

Annual Report 2025

Resilience & Green Shoots



**THE AURUM
INSTITUTE**



**Creating a Healthier World
for Future Generations.**

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Resilience & Green Shoots

Chairman's Message

There are some years that test an organisation's plans, and others that test its character. For Aurum, 2025 was undoubtedly the latter.

The year brought significant challenges for the global health sector. Long-standing assumptions about funding stability were disrupted, donor priorities shifted rapidly, and many organisations across our sector were forced to navigate unprecedented uncertainty, and some even closed their doors. For Aurum, this environment demanded difficult decisions, adaptability, and resilience. Yet it also reaffirmed for me something fundamental about this organisation: that our purpose extends beyond any single funding stream, programme, or moment in time.

Throughout these challenges, we remained firmly anchored in our vision, mission, and values. Our commitment to creating a healthier world for future generations did not change, even as the circumstances around us did. Those enduring principles provided a compass during a year when the path ahead was not always clear.

Against this backdrop, 2025 was also a year of important progress. The organisation sharpened its focus on long-term sustainability, strengthened its strategic partnerships, continued to invest in scientific and implementation excellence, and adapted to a rapidly changing operating environment. These efforts were not simply about responding to immediate pressures. They were about ensuring that Aurum remains strong, relevant, and capable of delivering impact for years to come.

“ Our commitment to creating a healthier world for future generations did not change, even as the circumstances around us did.”

DR JERRY GULE

Dr Jerry Gule
Chairman of the Board





On behalf of the Board, I would like to acknowledge the exceptional leadership shown by our Group Chief Executive Officer, Dave Clark, and the Executive Management Team during this period. Leadership is often judged by results achieved during favourable conditions. The true measure, however, lies in how leaders respond when circumstances become difficult. Throughout the year, management demonstrated resilience, clarity of purpose, transparency, and a willingness to take really tough and heart-wrenching decisions in the best interests of the organisation and the communities we serve. Their efforts have helped guide Aurum through a period of stabilisation while laying the foundations for future growth and renewal.

The Board's role during the year was to provide oversight and guidance, but to also challenge management's thinking and proposals. Still, we worked closely with the management team to monitor risk, safeguard the organisation's financial sustainability, ensure strong governance, and sound strategic decision-making at a time when these responsibilities were more important than ever. I would like to thank my fellow Board members for the commitment, wisdom, and stewardship they brought to these deliberations. Effective governance is often least visible when it is most needed, and I am deeply appreciative of the contribution made by the Board throughout the year.

 We enter this next chapter with a strong sense of purpose, a clear strategic direction, and confidence in the people who make our mission possible.”

I also wish to extend my sincere gratitude to Aurum's employees, partners, funders, collaborators, and the communities with whom we work. During times of uncertainty, it is people who sustain institutions. Across the organisation, we saw extraordinary commitment, professionalism, and determination. The achievements captured in this report are the result of their collective efforts.

As we look to the future, we do so with both realism and optimism. The health challenges facing our region and the world remain substantial, and the funding environment is likely to remain complex. At the same time, Aurum enters this next chapter with a strong sense of purpose, a clear strategic direction, and confidence in the people who make our mission possible.

The events of 2025 reminded us that while circumstances may change, values endure. It is those values that will continue to guide Aurum as we pursue our vision of improving health and transforming the lives for future generations.

Group CEO's Message

As I sat down to write this message, I found myself reflecting on how profoundly different my first year as Group CEO taking over from our founder has been from anything I imagined.

When I accepted this role, I did so with a sense of optimism and ambition. My vision was to help lead Aurum into a new era defined by Innovative Excellence: an organisation that would continue to deliver world-class science and public health impact while embracing new technologies, new partnerships and new ways of working. I expected challenge, but I also expected the relative luxury of time to pursue deliberate transformation.

Instead, 2025 became a year that tested every aspect of Aurum's resilience.

Few could have predicted the speed and scale of the changes that swept through the global health landscape. The decision by the United States Government to terminate USAID and the broader shift in its approach to development assistance and health research sent shockwaves across our sector. For organisations like Aurum, which have long partnered with governments, funders and communities to address HIV, tuberculosis and other pressing health challenges, the implications were immediate and profound. Programmes, institutions and livelihoods across Africa and beyond were affected.

“What I describe as "Aurum 2.0" is not simply a new strategy or organisational structure. It is the next evolution of our purpose and identity.

PROF DAVE CLARK
Group Chief Executive Officer



Like many of our peers, we experienced uncertainty, disappointment and concern. Yet what has inspired me most over the past year is how our people responded. Rather than retreating in the face of adversity, Aurum leaned into its values. We confronted difficult realities honestly, made hard decisions where necessary, and focused relentlessly on protecting both our mission and our future.

Importantly, we did not enter this period unprepared. Over the last 10 years, Aurum has deliberately pursued diversification across geographies, programmes and funding sources. That strategy proved invaluable in keeping our mission alive. Throughout 2025, our teams worked tirelessly to secure new grants, cultivate new partnerships and identify fresh opportunities for impact. While the environment remains challenging, our ability to adapt has reinforced an important truth: organisations built on excellence, credibility and trusted relationships are far more resilient than organisations dependent on any single funding stream. The work continues, but I am encouraged by both the breadth of our pipeline and the confidence that many partners continue to place in Aurum.

“Throughout 2025, our teams worked tirelessly to secure new grants, cultivate new partnerships and identify fresh opportunities for impact.”

No organisation navigates moments like these through strategy alone. It depends on people. I have the privilege of working alongside an exceptional Executive Committee and leadership team whose commitment, judgement and courage have been evident every day. Time and again I have witnessed individuals stepping beyond formal responsibilities, supporting colleagues, solving complex problems and making difficult decisions in the best interests of the organisation. Leadership has not been confined to boardrooms or executive meetings. It has emerged from every level of Aurum, from researchers and programme teams to finance, corporate operations, human resources and across our administrative and support services. The professionalism and dedication of our people remain our greatest competitive advantage.

