



THE AURUM
INSTITUTE

Annual Report

2019



About The Aurum Institute

The Aurum Institute is a proudly African, health impact organisation dedicated to researching, supporting and implementing innovative, integrated approaches to global health.

Since we started our operations in 1998, Aurum has grown to become a leading global health and research institute, employing over 3000 staff. We partner with governments, the private sector and civil society to design and deliver high-quality care and treatment to people in developing communities.

Aurum's headquarters are in Johannesburg South Africa, with a staff presence in the USA, as well as operations in Ghana, Lesotho and Mozambique.

Aurum's projects and programmes cover a wide range of activities from programmatic implementation and technical assistance for HIV/AIDS and TB prevention, care and treatment services throughout the health system in South Africa, HIV prevention clinical research studies, TB and HIV vaccine studies, voluntary medical male circumcision to large scale TB prevention programmes. Aurum's experience in TB case finding, and TB contact tracing is extensive, from implementation research to practical approaches embedded in public health programmes.



About Aurum Institute



OUR VISION

A leading African organisation dedicated to improving the health of developing communities globally.



OUR MISSION

To impact Global Health through Innovation, Evidence, Implementation, and Integration.



OUR VALUES

Excellence, Innovation, Integrity, Respect and Teamwork.

2019 in review -Highlights

2019 Highlights



New, shorter treatment to prevent TB to be rolled out in five high-burden TB countries

In March 2019, on World TB Day, The Aurum Institute and its partners, as part of the IMPAACT4TB project, announced that five high-burden TB countries would roll out a new, shorter drug regimen (known as 3HP) to prevent TB. Countries that would initially provide the new regimen with funding from Unitaid, U.S. PEPFAR and the Global Fund include Cambodia, Ethiopia, Kenya, Malawi, South Africa and Zimbabwe. More than 120,000 patient courses of 3HP would be delivered by the project to 12 countries in 2020. An additional 1 million patient courses are expected to reach low- and middle-income countries by the end of the year, through the combined support of Unitaid, Global Fund, the Stop TB Partnership's Global Drug Facility (GDF) and PEPFAR.



Lancet Commission Report

In March, The Aurum Institute hosted the South African launch of the Lancet Commission Report on Tuberculosis: Building a TB-Free World on behalf of the National Department of Health at Tembisa Hospital. This report, launched globally on March 21, marks the end of almost a two-year journey with significant contributions from TB leaders in public health and science, including South Africa's Health Minister, Dr Aaron Motsoaledi, Prof Gavin Churchyard and other renowned South African researchers. The Commission Report encourages us to “seize the moment”, by increasing our country's commitment to achieving the End TB Targets and building on our political momentum to end the TB epidemic. The launch focused on the key themes in the report, translating for the audience on what this report means for South Africa.

2019 Highlights



Union Pricing to Union pricing agreement makes TB prevention affordable for high-burden countries

A new volume-based agreement announced at The Union Conference in India by Unitaid, the Global Fund and Sanofi, will drastically lower the price of rifapentine (Priftin®), a critically important drug used to prevent tuberculosis (TB).

The agreement comes at a time when The Aurum Institute and its partners prepare to roll-out a short regimen for preventing TB—three months of rifapentine and isoniazid treatment (3HP)—to 12 high-burden TB countries. The agreement lowers a patient treatment course of Priftin® from \$45 to \$15. Priftin® is currently the only quality assured rifapentine formulation available for short-course treatment of latent TB infection.



The Aurum Institute opens new office in Mozambique

In May, The Aurum Institute officially opened its Maputo offices, in a ceremony attended by senior representatives of the Mozambique Department of Health, donors and other partners in Mozambique. The Aurum Mozambique office will be responsible for implementing the Unitaid-funded IMPAACT4TB project in the country.

2019 Highlights



Aurum at the 50th Union World Conference on Lung Health

The Aurum Institute participated in the 50th Union World Conference on Lung Health in Hyderabad, India, where about 3,500 researchers, policy makers and advocates gathered at the Hyderabad International Convention Centre. The conference theme, 'Ending the Emergency: Science, Leadership, Action', focused on what is needed to ensure commitments become action, and that lifesaving targets are met.



Ahead of the conference, Aurum's Chief Scientific Officer Robert Wallis participated in the TB Science pre-conference, presenting results of a host-directed therapy trial of 4 agents in TB patients who received standard 4 drug regimens. The presentation posed interesting questions around how future treatments can prevent lung damage to ensure a health life after TB. Aurum Director Dr Kavindhran Velen presented a poster with research comparing TB yield among household contacts of Rifampicin-Resistant (RR-TB) and Drug-Sensitive TB (DS-TB) index patients. They found that there was no statistical difference in people that had been newly diagnosed with TB. Dr Velen used the presentation to explain the findings of this important study and its programmatic implications for TB case finding.



At the conference, Aurum CEO Prof Gavin Churchyard co-chaired and presented during a roundtable discussion on short-course TB preventive therapy. At the IMPAACT4TB satellite session, Aurum's Dr Mamothe Ratshefola and Dr Regina Osih provided an overview of how to rollout TB short-course preventative therapy. Other presentations included posters by Dr Nii Hanson-Nortey, Lucy Chimoyi and Jabina Anaman.



Board of Directors



Picture From Left to right: Mr Nigel Unwin, Dr Dave Clark, Prof Gavin Churchyard, Dr Letticia Mmaselodi Moja, Prof Yosuf Veriava, Mr Gary Tambllyn, Ms Phangisile Mtshali-Manciya, Mr Mike Roy, Dr Paul Davis, Ms Christine McDonald

Aurum's Board of Directors is a body of elected members who jointly oversee the activities of the organisation. The Board is the focal point for corporate governance, and as such, has a collective responsibility to provide and ensure good governance.

It is the Board's responsibility – among others – to ensure that the organisation:

- Operates ethically and with integrity.
- Considers the interests of the communities in which we operate.
- Integrates governance, strategy, risk, performance and sustainability.
- Complies with the rule of law.
- Identifies and manages risks.
- Employs structures and processes to ensure the integrity of its integrated reporting.
- Monitors executive and organisational performance.

Senior Leadership Group



Senior Leadership Group



A Message from the Board Chairperson



“The Aurum Institute knows diseases very well, particularly the epidemic ones. We have been fighting them since we came into existence. The first was TB, a hyperepidemic on the gold mines and an epidemic in South Africa. It still is. Then came HIV made far worse here by its pernicious association with TB. It is still an epidemic,” writes Dr Paul Davis: Aurum Board Chairperson.

In 2018 there were 301,000 new cases of TB in SA. 59% in HIV positive people. There were 63000 deaths from TB (42,000 amongst HIV positive cases 21,000 amongst HIV negative cases. On average 175 people die from TB each day.)

And now it is the COVID-19 pandemic which has caught the whole world by surprise. The sudden arrival of a new virus, spreading faster and more widely than anything we've ever come across so far. We have been caught with our pants down. We have no pre-planned safety nets for combating this pandemic nor were we in any way prepared to deal with the economic fallout and social dislocations that our hastily constructed emergency disease prevention strategies have demanded.

Aurum is not insulated against, nor exempt, nor excluded from the fallout. On the one hand we don't want to lose any of the hard-won impetus which we have gained from our battle against TB and HIV. Our choices must particularly be directed to preserve and safeguard our efforts to treat and manage TB and HIV. It is crucial for that fight to continue. On the other we also have to do whatever we can to be part of the fight against COVID-19. Aurum has a unique perspective and an unusual understanding of the virus. We also know the battleground well. We have to take on this fight in the face of a dramatically changed world. A world where all humanity is grappling with an avalanche of uncertainties while at the same time trying to understand the nature of the virus to be able to combat it successfully and ameliorate the effect it has had on our lives and livelihoods.

There is no one person on whom this organization relies. Its success lies in the importance we have placed in our 5 critical values Teamwork, Integrity, Respect, Excellence and Innovation and the belief that they are inherent in each one of us. It is what has seen us through so far, and key to our achievements. Not one of them is more important than any other. They are the package of qualities we rely and depend on in being in each one of us. We are blessed with knowledge, some wisdom, and a certain ability to organize ourselves and others. We have lots of determination. Aurum is a formidable team, a major fighting force. We, us and South Africa, are taking the fight to all three of these communicable epidemic diseases.

