is implemented consistently across all regions, and to drive improvements in our own programme. Furthermore, the committee was specifically mandated to address stigma and discrimination among Aurum employees. Aurum cannot adequately meet the needs of other individuals and communities unless we meet the needs of our own staff.

HIV/TB care programme

The sizable workplace and community-based TB and HIV treatment programmes have made excellent progress, exceeding their targets for the year. The programme has recognised the importance of integrating TB and HIV activities and will continue rolling out these activities in the workplace and community programmes in 2008. The results of the operational research done in the programme have yielded important insights and have been presented at international, regional and national conferences.

The HIV treatment programme is notable for a number of its innovative approaches that will provide models for expanding access to ART delivery and managing ART programmes.

Private practitioner model of ART delivery

There are over 10,000 registered private practitioners in South Africa that could be used as a resource to provide ART to indigent patients. Aurum has established a

network of private practitioners that provide HIV testing, treatment and care to indigent patients funded by the President's Emergency Plan for AIDS Relief (PEPFAR). Through this programme, more than 9,000 people have been tested for HIV. More than 15,000 have enrolled on the programme and more than 7,000 have started on ART. Furthermore, the programme results continue to be good in comparison to other treatment programmes. This programme demonstrates the feasibility of implementing such an approach and the lessons learnt can be used to put the model into broader operation.

HIV testing and treatment service in correctional facilities

Delivering HIV testing, treatment and care in correctional facilities has many challenges. Aurum is proud to be partnering with the Department of Correctional Services, Gauteng, to support the provision of HIV services to inmates. Valuable lessons learnt from this programme can be used to inform HIV services in other correctional facilities.

HIV services in small and medium enterprises (SME)

Employees of SME do not routinely have access to HIV services in the workplace. Aurum's SME project aims to develop a replicable service delivery model that provides access to HIV services, both within and outside of the workplace, to employees and their families.

Data management in public sector facilities

A large majority of public health facilities do not have access to data management systems for managing the large numbers of patients being cared for by their HIV treatment services. Aurum is proud to be partnering with the HIV treatment services at the Chris Hani Baragwanath Hospital in Soweto, the Thembisa Hospital in Thembisa and the Tshepong Hospital in Klerksdorp. Aurum has demonstrated the feasibility of using data management

systems to assist the dedicated staff of these ART clinics, and has significantly improved the management of patients. The lessons learnt will inform implementation of data management systems for HIV treatment services more broadly and provides a basis for doing operational research.

Treat, train and retain strategy for health care workers

Health care workers, particularly nurses, are the backbone of the national TB and HIV programmes. However, there are insufficient health care workers to meet the demands of the TB and HIV programmes. The situation is further compounded by stigma and discrimination that leads to health care workers being reluctant to be HIV tested or to work in TB/HIV services for fear of being exposed to TB, particularly drug resistant TB. The WHO has developed a treat, train and retain strategy to address the needs of health care workers. Aurum is part of a five country study to evaluate this strategy for the WHO. The results of this study will provide the basis for international and national policy on caring for the nation's health care workers.

Health systems and economics

The health economics unit has made important contributions to understanding the impact of HIV on businesses, the cost of providing antiretroviral therapy, and the cost-effectiveness of liquid culture for TB diagnosis. The results of this programme have been presented at international and national conferences. The programme is working with business to develop a management reporting system and model for HIV, TB and sexually transmitted infections.

SPONSORS, STAKEHOLDERS AND COLLABORATORS

The trend in the research and implementation of TB/HIV services is to work in partnership with key stakeholders and collaborators. Aurum, at its first ever

Aurum Rose Awards Ceremony, paid tribute to Sanofi-Aventis, for its donation of free drugs to the Thibela TB study; AngloGold Ashanti Fund and the Anglo American Chairman's Fund for substantial donations to Aurum; Dr Brian Brink, for his support of Aurum and as a global leader in HIV; Mr Eric Gcilitshana on behalf of the National Union of Mineworkers for its contribution to the fight against TB through Thibela TB; and Dr Kgotso Ncholo for service excellence in providing HIV treatment and care as a general practitioner.

I wish to thank all our stakeholders and collaborators for partnering with us. None of Aurum's work would be possible without their support. I also wish to thank our sponsors for their generosity in providing the funding that supports our work.

RECOGNIZING EXCELLENCE, INTEGRITY AND TEAM WORK

Aurum, at its year-end function in November 2007 honoured those employees, nominated by their peers, that exemplified Aurum's values of excellence, integrity and team work. Mr Sam Ramapo, an HIV vaccine study coordinator from the Klerksdorp site, received the Employee of the Year Award. Mr Ramapo is an inspiration to all and he encouraged other employees to work together as a team: Together, Everyone Achieves More.

CONCLUSION

Over the past 10 years of our existence, Aurum has made a significant contribution to TB/HIV through its transformational research and health systems management. However, a great deal more needs to be done. We should be inspired by the words of Martin Luther King and continue to embrace the many challenges and conflicts that still exist. Aurum is excited about the next 10 years and renews its commitment to improving access to TB/HIV services through its workplace and community-based programmes, and to informing policy through its transformational research.