One of the most visible milestones of the year was our move to our new headquarters in Isando. Relocations are rarely just about buildings, and this one certainly was not. Our new home represents far more than a change of address. It reflects a conscious step toward a more integrated, collaborative and diversified future. It provides a modern campus from which our teams can work together more effectively, innovate more rapidly and continue delivering impact at scale. For me personally, the move has come to symbolise something important: while circumstances around us may change, Aurum continues to enthusiastically move forward.

As we look ahead, it is increasingly clear that our sector is entering a period of profound transition. The gradual close-out of PEPFAR-funded activities in South Africa will reshape the health ecosystem that many of us have known for more than two decades. While that reality carries understandable uncertainty, I believe it also presents an opportunity. Aurum has reinvented itself before. Indeed, reinvention has been a hallmark of our history.

What I describe as "Aurum 2.0" is not simply a new strategy or organisational structure. It is the next evolution of our purpose and identity. It is an Aurum that combines scientific excellence with even greater operational agility. An Aurum that embraces digital innovation and AI, pursues diversified and sustainable funding models, expands its influence across Africa and beyond, and continues to tackle the health challenges that matter most. Most importantly, it is an Aurum that remains unwavering in its commitment to creating a healthier world for future generations.

On a personal note, this year has reminded me that leadership is as much about listening as it is about deciding. I have drawn immense strength and encouragement from the conversations I have had with colleagues across the organisation: stories of concern, resilience, creativity and hope. They have reinforced my belief that while organisations are often described through strategies, programmes and financial results, they are ultimately shaped by people and shared purpose.

My deepest gratitude goes to the Board for their wise counsel and steadfast support during a period of extraordinary complexity. I thank our funders and partners for their trust and continued collaboration. I thank our leadership teams across the Group for their commitment and perseverance. And above all, I thank every member of the Aurum family for remaining focused on our mission, our values and the communities we serve.

The year tested us, but it did not define us. Our response did.

“I have drawn immense strength and encouragement from the conversations I have had with colleagues across the organisation: stories of concern, resilience, creativity and hope.”

When the work stopped, TB did not.

When USAID funding for ACCELERATE 1 ended abruptly, years of work bringing TB screening, diagnosis, treatment and prevention closer to vulnerable communities in South Africa's Eastern Cape came to a sudden halt. Dr Priashni Subrayen reflects on what was lost, what happened to patients and staff, and how an unexpected lifeline allowed a smaller team to return through PRO-TB and begin rebuilding what had been interrupted.

When statistics became personal

I have worked in TB for more than 15 years. I understand the statistics and the language we use: cases detected, people started on treatment, treatment coverage, loss to follow-up and mortality.

But there are moments when those words stop being statistics. The termination of ACCELERATE 1 was one of those moments for me.

ACCELERATE 1 was a large USAID-funded programme, but what mattered to me was what it looked like on the ground. Our teams were taking TB services to people who might otherwise never reach them, while helping to strengthen health systems across different levels of care.

Our digital chest X-ray trucks travelled into communities. Community health workers went door to door. We traced household contacts, collected sputum, linked people to diagnostic testing and helped those diagnosed with TB start treatment. We also identified people who could benefit from TB preventive treatment.

We were trying to close one of the gaps that has frustrated me throughout my career: we know how to diagnose and treat TB, but too many people are still diagnosed too late simply because the health system does not reach them soon enough.

By the time ACCELERATE 1 closed, approximately 2,880 people had been initiated on TB treatment and 8,250 on TB preventive treatment.

When the funding stopped

Then the funding stopped. The instruction was immediate, but the consequences could never be. TB does not stop because a project stops.

A person halfway through treatment still needed medication and support. Someone developing symptoms still needed to be found. A child living with a parent with infectious TB was still exposed. And the person who could not afford transport to a clinic still had that same barrier the next morning.

That was the hardest part for me. As a project director, I understood that funding agreements can end, even unexpectedly. As a doctor, it was much harder to accept that services could disappear while the disease continued exactly as before.

There was also the impact on our staff. ACCELERATE 1 had built teams who knew these communities and had relationships with clinics, community leaders and patients. Many had organised their lives around this work, with families to support, rent to pay and commitments made in good faith.

Suddenly, we were no longer discussing how to find more people with TB. We were discussing how to close a programme. Vehicles stopped. Teams were dismantled. Staff left. Systems that had taken time to establish began shutting down. And behind every operational decision was the question that troubled me most: What happens to the people we were caring for?

We tried to transition patients into routine services, but anyone who works in public health knows that referrals are not the same thing as continuity of care.

“What happens to the people we were caring for?”

Dr Priashni Subrayen
Technical Director



A second chance to rebuild

For a period, I thought that was simply where the ACCELERATE story would end. Then something unexpected happened.

A donor who understood the urgency of what had been lost offered Aurum the opportunity to restart some of the highest-impact work in the Eastern Cape. That became PRO-TB.

I remember the relief of knowing we could go back. But returning was bittersweet. We could not recreate ACCELERATE 1 at its previous scale or simply switch everything back on. People had moved on. Teams had dispersed. Community relationships had been interrupted. Operational systems had to be rebuilt.

So we asked ourselves a different question: If we have another opportunity, what are the things we absolutely must restore first?

The answer was the work that brought TB services closer to people. We returned to Nelson Mandela Bay and Sarah Baartman districts with two digital chest X-ray trucks. We restarted community screening, door-to-door visits, household contact tracing, sputum collection, links to testing and treatment, and TB preventive treatment for eligible contacts.



I am deeply grateful that PRO-TB gave us the opportunity to return. Without that support, many of these services would simply not have resumed. But gratitude should not stop us from learning from what happened.

South Africa cannot build its TB response on the assumption that external funding will always be there. At the same time, we should not underestimate what carefully targeted donor funding can achieve when it strengthens the health system rather than standing apart from it.

PRO-TB has given us an unusual opportunity to think about both. We are showing what is possible when screening and diagnosis move into communities, while asking which parts of that model can be simplified, integrated and sustained within the South African health system.

For me, however, there is an even more basic lesson. During the shutdown, I learnt how quickly something we had spent years building could disappear. During the restart, I learnt something else: how quickly people will come together to rebuild when they believe the work matters.

Our teams came back. Our partners came back. Our communities opened their doors to us again. And our trucks started moving again.

I sometimes think about the people we did not reach during the months when those services were absent. We will never know all their names or what happened to them. That is difficult to sit with.