As far as I am aware not in all of the recorded history of any nation, have three major

epidemics had to be dealt with simultaneously. A task further complicated by its mix of causes. Two very different viruses and one very resilient bacteria. They will certainly stretch our brains and our resources and our reserves. We have to do this in the face of some diminished funds, changes in emphasis, changes in attitude, as well as finding ways to take on the new foe.

The board is obviously concerned about the impact of COVID-19 has on all of us at Aurum, and we support the Aurum COVID-19 plan and risk management strategies that have been developed to reduce as much as is possible the impact of COVID-19 on us all and on Aurum and its missions. We are, for sure, going to be tested. Hard financial times lie ahead. But even greater opportunities are opening for us.

Over the years I have watched how the Aurum spirit has risen to every challenge presented to it, I am confident it will do so now. I am sure that we have the skills and the ability to reorganize and re-purpose, substitute and innovate ourselves to; as the motto 'Per Ardua ad Astra' invokes - to rise through adversity to reach the stars."

For a brief moment there is a well-deserved world-wide appreciation for the work, effort and risks taken by you and all the frontline people that care for us. This acknowledgement is greatly cherished.

I do know that kites fly higher in the face of contrary winds. Thank you from the hearts of and on behalf of the board members.

Strength and respect to you all.



Dr Paul Davis: Board Chairperson- Aurum

A Tribute to Paul Davis



“ The Aurum Institute Board Chairperson Dr Paul Davis retired from Aurum's Board of Directors on 30 April 2020 after more than 15 years of service to Aurum. Dr Paul Davis joined the Aurum Institute as a non-executive director in 2004 and was appointed Board Chairperson in 2005.

“It's been an honour and privilege to serve as Chairman of Aurum. The compassion, integrity, intellectual rigor and commitment to communities are what makes Aurum such an extraordinary organisation, and I'm proud to have been part of its history,” said Davis. “I look forward to seeing Aurum go from strength to strength.”

Dr Paul Davis, retired Board Chairperson: The Aurum Institute

DR PAUL DAVIS

A Tribute to Paul Davis

THE AURUM
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“I want to express my appreciation to Paul for his unwavering dedication to Aurum over the past decades. He challenged us to think big, expand our horizons, and go beyond the immediately apparent. Under his leadership, Aurum has grown to become a proudly African global health impact organisation. He leaves Aurum in a strong position with many talented people and a reputation for excellence, innovation and integrity, a solid foundation on which to build on our journey to becoming a one-hundred-year organisation.”

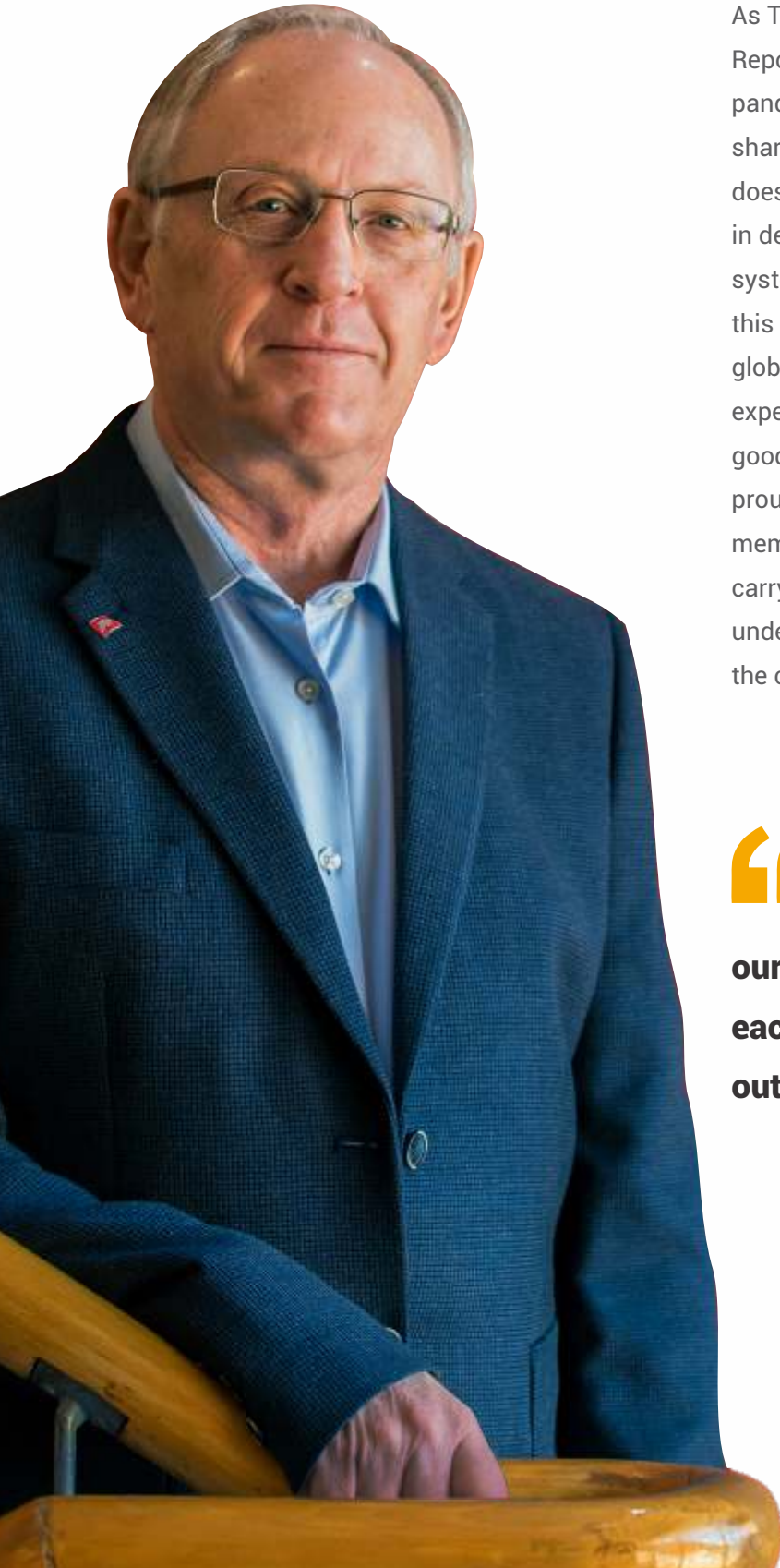
Prof Gavin Churchyard: Group Chief Executive Officer (CEO): The Aurum Institute

“Over the past 15 years, you have inspired us to change the world through your vision and action. You also challenged us to think big, expand our horizons, and go beyond the immediately apparent.

Thank you for your wisdom, commitment, hard work, endurance and guidance over the past 15 years, especially during the difficult times when studies were foundering, finances were faltering, and spirits were flagging.”

Board of Directors: The Aurum Institute.

I A Message from the CEO



As The Aurum Institute, we are releasing our Annual Report 2019 against the backdrop of the COVID-19 pandemic. The fight against COVID-19 brings into sharp relief the importance of everything Aurum does as an organisation – to support communities in developing countries build stronger health systems for the future. As the results outlined in this Annual Report clearly demonstrate, Aurum's global reach, along with the expertise and experience of our staff members, has put us in a good position to respond to this crisis. I am deeply proud of the commitment and dedication our staff members demonstrate each and every day, as they carry out their vital, life-saving work. They understand that the world is not standing still for the communities that we serve – neither are we.

“ I am deeply proud of the commitment and dedication our staff members demonstrate each and every day, as they carry out their vital, life-saving work.

I A Message from the CEO

This Annual Report covers 2019 - a productive year for the Aurum Institute in the delivery of ongoing studies and of health programmes, and in consolidating our grants. But our work is now being undertaken against new uncertainties of changing donor priorities and growing concerns that with COVID-19-generated lock-downs limiting tuberculosis (TB) diagnosis, TB and HIV treatment and prevention services, our hard-won progress in our HIV and TB response will be lost.

The Aurum Institute's vision is to remain a relevant public benefit organisation 100 years from now but achieving this goal will require change – increased investment, accelerated innovation, even more effective partnerships, and a relentless focus on impact. Over the past year, we have done substantial work to bring our strategic plans to life and looking ahead, we are determined to act on and realise opportunities to amplify our scale and impact.

We are in a time of massive flux – people and ideas are on the move on an unprecedented scale. At such times in the past, there has been a choice between looking inward and backward or looking outward and forward.

"I am fundamentally an optimist. Whether that comes from nature or nurture, I cannot say. Part of being optimistic is keeping one's head pointed toward the sun, one's feet moving forward. There were many dark moments when my faith in humanity was sorely tested, but I would not and could not give myself up to despair. That way lays defeat and death." Nelson Mandela

Professor Gavin Churchyard

**Group Chief Executive Officer (CEO) of
The Aurum Institute**





"I am fundamentally an optimist. Whether that comes from nature or nurture, I cannot say. Part of being optimistic is keeping one's head pointed toward the sun, one's feet moving forward. There were many dark moments when my faith in humanity was sorely tested, but I would not and could not give myself up to despair.

That way lays defeat and death." **Nelson Mandela**

A Message from the COO



The economist Tim Harford says, “You show me a successful complex system, and I will show you a system that has evolved through trial and error.” Aurum is just such a system that has evolved its own manifestation of complexity through many trials and many errors, but always learning to be better and not make the same mistakes twice. And thus, we are a 21 year-old organisation with many successes behind us and much stronger than when we started in 1998.

Operationally, 2019 has seen us starting the long-term investment of replacing and re-engineering older infrastructure and systems across the support services of the company.

We started the year by preparing for a future Enterprise Resource Planning (ERP) system and virtual meeting/collaboration platforms through an investment in a total upgrade to our local and wide area networks across South Africa and to branches in Ghana and Mozambique. The demands for increased bandwidth, higher speeds, wireless connectivity and better cyber-security made it imperative to install the best equipment and security management technologies we could afford. This investment will no doubt prove invaluable in the years ahead.

“ Aurum... has evolved its own manifestation of complexity through many trials and many errors, but always learning to be better and not make the same mistakes twice.

I A Message from the COO

Human Resource performance management is essential to Aurum, with over 3000 employees that need to ensure we deliver on our funders' mandates. The HR team have updated and deployed a new performance management system that assessed all senior and executive management employees online, whilst other staff members completed the existing manual appraisal. This is a further example of moving towards greater accountability to all our stakeholders.

During 2019, Aurum achieved a Level 2 BBBEE rating in South Africa, a score which we will seek to improve on and maintain in 2020 and beyond.

Looking further abroad, Aurum registered local non-profit entities in eSwatini and Lesotho to pursue grant opportunities in those countries. This signals our intention to play our part in improving the healthcare of people in the region and to diversify the prospects for our staff in Southern Africa – after all, we are an African Health Impact Organisation.

Our commitment to improving the communications function in Aurum cannot be understated. With the appointment of a full-time Communications Director, the company is raising the bar of communications to all stakeholders. I expect the fruits of this appointment and the investment in a communications team to bear much fruit in the year ahead and beyond.

Finally, I want to thank each and every person in this amazing company that contributes to excellence and innovation, even when times are tough. And they have been operationally tough given the challenges of the HIV and TB epidemics in our communities. But the hard work and commitment has shone through and the year ended on a much more optimistic note than it started out. We will continue to honour our funders and the people whose lives we want to impact by striving for operational excellence in the years ahead, by both deliberate design and by trial and error, for such is the nature of an innovative, growing organisation.

Dr Dave Clark

Global Chief Operating Officer (COO) and the CEO: Southern Africa of The Aurum Institute.



Scientific Review by the Deputy Chief Scientific Officer



Looking back on 2019, the United States withdrawal from the Paris Agreement and raging fires in the Amazon highlighted why we need greater advocacy on climate change and the environment. On the health front and spurred on by the UN High Level meeting on TB that took place in 2018, significant strides were made that reinvigorated and reminded us why our fight against TB and HIV is so important.

The Aurum research group continued its tradition of being at the forefront of impactful research on multiple fronts. In relation to informing TB control interventions, we were one of the sites for the M72/As01e Vaccine trial, whose results were published in the New England Journal of Medicine in 2019 indicating a positive immune signal and forging a significant pathway toward a TB vaccine. Other high-profile projects completed and of strategic importance to Aurum and their respective fields were: 1) the WHIP3TB trial, our first, Aurum-led multi-country study; and 2) our first host-directed therapy (HDT) trial.

“ The Aurum research group continued its tradition of being at the forefront of impactful research on multiple fronts.

The WHIP3TB trial was a randomized controlled trial conducted in South Africa, Mozambique and Ethiopia to determine whether a second round of the new short course TB preventive therapy (3HP) was required to ensure reduced TB incidence in high TB burden countries. This trial was significant in two ways: first, it allowed for implementation experience of 3HP and paved the way for a large UNITAID grant; and second, it was the first large multi-country trial conducted with leadership from Aurum. The success of the project's implementation culminated in the main study results being accepted for presentation as a late-breaker at the Conference of Retroviruses and Opportunistic Infections (CROI) 2020.

The HDT trial, conducted in two sites in South Africa, using an individual randomized control design evaluated a number of potential compounds to increase lung function in patients with TB, funded by the Bill and Melinda Gates Foundation. The study showed that two of these compounds, CC-11050 and Everolimus showed superior recovery of lung function, and trends toward earlier sputum culture conversion in patient who received them compared to other compounds and standard treatment. The estimates suggest that these two compounds may allow patients to recover approximately two of the estimated four years of life lost following TB diagnosis. Findings were presented at the American Thoracic Society annual meeting in Dallas. At the Conference on Retroviruses and Opportunistic Infections in March 2019, the Dolphin and TasP trial results were presented by Aurum and collaborators. In addition, the Free State TB chest x-ray project was presented as a poster presentation. Our presence on the global stage was further highlighted at the 50th Union World Conference on Lung Health, held in

Hyderabad, India; we hosted a symposium, and had one oral and eight poster presentations. On home soil, Aurum was represented by oral presentations from three of our younger investigators at the South African AIDS conference. Our efforts to impact global policy remains relentless, and in 2019, the Aurum group published 37 publications, with 12 in high-impact journals.

The year also solidified Aurum's reputation and standing for championing innovation through digital health technologies (mHealth) with the launch of the TB Mate project and the successful ASCENT project bid to UNITAID. Although we had previously evaluated mHealth, the TB mate study was the first large randomized controlled trial to evaluate the efficacy of a TB treatment adherence technology. This was coupled with preparations for the ASCENT implementation project, funded through UNITAID, which will implement three different digital adherence technologies for TB in five different countries, including South Africa. With many of our PhD students nearing completion and a renewed enthusiasm for new projects, we look to 2020 with higher expectations and reaffirmed purpose. How were we to predict that 2020 would be year like no other for infectious disease epidemiology and control, but therein lies our strength and commitment to respond when duty calls.

Dr Salome Charalambous
Deputy Chief Scientific Officer of
The Aurum Institute

HEALTH PROGRAMMES

Health Systems Division

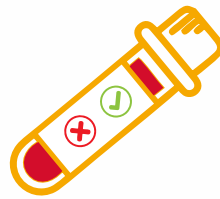
Health Systems Division

Our impact



+2700 STAFF

There are more than 2700 staff members, including lay counsellors, clinicians, data and admin staff, deployed by Aurum



+1.1M HIV TESTS

By March 2020, the Aurum-supported districts of Ekurhuleni and the North West province had tested 1,1 million people



+0.5M SUPPORTED

Aurum Institute was supporting more than half a million people (570,923) on treatment by the end of March 2020



97% KNOWN STATUSES

In the four Aurum-supported districts (Ekurhuleni, Bojanala, Dr Kenneth Kaunda, and Ngaka Modiri Molema), the number of pregnant women with known HIV status at first antenatal care visit met and surpassed the 97% target



+100% ART COVERAGE

The overall ART coverage exceeded 100% (with 34% more HIV positive infants initiated on ART than were initially diagnosed in these districts)



MTCT: 1.2%

At 1.2%, the Mother To Child Transmission (MTCT) rate of HIV in the Aurum-supported districts is well within the National range of 0.6 – 1.3%

Health Systems Division

Aurum Institute works with the National Department of Health (NDoH) to expand HIV/AIDS services in three provinces: Gauteng (Ekurhuleni District), the North-West: Bojanala, Ngaka Modiri Molema (NMM) and Dr Kenneth Kaunda (DKK) and Western Cape (IBBS in Cape Town). Aurum's plan to reaching identified targets necessitated a diverse approach of Technical Assistance (TA), Health Systems Strengthening (HSS) and Direct Service Delivery (DSD) to meet the Country Operational Plan (COP) to support the achievement of the PEPFAR goal of epidemic control centred on closing the gaps within the 90-90-90 targets.