But it also gives me a very clear sense of responsibility for what we do next.

South Africa still has an enormous TB burden. Somewhere today, someone has TB and does not yet know it. They may feel well. They may not have money to travel to a clinic. They may struggle to produce sputum. They may simply believe TB is something that happens to somebody else.

Our job is to find a better way to reach that person.

“ Our teams came back. Our partners came back.
Our communities opened their doors to us again.”

When Leadership Matters Most

How Dr P led through one of Aurum's most challenging periods

“We had to think about our staff, our patients and what needed to happen next.”

On a Monday morning in January, Dr Phindi Nxumalo, known to colleagues affectionately as Dr P, received a call she will never forget.

As the Principal Investigator for Aurum's main PEPFAR-funded programme, she was responsible for one of the organisation's largest HIV initiatives. The message from the US Centers for Disease Control and Prevention (CDC) was brief but unmistakable. Following an Executive Order, staff supported through PEPFAR were instructed not to report for work the next day.

For someone known for being poised and calm under pressure, the call shook her. She had to take a moment, dig deep, pray and pull herself together. The organisation needed its leaders to respond, and hundreds of staff would soon be looking to them for answers. “There wasn't time to dwell on what it meant,” she recalls. “We had to think about our staff, our patients and what needed to happen next.”

“Resilience isn't pretending things are easy. It's staying true to your purpose, trusting your people and moving forward, even when the path isn't clear.”

Dr Phindi Nxumalo
Senior Technical Director



Leading without all the answers

Overnight, the questions came thick and fast. What would happen to hundreds of staff? How would patients continue receiving care? What would this mean for a programme that had spent years building trust in communities?

For Dr P, the answers did not come immediately, the responsibility did. The first priority was clear: Aurum's leadership contacted the Department of Health to explain the situation. It was important that government partners heard the news directly before disruptions were felt at health facilities. Only then did leaders gather staff for a town hall to share what they knew and, just as importantly, what they did not know.

"There were many questions we simply couldn't answer, we made a commitment to be honest. We would share confirmed information and we wouldn't speculate."

For her, transparency became one of the most important leadership decisions of those early weeks. Rather than trying to create certainty where none existed, the focus was on maintaining trust.

Keeping People Connected

As uncertainty grew, so did the anxiety among staff. Many worried about their jobs and about the communities they had supported for years. Rather than leaving people at home waiting for news, Aurum introduced psychosocial support, live wellness sessions and regular debriefings. It gave staff an opportunity to stay connected, ask questions and support one another while leadership worked through the next steps.

Behind the scenes, Dr P and the executive team met daily. With communication from funders limited during those first weeks, they focused on what they could control. Different scenarios were mapped out, essential services identified and contingency plans developed. Throughout the uncertainty, the management team remained at work, ensuring the organisation was ready to respond as circumstances changed.

For Dr P, leading through uncertainty required something many people misunderstand. "People look to leaders for direction," she says. "If you panic, everyone panics." However, she is quick to point out that remaining calm did not mean she wasn't worried. "It meant making sure my uncertainty didn't become everyone else's."

She credits executive coaching with helping shape her leadership long before the crisis unfolded. It reinforced the importance of listening to different perspectives and recognising that leadership is not about carrying every decision alone.

While staff welfare remained a priority, patients were never far from the discussion. Years of work had gone into helping people remain in HIV care, particularly adolescents, young people and men, who are often the hardest to retain in treatment. An abrupt interruption to services threatened to undo much of that progress.

“ We didn't want people to fall out of the health system because services suddenly stopped.”

"Our biggest concern was continuity of care. We didn't want people to fall out of the health system because services suddenly stopped." Working closely with the Department of Health, Aurum focused on maintaining essential services while preparing for whatever came next.

From Shock to Action

Two weeks later, the breakthrough came. Aurum received a waiver to restart limited activities. The funding was smaller, the work plan had to change. But the team was ready, and services moved quickly back into motion.

Then came the hard choices: with a reduced budget, retrenchments could have been the easy answer. Aurum chose differently and roles were repurposed, staff were redeployed and teams shifted to meet new priorities. Consequently, all 804 jobs were retained.

One moment stood out. A four-person Aurum team presented to CDC Atlanta on what withdrawing frontline workers would mean for patients, communities and the health system. Their message landed, with funding extended for all four CDC-supported implementing partners until September.

For Dr P, the crisis left more than scars, it left life lessons. "I've always considered myself resilient. But moments like this stretch you. They teach you to trust your judgement, your team and the truth that you won't always have all the answers."

It also reminded her that relationships built over years become lifelines in a crisis.

Today, she sees the Executive Order as more than a funding crisis. It became a test of leadership: stay honest, work together and keep people at the centre.

"Resilience isn't pretending things are easy. It's staying true to your purpose, trusting your people and moving forward, even when the path isn't clear."

“ We made a commitment to be honest. We would share confirmed information and we wouldn't speculate.”

Driving change in TB diagnostics



**DriveDx
4TB Too**

For Hannie Stevenson, getting a TB diagnosis changed her life. A TB survivor and member of Aurum's Community Advisory Board, Hannie had grown up believing she had bronchitis. It was only later that she discovered she had TB.

"As a TB survivor, I learned that early diagnosis changed my life, because I grew up knowing that I had bronchitis, only to find it was TB all along."

Hannie's experience reflects a much larger challenge. Too many people with TB are still missed because the tests they need are not available where they seek care, or because existing tests require sputum samples that some people, particularly children, cannot easily provide. When TB is diagnosed late, treatment can be delayed, people can become more ill and transmission can continue.

DriveDx4TB TOO is responding to this gap. Funded by Unitaid, the project brings together global and local partners across South Africa, Kenya and Indonesia to accelerate the introduction of innovative TB diagnostic technologies in real-world settings. The aim is not simply to evaluate new tests, but to generate the evidence needed to help the right tools reach the people who need them.

“The science exists. Our job is to make sure it reaches the people who need it,” - Prof Violet Chihota, Aurum Group Chief Scientific Officer and Principal Investigator of DriveDx4TB TOO.