Technical Assistance (TA)

The TA approach focuses on working closely with provinces and districts to support enhanced integrated planning at community, facility, sub-district, district and provincial levels. This is implemented by ensuring that the DOH and PEPFAR priorities remain aligned, and integrating PEPFAR partner work plans into District Implementation Plans (DIPs). TA also includes appropriate and necessary training and mentorship of healthcare workers, with roving teams targeted at improving quality of care and patient outcomes.

HIV TESTS
TARGET 1,305,822

ACTUAL
TESTS 1,502,843

I Health Systems Division

Direct Service Delivery (DSD)

Aurum's DSD model includes secondment of staff and roving teams. Aurum staff are placed within facilities on a permanent basis to support service delivery efforts, with additional roving teams providing supervision, mentoring and support.

HIV Testing Services (HTS)

Aurum supported the delivery of HTS in 362 facilities and at community level, with the aim of getting at least 90% of people living with HIV to know their status. Various methods to increase access to HTS through DSD were implemented and monitored closely, including Provider Initiated Counselling and Testing (PICT), Index Counselling and Testing Services (ITS), HIV Self Screening Services (HIVSS) and Mobile Testing. Aurum's DSD staff deployed to provide the clinical support services included Professional and Enrolled Nurses, Counsellor Supervisors, Patient Navigators, and PICT and Index Lay counsellors. Data Management, Performance Monitoring and Reporting support were provided by teams that comprised of Data Monitors and Data Capturers.



Health Systems Division



Initiation on Treatment

Across the four Aurum-supported districts, a mix of traditional and innovative efforts to increase the linkage to ART and support were employed. Aurum deployed and trained additional Clinical, Tracing and Data staff, as well as a SWAT Team, to drive and support these efforts. As a result, the four districts initiated more than 100,000 clients during 2019 compared to 81,000 in 2018. Overall, Aurum's clinicians initiated 48,310 clients through DSD efforts, which accounts for almost half of all district level initiations.

Retention in care

During this period, Aurum has made great strides in implementing Case Management to ensure that all newly identified HIV positive clients are linked into care, and all newly initiated clients are supported as they start their life-long treatment journey. In addition to new clients, any pregnant women, children, virally unsuppressed clients, and all patients who returned to care after having missed appointments were also assigned to a case manager. By March 2020, Aurum had 100 case managers across the four districts, and more than 38,000 clients enrolled in the programme.

Health Systems Division

Aurum partners with Pelebox to deliver innovative approaches to healthcare

Aurum is proud to be at the forefront of adopting technologies such as the Pelebox that put the patient at the centre of care in Ekurhuleni and within districts in the North West Province. Aurum, supported by PEPFAR, officially launched the Pelebox at the Winnie Mandela Clinic in Tembisa in July 2019.

The Pelebox, a digital locker solution that uses the power of technology to improve the delivery of healthcare services and make it more patient centred, was named one of Time Magazine's 100 Best Inventions for 2019.

The PeleBox is a computer-controlled vending machine with 72 lockers loaded with individual patients' chronic medication. A patient is notified via SMS to come and collect. Once at the PeleBox,

the patient enters their phone number on a touchscreen and receives a one-time pin to open the designated locker in which their medication was packed. No queues – no waiting. Just convenience.

The PeleBox can serve up to 1 400 patients per month, each within seconds. It is air conditioned to keep medicines at the right temperature. It also has eight hours of backup power and features video recordings of collections as a security measure. PeleBox earned Neo Hutiri the Royal Academy of Engineering's Africa Prize for Engineering Innovation in 2018. The Aurum Institute partnered with Hutiri and was the first to scale up the project from a single pilot site to full rollout at clinics within Ekurhuleni.

In 2019, 10 PeleBoxes were installed, enabling more than 8 000 collections, with a 100% accuracy rate on medication dispensed.





"As the Pelebox team, having The Aurum Institute as a partner has really helped us in scaling to get into more sites, reach more patients, and go from a start-up to a scale-up. We could not have wished for a better partner."

Neo Hutiri, founder of TechnoVera and creator of the Pelebox.

I Health Systems Division Innovations



Partnerships for Youth Employment in Health

Aurum partners with Youth Health Africa to introduce Aurum Youth as additional staff in Aurum-supported districts. These previously unemployed interns get on-the-job training which will help them acquire practical skills for employment, while helping with tasks such as filing, data capturing and lay counselling.



Self Screening Introduction with STAR

Aurum was the first NGO to approach the HIV Self-Testing Africa Initiative (STAR) as an innovation to supply free self-screening kits for facility based intensified testing. Through the Society for Family Health (SFH), Aurum sourced and distributed more than 75,000 HIV Self Screening kits, with the aim to increase the proportion of facility head-counts screened.



Self Screening Upscaling

Taking HIV self-screening one step further, negotiations with the National Department of Health were finalised to implement INSTI, a 1-minute self-test which received pre-qualification by WHO in November 2018. This test kit was introduced in facilities in 2019. The goal is to make it available at vital signs stations, where it will fit with the flow of blood pressure and glucose testing, vitals and HIV screening.

Health Systems Division

Key Populations

Aurum through the Center for Disease Control – South Africa (CDC-SA) is implementing combined HIV prevention and treatment strategies aimed at Men who have Sex with Men (MSM) and Transgender Women (TGW) in Ehlanzeni, Ekurhuleni, uMgungundlovu and eThekweni, while also funding OUT Wellbeing in the City of Tshwane. By September 2019, the project had reached 21 556 MSM with prevention messaging and materials (111% of target) and had tested 18 222 MSM (117% of target).

In October 2019, The Aurum Institute launched POP INN clinics in Ehlanzeni, Ekurhuleni, uMgungundlovu and eThekweni. The clinics provide a safe space for key populations communities in which they can receive counselling, screening for HIV, STIs and TB, receive PrEP or ART, and receive psychosocial support services. The clinics also provide free Wi-Fi, access to computers and a comfortable space to relax and connect with peers.

The POP INN Clinics were developed as a tailored response to the increased risk of HIV and STIs amongst MSM and TGW. Routine services do not cater for the needs of key populations and this is further compounded by stigma and lack of awareness of LGBTQI+ health needs. Current evidence indicates that the rate of infection is increasing in both key population groups with an estimated prevalence between 13-49%. MSM are 24 times more likely to contract HIV. TGW are 49 times more likely to be living with HIV than other adult females. The need for a community-based HIV prevention intervention and to provide accessible free treatment is a much-needed response to the increased rates of HIV infection and risk.





HEALTH PROGRAMMES

“Experiencing discrimination left me feeling voiceless. Having access to safe spaces allows me to open up, regain my voice and express myself freely.” **Lilantia, POP INN client, eThekweni**

“Discrimination has made access to healthcare near impossible. Having a safe space and health facility for the GBT community means we are no longer victimised or judged based on who we are.”
Nhlanhla Take, Transgender client, Tembisa

HEALTH PROGRAMMES

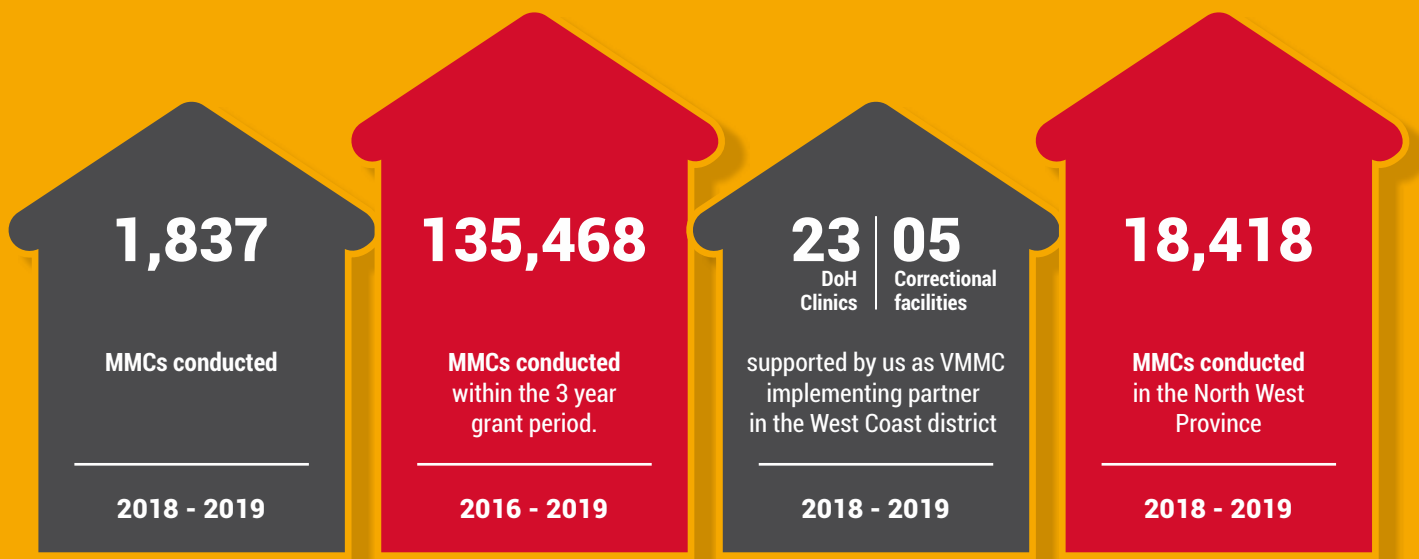
Public Health Division



Public Health Division

The Public Health Division implements multipronged programmes addressing South African public health priorities across a spectrum of settings, which include mines, correctional settings, rural communities, and informal settlements. The programmes are mostly concentrated on service provision to improve client- and community-level health outcomes for TB, HIV, STIs and access to universal healthcare, including family planning. The Division prioritizes decentralized healthcare delivery to promote access to prevention, treatment and care modalities, including voluntary medical male circumcision and NIMART-based ART services

Public Health Division



Voluntary Medical Male Circumcision (VMMC)

In 2019, Aurum continued to offer VMMC under the RT35 project, which enables the scale-up of high-quality medical male circumcision services in various VMMC facilities. This contributed to the national government's strategic goal to contribute to the reduction of HIV incidence by scaling up VMMC to reach 80% of HIV-negative men between the ages 15-49 years with a target of 4.3 million VMMC.

Aurum conducted 135 468 MMCs for the duration of this grant (3 years), against a target of 221 004 (61%). Certain districts under this award did not allow Aurum to provide MMCs for the entire 3 years, truncating performance capacity, while stock-outs of kits and commodities caused multiple service interruptions over the contract period.

In 2019, the Aurum Institute was the VMMC implementing partner in the West Coast district (Western Cape Province) – responsible for service delivery in all 5 sub-districts. Service was delivered at 23 Department of Health facilities and 5 correctional centres.

A total of 1837 successful circumcisions were performed during this period. In the North West Province, Aurum conducted 19 925 MMCs against a target of 18 418 (108% of target) during 2019.

Aurum achieved over 90% on Quality Assurance standards for all our VMMC sites, while providing accredited training.





Management Development Programme

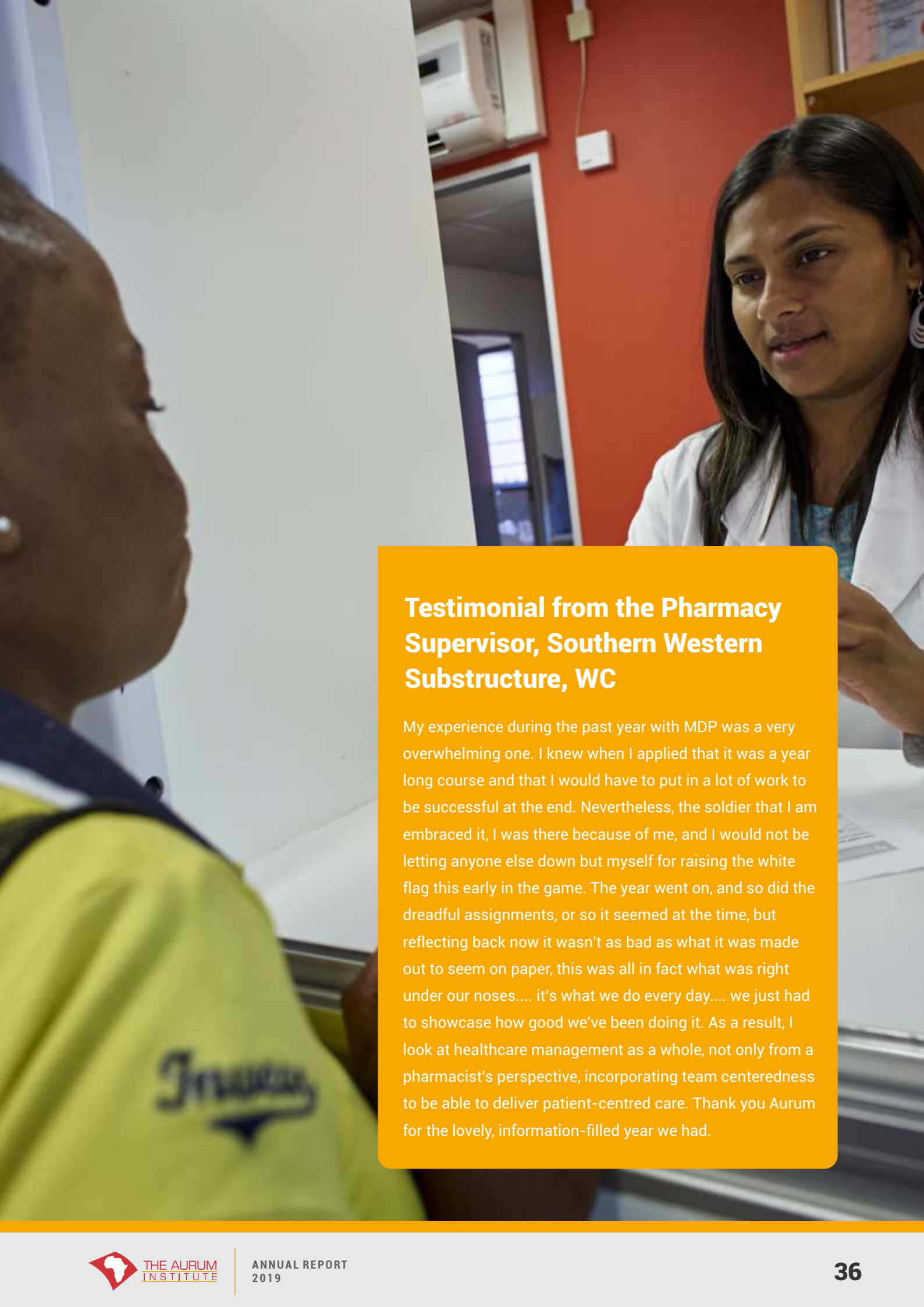
In 2019 Aurum continued with the implementation of a Western Cape Government tender to train and develop 180 - 300 Health Managers over a period of three years. A lack of skilled leadership in the public health sector has been identified as a critical obstacle to managing South Africa's burden of disease. The objective of the contract is therefore to provide Health Managers with the skills to manage the day-to-day responsibilities involved in supporting and ensuring delivery of safe and effective patient care, including management of human resources, finance, assets and consumables, and information and records.

There is a large body of knowledge and theory about good management practice, and many service providers offering generic management courses. However, entry-level managers struggle to apply generic theory to daily practice. In addition, true skill (applying new knowledge learned) is best acquired in the workplace under the guidance of an experienced manager. Unlike other leadership programmes,

The Aurum Institute's Management Development Programme (MDP) is customised for each client, combining best practice with their own organisation-specific management tools so that candidates learn to apply procedures relevant to their environment. It integrates short-course classroom-based training on management theory with workplace-based mentoring to ensure that newly acquired skills are implemented.

The Aurum MDP is fully accredited, which means that the programme meets the standards set by the South African Qualifications Authority (SAQA) for a qualification in General Management.

Training and mentoring are done by subject-matter experts, and by 'Management Mentors' who have extensive experience in health service delivery and in the management of such services and are SAQA-accredited as facilitators and assessors. comprised of Data Monitors and Data Capturers.



Testimonial from the Pharmacy Supervisor, Southern Western Substructure, WC

My experience during the past year with MDP was a very overwhelming one. I knew when I applied that it was a year long course and that I would have to put in a lot of work to be successful at the end. Nevertheless, the soldier that I am embraced it, I was there because of me, and I would not be letting anyone else down but myself for raising the white flag this early in the game. The year went on, and so did the dreadful assignments, or so it seemed at the time, but reflecting back now it wasn't as bad as what it was made out to seem on paper, this was all in fact what was right under our noses.... it's what we do every day.... we just had to showcase how good we've been doing it. As a result, I look at healthcare management as a whole, not only from a pharmacist's perspective, incorporating team centeredness to be able to deliver patient-centred care. Thank you Aurum for the lovely, information-filled year we had.