TB does not look the same in every community, and neither should the approach to diagnosing it. Someone being screened in a community may have very different needs from someone attending a primary healthcare clinic or hospital. DriveDx4TB TOO is therefore evaluating different diagnostic technologies and generating evidence on how they can work across these settings.

But developing better tests is only part of the challenge. The project is also looking at the systems and partnerships needed to move promising diagnostics from research into routine care, including evidence to inform policy, regulatory pathways and approaches that can support sustainable access.

Communities need to be part of that process too. As Blossom Napoleon, Aurum's Community Engagement Manager, explains it: "It is important that we work with civil society organisations that are rooted within these communities to generate quality evidence, to shape global and national policy, that make life-saving TB testing available to everyone that needs it, especially children and people living with HIV. We need to centre community-based organisations and communities to lead the change."

That connection between science and lived experience is central to the project. Hannie's own experience makes the urgency difficult to ignore. "Neither TB nor MDR-TB is a death sentence, but a late diagnosis is." Her message is simple but effective. "Test early, start early, and finish early."

In a difficult global funding environment, DriveDx4TB TOO represents a new investment in closing one of TB's most persistent gaps. For Aurum, it also builds on years of experience in TB research and implementation, bringing science, communities and health systems together to help promising technologies move closer to the people who need them.

"We are accelerating diagnostics because people cannot wait anymore. We need the tools now. We need better tools now," says Violet.

The project is still at the beginning of its journey. Its impact will ultimately be measured not simply by the technologies evaluated, but by whether better diagnostic options reach the communities that need them.



“We are accelerating diagnostics because people cannot wait anymore. We need the tools now. We need better tools now.”

Africa Voices of Science

- Prof Vinodh Edward

Aurum Group Chief Operating Officer Prof Vinodh Edward has been named one of Speak Up Africa's 2025 African Voices of Science (AVoS) Champions, joining a continental cohort of leaders working to strengthen African voices in health research, policy and innovation.

Selected from a competitive cohort of health research and development leaders across Kenya, Côte d'Ivoire, Senegal and South Africa, Prof Edward joins a prestigious group committed to advancing African-led science, influencing policy and driving more equitable investment in health research.

In this Q&A, he reflects on what the appointment means to him, why African scientists must be more visible in global health decision-making, and how evidence can move beyond journals and conferences to shape policies that improve people's lives.

“ Thought leadership means being willing to engage beyond academic spaces, with policymakers, communities, funders, regulators, and the public. It is about asking not only “what does the data show?”, but also “what should change because of this evidence?”

PROF VINODH EDWARD

Group COO

What does taking on this role with African Voices of Science mean to you, and what made you want to take it on?

Taking on this role with African Voices of Science is both an honour and a responsibility. For me, it is an opportunity to contribute to a stronger, more visible African scientific voice in the global health space — particularly at a time when many decisions affecting African health systems are still made without sufficient African leadership at the centre.

I wanted to take on the role because I believe African researchers and institutions have generated important evidence, built strong research infrastructure, and contributed meaningfully to global health advances, but we are not always equally represented in the policy and financing conversations that follow. AVoS creates a platform to help close that gap.

Why is it particularly important for African scientists and researchers to use their voices and shape the global science and health agenda at this point in time?

This is an important moment because global health priorities and financing models are changing. African countries continue to carry a major burden of HIV, TB, non-communicable diseases, and emerging health threats, but the global health environment is becoming more uncertain and more competitive.

If African scientists are not actively shaping the agenda, there is a risk that research priorities, product development, access models, and funding decisions will continue to be shaped elsewhere. African researchers bring direct knowledge of local epidemics, health systems, communities, and implementation realities. That perspective is essential if science is to translate into real health impact.

When we talk about “thought leadership”, what does that mean in practice? Is it simply about producing good research, or is there a responsibility to take that evidence into policy, public debate and decision-making?

Good research is the foundation, but thought leadership must go further than producing evidence. It means helping to interpret that evidence, communicate it clearly and ensure it informs decisions that affect people's lives.

For me, thought leadership means being willing to engage beyond academic spaces, with policymakers, communities, funders, regulators, and the public. It is about asking not only “what does the data show?”, but also “what should change because of this evidence?” In public health, evidence that does not reach policy or practice has limited value.

“If African scientists do not speak to policy debates, others will speak on our behalf.”

Are African scientists sometimes too cautious about speaking up? If so, what holds them back, and what needs to change?

Yes, I think African scientists can sometimes be cautious about speaking up, and there are understandable reasons for that. Many researchers work within complex funding, institutional and political environments. There may be concerns about being seen as too critical, too political, or outside one's scientific role.

But that caution can come at a cost. If African scientists do not speak to policy debates, others will speak on our behalf. What needs to change is that institutions, funders, and research networks must create more space for African researchers to engage publicly and confidently. We also need to value policy engagement and advocacy as part of scientific leadership, not as something separate from it.

What are the conversations that African scientists and health leaders need to be having more loudly right now, particularly in the face of changing global health priorities and funding?

We need to speak more clearly about African health sovereignty. That includes how we finance research, how we build and retain scientific capacity, how we manufacture medicines and diagnostics locally, and how we govern African health data.

We also need to be having more honest conversations about access. Scientific breakthroughs only matter if the people who need them can actually benefit from them. Whether we are talking about long-acting HIV prevention, vaccines, diagnostics, TB medicines or NCD care, African countries need to be involved not only as trial sites or markets, but as leaders in research, manufacturing, regulation, implementation, and priority setting.

What role can Aurum play in strengthening African scientific voices, and what would success look like for you through African Voices of Science?

Aurum has an important role to play because of its long history in clinical research, implementation science, and public health delivery across Africa. We have the experience, partnerships, and platforms to help generate evidence that is relevant to African health systems, and to support researchers in translating that evidence into policy and practice.

Success through African Voices of Science would mean seeing more African scientists influencing the debates that shape health research, innovation, and access on the continent. It would mean African expertise being visible not only in publications and conferences, but also in policy briefs, media debates, regulatory discussions, financing decisions, and global health negotiations. Ultimately, success would be when African scientific leadership is not treated as an addition to the global health conversation, but as central to it.



Stepping up:

Building on experience to lead the next chapter

“The programme did not simply deliver against indicators; it strengthened health systems while expanding access to quality TB services for vulnerable communities.” — Marinda Theron, Managing Director: Public Health Division

For more than three years, Aurum worked alongside government and communities as a Sub-Recipient of the Global Fund's Grant Cycle 6 TB programme. Across three provinces, the team supported TB prevention, diagnosis and treatment, while helping to strengthen the health services that communities rely on.

By the time the programme closed in September 2025, it had delivered against an ambitious set of targets. During its final six-month extension, Aurum achieved **100%** of its TB notification target, notifying **22 495 TB cases** across the three districts. More than **168 000** people were screened using Digital Chest X-ray, bringing TB screening closer to communities and helping identify and link to care people who might otherwise have gone undiagnosed.

The numbers were significant, but they tell only part of the story.

“The programme did not simply deliver against indicators; it strengthened health systems while expanding access to quality TB services for vulnerable communities,” says Marinda Theron, Managing Director: Public Health Division.

It also strengthened something less visible, but just as important: Aurum's ability to manage complex public health programmes, work across government and community structures, use data to improve services and build systems that can sustain progress.

That experience became the foundation for Aurum's next major step.

In late 2025, Aurum was appointed Principal Recipient of the Global Fund's Grant Cycle 7 programme for Key Populations, taking overall responsibility for delivery across eight provinces and 21 districts.

The appointment marked a meaningful shift. Aurum was no longer only supporting a grant; it was now leading one, with responsibility for the programme, its partners, resources and accountability from end to end.

For those who had helped build Aurum's public health capability over the years, the significance of that progression was clear.

That confidence is evident in how the new programme is being implemented.

“ This progression from SR to PR level is testimony to the strong confidence that national and international funders have in our capacity to deliver impactful results,” says Jacqueline Pienaar, Senior Technical Director: Key Populations.

The new programme builds on Aurum's experience while responding to a different set of barriers to healthcare. It aims to reach **106 088** men who have sex with men, **12 801** transgender people and a defined cohort of people who inject drugs through community outreach, mobile services, Drop-In Centres and public health facilities.

At its heart is the same principle that shaped Aurum's TB work: services must reach people where they are and respond to the realities of their lives.

For key populations, this can mean accessing care without first having to navigate stigma or explain who they are before they receive it.

That principle comes to life in the programme's community-based model, where peer educators and healthcare workers work side by side to make services more accessible.

“When you walk into a Pop Inn Clinic and see a trans woman running the front desk, an MSM peer educator providing HTS counselling, and a NIMART nurse initiating ART in the same room, that is what being a PR is about.”



“ Person-centred care in this programme means the client does not have to translate themselves into a system that was not built for them.”

Aurum's move to Principal Recipient came at a difficult time for global health funding, making trusted services and strong community partnerships even more important.

The significance of the new role, then, is not only the size of the grant or the responsibility it carries. It lies in what has been built along the way: the people, partnerships, systems and experience that enable Aurum to take on greater responsibility and translate it into better health outcomes.

And the ambition reaches beyond the life of the grant. By 2030, Aurum's ambition is not only to meet programme targets, but to help reduce HIV incidence among key populations and narrow the equity gap.

Resilience in a Changing Climate

In parts of Sofala Province, the journey to a health clinic can be only a few kilometres. But after heavy rains, those few kilometres can become impossible.

Bridges disappear beneath floodwaters, roads become impassable and clinics wait for medicines that cannot arrive. For people living with HIV or TB, a routine clinic visit can quickly become a health emergency.

These are the realities communities in Beira City and Dondo District shared with researchers working on the ASTRA project in Mozambique.

ASTRA, the Adaptations to Strengthen Healthcare Delivery and Resilience to Extreme Weather Events in Southern Africa project, is a four-year research initiative working across Mozambique, South Africa and Zambia. It focuses on how extreme weather events such as floods, cyclones, heatwaves and droughts can disrupt healthcare and place additional pressure on people already living with HIV and TB. The project brings together researchers, health professionals and communities to co-design practical interventions that can help health systems and communities prepare for, respond to and recover from these disruptions.

Aurum is part of the international research consortium, with Professor Salome Charalambous, Aurum's Group Chief Health Officer, serving as Co-Principal Investigator alongside Professor Collins Iwuji of the University of Sussex and Africa Health Research Institute (AHRI). The wider consortium brings together partners including AHRI, the University of Sussex, Zambart, Johns Hopkins University School of Medicine and the London School of Hygiene & Tropical Medicine.

In Mozambique, Rogério Chiau, an Aurum Co-Investigator, leads the country team, working alongside Ezequiel Ossemane and colleagues on the ground.

Working across four communities in urban Beira and rural Dondo, the ASTRA team is exploring how increasingly frequent extreme weather events are disrupting access to healthcare and what can be done to strengthen resilience before the next crisis strikes.

The stories the team heard from the communities were both powerful and deeply practical.

ASTRA, the Adaptations to Strengthen Healthcare Delivery and Resilience to Extreme Weather Events in Southern Africa project, is a four-year research initiative working across Mozambique, South Africa and Zambia.

Families described crops being destroyed by floods, communities being displaced and roads becoming inaccessible. In some areas, bridges are submerged during periods of heavy rainfall, cutting communities off from healthcare facilities. In addition, medicines can no longer be delivered, health workers cannot reach communities, and people living with chronic conditions risk missing essential treatment.

One account particularly stayed with the research team. During severe flooding, community members explained that even burying loved ones became difficult because local cemeteries were underwater.

“Our approach is not to come from the top to the community. We need to have the information from the community to the top.”

“There were so many issues that we heard from the communities,” Ezequiel Ossemane reflected.