282,467

**Clients counselled
and tested**



Community HIV Testing Services (HTS)

By September 2019, the total number of clients counselled and tested through the community HTS programme amounted to 282 467. To improve performance, Aurum embarked on a new testing strategy. The Ward-by-Ward, Street-by-Street, Door-to-Door (WWSSDD) testing strategy sought to increase the numbers tested by taking the services to the people as opposed to people coming to get the services. By conducting testing ward-by-ward, we were able to identify wards that are classified as

high yield wards using a range of demographic indicators such as population, unemployment rate, age distribution and informal settlement. This also addresses the voluntary testing issue, where the door-to-door testing ensures that we cover both those who consider themselves to be negative and those who suspect that they may be positive but would otherwise not have presented for testing.

RESEARCH PROGRAMMES

Clinical Research Division

Clinical Research Division

The Clinical Research Division is experienced in running clinical trials ranging from large scale public health studies, to highly regulated clinical trials of new medications.

For the past 15 years, The Aurum Institute's Clinical Research Division (CRD) has conducted numerous Randomised Clinical Trials (RCT's) of HIV vaccines, treatment, prevention (oral and topical Pre-exposure Prophylaxis (PrEP)), and TB treatment, host directed therapy, vaccines and preventive therapy, diagnostics and socio-behavioural studies.

We focus on 5 key defined programmatic areas:



TB Treatment



TB Vaccine



HIV Treatment & PreP



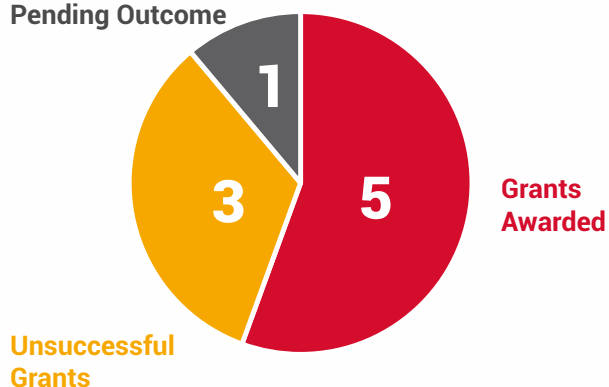
HIV Vaccine



Special Projects

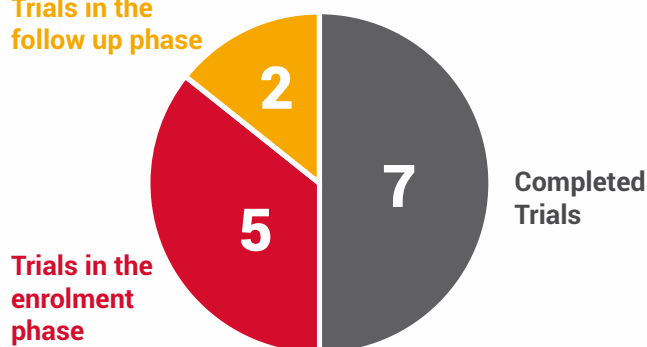
Clinical Research Division

Pending Outcome



Out of a total of 9 CRD grant applications submitted in 2019:

Trials in the follow up phase



14 clinical trials conducted at the Klerksdorp, Rustenburg, and Tembisa clinical research sites in 2019:

Number of participants

SITE	TOTAL SCREENED	TOTAL ENROLLED	VISITS COMPLETED	FORMS COMPLETED
Klerksdorp	1828 (359 on site / 1469 using tablets)	329	3999	69336
Rustenburg	418 (418 on site)	376	4242	96038
Tembisa	88 (49 on site / 39 using tablets)	37	2389	49170

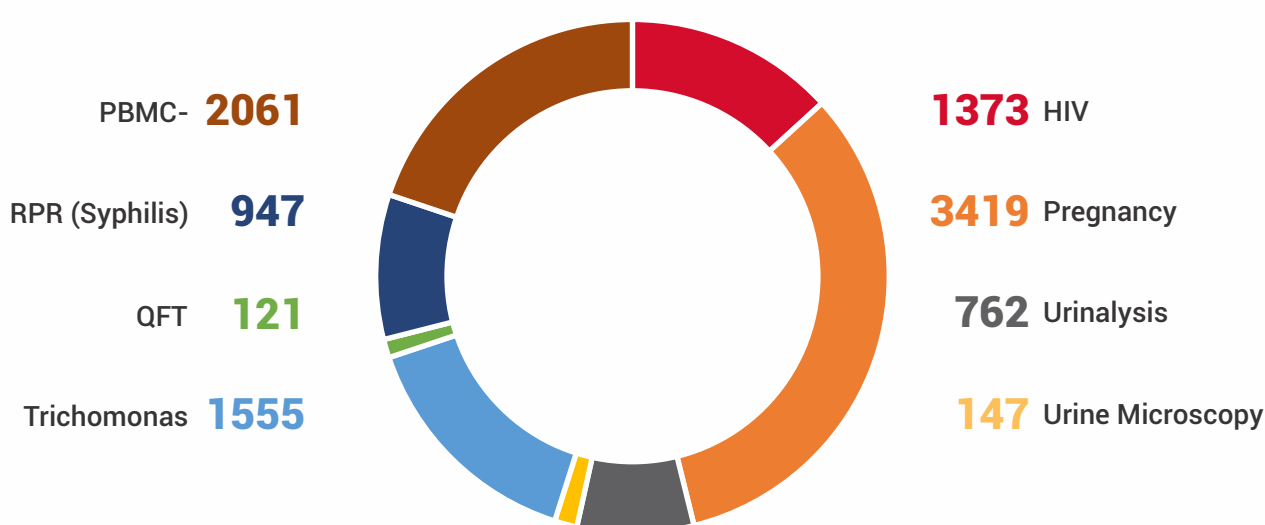
Clinical Research Division

Laboratory

Samples received: **13 641**

Samples shipped: **101 471**

Total number of samples processed: **10 566**



Pharmacy

	Tembisa	Klerksdorp	Rustenburg	Totals
IP	891	1259	827	2977
NSP	106	480	265	851
Contraceptive	903	1180	1044	3127
STI	111	478	235	824
PEP	0	17	8	25
PrEP	38	8	18	64

Clinical Research Division Highlights

Engaging adolescents in HIV Prevention research in South Africa

By Ireen Mosweu – Community Engagement Officer. The Aurum Institute Clinical Research Division in Rustenburg, South Africa

I work as a Community Engagement Officer at an adolescent-friendly clinic at The Aurum Institute Clinical Research Division in Rustenburg, which is a city located in South Africa's platinum mining belt. I have worked for 14 years in community engagement, 11 of which were with The Aurum Institute. My journey to working as a link between HIV prevention researchers and adolescents is a very personal one.

Clinical Research Division

Highlights

Engaging adolescents in HIV Prevention research in South Africa

While still in school, I witnessed some of my relatives passing away as a result of AIDS-related illnesses. It was a difficult time in the country: treatment was not easily accessible, and my relatives were afraid to go to the clinic because stigma and discrimination were widespread. So I watched as they first developed signs and symptoms, opportunistic infections and then suddenly passed on. The social and emotional impact of watching my relatives die made me realize that the life-skills training available did not adequately address issues around HIV. That is how I decided to pursue HIV Counselling and Testing for my post-high school training. In 2009 when my friend was devastated by her HIV positive diagnosis, I counselled her and it makes me feel good to see her today, still living a healthy and productive life.

The Aurum Institute Rustenburg Clinical Research Site has been conducting clinical research involving adolescents focusing primarily on evaluating the feasibility of enrolling and retaining adolescents in clinical trials. Given the increase of new sexually transmitted infections including HIV, unwanted pregnancies and low rates of consistent condom use among adolescents in South Africa, there is an urgent need for interventions targeting this Key population. There is however, limited involvement of adolescents in research

studies or clinical trials, where enrollment and retention are compromised due to varied reasons. Although adolescents and parent/legal guardian are willing to participate in clinical trials, fear of vaccine side effects, fear of HIV testing, believing the vaccination is not necessary, lack of knowledge, no recommendation from a provider, and mistrust of the scientific community could be barriers to HIV vaccine uptake. The institute aims to contribute to a greater scientific body on knowledge surrounding this topic by offering adolescents and their caregivers the opportunity to enroll in our research study, which aims to address this knowledge gap.