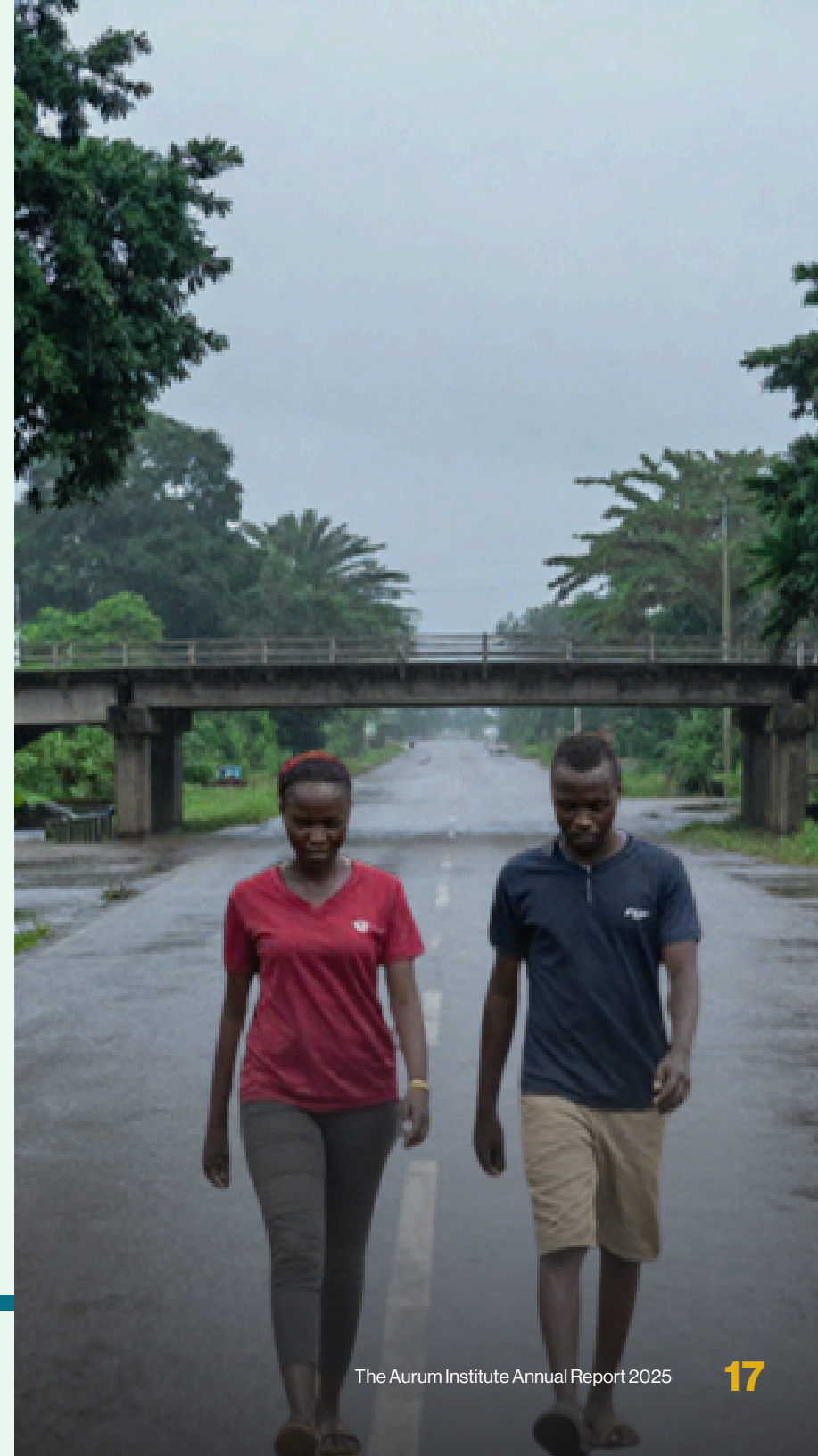
For the ASTRA team, these experiences matter because resilience cannot be designed from a distance. “Our approach is not to come from the top to the community. We need to have the information from the community to the top,” noted Rogério Chiau

“There were so many issues that we heard from the communities.”

That means understanding more than roads, bridges and health facilities. The team is also learning about community networks, local leadership, cultural beliefs and the ways people respond to extreme weather before, during and after an event. Ezequiel describes the approach as learning from communities rather than judging them.

The work has not been without challenges. Poor road conditions have made some communities difficult to reach, while the team has had to navigate complex local stakeholder relationships and ensure that women and other voices are adequately represented in community engagement. Yet they have continued to find ways to reach the communities and build trust.

In a year marked by disruption across the global health landscape, ASTRA offers a different kind of resilience: the willingness to listen, adapt and build solutions around the realities people are already facing.



A healthcare worker in a blue uniform is using a blood pressure monitor on a woman's arm. The woman is wearing a green dress with yellow floral patterns. The background is blurred, showing an outdoor setting.

Getting the right tools where they are needed most

“ Supporting this project was not only a welcome financial resource for Aurum USA but also an opportunity to support a cause deeply felt by everyone involved.”

Behind every clinical study is a network of people making sure that the right tools, equipment and expertise reach the right place at the right time.

In 2025, Aurum USA took on one of its largest and most complex grants through the Gates Foundation's E-MASTER initiative, supporting a global maternal health study across 16 sites in India, Nigeria, Pakistan, Rwanda and Zambia.

Led by academic researchers at the University of Birmingham in the UK, E-MASTER is focused on reducing loss of life associated with blood loss during caesarean sections. Aurum USA's role is to acquire and facilitate delivery of the Triton Tower, an AI-supported medical device developed by Stryker, together with the University of Birmingham. This system measures blood loss in real time during a caesarean section and is being evaluated in resource-constrained settings where maternal mortality remains high.

Aurum USA's CoLead John Hamilton says the partnership reflects the value of Aurum. "Given our significant experience in these environments, Aurum USA's taken an rewarding partnership role with the Birmingham team."

Making that partnership work, however, required more than procuring equipment. Each of the 10 study sites was due to receive two large pallets of supplies, creating a substantial logistical operation at a time when shipping routes were being disrupted by conflict in the Middle East.

“ Given our significant experience in these environments, Aurum USA's taken an rewarding partnership role with the Birmingham team.”



Much of this work happens out of sight. But getting equipment safely and reliably to research sites is what allows studies like E-MASTER to happen in the places where the evidence is most needed.

The project also represents more than a new source of funding. It demonstrates the value of the organisation's US-based non-profit structure and its ability to support clinical and observational research with global health impact. E-MASTER is expected to be the first phase of a longer study, creating potential opportunities for further collaboration and long-term financial benefits for Aurum.