I now work with an Adolescents Community Advisory Group that meets at our adolescent-friendly clinic in Rustenburg. I am very passionate about my work as an Engagement Officer and giving motivational talks at forums to empower adolescents. When working with adolescents, I do my best to see things from their point of view. Music and roadshows are a big part of the young people's lives, so these are features that I have worked to add in our engagement strategy. I am also considering how to use social media to post relevant HIV prevention information. The adolescent-friendly clinic has a warm and friendly atmosphere, a separate reception area, cable TV and access to free WIFI during their visits, which last about two hours. We need to make the two hours that

the adolescents visit the clinic enjoyable for them! We also assist adolescents with their homework.

Working with adolescents at this level requires close collaboration between the clinical research team at The Aurum Institute, government departments, adult stakeholders and community members including religious representatives. Parental consent is also critical in the work that we do.

My dream is to have an HIV-free generation and I hope that through my work amongst adolescents, I am creating a cohort of ambassadors for HIV prevention.

Clinical Research Division Highlights



WHIP₃TB:

The multi-centre randomised Aurum led WHIP₃TB was conducted at two CRD sites, Tembisa and Rustenburg, Tembisa enrolled the second highest number of participants exceeding the enrolment target by 16%. Both Tembisa and Rustenburg sites achieved very high retention rates. The trial demonstrated that among people infected with HIV on ART and living in a high TB transmission setting, the weekly high dose rifapentine plus isoniazid for three months (3HP) is safe and showed better adherence than six months of daily isoniazid (6H) in TB prevention therapy. The trial also showed that the 3HP regimen is a safe regimen option for TB preventative therapy.



DolPHIn:

Aurum recently completed a pharmacokinetic (PK) drug–drug interactions (DDI) study, which found that no dose adjustment for dolutegravir was required when given with weekly rifapentine. This finding paved the way for Aurum to proceed with a Unitaid-supported project (IMPAACT4TB) to implement periodic short-course rifapentine-based preventive therapy (3HP) in HIV-infected persons in 12 countries. Findings were presented as a late breaking abstract at the annual Conference on Retroviruses and Opportunistic Infections (CROI).

Clinical Research Division Highlights



GSK TB M72 AS01_E:

Klerksdorp enrolled 325 participants and Tembisa, which was brought in as a satellite site later, enrolled 52 participants. These sites contributed to 10.5% of the total study enrolments (n= 3575). M72/AS01E elicited an immune response and provided 49.7% protection against progression to pulmonary tuberculosis in HIV negative IGRA positive adults for at least 3 years.



ECHO:

The Klerksdorp site participated in this multi-centre and multinational contraceptive clinical trial, which spanned nearly four years during which 976 participants were screened and 555 were enrolled for the study across all sites. Retention levels at the Klerksdorp site remained above target at 95% at end of study. The study findings showed that no increase in HIV acquisition was associated with contraceptive method, a victory for the lives of young, vulnerable and at-risk females.



RESEARCH PROGRAMMES

Implementation Research Division



RESEARCH PROGRAMMES

Implementation Research Division

Implementation Research Division

The Implementation Research Division is responsible for conducting health research and scientific evaluations in the area of HIV prevention, care, and treatment.

Main areas of focus include; case finding, diagnostics, care and case management, prevention and evaluation of health programmes. We also use implementation research to improve the quality, efficiency, and effectiveness of service delivery strategies by integrating research methodology into program implementation.

We focus on the following programmatic areas:



Health Facilities



Communities



Correctional Facilities



Mines

Implementation Research Division Highlights



research

- TB PREVENTION
- TB TREATMENT
- HIV PREVENTION
- HIV TREATMENT

The Implementation Research Division (IRD) was involved in 22 research projects in classified in 4 focus areas: TB prevention and treatment, HIV prevention and treatment.



projects

- 7 COMPLETED
- 9 CONTINUED
- 6 NEWLY FUNDED

The division successfully completed seven research projects in 2019, nine research projects continued into 2020 with six newly funded research projects that commenced at the end of 2019.



ZAR 110m

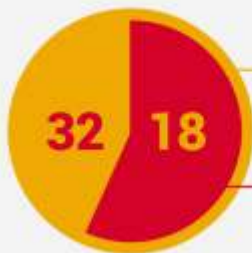
2019 FUNDING TARGET



ZAR 112m

2019 ACTUAL FUNDING

IRD's goal was to raise at least R110m from research efforts in 2019. To achieve this, more than 14 funding proposals were submitted to various funders locally and internationally in 2019. An estimated R112 million was raised for research funds in 2019.



2018 AURUM PUBLICATIONS: 32 TOTAL

18 OF WHICH WERE FROM IRD RESEARCHERS

In 2018, Aurum had 41 publications with 54% from 11 IRD researchers. The Aurum research output for 2019 was 32 published papers with 18 from IRD researchers.

Implementation Research Division Highlights



INSTI Study

This was a demonstration of a novel, scalable model of provider-initiated, facility based, opt-out HIV testing using INSTI. It was a phase 2 quasi experimental before-after study to evaluate the eligibility, acceptability, and feasibility of the INSTI HIV self-screening test among adults attending 10 clinics in Ekurhuleni. The objectives were to increase the proportion of eligible clinic attendees tested for HIV, assess the acceptability and feasibility (population reached, positivity rates, clinic flow, and patient experiences) of INSTI.



WHO Costing Study

The World Health Organisation (WHO) and the National Department of Health are conducting a national TB costing study in South Africa and have appointed the Implementation Research Division as service providers to collect data using innovative approaches.



TasP - Treatment As Prevention Study

The World Health Organisation (WHO) and the National Department of Health are conducting a national TB costing study in South Africa and have appointed the Implementation Research Division as service providers to collect data using innovative approaches.

Implementation Research Division Highlights



PSC Evaluation Study

IRD researchers working with the NHLS conducted a field evaluation of a novel viral load monitoring tool (Plasma Separation Card) in stable ART patients attending routine HIV care at public healthcare facilities in Ekurhuleni and Bojanala Districts.



HASH Study

RD researchers conducted a situational analysis to investigate the socio-behavioural risk factors for blood borne (HIV, hepatitis B and hepatitis C) infections in correctional facilities in South Africa.



AZIKO Study

The Aurum Institute is leading a study in the mining sector investigating the social risk factors for mineworkers to HIV. The study includes hidden populations in peri-mining communities around the selected mines to understand these risks.

Implementation Research Division Highlights



TB Monitoring Adherence & Treatment Endpoints (TB MATE) Project

The aim of this study is to implement and evaluate the use of an adherence monitoring system (using the Wisepill evriMED device) with a differentiated response to patient care, among drug-sensitive TB patients in three provinces (Gauteng, KwaZulu-Natal and Western Cape) of South Africa.



Adherence Support Coalition to End TB (ASCENT) - Empowering Patients Through Technology

The ASCENT project works collaboratively with the National TB Program (NTP) in South Africa to leverage smart information and (mobile) communication technologies and support TB patients with their treatment. The project uses digital adherence technologies such as smart pill boxes, medication sleeves and video supported treatment and aims to make future scale up possible so that these digital innovations can be available to all TB patients worldwide.



Corrections to Community (C2C) Study

This study on linkage-to-care following release from correctional facilities, piloted the implementation of transitional community clubs (TCAC) for inmates released on HIV treatment in Gauteng.

Implementation Research Division Highlights



Recency Study

The aim of this study was to assess the feasibility and acceptability of a rapid recency test for HIV Infection. IRD researchers and partners used the Asante recency test to differentiate between recent (less than 12 months) and long-term infections (> 12 months) at 10 facilities in the Ekurhuleni District. Recency testing will help health services to increase the numbers for index testing and to help identify hotspots for new infections.



South African Men's Health Monitoring (SAMHMS II) Study

This was a bio-behavioural survey (BBS) and Population Size Estimation (PSE) of men who have sex with men (MSM) to estimate the HIV prevalence and recency of infection, the proportion living with HIV who are aware of their status, on ART, and are virally suppressed. The survey also identifies risk behaviours for HIV among MSM in 3 selected cities Cape Town, Mahikeng and Johannesburg).



Resistance to Mycobacterium tuberculosis infection in HIV positive South African gold miners (HETU-2)

The overall objective of the project is to identify HIV-1-infected individuals who have remained TB uninfected despite prolonged and intense TB exposure, and to determine the epidemiologic and cellular immune functions associated with apparent resistance to TB infection.