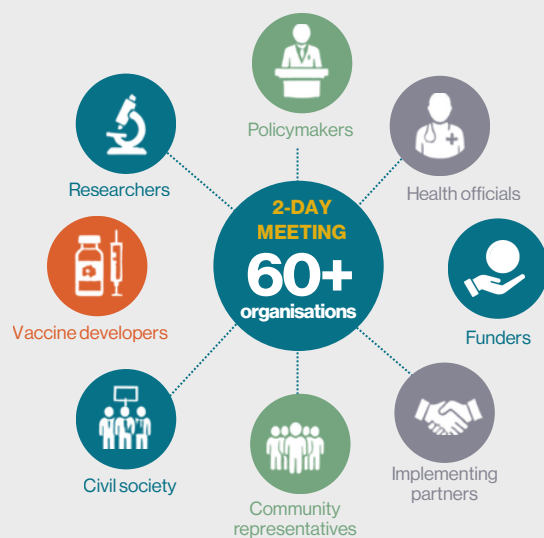
But the immediate value is more tangible. "Supporting this project was not only a welcome financial resource for Aurum USA but also an opportunity to support a cause deeply felt by everyone involved."

The work may happen behind the scenes, but its purpose is clear. Helping a global research team evaluate a technology that could contribute to better management of blood loss during caesarean sections and ultimately, to improving maternal health in settings where the need is greatest.

Getting Ready Before the Vaccine Arrives

A new TB vaccine could become available within the next few years. Before it reaches clinics, South Africa must answer urgent questions: who should receive it first, how it will be delivered, what it will cost, and how communities will be supported to trust and accept it.

Convened by the National Department of Health and the World Health Organization, the two-day meeting brought together policymakers, researchers, health officials, vaccine developers, funders, civil society, community representatives and implementing partners from more than 60 organisations.



South Africa continues to carry one of the world's highest TB burdens, with an estimated incidence of 427 cases per 100,000 people, more than three times the global average. A new vaccine would not be a silver bullet, but it could help shift the epidemic if the country is ready to introduce it well.

“Modelling presented at the workshop suggests that even a vaccine with 50 percent efficacy could prevent 1.6 million TB cases and **220 000** deaths in South Africa by 2050.”

Bringing the pieces together

Aurum served as Secretariat, coordinating the workshop with the steering committee and supporting the process from early planning through to documentation and next steps.

This role reflects Aurum's work at the intersection of evidence, implementation and public health decision-making, helping bring researchers, policymakers, health-system planners and community voices into the same conversation.

The timing matters. Several TB vaccine candidates are in late-stage development, with South Africa playing an important role in trials. The workshop recognised that the country has an opportunity to prepare early and well.

From evidence to decisions

Discussions moved beyond the science to the evidence needed for policy and investment decisions, including cost-effectiveness, budget impact, and how vaccination could fit into existing TB, HIV and immunisation programmes.

Participants also focused on delivery. Adult vaccination presents different challenges from childhood immunisation, and the COVID-19 experience showed that availability alone does not guarantee uptake. Trust, confidence and community engagement must be planned from the start.

From workshop to roadmap

The workshop aimed to move beyond discussion towards a South Africa-specific roadmap for TB vaccine introduction and scale-up, including timelines, responsibilities and coordination mechanisms.

Modelling presented at the workshop suggests that even a vaccine with 50 percent efficacy could prevent 1.6 million TB cases and 220,000 deaths in South Africa by 2050.

For Aurum, the Secretariat role formed part of a broader commitment to help move evidence into policy, and policy into practice, so that future tools reach the people who need them most.



Participants reflected on both the urgency and the promise of preparing now:

"A TB vaccine has always been a dream, and that dream is becoming a reality. Community engagement through TB Champions and Community Advisory Groups should be prioritised, so communities are aware of the vaccine, supported to accept it, and reached with clear messages responsive to South Africa's diversity." — Ms Phumeza Tisile, Advocacy Officer, TB Proof

"WHO estimates that a TB vaccine that is 50% effective could prevent up to 76 million TB cases and 8.5 million deaths globally over 25 years. These are not abstract numbers. They represent real lives, and immeasurable economic and social impact." — Ms Shenaaz El-Halabi, WHO Country Representative, South Africa

"More than 250,000 South Africans become ill with TB each year, while over 50,000 die from the disease. If clinical trial results confirm a new vaccine in 2028, we must be ready to roll it out as early as possible." — Prof Willem Hanekom, Executive Director, Africa Health Research Institute

Two studies. **Countless lessons.** A commitment to improving life after **TB.**

Scientific breakthroughs rarely happen in a straight line. In 2025, two major TB studies involving Aurum reached its closure. Although different in their focus, both challenged researchers to look beyond treating disease and towards helping people live healthier lives after TB. They also demonstrated the power of collaboration and the willingness to keep asking difficult questions.

DRTB-HDT: **Looking Beyond** **the Cure**

“ We were really focusing on what happens after a patient has been treated for TB. Can we help their lungs to recover better by giving their immune system a boost?”



For someone living with TB, hearing the words “you’re cured” should mark the beginning of a healthier future. But for many people, it doesn’t. While treatment successfully clears the infection, TB can leave lasting damage to the lungs. Breathing may remain difficult. Returning to work can take longer. Everyday activities that once felt routine may become a constant reminder of the disease they survived.

It was this often-overlooked chapter of the TB journey that inspired the DRTB-HDT study. Rather than asking how to cure TB, researchers asked a different question: How can we help people recover better after treatment?

The global study explored host-directed therapies (HDT), treatments designed to support the body’s own immune response rather than attack the TB bacteria directly. By reducing harmful inflammation, researchers hoped these therapies could help protect the lungs and improve long-term recovery for people treated for drug-resistant TB.

The project’s vision was always about more than science for Prof Robert Wallis, The Aurum Institute, Chief Scientific Officer and DRTB-HDT Principal Investigator.

“We showed that improved lung function would be a great investment for healthcare systems. Patients would be more able to return to work and live more healthy years.”



That vision was tested almost from the start.

As the study got underway, the COVID-19 pandemic disrupted health services and clinical research around the world. Recruiting participants became more challenging, research activities had to adapt, and teams across five countries found new ways to collaborate despite unprecedented obstacles.

Despite these challenges, the consortium remained committed to answering an important scientific question.