Implementation Research Division Highlights



TB Sequel

This is a cohort study to investigate long-term sequelae of TB focusing on the host, agent, socio-economic factors and therapeutic interventions. It is conducted in South Africa, Mozambique, Tanzania and The Gambia.



DRTB Data Management Support project

The IRD project team conducted a monitoring and support for Bedaquiline (BDQ) implementation and provision of quality data on effectiveness of DRTB treatment. The main objectives of this study were to 1) support routine DRTB data quality 2) Strengthen BDQ data reporting (patient information register) and 3) Support Ototoxicity Prevention Programme.

THE AURUM INSTITUTE

5

Aurum International

Overview



The Aurum Institute has expanded to several countries, continuing a successful record of researching, supporting and implementing innovative, integrated approaches to global health.

With branch offices in Lesotho, Mozambique and Ghana, the sustainability of our global impact succeeds through our inclusive approach where we partner with governments, civil society organisations, the private sector, and communities.

I Aurum leads TPT short course prevention treatment across the globe

The four-year IMPAACT4TB project, for which Aurum is the lead, covers 12 countries. It aims to ensure access to new, shorter and less toxic TB treatments for people with latent TB infection - people infected with the TB bacteria.

In March 2019, study results presented at the Conference on Retroviruses and Opportunistic Infections (CROI) showed that weekly administration of rifapentine and isoniazid for three months (3HP) in adults with HIV taking dolutegravir (DTG) was well-tolerated, with no need for dose adjustment. These findings are significant given that people living with HIV are at high risk of developing TB and are 20 to 37 times more likely to move from latent infection to active TB. They also allowed tenofovir/ lamivudine/ dolutegravir (TLD) transition countries to move forward with co-administration of 3HP and DTG. But the price of rifapentine remained an obstacle for low- and middle-income countries to implement this innovation.

In October 2019, Unitaid, the Global Fund and Sanofi announced a new price agreement for rifapentine (Priftin®), which drastically discounted the price of 3HP. The agreement with Sanofi lowered a patient treatment course of Priftin® from \$45 to \$15 (a 66% discount). The discounted price was made available to the public sectors of low-income countries, lower-middle income countries and upper-middle income countries with a high burden of TB and TB/HIV.

The 3HP regimen offers a shorter, safer alternative to the earlier standard of care—isoniazid preventive therapy (IPT)—in which people take isoniazid every day for between six and 36 months. In February 2018, the World Health Organization (WHO) released consolidated guidelines for the treatment of latent TB infection that recommend the use of 3HP for people living with HIV and contacts of TB cases of any age in high TB burden settings.

Priftin® is already on the list of WHO prequalified products and received marketing authorization in numerous countries including the United States, South Africa, the Philippines and Indonesia. The Aurum Institute, and its partners under the IMPAACT4TB project, has been facilitating the regulatory approval of 3HP products in project countries. IMPAACT4TB will support 3HP uptake in 12 high-burden countries, which represent 46% of the global TB burden and 84% of the current IPT uptake. IMPAACT4TB will initiate the first order under this agreement of 325,000 patient packs in Malawi, Mozambique, Zimbabwe, Kenya, Tanzania, Ethiopia, Cambodia, Indonesia and Ghana. In high TB burden countries where Priftin® is not yet registered, an importation waiver to use it may be obtained through the Global Fund, the Global TB Drug Facility, WHO and other international development agencies.

Although the Unitaid grant is for a period of four years, Aurum is committed to strengthening its presence on the rest of the continent and will look to leverage Global Fund and PEPFAR collaboration under IMPAACT4TB to step into new countries.

Aurum Ghana



Aurum Institute Ghana (AIG) is registered as a local Non-Governmental Organization (NGO) in Ghana. The organization collaborates closely with the Ghana Health Service (GHS) in the areas of research, programme implementation and capacity building for public health impact.

The AIG is focused on leading the implementation of key public health interventions within the public health service delivery space and provide leadership to other health delivery institutions/providers that include private for-profit, non-profit (faith-based) and informal practitioners.

In its two years existence in Ghana, it has successfully obtained funding from UNITAID and Stop TB Partnership TB REACH Wave 6 projects. The UNITAID funding is to implement a programmatic intervention using a shorter course regimen in the management of Latent TB infection (IMPAACT4TB). The second funding targeted the re-activation of Public-Private Mix (PPM) through TB Intensive Case Finding (ICF).

The TB REACH project estimated a 10% addition to national TB case notification by engaging private health facilities in two most populous metros with partnership with Afro Global Alliance (AGA) and TB Voice Network (TBVN) and the Ghana Health service.



Aurum Ghana

Tuberculosis Intensive Case Finding



Aurum Institute in partnership with two local CSOs; Afro-Global Alliance (AGA) and TB Voice Network (TBVN) implemented the intervention, “Engaging Private Health Providers & National Health Insurance (NHIS) to Scale Up Active TB Case Finding among vulnerable populations in Ghana” a TB REACH Wave 6 Project. The project targeted 2 metros (Accra and Kumasi) with 10 sub-metros.

The project aim was to increase national TB case notification, through an intensified case finding initiative in private health facilities in the two most populous cities in Ghana while ensuring NHIS cover for TB clients. The project was based on the improved PPM-DOTs model that seeks to create traffic in private health facilities through the activities within the communities, pharmacies and Over the Counter Medicine (OTCM) shops.

THE AURUM INSTITUTE

Human Resources

Human Resources



As a strategic business partner to the Group in achieving its mission, vision, and ambitious goals, the Human Resource Strategy, Service Delivery and Governance models continues to deliver consistent high-quality services across the Group.

Part of the Human Resources journey, HR Business Partners work across the Group to provide support, facilitate collaboration, offer advice, and guide the strategic direction of all Human Resource practises and strategic thrusts. This complements the Human Resources Solution Centre that strives to provide consistent and timely HR information and support during employee engagement as well as e-HR by automating Human Resource Transactional activities i.e. Policies and other regulatory documents; Recruitment; Performance Management; Remuneration and Benefits; Time and Attendance; Timesheet Administration; Employee Self Service including leave management, providing of payslips; claims management; online staff orientation and authorisation to employ supported by Human Resources Handbooks.

Human Resources

8

Professors in
Aurum

12

PHD
Qualifications

79%

Staff between the
age of 18 and 40
years

2,620

Total staff
compliment

52

Medical doctors
in Aurum

128

Professional
nurses in Aurum

55

Masters degrees
in Aurum

2

Health
economists in
Aurum

74%

Women in Senior and
Professional Level
Leadership Positions

5

Pharmacists in
Aurum

2019

Launch year of the
first Leadership
Charter in July.

938

Unemployed
Youth hosted in
2019



Human Resources



PEOPLE ATTRACTION and RETENTION

Attracting and retaining committed people with appropriate skills and capabilities:

- A continued focus to ensure that the right people with the right skills are appointed to deliver value to the business.
- Offering of competitive rewards and benefits packages
- Enhance employee understanding regarding the value of their remuneration packages and associated benefits.
- Introduce recognition initiatives to retain top talent and ensure sustainable long-term performance.

PEOPLE MANAGEMENT

Enabling our people to be agile and adaptive by remaining relevant in a rapidly evolving environment and they are engaged and enabled to take care of their well-being:

- Equip our people to embrace new ways of working.
- Our focus is on building an agile workforce for the future
- Build a compelling employee value proposition and create an environment, which is safe and healthy, that engages and takes care of our people.
- Strengthening the organisation's talent pipelines to sustain the future.

Human Resources



VALUE BASED CULTURE

Continued leadership addressing diversity and inclusiveness within the organisation:

- Creating a work environment that embraces the potential value of all employee by removing any obstacles preventing our people from making meaningful work contributions.
- Introduce employee engagement surveys to enable the organisation to gauge our people thinking and feelings about working for the Group.



PEOPLE GROWTH

Development of Leadership and emerging leadership and management development:

- Deliver a suite of leadership and management development programmes to employees.
- Evolve our approach to performance management based on regular feedback from our leaders and employees, including the roll out of a 360° Review for the senior management cadre.

Harnessing the potential of our global and multi-generational workforce:

- Expanded technology-based learning platforms.

THE AURUM INSTITUTE

Finance Department

THE AURUM INSTITUTE

Finance Department

I Finance

To view financials, simply click on the link below.

See Financials

80

THE AURUM INSTITUTE

Partners

Funders



International Collaborators



International Collaborators





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