Researchers investigated whether two existing medicines could improve lung recovery when used alongside standard treatment for drug-resistant TB. While the study did not demonstrate the improvements researchers had hoped to achieve, it generated important evidence that will help shape future research into treatments that support recovery after TB.

The project also helped shift the conversation about what successful TB care should look like. Increasingly, researchers recognise that eliminating the infection is only one measure of success. Helping people regain their health, return to their families and rebuild their lives is just as important.

Reflecting on the study, Prof Wallis believes every finding moves the field forward. "Knowing what HDT procedures work and what doesn't will help us to focus on moving forward."

As DRTB-HDT concludes, its legacy extended well beyond the study itself. It strengthened international partnerships, expanded scientific understanding of life after TB and reinforced the importance of looking beyond cure to long-term recovery.



PanTB-HM: Redefining What Recovery Looks Like

“Only within the past several years has it come to everyone's realization that when we discharge someone from the TB clinic and say they're cured, they're not. At least half have bronchiectasis or fibrosis or cavities.”

For decades, TB treatment has focused on one goal, curing the infection. But researchers now understand that many people continue to experience the effects of TB long after treatment ends. Lasting lung damage can affect breathing, limit daily activities and reduce quality of life for years.

That reality is changing the way scientists think about TB care.

The PanTB-HM study explored whether treatment could do more than eliminate the disease. It investigated a new approach that aims to shorten treatment, simplify care and support better long-term recovery for people with TB.

One of the study's ambitions was to develop a pan-TB treatment, a regimen designed to work regardless of if whether the TB bacteria are resistant to rifampicin, one of the key medicines used to treat the disease. If successful, this could simplify treatment decisions and make effective care easier to deliver in a wider range of healthcare settings.

The study also investigated whether adding N-acetylcysteine (NAC), a medicine that may help reduce inflammation and protect the lungs, could improve recovery while treatment is underway. Rather than focusing only on clearing the infection, researchers explored whether people can finish treatment with healthier lungs and a better quality of life.



As Prof Robert Wallis explains, the study addressed two challenges at once. "We took on two problems with this strategy. One of them is the pan-TB angle, and the other is the lung function recovery angle."

Conducted across South Africa, Mozambique and Tanzania, the study has brought together researchers, clinicians and partners to improve TB care for future generations.

Early findings from the study team have shown encouraging signs, supporting continued investigation of this innovative treatment approach. "The study is helping build evidence that could shape the next generation of TB treatment, one that not only cures disease but also helps people recover more completely."

Because success should not only be measured by whether someone survives TB. It should also be measured by how well they are able to live afterwards.

Investing in the people behind better health

“The Dr Paul Davis scholarship gave me the reassurance that pursuing a PhD was a step in the right direction at this stage in my career. It also reaffirmed the relevance of my research.”

Before research became her career, Jeniffer Nagudi, Statistician, was a pharmacist trying to understand where her future might take her. During her pharmacy residency, she gained experience in both public and private healthcare systems. It was her exposure to research settings, however, that stayed with her. One of her earliest experiences involved helping doctors work through a pile of patient files to identify people who had experienced renal failure while receiving HIV treatment.

She did not yet fully understand what research involved. But she knew she wanted to be part of it. “I was certain it was the path I desired to follow.”

That early experience led her to pursue an MSc and, in 2022, to join The Aurum Institute. Since then, her work as a statistician has allowed her to contribute to research aimed at improving population health. “It is through research that new avenues are explored to improve the quality of our health.”

In 2025, Jeniffer’s journey took another step forward when she was awarded the Dr Paul Davis Academic Excellence Scholarship, an award that supports academic development and recognises emerging research talent at Aurum.

Named in honour of Dr Paul Davis, who spent more than 15 years at Aurum and whose contribution extended beyond the organisation into medical rescue services, human rights and social justice, the scholarship carries a legacy that resonated with Jeniffer.

“The Dr Paul Davis scholarship gave me the reassurance that pursuing a PhD was a step in the right direction at this stage in my career. It also reaffirmed the relevance of my research.”

Jeniffer Nagudi
Statistician



That reassurance mattered. As an early-career researcher, Jeniffer says doubt can easily creep in. Being selected for the scholarship helped quiet some of that uncertainty.

"As an early career researcher, it is easy for doubt to creep in as one progresses. However, the award of the scholarship dissipated all such doubt."

The recognition also prompted her to think about the kind of career she wants to build. Knowing more about Dr Davis and the breadth of his contribution challenged her to think beyond professional achievement.

"I have been challenged to pursue a career and live a life that positively impacts others."

That sense of purpose is now closely connected to her PhD work in TB prevention. Given the impact TB continues to have, Jeniffer believes prevention is essential to ending the epidemic. She hopes her research will help inform programmes on the effective delivery of TB preventive treatment and provide insights that can strengthen other TB prevention efforts.

"With every study I am involved in, the core of it is to improve health."

The scholarship process itself also made her look more critically at her work. Preparing for a rigorous selection process meant thinking deeply about what she was doing, why it mattered and how to communicate it.

"Why am I doing this, how am I doing it and how can I explain it to others to understand it the way I do?"

Those are questions that extend beyond one scholarship or one stage of her career. They reflect a young researcher developing her confidence, finding her voice and thinking about how evidence can ultimately improve people's lives.

She holds onto one belief that keeps her work grounded. "Every piece of work I am involved in is purposed to enhance people's health, which in turn serves as a promise to them of a better tomorrow."

“ Education and furtherance of people's careers, doing the things that they really enjoy and stimulate them, is just a wonderful expression of Aurum's dedication to people.” Dr Paul Davis



OUR PEOPLE



8

Professors in the Organisation



54

Medical Doctors



60.4%

Women in Senior and Professional Level Leadership Positions



12

PHD / Doctorate Qualifications



78

Professional Nurses



1 452

Number Active Staff



5

PhD Students (Study Assistance)



9

Pharmacists



7

Chartered Accountants



57

Master's Degrees



1

Health Economics



17

Enrolled Nurses



12

Master's Degrees Students



7

Doctorate Qualifications



NPC & YHA Achieved BBBEE Accreditation Level 1



Evidence to Policy.
Policy to Practice.



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